

# Report on Research on the Rockefeller Foundation and American Psychiatry

*by Andrew Scull*

*University of California, San Diego*



© 2020 by Andrew Scull



## **Report on Research on the Rockefeller Foundation and American Psychiatry**

I am working on a history of the psychiatric profession in the United States during the long twentieth century – roughly speaking from 1900 to the present. Any such history must perforce take account of the enormous role the Rockefeller Foundation (RF) played in shaping developments in the middle decades of this century. Though Rockefeller support for some aspects of psychiatry began in the nineteen-teens and –twenties (for example with support for the work of Thomas Salmon at the National Committee on Mental Hygiene, and as part of the more general support for the Institute of Human Relations at Yale), at the beginning of the 1930s, psychiatry was elevated to the major focus of the Medical Sciences division of the Rockefeller Foundation, and under Alan Gregg, the RF poured resources into both supporting individual researchers in the field, and underwriting academic departments to upgrade the training of future generations of psychiatrists.

At first sight, the Rockefeller Foundation’s decision seems puzzling. Psychiatry as a discipline was still largely absent from most medical school curricula in the first third of the twentieth century, with most practitioners largely learning on the job via assistantships at the large state hospitals where hundreds of thousands of patients were confined. Little reliable knowledge existed about the etiology of most mental disorders, (the same can, of course, still be said today), and psychiatric therapeutics were in a similarly parlous state. By any measure, American psychiatry, like its counterparts elsewhere, remained the stepchild of medicine.

In fact, it was precisely the dismal state of psychiatric knowledge, training and research that led Alan Gregg, three years after his elevation to the position of head of the RF’s Medical Sciences division in 1930, to propose that much of the foundation’s activities in this arena should be focused on psychiatry.<sup>1</sup> Within the division, it was broadly accepted that “the field of medicine is so wide that in order to do effective work it is necessary to proceed on a highly selective basis.” The

strategic decision to focus on psychiatry reflected this consensus, and was the more critical, since this was an era where support of medical research and training by the federal government was almost non-existent. When Gregg spoke to the RF trustees in April 1933, he outlined the rationale for the priority he proposed to establish: the major reason to throw the RF's support behind the development of psychiatry and neurological science was "because it is the most backward, the most needed, and probably the most fruitful field in medicine." Implicit in according psychiatry this priority was Gregg's recognition that the population of America's mental hospitals was rapidly approaching 400,000 souls on any given day, and that the mental health sector was the largest single element in many states' budgets.<sup>2</sup> A decade later, in a confidential memorandum to the trustees designed to justify the fact that "approximately three fourths of the Foundation's allotment for work in the medical [field] is devoted to projects in psychiatry and related or contributory fields," Gregg returned to these themes: the costs associated with mental illness were "tremendous and oppressive. In New York, for example, more than a third of the state budget (apart from debt service) is being spent for the care of the mentally defective and diseased." In tackling this issue, "Because teaching was poor, research was fragmentary, and application was feeble and incomplete...the first problem was to strengthen the teaching of psychiatry."<sup>3</sup>

Gregg was relatively clear-eyed about the difficulties associated with this choice of priorities and sought, as well, to advance research in the discipline. Though intrigued by psychoanalysis, he was not then disposed to provide support to it:

psychoanalysis is in a stage of development where it...can be left to its own devices – does not need money but needs maturity and needs defeat in places where it does not stand up – Psychoanalysts are fighting enough among themselves to winnow out a great deal of chaff – nothing for us to do; but may not be dismissed as non-existent.<sup>4</sup>

The fields he proposed to concentrate the Rockefeller Foundation's resources on were the "sciences underlying psychiatry," which he enumerated as including "the functions of the nervous system, the role of internal secretions, the factors of heredity, the diseases affecting the mental and psychic phenomena of the entity

we have been accustomed erroneously to divide into mind and body.” The way forward was complicated, however, by the fact that these were not medical specialisms, “in which the finest minds are now at work, not in the field[s] intrinsically easiest for the application of the scientific method.” That posed challenges for the Rockefeller Foundation as it sought to change this state of affairs. The RF records are a vital resource for teasing out how it sought to address the dismal state of the discipline it now proposed to support.

Prior to the RF’s decision to concentrate much of its efforts in the medical arena on the development of psychiatry, only one major academic center for research and training existed, the Phipps Clinic at the Johns Hopkins Medical School. To be sure, this meant that from 1911 onwards, when Adolf Meyer arrived to take up the first chair in psychiatry and to organize the construction and activities of the clinic (which opened its doors in 1913), there was a department of psychiatry at what was then the leading medical school in the country<sup>5</sup>. But few other medical schools emulated Hopkins in this respect. At best, medical students listened to a few desultory lectures on the subject. More often, they learned nothing whatsoever about mental disorders and their treatment. Only medical graduates who chose to enter the profession of psychiatry (and those were generally the dregs of their class) learned what it meant to manage psychotic patients, and they did so through their apprenticeship on the job on the back wards of America’s bedlams.

Adolf Meyer has generally been described as the most influential American psychiatrist of the first half of the twentieth century, and so, *faute de mieux*, he undoubtedly was. Meyer was famous – in some contemporary quarters, infamous – for advancing the notion of “psychobiology,” the idea that understanding and treating mental illness involved paying attention to every aspect of a patient’s life, biological, psychological, and social. His teaching revolved around an insistence that psychiatrists should collect an enormous mass of data on every patient’s medical history, family experiences, education, traumas, habits, and even the color of the wallpaper in the baby nursery. Undoubtedly, this approach provided neophyte psychiatrists with an endless series of inquiries to pursue, for if everything in someone’s past might conceivably be relevant to his or her present

pathology, and no criteria existed for determining what was important or how it might bear upon the psychotic break, then there would never be a shortage of work to be done. Meyer trained the men (and it was only men, of course, given the tenor of the times), who went on to occupy many of the chairs in the departments of psychiatry that were created in the 1930s and 1940s (many with major support from the RF). Thus, Meyer played a central role in this respect. In light of the apparent match between his broad conception of what was relevant in understanding mental illness and the list of priorities Gregg established for the RF (not to mention his penchant for the term “psychobiology”), not surprisingly, some scholars have seen the wide-ranging support the Medical Sciences division embarked upon when it underwrote psychiatric education and research as an endorsement and implementation of Meyerian psychobiology.

My reading of a whole range of documents during my two weeks at the Rockefeller Archive Center (RAC) leads me to believe that this is an exaggeration, at best. To be sure, one can find early on an acknowledgement that “in point of equipment and staff [of Johns Hopkins] is the leading laboratory in psychiatry in the United States.”<sup>6</sup> But such apparent praise for Meyer’s operations has to be read alongside the thoroughly negative assessment of the state of psychiatry in 1933 that Gregg made to the RF Trustees, quoted above, a report that in some ways echoed the negative opinions of David Edsall, dean of Harvard Medical School, in a report to the RF trustees in 1930. “Psychiatry,” Edsall informed them, “now is dominated by elusive and inexact methods of study and by speculative thought” and could claim no real advances in “real knowledge ...Any efforts to employ the more precise methods have been slight and sporadic.”<sup>7</sup> More than two decades of Meyerian psychobiology had apparently, in Gregg’s and Edsall’s eyes, brought about very little progress indeed.

But what really reinforces this sense that (while having respect for two or three individuals working at the Phipps) Gregg and his colleagues did not see Meyer’s empire as one they wanted to model their program on, or make central to the RF’s dispensation of funds, is the record of Rockefeller philanthropy, the patterns of funding that stand out starkly in the archival records. If one can read out from the financial records an implicit index of what the officers and trustees saw as their intellectual and institutional priorities, it would seem that Meyer’s domain

was not one they saw as crucial to psychiatry's development. To be sure, individual researchers at Hopkins were supported: W. Horsley Grant for work on Pavlovian ideas in relation to mental disturbances and Curt Richter for his laboratory research,<sup>8</sup> and subsequently, in 1934, smaller sums to support Leo Kanner's work on child psychiatry, but nothing to support Meyer himself.

The total support for Hopkins was dwarfed by the resources directed to Stanley Cobb's work at Harvard (Cobb received five times as much as all the Hopkins researchers put together). Psychiatry at Yale was funded still more munificently. Gregg noted that "RF has maintained the department since 1929 to the tune of \$1,600,000."<sup>9</sup> Hopkins also received much less than the amounts directed to McGill, Rochester, Illinois, Duke, and Chicago, where entire departments of psychiatry were founded with Rockefeller money. Though some funds continued to be provided to individual researchers at Hopkins after Meyer's much postponed retirement in 1941, and Alan Gregg voiced initial support for the appointment of John C. Whitehorn as his successor,<sup>10</sup> the expectation the Rockefeller Foundation had that Whitehorn's background in biochemistry and physiology would foster a closer engagement between psychiatry and the basic sciences proved misplaced. In the words of one of his colleagues, Jerome Frank, Whitehorn was "taciturn and retiring and often seemed depressed" and devoted "his clinical, teaching, and research efforts to psychotherapy." Even there, in the words of one of his residents, "he took only tiny steps forward..."<sup>11</sup> When the RF provided funds in 1948 for Fritz Redlich to tour a number of departments of psychiatry prior to taking up his post as the new chair of psychiatry at Yale, Redlich reported to Robert A. Lambert, associate director of the Medical Sciences division, that he was "somewhat disappointed in the psychiatry setup at Johns Hopkins. This is epitomized in his remark that it seemed like autumn there instead of spring."<sup>12</sup>

My research at the RAC also extended into the post-World War Two period. The war had brought increased governmental intervention into all aspects of American society, and science and medicine moved from being orphans, as far as the federal government was concerned, to a new era where increasingly large amounts of federal funding flowed in support of both training professionals and

of underwriting basic research. Initially, the Rockefeller Foundation was somewhat uncertain about how this new, more bureaucratic era of federal intervention would play out, and I spent time looking at debates in the RF records about how to proceed in this changing environment. Alongside this development, the Rockefeller Foundation was reassessing what its massive investment in psychiatry had wrought, given that it had produced no major innovation to compare with, for example, penicillin. Should resources be redirected even more away from support of psychiatric training and towards research? And if so, what kinds of work should be supported?<sup>13</sup>

William Menninger had served as head of neuropsychiatry for the American armed forces during the war. On his return to the family enterprise, the Menninger Clinic in Topeka, Kansas was attracting growing amounts of government support and training a substantial fraction of the next generation of psychiatrists. I paid considerable attention to the RF assessments of the Topeka scene, and the gradual disillusion that appeared to set in about its operations. Robert Morison ultimately succeeded Gregg as head of the Medical Sciences division, and his diary and memoranda in the late 1940s provided a great deal of useful information on the evolving attitude of the RF to post-war trends in psychiatry, the leadership of the profession (about which increasing skepticism was voiced), and what ought now to be the RF's priorities.

Morison's musings about the state of the profession did not make for very encouraging reading. Of the approximately \$10 million in grants to psychiatry between 1931 and 1946, only about a quarter went to departments that already existed, and little of that money went for research. About half had been spent on "establishing entirely new or to expanding negligibly small university departments of psychology or psychiatry." What had all this wrought? "One cannot point to any definitive advances in our knowledge of the causes or treatment of any major mental disease." He could point to some progress in the treatment of epilepsy, and some "slow but steady progress...in the understanding of the elementary functions of nervous tissue. But the total is not distinguished or dramatic." What to do? "The relative lack of specific results in the form of contributions to knowledge only serves to emphasize the continuing need for providing the basic tools to do the job.... a sound beginning has been made."<sup>14</sup>

Having spent so much money, it must have been difficult for the RF to confront the meager progress that had been made. Chester Barnard, who had served as a Rockefeller Foundation trustee and a member of its executive committee for nearly a decade became the president of the RF in 1948, and soon articulated his unease. In August 1948, he sent a sharp memorandum to both Gregg and Morison stemming from his reading of the latter's diary. The portrait of the state of psychiatry Morison presented was something he found "terribly disturbing, [though] somehow it wasn't terribly surprising to me. Isn't there a way," he asked, "to blast this situation?" Morison had complained on multiple occasions that the profession's heightened emphasis on psychotherapy had not been accompanied by any effort to test the efficacy of such forms of treatment. Indeed, psychiatry's leadership, instead of looking for ways to address the issue, seemed to throw up its collective hands, declare the problem beyond solution, and just rely on anecdotal evidence. Barnard was obviously unimpressed. Rather sharply, he confronted his officers:

Doesn't a continued and general refusal to permit or attempt validation of psychotherapeutic methods put everyone concerned, including ourselves, in a position of promoting or carrying on a social racket? How can the charlatans be dealt with if the good men will give no validation but their own individual say-sos?<sup>15</sup>

A month and a half later, having consulted with Gregg, Morison attempted to answer these pointed questions. His diary entries, he noted, were "to be regarded as a collection of data relevant to the present situation but not necessarily a complete or conclusive description of it." But what followed cannot have made very reassuring reading. Medicine, Morison claimed, had long displayed an almost complete neglect of the less easily analyzed psychological factors." Combined with "the very rapid increase in scientific knowledge about the organic elements in disease," the upshot was that "the prestige of psychiatry, which had never been very high, declined almost to a disappearing point during the Twenties and Thirties." There had, Morison hastened to add, "been an extraordinary change [since then], due in part to the interest of the RF." Faced with the problem of their professional marginality, "The younger generation of psychiatrists have

naturally devoted a large proportion of their energies to gaining acceptance on the part of the rest of the medical profession.”

How had they done so? “Since their art was too primitive to be defended on the basis of scientific evidence, psychiatrists have relied largely on rhetorical persuasion in their campaign for recognition. A large part of this persuasiveness has rested upon the revelatory nature of Freudian concepts.” That accords with my own reading of what had been happening in the 1940s. But it scarcely advanced Morison’s defense of the profession very far, because, as he was immediately forced to concede, “It is certainly very difficult to give in any clear and simple way one’s reasons for believing that the basic Freudian hypotheses are correct.” The best he could offer was that “There is no question in my mind...that the concept of unconscious motivation has enabled us to understand the meaning of psychiatric symptoms which have hitherto been incomprehensible ” – a proposition whose force was immediately undercut by his acknowledgment that “As Whitehorn has recently pointed out, there is probably a great difference in understanding the meaning of a symptom and understanding its ‘cause.’” It was on this (rather slender) reed, Morison added, that:

modern psychiatry has convinced the liberal members of the medical profession that psychiatry deserves a hearing... [However,] since this improvement in status has been won with little reference to scientific evidence, it is natural that psychiatrists under-rate the necessity of providing such evidence in the future.

Morison concluded,

It is here that they are making their greatest mistake for I believe they under-rate the tentativeness with which acceptance has been extended. [The rest of medicine is] still waiting. However, for evidence of the sort which has validated, for instance, the use of antibiotics. If this is not forthcoming within the next ten to fifteen years, [physicians] may react rather violently, partly out of embarrassment for having extended a welcoming hand to a group which finally failed to produce.

One doubts whether, on reading these statements, Chester Barnard would have had his skepticism allayed, even without what followed. But towards the end of his lengthy assessment of the state of contemporary psychiatry, Morison provided some direct evidence of some of the problems he had identified. He indicated that he was enclosing a recent report prepared by “the Committee on Research of the Group for the Advancement of Psychiatry” and proceeded to itemize its troubling features. GAP, as it liked to call itself, was an organization of Young Turks, who saw themselves as being in the vanguard of psychiatric progress. In many ways, they were a product of the changes in the psychiatric profession that World War Two had brought about, most notably the doubling and tripling of the size of the profession, the shift in its center of gravity away from the traditional mental hospital and towards office-based practice, and the concomitant shift among a younger generation away from biological theories of mental illness towards “psychodynamic psychiatry,” or an Americanized version of Freud. GAP had successfully installed its de facto leader, William Menninger, as president of the American Psychiatric Association, in 1948 defeating the candidate of the old guard, Francis Braceland. Its propensity for over-reach, and the diffuseness of its aims, would eventually marginalize the organization, but when Morison assessed the terrain, it could plausibly be seen as living up to its own claims to be the psychiatric vanguard.

GAP’s report on psychotherapy did not make for reassuring reading so far as Morison was concerned. In his words, it spent a lot of time talking about:

the intrinsic difficulty of doing research in psychotherapy... and seems more concerned with explaining why it is impossible to do a good job of validation than to find ways of circumventing the difficulties. It would be so much more comfortable [a note of sarcasm creeps into Morison’s bureaucratic prose at this point] if one could only maintain the status quo of acceptance on rhetorical grounds rather than risking the whole reputation of the art by submitting it to scientific study.

There was, however, something even more worrisome to which he drew Barnard’s attention:

the ease with which the Group for the Advancement of Psychiatry has adopted the committee approach to situations of this sort. There have been several times recently when I have felt that the leaders of American psychiatry are trying to establish the truth on the basis of majority vote. This is, of course, quite contrary to the usual scientific procedure of submitting evidence which can stand on its own merits in a candid world.<sup>16</sup>

(The tendency that Morison criticized here would become a central feature of American psychiatry all the way down to the present day. It would be the basis, for example, on which the profession would decide that homosexuality was no longer a mental illness; and it has underpinned, indeed been the defining feature, of each successive feature of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) from the third edition of 1980 all the way down to the fifth edition of 2013. DSM is often referred to as the Bible of American psychiatry, and has come to influence psychiatric practice world-wide. That it rests on the consensus of committees while presenting itself as settled science has been the basis of increasingly savage criticism, some of it by outside critics, but even from the architects of DSM III and DSM IV, not to mention the immediate past director of the National Institute of Mental Health.)<sup>17</sup>

Had the decision to focus the Rockefeller Foundation's efforts on remaking psychiatry been a terrible error? Morison realized that such a conclusion would be easy to draw, and immediately sought some way to avoid such a devastating judgment: "I very much hope that this frank statement of my misgivings about current trends in psychiatry will not give the impression that I feel we have made a mistake in helping these trends to develop." Why not? He observed:

There is absolutely no doubt that something had to be done fifteen years ago to increase the medical interest in psychiatry and to recruit and train personnel. One had to begin somewhere, and it was impossible to start on the basis of tested scientific knowledge.

Perhaps conscious that statements like this risked damning the whole program with faint praise, Morison now changed tack. Contrary to the impression his previous remarks surely would have given, he now insisted that, looking at the program as a whole,

The gains so far have really been surprisingly large. For example, it is really of immense importance that the oncoming generation of medical students is being shown that the emotions play an important role in almost all their patients. It is equally significant that there is now a large group of able young men who have been attracted to the field of psychiatry and who may, if properly handled, be able to take the necessary next step. I therefore do not feel that we are supporting a racket when we continue to aid psychiatry in its present, admittedly imperfect state.

It was, in any event, no time for “blasting”, but rather for “some less drastic handling,” perhaps a shift away from psychiatric teaching towards a greater emphasis on psychiatric research.

Other documents suggest how worried Morison was becoming about the directions psychiatry was taking. On August 28, for example, he made a record of a lunch with Douglas Bond, chair of psychiatry at Case Western Reserve, and a man Morison seems to have held in high regard.

One of my objectives in this trip was to find evidence against my increasing skepticism of the leaders of American psychiatry and GAP in particular. Unfortunately, the reverse occurred. B. has just finished a brief monograph on his experience in military psychiatry which will have a good deal of documentation of the uselessness of psychological selection procedures and psychiatric therapy as practiced during the last war...He also more than shares my feeling that the current leaders of dynamic psychiatry are throwing their weight around in a way quite unjustified by the minute amount of really tested knowledge on which their procedures are based.<sup>18</sup>

Six weeks later, he found similar doubts being expressed by Bernard Wortis at New York University:

He feels that there is far too much acceptance of untried views, especially on the psychoanalytic side and seems to be as disturbed as RSM at the tendency of the leaders in the Group for the Advancement of Psychiatry to set themselves up as high priests.<sup>19</sup>

Four years later, even Morison's patience was wearing even thinner. He lamented that "most [psychiatrists] refuse to recognize that the brain may have something to do with the mind." And his hopes that the internal opposition to research on the efficacy of psychotherapy would diminish with time had dimmed. In an inter-office memorandum, he lamented that the "the development of research has lagged badly so that psychiatric practice is still without a scientific foundation." Rather than continue to throw more money in that direction, Morison suggested that "For some time to come it seems likely that university departments of psychology will offer better research possibilities than most departments of medical psychiatry."<sup>20</sup> Ironically, it would appear that the National Institute of Mental Health (NIMH), which by now had replaced the Rockefeller Foundation as the major source of funding for psychiatric training and research, had reached essentially the same conclusion. The very first extra-mural research grant made by NIMH went to a psychologist, Winthrop Kellogg, and psychology and allied social sciences rapidly secured a majority of the federal funds on offer. In 1964, for example, psychologists obtained 60 per cent of the funds on offer, and psychiatry a mere 15 per cent.<sup>21</sup>

In the immediate aftermath of the Second World War and facing large numbers of psychiatric casualties among the military, the Veterans Administration (VA) decided to pour resources into training more psychiatrists (a task that the National Institute of Mental Health would also take up on its founding in 1949). During the war, William Menninger of the Menninger Clinic in Topeka, Kansas, had been placed in charge of military psychiatry and given the rank of brigadier general. The VA turned to the Menninger Clinic when it sought to accelerate the training of new psychiatrists and during the 1940s, a disproportionate share of the new federal moneys was employed there. In 1947, the clinic was training "roughly half the psychiatrists in the VA system, or one third of all the psychiatric residents in the United States,"<sup>22</sup> an extraordinary fraction when one considers that the Menningers had been training fewer than five residents when the war broke out. In the early years of the NIMH, the Menninger Foundation was the largest single recipient of training funds, though by then the Yale and UCLA departments of psychiatry were also receiving substantial funds.<sup>23</sup>

Morison's and Gregg's diaries (which I shall be re-reading for the purposes of this research – I did not read them at the RAC because they are readily available online) tell us a great deal about the evolving assessments of the Rockefeller Foundation, and their growing unwillingness to provide further funds to the Menninger Foundation,<sup>24</sup> a position also taken by the Commonwealth Fund,<sup>25</sup> and one that William Menninger persistently attempted to overcome or circumvent, without success.<sup>26</sup> Most attempts to account for the rapid rise of psychoanalysis within American psychiatry place great emphasis on the role played by the Menningers, pointing to William Menninger's place at the head of Army psychiatry, his prominence in the decade following the war, and the central role of the Menninger Clinic and Foundation in the training of the first generation of post-war psychiatrists. There is clearly much to be said for such an argument. The growing skepticism of the Rockefeller Foundation and the Commonwealth Fund suggests, however, that rather rapidly the Menningers lost much of their centrality. Ironically, too, almost from the outset, notwithstanding their own professed loyalty to psychoanalysis, they had been viewed with suspicion, if not scorn, from the émigré analysts who were rising to post-war prominence. David Rapaport, who abruptly abandoned Topeka and fled to work at the Austin Riggs Foundation in Massachusetts, spoke scathingly of “a crew of pragmatic simplifiers” and the targets of his animus clearly included his former employers. His fellow refugee Elisabeth Geleerd was even less circumspect, denouncing the Americans who had bastardized her master's insights as popularizers who had “watered down Freud's fundamental concepts considerably, even to the point where they are completely unrecognizable and almost hostile toward Freud's ideas.”<sup>27</sup> The fissiparous, sectarian character of the psychoanalytic movement has been one of its more notable historical features.<sup>28</sup> The story of these developments, and their broader implications for American psychiatry, will be a topic to which I shall perforce pay considerable attention. Though the Rockefeller Foundation's interventions are only a part of this complex history, nonetheless, the RF Archives have already begun to provide considerable insights into the underlying developments.

---

<sup>1</sup> Max Mason, president of the Rockefeller Foundation (RF) from 1930 to 1936, had a personal interest in the subject (his wife suffered from serious mental illness, and had recently died). Warren Weaver's biographical memoir of his colleague suggests that Mason's interest in psychiatry played some role in the RF's decision to focus on this specialty. See *Max Mason 1877-1961, A Biographical Memoir* Washington D.C.: National Academy of Sciences, 1964; see also Wilder Penfield, *The Difficult Art of Giving: The Epic of Alan Gregg* Boston: Little, Brown, 1967, p. 224; and William H. Schneider, "The Model Foundation Officer: Alan Gregg and the Rockefeller Foundation Medical Division," *Minerva* 41, 2003, pp. 155-166, who suggests that other foundation officers lent their support because of mental illness in their families.

<sup>2</sup> See Alan Gregg's memorandum, "The new program for intensive development is in the field of psychiatry and neurology," RF Archives, RG 3, Series 906, Box 1, Folder 4, Rockefeller Archive Center (RAC).

<sup>3</sup> RF Archives, RG 3 Series 906, Box 2, Folder 18, RAC.

<sup>4</sup> Staff conference, October 7, 1930, RF Archives, RG 3, Series 906, Box 1, Folder 4, RAC.

<sup>5</sup> For an account of Meyer's early years at Hopkins, see S.D. Lamb, *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry*. Baltimore: Johns Hopkins University Press, 2014.

<sup>6</sup> RF Archives, RG 1.1, Series 200, Box 95, Folder 1144, RAC.

<sup>7</sup> David Edsall, "Memorandum regarding possible psychiatric developments," October 3, 1930, RF Archives, RG3 Series 906 Box 2, Folder 19, RAC.

<sup>8</sup> On Richter, see Jay Schulkin, *Curt Richter: A Life in the Laboratory*. Baltimore: Johns Hopkins University Press, 2005; and for his relations with Adolf Meyer, see Andrew Scull and Jay Schulkin, "Psychobiology, Psychiatry and Psychoanalysis: The Intersecting Careers of Adolf Meyer, Phyllis Greenacre, and Curt Richter," *Medical History* 53, 2009, pp. 5-36.

<sup>9</sup> Alan Gregg to Francis Blake, dean of Yale Medical School, December 3, 1942, RF Archives, RG1.1, Series 200, Box 120, Folder 1484, RAC. Beginning in 1938, the RF offered a further endowment of \$1,500,00 to Yale on condition that it funded a 50-bed psychopathic hospital for use as a teaching hospital. Yale temporized for years, and the Rockefeller Foundation eventually lost patience and withdrew the offer.

<sup>10</sup> Gregg to Meyer, June 2, 1941, RF Archives, RG 1.1, Series 200, Box 95, Folder 1145, RAC.

<sup>11</sup> Jerome D. Frank, "Impressions of Half a Century at Hopkins," *Maryland Psychiatrist* 22, 1995.

<sup>12</sup> Extract from R.A. Lambert diary, RF Archives, RG 1.1, Series 200, Box 120, Folder 1487, RAC.

<sup>13</sup> See, for example, Alan Gregg's inter-office memorandum, dated March 11, 1946, and Robert Morison's inter-office memorandum dated February 3, 1947, RF Archives, RG 3, Series 906, Box 1, Folder 5, RAC.

<sup>14</sup> Robert S. Morison (RSM), Interoffice memorandum, February 3, 1947, RF Archives, RG 3, Series 906, Box 1, Folder 5, RAC. See also his interoffice memorandum for January 24, 1947, which lamented the fact that the problem of nervous and mental disease was so large and intractable, and noted that it was not clear what the RF should support in order to

---

make progress. Rather than throwing in the towel, Morison suggested that the RF should seek out the “best men” in different areas and fund them.

<sup>15</sup> Chester Barnard to Alan Gregg and Robert S. Morison, August 9, 1948. RF Archives, RG 3, Series 906, Box 2, Folder 18, RAC.

<sup>16</sup> Robert S. Morison memorandum to Chester Barnard (also read by Alan Gregg), September 30, 1948, RF Archives, RG 3, Box 906, Folder 18, RAC.

<sup>17</sup> For an analysis and references to some of these prominent critiques, see Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from The Bible to Freud, and from the Madhouse to Modern Medicine* London: Thames and Hudson/Princeton: Princeton University Press, 2015, ch. 12.

<sup>18</sup> RSM Memorandum, August 26, 1948, RF Archives, RG 1.1, Series 200, Box 117, Folder 1442, RAC.

<sup>19</sup> RSM interview with S. Bernard Wortis, October 8, 1948, Morison diary. See also Morison diary, November 17, 1948, interview with Jurgen Ruesch, Langley Porter Clinic, San Francisco: “Like so many of his generation of psychiatrists (about my age) he is intellectually brilliant, discouragingly smug, and fails utterly to understand the scientific method. I had a lot of fun talking to him though I am tired of hearing that it is impossible to validate psychotherapy.”

<sup>20</sup> Internal memorandum from Robert S. Morison, April 11, 1951.

<sup>21</sup> Andrew Scull “The Mental Health Sector and the Social Sciences in Post World War II America. Part One: Total War and its Aftermath,” *History of Psychiatry*, 22, 2011, pp. 3-19; idem, “The Mental Health Sector and the Social Sciences. Part II: The Impact of Federal Research Funding and the Drugs Revolution,” *History of Psychiatry* 22, 2011, pp. 268-284.

<sup>22</sup> Lawrence J. Friedman, “The ‘Golden Years’ of Psychoanalytic Psychiatry: Emergence of the Menninger School of Psychiatry,” *Psychohistory Review* 19, 1990.

<sup>23</sup> Nathan Hale, Jr., *The Rise and Crisis of Psychoanalysis in the United States*. Oxford: Oxford University Press, 1998, p. 222.

<sup>24</sup> See, for example, Gregg to Menninger, November 25, 1949, December 19, 1949. RF Archives, RG 1.1, Series 219, Box 1, RAC.

<sup>25</sup> Dana S. Creel to William C. Menninger, December 20, 1953. Rockefeller Brothers Fund Archives, RG 3.1, Grants, RAC.

<sup>26</sup> See, for example, William C. Menninger to Alan Gregg, November 19, 1949, December 6, 1949. Memorandum December 11, 1952 to Mr. Aldrich from Geddes Smith; March 23, 1953 Memorandum from B.D. Chase to Miss Scoville. William C Menninger to Malcolm P. Aldrich, May 6, 1963; February 13, 1964. Commonwealth Fund Archives, Administration – Historical, Series 1, Box 50, Folder 863, RAC.

<sup>27</sup> See Rebecca J. Plant, “William Menninger and American Psychoanalysis, 1946-48,” *History of Psychiatry* 16, 2005, pp. 181-202.

<sup>28</sup> See, for example, George Makari, *Revolution in Mind: The Creation of Psychoanalysis*. New York: Harper, 2008. For the departure of David Rapaport from the Menninger Clinic, see Lawrence J. Friedman, *Menninger: The Family and the Clinic*. New York: Knopf, 1990, Ch. 9.