

graphed list was sent to practically all colleges and universities in the country having more than about three hundred students. Junior colleges, normal schools, and teachers' colleges were not included in the list. No follow-up letters were sent to the institutions which received the mimeographed list. In the course of the spring and early summer about twenty institutions made direct inquiries of the Personnel Service concerning men. It is evident that some institutions used the list without writing such letters of inquiry. A check-up made early in June revealed that at that time about half of the men named in the mimeographed list had already received appointments, and subsequent correspondence reveals that practically all of the men were placed in college and university positions. Whether this was in large part due to the Personnel Service it is hard to say. The women whose names appeared in the list evidently had less success in finding satisfactory college positions. The Committee on Policy, which now has its report practically ready, will not continue the Personnel Service during the present academic year. If its plans for increasing the services of the Political Science Association are carried out, a permanent personnel service will be established at the central office of the Association. The limited experiment of this year has shown that such a service can be useful, but it has also made evident the fact that someone must be permanently charged with the responsibility if the service is to achieve a maximum of usefulness."

The Study of the Ill as a Method of Research into Political Personalities. The student of political behavior would like to know why some people lead and others follow, why some rebel and some conform, why some are ruthless and others are conscientious. In some degree, this question can be answered for particular communities by the collection of data about the economic and religious and racial affiliations of those who gain, and those who never attain, political power.¹ Data of the type available in *Who's Who* are inadequate to supply the investigator with enough material to answer several important questions. Why do members of the same family, living in the same community, attending the same schools, subjected to the same racial, ecclesiastical, and economic environment, differ so widely in their traits and interests? Why is one brother a driving administrator and another a plodding routineer? Why does one brother be-

¹ One of the most exhaustive studies of this kind is Fritz Giese, *Die öffentliche Persönlichkeit* (Leipzig, 1928).

come a public advocate of fundamental changes in society, while another quietly accepts the established order? Why does one brother write books in political science and political philosophy, while another creates a political machine?

Political and social science depends upon autobiographies, biographies, and aphorisms to familiarize the student with the many factors which differentiate one human personality from another. But it is no secret that the usual literary autobiography or biography omits or distorts much of the intimate history of the individual which modern science has come to regard as important.

Where is it possible to secure a supply of life histories in which the usual conventionalities are ignored, and which are acquired by specialists in the sociological, psychological, and somatic influences which play upon the individual? There exist in our modern societies several sizeable collections of such material which have hitherto received slight attention from students of social science. I refer to the case histories of those individuals who are ill, and especially those who suffer from mental disorder.

The case history of a patient in a good mental hospital is a document to which many individuals contribute. There is the record of the physical condition of the individual, as revealed by an examination at the time of his admission. This may be supplemented by transcripts of previous and subsequent investigations. There is also the record of the routine psychometrical test performances of the subject. There is the report of the preliminary interview and diagnosis by a psychiatrist. This is amplified by a transcription of the record of a staff conference attended by the whole body of physicians and psychiatric social workers attached to the hospital. The usual routine is for the physician and social worker in charge to present a summary of the case, to present the patient for observation, and to consult upon the diagnosis and therapy after the patient has been escorted out. The patient may be presented at several staff conferences for the purpose of discussing whether he is in a condition to permit of release, parole, or transfer. During his stay in the institution the nurses, as well as the physicians who make rounds, add their descriptive comments upon the behavior of the individual. The social service department gets in touch with relatives and acquaintances for the purpose of presenting a biographical picture of the subject. Occasionally the patient will volunteer an autobiography which is filed with his record. Correspondence with individuals interested in the case at various stages will often bring out valuable side-lights.

Due to the growing emphasis upon the importance of understanding personality as a functioning whole, modern medical men are increasingly willing and anxious to assemble all the data about the family, business, recreational, and other behavior of the person. From this they are able to judge whether or not some pathological symptoms are to be regarded as especially ominous. The modern emphasis upon the rôle of reverie and preoccupation in the development of traits and interests leads to the inclusion of much data about the night-dreams, day-dreams, ambitions, grievances, enthusiasms, and loyalties of the person. All this sociological and psychological material increases the value of the case record for the person who wants to use it for the purpose of understanding the genesis of social traits and interests.

Sometimes the case histories concern people who are normal, but who for one reason or another have been committed for observation. The German government was not the only one in the late war which resorted to the expedient of avoiding the appearance of dissension by turning over certain pacifists to a mental hospital. The records obtained in such cases are very intimate, and are of people who were without psychosis.

Quite often the specifically pathological features in the history are very meager. One prominent politician (a mayor of a large city) was brought into a mental hospital suffering from delirium tremens. He was only "insane" when he was passing through this alcoholic episode, and was immediately released. But the record of what he said and what he did during the delirium casts a brighter light on the deeper motivations of his political career than many pages of conventional biography. Since he was no longer able to maintain his repressions, his inner phantasy life came into the open.

For many reasons, full advantage has not yet been taken of the opportunities afforded by convalescence and care in hospitals and sanitariums for the collection of valuable life histories. During various phases of illness and convalescence, many individuals are perfectly willing to fill in the time talking about their philosophy and practice of living. Those who suffer, for instance, from certain forms of mental disorder are troubled only occasionally by delusional ideas. During the clear periods they are to all intents and purposes normal, and are often gratified if anyone takes sufficient interest in them to solicit more details of their life stories. Another form of mental disorder is characterized by the fact that the patient's difficulties center about a single system of ideas which, if left untouched by the interviewer, permits him to be dealt with as an ordinary individual.

The interviewers who may be used to increase the value of current record-taking for the common progress of the human sciences may be selected from social scientists who are given special psychological training and attached to hospital staffs; or from psychiatric social workers who are given special training in politics and economics; or from socially interested physicians who receive special social scientific instruction. Needless to say, the documents can be taken and used only under the customary guarantees respecting anonymity.

Perhaps it ought to be emphasized that inmates of mental hospitals, or patients of private practitioners, are not the only sufferers who may be suitably approached for life histories. Many of the people who are immured for considerable periods in rest-homes and hospitals are the victims of ordinary organic ailments, remain in full possession of their faculties, and are glad to relieve the boredom of an enforced idleness by pouring out the details of a career which, under other conditions, they would be too busy or too reluctant to reveal.

The recent efflorescence of medical psychology has not only added to the number of reliable intimate life histories which are, under suitable guarantees, available for comparative purposes, but it has supplied a set of technical procedures which may be applied, and of tentative hypotheses which may be tested, in the case of any personality, be he ill or well. The "complex indicators" which were developed by Jung may be used (in modified form) for anyone for the sake of showing by reaction-time variations which stimulus words have special affective significance to the individual. Effort may then be directed toward the recovery of the situations in which these terms acquired their special value to the person. The technique of the interview as developed by Freud and modified by others is likewise capable of direct application. Many devices have been developed to draw from the individual those random gestures, word-slips, and concentrations of affection and hostility which facilitate the production of significant memories and the diagnosis of unconscious trends.

Thus it is possible to set about the task of securing an ample control group of "normal" cases against which conclusions which are devised largely on the basis of pathological subjects can be checked. Two principal lines of approach are possible. Certain individuals are willing to submit to psychological analysis for scientific reasons. They see the desirability of having such a control series from successful people, and they are willing to place themselves at the disposal of a scientifically trained interviewer, understanding that they are to be examined

just as thoroughly as though they were pathological cases. There is an increasing company of younger men and women who feel themselves perfectly normal, who want to see whether such a sustained psychological procedure will, after all, give them a deeper understanding of themselves and others. Since they have no fear of the consequences, they are willing to satisfy their curiosity to see whether there is anything in modern medical psychology which will seem important to them after they have tested it.

The second line of approach is to those individuals who suffer from some relatively minor morbidity which they hope to see removed as a result of a psychological examination to which they submit themselves for scientific purposes. Light depressions, simple bodily (hysterical) symptoms, such as headaches, constipation, biliousness, and insomnia (when adequate physical cause is undiscoverable) are often found in individuals who suppose themselves, and are supposed by others, to be normal.

It would be advisable for a responsible body of social scientists to reflect upon the possibility of creating machinery by which especially prominent figures could be reached for intimate study, under especially rigorous guarantees that the document would be kept confidential for a certain number of years, or would be exposed for comparative purposes under very special safeguards.

Some immediate practical advantages arise from the study of the mentally disordered. The modern political and business administrator ought to be able to detect at least the cruder manifestations of certain psychotic processes which are not infrequent, and which, unless promptly referred to medical attention, may create enormous difficulties inside an administrative organization. This is especially true of the elusive paranoid types, the external features of whose personality are well preserved, and whose power for harm is in consequence much greater. Many of the accusations and scandals of public life are instigated by men whose psychotic condition could have been recognized by a trained superior, and whose pathological extremes might have been aborted by preventive therapy. The modern public school teacher is supposed to see that Tommy is suffering from adenoids, but the modern administrator is not expected to see that his subordinates need expert aid before a crisis is precipitated. The rôle of preventive therapy, tactfully arranged by the administrator, is much greater with those individuals who show psychoneurotic symptoms than with those who reveal signs of psychotic disturbance.

Even where therapy is out of the question, the administrator who has carefully studied the art and the science of reading a life history is able to handle certain classes of subordinates with greater success than one of equal ability who lacks this measure of sophistication. There is a rather clearly marked type of individual who is able to function as a valuable member of an administrative hierarchy as long as he has a firm, but very patient and indulgent, superior. When the superior bears down on him, he becomes unreliable and inefficient. Some administrators have enough insight into human nature to deal patiently with such subordinates; but other men, vexed at the superficial cocksureness of this type, are very likely to get out of patience shortly. It is probable that the study of life histories of men of this kind (conducted by one technically able) would give some of these administrators sufficient insight into the deep and uncontrolled character of the motivations of such subordinates to restrain them from disorganizing and futile outbursts of intolerance.

The study of the ill broadens human sympathy and understanding in many subtle and fundamental ways. The naïve popular idea that the "insane" are a degenerate species quite apart from the "normal" quietly disappears. In its place rises the conception that the frontier between what, in a given culture, is supposed to be "normal" and what is supposed to be "abnormal" is not a cliff but a slope. Neurotic symptoms and traits are never entirely absent from any life history. That is why there is little need to fear that case histories taken from the sick are likely to differ too profoundly from the case histories taken from the well.

Political science can with profit revise its interpretations of human nature in the light of the intimate histories taken from those who are to be found at various times under medical care, extend many medical psychological methods to the study of the normal, and include some medical psychological instruction in the education of its would-be administrators, political managers, political biographers, and political theorists.²

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² For a discussion of the limitations of existing records, see my article, "The Problem of Adequate Personality Records; A Proposal," in *American Journal of Psychiatry*, May, 1929.