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Source: *American Sociological Review*, Vol. 13, No. 2 (Apr., 1948), pp. 183-197

Published by: American Sociological Association

Stable URL: <http://www.jstor.org/stable/2087032>

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SOCIAL PSYCHIATRY*

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A REVIEW of the contacts between psychiatry and sociology in the United States¹ points to the fact that a field or research area called "social psychiatry" has emerged even though somewhat fitfully. This has resulted from the attempt to study certain problems considered as psychiatric from the point of view and with the techniques of the sociologist. A semantic difficulty immediately arises, however, when it is recognized that other "social" disciplines,

namely psychoanalysis, psychology, and anthropology, also have studied psychiatric problems from their respective viewpoints and with their various techniques. It is a difficulty because it questions the proposition that a field of social psychiatry should be regarded as exclusively the product of the sociologists.

The more formal professional relations between psychiatry and sociology during the past twenty years as reflected in committee reports, joint meetings, and annual programs, only serve to publicize a relationship which, at least in the minds of certain members of the respective societies, had been present for some time.² True, the initial psychiatric influence in sociology had come via psychoanalysis and true also that among the psychiatrists there were research-minded men of the high caliber of W. A. White, William Healy, Trigant Burrow, Charles Campbell, and Adolph Meyer, who in their researches were increasingly coming up against problems which were not only sociological in character, but which demanded the specialized training of a sociologist.

CONVERGING PERSPECTIVES

The question as to whether a field of social psychiatry has been developed is certainly a moot one. It may be possible to come closer to this issue by examining the kind of psychiatric interest manifested by the various social disciplines tangential to psychiatry. In so doing, we will also be able to evaluate any conception of a "social psychiatry"

* Paper read before the annual meeting of the American Sociological Society, New York City, December 28-30, 1947.

¹ The first indication, perhaps, of a psychiatric influence on sociology came in 1917 when Groves' article, "Sociology and Psychoanalytic Sociology," appeared in the *American Journal of Sociology* (Vol. 23, 1917, pp. 107-116). At the annual meeting in 1920 Groves and Gehlke jointly presided at a roundtable on the "Sociological Significance of Psychoanalytic Psychology." This interest was not continued in 1921, but in 1922 a new section "Psychic Factors in Social Causation," appeared on the program, at which Ogburn presented a paper, "Psychoanalysis and the Subjective in Relation to Sociology." From then nothing of significance happened until at a meeting of the Executive Committee of the Society on December 29, 1927, President W. I. Thomas read a statement from Dr. Harry Stack Sullivan of the American Psychiatric Society, which suggested that a committee from the American Sociological Society be appointed to confer with a committee from the American Psychiatric Society on plans for promoting their joint common interests. Such a committee was appointed.

At the next annual meeting, the committee on the Relations of Sociology and Psychiatry (W. I. Thomas, Kimball Young, and R. E. Park) reported that a joint colloquium on personality investigation was held in New York City. In addition, the Committee on Sections reported that "Psychiatry and Sociology" met for the first time under the chairmanship of the late Professor Robert E. Park. This section continued to meet, except in 1934, as part of the annual program until 1941, when it met for the last time. At the annual meetings in 1943 and 1946, this section did not meet. Only once, in 1932, under the chairmanship of Thomas Eliot was the section labelled "social Psychiatry" instead of "sociology and Psychiatry."

² William White presiding at the First Colloquium on personality investigation stated in his opening remarks, "... but fortified by the profound conviction that has been forced upon us for many years that psychiatry, with the material it has to deal with, is dealing with conditions that are essentially different from the materials which general medicine deals." See "Proceedings of First Colloquium on Personality Investigation," *American Journal of Psychiatry*, 8 (1928-29), 1019-1177.

emerging from these disciplines or held by them.

It can, no doubt, be said in fairness to all of the disciplines concerned, that the workers in sociology have been the most avid and aggressive in attempting to mark out the boundaries of such a field. Brown, Dunham, Folsom, Groves and Krout have written articles dealing with the supposed field of social psychiatry.³

From these authors, three emphases might be said to emerge. These are (1) the attempt to relate the field of social psychiatry to general psychiatry and the larger area of psychopathology (Krout); (2) to point out some of the problems which make up social psychiatry and which deal with the possible relationship of some environmental variable to some psychiatric syndrome; (Brown, Dunham, Folsom); and (3) to show the converging research lines of development making for a social psychiatry. (Groves)

In terms of research⁴ it seems that the field of social psychiatry has encompassed studies showing correlations of certain personality disorders or maladjustments with

some variable derived from the social environment. To sum up, one might say that the sociologist has attempted to carve out and delimit a so-called field of social psychiatry⁵ in a direct proportion to the research effort expended on satisfactorily explaining personality disorders and group maladjustments.

In contrast to the sociologist, the cultural anthropologist has shown no need to develop or even to speak about a "social psychiatry." On the one hand, he has been busily engaged in incorporating certain psychoanalytic principles into his thinking in order to sharpen his analysis of behavior and personality in alien cultures. On the other hand, he has been concerned with the necessity to synchronize psychoanalytic armchair anthropology with field research anthropology concerning the genesis and nature of human culture. Kluckhohn has given a competent and detailed account of the reciprocal influence of anthropology and psychiatry in the United States.⁶

Perhaps, more than either the anthropologist or the sociologist, the psychologist has felt a constant and continuing relationship with the kind of problems faced by the psychiatrist. The numerous textbooks of abnormal psychology written by both psychiatrists and psychologists demonstrate this mutual inter-penetrating interest.⁷ Then, too, in their research—omitting from consideration animal psychology—the psychologists have attempted to study objectively (1) the

³ See L. Guy Brown, "The Field and Problems of Social Psychiatry." In *The Fields and Methods of Sociology*, L. L. Bernard (Ed.) Ray Long and Richard R. Smith Publishers, New York: Part I, 129-145. H. Warren Dunham, "The Development of Social Psychiatry," *Mental Health Bulletin*, Illinois Society for Mental Hygiene, XVIII, (March-April 1940) 4-7.

Joseph K. Folsom, "The Sources and Methods of Social Psychiatry." In *The Fields and Methods of Sociology*, L. L. Bernard (Ed.) Ray Long and Richard R. Smith Publishers, New York: Part II, 387-401. E. R. Groves, "The Development of Social Psychiatry," *Psychoanalytic Review*, XXII (Jan. 1935) 1-9. Maurice H. Krout, "The Province of Social Psychiatry," *Journal of Abnormal and Social Psychology*, XXVIII (1933-34), 155-159.

⁴ The account of the developments in social psychology during the thirties by Cottrell and Gallagher has included many of the newer viewpoints and examples of research which have come to be regarded as a part of social psychiatry. Cottrell and Gallagher include them in their article because of the broad encompassing conception which they think is expressive of contemporary social psychology. See their *Developments in Social Psychology* (1930-1940), Sociometry Monograph No. 1, 1941, pp. 1-58.

⁵ It is of passing historical interest to note that the term, "social psychiatry," is used by the *American Journal of Sociology*. See "Selected References on Social Psychiatry," XLII (May 1937), 892-894.

⁶ "The Influence of Psychiatry on Anthropology in America During the Past One Hundred Years," in *One Hundred Years of American Psychiatry, 1844-1944*. New York: Columbia University Press, 589-617.

⁷ For such examples, see Bernard Hart, *The Psychology of Insanity* (Fourth Edition), New York: The Macmillan Company, 1931. A. Myerson, *The Psychology of Mental Disorders*, New York, 1927. R. M. Dorcus and G. W. Shaffer, *Textbook of Abnormal Psychology*, Baltimore, Williams & Wilkins, 1934. William McDougall, *Outlines of Abnormal Psychology*, New York: Charles Scribner's Sons, 1926.

specific mental mechanisms of man, (2) the development of the child in society and (3) the nature of personality—all of which are of interest to the psychiatrists. These three areas of interest frequently involved the abnormal and bizarre in mental reactions as well as the maladjustments of persons living in society. The psychologists were quick to develop their own theories for certain mental diseases and to amass a body of evidence which served to support their theories.⁸ Some of their work here is reflected in the various tests developed which were diagnostic of personality traits, intellectual traits, and sometimes psychiatric syndromes. Unlike the sociologists, who only recently have shown specific interests in the abnormal mental life, the psychologists have had no need to carve out any special field to encompass their research interests as the field of abnormal psychology always proved adequate.

Psychoanalysis in its orthodox form⁹ has succeeded in building a closed system of psychological psychiatry. It has a theory of the growth and development of the human personality which is deterministic, dynamic, substantial, exclusive and pragmatic. It has a system of therapy which rests upon its body of theory. Like any body of scientific

knowledge, it began with certain problems and emerged as a body of theory and generalizations for explaining those problems. Through its literature, techniques, therapeutic results, and propaganda, it has established itself as a branch of medicine and particularly of psychiatry.¹⁰

Psychoanalysis through its theory, its research techniques, its psychologism and its intellectual pretensions in other scientific areas has had a much closer intellectual affinity with the social sciences than with the biological and natural sciences. Specifically, it aligns itself with social psychology and sociology in its emphasis upon the family constellation and its account of the emotional ties between fathers and daughters and mothers and sons. Again, in placing emphasis upon the errors of every-day life and upon the meanings of dreams, psychoanalysis was calling attention not only to the unconscious in which these forgotten experiences were hidden, but also to the emergence, form and content of human experience as it took place in a social context. What could be more social psychological than this?

Again, specifically, psychoanalysis branched out in its system of sociology¹¹ and challenged certain anthropological conceptions of the origin, nature and functioning of human culture. The complete biologism that all human institutions were basically to be understood as being genetically an outgrowth of man's instinctual life was unsatisfactory in its failure to square with the empirical

⁸ See M. Sherif and H. Cantril, *The Psychology of Ego Involvements*, New York: John Wiley and Sons, Inc., 1947. See especially Chaps. 12 and 13. G. W. Kisker and G. W. Knox, "The Physico-Social Basis of Mental Disorder," *Journal of Nervous and Mental Disease*, 93 (1941), 163-168. G. W. Kisker and G. W. Knox, "The Psychopathology of the Ego System," *Journal of Nervous and Mental Disease*, 96 (1943), 66-71; "The Psychologist's Contribution to the Study of the Mental Patient," *Journal of Personality*, 15 (Dec. 1946), 93-141.

⁹ In speaking of the orthodox form of psychoanalysis our intention, of course, is to refer only to the views of Freud and his intellectual advocates. We are well aware that certain of Freud's rebellious sons, Adler, Jung, Rank, and Stekel, have in their writings exerted definite influences on social science. Jung's "psychological types" and Adler's concepts of "organ inferiority" and "style of life" have frequently been useful in sociological analysis. However, we feel that to discuss all of these influences, in detail, significant as some of them are and may prove to be, would carry us beyond the scope of this paper.

¹⁰ See for example, A. A. Brill, *Freud's Contribution to Psychiatry*, New York: W. W. Norton and Co., 1944. See also Theodore Van Schlevlen, "Psychiatry and Psychoanalysis," *International Journal of Psychoanalysis*, X (1929): Sandor Rado, "Psychoanalysis and Psychiatry," XVII (1936), 202-205. Also Leland Hinsie, "The Relationship of Psychoanalysis to Psychiatry," *American Journal of Psychiatry*, 91 (1935), 1105-1115. These references are only suggestive. The literature is replete with articles dealing with this relationship.

¹¹ Freud's sociological system is found in the following works: S. Freud, *Totem and Taboo*, New York: Moffat, Yard and Co., 1918; *Group Psychology and the Analysis of the Ego*, London, 1922; *The Future of an Illusion*, London, 1928; and *Civilization and Its Discontents*, London: Hogarth Press, 1930.

formulations of social scientists. The resulting critical appraisal by the social scientist of Freudian sociology produced a situation of mutual inter-stimulation between the psychoanalysts and cultural anthropologists. Thus, at the points where its theory cuts across or into the theory of other scientific disciplines about psycho-social reality and in the attempts to square its theory with other competing or existing theories, psychoanalysis enters into and becomes a part of that body of scientific knowledge which seeks to explain the bizarre and peculiar psychic states of man and the difficulties of behavior in man which can be observed as a distorted aspect of the rubric of social life. Psychoanalysis as a dynamic psychology of mental life must mesh eventually with a dynamic sociology of inter-personal and cultural relationships.

We have been concerned with the respective roles of sociology, cultural anthropology, psychology, and psychoanalysis in relation to the problems presented by the neuroses, psychoses, and other psychopathies among humans in society. Thus, these disciplines have tended to cope with certain problems relating to the aberrations of man's mental life which traditionally have been regarded as the province of psychiatry. Now, psychiatry, narrowly defined, is that branch of medicine which deals with the study, diagnosis and treatment of mental disturbances and diseases. However, this narrow conception of psychiatry proved in many instances singularly unsatisfying to the intellectual leaders in the field as they began to contemplate the character of their problems and materials and to glimpse the research and thinking about the neuroses and psychoses which were being carried on by other scientific fields. Two recent emphases can be cited (although there are others) of the attempt of psychiatry to get out of its traditionally rather tight clothing. The first is found in the writings of Harry Stack Sullivan. Sullivan sees modern psychiatry as a union of two strains of thought—one leading back to the Hippocratic school of medicine and concerned with the art of observing and treating mental disorders—and the other strain of

thought concerned with the genesis of man as a social being. In psychiatry the three men who helped to bring these two intellectual strains together were Freud, Meyer and White. But Sullivan, adds,

This synthesis is not yet complete. The next, I trust, great step in its emergence came with the realization that the field of psychiatry is neither the mentally sick individual, nor the successful and unsuccessful processes that may be observed in groups and that can be studied in detached objectivity. Psychiatry, instead, is the study of processes that involve or go on between people. The field of psychiatry is the field of interpersonal relations, under any and all circumstances in which these relations exist. It was seen that a *personality* can never be isolated from the complex of interpersonal relations in which the person lives and has his being.¹²

Thus, Sullivan would extend the conception of psychiatry so that it is coterminous with much of what sociologists regard as the field of social psychology today. In fact, many of Sullivan's concepts such as empathy, social acts, the self, the personal world, and social interaction are reminiscent of the older social thought of Cooley, Dewey and Mead.

A second attempt to broaden the traditional conception of psychiatry is shown rather clearly by Masserman's recent textbook in the field. On the first page of this work is to be found the statement, "Psychiatry can be broadly defined as the science of human behavior."¹³ Psychiatry is apparently to usurp the role—which sociology was at one time pressed to occupy—as the great synthesizing science of all the sciences dealing with human behavior.

Now, it is not our intention to be critical of these broadening conceptions but rather to point to the fact that they were inevitable

¹² "Conceptions of Modern Psychiatry," *Psychiatry*, III (Feb. 1940), 4-5.

¹³ Jules H. Masserman, *Principles of Dynamic Psychiatry*, Philadelphia: W. B. Saunders Co., 1946, p. 1. Along a similar line Zilboorg argues that psychiatry must create its own sociology and that clinical psychiatry has partially succeeded in doing this. See Gregory Zilboorg, "Psychiatry as a Social Science," *American Journal of Psychiatry*, 99 (Jan. 1943), 585-588.

—inevitable if it is recognized that the kind of data with which medicine traditionally had to deal was neither sufficient nor useful in answering all of the questions which psychiatrists were asking. As the social sciences have reached out to study problems of a psychiatric nature, so has psychiatry extended itself to embrace the methodological positions, data and techniques of those social disciplines.

We have now come to a point in the development of our thesis where we can raise the question: "What is social psychiatry anyway?" The answer is that it is pretty much a creation of the sociologists to designate the interests of certain of their numbers who are doing research in the field of personality disorder or, following Folsom, are trying to find meaningful correlations between various types of personality disorders and certain variables in the realm "of social interaction, social environment, or culture."¹⁴

But the anthropologist and the psychologist have also been concerned with these interests and the development of similar correlations. Workers in these fields are no less working in "social psychiatry" even though they have not applied the label. The term, social psychiatry, thus appears to be at best a misnomer or at the worst an unfortunate term when linked in any exclusive sense with sociology. It is certainly not "psychiatry" even though the problems as represented by the neuroses and psychoses may have traditionally belonged to the field of psychiatry. It is certainly not "social" merely because sociologists have done some of the work in any greater sense than would be other such research work which might be carried on by anthropologists, psychologists, or psychoanalysts.

What has happened is that the kinds of problems present in the field of psychiatry are ones which cannot be approached and solved exclusively within the framework of the biological sciences. For in the psychiatric sphere particularly medicine needs the cooperation, the insights and the viewpoints

of the social sciences.¹⁵ This position is all too clearly reflected in the attempts already described of Sullivan and Masserman to extend the traditional boundaries of psychiatry.

What seems to be developing in terms of a broader psychiatry and the research concerns of these other disciplines is the general recognition among workers in these various fields that there exists a particular constellation of problems centering around the deviant character of various mental processes in man, the deviant character of man's behavior, and the role and function of such deviations as they evolve in society. Such deviations which we have broadly described run all the way from mild peculiarities of behavior to the extreme forms of psychoses.¹⁶

In this range of behavior forms is a set of problems which require the attention both independently and cooperatively of workers in the social sciences as well as in the biological and medical sciences. In attempting to carve out such a field, we have before us an analogous situation represented by criminology. Here is a scientific field concerned

¹⁵ See Herman M. Adler, "The Relation between Psychiatry and Social Sciences," *American Journal of Psychiatry*, VI (April, 1927), 661-670. It is of interest to note that Adler considers the psychiatric social worker as the practitioner for psychiatric problems within the social sciences. The same position is somewhat implicit in Samuel W. Hartwell's, "Social Psychiatry—Our Task or a New Profession," *The American Journal of Psychiatry*, 19 (March, 1940), 1089-1104. Hartwell makes a plea for the adequate training of psychiatric social workers in order to make them real assistants to the psychiatrists. Incidentally, this is the only time to our knowledge that a psychiatrist has used the concept, "social psychiatry," and this in a context completely different from that in which the sociologists have used it.

¹⁶ While we are not committed here to regarding all forms of abnormal behavior as constituting one continuum, it is of interest here that a psychiatrist writes, "The conviction is becoming widespread among psychiatrists, psychologists, and sociologists, that the same kind of personal, social and environmental factors are operating in preparing the ground for and in precipitating the functional psychoses as in the case of the neuroses." See N. Cameron, "The Functional Psychoses," in *Personality and Behavior Disorders*, (J. McV. Hunt) Vol. II, New York, Ronald Press Co., 1944, 861-921.

¹⁴ See J. Folsom, *op. cit.*, p. 387.

with explaining various kinds of behavior which do not have sanction by the dominant group in human society. In addition, the field is concerned with the handling, control and rehabilitation of such persons. Now the valid and reliable knowledge in this field has been built up by the joint efforts of sociologists, psychiatrists, anthropologists, psychologists, psychoanalysts and other workers.¹⁷

It is precisely something analogous to criminology which is pressing for emergence via the problems of etiology, control, and therapy of those persons whose mental peculiarities make them strange to other persons in society. The label for such a field is much less certain than the fact of its existence as attested by the research contributions to this problem area by the various social, psychological and biological sciences. No doubt, its eventual label will be dependent upon the reliability and validity of the knowledge which eventually emerges from the researches of the various sciences involved.

We would now like to consider some of the specific kinds of knowledge which have been developed by the sociologists and cultural anthropologists during the last fifteen years¹⁸ and which in the hands of the sociologists have been labelled "social psychiatry." It is not our intention to cite every isolated piece of research¹⁹ which has been reported but (1) to point out the major areas de-

veloped, (2) to give some evaluation of their significance, and (3) to show the emergence of certain crucial problems. During this period there seem to have been four general areas of research which have been exploited and which have yielded results of varying significance. These four areas include studies which can be designated as: (1) ecological and statistical, (2) personality and culture, (3) caste and class, and (4) interpersonal relations.

ECOLOGICAL AND STATISTICAL STUDIES

Since 1939 when Faris and I reported on the results of our ecological studies of mental disorder in Chicago and Providence,²⁰ a number of other similar studies have appeared which have served as a check on our original findings. Reference is made to the studies of Green,²¹ Mowrer,²² Queen,²³ Schroeder,²⁴ and Hadley.²⁵ The major findings of our ecological studies are fairly well known and there is no intention of reviewing them here.²⁶ Rather, our concern will be to note the extent to which the other studies

logical Implications of the Neuroses," *Journal of Social Psychology*, XV (1942); Freda Fromm-Reichmann, "Remarks on the Philosophy of Mental Disorders," *Psychiatry*, IX (November, 1946), 293-308.

²⁰ See Robert E. L. Faris, and H. Warren Dunham, *Mental Disorders in Urban Areas*, Chicago: University of Chicago Press, 1939.

²¹ H. W. Green, *Persons Admitted to the Cleveland State Hospital 1928-37*, Cleveland Health Council, 1939.

²² E. Mowrer, "A Study of Personal Disorganization," *American Sociological Review*, IV (August, 1939), 475-487. See also his *Disorganization—Personal and Social*, New York: J. B. Lippincott Co., 1942, Chapters 15 and 16.

²³ Stuart A. Queen, "The Ecological Studies of Mental Disorder," *American Soc. Rev.*, V (April, 1940), 201-209.

²⁴ C. W. Schroeder, "Mental Disorders in Cities," *American Journal of Sociology*, 47 (July, 1942), 40-47.

²⁵ E. E. Hadley and Others, "Military Psychiatry—An Ecological Note," *Psychiatry*, VII (November, 1944), 379-407.

²⁶ For an excellent review, see R. E. L. Faris, "Ecological Factors in Human Behavior," In *Personality and Behavior Disorders* (J. McV. Hunt, Ed.) Chapter 24, New York: The Ronald Press Co., 1944, 736-757.

¹⁷ In Great Britain a post-war institution has evolved which brings together all the social sciences, including psychiatry, for a joint attack on social problems. See Jacques Elliott, "Some Principles of Organization of a Social Therapeutic Institution," *Journal of Social Issues*, III (Spring, 1947), 4-10.

¹⁸ Thus, we are dating this from 1932, when the status of the various fields of sociology was appraised at the annual meetings. See L. Guy Brown, "The Fields of Social Psychiatry," and Joseph K. Folsom, "The Sources and Methods of Social Psychiatry," *op. cit.*

¹⁹ We are concerned here largely with the recent researches of the sociologists and cultural anthropologists. However, many psychiatrists and psychoanalysts through their writings and researches are contributing to the building of a "social psychiatry." See for example, James Plant, *Personality and the Cultural Pattern*, New York, 1937. Paul Schilder, "The Social Neurosis," *Psychoanalytic Review*, XXV (January 1938), 1-19; Paul Schilder, "The Socio-

check and agree with the findings for Chicago. There seems to be one point upon which all the studies are in agreement, namely, that all types of mental disorder in their distribution in the city show a wide range of rates with the high rates concentrated at the center of the city and declining in all directions toward the periphery. Thus, Schroeder concludes in his summary of the evidence that "insanity areas" have been shown to exist. Ecological distributions of mental disorders in nine cities support this finding.

However, while some agreement exists, it is by no means universal with respect to the distribution of the various kinds of psychoses. Our major finding concerning the difference in the distribution of schizophrenia and manic-depressive psychosis has not been conclusively substantiated. There is still less agreement with respect to the toxic and organic psychoses. The correlation which we originally reported between many of the distributions and various indexes of socioeconomic level and social solidarity are likely to show marked shifts if new samples are secured. Queen²⁷ has pointed to the need for more refined indexes for measuring specific community conditions and for investigators to agree on the same index in order to facilitate comparisons.

Various explanations for the patterns of the rates as found have appeared from time to time. These include the "selective character of cases going to state hospitals," the "drifting hypothesis,"²⁸ the "lack of significant statistical difference between the rates,"²⁹ and the "statistical illusory quality of the rates due to mobility."³⁰ Answers have been given for all of these critical hypotheses and, if they have not been conclusively an-

nihilated, much doubt has been cast on their validity for disposing of the significance of the various rate patterns, namely, the pointing to the role of the social environment as a broad, general etiological agent for these various disorders.

In a recent article³¹ I have already set down my chief criticism and evaluations of these ecological studies and so, now, I wish merely to quote the final paragraph.

. . . Queen and others point to the need for more complete life histories of persons who develop these psychoses in contrast to those who do not in the same community setting. Perhaps, but one can never know this, the ecological studies may have stimulated demands for the above type of study. Be that as it may, the concluding note would appear to be that these studies have provided important and useful information about our community life; they have revealed little that is significant about the etiological factors which lie behind the various types of mental disorder.

Let us now turn to a consideration of studies of the distribution of mental disorder through time. These studies are of less value than those of spatial distribution. This is due to the lack and inadequacy of the statistics over long periods of time in different places. The pressing question as to whether mental disorder is increasing cannot be satisfactorily answered. Winston,³² Dorn,³³ and Elkind³⁴ question an increase while Malz-

³¹ See H. Warren Dunham, "The Current Status of Ecological Research in Mental Disorder," *Social Forces*, 25 (March, 1947), 321-326.

³² E. Winston, "The Assumed Increase of Mental Disease," *American Journal of Sociology*, 40 (January, 1935), 427-429.

³³ H. F. Dorn, "The Incidence and Future Expectancy of Mental Disease," *Public Health Reports*, 53 (November 11, 1938), 1991-2004.

³⁴ Henry B. Elking, and M. Taylor, "The Alleged Increase in the Incidence of the Major Psychoses," *American Journal of Psychiatry*, 92 (January, 1936). See also J. S. Jacobs, "A Note on the Alleged Increase of Insanity," *Journal of Abnormal and Social Psychology*, 23 (1938), 390-397. Jacobs argues that an increase in the number of beds accounts for an increase in first admissions. I find it generally difficult to accept this argument because it seems to imply that an increase in the number of beds causes us to detect cases in order to fill the beds rather than

²⁷ *Op. cit.*

²⁸ See review of *Mental Disorders in Urban Areas* by A. Myerson, *American Journal of Psychiatry*, 96 (January, 1940), 995-997.

²⁹ F. A. Ross, "Ecology and the Statistical Method," *American Journal of Sociology*, 38 (January, 1933), 507-522.

³⁰ A. J. Jaffe and E. Shanus, "Economic Differentials in the Probability of Insanity," *American Journal of Sociology*, 44 (January, 1935), 534-539.

berg³⁵ on the basis of his statistics of mental disease in New York State thinks there has been an increase beginning with the final decade of the last century. Malzberg concludes that the unwillingness to recognize the increase in mental diseases is due largely "to disputes between eugenists and environmentalists." In making five different assumptions about the future fertility and mortality rates, Tietze shows that the trend of rates till the year 2000 is upward and thus tends to support the Malzberg position.³⁶

With respect to the statistical studies of mental disorder, I am pointing to those counts of the incidence of the various kinds of mental disorder in relation to certain individual attributes such as age, sex, nativity, and race, or in relation to such status conditions as marital, income, education, occupation, religion or mobility. A difficulty arises in making an interpretation of the rates as found, for the findings of such statistical counts are generally used to support one methodological position as over against another.³⁷ Such findings have also been used to advance certain hypotheses which, for the most part, are never tested by collecting and organizing other relevant data.

the reverse that an increase in the number of mentally disordered in the community makes for a pressure on the community to provide more beds—and realistically, most communities in the United States are not likely to provide beds until absolutely necessary to do so.

³⁵ See his *Social and Biological Aspects of Mental Disease*, Chapt. 1, Utica, N.Y., State Hospital Press, 1940.

³⁶ Christopher Tietze, "Future Trends of Mental Disease in the United States 1940-2000," in *Trends of Mental Disease*, The American Psychopathological Association, 1945, pp. 11-25.

³⁷ See for example, C. Landis and J. Page, *Modern Society and Mental Disease*, New York, Farrar and Rinehart, 1938; C. Tietze, B. Lemkau, and M. Cooper, "Personal Disorder and Spatial Mobility," *American Journal of Sociology*, 48 (July, 1942), 29-39. Also Rosalind Gould, "Social Factors in Psychopathology," *The Psychologists League Journal*, III (May-August, 1939), 53-58; O. Odegaard, "Emigration and Mental Health," *Mental Hygiene*, XX (October, 1936), 543-556.

It is of some significance to note that the ecological and statistical studies of mental disorders have been carried on apart from the other research developments in the sociological field dealing with similar problems and apparently have had very little influence on these other developments. This is very surprising when one considers that these studies have pointed to various problems which might be studied by more elaborate research techniques. The challenge which they present, however, is seldom accepted.

CULTURE AND PERSONALITY STUDIES

The earlier notion of anthropologists that human personality is somehow a constant variable, the idea represented by Cooley of the universality of human nature, and the conception that human personality is the "subjective aspect of culture" all have been reexamined by the researches of the social anthropologists during the past two decades. The four emphases which have developed from these researches include: (1) the attempt to describe a culture in terms of some dominant theme which runs through the entire society, (2) the relativistic character of personality deviation, (3) the formulation of the idea of basic personality structure moulded by a specific culture, and (4) the reformulation of the psychoanalytic anthropology which had viewed human institutions as largely an extension of the instinctual life of the individual.

Ushering in this era of anthropological research is Margaret Mead's 1928 account of the socialization of the child in Samoa.³⁸ Mead attempted to show that "storm and stress" usually expected to accompany adolescence by our standards was not true for Samoan society and the harmonious and easy adjustment of the Samoan adolescent was related to the nature of the family organization. In later researches, Mead tends to emphasize the same position by pointing to the different cultural definitions attached to the sexual act and play activity in different societies and how these things affect the

³⁸ *Coming of Age in Samoa*, New York: Morrow & Co., 1928.

person's growing up in the society.³⁹

Benedict⁴⁰ in her research attempts to show that contrasting themes labelled by the Appollonian-Dionysian dichotomy run the entire gamut of Zuñi and Plains Indian cultures. Then, by examining the extreme paranoia which runs through the Dobu society and the giving away of one's goods as a means of subduing a rival so typical of the Kwakiutl, Benedict is able to show that tendencies and conditions which in our society are regarded as abnormal are essential qualities of the ideal man in the Indian culture of the Northwest Coast. Thus, is portrayed, even though not conclusively, the relativistic character of certain traits which in our society are regarded as abnormal. In other societies, such traits become channellized and institutionalized in the cultural patterns of the society.⁴¹

Another viewpoint in recent anthropological research has been emphasized by Kardiner and his collaborators who have attempted to use psychoanalytic techniques and insights in the analysis of cultural data. In their first volume⁴² the attempt was made to show for two cultures the manner in which the basic personality structure is derived from the primary institutions such as the relation between the sexes, child training devices, subsistence techniques and the like. Thus, the notion of the basic personality structure is presented as a technique for better understanding cultural patterns and institutions. The basic personality structure consequently rests upon the postulate that if

the child training devices are the same in all families of a given culture, the personality organization will not vary between individuals. But, atypical family training, in contrast, is likely to produce some type of deviant personality. The basic personality structure can be regarded as projective into the culture and thus accounting for the various secondary institutions appearing in the culture.

If this account of the basic personality structure can be considered as valid, it was thought that it might be constructed by the study of a given culture *per se*. In his second book,⁴³ Kardiner attempts this through the analysis of the cultural and psychological materials obtained by Du Bois in her study of the Alorese.⁴⁴ By studying such primary institutions as child training practices and certain conditionings for adult life, an attempt was made to show the kind of basic personality structure emerging in the society. The concept of basic personality structure then came to be regarded as a tool for social science research.⁴⁵

The research work of Mead, Benedict, Dollard and Warner in various culture milieus had a certain impact on psychoanalytic psychiatry. Here, Horney⁴⁶ took the lead by viewing the neurosis not as, in the past, a result of repression of libidinal energy or the fixation of the emotional life at some point in its development, but rather in terms of the conflicting demands which a given culture imposes on the individual.⁴⁷ She also attempts to find for our society that the competitive patterns contain the seeds of the

³⁹ See M. Mead, *Sex and Temperament in Three Primitive Societies*, New York: Morrow and Co., 1935. Also see her *Cooperation and Competition Among Primitive Peoples*, New York: McGraw-Hill & Co., 1937.

⁴⁰ See Ruth Benedict, *Patterns of Culture*, New York: Houghton Mifflin Co., 1934 and see also "Anthropology and the Abnormal," *Journal of Genetic Psychology*, 10 (1934), 59-82.

⁴¹ A. I. Hallowell, "The Social Function of Anxiety in a Primitive Society," *American Sociological Review*, VI (December 1941), 889-891; See also his "Psychic Stresses and Cultural Patterns," *American Journal of Psychiatry*, 92, 1291-1310.

⁴² A. Kardiner, *The Individual and His Society*, New York: Columbia University Press, 1939.

⁴³ A. Kardiner, *The Psychological Frontiers of Society*, New York, Columbia University Press, 1945.

⁴⁴ Cora Du Bois, *The People of Alor*, Minneapolis, University of Minnesota Press, 1944.

⁴⁵ See A. Kardiner, "The Concept of the Basic Personality Structure as an Operational Tool in the Social Sciences," in *Science of Man in the World Crisis*, New York, Columbia University Press, 1945, pp. 107-122.

⁴⁶ Horney, although a psychoanalyst, has been included here both because of her influence in shaping the neo-freudian position and because of her influence among sociologists.

⁴⁷ K. Horney, "Culture and Neurosis," *American Sociological Review*, 1 (April, 1936), 221-229.

aggressive strivings and ambivalent hostility which are characteristic of our neuroses.⁴⁸ In a later work, dissatisfied with therapeutic results and certain phases of psychoanalytic theory, she attempts to bring psychoanalysis in line with the newer conceptions in sociology and anthropology and to substitute a "sociological orientation" for an "anatomical-physiological" one.⁴⁹

These culture and personality studies have been suggestive rather than conclusive and it would seem that this position can be maintained with respect to any aspect which one might desire to examine. The conclusion is the same whether one tries to find *a la Kardiner* the exact procedure by which the group culture makes ingression into the personality as "key integrational systems" or whether one tries to get a picture of the relativistic character personality deviations as Mead, Benedict and Hallowell do. With respect to the Kardiner group, it can be pointed out that there is no systematic statement of hypotheses or concepts so that it is frequently difficult to follow them. Then, too, while the basic personality structure may be formed in the childhood years through the operations of the primary institutions, the materials on the various cultures largely illustrate this conception; they do not demonstrate or prove the hypothesis. With respect to the relativistic character of personality deviations, it would seem that the main contribution of these workers is to show that certain behavior forms which have been viewed in our society as psychiatric symptoms are in certain other societies often channellized by the prevailing institutional structures or perform a given function in relation to the total culture. This may be all right as far as it goes but it certainly does not succeed in explaining how these symptoms frequently combine in a person to display a complex deviant mental disturbance which we in our society recognize as one of the functional psychoses. Anxiety or trance-like states which may be functionally useful in certain cultures is one

thing; schizophrenia, one of our diagnostic labels for a functional disorder, is something else again. I am not saying that no attempt should be made to study schizophrenia in cultural terms but am only pointing to the inconclusive and unsatisfactory character of the relativistic personality deviation conceptions.

Then too, the attempt to type cultures in terms of some dominant theme may have a limited usefulness but it has also led to unreasonable applications. Questions appearing during the last two decades such as, "Is Germany suffering from paranoia?" or "Does England have a senile psychosis?" explain nothing but only add to the intellectual confusion of our times.⁵⁰ A conception such as the above would have significance only to the extent that it could be shown that this dominant cultural theme is reflected in the personalities of a large majority of the persons in the society. Even then one is still faced with the problem of who is likely to be regarded as paranoid in a "paranoid" culture.

On the positive side these studies have certainly brought about a working research relationship between psychoanalysis and cultural anthropology. They have stimulated the growth of neo-freudianism with their acceptance of a restatement of the relationship of the individual and society and personality and culture. While this restatement succeeds in incorporating into psychoanalysis the anthropologically empirically derived conception of culture, it has not succeeded in forming a very satisfactory sociological foundation for the emergence of a dynamic psychology of the personality.

CASTE AND CLASS STUDIES

The development of the caste-class framework for purposes of social analysis is peculiarly the work of W. L. Warner,⁵¹ his co-workers and students. True, the class aspect of human society had been portrayed by the

⁴⁸ K. Horney, *The Neurotic Personality of Our Time*, New York: W. W. Norton and Co., 1937.

⁴⁹ K. Horney, *New Ways in Psychoanalysis*, New York, W. W. Norton and Co., 1939.

⁵⁰ Franz Alexander, "Psychoanalysis and Social Disorganization," *American Journal of Sociology*, 42 (May, 1937), 781-813.

⁵¹ W. L. Warner, "American Caste and Class," *American Journal of Sociology*, 42 (September, 1936), 234-237.

first generation of sociologists in the United States but it was not until the fourth decade of the twentieth century that the class concept became a heuristic tool in American Sociology.

The studies which have been reported on by Warner and his students while in most instances not dealing with the socially recognized more abnormal types of human adjustment deserve mention here because of their concern with (1) the nature of human socialization through specific forms of child training (2) the attempt to show the differentiating role of class in the personality structure developed.⁵²

The studies in this group have provided a framework within which personality disorders of our society might be studied. Using his class schema, Warner pointed to three ways of regarding the development of mental disorders.⁵³ He saw these afflictions as a result of (1) changes in social organization produced by technology, (2) the breaking up of institutional symbolic systems, and (3) frustration arising in the person when his vertical mobility was blocked. These three ideas are hardly new and bear a close resemblance to the cultural lag theory, Durkheim's notion of anomie, and Horney's emphasis on the competitive struggle and its role in the genesis of neuroses.

Green, using the class concept, attempts to show the kind of middle class family situation leading to neurosis and the kind of middle class family situation which does not. In the Polish middle class family he finds that the child does not become neurotic because the family does not absorb his personality, while in the American middle class family of several generations the child does become neurotic because as an object of ambivalent parental feelings he is a threat to the social life and career goals of the par-

ents.⁵⁴ Ericson on the basis of interviews with samples of lower class and middle class mothers concludes "that membership in a social class is an important influence on personality development and that there are significant differences in child-rearing practices between social classes."⁵⁵

These studies are pretty much analogous to the personality—culture studies, especially in their emphasis on child training. They, to date, have thrown little light on personality disorders, although they have been quick to show certain abnormal traits, and distorted attitudes as they are nurtured within a social class context. They may eventually prove significant by virtue of calling attention to the class character of some of our personality disorders. Future research utilizing these conceptual tools will produce a more adequate evaluation with respect to clarifying their worth in adding to knowledge of both normal and abnormal personalities.

STUDIES OF INTERPERSONAL RELATIONS

Finally, we come to a consideration of the kind of knowledge which has evolved through the careful scrutiny of various kinds of interpersonal relations and their consequences for personality organization. The studies and theory of this section fall appropriately into the following categories: (1) personality organization, (2) social interactional relationships, (3) behavioral consequences, and (4) sociometric developments.

Personality Organization: This particular area is typified by Dai's descriptive and analytic account of the patient as a person.⁵⁶ True, its results are nothing more than working hypotheses, but it does succeed in pointing to the limitations of biology in dealing with the person and the possible integrations of psychoanalysis and sociology for psychiatry. Most significant is Dai's attempt to

⁵² See A. Davis, and John Dollard, *Children of Bondage*, Washington, D.C., American Council on Education, 1940. See also the other studies of the American Council on Education on the personality development of Negro Youth.

⁵³ W. L. Warner, "The Society, the Individual and his Mental Disorders," *American Journal of Psychiatry*, 94, 275-284.

⁵⁴ A. W. Green, "The Middle Class Child and Neurosis," *American Sociological Review*, 11 (February, 1946), 31-41.

⁵⁵ Martha C. Ericson, "Child Rearing and Social Status," *American Journal of Sociology*, 52 (November, 1946), 190-192.

⁵⁶ Bingham Dai, "The Patient as a Person," in *Social and Psychological Studies in Neuro-Psychiatry in China*, Peking, 1939, pp. 1-30.

classify the possible social etiologies of various personality disorders. In a later paper, Dai attempts to show with reference to the frequencies of various psychoses found among patients admitted to the Peking Municipal Psychopathic Hospital that personality problems are essentially problems of social adjustment and are most easily understood in terms of the analysis of the person's conception of himself.⁵⁷

Dunham's descriptive and analytic account of the social personality of the catatonic⁵⁸ supplements and reinforces Dai's analysis. Here, the trait organization of the catatonic is depicted as being at a variance with the trait organization of the other young men in the community. This situation conditions all of the catatonic's interpersonal relations and consequently he has no way of getting an adequate conception of himself through interaction with others.

Along this same line is Faris' attempt to show the schizophrenic personality as a product of social isolation. Breaks in the communication and socialization processes lead to the trait of seclusiveness which in turn causes the person to withdraw further from society. The final result is the schizophrenic breakdown. Faris' subsequent report of a schizophrenic case implies the process of the building up of a unique world not shared by other persons.⁵⁹

Social Interactional Relationships: Slotkin studied the nature and effects of social interaction among a group of schizophrenics.⁶⁰ His main conclusion was that, since symbolic interaction is largely absent among

schizophrenes because of the private character of the symbolism, then normal symbolic interaction is basic to the development of society and culture.

Rowland has studied the nature of the social process within the mental hospital and the kinds of friendship patterns which develop between patient-employee and patient-patient as a consequence of the interactional process.⁶¹ Dunham and Weinberg in a recent study⁶² have continued these interests showing the kind of cultural organization which develops among patients and employees in a state mental hospital and the impact of these two structures upon the patient, especially as it affects his length of stay in the hospital. Finally, Mangus and Seeley give us a kind of psychiatric *Middletown* in their attempt to discover the results of the abnormal social interactional currents and the twisted interpersonal relations in a rural community.⁶³

Lindesmith depends on the process of communication for the making of drug addicts. He is successful in showing that explanations of drug addicts in terms of psychopathy are inadequate and do not fit the facts. Drug addiction, as Lindesmith demonstrates, is thus social through and through; it evolves within a social process.⁶⁴

Behavioral Consequences: Thorner shows that the pattern of ascetic protestantism accounts for the basic personality structure of the middle class family and subsequently for much of the denial of affection with resulting frustration.⁶⁵

⁶¹ See Howard Rowland, "Interaction Processes in the State Mental Hospital," *Psychiatry*, 1 (August, 1938), 323-337, also "Friendship Patterns in the State Mental Hospital," *ibid.*, 2 (August, 1939), 363-373.

⁶² H. Warren Dunham and Kirson Weinberg, *Social Psychological Study of a Mental Hospital* (Unpublished Manuscript), 1947.

⁶³ See A. R. Mangus and John R. Seeley, *Mental Health Needs in a Rural and Semi-Rural Area of Ohio*, Mimeographed Bulletin No. 195, Department of Rural Economics and Rural Sociology, Ohio State University, Columbus, Ohio, January, 1947.

⁶⁴ See A. R. Lindesmith, "A Sociological Theory of Drug Addiction," *American Journal of Sociology*, 48 (January, 1938), 593-609, also his "The Drug Addict as a Psychopath," *American Sociological Review*, 5 (December, 1940), 914-920.

⁶⁵ Isidor Thorner, "Sociological Aspects of Af-

⁵⁷ Bingham Dai, "Personality Problems in Chinese Culture," *American Sociological Review*, 6 (October, 1941), 686-696.

⁵⁸ H. Warren Dunham, "The Social Personality of the Catatonic-Schizophrenic," *The American Journal of Sociology*, XLIX (May, 1944), 508-518.

⁵⁹ See Robert E. L. Faris, "Cultural Isolation and the Schizophrenic Personality," *American Journal of Sociology*, 39 (September 1934), 155-169; also his "Reflections of Social Disorganization in the Behavior of a Schizophrenic Patient," *American Journal of Sociology*, I (September, 1944), 134-141.

⁶⁰ J. S. Slotkin, "The Nature and Effects of Social Interaction in Schizophrenia," *The Journal of Abnormal and Social Psychology*, 37 (June, 1942), 345-368.

Dunham's study of criminal behavior among schizophrenes succeeded in making the differentiation between criminal behavior of so-called normals and criminal behavior of schizophrenics and in pointing to the conditions necessary for criminal behavior to appear in the schizophrène.⁶⁶

Weinberg is able to show using data of neuroses arising in combat that "neurotic-like reactions may emerge among stable personalities when the experiences are sufficiently critical."⁶⁷ Through analysis of case materials, Taylor finds that apparently normal adjustment in only children is related to the emergence of neurasthenic symptoms.⁶⁸ Davis, attempting to examine by one case the consequence of social isolation, concludes that an absence of speech, inability to walk, no sense of gesture, complete inability to care for self, adds support to the Mead-Cooley theory of socialization. In a final note, Davis concludes that Anna is not the most ideal case for showing the effect of isolation as she was probably deficient from the beginning.⁶⁹ Finally, Devereux offers a hypothetical sociological explanation of schizophrenia by stating that it is a consequence of the failure of a person to make the correct extrapolations from a new environment to which he moves or drifts.⁷⁰

Sociometric Developments: The point of view, researches, and system of therapy developed by Moreno⁷¹ deserve mention here

factional Frustration," *Psychiatry*, VI (May, 1943), 157-173.

⁶⁶ H. Warren Dunham, "The Schizophrenic and Criminal Behavior," *American Sociological Review*, 4 (June, 1939), 352-366.

⁶⁷ S. Kirson Weinberg, "The Combat Neuroses," *American Journal of Sociology*, XI (March, 1946), 465-478.

⁶⁸ Louis Taylor, "The Social Adjustment of the Only Child," *American Journal of Sociology*, LI (November, 1945), 227-232.

⁶⁹ See Kingsley Davis, "Extreme Social Isolation of a Child," *American Journal of Sociology*, XLV (January, 1940), 554-656, also his "Final Note on a Case of Extreme Isolation," *American Journal of Sociology*, LII (March, 1947), 432-437.

⁷⁰ George Devereux, "A Sociological Theory of Schizophrenia" *Psychoanalytic Review*, 26 (June, 1939), 315-342.

⁷¹ J. L. Moreno, *Who Shall Survive*, Washington, D.C.: Nervous and Mental Disease Publishing Company, 1934.

because of their current contemporary influence in sociological circles.⁷² The point of view represented here is found in the social psychology of Mead and Cooley and is partially developed in psychiatry through the writings of Harry Stack Sullivan. The procedure of charting the frequency and intensity of interpersonal relations in any group is a valuable technique for showing certain aspects of the relations which actually take place in the group. Moreno and his associates have thus provided the student of interpersonal relations with a tool for the study of personality deviation as it appears to emerge in a group context.⁷³

This technique lays an empirical basis for viewing interpersonal relations and serves as a substitute for the descriptions of group life and process which have appeared in the theoretical literature. The therapy of psychodrama, where the person either acts out his inner psychological role alone or with other "auxiliary egos" again throws Mead's role-taking scheme either of the self-other or generalized-other variety on the stage, and the person depicts his conflicts and tensions as they may exist in the reality situation. Thus, this role-taking therapy is a partial demonstration of Mead's theory and also provides the earliest sociograms for charting the interpersonal relations within a situational context. From the stage to the sociometric study of the real life situation is a short step for which Moreno has provided an elaborate scheme of new concepts, such as the tele, aris-totele, social atom and sociometric assignment. Neuroses and maladjustments are products of interpersonal situations arising in group life. The therapeutic scheme developed and the tool for measuring interpersonal rela-

⁷² We have included Moreno in our appraisal even though well aware of the fact that professionally he can be regarded as a psychiatrist rather than a sociologist and our attempt has been to see "social psychiatry" as it has developed in the hands of sociologists. However, we feel justified inasmuch as the sociologists and psychologists have largely supported Moreno's research and therapy. The editorial board of *Sociometry* includes twelve recognized sociologists, about fifty per cent of the total.

⁷³ See his "Interpersonal Therapy and the Psychopathology of Interpersonal Relations," *Sociometry* 1, (1937), 9-76.

tions are devices which should serve to make for a more sophisticated statement of symbolic-interactional psychology.

The studies reported, in this section, while at first glance seem unrelated, can, as we have shown, be classified in a general way. The field is new and largely unexplored from an empirical perspective. These studies and others like them should eventually form the foundation for getting research workers closer to the significant problems, which for the most part, we must learn to formulate. This is perhaps no more clearly demonstrated than in the instance of trying to study the "self." The nature and origin of the self is the core of much social psychology, but this social entity cannot be chiseled out in a definitive fashion until we can develop more satisfactory techniques for observing it develop and watching it change. Such descriptive terms as the distorted self, the guilty self, the wounded self, the projective self, the destructive self and the like are suggestive of the social psychological results evolving from family or other group interpersonal relation, but knowledge about these things will continue to elude us until we can show more conclusively the processes of interpersonal relations which bring about such results. This implies the necessity to develop some better techniques for exploring the psychological character of various kinds of structured relationships from the pair to the complex institution, and to show the manner in which these social entities may be related to the genesis of the self and to the distortion of the self at any stage in its development, fixation or regression. In attacking the problems implied here, it seems not out of place to point out that we need to bring about a fusion of those elements which may prove valid for both symbolic interactional and psychoanalytic psychology.

THE CURRENT SITUATION

In this paper we have, thus, tried to do two things. First, we have attempted to show the dubious character of social psychiatry as a special field of sociology and to point to the emergence of a set of problems centering around the personality problems of man in

society, the answers to which many different disciplines will contribute. Secondly, we have tried to point out and critically evaluate the various kinds of researches carried on by sociologists and anthropologists during the past fifteen years which have been regarded, at least by sociologists, as constituting the field of social psychiatry.

With respect to our first point, we can only wait for time to give the answer, although in accordance with the trends in education and the scientific literature we feel vaguely that we have pointed to what will eventually emerge.

With respect to the research developments during the period under consideration, it seems to the writer that such researches have been far more valuable in evolving new techniques, viewpoints, and hypotheses, and much less significant when it comes to a conclusive demonstration of the exact relationships between personality disorders and some element of interpersonal relations or of cultural situations. We cannot be content continually with offering "supporting" and "inferential" evidence, especially if we continue to adhere to the hypothetical proposition that many personality disorders have their roots in the social milieu.

In a very positive sense all of these studies upon which we have reported have served to bring about a closer working relationship between the various disciplines. In this process, as we have shown, there has been a gradual coming together of certain psychoanalysts, psychiatrists, anthropologists, psychologists, and sociologists in their interests so that gradually they are focusing their attention on certain common problems: the self, cultural influences on the personality, the nature of these influences as personal experience, the differentiation of influences at different societal levels, the nature of interpersonal involvements and cultural or unique character of child training practices—these are the problems which must continue to receive attention if satisfactory answers are forthcoming.

Four specific problem areas need some exploration and may throw light upon some of the generally stated problems above. I

think there is an immediate need for an elaborate follow-up study of patients of different types who are discharged from mental hospitals. We need to know what happens to them, the kind of adjustments they make, their relationships with others and the like. Such a concrete picture might not only be suggestive with respect to etiological theories, but it might also be useful for therapeutic programs. Another problem demanding attention is to explore the nature of contrasting "family psychologies" in our society as well as other societies. Certain families in the interaction of their members succeed in creating psychological atmospheres which have adverse personality consequences.

There is also the need for a sociological study of the mentally disturbed child, the schizophrenic child, and the kind of social situation in which he is nurtured. Such study may focus attention upon the kinds of experience likely to be damaging to the self as it emerges.⁷⁴

Finally, it seems to me we need to return to an older emphasis in sociology and repeat many institutional studies by means of the new techniques which have been developed in sociometry, psychoanalysis and social psychology. Such studies should put us in a position of seeing the kinds of interpersonal relations within a given structure to which persons are subjected and give us

⁷⁴For an account of such cases, see within a clinical psychiatric framework, see Charles Bradley, *Schizophrenia in Childhood*, New York, The Macmillan Co., 1941.

some valid picture of the psychological atmosphere which is created. In this way we could see how an institutional structure fosters already existing fears, anxieties and insecurities of the person and develops new ones. Such studies should prove valuable not only in showing us the impact of certain interpersonal relations and psychological climates on the person, but also for showing how certain kinds of maladjusted and neurotic persons are frequently permitted to obtain positions of authority and then use their office in the institution to literally inflict their neuroses upon others.

In this area of research endeavor as in other social science areas our big and most significant task is to formulate the correct statement of our problems. This is crucial in all research but as we all know especially difficult in social science research. If we can do this, the techniques for solving these problems can be evolved. When psychiatry as a branch of medicine departs in its research from the traditional clinical biological and physiological orientation it faces the same methodological problems as does sociology. This has been happening, as we have shown, during the last two decades and so in the future, we can expect progress in this area to the extent that significant questions can be raised and that the significance of these questions can be agreed upon by the various scientific disciplines concerned. In this way, we will move toward a meaningful "social psychiatry."

OCCUPATIONAL MOBILITY OF URBAN OCCUPATIONAL STRATA*

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PROBLEM AND METHOD

A LONG established ideal of equality of opportunity is an integral part of the American culture pattern. Our children are early imbued with the faith that regardless of the humility of their beginnings, no doors of opportunity are closed

to them—hard work and talent, the expectation is, will be rewarded. The doctrine is by no means unchallenged, but recent public opinion study has demonstrated that, by and large, most American adults still cling to it. Most believe that one man's opportunities to succeed are as good as another's.¹

¹Centers, R. "Attitude and Belief in Relation to Occupational Stratifications." *J. Soc. Psy.*, in press.

* Manuscript received November 24, 1947.