

## MOBILITY AND MENTAL HEALTH

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This volume represents a collection of papers presented at the Fifth Annual Conference on Community Mental Health under the auspices of the Social Science Institute of Washington University in St. Louis. The title of the volume follows a prevailing fashion in the behavioral sciences and psychiatry and so seems to be a bona fide descendant of Marie Jahoda's *Current Concepts of Positive Mental Health*,<sup>1</sup> the first in a series of monographs by the Joint Commission on Mental Illness and Health. This latter volume endorsed the proposition, advocated by behavioral scientists dissatisfied with a primary emphasis on "sick behavior," that "progress and understanding health and illness requires much research based on the study of human behavior as a natural phenomenon."<sup>2</sup> Such a proposition has merit, especially in its emphasis on securing knowledge about health. But it is the reverse of the older proposition that knowledge of what constitutes the normal in human life can be obtained largely through a study of abnormal behavior.

There seems to be no question that Jahoda's contribution has had an impact on the mental health field. Recently published volumes with mental health in their titles, indicate, I suppose, that her influence has been to make various writers and investigators think positively.<sup>3</sup> These volumes indicate the slavish adoption of the idea. While each of them is interesting, these volumes, like the one under review, tell us little about the factors, influences, and conditions which are causative, precipitative, and/or associated with mental illness. For example, Kornhauser's volume is an excellent empirical

study of the attitudes and outlooks of industrial workers at various levels of skill. Yet it tells us really nothing about mental illnesses from which industrial workers suffer, but instead gives a very detailed picture of their attitudes toward self, family, and job which make for a good social adjustment.

This brief introduction places the volume under discussion in the side-current where it belongs, because, while most of the studies presented are informative and significant in different theoretical contexts, only two deal directly with the problem of how to investigate the relationships among migration, social mobility, and mental disorder. Interest in this relationship has continued ever since Ødegaard published a study in 1936<sup>4</sup> showing that Norwegians who migrated to Minnesota had a higher rate of certain mental diseases than those who stayed at home. Malzberg followed with his statistical study<sup>5</sup> showing that the first admission rates of the foreign born were higher than the native born in New York State.

Murphy, and Parker and Kleiner have contributed the only papers that bear directly on mental illness in relation to migration. At the beginning of his paper, Murphy states the theories concerning the relationship between migration and mental disorder: (1) That the presence of certain mental disorders incites the persons having them to migrate more often than those who do not. (2) That environmental obstacles and adjustment problems confronted in migration produce mental stresses which either directly cause or precipitate mental disorders in certain vulnerable individuals. (3) That any quantitative relationship between migration and mental disorder may be accounted for by intervening variables such as age, sex, social class, cultural conflict, or general ethos of the society.

Murphy recognizes the popularity of the theory which emphasizes the stresses of migrational experience as against social selection which supposedly plays a secondary role. But he is quite correct when he says that the matter cannot be regarded as settled. Murphy also notes that attention has shifted from external to internal migration within a given society. This is a most interesting shift in view of the fact that much of the early literature on external migration emphasized that it was the more ambitious, the more aggressive,

and the more visionary persons who migrated, leaving the more apathetic persons at home. This view is significant because of the often reiterated hypothesis that persons with certain mental disorders are more prone to migrate than others.

Murphy has brought together statistical and epidemiological data from the United States, Canada, Australia, Norway, Singapore, and Israel. Most of the data bear on internal migration, although for the United States he is also concerned with external migration, and has examined data on residence, sex, marital status, social class, diagnostic categories, and ethnicity. His general conclusion is that for the United States there is a high association between migration and rate of mental hospitalization which cannot be explained away by the peculiarities of the migrant group. However, data from other countries do not support this association. In Norway, Israel, and Singapore migrants have lower admission rates than do those persons born in the same country or community.

As a final note, he points out that the contradictory evidence may be linked to "a deeper question of cultural values." Here, he indicates that in Australia and the United States, ethnic group membership is discouraged and speedy assimilation is advocated, while in Canada, due to the French influence, ethnic group membership is viewed neutrally or actively encouraged. These differences suggest to Murphy that a selective influence by cultural values determines who is permitted to migrate from a given country. He believes that in a society where the family group is strong the migrators are selected on the basis of family consultation. This produces a migrant group different from those cultures where the person makes his own decision to migrate. This very significant note may prove the impossibility of making meaningful comparisons of data from contrasting cultures.

In the other paper concerned directly with this problem of migration and mental illness, Kleiner and Parker attempt to compare migrants and non-migrants in a sample of Negroes admitted as psychiatric in- and out-patients. However, like Murphy, they note the disagreement in the evidence presented by various investigators on the correlation between high rates of mental illness and migra-

tion. On the basis of prior research they predict that the native born will show higher rates of mental illness, more psychoneurotic symptoms, and more psychosomatic disorders than will the migrant group. By controlling for sex and age they did indeed find this to be the case.

They then examine three social-psychological variables that may explain the correlations. These are: social status, social consistency, and the discrepancy between achievement and aspiration as measured by subtracting education from occupation. Their evidence suggests that the most significant intervening variable here is the discrepancy between achievement and aspiration. The discrepancy scores were higher for the native born than for the migrants. They hypothesize that this might be the result of greater conflict from uncertainty and confusion about their chances for success when in school, or from greater difficulty in recalling their actual aspirations during their earlier years. They then reiterate the striving theme in American society with its supposedly accompanying high psychic cost and conclude with their frustration hypothesis. One might suggest that Kleiner and Parker would interpret their data differently if they examine the discrepancy indexes of sons who develop schizophrenia as compared with their fathers who did not.

Only by broad illogical inferences can it be claimed that the remaining papers in this volume shed any light on the relationship between ecological mobility and mental illness, or for that matter, mental health, particularly in connection with Jahoda's conceptualizations. All deal with mobility and subsequent adjustment problems of persons who have moved. Yet one has difficulty in determining whether all of this is merely normal with respect to a society or whether these difficulties in adjustment are real signs of beginning mental pathology. Here, Dr. Fried's excellent paper, based upon interviews with working class families that were forced to relocate as a result of urban renewal in Boston, is most revealing. It is a report on a carefully done empirical study attempting to examine the factors that made the adjustment of these families easy or difficult in their new residential environment. In general, those persons who

were more thoroughly integrated in the neighborhood network at their previous residences had greater difficulty adjusting to their new ones. Strong neighborhood orientation, strong kinship ties, low social mobility, and lack of familiarity with the outside world were some of the factors which made adjustment difficult. On the other hand, relatively high status and a readiness to accept displacement tended to make adjustments to the new location relatively easy. Fried believes that most working class families who have only recently made the transition from peasants to industrial workers are ill-prepared to meet the challenges of urban renewal and the swift advances of technology which are forced upon them. The implication of this in relation to mental illness among working class families is wisely not discussed by Dr. Fried and perhaps could only be observed by a follow-up study of these families after a decade or two.

The paper by DeVos focuses upon problems of self and social identification of the members of a Japanese outcast group, the Burakumin. This paper presents case data concerning the psychological difficulties confronting this group in changing residences, taking jobs, and hiding their origins. Officially since 1871, members of this group were to be received in society without prejudice. However, in spite of such a government edict, and with the current state of flux in Japanese society, the Burakumin continue to suffer indignities and prejudiced behavior directed toward them. DeVos sees a parallel in the situation of the American Negro, who in addition has a visual handicap which the Japanese outcast group does not have. DeVos, in conclusion, offers a broad perspective of mental health problems including the difficulties among the members of this group of taking advantage of vocational opportunities because of their early socialization experiences. Thus they are unable to participate fully in Japanese society. There is no question that this can be a problem to the members of any group, but perhaps we confuse the issue if we think of them as mental health problems. The telling point here would be to show that these aberrant socialization experiences actually led to neurotic and psychotic symptoms. This, of course, has not been done, nor did DeVos attempt to do it.

The remaining papers can be handled briefly. Kantor reports data on the social adjustment of children in mobile families. She concludes that there is no difference in the initial level of disturbance in children of non-mobile as compared with children of mobile families. She also finds that occupational mobility affects change in the behavior of the child while educational and income mobility do not. As a final point she reports that children of fathers who were occupationally upwardly mobile developed more symptoms than children of fathers who were occupationally non-mobile.

Henry's contribution is nothing more than an interesting presentation of the possible connection between social mobility as measured by changes in social status and the learning experience.

Finally, Hamilton, by using census survival ratios to determine net migration from rural to urban areas agrees with other studies which indicate that the better educated tend to migrate. He also shows that among older persons it is the more poorly educated and otherwise inferior that leave their rural settings. One of his most important findings shows that age is related to educational selectivity. He also shows that the better educated among the non-white population in the South move to the urban centers more than the educated white population. There are numerous other variations here from other regions of the country and Hamilton recognizes the difficulty of relying on the validity of census survival rates but because of the consistency of his findings he places a certain confidence in them.

The connection between census figures and mental illness is difficult to show. In the following paper, however, Dr. Glidewell, speculates on the possible psychological consequences to the migrating types which Hamilton isolated.

The four remaining papers evaluate and comment on substantive papers that have been reviewed. With respect to the broad general problem, they represent the most interesting part of the symposium. Significant criticism of the studies is relatively easy because of the lack of clarity surrounding the relationship between various kinds of mobility and mental illness. Back and Pittman propose a model for the study of mobility at four different levels: the biological, the psychological, the ecological, and the

social, after first recognizing that change is inevitable for both societies and persons.

Mogey and Winokur also recognize that mobility is a normal process in any society and attempt a careful analysis of the concept by invoking the complexities of social roles. This is essential for any hypothesis relating to the ways that mobility is likely to affect mental health. In addition, they point to the much neglected problem of the impact of the mentally disordered person upon the social structure.

Lantz and Wales attempt to measure mobility, degrees of mental illness, and changes which take place in symptomatology. At the same time, they recognize the difficulty caused by the lack of any base line measurement, and they devote attention to other studies that have recognized the problem.

Finally, Price, in assessing the next steps in such studies, attempts to break mobility into different types to narrow the relationship to be studied.

From the perspective of previous research, these papers provide little that is new with respect to determining the relationship between spatial or social mobility and mental illness. In contrast, and by implication, they do point to certain prerequisites for mental health in the social structure. However, as most critics recognize, there is much more than meets the eye in the simple assumed relationship between mobility and mental illness. Thus, these papers are ample evidence that a research design which would provide some valid knowledge about one of the several dimensions of this problem has not been perfected.

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## REFERENCES

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