MENTAL ILLNESS AMONG JEWS

By JOHN SLAWSON *and* MAUDE MOSS

Executive Director and Statistician, Jewish Board of Guardians, New York, N. Y.

Previous Findings

THE problem of mental illness among Jews has been under discussion for more than a century, and subjected to statistical study for more than fifty years. Joseph Jacobs in 1886 arrived at the conclusion, on the basis of estimated data, that the rate for "mental disease" for Jews exceeded that for the English and the Scotch. He also found, on the basis of his calculations of the incidence of eminent men among the English, Scotch and Jews, that the rate of men of distinction among Jews exceeded that of the other two peoples. He therefore concluded that in both mental disease and superior mental equipment the Jews exceeded the non-Jews in their respective rates.[1] It should be said that Jacobs' statistics were of a crude nature and of questionable reliability. His conclusion, however, if accurate, is interesting and carries with it many important implications, especially in the light of later findings.

F. Schneersohn, recently, in a summarization of the views of different authorities on the question of mental disease among Jews, reveals that different investigators have arrived at contradictory conclusions.[2] Most of these findings are based on studies of insane under institutional care and for the most part were restricted to patients in one institution in a given locality. The prevailing conclusion from the studies made chiefly by German investigators points to an excess in the rate of psychoses among Jews, as compared with non-Jews, in both East and West European countries, including Germany. Most of the European investigators have indicated that their conclusions are qualified by the fact that for the milder forms of mental illness, such as neuroses and psychoneuroses, statistics are not available because patients suffering from such disturbances do not reach institutions. The most accurate and probably the ablest work done in this country on the incidence of mental disease among Jews is that of Benjamin Malzberg. He concludes, on the basis of statistics of first admissions to hospitals for the insane in the States of New York, Massachusetts, and Illinois, as well as New York City, that the rates for the Jewish insane committed to institutions is *lower* than for the non-Jewish. In New York State, he finds that in the year of 1927, the rates for Jewish first admissions to hospitals for the insane is 42.3 per hundred thousand population and for non-Jews 75.1[3]

In more recent studies, he finds that even on the basis of more refined treatment of his data by standardizing age, sex, and nativity, the Jewish rate is still less than the non-Jewish rate. For foreign born Jews the standardized rate is 92.3 and for total white foreign born 108.8.[4] However, it is interesting to note that even in Malzberg's studies, which are quite conclusive, because of the accuracy with which the data were gathered and computed, the difference in the standardized rate for the *functional* psy-

1. *Jewish Statistics*, 1891.

2. Fancies and Facts about Mental Disorders Among Jews, *Jewish Social Service Quarterly*, June 1932, pp. 172-177.

3. Mental Disease Among Jews, *Mental Hygiene*, October, 1931, page 767.

4. New Data Relative to Incidence of Mental Disease Among Jews, *Mental Hygiene*, April 1936, page 288.

choses, principally manic-depressive and dementia praecox, for foreign born Jews and total white foreign born practically disappears. It is in the insanities of organic and toxic origin, such as paresis, alcoholic psychoses and psychoses with arteriosclerosis, that the difference between the Jews and non--Jews is greatest in favor of the former. This latter finding is important in that it has a bearing on the prevalence of the psychoneuroses and neuroses among Jews—themselves functional disorders—these milder forms of mental illness, not necessarily resulting in commitment to institutions but causing many disturbances in the personal and social life of the individual, especially in his adjustment to reality and practical situations. The psychoneuroses and other forms of mental illnesses related to these include such symptomatic manifestations as hysteria, anxiety states, hypochondria, and neurasthenia. These illnesses are usually produced by mental and emotional conflicts most often resulting in introversion and flight from reality.

On the basis of the historic experience of the Jew, general observation of his personality reactions, and the apparent preponderance of Jewish patients with mental disorders in the offices of physicians and psychiatrists, the conclusion has been postulated that psychoneuroses and neuroses are more prevalent among Jews than among non-Jews. It was reasoned that the various restrictions and discriminations to which Jews have been subjected throughout the ages, resulting in the under-development of the manual-motor side of their nature and the over-development of the cerebral processes, would tend to produce various forms of neurasthenia and other illnesses characterized by over-introspective thinking and introvert behavior. The repression of the gifted mind, with the consequent disillusionments and phantasy thinking, would also be conducive to mental maladjustment. The feelings of inferiority and insecurity emanating from feelings of difference derived from minority group experiences would result in compensatory behavior expressed through attention getting devices, bizarre social associations with those assumed to be far higher in social status, and obsessional attitudes. Surely also, the vicissitudes of the immigrant group would be experienced especially by the Jewish people in educational, cultural, and social dislocations, all conducive to mental maladjustment. The over-seriousness of purpose characteristic of the Jew, induced by handicapped competition and minority discrimination is also a factor related to emotional disbalance. The general paradox in which the Jew finds himself of not being encouraged by the major environment to be a Jew nor allowed to be a non-Jew is surely not a contributor to good mental health. It has been reasoned that even the extreme compactness of Jewish family life, "familianism" as it is called, would be conducive to neurotic attachments and emotional maladjustments with the outside world.

In view of all this Jewish experience throughout the many generations, it was not surprising that most of the studies made by students of the German school on the incidence of insanity among Jews should have received ready acceptance without critical analysis. For should not all of these vicissitudes and discriminatory experiences, with the consequent emotional and mental conflicts produce much greater mental disbalance among the Jewish people than among their favored neighbors? Yet, I. S. Wechsler quoted figures as far back as 1918 and 1919 to

illustrate that the rate of Jewish commitments from New York City to hospitals for the insane was lower than the population rate of New York City.[5] Perhaps it will be more instructive to extract two sets of figures from Dr. Malzberg's researches, one relating to comparison between foreign born Jews and all white foreign born by diagnoses standardized for age[6] and crude rates comparing all Jewish first admissions from New York City to State hospitals for the insane in 1925 with those for non-Jews.[7] (See tables I and II.)

We see from both of these tables two striking results:

1. That the difference between the rates for the total psychoses is large in favor of the Jewish group.

2. That the differences between the functional insanities, such as manic-depressive and dementia praecox, are relatively small and practically disappear when standardized rates are used.

The original tables of Malzberg also reveal the fact that *within* the Jewish group itself, the functional psychoses, that is, those not attributable to organic causation, constitute by far the largest proportion of mental illness, whereas in the non-Jewish group the functional illnesses are almost equal in proportion to the organic.

There are, therefore, available up to this time the following evidences of a more or less conclusive nature with reference to the more severe illnesses (known as psychoses) among Jews. In spite of expectations to the contrary, there is actually less total mental disease among Jews as measured by rates of commitments to hospitals for the insane. However, in those disorders that are most susceptible to environmental stress, namely, the functional psychoses, the Jews, while still having a lower rate than the non-Jews, approximate the latter more nearly than in those psychoses that are of a more or less organic origin and distantly related to environmental stresses. And furthermore, within the Jewish group itself, the largest percentage of psychoses is in this functional category, which, as we have stated, is probably more directly related to environment experience.

Table I

First Admissions from New York City to the New York State Hospitals for Mental Disease, 1925 (Malzberg)

	Rate per 100,000 population for Jews	*for Non Jews*
Types of Psychoses		
1. Manic Depressive	10.0	11.3
2. Dementia Praecox	16.0	23.5
3. Organic	12.6	37.9
4. Other	4.1	8.4
Total	42.7	81.1

Table II

Standardized Rates of Average Annual First Admissions per 100,000 Population Among Jews born in Poland, Russia, Austria, and all White Foreign Born in New York States, 1929-1931 (Malzberg).

Psychoses	*Jews Foreign Born*	*All White Foreign Born*
1. Manic Depressive	15.5	15.8
2. Dementia Praecox	33.7	32.8
3. Senile	27.6	32.2
4. With cerebral arterio sclerosis	33.5	46.0
5. General paresis	6.2	9.8
6. Alcohol	0.5	6.7
All Psychoses*	92.3	108.8

* Different population base used in figuring rates for different psychoses.

5. Nervousness and the Jew, *Menorah Journal*, April 1924, pp. 119-132.
6. Cf. 4, page 287.
7. Prevalence of Mental Disease Among Jews, *Mental Hygiene*, October, 1930, pp. 926-46.

among non-Jews, principally on the basis of observations by psychiatrists and physicians in their private offices and in clinics. Most of these statements to the effect that Jews produce a greater proportion of neurotic illnesses than non-Jews have been based on impressions and conjecture. Abraham Brill,[8] Abraham Myerson,[9] I. S. Wechsler,[10] and others have all recorded such impressions. In view of the fact that those suffering from neuroses and psychoneuroses are not generally committed to hospitals, it has been impossible to subject these impressions to statistical analysis. Malzberg finds in his studies that in Massachusetts and Illinois the rate of first admissions for psychoneurotics (the few that are so admitted) is lower among Jews than among non-Jews although in New York State the Jewish rate is slightly higher, which he says is of no statistical significance.[11] Most neurotic ailments are treated in the office of the psychiatrist if the patient can afford a fee or in mental hygiene clinics, either attached to hospitals as divisions of out-patient departments or as separate units.

It is, of course, impossible to determine the incidence of mental illness treated by the private physician, but it was felt that it would be of significance to determine the incidence of Jewish mental illness as treated in these various mental hygiene clinics and compare the results with the non-Jewish rate as well as with various religious and racial groups. This we felt would give us for the first time statistical evidence for the minor mental illnesses.

It was with this in view that the study to determine the incidence of mental illness as found in the mental hygiene clinics of New York City was made in 1934. The study was based on first admissions to all of these clinics during that year. It was sponsored by the State Department of Mental Hygiene as a Works Progress Administration project under the immediate direction of one of the writers and the work was done at the headquarters of the Jewish Board of Guardians.[12]

Method

Workers were selected who had had mental hygiene or similar training, and all of them had some knowledge of psychiatric terminology. The clinics included were those listed as eligible to report to the Central Recording Bureau, Research Department of the Welfare Council of New York City. The definitions in the Statistical Manual for the use of Hospitals of Mental Diseases, published by the National Committee for Mental Hygiene, were used as a guide for classifying the diagnoses. These classifications were prepared by the Committee on Statistics of the American Psychiatric Association. All information was recorded from the psychiatric report of each record and of course all cases had been diagnosed by a psychiatrist. No interpretations were made by the workers. The terminology of the psychiatrist was recorded exactly as it was found in the record.

The diagnoses of approximately 200 psychiatrists were included. Only those cases which were admitted to the clinic for the first time were utilized and all duplications from one clinic to another were eliminated. Those cases admitted to the clinic through error were tabulated but later excluded from the figures. Out of the forty clinics which were eligible to report to the Welfare Council, seventeen were included in this study. Only twenty-five of these forty were actually reporting. Most of the clinics excluded from the study did not have records suitable, comparable, or complete enough for use. The majority of the clinics included were located in the Borough of Manhattan, three were in Brooklyn and one in the Bronx. Half of these clinics were attached to hospitals. Fourteen were non-sectarian, one was Jewish and one Catholic, although three of the fourteen listed as non-sectarian were serving more Jewish patients than non-Jewish and were classified as Jewish hospitals.

The referring sources to the different clinics were comparable. Four accepted only those cases referred by the medical clinics of the hospital to which they were attached. We believe that the clinics included, in spite of the forced exclusion of two large clinics, represent a fairly adequate sampling of mental hygiene patients in New York City. Had material been included from all forty clinics, no doubt the Jewish rate of admissions would have been higher. If we examine the intake to large non-sectarian mental hygiene clinics in New York City, we generally find that about one-half the first admissions are Jews. Four of the clinics omitted were Jewish.

There were 6,959 total first admissions from January 1 through December 31, 1934. 54% of all first admissions were male and 46% were female. Over two-thirds of the first admissions were under twenty-five years of age, 96% were white and 4% were colored. The largest number of first admissions resided in the Borough of Manhattan at the time they were registered by the clinics. This is partly explained by the proximity of the clinics since most of them are located in this borough.

The kind of problems found in the mental hygiene clinics included psychoses, psychoneuroses, psychopathic personality, simple maladjustments, habit and conduct disorders, neurotic traits, mental deficiency and retardation. It should be remembered that diagnoses of mental illness as found in clinics are difficult to classify and often might be included in more than one category. The diagnoses of 200 psychiatrists are included, and it was not possible to determine the extent to which they employed comparable terminology.

Results

The rates per hundred thousand population of first admissions to mental hygiene clinics in New York City selected as described above are:[13]

Jews	137
Non-Jews (white)	87
Colored	87

The Jews differ most from the non-Jews in psychoneuroses (see Table III):

Table III

Rates of first admissions to 17 Mental Hygiene Clinics, New York City, 1934, by Diagnosis, Jews, Non-Jews, Colored.

Rates per 100,000 *population*

Diagnoses	*Jews*	*White Non-Jews*	*Colored*
1. Mental Deficiency and Retardation	14.9	16.0	17.7
2. Psychoses	13.6	5.2	3.4
3. Psychoneuroses	33.9	13.9	2.7
4. Psychopathic personality	7.9	7.2	6.4
5. Habit, Conduct, Neurotic, Maladjustment, and Without Psychoses	66.9	44.5	56.4
Total	137.2	86.8	86.6
Total Number	(2574)	(4101)	(284)

8. Insanity Among Jews, *Journal of Nervous and Mental Diseases*, 1914, pp. 512-17.

9. The Nervousness of the Jew, *Mental Hygiene*, January, 1920, page 65.

10. Cf. 5, page 132.

11. Cf. 4, page 284.

12. We are greatly indebted to Commissioner Frederick W. Parsons of the State Department of Mental Hygiene for sponsoring the study reported herein and to Dr. Benjamin Malzberg, Senior Statistician for that Department, for his generous assistance during the initial stages of this project.

13. Jewish rate figured on estimated Jewish population of New York City, 1930. *Population of the City of New York* (1890-1930), page 275.

Jews	34
Non-Jews (white)	14
Colored	3

One-half of the first admissions to mental hygiene clinics diagnosed as psychoneuroses and psychoses were Jewish. It should be stated here that the designation "psychosis" might not be equivalent to the nomenclature employed by a state hospital for the insane due to the fact that in the latter instance "psychosis" is of a committable nature, whereas in the clinic only a small portion of this group is committable, the remainder being of a relatively mild variety. Very few phychoses of somatic origin were noted in the clinic classifications. If we add these psychoses, as diagnosed in the mental hygiene clinic, to the psychoneuroses, we get the following combined rates:

Jews	48
Non-Jews (white)	19
Colored	6

Here we see that the Jewish rate is two and a half times the Non-Jewish, and the colored rate is again very low.

As Malzberg and others have shown, mental disease is related to age. Malzberg gives average ages for various mental diseases and shows a large variability between different psychoses.[14] In our sampling we found a relation also between age and diagnosis. The largest proportion of mental defectives and retarded, as well as those admitted for habit and conduct disorders, are under twenty. The psychoneurotics and the psychotics are largely between twenty and forty. In the psychoneurotic and psychotic groups approximately 80% are twenty and over; in the psychopathic group, over 70% are under thirty. This distribution of ages in percentages of Jews and non-Jews is given in Table IV.

Table IV

Ages of first admissions to 17 Mental Hygiene Clinics, New York City, 1934, Jews, White Non-Jews.

Age	*Jews*	*Non-Jews White*	*Total*
Up to 20	51%	64%	59%
20 to 30	18	14	16
30 to 40	16	12	13
40 and over	15	10	12
Total	100%	100%	100%

It will be seen from these figures that the Jews represent an older group than the non-Jews and therefore the rate for the psychoneuroses for the Jews would be higher because of the fact that in our sampling this diagnosis tends to represent an older group. However, we believe that only a small correction would be necessary were it possible at this time to compute for each of the diagnostic groups standardized rates for Jews and non-Jews. Assuming an adequate sampling for race and nationality, it is significant to note the low rate for the colored group for the psychoneuroses.[15] The high rate for the Jewish group accompanied by a low rate for the colored group and a rate for the non-Jews falling between the two would seem to substantiate the assumptions that have been made on numerous occasions which we have noted at the beginning of this paper.

These results seem to establish with a fair degree of reliability the consequences of the operation of such factors as urbanization, the extreme handicaps under which Jews have been forced to operate, and the relation of these factors to psychoneuroses. Also it seems reasonable to believe that the intellectuality of the Jew together with the sensitivity developed as a result of forced introspective

14. Age in Relation to Mental Disease, *Mental Hygiene*, July, 1935, page 449.

15. Kirby found in his study at the Manhattan State Hospital that the negroes while high in paresis were low in functional psychoses. Race and Psycho-Pathology, *New York State Hospital Bulletin*, March, 1909.

thinking and introverted living would also make its contribution to this result. In the case of the negro, however, urbanization was never present to a great extent, nor is the intellectuality or sensitivity of this people such as to result in emotional conflicts leading to psychoneuroses even in the face of environmental deprivations. In the case of the negro, the tendency for the expression of his emotional maladjustment seems to be in the direction of delinquency rather than neurosis; many studies have pointed out the fact that the rate of criminality of the negro is higher than that of the white. In the case of the Jew, maladjustment tends to express itself in the form of neuroses and not as much in criminality, a fact that is also revealed in statistics on the criminal population. Is it not also reasonable to deduce from these figures that there is a positive correlation between susceptibility to neurotic illness and the combination of severe minority group discrimination with high intellectual status?

It will be seen from Table V in which the percentage distribution is given for each of the three groups by diagnosis that

Table V

Percentage distribution of first admissions to 17 Mental Hygiene Clinics, New York City, 1934, by diagnosis, Jews, White Non-Jews, Colored.

Diagnoses	*Jews*	*White Non-Jews*	*col-ored*	*Total White*
1. Mental Deficiency and retardation	10.8%	18.4%	20.4%	15.4%
2. Psychoses	9.9	6.0	3.8	7.5
3. Psychoneuroses	24.7	16.1	3.1	19.4
4. Psychopathic Personality	5.7	8.2	7.3	7.2
5. Habit, Conduct, Neurotic, Maladjustment, and Without Psychoses	48.9	51.3	65.4	50.5
Total	100.0%	100.0%	100.0%	100.0%
Total Number	(2574)	(4101)	(284)	(6675)

the psychoneuroses play a very prominent role among the Jews as compared to the non-Jews and of course to the colored. The white non-Jewish group is composed for the most part of members of the Catholic religion. The total rates for the three religious groups and for the colored are as follows:

Jews	137
Catholic	119
Protestant	40
Colored	87

In the category of psychoneurosis the rates for the three religious groups and colored are as follows:

Jews	34
Catholic	16
Protestant	9
Colored	3

It might be asked why the rates are so low for the Protestant group. The answer probably is the fact that the Protestant group represents predominantly a native group of native born parentage. This brings us naturally to the consideration of the role that nativity plays in determining mental illness of the type that we are studying here. This factor of nativity is of special significance when studying mental illness among Jews in view of the fact that the Jewish people are probably primarily of foreign origin or native born of foreign parentage. The lowest rate for psychoneuroses was found among the native born of native parentage group.

In the New York City mental hygiene clinics we found the following combined rates for psychoneuroses and psychoses (as diagnosed in the clinics) for the various nativity groups:

Foreign	30
Native of foreign and mixed parentage	29
Native of native parentage	20
Total native born	26

It will be seen from these figures that there is a fairly large differential between the native born of foreign and mixed parentage, and the native born of native parentage. We have examined the age distribution for these two groups and found them to be of sufficient similarity to justify our conclusion that the difference in the rates betwen these two groups is unaffected by age.

In addition it seems that the foreign born group has the highest rate. Assuming an adequate sampling for the various nativity populations, it seems as if the result for the native of foreign parentage and the native of native parentage conforms to data obtained on the delinquent and criminal population which has been explained on the ground of the greater degree of culture conflict in the former group. However, most studies in criminology give a lower rate for the foreign born than they do for the native born of foreign parentage. There may be significance in the difference between these two findings for the psychoneuroses and for criminality which merits more thorough investigation.

Summary

Our findings point to a greater prevalence of psychoneuroses and related illnesses among Jews than among non-Jews. This differs from the results on the committed insane which seem to point to a lower rate on the part of the Jews than the non-Jews. However, in view of the fact that the functional psychoses seem to play so much more of a significant role among Jews than among non-Jews, our findings for psychoneuroses would appear to be an indication of the operation of a similar tendency manifested among Jews toward the production of an excess number of functional mental disorders, particularly those related directly to environmental stress. This general tendency determined statistically is substantiated by our knowledge of the historic experience of the Jew throughout the ages, characterized by forced introspective thinking and introvert living, and the fantastic intellectual pre-occupations incident to the suppression of the gifted mind.

Our data also point to a correlation between the combination of minority group discrimination and intellectual superiority with the prevalence of psychoneurotic illnesses—illnesses that may not result in commitments to hospitals for the insane, yet may produce maladjustments in functioning, especially in realistic and practical situations. Our studies on the colored group substantiate this conclusion. The prevalence of mental maladjustments as revealed in our study in mental hygiene clinics among native born of foreign and mixed parentage is indicated. More complete analysis of the data obtained for the study will be made subsequently, especially of the material relating to nativity, race, religion and age.

THE DILEMMA OF THE CONFERENCE

By M. W. Beckelman *and* Gilbert Harris

Bronx House, New York, N. Y. and Y. M. and Y. W. H. A., St. Louis, Mo.

I

WHEN we were very young we used to derive much childish glee from a game which involved two chairs and a plank. The name of the game, its exact *modus operandi*, and, viewed from this distant remove, even its purpose, seem somewhat obscure. All we can positively recall is that at the end of the game some trusting infant who had relied upon the plank for support would have it pulled out from under him and be left sitting between the two stools to his own chagrin and the vast amusement of the other participants.

In the composition of forces which for the past three or four years have found expression at its annual meetings, the National Conference of Jewish Social Service finds itself between two stools, receiving support from neither. On the one side stands the Association of Practitioners in Jewish Social Agencies. It is numerically the largest single group in the Conference membership possessing elements of unity in program and action. On the other is the National Council of Jewish Federations and Welfare Funds, having no organic relationship to the National Conference but representing in the programs of its annual meetings and in the personnel participating in them a progressively increasing duplication of the scope and activities of the National Conference of Jewish Social Service.

Increasingly, as the practitioners' group becomes more aware of its strength and conscious of its unity of interest and purpose, its membership exerts pressure at National Conference sessions in the direction of positive action on contemporary social and economic issues. For the past three years, the papers which its committees have presented at the Conference have urged recognition by the NCJSS that the basic interests of social workers and organized labor are harmonious and, by resolution at the business sessions, the group has sought endorsement from the Conference for labor-motivated relief, unemployment and welfare legislation. From an opposing element, not characterized by definite organization but composed in the main of Federation and agency executives of long standing in the field has come increasing resistance to this process, expressing itself in charges that the practitioners' group is "red" and its activities communist-inspired. The palpable numerical majority which the practitioners command has been countered with the declaration, on the part of these executives that, should the former employ that majority to commit the Conference to actions or resolutions to which these executives cannot subscribe, or to obtain a working majority on the Conference executive committee, they, and the agencies which they represent, would withdraw from the Conference.

And as the National Council of Jewish Federations and Welfare Funds includes in its annual programs more and more of the material ordinarily dis-