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Topeka, Kansas

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THE "INSANITY" OF GEORGE III*

MANFRED S. GUTTMACHER, M.D.†

The insanity of George III has a unique interest. Since he was America's last King and reigned when the Colonies waged their War of Independence, it has special historical significance for us. Moreover, it has, in my opinion, importance as a psychiatric case, quite apart from its historical significance. The patient's five manic attacks occurred intermittently during a period of fifty years. The background of each is sufficiently well documented so that we can make a valid hypothesis as to what constellation of factors could produce decompensation of the defensive mechanisms.

There are certainly few, if any, instances of a psychiatric illness in a historical figure in which there exists such richness of source material. I had the good fortune to have access to the invaluable material in the Royal Archives in Windsor Castle. There one finds the original clinical notes of the physicians kept during the 1788 and 1810 illnesses. There are seven boxes of school papers and exercises.

George III was an indefatigable letter writer. He had no secretary until his blindness made one necessary. In the Windsor Archives there are hundreds of his holograph letters. It was his habit to make copies of the more important ones. In addition to the material in the Archives, there are two published volumes of the testimony of his physicians before Parliamentary Committees during the 1788 and 1810 illnesses. The latter half of the eighteenth century has been termed, "the golden age of diarists." The words and activities of a king are always considered to be noteworthy by his subjects—especially when the monarch is mad.

* Presented to a forum of the Menninger School of Psychiatry, February 3, 1964.

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There are no less than fifteen published diaries that refer to the 1788 illness.

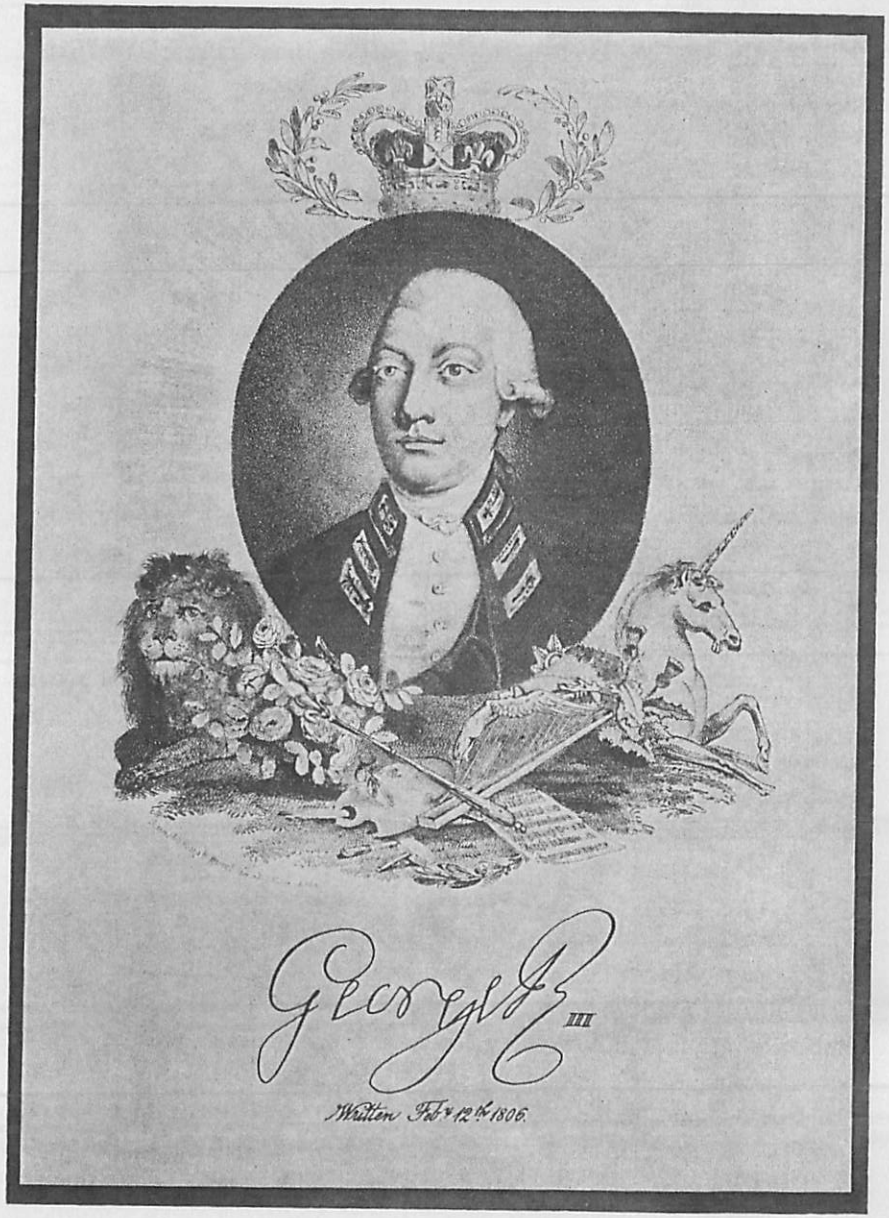
I feel an intimate acquaintanceship with my royal patient. I believe that I have a better understanding of him than I have had of many living patients. Moreover, I developed a certain fondness and admiration for this man, who is consistently portrayed as a dullard and tyrant to American school children. It would be hard to find a man with a greater dedication to duty or one with more courage. His intrepid behavior during the six attempts at his assassination was remarkable. But even more admirable was the valiant way in which this man, monarch of the most powerful nation in the world, struggled to carry on his duties as soon as he was freed from a straitjacket. Three times during his long reign he composed abdication speeches, but each time he destroyed them and carried on.

George III was born in 1738 and died in 1820. He had a decided pyknic habitus—according to the work of Kretschmer, the usual body build for the manic-depressive patient. He was five feet ten and one-half inches tall, and in his fifth decade weighed two hundred and ten pounds. He was muscular rather than fat. He had blonde hair; fair, ruddy skin; a prominent nose and grey eyes.

The family history is not very impressive psychiatrically. There were instances of psychosis in remote ancestors and a maternal uncle committed suicide.

His grandfather, George II, was a caricature of an obsessive-compulsive personality along German lines. His daughter, Anne, said of him "When great points go as he would *not* have them, he frets and is bad to himself. But when he is in his worst humours and the devil to everybody, it is always because one of his pages has powdered his periwig ill, or a housemaid set a chair where it does not use to stand." Hervey wrote of him, "Having done a thing today was an unanswerable reason for doing it tomorrow. Every evening at the stroke of nine he went to his mistress, Lady Suffolk, and took a rapid walk with her back and forth down the corridor, his watch in hand, waiting for the final minute of the hour dedicated to this activity." It indeed seems fitting that so anal a personality should die of a ruptured aneurysm while seated on the toilet.

His grandmother, Queen Caroline, was by contrast a woman of great attractiveness and intellectual brilliance, who corresponded with many of the leading philosophers and savants.



George III was a seven-months baby, born just ten months after his sister. He was suckled by a wet nurse. His father, Frederick Louis, died when George was thirteen, apparently of a lung abscess following a blow with a cricket ball. Prince Frederick was a little man, unstable, excitable and restless. He was quite undignified and was an easy prey to the flattery of sycophants. He had a procession of mistresses—but according to Egmont "is not nice in his choice and talks more of his feats in this way than he acts." He appears to have had a genuine interest in his children and in their education. The will which he left on his death for his eldest son is full of noble sentiments and pious admonitions.

George's mother, Augusta, a tall, awkward, long-necked and long-nosed German princess, was quite intelligent but a very dominating and rather unaffectionate woman, wholly devoid of humor. She tended to be a great nagger and would constantly go bursting into the nursery, admonishing her little son to behave like a king. Both parents showed outright favoritism toward their second son, Edward, a year and a half younger than George. He was much more outgoing and adventuresome. George was shy and timid.

Probably the most powerful force in his education and development was John Stuart, the third Earl of Bute, a leading Scotch nobleman, who had become an intimate of his parents. Bute was socially very prominent, having eloped with the daughter of Lady Mary Montague. His chief claim to notice seems to have been his talent for designing ingenious costumes for masquerades. Frederick had tired of him before his death, having declared that he was "a fine showy man, who would make an excellent ambassador in a court in which there is no business." On Prince Frederick's death he became an intimate of Princess Augusta. All of the diarists of the period believed that they established an amorous relationship. Horace Walpole asserted that he was as sure of it as if he had caught them together.

There is an amazing correspondence between the Earl of Bute and Prince George, beginning when he was fifteen and extending beyond his coronation. Bute's letters are in a florid, sententious style, saturated with religious humiliation. George literally bared his tortured adolescent soul to his dearest friend. When he was 18 he wrote, "I do here now tell you that I am resolved in myself to take the resolute part to act the man in everything, to repeat whatever I am to say with spirit and not blushing and afraid as I have hitherto; I will never show the least irresolution." He continues saying that if he does not correct this fault "I shall lose my Crown and what I esteem far beyond that, my friend." At twenty he writes Bute that the Earl's letters "have set me in a most dreadful light before my own eyes." A year later, he writes to him of his sexual conflicts: "I should be ashamed after having so long resisted the charm of the divine creatures now to become their prey."

At 77, George II suddenly died and Prince George found himself King. He was the first truly English monarch since Queen Anne. On coming to the throne, he behaved with dignity and great self-assurance. He immediately threw himself into the role in which fate cast him, and which he had valiantly to continue to play until the end of his sixty-year reign, except for the periods of surcease, which he gained through his psychoses. He was a man of great physical energy; during long periods when he was well he would ride from four to seven in the morning, and then walk 10 to 12 miles. As Lecky put it, he "paid microscopic attention" to business. He is said to have read through every Act of Parliament before affixing his signature. He had an amazingly detailed memory—he knew the names and posts of all of the officers of the Army and of the clergy of the Church of England. There is in his own handwriting in the Windsor Archives a record of monthly measurements to one sixteenth of an inch of the height of his two older sons for a two-year period.

His mood was very unstable. He talked very rapidly and asked a great number of questions. Frequently after asking a question he interjected "What, what, what?" and without waiting for an answer went on to the next question. He was extremely outspoken and was incapable of whispering. There was little deceit or subtlety about him. In personal expenditures he was almost penurious. He drank alcohol very sparingly—a little Rhine wine in water. He refused to have a rug next to his bed, stepping on the cold stone floor in bare feet. In an age of great sexual laxness, he was completely faithful to his Queen in word and deed, except when he was psychotic. He was extremely reactionary and detested what he called "seekers after improvements."

When his sons were children he was very loving toward them but as soon as they got old enough to assert their own wills, bitter friction and hostility developed. He loved his daughters and wanted to hold them; none was permitted to marry before she was thirty. As children they were not allowed to read newspapers nor play cards. He was a great

collector, particularly of clocks and watches and amassed a great library of 63,000 volumes.

When George III was functioning at his best he showed himself to be a skillful politician and a statesman of real stature. In 1785 when John Adams presented his credentials to the King as the first representative of the United States at the Court of St. James, it was feared that King George would be unable to meet the situation with requisite calmness and dignity. However, it is hard to see how his reply could have been improved. On that occasion, he said:

> "Sir, the Circumstances of this audience are so extraordinary, the language, you have now held is so extremely proper, and the feelings you have discovered so justly adapted to the occasion, that I must say that I not only receive with pleasure the assurance of the friendly disposition of the United States, but I am very glad that the choice has fallen upon you to be their Minister. I wish you, Sir, to believe, that it may be understood in America, that I have done nothing in the late contest but what I thought myself indispensably bound to do, by the duty which I owed my people. I will be very frank with you. I was the last to consent to the separation; but the separation having been made, and having become inevitable, I have always said, as I say now, that I would be the first to meet the friendship of the United States as an independent power. The moment I see such sentiments and language as yours prevail, and a disposition to give this country the preference, that moment shall I say, let the circumstances of language, religion, and blood have their natural and full effect."

If George III was unusually anxious and tense, or when he was developing a psychotic state, both the calligraphy and the content of his letters revealed it. He wrote with a scrawl and there was evident a certain looseness and confusion of expression.

At eighteen he became enamored with beautiful Elizabeth Spencer, the daughter of the Duke of Marlborough—but Augusta and Bute put a quick stop to this romance. Fifty-five years later, throughout his prolonged terminal psychosis, he maintained the delusion that he was married to her. Soon after his accession he proposed to fifteen-year-old Sarah Lennox, a charming and exquisite girl, but Augusta again blocked the marriage. Sarah was the niece of the powerful and unmanageable Lord Holland, and Augusta and Bute wanted no poachers on their preserves. George and his mother pored over the Almanacks and selected Charlotte, a young princess from Mechlenberg-Strelitz. An English envoy was dispatched to the court and the betrothal made official by the symbolic act of his baring the leg to the knee and inserting it under the covers of the couch on which the young princess lay.

Charlotte was only seventeen at the time of the marriage and was quite homely, with a large mouth that caricaturists made liberal use of. In later years one of the courtiers remarked that he believed that the bloom of her homeliness was wearing off. She rapidly acclimated herself to her new country and her new life. She made an admirable wife for her unstable mate, bearing him fifteen children, twelve in the first fifteen years. Even under the most trying circumstances she remained completely loyal to her royal husband and personal loyalty was treasured above all else by King George.

When George III came to the throne the government was headed by the great William Pitt, one of England's foremost statesmen, a contemporary of the Earl of Bute. The King was from the start goaded by Augusta and Bute to get rid of Pitt, so that his mentor and "truest friend" could become his first minister. A tremendous struggle was going on within the young King, between maintaining his loyalty to them and breaking the heavy bonds of dependency, so that he could become a monarch in deed as well as in name. Even after gaining the Crown he asked the advice of the Scottish Earl on matters great and small. In one letter he asks whether there would be any impropriety in his going to Covent Garden with his Queen to see Shakespeare's *Henry V*.

Within less than two years after his accession, young George, through skillful political manipulations, had eased out of office the most popular statesman of the day and had made Bute his first Lord of the Treasury. To appreciate fully the impact that this had, one must realize the position of the Scot in English society. He was considered an alien and the prejudice against Scots was general and intense. Moreover, the picture of a young King being ruled by his mother and her putative paramour created tremendous resentment and distrust. Newspapers with scurrilous articles and many prurient caricatures suddenly appeared on the streets. The King and his coterie were most incensed by the newly established *North Briton*, edited by John Wilkes, a member of Parliament. It even charged that the government had found it possible to stay in power only by resorting to a flagrant use of bribery. To the young King, who had assumed the Crown full of idealism, this was mortifying. Legal proceedings were instituted by the King, but the wily Wilkes, who had the

tumultuous support of the populace, came out victor in every legal skirmish.

In four months after his appointment, Bute begged to be allowed to resign. His ministry survived less than a year. Grenville, an honorable, rigid and unimaginative man, took over the reins. But he could not stem the mounting tide of unpopularity. The King reluctantly turned to Pitt, whom he had displaced three years earlier. But the "Great Commoner" refused to return to office unless Bute were totally ostracized. This was too great a price to pay; Grenville had to carry on. He put through Parliament the American Stamp Act that gained little added support for the government at home and bred only rebellion in the colonies. To what extent George III was responsible for planning this Act is unclear.

The first signs of mental disorder were noted in George III at this time. Grenville reported finding the King "a good deal confused and flustered." The next evening he found him "in the greatest agitation." The Cabinet now insisted that Bute should not come into London and that there must be no communication between him and the King. A visitor to Bute's country home reported that he was "in the lowest dejection of mind, scarce speaking a word" and that "he thought himself very ill used."

Early in 1765 the King's condition became severe enough to become public knowledge. It was reported that he was under the care of Sir William Duncan, suffering from a cold with a slight fever, for which he was promptly bled and cupped, but next day permitted to ride out. The available reports indicate that there were short periods of depression and days of agitation and overactivity. Indecisiveness and insomnia were marked. A contemporary history, published at the close of the year, stated that the King had suffered an illness marked by a "derangement." The volume was promptly suppressed by the Royal Family and a new expurgated edition was brought out. Only those who were close to the King realized the real character of the 1765 illness.

A period of twenty-three years ensued without a significant psychiatric illness. However, this unstable man suffered throughout his life short episodes of dejection and short periods of agitation and overactivity. They were generally associated with political crises or personal tragedies. When his son Octavius died, at four years of age, following inoculation for smallpox by the surgeon, Pennell Hawkins, the King grieved inordinately. The hated Fox-North political coalition produced a sleepless period with agitation. When the war with the colonies was finally lost, the King declared, "I'll never lay my head in peace and quiet as long as I remember my colonies," and there occurred another short period of mild morbidity.

The real precipitant of the major psychosis of 1788 was the disloyal revolt of the King's three eldest sons. George, the Prince of Wales, then twenty-six, had already caused his father great concern. When he was only eighteen the King had to spend £5,000 to purchase love letters that he had sent to an actress. He purposely flouted his father's authority by appearing two hours late to family dinners. He became an avowed member of the Whigs, the opposition party, and an intimate friend of its leaders, Charles Fox and Thomas Sheridan. He repeatedly appealed to Parliament to pay his enormous debts. The King suspected that much of the money was being surreptitiously donated by him to the coffers of candidates opposing the government. The Duke of York, the King's second son, was his favorite. When he was 17 he was sent abroad to be trained for the Army with Hanoverian troops. Seven years later, in 1787, he returned. For a time there was a joyous reunion with his father, the King. But before long, his older brother had seduced him and involved him deeply in his gambling activities and his shabby affairs with women. The third son, the Duke of Clarence, had been sent into the Navy when he was 13, and given command of a frigate at 21. When his ship was detached from Lord Nelson's command, the Duke refused to follow the orders of the new commander and sailed his ship home to Plymouth. He was immediately put under partial arrest and confined to that port. His two brothers promptly joined him, the three of them engaging in bacchanalian revels. The King confided to one of his followers that when he heard the details of these, he was unable to sleep for ten nights. These events immediately preceded the onset of the psychosis.

The 1788 manic illness, which became full blown in October, had been preceded by a period of dejection and brooding. It differed from other periods of blueness in that it was marked by obsessions. He could not get the death of his beloved Octavius, which had occurred five years before, off of his mind. He kept thinking that he should have married Elizabeth Spencer and not Charlotte. He complained that one of Handel's oratorios kept going through his head until he thought he "would go crazy."

At the onset of the 1788 illness the same subterfuges were tried that were resorted to with comparative success in 1765. The monarch was

reported to be physically indisposed. He was attended by two of his regular physicians, Sir George Baker and Dr. William Heberden, Sr. However, when they called in consultation Dr. James Munro, the head physician at Bedlam, the nature of the illness became apparent to many.

On October 20, the King sent a long and confused note on foreign affairs to his trusted minister, William Pitt, whose father had headed the government when he came to the throne. In it he counsels him to prevent at all costs another war, stating that "never have I day or night been at ease" since Britain lost the war against America.* He concluded this letter with that unusual degree of insight that he so often manifested, "I am afraid Mr. Pitt will perceive I am not quite in a situation to write at present, but I thought it better to write as loosely as I have here, than to let the box return without an answer to his letter."

By October 23, rumors of the King's illness were generally noised about. When his physician, Doctor Baker, sold £18,000 of stocks to take up an advantageous mortgage on that day, a near financial panic occurred. Doctor Baker informed the King of his blunder the following morning. The patient then insisted that he be driven about the city to give reassurance to his people and to stop a further decline of the stock market.

Heroic therapeutic measures were instituted. The King's head, which was kept shaved under his wig, was blistered. Large doses of quinine were administered. By November 5, the manic attack was full blown. Fanney Burney noted, "The bodily agitation had become extreme and the talking incessant." The Prince of Wales insisted that a very successful general practitioner, who was very popular with the Whig leaders, Dr. Richard Warren be called in. Warren was so financially successful in practice that it was said that when he looked at his own tongue in the mirror, he transferred a guinea from one pocket to another. After his first visit, he announced, "The King's life is in danger. The seizures upon his brain are so violent that if he lives, his intellect will not be restored." The royal patient had become so violent that it was frequently necessary for four attendants to hold him down. He was averaging not more than two hours sleep in twenty-four. There was one period of twenty-nine hours when he did not sleep at all. Finally hydrotherapy was resorted to. He was kept in a tub at 95° for fifteen minutes, then put to bed and read to. At times laudanum was used. On November 18, he talked for 19 consecutive hours. He was then moved from Windsor to Kew, since he could be more readily isolated there and could even go out on the grounds without being observed by morbid intruders.

A great political storm broke. The Whigs insisted that a regent must be immediately appointed to rule in place of the mad monarch. Pitt and Queen Charlotte postponed by every political stratagem the assumption of rulership by the Prince of Wales. By a stroke of what seemed to them to be divine fortune, they found a powerful ally in the person of the Reverend Francis Willis, who had just been called into the case. He was an English divine, who had taken an honorary degree of medicine at Oxford and had been conducting a very successful psychiatric institution. He had a reputation for leniency, even permitting some of his patients to go hunting. As soon as he joined the medical staff at Kew, he took virtual charge of the patient. He had brought with him a staff of specially trained attendants and was assisted by his sons. At his first interview with the King, Doctor Willis informed him that his ideas were deranged and that he stood in need of management and treatment. He brought a strait-waistcoat, a type of straitjacket, with him, which he showed the patient and told him that it might become necessary for him to use it. He permitted the King to use a knife and fork and even to shave himself, declaring that he had no fear of suicide since the King was so devoutly religious.

After his first interview with the patient, Doctor Willis declared that he believed that the King would recover and that his mind would be fully restored. He said that he had seen many similar cases.

The parliamentary inquiries were begun almost immediately after Doctor Willis went on the case. He was the first who was called to testify and made an excellent witness. He said, "If it was any common person, I should scarce doubt of his recovery. His Majesty's disorder is attended with symptoms of violence and acuteness. Another species of this indisposition is attended with lowness of spirits and despair." It is clear that he recognized the existence of manic-depressive disorders. His statements as to the duration of these illnesses is interesting. He said that they lasted

* During this same illness the King asked if Lord North had been to call and on being informed he had, the King said, "He might have recollected me sooner. . . . However, he, poor fellow has lost his sight [cataracts] and I my mind. Yet we meant well to the Americans:—just to punish them with a few bloody noses, and then make bows for the mutual happiness of the two countries. But want of principle got into the Army, want of skill and energy in the First Lord of the Admiralty and want of unanimity at home. We lost America. Tell him not to call again, I shall never see him." (Guttmacher, Manfred: *America's Last King.* New York, Scribner's, 1941, page 139.)

from three to eighteen months, the average being five to six months. In rare instances he had effected a cure in six weeks. He recognized the tendency toward recurrences. He said that in some cases there were long intervals of perfect health. He had had patients in whom there were eighteen years between attacks. Like all good psychiatrists, Doctor Willis tended to be optimistic. He said that the over-all recovery rate among all of his institutionalized patients was 90 percent.

Various types of restraint were resorted to. The King spent much of his time strapped in a chair mounted on a heavy base, which the patient referred to as the "coronation chair." In addition to the waistcoat, his legs were at times strapped to the bed. On occasion when the King was too obscene in his utterances, a handkerchief was stuffed into his mouth. The King talked a great deal of his love for Lady Pembroke, the former Elizabeth Spencer. He spoke of her as Esther and of himself as King Ahasuerus. At times he had the delusion that Queen Charlotte was dead. He declared that when he recovered he would rule with a rod of iron.

Doctor Willis played backgammon with the King and taught him to play cards. His old interests in Latin and in architectural drawing were resurrected. He played the flute, the violin and the harpsichord during his convalescence.

Doctor Willis and his colleagues took chances in rushing the patient's convalescence that few of us would subscribe to. The opposition's clamor for the creation of a regency had become so great that the King had to be declared well and had to resume some of his responsibilities while he was still far from recovered. This was done on Doctor Willis' assurance that this would not create a relapse. Royal levees had to be held and the King had to be driven out for the populace to see him. His popularity became amazing. There was constant celebrating of the King's recovery. Horace Walpole remarked wryly that kings grow popular no matter how they lose their heads. A great public service was held at St. Paul's in April. The Archbishop of Canterbury cautioned the King that he should not attend, if he did not feel up to it. George replied that he had just finished rereading the physicians' testimony on his case before the Committees of Parliament and that if he could take that, he could stand almost anything. Convalescence was long drawn out and recovery was not really complete until a year after the onset of the illness.

George III remained well for a period of 13 years. Things had gone relatively placidly. There was peace and Britain was prosperous. Trade with the United States was much greater than it had been with the colonies. However, there was an increase in the number and intensity of the uprisings in Ireland. Partly because of this, Irish Union—giving the Irish representation in Parliament—was established. George III was not enthusiastic about it, but he followed the advice of his great minister. However, Pitt was unwilling to stop at this. He was convinced that to bring peace to Ireland there would have to be Catholic tolerance—it would have to be made possible for Catholic Irishmen to represent their country in Parliament and to hold high office. This was anathema to the King. Although he was personally friendly toward many Catholics and visited in the homes of some of the great Catholic families, he believed that their admission to places in government was a clear violation of his coronation oath. He wrote to the Attorney General and the Lord Chief Justice for support, but their replies were equivocal. He had his son, the Duke of York, read the coronation oath to him over and over again as he paced the floor, unable to sleep. He wrote Pitt a flattering letter, assuring him of his great personal esteem and offering to do anything that he wished, if he would only give up this foolish scheme of Catholic toleration. But Pitt was also a man of principle; refusing to alter his position, he resigned. The King had great difficulty in forming a government. He finally got Henry Addington to take over the seals of the Treasury. He then immediately became flagrantly psychotic.

The Willises were promptly summoned and were again in command. This attack was not a prolonged one but at times the excitement was as intense as at any time during the more prolonged 1788 attack. The straitwaistcoat often had to be resorted to. Pitt was distraught to feel that he had brought on this attack of madness. He sent word to the King that as long as he lived he would never again agitate for Catholic toleration. He was one of the first visitors during the convalescence but would not go to see the King until he got signed opinions from the physicians that his visit would not further upset the patient's precarious balance.

Napoleon was beginning to cast his shadow across the Channel. In 1803 the French ports were choked by an armada ready to transport 100,000 invaders. England was agog with military preparations. The King wrote the Bishop of Worcester that he would send his Queen and his daughters to stay in his palace as soon as the invasion started. The

country clamored for strong leadership and Addington was a man of very mediocre abilities. King George, with his great sense of loyalty, felt bound to Addington for having taken over the reins of government in 1801 when Pitt resigned and no one else would assume the responsibility. Moreover, he felt personally very close to Addington. There had been no minister since Bute, with whom he would dine informally. Pitt was brilliant but coldly proper and George was never wholly comfortable with him.

Finally, he had to pay heed to the demands of his cabinet. Addington must go to make way for the return of Pitt. Again there was tremendous conflict, much like that which had occurred in 1765. He summoned his good friend and demanded his seals of office. Greatly hurt, Addington asked in what way he had been deficient. George replied testily, "Talents, talents." The fourth manic illness began immediately.

Doubtless, a serious conflict with his eldest son, George, that occurred at the time, played some part in precipitating the psychosis. The Prince, ever willing to oppose his father, the King, and eager to win the plaudits of the multitude, sought a leading command in the Army. This resulted in a rather heated exchange of letters between them on the subject. When the King remained adamant, the conscienceless heir to the throne had the entire correspondence published in the *Morning Chronicle*. The King was deeply hurt.

Queen Charlotte had promised her husband that he would not again be under the care of the Willises. He had taken a particular dislike to Dr. John Willis. Dr. William Foarte Simmons was put in charge. He was then on the staffs of Bedlam and St. Luke's. Dr. John Willis stayed at Windsor during the illness, but did not see the patient. Doctor Simmons seems to have been a man of relatively inferior ability. For instance, when he felt that the King was too much involved with religion he took his Bible from him. The patient's behavior was more frankly erotic than in the previous illnesses.

An interesting complication had set in. The King was rapidly developing cataracts. Dr. John Wathen Phipps was called in during the convalescence. After several examinations and consultations he decided against operating. First, because thirty days of complete inactivity in a darkened room would be necessary postoperatively and he believed the patient too restless, even when well, for this. And, second, because it was hoped that cutting off one great source of external stimuli might prevent further attacks of mental disorder. Blindness became complete by 1805.

The final attack, that which occurred in 1810, seems to have had as its chief precipitating factor, difficulties with his children, as appears to have been the case in the 1788 illness.

In 1809 there was a seven-weeks Parliamentary inquiry into the scandal involving his favorite son, the Duke of York, and an actress, Mrs. Clark. It was developed that through their intimate association the lady had developed a thriving business in the sale of Army commissions. She had a set price for positions up to the rank of major. The King had each day's testimony read to him. In 1810 his fifth son, the Duke of Cumberland, was involved in a mysterious homicide. One night in May the residents of St. James Palace were aroused by yells. They found the Duke with sabre cuts on his head, which exposed parts of the brain. In a nearby room his Corsican valet lay dead with his throat slashed. The whole thing was never explained to the public.

The King's favorite child in his later years was his daughter Amelia. She was quite charming and beautiful with delicate features, very unlike her sisters who were grossly Germanic. Amelia had developed a love affair with her equerry, General Fitzroy. In 1808 she asked her father's permission to marry but he was reluctant to give it. Two years later she developed a febrile illness. At that time she confessed great indiscretions and wickedness to her father. This seemed to bring them even closer to one another. Apparently she had developed an acute tuberculosis. There were tragic scenes. In one, she gave her father a ring with a lock of her hair in it—begging him never to forget her. The great physician and pathologist, Matthew Baillie, attended both patients. He had to go nearly hourly to the King with bulletins of Amelia's progress. A week before her death, the King had again become acutely psychotic. Soon thereafter the Regency was established. For a short time George III's mental condition improved markedly. He accepted the death of Amelia and his son's appointment as Regent with apparent equanimity.

He cautioned his physicians not to return him to office until fully recovered, remarking that they had done so too soon in his last illness, which resulted in his doing many foolish things and that he now realized that he had fired and hired people unwisely at that time.

The period of lucidity was short lived. The old King retreated into a psychotic state that insulated him completely from the world. It seemed as though he had given up his long and valiant fight to maintain his sanity. There was no longer the necessity to continue the struggle. Great Britain had a Regent, the great responsibilities of kingship were no longer his.

He was kept in one wing of Windsor Castle. Much of his time was spent in a room lined with harpsichords. He would grope his way along and sit down and play. Most of the music was by Handel. His favorite passages were Delilah's mad love song from "Samson" and the lamentation of Jephthah at the loss of his daughter. At times he played the flute.

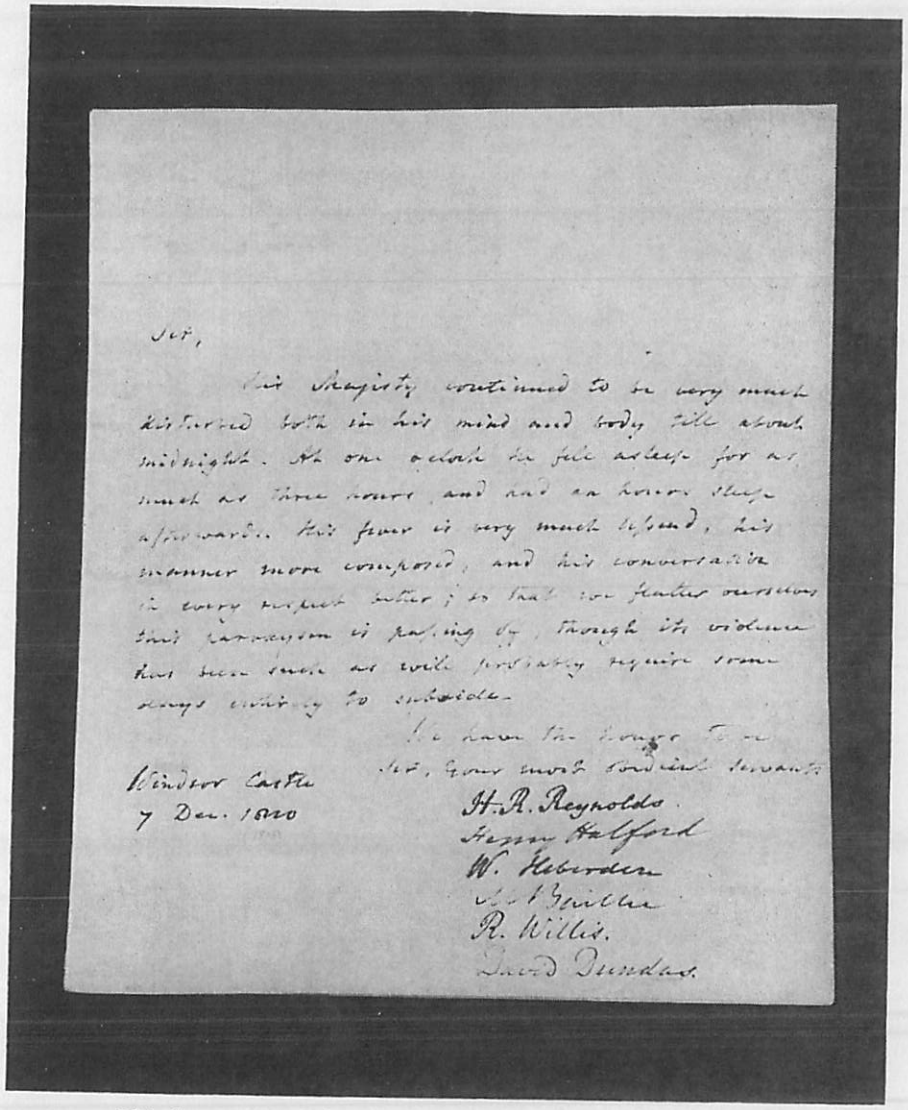
During the first years of this illness he dressed for dinner and entertained imaginary groups of dinner guests, most of whom were long since dead. In later years he wore a white tunic and let his beard grow. At times he grew very excited and restraint had to be used. He frequently toasted with water his "wife Elizabeth," who he declared had been faithful to him for 55 years. On one occasion he signed the death warrants of six of his sons. He frequently talked of his son Octavius, who had died when he was a child of four, but whom he had raised from the dead. At times he was busily engaged in reviewing his troops. No one disturbed him—no one could do so. His isolation was complete.

George III died in his eighty-second year on the 28th of January, 1820. He had been growing thinner and weaker for some months; life gradually ebbed away.

The bejeweled crown worn by George III was in reality a crown of thorns. A premature infant, he grew into a shy, insecure boy, with a rigid, unaffectionate mother constantly goading him to prepare to play the regal role, in which destiny cast him. As a youth, he was unhappy and indecisive, with profound feelings of unworthiness. But, when his hour came, he struggled manfully to be a king, to be strong and decisive. He had the strength that is the bastard child of weakness. He could not tolerate doubt nor indecision in himself. He believed in the Divine Right of Kings and, above that, in their infallibility. He was a reactionary who feared change and distrusted all innovators. Revolts were anathema to him. He treasured loyalty, because in it he found security. He could not countenance faithlessness in anyone and, above all, in himself.

His five manic attacks were precipitated by political and domestic events that pierced his very vulnerable defenses and caused him to decompensate. In 1765 he could not accept with equanimity the jeers of his subjects, yet he could not show disloyalty to his dearest friend, the Earl of Bute. The anxiety that this dilemma generated broke down his defenses. The 1788 attack was brought on by the disloyal behavior of his three eldest sons—perhaps, too, he had become sensitized by the revolt of his American colonies. The 1801 illness was undoubtedly brought on by a conflict between the conviction that it was his sworn duty to prevent any radical change in the State religion of England and his dependence on his faithful minister, William Pitt. The attack of 1804 was also due to a clash of loyalties. Could he dismiss the faithful Addington because the threat of invasion required a minister of great strength and ability? The final illness was in large measure brought on by the conduct of his children, who publicly violated every principle that he held sacred.

His natural endowments—his rather mediocre intelligence and his great physical energy—his love of the outdoors, of riding, hunting and farming—his simple tastes and pleasures—all fitted him to be a country squire. He loved his Windsor farm and took a great interest in it. He imported Merino sheep from Spain, he wrote letters to farm journals under a pseudonym and did much to improve the state of agriculture. Many of his loyal subjects called him "Farmer George." Had it been his lot to be a country squire, he would, in all probability, not have been psychotic.



Sir,

His Majesty continued to be very much disturbed both in his mind and body till about midnight. At one o'clock he fell asleep for as much as three hours, and and on hours since afterwards. His fever is very much lessened, his manner more composed, and his conversation in every respect better; so that we flatter ourselves that a recession is passing off, though its violence has been such as will probably require some days entirely to subside.

We have the honor to be
Sir, Your most obedient servants

Windsor Castle
7 Dec. 1810

H. R. Reynolds
Henry Halford
W. Heberden
M. Baillie
R. Willis
David Dundas

This letter, signed by six physicians, Dec. 7, 1810, testifying to the madness of George III, is in the Foundation Museum.

Editorial Note:

The preceding paper by Dr. Manfred S. Guttmacher is of particular significance to the Museum and Archives of The Menninger Foundation which possesses a Georgiana collection, including the manuscript of Doctor Guttmacher's book, *America's Last King.*

The collection is built around two major original documents. One is a letter by George Villiers (a member of the Buckingham family) to William Pitt, apparently in 1788, concerning the King's famous illness of that year. He says, among other things, that both the Queen and the Prince of Wales burdened the monarch. The other is the original letter signed by the six examining physicians reporting on the King's illness, December 7, 1810. The signatories were:

H. R. Reynolds	M. Baillie
Henry Halford	R. Willis
W. Heberden	David Dundas

This historic document, photographed in the Museum, is reproduced here.

It should be remembered that in 1811 the King was declared incompetent and the Prince of Wales (George IV on the death of the King in 1820) became Regent.

Around the two manuscripts has been assembled a collection of original papers relating to George III. These include various proclamations signed by the King, an original copy of "The Act Regulating Madhouses" (1824) and the aforementioned manuscript of Doctor Guttmacher's book. Also on display is a letter from the King to the Prince of Wales in 1797. To indicate the contemporary research use of such materials, there is displayed a copy of *The Effect of Illness on Diplomatic Intercourse: Health and Diplomacy Project*, Monograph No. 1, by Mottram Torre and William Glasser (Research Institute for the Study of Man, 1963). On loan from Dr. Bernard Hall of the Foundation staff is an original book of *Prayer and Thanksgiving* for use in the Anglican Church on the occasion of King George's recovery from the episode of mental illness in 1788, and a bronze medallion honoring the King's psychiatrist, the Reverend Doctor Francis Willis, on the same occasion.

This collection has received a good deal of national recognition and is being augmented by careful acquitions. It is on permanent display in the large cases in the British Psychiatry room. Though the collection is of original materials, it was enhanced recently by an unusually beautiful portfolio of reproduced documents and the medallion created by the Roche Laboratories of New Jersey.

Lewis Wheelock, Ph.D.
Director, Museum and Archives of The Menninger Foundation

SOME PSYCHIATRIC ASPECTS OF THE "NEW SOVIET CHILD"

ALEC SKOLNICK, Ph.D., M.D.*

This report follows a month of study by the author in the Soviet Union in September–October of 1962. In preparation for this visit, a considerable body of Soviet psychiatric literature was examined.

Soviet psychiatric thinking is heavily weighted with organic considerations so it appeared to me that psychological objectives would be diluted if I made general inquiries into psychiatric problems. It seemed that concentrating visits at facilities for the upbringing and psychiatric care of children would help keep the focus on psychological rather than organic processes. Also, if a characterologically different human being were in the process of development, he should be more distinguishable as the New Soviet Child.

Soviet Anti-Freudism

Discussions with Russian psychiatrists often started with their comment: "You know, we do not follow Freud." They consider psychoanalysis too narrow, too involved in instincts, too fixated on the past. I disagreed but, to avoid deflection from my main objectives, did not become involved in argument. Criticisms of psychoanalysis are elaborated in Soviet literature in which there is a consistent misunderstanding of analytic theory. For example, here are a few of Fedotov's[1] more extreme charges: psychoanalysis ignores the role of the external environment, it denies man's social essence, and it denies the historical development of man and his psyche. The most superficial familiarity with the works of psychoanalysts such as Hartmann or Erikson should be ample to dispel such accusations. From my perspective, it seemed strange that Soviet psychiatrists should renounce the easily available wealth of Freud's psychological insights. Yet they expend much energy attempting to reduce their psychosocial therapeutic procedures to a remote Pavlovian frame of reference. In bridging from the psychosocial to the psychophysiological, Soviet psychiatry bypasses functionally important psychological areas. It is interesting that this reductionist tendency of Soviet psychiatry does not

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apply to related academic sciences.[2] Academic psychology, the domain of which is consciousness, is able to operate with its own laws at a psychic level; physiology deals within its own framework with processes that are not at a conscious level.

A review of the current Soviet anti-Freudian position sheds very little light on its origin. A look into the past is more illuminating.

Evolution of Psychoanalysis and of Marxist Theory

Consideration of the historical development of psychoanalytic theory[3] reveals several phases that would necessarily have evoked Marxist antipathy to Freud. A parallel historical view of the changes in Soviet philosophy since the Russian Revolution[2] will help in understanding the current status of Marxist psychology as well as indicate the theoretical foundation underlying specific Soviet techniques in psychotherapy. The accompanying chart summarizes the evolution of psychoanalytic and Marxist theories on parallel time lines.

Marxist psychology has always attributed to external reality a crucial role in personality formation. Similarly, the role of external reality was central to Freud's thinking prior to 1900. This was particularly evident in his emphasis on the importance of early childhood trauma.

Later, when his theory of seduction in infancy collapsed, Freud's attention centered on developing an instinct theory. With the formulation of the structural hypothesis in "The Ego and the Id" in 1923,[4] the Ego was conceptualized by Freud as the helpless rider of the Id horse—of unconscious instincts.

This development was in striking opposition to Marxist theory which has consistently regarded man as having rational control as well as being intrinsically good. In fact, Marxism denies the very existence of an aggressive instinct. Marxism has consistently considered neurotic and characterological distortions to be the product of external social reality (capitalist suppression), which distortions were expected to disappear with the achievement of socialism. This line of thought is well illustrated by a legal example: In the first Soviet Criminal Code of 1919, the term "crime" was no longer considered acceptable; the phrase "socially dangerous act" was substituted. In place of the term "punishment" the concept "measure of social defense" (1924) was introduced.[2] For the Marxist, the Ego was the helpless rider of the psychosocial horse.

In the early 1920's, Marxist theoreticians expected historical forces to

Evolution of Psychoanalysis and Marxist Theory

Freud				*Marx*
Pre-psycho-analysis	Emphasis on role of reality			Man is good, rational victim of capitalism
Early psycho-analysis		"Interpretation of Dreams"	1900	Dialectical materialism is mechanistic, deterministic, immediate
	Collapse of theory of infantile seduction	"Three Essays on the Theory of Sexuality"	1905	
Instinct theory	Role of fantasy and instinct	"Instincts and their Vicissitudes"	1915	
			1917	Russian Revolution
			1919	"Crime" rejected Lenin expects German revolution and leadership
	Ego helpless rider of Id horse	"The Ego and the Id"	1923	Lenin advocates activist proletarian role
Freud's ego psychology	Ego less slave of Id	"Problem of Anxiety"	1926	
	Reality back in picture along with instincts			
Freud's sociology	Civilization can never tame violent human drives	"Civilization and its Discontents"	1930	Man responsible for his own fate, for history Dialectical materialism is now organismic (autogenetic); deterministic—but future not inevitable; voluntary act is mediated via consciousness; "Unconscious" in disfavor—detracts from role of consciousness in directing behavior
	Ego defenses added vs. external reality	A. Freud	1936	"Socialism achieved"
Current psychoanalytic ego psychology	Adaptation by ego	Hartmann	1937	Laws condemning crime and criminals
	Psychosocial mutuality, coordination between developing individual and social environment	Erikson	1950 on	

produce a revolution in Germany which would supply intellectual leadership to the Russian proletariat. Shortly thereafter there was an extremely significant change in Lenin's thinking. It became clear to him that the proletariat could not rely on the force of history alone to win the revolution, but must take an activist role. In the early 1930's, as the philosophy of dialectical materialism evolved, it was made explicit that man not only played a responsible role in history but that he was also responsible for his own fate.

In psychoanalytic terms, the Soviet Ego by now was expected to be the master of his Id and to function with social responsibility. On the contrary, Freud's "Civilization and Its Discontents" (1930) insisted that the process of civilization could never tame violent human drives.[5] This thesis is obviously repugnant to the Marxist with his tenets that man is basically good, that his rationality is preponderant, and that man and civilization are perfectible.

Recent modifications in psychoanalytic ego psychology seem to have had no appreciable influence toward mollifying Soviet antipathy. It is interesting that Marxist theory has changed in the area of psychological determinism so that it arrived independently at a position similar to that reached by psychoanalytic ego metapsychology. Bauer[2] describes the transformation of Marxian dialectical materialism from a mechanistic, cause-effect (*i.e.* immediate) determinism to an organismic system in which determinism is mediated via consciousness—in which voluntarism has the meaning "freedom to carry out the necessary." Bauer provides a clear illustration of this point of view from Rubinshtein's textbook of psychology (1946):

> "The freedom of a voluntary act consists in its independence of the impulse of the immediate situation, and means that the behavior of man is not determined directly by his immediate surroundings, and naturally, *not* that it is in general undetermined; it is just that the lawfulness and determination involved are of a different order. Immediate determination becomes mediated determination. Voluntary action is mediated through the consciousness of the person."

Transposed into psychoanalytic terms, Rubinshtein is saying, also as a determinist, that the mature autonomously functioning ego has the capacity to delay impulse gratification, and that this delay is mediated by secondary process thought in accordance with the demands of the reality principle.

The "independence of the impulse of the immediate situation" is all very well for a highly integrated ego—be it Marxist or Freudian. However, for the Soviet individual to be responsible for his own destiny and to be expected to play a responsible role in the course of history is a tremendous burden. This is particularly true for such egos as fall short of high levels of integration.

The Soviet psychiatrist, dealing with impaired egos, must be able to offer his patients protection from the devastating social- and self-criticism that would result from failure to meet these responsibilities. The void left by the exclusion of explanatory Freudian dynamics seems to be compensated for in many psychiatric categories by organic labels. Such organic diagnoses lift the burden of responsibility not only from the shoulders of a schizophrenic or neurotic adult, but even from the less responsible asthenic child. In cases where the "organic" difficulty is reversible, the tender loving physical and psychological ministrations offer a psychosocial moratorium (to use Erikson's term) during which the ego has the opportunity to achieve a higher level of integration.

Rational Psychotherapy

Soviet psychiatrists characterize their school of psychotherapy as "rational." According to various Russian psychiatrists, it consists largely of authoritative logical explanations to the patient of his emotional difficulties. From numerous case presentations I gained the impression that Soviet psychotherapy was ego supportive in reference to the present predicament and super-ego exhortative as to future functioning. Information from the past is used with striking variations in depth and subtlety in different hands.

The psychiatrists at the Leningrad Bekhterev Psychoneurological Institute represent a high level of sophistication. Doctor Yakovleva, of the Institute, described intensive rational psychotherapy as follows: "In the therapeutic interaction, the conditions of the patient's life are studied: how his personality developed and how it was traumatized; his interests are examined [and implemented]; his relationship to people and to his environment are scrutinized." Such data come not only via interviews, but from diaries and also from autobiographies written at the request of the therapist. Doctor Yakovleva maintained that it is the "incorrect relation to the outer environment that is the trouble." The therapist explains when, how, and why the environment is not "right," where the patient's attitudes are "wrong."

Despite the emphasis theoretically on rationality in psychotherapy, I noted in some case presentations use of therapeutic devices involving the irrational, such as placebos and verbal suggestion. Hypnosis, also, is frequently used. While Russian psychotherapists understand their role and that of ancillary therapists as models for identification (and frequently arrange environmental changes to utilize this psychological mechanism), they did not understand me when I led discussions into the area of irrational transference phenomena.

Organization of Psychiatric Services for Children

The basic unit for general outpatient health service in the Soviet Union is the free polyclinic. It cares for a population of about 4,000 from the local community or nearby factory. The basic unit for psychiatric outpatient service is the district neuropsychiatric dispensary, covering a population of over 200,000. The dispensary provides each polyclinic with the services of a pyschiatrist, quarter time, for the treatment of adults. Child psychiatrists from the neuropsychiatric dispensary also serve the polyclinics. In Moscow, to be specific, there are 18 district neuropsychiatric dispensaries. Their staffs include one hundred specialists in child psychiatry and there is an additional psychiatric specialist for the 16–18 age group at each of the neuropsychiatric dispensaries.

The dispensary child psychiatrist distributes his 36-hour workweek approximately as follows: During each of 5 days of the week 4 hours are spent at a clinic working with children. In addition, an hour and one-half is allocated for home visits to child patients. The sixth day is devoted entirely to visiting schools and families.

Inpatient services have their own staff of child psychiatrists. In Moscow such facilities are the children's wards at Kashchenko and Solovyev hospitals, the Sokolniki Sanatorium and five residential schools for nervous children, as well as institutions for chronic mental cases in the suburbs. Consultations are provided by the professors and staff at the two major child psychiatry centers at Kashchenko and Solovyev.

The Soviet psychiatrist is much more active in visiting home and school than is his counterpart in our culture. This is even more true for the psychiatric nurse. Also, strikingly different is the role of the schoolteacher who makes periodic visits to the home. She has a great deal of responsi-

bility for the psychological, social, and moral upbringing of the child. Malfunctioning of her charge in any area could require additional visits to the home. Child guidance work, as we think of it, is primarily the concern of the schoolteacher.[6]

These active interventions by psychiatrist, nurse, and teacher are consistent with the pattern of Soviet social interaction. The great emphasis on the welfare of the group—or to use their term, the collective—requires the Soviet man to act as his neighbor's as well as his brother's keeper. And he is "uncle" to all children.

Children's Inpatient Psychiatric Institutions

The Kashchenko mental hospital (3000 beds) has a division for children ages 7–16. The census is 140 boys and 100 girls. About 80 percent of these young patients carried organic diagnoses, according to Soviet psychiatric criteria, approximately as follows: epilepsy (ca. 30 cases), schizophrenia (ca. 15), and a large number of post-encephalitic, post-meningitic, and post-traumatic cases. The staff believed that no more than 20 percent were functional, *i.e.* neurotic or reactive.

In discussing the therapeutic program, the psychiatric staff placed much emphasis on its effort to establish for the children a social environment that would approximate as closely as possible a normal extramural milieu. The children follow a typical school routine. In an attempt to simulate sibling relationships, a few older girls attend a class with smaller boys. After classes the children change from school uniforms to their regular street clothes. Then the children pursue their usual activities, including participation in afterschool hobby groups. On the hospital grounds there is a pleasant rambling zoo that affords the young patients the opportunity for gratification in the congenial activities of tending and nurturing dependent animals.

To illustrate further the utilization in psychotherapy of the basic concepts of collective upbringing the director, Professor Maslaieva, cited the case of a school boy whom she had seen in consultation earlier that day. He was recuperating from a bout of rheumatic fever. At this stage of his convalescence he was able to attend school only twice a week. Otherwise he was confined to bed. His mother came for help because she was concerned about his isolation from his peers: "The only collective are his older sister and myself. But neither of us is so interesting for him. So he reads a great deal—too much. Books are his only comrades." Professor Maslaieva elaborated: "Our citizens as well as our doctors understand that one can only be brought up properly in the collective. It helps us that the parents come to us for help concerning the collective, and we use it as one of our means of therapy."

When I visited Solovyev, the children's division was in the process of reconstruction. The school-age children were temporarily hospitalized elsewhere. The neuropsychiatric ward for 25 preschool children was not yet disrupted, but the visit was kept brief since the cases seemed to be almost entirely neurological problems.

Solovyev has, however, an interesting setup for the treatment of preschool stammerers. Except for a few cases from remote regions, these children are day patients. Four groups of about 10 each were in treatment. The director, Doctor Vlassova, is both a psychiatrist and pedagogue. She was emphatic that treatment was in the hands of psychiatrists rather than speech therapists. "Phoneticists think that stammering is caused by irregular breathing; we think it is emotion that causes irregular breathing and the emotion must be calmed down." The children are encouraged to carry on their verbal and motor activities in a leisurely, controlled manner. The children sing and perform rhythmic exercises to musical accompaniment that is selected for its soothing quality. A quiet atmosphere is provided at naptime in an effort to prolong the duration of sleep. Although the therapeutic regimen occurs mostly in a group setting, the staff stated that each child is studied as an individual to tailor his program to his specific needs.

Residential Treatment Schools for Nervous Children

To get a picture of the treatment of emotional problems in Soviet children it is, of course, necessary to go far beyond the scope of the mental hospital.

I had been told in the United States that there were residential schools for nervous children in Moscow, but that the possibility of gaining access to one was virtually nil. However, through the graciousness of Doctor Sapozhnikova, head of the children's division at Solovyev, an appointment was arranged for me at Sanatorium School #7. This red brick structure is located in a densely populated residential section of Moscow known as the District of The First of May. I was received with unhurried cordiality by the lay director and the school psychiatrist.

I was told that the school was popularly designated as a "forest" school,

because originally such institutions were located at the country outskirts of the city, functioning largely as convalescent centers. There are five such residential treatment schools distributed through the city, and information as to addresses, numbers, and names of directors was willingly given to me from a general school directory.

Among the 160 children, there were twice as many boys as girls. Ages range from 9 to 15; grades are from third through eighth. The behavior of the children both in and out of class was strikingly different from the behavior observed at a residential treatment school in the United States. The children were self-controlled, smilingly pleasant and courteous. Looking for pathology, I could observe only that many of them appeared underweight, somewhat pale and lacking in sparkle.

Discussion with the school psychiatrist promptly confirmed these observations; a majority of these cases were diagnosed as "asthenic." In Soviet psychiatry the term "nervous" has organic meaning, referring clinically to psychic and somatic reactions that are thought to be neurologically based. Thus, the asthenic nervous syndrome, which was so prominent at this "forest" school, is considered to be the sequel to a variety of physical disorders. Rheumatic encephalitis was listed as the principal offender, but other infectious and traumatic disorders were also implicated. Indeed, for some of the cases, a skin test for tuberculosis (Pirquet), when positive, was considered in itself to be an indicator of an allergic basis for the "nervous" illness.

Insistent inquiry for cases of purely psychological origin led to a clarification of terminology. I learned that in Soviet psychiatry the term "reactive" is used in reference to emotional disturbances produced by current or recent psychological stress, and the term "neurotic" refers to emotional problems deriving from psychological stresses of the past. For these cases of psychological etiology, therapy is oriented not only to the removal or alleviation of the etiological stresses, but it is concerned also with reversing the supposed deleterious effects to the nervous system.

Soviet child psychiatrists maintain that reactive and neurotic problems are rare, because "we are so particular about our children." To evaluate this claimed achievement would be an enormous project. Merely to reconcile their diagnostic categories and criteria with our own—only one aspect of the problem—would be a large undertaking. However, if we were to relate symptoms such as restlessness, insomnia, palpitations, dizziness and anxiety to past episodes of infectious disease or to positive tuberculin tests, then obviously the diagnosis of neurotic disorder among our children would be made very much less frequently.

Despite the marked divergence in diagnostic evaluation, it was of considerable interest and value to study the variety of therapy offered these children, as well as to note the range and magnitude of the physical facilities and personnel available for all categories of emotionally disturbed children.

At the "forest" school, the children are treated with tender solicitude. Meals are provided five times a day. The pressure of classroom work is mitigated by reducing the periods from the usual 45 to 40 minutes. Also characteristic of the protective approach is the elimination of noisy jangling bells that typically announce class intervals, lest they jar sensitive nervous systems. For similar considerations, contact sports are eliminated at the playground. The children are carefully supervised medically and are generously plied with vitamins and tonics, as well as medicated when indicated with tranquilizers and Pavlov's mixture (bromide and caffeine). The milieu is designed to be both physically and psychologically therapeutic. In addition, individual rational psychotherapy is provided by the psychiatrist as far as her time permits.

The atmosphere and organization of the institution is primarily academic. The children are selected for the school by a committee well in advance of the academic year so that the children enter at the beginning of the term. My informants, the director and the school psychiatrist, reported that almost all the children make sufficient progress during one academic year to continue at their original schools.

> The case of Zoya, a thirteen-year-old seventh grader, was presented to me in full as an example of a typical problem at the "forest" school. The case folder contained a report from the district neuropsychiatrist as well as an anamnesis obtained by interviewing the mother. Also, prior to admission to the school, there were interviews with the teacher as well as the child herself.
>
> Zoya's parents are both workers. The father, 52, is in good physical health with no apparent psychopathology except that he is easily excitable. The mother, 51, also is described as somewhat nervous. Of interest is the fact that Zoya was her twelfth pregnancy; the mother had ten abortions and bore two children.
>
> Details of the mother's pregnancy and the child's delivery, maturation and childhood diseases were given. Zoya did well at school from the time that she entered at age seven, but she had always been considered

to be somewhat nervous and it was reported that she cried often for no apparent reason.

A tonsillectomy was performed at age nine because of frequent sore throats accompanied by elevated temperature with occasional delirium.

At age ten, a cardiac irregularity was noted; this finding was evaluated as toxic in origin. Zoya complained at that time of pains in her knees and ankles, but there was no swelling.

When in the fifth grade there was a complaint of double vision. During that same year she complained also of pains in the heart.

On admission to the "forest" school, the child's mother reported that Zoya suffered from headaches, complained occasionally of dizziness, and tended to get sick on bus rides. Also Zoya slept poorly; her sleep was light, restless, and occasionally there was insomnia. Her own chief complaint was pain in the cardiac region and pain on the right side of her head accompanied by nausea.

Medical examination revealed that she was retarded in physical development. She was thin, pale and had shadows under her eyes. There were no irregularities of the heart sounds. The pulse rate was 100/minute; blood pressure was normal.

Routine laboratory procedures included urinalysis, Pirquet scratch test for tuberculosis, and tests for worms and parasites.

Positive findings on neurological examination were slight deficiency in visual convergence, slightly hyperactive knee jerk, and marked vasomotor lability which was manifested by paling and blushing easily. Also she perspired excessively.

Psychological examination revealed a quiet collected little girl who was pleasant in her social interactions. She spoke in a low voice and cried readily. "I don't know why I cry, it comes by itself. I don't feel well. I always feel a little alarmed, always worried that something might happen." Zoya was afraid of the dark and of being alone. She described her difficulty in regard to sleep: she often experienced a falling sensation, or felt that the bed was swimming in a stream and that the walls of the room were moving. The girl was much preoccupied with herself, her moods, and her migratory pains.

In the diagnostic evaluation, the cardiac irregularity was attributed to toxicity secondary to her chronically sore throat, but it was felt that her "psychological examination showed changes typical of those caused by rheumatic fever."

The final diagnosis was "asthenic state in a physically weakened girl. Question of rheumatic fever."

Zoya was carefully tended and her cardiac status was followed by electrocardiograms. Medical treatment included glucose and vitamins intravenously, tranquilizers, Pavlov's mixture, and iron preparations to correct her anemia.

The psychiatrist was quite aware of the psychologically therapeutic possibilities and effects of the school milieu; she indicated that many of the children showed marked improvement before initiation of medication. The value of individual psychotherapy was enthusiastically acknowledged. Stimulated to talk in this area, the school psychiatrist reported particularly good results with psychotherapy, in conjunction with the general therapeutic regimen, in coping with the problem of enuresis.

In response to my expressed interest a reactive case from the previous year's case load was presented to me:

> This 13-year-old boy came not by the way of the usual channels of referral from his school nor from the district clinic. He had been referred after having been hospitalized at the children's division at Solovyev.
>
> When he had improved sufficiently for discharge from the hospital, neither his condition nor his family situation warranted his returning home, so he was transferred to the residential treatment school.
>
> The father, an alcoholic, was constantly abusive to the boy. The father was frequently taken to task for his drunken behavior by the director of his factory, by his trade union, and by his co-workers; but since he was elderly, fixed in his ways, and not desirous of treatment, no compulsion was exercised for the father to obtain therapy for his alcoholism.
>
> The mother was a weak, tearful woman, who did not properly look after the boy, leaving him too much to his own devices. The patient was her second pregnancy, with toxicity occurring in the second trimester manifested by elevated blood pressure and vomiting.
>
> While delivery was somewhat premature, the child's development was apparently normal.
>
> He suffered dysentery with convulsions at age seven months.
>
> He entered schools at the usual age, and made satisfactory progress to the fourth form; then his performance became poor. He spent much of his time on the street in bad company and became involved in a series of thefts.
>
> When the mother learned of the misdemeanors of the child, she took him to the children's militia (police) room where there was a schoolteacher (functioning as a counselor) to whom the child could talk. He was ultimately referred on through medical channels, because the child clearly had become emotionally disturbed. His neighbors and the children at school knew of his stealing. They called him a thief. He became depressed, tearful, refused to go to school, and finally made a suicidal attempt. On medical advice, the family moved to a different school district. However, he did not improve, so he was admitted to the children's division at Solovyev.

There the diagnosis was "neurotic reactions with reactive states with organic deficiency of the higher nervous system."

I asked how the latter part of the diagnosis was reached. The response was that the boy's nervous system had not properly developed in utero as indicated by his hyperactivity, irritability, and emotional lability, whereas his psychological functions were "inert and still" as indicated by impaired academic performance and childish interests.

In addition to the regular school regimen, he was treated psychologically by extra attention from the staff. Also, he was medicated with a tranquilizer, aminozine, which was given credit for his becoming calmer and better behaved.

The follow-through of this case gives an indication of the insistence of Soviet psychosocial therapeutic efforts. The boy made sufficient progress during the academic year so that he returned to regular school the next year. Yet he was made to feel free to visit his friends at the "forest" school, and could join them in extracurricular activities such as theatre and cinema attendance. His parents kept up their psychotherapy at the "forest" school in order to continue to work out their problem in dealing with the boy. Beyond that, arrangements were made for the boy to have two "overnights" per week at the residential school to mitigate the effect of living with disturbed parents.

At the end of my stay in Moscow, I learned from Professor Sukhareva of a specific clinical rather than academic facility for neurotic children in Moscow. This is the Sokolniki Sanatorium with a census of 100. Neurotic children are referred here from outpatient facilities, when short-term hospitalization becomes necessary. Schooling is provided, although the length of stay averages only about two months. Unfortunately, there was not time remaining to visit Sokolniki.

Children's Militia (Police) Station

In our culture a great deal of psychotherapy with children is conducted by professionals ancillary to psychiatry. Also, much energy is expended by an additional vast assortment of individuals and groups—less specifically with therapeutic intent—expecting to influence favorably psychological growth and character development.

My inquiry into the psychiatric treatment of children in the Soviet Union led repeatedly outside the specific area of psychiatry to psychosocial therapeutic interactions that differ strikingly in their modes of socially organized intervention from our own.

It will be recalled that in the reactive case described earlier, the disturbed boy was seen first at a children's militia (police) room before being hospitalized at Solovyev. I heard of the children's militia rooms again, several days later, in Leningrad, in a conversation concerned with the handling of youthful delinquents. Through the kind assistance of Professor Veronica Doubanskaya, of the State University of Leningrad, acting in her capacity as a volunteer worker for the Soviet–American Friendship Society, an interview at the children's militia room in the Kirov district of Leningrad was arranged.

The children's militia room turned out to be an ordinary two-room apartment on the ground floor of a large apartment house. In addition to the director's desk several over-stuffed chairs and some plants, the rooms were equipped with an assortment of toys, giving the appearance of play therapy rooms in one of our typical child guidance clinics.

Children's militia rooms are organizationally within the police department, but regulation requires that no children's room be physically located at or near a police station.

For each of the nineteen districts in Leningrad there is provided both an adult militia office and a children's room. Each children's room is open from 9 A.M. to 11 P.M. and is staffed by two paid employees, an inspector and an assistant, working in shifts. In the Kirov district, these two full-time workers function as supervisors for a staff of 20 volunteers, many of whom are pensioners, who give their time on a regular basis.

The inspector ordinarily has had pedagogical training, although in this instance the young woman (about 30) was a student in her final year of law school. In addition to the inspector, there were two other informants. One was a volunteer living at that particular apartment house complex (known as a microdistrict). She is a schoolteacher, but was at that time at home to rear her preschool child.

Also participating in the interview was Mr. Smirnov, a lawyer in his early 30's, who was in administrative charge of all the children's rooms of the city of Leningrad. He was helpful in answering questions dealing with children's militia rooms in general and in discussing problems of juvenile antisocial behavior.

The children's room offers services to youngsters under 16. Lost children are delivered there. Children who have finished the required eight-year school, but still are under age for a full-time job, may come for advice either on their own initiative or by referral. The bulk of the continuing case work is with pre-delinquents; for example, children are brought in for fighting, breaking windows, or violating the nine P.M.

curfew. The volunteer worker listens to the child's story, later visits the parents at home, studies the child's environment, pattern of living, and behavior. She also visits the school, ascertaining the child's academic progress and behavior at school. The worker considers that her main task is to work individually with the child. It was apparent that she assumes an exhortative role. Nevertheless, she consistently makes a careful investigation of the child's interests and hobbies. Then she helps her young client to join appropriate hobby groups at school, at the district pioneer palace, or at those organized by the microdistrict committee.

Since the volunteer is the one who works most closely with the child, I directed the interview toward her. Apart from the minor incidents that she handled expeditiously, she had a continuing case load of eight: six boys ranging in age from 12 to 16 and two girls 14 and 15.

I believe the flavor of the worker's attitudes comes through best if the data are presented mainly in the informal manner of the interview. She tended initially to summarize her results in a favorable light; it took questioning to elicit the details and vicissitudes of the case work.

> At the outset she announced, with a smile of satisfaction, that the oldest boy "is my assistant already. The girls are busy taking care of small ones in the play yard of two neighborhood apartment houses. They also take children home from kindergarten and stay with them till the parents come home from work. For example, one mother works on a shift till 7 P.M. and it takes her a half hour to get home. Since the kindergarten closes at six, one of the girls takes care of the child for an hour and one-half at the play yard, or in the club room of the apartment house."
>
> The girls had been referred for being out on the street late. They were not misbehaving, but neighbors were concerned that they might be heading for trouble because they wore their hair "too grown up" and they were known to study poorly. The school confirmed that "their marks were low, their attention wandered and they didn't care for lessons. Now they have such a great interest in young children, they have improved much. I began working with them last year, didn't see them during the summer. They were lazy, but capable; little by little, subject by subject came up so in the end it was quite satisfactory. It wasn't a simple thing."
>
> Elaborating on one of the girls, she said, "I don't have to worry about her now. She's about to join the Komsomol [young communist organization]. I will give her a verbal recommendation. She will be quite a different person. Her dream is to become an 'upbringer.' As a Komsomol she will find a broad outlet for her interest. She's finishing the eight-year school, and wants to go to the Technicum to be a nursery school upbringer."

In an effort to get more specific data on the therapeutic process, I asked for the detailed story of her most difficult case.

"Valodia, he is sixteen now, the oldest in my group—I had much to do about him; also [involved were] the inspector and the school.

"He was very disobedient. At night, he always wanted to be in the street. He was truant, smoked secretly, was disobedient in the family, ran away from Leningrad more than once. He was crazy about traveling; once he even took another boy from Leningrad with him.

"I've been acquainted with him for three years. Now the boy feels that this being brought up by ladies is not enough for him. So we get help from a Kirov [auto plant] worker, a grown man who was in the army, and likes sports. He helps much with this boy to be friends, to be a good influence on him.

"Although the boy doesn't work at the plant, it was arranged for him to join their basketball team. They devote time to him.

"Sometimes I felt like giving up with him. I did my best to convince him to go to school. He would take his briefcase, but didn't go.

"He was supposed to finish school a year or two ago, but now he's in the eighth form, a good athlete, in the Kirov basketball championship special brigade for juveniles.

"The influence of the Kirov factory worker cannot be overestimated. They went together to the movies. The man is a member of the Team of Communist Labor.* The destiny of the boy is settled. After graduation he will go to the Kirov auto works, where he is known.

"It's like a relay team, from these ladies to the man to the job. He will be an apprentice at the plant first. [How did the man come into the picture?]

"When I first got the boy, I sought out his interests, found technical mechanical interests. Since we work closely with the Komsomols, I asked them to send a young worker. He was found and sent here by the

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* The title "Team of Communist Labor" is an honor awarded to a group of workers for a combination of "communist" characteristics: new and sophisticated labor productivity, highly developed social consciousness, plus model patterns of daily living.

The movement for communist work brigades which originated in 1958 is examined in detail by Grushin and Chikin.[7] When the program was initially presented to the Soviet public, the originators described the participants as the scouts of the future, with the proclamation that the movement "embodied all the best that has been developed during the many years of socialist competition; it develops a communist attitude toward work, promotes the implanting of communist morality in everyday life and the shaping of a new man free of survivals of the past." Grushin and Chikin report that by the end of 1961 more than 20,000,000 persons were participating in the contest for the designation "Team of Communist Labor." Eight hundred enterprises and 187,000 brigades (embracing more than 3,000,000 workers, engineers and technical personnel) had already achieved it.

District Komsomol. He was 21 and a bachelor; this was his volunteer social work. They went skating, skiing and tobogganing together. This influence of the older man was very good."

These cases from the children's militia room had in common the problem of poor academic performance and lack of enthusiasm for school attendance. When the question of "dropouts" was raised, my three informants maintained that they did not find this to be a major problem. Youngsters who quit school because they prefer to work are subjected to much social pressure to continue their studies in the evening. Typically, at a factory, the adult workers get the message across to the youngster that the proper use of machinery requires study; education is a value in itself, as well as a necessity for developing working skills, for promotion, and for achieving more interesting assignments. Also, there are immediate economic incentives to continue with evening school.

Children not yet 16 are permitted to work no more than four hours a day for five days of the week. If the youngster continues with school, he is paid for a seven-hour day.

In the 16 to 18 age group, the working day is six and one-half hours (four and one-half on Saturday). The young worker who also attends school is paid for seven hours as well as being granted an extra day off (with pay) during the week.

In addition to the usual vacations, the worker-students get a month of paid vacation during the period of final examinations.

My informants felt that as a consequence of these various pulls and pressures the problem of school "dropouts" is for them a minor social problem.

A Visit to Uzbek

Soviet psychotherapy, despite its broad technical spectrum, claims to work toward one ultimate objective: the cultivation of harmonious mutuality between the individual and the collective. Whether treating the neurotic, correcting the delinquent, or educating the slow student, the collective mobilizes supportive measures designed to foster growth of the individual ego. Concomitantly, the individual is expected to progress in responsible performance within and toward the collective. Mobilization of social resources toward the goal of improved psychosocial mutuality was observed at all of the institutions visited. In a similar fashion, this objective is pursued in situations that are much less psychologically structured.

It was interesting to encounter supportive utilization of the resources of the collective when raising the question of personal and family problems of the workers at the Samarkand tea factory. Visitors to this exotic city in Asiatic Uzbekistan are interested primarily in the magnificent blue-domed mausoleums erected in the 14th century at the headquarters of Tamerlane's vast empire. In order to gain an impression of the functioning of the present-day Samarkand community the opportunity to visit the local tea factory was accepted, since in the Soviet Union a factory is commonly the focal point of community life.

The factory director, Mr. Orlov, was a most cordial guide through the physical plant. Our request to continue with a visit to the nursery attached to the factory was apparently a deviation from his routine, but he acceded readily and accompanied us most patiently.

The high point of the tour for Mr. Orlov came when we returned finally to his office to taste the wide variety of teas processed at the factory. During this ceremonial occasion, he proudly described the special attributes of his products. In this leisurely atmosphere, I conveyed to him my psychological interests and led him to recount behavioral difficulties that he had to deal with in children.

First he spoke generally of preventive measures: "The schools here are concerned with more than lessons. The extended day* prevents hooliganism and stealing. The trade union organization in the factory helps a worker in bringing up his child if the trade union is informed of any difficulty the child is having. The trade union workers may visit the family and encourage the father to be a good example to his boy, or the trade union representatives may talk to the parents at the factory in a room provided especially for that purpose. One of the main duties of the trade union is to help workers with family problems."

The director has many opportunities to know the children of the workers. The young ones are familiar to him through the nursery and kindergarten attached to the factory. While some children leave school

* In the extended day program, the Soviet school provides classroom and library facilities at which the children can do their "homework." Supervising teachers are available to assist the children. The program was designed to help free mothers for job equality and to minimize the occasions for children to be unattended and at loose ends.

after the eighth form, many go through the eleventh, and then do their practicum for two years at the factory.

As to typical problems he encounters: "War widows have trouble raising their children alone. The boy may refuse to go to school. We don't leave him idle. Fifteen, sixteen years is a most difficult age. We admit him to the factory to work (for four hours only) and we arrange that he goes to evening school. First the boy is invited to have a talk with me. Then, the boy is attached to one of the best senior workers at the factory, who accepts responsibility for him. Most of the liaison work is done by the Komsomol whether or not the boy is a member.

"If the boy absolutely refuses to go to school, we do not persecute him. We try to find a job that will interest him." As Mr. Orlov elaborated on the question of the potential school dropout, he made it apparent that such a youngster is enveloped in an atmosphere that urges him on to further training. "The whole attitude [of the adult workers around him] is that he can't do without more knowledge to deal with the machines. He comes to realize it himself."

As to the role of the Komsomol: "That is complicated. One or two Komsomol members are assigned to him whether he wants it or not. They visit him in his family, find out who are his comrades and what they are like. Perhaps they discover an unfavorable adult influence. Also, they explore his interests: technical, sports, cinema or music. So, if he has an interest in music, but he can play nothing, there's a brass band at the factory and they give him an instrument." Also, Mr. Orlov described the variety of hobby groups, as well as excursions to the country, theatre parties and the like which are designed to keep the boy from being at loose ends.

He continued: "A factory carries full responsibility for the behavior of the children of its workers. If a child gets into difficulty serious enough to come to the attention of the militia [police], I as director of the factory am notified in writing and I must take appropriate action. First I call a meeting involving the chairman of the trade union, the secretary of the Komsomol, the head of the women's committee, the secretary of the local communist party unit, the parents—and the child, too, as it is all for him. We have a big talk with the boy. I must let the militia know what program is worked out. Usually, it is possible for the factory to take over full responsibility for the readjustment of the boy."

Asked for a case example, Mr. Orlov referred briefly to a boy who had become intoxicated at a party and was involved in a fight. "He now works and studies well."

Asked for the details in coping with such problems, Mr. Orlov responded: "We have many methods. If a boy has difficulties at school—lags in his work, disobeys rules, or if there is some truancy—then there is a meeting of the academic board of the boy's school which reports its findings to the factory. Usually, as factory director, I'm invited to such an academic board meeting where the child's difficulties are discussed and the possible causes are considered. It is very important for the factory director to be there: the parents may become more aware of the importance of the problem, or I might have to intercede actively for the benefit of the child. It is sometimes indicated to change the work shifts of the parents so that they can devote more time to the child. Occasionally some educational measures are necessary for the parents."

The problems that Mr. Orlov had thus far discussed seemed to come to his attention via community agencies. He was then asked for the sequence of events if the parent became aware of the child's difficulty before a community agency reacted.

"I'm with this factory 23 years. A mother comes to me and says: 'Vanya doesn't go to school again. What shall I do?' This happens especially where there is no father in the home. I have a list of war widows; I give them special care and inquire about the children. In this case, I call the boy in. Sometimes, just a talk is the end of it. If necessary, I get in touch with the school and we find one way or another to help.

"If the parents are not good, that is a bigger problem. The most effective measure is a general meeting of the shop workers—or, if serious enough, a meeting of the whole factory—to discuss just this. The father is embarrassed, he blushes.

"If it is a case of a heavy drinker, or of being unkind to a child, the parent appears before a comradely court, which is educational only; it has only the power to reprimand.

"In the case of aggravated neglect, with a bad social effect on the child, the case is taken to a regular court. The prosecutor might ask for the appointment of a guardian, either a relative or some responsible worker. The guardian is under the supervision of the local ministry of education."

Mr. Orlov made it clear that there were time limitations to his involvement in the social problems of his workers; nevertheless, at least one hour of each seven hour working day was devoted to such interpersonal prob-

lems. He emphasized: "I'm not alone in the education of our workers. The leader of the trade union works full time at this. Also, many volunteers help. The work of all factory directors is evaluated not only by the productivity of the plant, but also by the quality of the educational efforts with the workers. It is closely connected; the better the worker lives, the better his productivity."

The New Soviet Man

Over a century ago Marx predicted the coming of a new social order, in which there would be a better relationship between society and the individual, and out of which would arise a new and better man.

After the Russian Revolution, Soviet psychologists struggled to adapt the various developments in Western psychological thought to the formulations laid down by Marx and Engels, while at the same time struggling to cope with the changes of a society in transition toward a socialistic life.

Most of the Western schools of psychology fell by the wayside, but by the end of this century's fourth decade, Marxist theory of human motivation had essentially reached its present formulation. Bauer[2] reports from Sovetskaia Pedigogica the basic concepts as presented by Gordon: General biological needs become transformed in the course of individual development into social needs or interests. These derivative, but ultimately autonomous, drives motivate man socially. In combination with consciousness, they free man from the immediate situation. Thus was implemented in Soviet psychological theory the "idea of the New Soviet Man as a creature of expanding needs and interests, a person who pursues ideals rather than reduces tensions."[2]

Whatever ideological differences persist between American and Russian psychologists, there is agreement that the infant's biological endowment is molded by social interaction and that the individual's developing consciousness plays a significant role in his participation in the growing complexity of his social interactions. However, Westerners have been much less optimistic than Marxists as to the type of individual that is developing under Soviet collectivism.

The need for data on this issue by sociologists, by psychologists, by economists—by anyone concerned with survival—is urgent. Such urgency justified the Harvard Refugee Interview Project in Europe in 1950–51, even though the data were obtained from Soviet émigrés, an admittedly skewed sample, but the only one available to the West at that time.

Bauer,[2] the field director of the Project, arrived at these significant conclusions:

> "The consensus of observers is that character changes have taken place in the Soviet citizenry since the Revolution. In contrast to persons who emigrated before or immediately after the Revolution, the recent Soviet émigrés are more overtly disciplined and less spontaneous. They are more practical and less contemplative; more concerned with results and less with the means whereby they are gained. They are more manipulative and better extemporizers. Rationality is more prominent, and emotion less so. They are more militantly self-confident. They exhibit, in short, the 'reflex of purpose' which Pavlov found lacking in the Russian. It is difficult to say whether these specific traits of character are more directly the result of deliberate training by the Soviet regime or the consequence of learning how to live under conditions of political insecurity. . . . The émigrés themselves attribute these traits mainly to their life experience under the Soviet system. Since these traits characterize many persons who are too old to have been products of the Soviet school system . . . and many persons who seem to have been markedly anti-Soviet throughout their lives, it seems more reasonable to assume that the new traits are actually a result of day-to-day living under the Soviet regime."

However, other data from Bauer suggest changes occurring at a deeper level:

> "The ideal for which they seem to be striving is eloquently stated by a young anti-Bolshevik refugee who had been reared under the Soviet regime. When asked her opinion of what a citizens' responsibilities to his state are, she replied:
>
> " 'It must consist in readiness to defend one's state when it is necessary, and in following the laws and rules of communal life. The most difficult manifestation is the ability in some instances to subordinate oneself to the purposes of the state *without any application of external pressure.* For instance, if it is necessary for a physician to work in the village, *he should see that this is necessary for his country,* and consequently do it.'
>
> "The phrases which I have italicized indicate that many of the premises which the regime is striving to inculcate have penetrated into the minds of even those who reject the system. Whether this will become widespread or not, we can only wait and see."[2]

Soviet spokesmen report that they do see many changes in the character of the Soviet citizen. Konstantinov,[8] a Soviet delegate to the XIII World Congress of Philosophy in 1963, represents the current sociological viewpoint:

> "The greatest achievements in the record of the socialist countries is the shaping of a new man who embodies new humane and collectivist morals and who aspires to his personal ends only through working for the welfare of his society."

Konstantinov cites the accomplishments and attitudes of over two million members of the teams of communist labor as substantiation, in part, of the achievement of a new collectivist morality.

Konstantinov elaborates: "Humanism is a characteristic feature of the consciousness of Soviet man. A man is a friend, brother and comrade to man." He concludes with an optimistic prediction and a quotation from Marx:

> "The principal standard for the appraisal of public wealth will not be material production but first and foremost the extent of the development of human abilities. Marx wrote: 'Is wealth anything else but complete development of man's domination over the forces of nature, *i.e.*, both over the forces of so-called nature and over the forces of his own nature?' "

My Soviet informants—psychiatrists, psychologists, lay persons—readily related clinical observations, research results or prosaic impressions. However, despite my insistent questioning, none of these informants was prepared to give an exposition on the new Soviet man in the manner of Konstantinov. Rather than enumerating individual character traits, my informants spoke of the mutually beneficial interaction of collective and individual. The psychotherapists, in particular, all pointed out the utilization of collective resources in therapy. Mr. Orlov, the tea factory director, on the same theme quoted the Soviet slogan: "All for one and one for all." Also, an orthodox rabbi in Tashkent, discussing the rearing of Soviet children, told me that the educational system focused on bringing them up as communists, but he emphasized that the children also were instilled with a humanistic spirit.

A Glimpse of the New Soviet Child

My informants—particularly the research psychologists—had more to say about the new Soviet child than they did about the man. For the sake of brevity, I will consider Doctor Zaporozhets as their spokesman and present the relevant content of an interview with him. He is an acknowledged authority in the field of child development and is the head of the Institute of Pre-School Education. He directs research in learning and in personality development in groups of normal children.

Doctor Zaporozhets described experiments with children in the five to seven age group which demonstrate that a child stays with a task more persistently and performs it with greater care when motivated by the prospect of social utilization of his product.

Observations of the educational process in nursery school children reveal higher levels of emotional and intellectual development than for children brought up solely at home. Doctor Zaporozhets continued: "But that doesn't mean that it's a simple problem. We, too, have difficulties. Sometimes, from the first words, there is difficulty in speech development. But upbringing in a collective way—as far as personality development is concerned—there we have many advantages. Some people think that children brought up in the nursery will all be alike—at an even level. Not so. We understand and can see that in no other place can his individual characteristics show so well as in a group of his comrades.

"As to the question of the comparison of societal and family upbringing: we never set one against the other, but try to find a common language.

"Also, at the Internat [boarding school] we try to involve the parents as closely as possible, so they participate in the pedagogical process and in the routine work of the school. In bringing up children, our general problem is for the parents to take part in all education. Thus, there are parent councils in all kindergartens. One way of bringing up a child begins in the kindergarten and is continued at home. They are not opposed or contradictory. Makarenko, in speaking of social education, emphasized that the family is also a collective. Bringing up a child in the family is the beginning of a social education."

When questioned directly about those infants and children whose circumstances require their living much of the time at school, Doctor Zaporozhets maintained his position that children of all ages need the experience of family life. "Children should be brought up collectively, with the family involved in the process. The regimen at the nursery and at home must not be in conflict."

He introduced another theme: "We always think of the child, but what about the parents? Not only do we bring up children, but children bring up their parents. Without this emotional interaction, what will become of the family? For us, the family is such an important social institution. Parents take part in the work of social organizations in various ways. In some, parents work not only for their own children, but also for other children in the kindergarten. Parents become more socialized . . . more concerned for the welfare of other children."

Summary and Conclusion

Psychoanalytic and Soviet psychology differ sharply in their conceptions of the basic nature of man and the degree of civilization that he can ultimately attain. It is, therefore, surprising that both psychological theories—by way of strikingly different paths—have reached quite similar formulations re the relative autonomy of the adult personality and the moral responsibility of the individual.

Consistent with Soviet efforts to encourage the individual's mastery of his own nature and to achieve thereby society's ultimate mastery of the external environment, Russian psychotherapy attempts to reach the emotionally disturbed individual with ego strengthening measures, often supplied by mobilization of the collective.

In this report is described the functioning of a number of children's psychotherapeutic institutions. It was not possible in a brief visit to observe extensively the actual implementation of Soviet therapeutic concepts. However, the interviews with various Soviet psychotherapeutic workers are reported in detail since the verbalizations of these specialists are indicative of widespread attitudes.

There is some objective evidence reported in the literature that the Soviet collective social structure is having an effect on character formation. The implications of planned and controlled changes in societal functioning upon the individual are enormous—and not clearly predictable. It is of utmost psychological as well as political importance not only to recognize that character changes have been initiated, but also to follow their continuing development and anticipate the reciprocal effect of such altered personalities upon the character of their society.

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MENTAL ILLNESS: VITAL BALANCE OR MYTH?

The Vital Balance: The Life Processes in Mental Health and Illness. By Karl Menninger, with Martin Mayman and Paul Pruyser. $10. Pp. 531. New York, Viking, 1963.

Reviewed by GEORGE L. ENGEL, M.D.*

I

Karl Menninger's most recent book is an eloquent exposition of the view that mental health and illness (or disease) must be viewed in the framework of the over-all organization of the human organism within its physical, interpersonal, and social environments.† He subscribes to the biological perspective which sees the living organism (as contrasted to the nonliving system) maintaining its organization through processes of exchange, growth, and development with and in environments that are not only loci of needed supplies as well as sources of potential injury, but also systems of transaction mutually influencing and changing one another.

> "We have submitted that all behavior, that of cells and organs and the total organism, may be defined as a continuous attempt to preserve and enhance organismic integrity by some degree or type of adjustment to disturbed balances. We must define the steady state in a broad sense, not just as physiological constancy or just as psychological steadiness, but as the integrated operation of all constancy-maintaining partial systems of any kind comprising the total personality, and even the environment in which it moves. Changes in the balance of one partial system may reverberate throughout the system and may sometimes grossly affect the steadiness of other partial systems. . . .
>
> "Our broad concept of organismic self-regulation is that it produces or strives for a state of balance by a reconciliation of all the demands (physical and psychic) operating upon and within the organism, whereby maximum satisfaction is achieved at minimal cost, in a variable outer and inner environment. Effecting this reconciliation, maintaining this physio-psychosocial balance, is one of the most specialized functions of the ego." (pp. 106–107)

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† Menninger prefers the word "illness" to "disease" (see p. 41). It is interesting to note the archaic meanings of the two words as found in *Webster's New International Dictionary,* 2nd Edition: *Disease*: lack of ease, discomfort, uneasiness, trouble. *Illness*: the condition of being evil or bad; wickedness.

It is important to emphasize that this is the antithesis of the reductionistic views which would reduce behavior and psychologic processes to epiphenomena of physico-chemical processes. At the same time it recognizes the physical body (and especially the central nervous system) as the factor limiting and circumscribing the range and scope of psychological performance of which any individual may be capable. Menninger does not make the error of overlooking the finiteness of life, of persisting in an illusion of immortality. By recognizing the finite limits of the "vital balance" for any individual organism, he makes inescapable our appreciation that the seed of dissolution (or self-destruction, if you will) is inherent in the life process itself from the very moment of its inception. The "vital balance" thus reflects the ever-present influence of those forces which serve to maintain the integrity of the organism and those which would serve to disrupt it.

"The vital balance is thus a perpetually unstable restabilizing." (p. 114)

Health and illness then become relative terms indicating success or failures in the efforts to maintain the "vital balance." Accordingly, the terms may be as appropriately applied to disturbances or failures which are manifest in psychological or psychosocial terms (as applied to the individual) as they may be to those expressed in anatomical, physiological, or biochemical terms. Menninger, according to this view, sees mental illnesses as examples of dyscontrol or dysorganization under the impact of stress and describes recovery in terms of reorganization and recontrol. Thus, the terms "mental," "psychological," "emotional," "physical," and "organic," as applied to "disease" or "illness" serve to emphasize which systems are most deranged rather than to distinguish different states.

This view of disease departs sharply from the various concepts of disease which are essentially substantive, which speak of "a disease" or "the disease," as though it had an existence separate from the individual. In this reviewer's opinion such views are merely pseudoscientific reeditions of primitive demonologic concepts, whether they be garbed in the scientific respectability of the germ theory of the last century or the molecular theory of the modern day. They hinge essentially on the concept of something bad ("ill") inside the body which somehow must be gotten out or counteracted.* Originally applied in their scientific editions primarily to so-called "physical" or "organic" disease, attempts continue to be made to extend such concepts to disturbances in mentation and behavior, leading then to similar substantive views of "mental" disease. Menninger and his associates very lucidly discuss the historical development of such views and the obvious defects of the various concepts of mental illness which have derived from such a perspective.

Menninger's organismic view of mental disease also differs from that of Szasz, who would pronounce mental illness "a myth." And, of course, the idea of mental disease indeed is nonsensical if one insists on utilizing the obviously invalid substantive "body-as-a-machine" concepts of disease, as Szasz does. Clearly, if disease is to be viewed exclusively in terms of disorders in the physiochemical machinery of the body, as physical entities, so to speak, the concept of mental illness (or disease) becomes an absurdity. This is the logical deduction which Szasz is able to reach in his tour de force, *The Myth of Mental Illness.*[1] By equating "biology" with "bodily," that is, physical processes exclusively, Szasz overlooks the fact that Biology is the science of life and living systems, of which mental processes and behavior, including the behavior of the individual in a social setting, are very much a part. Clearly, the proper contrasts are between the Physical Sciences, which are concerned with nonliving systems, the Life Sciences (Biology), which are concerned with all aspects of living systems, and the Social Sciences, which are concerned with the structure of and behavior of groups. It is no retreat to reductionism to state that Biology encompasses the entire range of life processes, from structure to behavior, as they bear on the individual organism, and that Biology perforce draws upon both the Physical Sciences and the Social Sciences, but is not cognate with or reducible to either. Menninger does not make this error, for he emphasizes that all aspects of human life and living are properly considered in relation to the concept, mental illness; accordingly, for Menninger, health, disease, and "problems of living" are overlapping, not independent, concepts. Nor does he make

* One can't help but wonder why it is that each new scientific discovery that throws light on factors involved in disease, as the role of microorganisms, is promptly elevated to the category of "the cause" and the related state, the disease, to an entity in a substantive sense. I believe this reflects a fundamental limitation of the human mind, which readily falls back on what Piaget calls "preoperational" modes of cognition and what psychoanalytic theory identifies as the primitive introjective-projective operation whenever pushed to the limit of what it can grasp. The idea of disease and death is too highly charged to permit even (or maybe especially) those who would study the matter scientifically freedom to formulate concepts free of the elements of personal danger and threat. This is a problem for psychology and epistemology.

the error of confusing a scientific concept of disease with an institutional concept of disease. Disease defined in the terms of Biology as a condition of life is not the same as disease defined in terms of the role (assumed or ascribed) of the physician. While the latter clearly may influence the form and mode of expression of a patient's dyscontrol or dysorganization, it hardly is the dominant determinant, as Szasz would have us believe.

In brief, the conditions of life and living, of organization and dysorganization, of conception, death and dying provide the basis for the definition of disease. When a failure in organismal adjustment cannot be understood in terms of an existing concept of disease, we should examine the adequacy of the concept of disease rather than arbitrarily eliminating major segments of life processes from the conceptual framework of health and disease. Clearly Menninger and his associates are engaged in a major attempt to accomplish just this aim. To what extent they succeed, we shall examine later.

II

The largest part of this work is devoted to an attempt to devise a system of classification of mental illness consistent with the general concept of disease, to break away from the older notion of specific entities and substitute instead an essentially unified concept of mental illness.

> "The danger to be avoided is the assumption or inference that these terms describe specific 'diseases,' They are not diseases. They are various forms . . .* of organismic disequilibration and disorganization, with minor variations in the forms of reconstitution, compensatory effort, fusion, and defusion." (p. 260)

The classification proposed is organized in terms of progressively more severe pictures, but the authors make it a point to emphasize that these describe not a natural history of mental illness, but rather its range and variety. It is best summarized in the author's own words:

> "The *first* level or stage or degree of departure from the normal is that state of external and internal affairs which in common parlance is usually called 'nervousness.' It is a slight but definite impairment of smooth adaptive control, a slight but definite disturbance of organization, a slight but definite failure in coping.
>
> "A *second* level or stage or degree of departure from the normal level to increased disorganization is one which in civilian life rarely results in resignation or hospitalization; it is that group of syndromes which harness individuals with the necessity for expensive compensatory living devices, tension-reducing devices. These are painful symptoms and sometimes pain the environment almost as much as the patient. In the last half-century they have been called 'neuroses' and 'neurotic syndromes,' but these are not good names. The syndromes are thousands of years old.
>
> "Our *third* stage of regression or dysorganization or disequilibrium or dyscontrol is characterized by the escape of the dangerous, destructive impulses, the control of which has caused the ego so much trouble. These are the outbursts, the attacks, the assaults, and the social offenses which result from a considerable degree of ego failure.
>
> "A *fourth* order of dyscontrol involves still more ego failure. Reality loyalty is abandoned completely or very largely; there is disruption of orderly thought as well as behavior; there are demoralization and confusion. These are the classical pictures of medieval psychiatry, the 'lunacies' of our great-grandfathers, the 'insanities' of our grandfathers, the 'psychoses' of our fathers. We think it is time to abandon all these terms.
>
> "A *fifth* and penultimate stage is proposed, an extremity beyond 'psychosis' in the obsolescent sense, the abandonment of the will to live." (pp. 162–163)

The elaboration of the clinical characteristics of the Five Orders of Dyscontrol as well as of the coping devices of everyday living cover some 150 pages of the text. This comprises the meat of the book and as such makes instructive reading. But the reader must be forewarned not to exact the stipulation that the classification per se proves to be beyond criticism. More important, in this reviewer's mind, than the immediate practical utility of the system of classification, is the point of view conveyed by the system. It is one which permits—yea, justifies—an optimistic and humane attitude toward the mentally ill. It is another step toward breaking down the barriers between the sick and the well, and undermining the age-old taboos against "the diseased." But it is a step based on sound principles, not on sentiment. By couching mental illnesses in terms of failures of control and organization and arranging these in a spectrum from ordinary coping devices of everyday life to complete disorganization and the abandonment of the will to live places the emphasis on the problems of life and living and the forces involved therein. Even when the patient abandons hope, the physician need not. Some level of adjustment and compromise is always conceivable.

* I eliminated the words "of the penultimate stage" to make the quotation more generally applicable to the entire classification.

The practical man will find much to criticize in this classification. The problem of nosology is by no means solved, if indeed it is even approached. No real advance has been achieved in the problem of devising suitable labels to define the behavioral states of our patients. As a medical student, my first exposure to a psychiatric nosology was Adolf Meyer's system of "reaction types" or "ergasiology." It is interesting that Meyer evolved his system for reasons very similar to Menninger's, an attempt to get away from the stultifying influence of the Kraepelinean pigeonholes. Yet though we have the advantage of the acquisition of more than four decades of new knowledge since Meyer proposed his schema, I see no more likelihood that patients in the future will be classified (outside of Topeka) in terms of "orders of dyscontrol" than were patients designated in terms of "ergasias" outside the Phipps Clinic in Baltimore. As a matter of fact, the very essence and strength of Menninger's position, as was equally true of Adolf Meyer's, militates against the application of a name to a patient's condition, as he himself finally says:

> "At the risk of sounding prudish or fanatical or afflicted with scrupulosity, we adhere to our position that to create a false sense of security, to assign class membership and employ designations of tainting and corrupting significance, is to wrong the patient and mislead those who await our opinion, even when they think they know what we think we mean. This kind of dishonesty is precisely what the holistic concept of mental illness eschews, and it is because of this that we affirm the necessity of cutting the Gordian knot and *using no names at all* for these conditions of mental illness." (p. 332)

I well remember coming away from my student days at Hopkins firmly imbued with Adolf Meyer's view that every patient is unique, a disconcerting position for a youngster who desperately needed some generalizing principles by which to categorize and understand his patients. If every patient is to be regarded as a unique experiment of nature, how on earth could knowledge gained about one person be applied to another? Viewing the scene almost 30 years later it seems to me that to use no names at all is to flirt again with a "myth of mental illness." This is indeed throwing the baby out with the bath water. Because diagnostic names have been misused and because the meaning of names has changed does not mean that they do not still carry useful information. Indeed, our task is to acquaint the physician and the lay person with the changing meaning of our diagnostic terms, devise better ones if we can, rather than to resort to sharing in their false conceptions by recourse to the mechanism of negation—*no names.*

But let us not delude ourselves that this is a problem peculiar to psychiatry and the classification of mental illness. It is a problem for all medicine and concerns all disease. Indeed, the nonpsychiatric physician is the one who enjoys the illusion that he has a superior system of classification while the psychiatrist is the one who mistakenly envies him. What is the true state of affairs? The organic classifications identify disorders in structural, chemical, physiologic, or etiologic terms. Diagnostic labels like "diabetes mellitus," "pernicious anemia," "essential hypertension," "lupus erythematosus disseminata," not only convey a great deal of information but also information about which there is a fairly high level of concordance. That is, the terms mean much the same to all physicians with comparable background and experience. But there is much the terms do *not* convey and much that they convey which *is not so.* Most glaringly they convey remarkably little about the particular person to whom the label has been attached, especially in the sphere of his "problems of living." This is no idle speculation. Any serious student of disease knows full well that only a few of the symptoms and signs manifested by the patient, labeled "diabetes mellitus" or "essential hypertension" derive from the specific organic derangements responsible for the choice of that label. A much larger part of his illness experience is in the realm of the "orders of dyscontrol," as delineated by Menninger. Yet most physicians blandly assume that the label fully defines the disease experience, so much so that few consider these other aspects as their proper concern (a "myth" they share with Szasz). Or else they force these manifestations into the strait jacket name, "diabetes" or "L.E.D.," as the case may be, leading to facile explanations that this or that disturbance is "of course" due to the diabetes or whatever.

And what of the misinformation? Besides the gratuitous assumption that the name explains more than it really is capable of, many diagnostic terms of "organic medicine" derive from premises once held and now proven to be incorrect. "Lupus erythematosus disseminata" is not a skin disease and is not disseminated. "Essential hypertension" refers to a measurement. "Pernicious anemia" delineates only one feature of the disorder, and not a constant one at that, and it is no longer pernicious. Actually, these need not be serious matters, for the historical derivations soon get lost as the meaning of the term is successively revised as new

knowledge is acquired. But I mention it mainly because we psychiatrists seem to be unduly concerned about the literal meaning of our diagnostic terms, as "neurosis," "hysteria," etc. Our problem, after all, is not that such terms were derived from incorrect notions, but how effectively do they now convey a generalizable set of information about a patient. Present terminology in all of medicine, not just psychiatry, is grossly inadequate, but can only be expected to improve as more satisfactory unitary concepts of disease evolve.

III

This brings me to the final consideration, namely how well do the authors succeed in their objective? I see this work as an important step forward, yet it falls short of its aim. But this is only to a small extent the fault of the authors. Rather, it reflects the state of medicine today. Paradoxically, it has been those psychiatrists who have addressed themselves to the problem of understanding human disease, from Freud to Menninger, who have been in the vanguard of those engaged in bringing about a conception of disease more in keeping with the basic perspectives of modern biology, a combination of the compositionist and reductionist approaches.[2] But unfortunately these same men have been held back by the shackles of their own medical training, which usually antedated by several decades the development of their concern with the psychosocial aspects of illness. Freud fell back on outworn biologic and medical concepts and even Menninger (not to mention Szasz) is forced to relegate to others the elaboration of the other-than-psychologic aspects of organization and control. As a result, in spite of firm words to the contrary, a Cartesian dualism reasserts itself even in Menninger's work, at least by omission if not by commission. Allusions to bodily changes and processes in the course of dysorganization become vague, inexact, or omitted altogether. And almost by default a kind of single cause concept reasserts itself in the form of invoking the "aggressive instincts" as the *deus ex machina*. While torn out of context, the following quote exemplifies the metaphorical extremities to which the author occasionally extended himself in his effort to represent the biological forces operating from within the organism:

> "It is as if the instinctual forces were constantly stirring and striving, restless in their restraints and looking for any opportunity for expressive release. One may think of a pack of savage dogs, alerted to the sound of any prowler or passer-by. Once aroused, once released, the excited dogs are not easily quelled. They must be heard, they must be held, and they will do damage if they can." (pp. 153–154)

Now without minimizing one whit the importance of destructive impulses in human affairs and without gainsaying the biologic fact that the body is mortal and hence carries the seed of its own destruction, so to speak, one is driven to a highly unsatisfactory reductionism if one invokes only a single, ultimate force to account for the entire spectrum of organismic dysorganization, including the penultimate of death. Certainly even in our present state of ignorance we can already identify a host of significant intervening steps and factors in the genesis of disease, whether it involves body substrate or behavior, without having to invoke the ultimate operation of instinct as the decisive force.

Yet who of us has or can do any better? The task truly requires an Einstein, one capable of constructing a General Theory of Biology. Probably he is not yet born. Or perhaps he is now a student simultaneously exposed to some teachers who discuss the "vital balance" in physiologic and biochemical terms and to others who discuss it in psychosocial and organismic terms. And with an inductive leap he will be the one successfully to synthesize the dialogue of his teachers. And here it is not inappropriate to point out that it is the central nervous system which stands at the crossroads. If for the individual organism Biology spans the structural-organic to the psycho-social, it is via the central nervous system that this whole span of biologic process achieves unity. It is no timid reductionism to state that for any one individual it is the nature and potential of his nervous system which ultimately defines the range of his "vital balance" in a physical and social world. Perhaps our unidentified medical Einstein, inspired by Claude Bernard, Cannon, Freud, and Menninger, will be one who elected the central nervous system as the vantage point from which to make his leap, for here truly is the keystone of the Vital Balance.

REFERENCES

1. Szasz, Thomas S.: *The Myth of Mental Illness.* New York, Hoeber, 1961.
2. Simpson, G. G.: Biology and the Nature of Science. *Science* 139:81–88, 1963.

ACTIVITIES OF THE MENNINGER FOUNDATION

A United States Public Health Service Senior Career Development Award has been granted to Dr. Riley Gardner. He is the first Foundation staff member to receive the senior award. Dr. Lawrence Stross and Dr. Edwin Levy previously received junior awards in the same program. Selection for the awards is based upon prior attainments and publications in research.

Doctor Gardner is credited with over 40 publications on his work with the Cognition Project, which he has directed since 1958. He will spend the first two years of the award, which supports his work at the Foundation as a staff member, continuing current work of the Cognition Project. The project includes a study of 60 sets of parents and twins and is designed to provide new information concerning the influences of heredity and parental characteristics on the development of a wide variety of mental functions. The twins in these studies range from 8 to 18 in age.

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The American Psychiatric Association's Committee on the History of Psychiatry met at the Foundation in February and toured the Foundation's Historical Museum and Library.

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Leaders in architecture, homebuilding, finance, and the behavioral sciences from across the nation met in Topeka, March 20 and 21, for a Round Table on Human Needs in Housing sponsored by the Foundation and the United States Savings and Loan League.

* * * *

Doctor Karl gave his second Isaac Ray Lecture at Columbia University, April 14. It was entitled "Unconscious Motives for Committing Crime." The first lecture was given in December on "The Place of Violence in the Vital Balance."

* * * *

Doctor Will was elected first vice president of the American College of Physicians at its annual meeting in Atlantic City, N.J. He was also named Outstanding Kansan of the Year by the Kansas Society of Washington, D.C.

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Dr. P. C. Kuiper, professor of psychiatry at the University of Amsterdam, returned to the Foundation as a visiting professor in April for two months. Doctor Kuiper first came to the Foundation in January, 1960, as an Alfred P. Sloan Visiting Professor.

* * * *

The Division of Industrial Mental Health conducted three seminars for executives this spring. More than 60 executives from 51 corporations participated. This was the ninth year the Foundation has offered seminars for executives and occupational physicians.

The Foundation's Research Building on West Campus which was opened March 7. The building contains most of the Foundation's experimental research projects and the biomedical electronics and statistical laboratories.

PUBLICATIONS BY MEMBERS OF THE STAFF

WOOLLCOTT, PHILIP: Erikson's Luther: A Psychiatrist's View. *J. Sci. Study Religion* 2:243–248, 1963.

Using Erik Erikson's *Young Man Luther* as a springboard, the author discusses the strengths and limitations of psychiatry and psychoanalysis in dealing with those aspects of human behavior which extend beyond the conventionally clinical, namely, the problem of creative genius, the nature of historical greatness and the phenomenology of religious experience. The author suggests that Erikson, in citing in the preface to his book a meaningful emotional experience of his own youth, apparently realizes, at least intuitively, a dimension which he is not able to develop fully in his book, namely the influences of "emotional debts other than traumatic ones."

SATTEN, JOSEPH: Effects of Present Correctional Practices on Offenders. *Acad. Med. New Jersey Bull.* 9:83–94, June 1963.

Prisons make criminals out of offenders, thus violating one of the earliest medical principles, "first of all, do no harm." As the physician once did in regard to physical and mental illnesses, he must now battle for the scientific treatment of offenders. Opposition to this position is based upon: (1) religious and ethical concepts of punishment for wrong doing; (2) a demand for vengeance; (3) a fear that the offender will go "free" and that society will therefore be unprotected. Since 95 percent of offenders are released within three years, the best protection comes from prisons becoming rehabilitative. Eventually the community will recognize that it is too expensive to mistreat the offender.

PRUYSER, PAUL W.: On Phenomenology and Dynamics of Hoping. *J. Sci. Study Religion* 3:86–96, Fall 1963.

Gabriel Marcel's meticulous phenomenology of hoping forces one to distinguish clearly between true hoping (defined as having a global, diffuse object, relatively unspecified in an open-ended time perspective) and "hoping" improperly used as a euphemism for desired wish fulfillment. The latter is determined by drive dynamics which may, under special circumstances, give rise to hallucinatory or delusional phenomena. True hoping presupposes adequate drive control, ability for delay, good reality testing and the ability to see reality as "experience-in-formation" rather than as a known closed system. It hinges on the belief that reality is only partially known and that the universe (including oneself) contains creative novelty.

MURPHY, LOIS B.: Problems in Recognizing Emotional Disturbance in Children. *Child Welfare* 42:473–487, Dec. 1963.

Within the last 25 years we have learned that sometimes developmental difficulties one thought to be retardation or defect are actually owing, in part or entirely, to profoundly disturbed feelings in the child. Often he cannot accept substitutes, respond to new experiences, or trust new people, cannot fend off pressures or constructively select from the environment. He cannot strategically withdraw, cannot delay, or postpone gratification. He cannot balance

frustration by responding to new pleasure, nor modulate his anger by his desire to maintain love. He cannot direct his impulses into new channels or develop sublimations. The severely disturbed child often fails to develop what a healthy infant rapidly learns, that is, flexible ways of dealing with the environment. He may not move ahead at the expected rate. If his feelings are mixed and confused, he may grimace or develop tics, get jerky, or become overly rigid in his efforts to control them. When there is emotional disturbance in the family with such a child, it is by no means easy to ascertain whether, or to what extent, the family tension and conflict are a reaction to the child's disturbance or whether they initially contributed to it.

FISCH, R. I. and MCNAMARA, H. J.: Conditioning of Attention as a Factor in Perceptual Learning. *Percept. Mot. Skills* 17:891–907, Dec. 1963.

The results of this series of studies demonstrate that attention can be experimentally manipulated by means of a learning paradigm. Further, that the inducing of general scanning behavior or a specific focusing of attention has differential effects upon the subsequent organization of the field. The specific perceptual effect was for "perceptual decentration" to be related to "scanning," and "centration" to be a function of "focal attention." One important theoretical implication is the suggestion that events just prior to stimulation are as important a determinant of *figural* organization as the stimulus itself. Thus, attention is directly related to the structuring of the percept and what is perceived as figure.

LEVINSON, HARRY: What Work Means to a Man. *Think* 30:1, 7–12, Jan.–Feb. 1964.

In addition to its fundamental economic meaning, work has many psychological and social meanings. When a man works, he has a contributing place in society; he identifies himself as an adult and the head of a family. Work alleviates the pressures of the conscience and reinforces the conscience. It counteracts feelings of helplessness; provides an avenue for mastering drives and environment; becomes a means of socialization; and recapitulates favored family experiences. A man who finds gratification in his work has attained a harmonious coordination of experience, interests, capacities, skills, drives and conscience. Thus work is essential to achieve and maintain psychological balance.

MORROW, WILLIAM R. and BERGER, ANDREW: Prejudice and the Offenses of Penal-Psychiatric Patients. *J. Clin. Psychol.* 20:218–225, April 1964.

The following hypotheses were substantiated: (1) High prejudiced offenders explain their offenses in externalized terms, whereas low prejudiced offenders give psychological explanations. (2) Low prejudiced men attribute their offenses to intense but conflictful self-expressive strivings of an affiliative, sensual, or achievement-oriented nature; high prejudiced men attribute their offenses to non-self-expressive factors. A manual for the scoring of interviews as to whether an offender's explanation is predominantly psychological or externalized was developed.

READING NOTES

January 18: Schocken has issued *Treatment of the Neuroses* by Ernest Jones as a paperback and added a "Prefatory Essay" by Philip Rieff. Jones' classic needs no review, but Rieff's very able preface is worth the price of admission.

"Doctors," he says, "are still too prosperous. If they have grown less obtuse, in the course of the two generations since this book was first published, it is owing, at least in part, to the patient pedagogy of a few men—Ernest Jones among them . . . He could have continued his career . . . and become one of those very near the top of the British establishment. In due course, no doubt, he would have been knighted."

January 19: The American Friends Service Committee did Erich Fromm the honor of asking six distinguished Americans to comment on his recent remodeling of Freud's dual instinct theory in a booklet, *War Within Man*, 1963. Jerome Frank is polite but mentions "a few reservations." Paul Tillich did not like the original title and the title was changed. Hans Morgenthau questions both the intrinsic plausibility and soundness of Fromm's psychological arguments. Sorokin has "a serious doubt in regard to (Fromm's) variation of the death-instinct. Neither the necrophilic nor biophilic 'instincts' can really account for why some persons become killers while others sacrifice their lives to save the life of a fellow man."

Father Merton says he fully agrees with Fromm's analysis but wants to carry it further. My nephew Roy (without any counsel from me, but with my admiration) takes sharp issue with Fromm, and gets a good spanking in return by Fromm who wonders why Roy assumed that he (Fromm) could write such nonsense. I could have answered that.

January 20: It was fun rereading Freud's *Autobiographical Study* (Norton, 1963) as now translated by Strachey. It is always possible to discover something new. I had forgotten that Freud said in this book that he abandoned hypnotism because he was anxious not to be "restricted to treating hysteriform conditions." But then he goes on to explain that he had had an experience with hypnosis which disturbed him; a patient woke up from a trance and "threw her arms round my neck . . . I was modest enough not to attribute the event to my own irresistible personal attraction, and I felt that I had now grasped the nature of the mysterious element that was at work behind hypnotism. In order to exclude it, or at all events to isolate it, it was necessary to abandon hypnotism."

Wasn't this Breuer's experience and reaction with psychoanalysis? Didn't Freud get frightened at the same thing in hypnosis that Breuer got frightened at in (psychoanalytic) psychotherapy? Why did one method have to be abandoned for that reason and not the other? Am I just forgetful or has this ever really been discussed, in a thoughtful analysis of various techniques of psychotherapy?

January 21: Let's give thanks to Norman Dain of Rutgers for systematically arranging the concepts and attitudes and definitions and opinions and behavior of our ancestors regarding what we call mental illness now that it has been declared a myth by a modern. He covers the period of 1789 to 1865 which of course embraces the area of moral treatment, its discovery or rediscovery, its brilliant rise, its dismal fall at the hands of saboteurs plus some adventitious factors such as the Irish famine and the Civil War. He gives kind credit to Bochoven and includes a broader field of observation, but does not bring out this dramatic golden age of psychiatry as does Bochoven or Grob. This is an excellent reference book. (*Concepts of Insanity in the United States.* Rutgers University, 1964.)

January 22: Speaking of reference books, I don't know what else to call Christopher Hibbert's *The Roots of Evil* (Boston, Little, Brown, 1963). He calls it a social history of crime and punishment, which it certainly is, written with a great deal of personal dedication. It describes and gives many illustrations of the brutality and horribleness with which man has long treated man once *he* gets something on *him*, with a little backing from society. The author is not a scientist but he is an excellent writer and it is obvious that he became intrigued and horrified and troubled by the record. He has reproduced it in a way more vivid than systematic or scientifically conclusive. I am with him all the way, but I know that many fellow scientists will say that we can find horrible examples of anything and the question is, so what? I think Hibbert brings out the trend rather clearly, and if he doesn't bring it quite up to date, as it were, it may be that he got too discouraged by the time he reached the present, or he may have been realistic enough to recognize that we actually haven't made much general progress. Here and there are shining lights like the Patuxent in Baltimore, or the school our Derek Miller works with in England, or Stürup's program in Denmark, or what McGee is trying to do in California, or even our local Kansas criminologic diagnostic center. But actually there is no movement, yet, is there?

January 23: Ashley Weeks in *Youthful Offenders at Highfields* (University of Michigan, 1963) attempts to compare the effects of short-term treatment of boys in two institutions not far away, a private one and a public one. You know the conclusions without reading them; where there is a small, intimate group with a leader who talks earnestly with each offender about his life problems, a three-months "sentence" is more effective than a much longer sentence where prisoners are handled routinely in an impersonal way.

January 24: When we were at the Archaeological Institute of Northern Arizona in Flagstaff recently, we attended a luncheon of archaeologists. There were nearly thirty of us. I was given a place of honor beside Dr. Harold S. Colton who inspired and developed the Institute and is properly honored and revered as the Dean of the group. When I returned home I re-examined his book on *Hopi Kachina Dolls* which has a brief excellent description of their function, an ingenious key for their identification and some beautiful photographs. The revised edition was published in 1959 by the University of Mexico Press.

Many people who buy Kachina dolls because of their intrinsic beauty do not realize that these are teaching devices used by the Hopi. From them the children learn to identify the real Kachinas who participate in the religious ceremonies. For these the members of the clan make their own costumes with faithful emphasis on accuracy and uniformity. In fact the most impressive thing about the Hopis is their exact precision in timing, spacing and coloring in their group performances. (In contrast to this I am told that in personal dealings and political affairs they are vigorous individualists.)

The recent film "The Hopi Road" written by Robert Northshield and Alden Stevens and produced by Perry Wolff, in cooperation with the American Museum of Natural History, is a magnificent achievement and everyone should see it who has the opportunity. It well illustrates some of the Hopi customs but it cannot show the the religious dances since these may not be photographed, and even then it would be difficult to convey the scenes of absolute conformity to the style. The film does bring out the reluctance of the Hopi to be competitive with one another, to step out of line and get ahead of brothers. In other words this supposedly Christian virtue is present to a high degree and to the despair of the basketball coaches.

Note: The distressing news that Doctor Colton was very seriously injured in a car accident in New Zealand has just been received.

January 25: I just finished reading two articles that are going to be not one but six books, by thirty authors, led by a Dr. Richard MacNeish of the Robert S. Peabody Foundation for Archaeology, Andover, Massachusetts. It is all about corn and how it evolved, and formed the basis of seven successive stages in the development of civilization in Tehuacan Valley north of Mexico City, not to be confused with the famous valley culture north of Mexico City, Teotihuocan.

Test trenches were dug in and outside of caves and twelve major sites of 140 stratified occupational zones were unearthed.

The earliest hypothesized stage was before 6800 B.C.; a date of 7200 B.C. has been proved and 10,000 B.C. is probable. Small wandering bands went back and forth between dry season camps and wet season camps. The next stage ended about 5,000 B.C. Various little but definite differences, and the population had multiplied four times. The next stage covered the successive 2,000 years, and the fourth stage ran up to 1500 B.C. By this time they certainly had corn and probably had been hybridizing it. The population was now forty times the original.

By the fifth stage, 1500–200 B.C. (cf. the ancient Hebrews) they probably had irrigation and were certainly hybridizing corn and erecting temples. By the sixth stage—up to 700 A.D.—there were sacred cities or ceremonial centers, and full-time agriculturalists. There were now about 160 occupations! The seventh stage brings us to 1500 A.D., when the Spanish conquerors first saw them.

Meanwhile what's been going on with corn? For the first three stages it was chiefly wild corn with a half-dozen kernels per ear and two husks. Then they began to cultivate it and then hybridize it and develop it. There are almost as many stages of corn development as there are of people development. Photographs of some of the old cobs are shown in this article and some of the details are given of the careful study of remnants of food, artifacts, human excrement and plants which were found in these excavations.

The two articles to which these notes relate were written by Dr. Richard S. MacNeish, Paul C. Mangelsdorf and Walton C. Galinat who are, respectively, director of the project, professor of Natural History at Harvard University and research fellow in the Bussey Institute at Har-

vard. These horizon lifting articles appeared in *Science* for February 7. We shall await the books with eagerness.

January 26: Our research consultant, Dr. John Schweppe of Chicago, has a beautiful ranch home high in the mountains west of Aspen, Colorado. My family and I spent New Year's Eve with him and his family; then Doctor John celebrated the New Year's arrival by giving me, as a parting gift, a copy of a book very precious to him and long a gem of his library. It is *A Sand County Almanac* By Aldo Leopold (Oxford, 1949). It was a beautiful introduction to the New Year. The author was long associated with the Forest Service, and did technical surveys on wildlife populations for the Sports Arms and Ammunition Institute. A chair of Game Management was created for him by and at the University of Wisconsin. The book jacket describes him as "one of the world's great naturalists and a leader in the conservation movement."

I can believe all that because he writes so tenderly, so perceptively and so wisely about the little things in nature. He bought an old deserted farm in Wisconsin and turned it into a wildlife reserve and in this book he writes in a simple way—sometimes in joy and sometimes in sadness—concerning tree rings, woodcock dances, wilderness areas, little animals and big ones. Once he was a hunter, but he describes his conversion, or at least the beginning of it, on the day he shot a wolf. He suddenly realized that the wolf was the friend of the mountain, the sides of which would soon be bare through the overmultiplication of deer, because of "predator control," so that the deer in turn would be shot off by hunters who would leave fires and other destruction behind them to the further disintegration of the mountain. I recommend this book to all nature lovers.

January 27: *Inside the Black Room* (Potter, 1963) is a new venture in scientific reporting. The author is Jack Vernon, Ph.D. He credits nine doctors for research assistance and the Surgeon-General of the Army and the National Science Foundation as sponsors. He then describes some sensory deprivation experiments done at Princeton on adult males. It is written in a semipopular style and discusses the technique, the effects upon learning, dreaming, pain perception and some bodily functions. The final chapter is entitled "Facts Without a Theory." There is no summary, there is no extensive review of the literature, and there is no index.

K.A.M.

BRIEF BOOK REVIEWS

Research in Religion and Health: Selected Projects and Methods. ACADEMY OF RELIGION AND MENTAL HEALTH. $4. Pp. 165. New York, Fordham University, 1963.

In this symposium, psychologists, psychiatrists, and theologians discuss such topics as "religion and social attitudes," "selection of personnel for the clergy," and "psychopathology of religious experience." One of the interesting problems discussed is the difficulty investigating what Allport has termed "intrinsic" (as opposed to "extrinsic") religious attitudes, the manner in which beliefs are held (as opposed to stated beliefs, church membership, etc.). Little mention is made of psychoanalysis as a possible tool in searching out such deeper motivational forces of man's religion. Some of the extended quotes are tiresome. (Philip Woollcott, Jr., M.D.)

Selected Papers of Charles H. Best. By CHARLES H. BEST. $28.50. Pp. 723. Toronto, University of Toronto, 1963.

A foreword by Sir Henry Dale, in whose laboratory Professor Best was a co-worker, and an introduction by the late Elliott P. Joslin, preface a collection divided into four parts. The first describes the excitement of the isolation and effect of insulin followed by important contributions regarding insulin, glucagon, and the general field of diabetes; Part II deals with studies on fatty liver, lipotropic agents, and choline deficiency; Part III deals with Olympic athletes, histamine, heparin, and dried human serum; Part IV contains a convocation address given at the University of Maine in 1955 and several philosophic essays. Professor Best provides a survey of a lifetime of endeavors in exciting areas of physiology by a man who is still brimful of energy, charm, wit, intelligence, and enthusiasm. (Russell M. Wilder, M.D.)

Being-in-the-World: Selected Papers of Ludwig Binswanger. Translated by JACOB NEEDLEMAN. $10. Pp. 364. New York, Basic Books, 1963.

These are really two books in one. The first 145 pages are a critical introduction to Binswanger's world of ideas by Needleman, a philosopher, who gives a pointed and very helpful survey of the central ideas of Kant, Husserl and Heidegger as they relate to Binswanger's search for an anthropology that can accept rather than deny psychoanalytic enlightenment about man. Part two, about 200 pages, contains Binswanger's papers on Freud and Heidegger, Dream and Existence, the Introduction to Schizophrenia, the case of Lola Voss, and Extravagance.

Binswanger is at his best in his critical-philosophical papers, where he struggles to determine the richness and limitations of the natural science of man (including psychoanalysis) and then essays to find a systematic explication (but not a theory) of spirit (Geist) to fit naturalistic approaches. Freud felt that the road from instinct to spirit was a slow and tedious one and he wished to pursue it in the stated direction, without jumping; Binswanger seems to feel that the direction should be reversed and accepts Heidegger's ontology as a sufficiently valid foundation. Binswanger is a good historian of psychiatric theory. In the clinical papers, however, wordiness stands in the way of clarity and philosophical correctness plays havoc with clinical utility. (Paul W. Pruyser, Ph.D.)

The Allergic Child. FREDERIC SPEER, ed. $16.50. Pp. 600. New York, Harper & Row, 1963.

In this comprehensive text on pediatric allergy by 38 contributors, ably edited by Doctor Speer, allergy is approached as a constitutional disorder with multiple manifestations requiring lifetime management. Basic immunology is explored in detail with major sections on etiology, manifestations, and treatment. The less sophisticated reader might surmise that allergy is the cause of most of man's ills, but the editor brings the subject into focus by challenging the profession to a more acute awareness of allergic factors in disease. Although this book is of primary interest to allergists and pediatricians, the chapters on immunologic mechanisms and treatment of allergic emergencies have merit for all physicians. (C. F. Steinbach, M.D.)

Mankind Behaving: Human Needs and Material Culture. By JAMES K. FEIBLEMAN. $10.50. Pp. 275. Springfield, Ill., Charles C Thomas, 1963.

All behavior is a function of six "drives": thirst, hunger, sex, to know, to do, and to be. The drive to dominate the environment is the source of the other drives. Distinctly human behaviors (use of "tools" and "signs") can be accounted for by extensions of stimulus-reflex and reverberating circuit models. All activity not explicable on the basis of tissue-needs is "displacement activity." The culmination of all the needs in man is being, a positive drive for ultimate survival but still a "tissue need to be." Aberrations of behavior are excesses or defects of need-reductions. This book utilizes thinking from neurophysiology, behavior theory, learning theory, and philosophy. The author's major points have appeared in previous books and papers. (Stuart Wilson, Ph.D.)

Current Psychiatric Therapies, Vol. 3. JULES H. MASSERMAN, ed. $9.75. Pp. 331. New York, Grune & Stratton, 1963.

Thirty-one articles by forty-four contributors from the United States, England and Israel are included in this third annual volume edited by Doctor Masserman. A wide range of topics is presented under the major headings: Principles of Psychiatric Therapy, Techniques of Psychotherapy, Psycho-physiologic Facilitations, Special Applications, Childhood and Adolescence, The Family, Group Therapy, Institutional and Community, and Forensic Considerations. The reader who scans the contents will be attracted by several articles—and will end by reading many. Readable; interesting, well edited. (Carroll M. Elmore, M.D.)

What Science Knows About Life. By HEINZ WOLTERECK. $6.50. Pp. 239. New York, Association Press, 1963.

Written by an outstanding German biologist, this book offers an extremely interesting picture of the present knowledge of the origin of life, its development, its multiformity and its functions. Of particular interest is the chapter which describes what is known today about the evolution of the species in the light of new discoveries from disciplines ranging from genetics to astrophysics. There are also very interesting observations about heredity and mutations and their importance in our present understanding of the reproduction of viruses. Easy to read, the book contains up-to-date knowledge for the average layman, although it might be of less interest to professional people. (Fernando de Elejalde, M.D.)