The findings of this investigation indicate that social class is not a determining factor of perception of mental illness for hospitalized patients. A few statistically significant relationships were observed, both in the general case and when control variables were used in the analysis, but the class differences were "unimpressive." Two possible methodological deficiencies in our test were considered and examined empirically. Again, the data clearly suggest that social class differences do not exist.

Three interpretations for our failure to substantiate earlier reports are offered:

- 1. A methodological bias may have occurred in that previous investigators were dealing with indirect data.
- 2. Social class may no longer be an important factor for mental illness or perception as some studies have shown.
- 3. The process of hospitalization, whereby patients of all social classes are similarly resocialized and develop new conceptions of themselves, may produce a "leveling" effect and obscure class differences.

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Patients' Attitudes Toward Society

With increasing frequency and heightened intensity, patients in the course of psychotherapy are discussing their attitudes toward the society in which they find themselves. World events seem to press more directly upon them, and they appear more often stimulated to thought and to group action. They are also more observant of their parents' attitudes toward the general human society. and speculate about the effect of these parental attitudes upon their childhood development. The psychiatrist receives a mass of information concerning these areas. The problem of usefully employing it is mentioned by Cabriele9:

Therapists have access to data not available to others. The therapeutic collaboration reaches into much which is ordinarily concealed, not only family life, but every aspect of our society. I think the very

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wealth of data presents methodological and interpretive problems which have retarded the passage of this information into the wider culture.

Many psychiatrists, psychologists, and social scientists have made studies of man's relationship to society. For many years clinical data have been used in one fashion or another. and varied theories advanced. This paper has two aims. The first is to present views of some of these authors, and to contrast them. The second is to present illustrative case material. These clinical data are drawn from seven patients in outpatient psychotherapy; they were chosen as particularly illustrative of the issues discussed, but are considered generally representative of patients in intensive ambulatory treatment. Various positive and negative attitudes toward society emerge. These were discussed during sessions or appeared in the patient's dreams. associations, and behavior. Directly or indirectly, present pressures bring each individual to a frequent investigation of his own basic attitudes toward his society, and the psychiatrist often is expected to assist patients in clarification of these atti-

tudes This paper attempts to introduce this vast area of theoretical and practical study and indicate its connection to the psychotherapeutic effort with patients.

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REVIEW OF LITERATURE

Freud wrote explicitly of his views on man in society, and he restated them often. He considered society as functioning primarily to control and suppress man's inborn instincts. In 1917, he wrote:

Civilization has been built up, under the pressure of the struggle for existence, by sacrifices in gratification of the primitive impulses. The sexual are amongst the most important of the instinctive forces thus utilized. In each individual who takes up his part in the work of civilization, there is a danger that a rebellion of the sexual impulses may occur against this diversion of energy. Society can conceive of no more powerful menace to its culture than would arise from the liberation of the sexual impulses and a return of them to their original goal.2

This concept of an essential conflict between man and society is found in various of Freud's earlier papers. For example, he wrote in 1908:

Our civilization is founded on the suppression of instincts. From these sources the common stock of the material and ideal wealth of civilization has been accumulated.3

And in 1915:

Civilization is the fruit of renunciation of instinctual satisfaction. The influences of civilization cause an ever increasing transmutation of egoistic trends into social ones, and this by an admixture of erotic elements.4

Freud's subsequent writings reiterate the same theme-namely, the mutually antithetic goals of man's inner drives and the needs of society. In 1928, he restated more strongly:

Every individual is virtually an enemy of culture, which is nevertheless ostensibly an object of universal human concern. Thus culture must be defended against the individual, and its organizations, its institutions and its laws, are all directed to this aim. It seems probable that every culture must be built up on coercion and instinctual renunciation.6

And in 1932:

The psychical modifications that go along with the cultural process are striking and unambiguous. They consist in progressive displacement of instinctual aims and a restriction of instinctual impulses.5

More than these five references could be cited to demonstrate Freud's tenets: (1) that there is a basic conflict between man and society, in which society must be defended against man's instincts, and (2) that the family is the instrument of society that effected the suppressing "which induced the individuals to make this renunciation."3 His second point follows from his first, for if society is seen as suppressive, then the parents, who are the immediate carriers of the culture for a specific child, must be seen as those who implement the suppression.

A contrasting view of many psychoanalysts, sociologists, and anthropologists holds that man and society cannot be separated into simple protagonists: that "civilization" is not primarily based psychologically on man's renunciation of his drives; and that social patterning is a complex interactive process involving the individual, his family, and society as

a whole. The importance of innate "instincts" is specifically questioned. H. S. Sullivan, in 1950, stated:

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It is not a business of a social personality being pinned on or spread over a human animal. Culture, social organization, such things as language, formulated idea, and so on, are an indispensable and equally absolutely necessary part of the environment of the human being, of the person. Throughout all of this process, a very great part of the refinements of the social order is presented through systems of verbal reference, vocal behavior, graphic behavior, and so on.14

Sullivan, thus, saw human thought and behavior as a function of the human being's contact with his human environment. In regard to the question of instincts, he wrote:

The inborn potentialities which thus mature over a term of years are remarkably labile, subject to relatively durable change by experience, and antithetic to the comparatively stable patterns to which the biological concept of instinct applies. The idea of 'human instincts' in anything like the proper rigid meaning of maturing patterns of behavior which are not labile is completely preposterous.15

The importance of the social environment was earlier emphasized by social psychologist G. H. Mead:

All that is innate or hereditary in connection with minds and selves is the physiological mechanism of the human central nervous system, by means of which the genesis of minds and selves out of the human social process of experience and behavior-out of the human matrix of social relations and interaction-is made biologically possible in human individuals Social control, so far from tending to crush out the human individual or to obliterate his self-conscious individuality, is, on the contrary, actually constitutive of and inextricably associated with individuality; for the individual is what he is just in as

far as he is a member of society, involved in the social process of experience and activity.11

Anthropologist Margaret Mead also described the need for social interactions in the development of individuals. She states:

This combined analysis highlights the importance of dealing with the living members of a society, young and old together, as an ongoing system, seeing behavior of the infants evoked by and evoking the handling they receive as an integral part of culturally regular behavior of the adults. The interaction between the infant with initial infantile flexibility and the adult in whom this flexibility is highly patterned is essential.12

These authors do not see man as "virtually an enemy of culture" as Freud did. They see the individual deriving vast benefits from his membership in society. The emphasis is not on an unrelenting conflict over the gratification of instinct. They emphasize that primary among man's gratifications are those arising from the social process. G. H. Mead stated:

Without social institutions of some sort, there could be no fully mature individuals or personalities at all; for individuals involved in the general social life process can develop only in so far as each reflects or prehends in his individual experience these organized social attitudes and activities which social institutions represent. Human society does not merely stamp the pattern of its organized social behavior upon its individual members; it also gives him a mind.11

Erich Fromm also rejected Freud's concept of a basic dichotomy between man and society. He states:

It is not as if we had on the one hand an individual equipped by nature with certain drives and on the other, society as something apart from him, either satisfying or frustrating these innate propensities. Man's nature, his passions, and anxieties are a cultural product; as a matter of fact, man himself is the most important creation and achievement of the continuous human effort.⁷

The tenets of these authors, as compared to those of Freud, may be summarized as (1) that man and society interact in a complex, mutually formative patterning, and (2) that the richness of "civilization," as well as its rules, are carried to individuals by the family. The first point represents a marked difference in concept from Freud; the second, in emphasis—more on the positive aspect of acculturation in the family rather than on the repressive.

CASE PRESENTATIONS AND DISCUSSION

Issues of man's relationship to the society in which he lives now arise frequently in treatment sessions. A variety of current public questions actively impinge on patients' lives and highlight their attitudes and emotional positions. There is the question of alienation and increasing tendency to "drop out"-with or without drug-taking: the question of race relations; the question of confrontation with authority. These and other pertinent issues bring each individual increasingly to the investigation of his own basic attitudes toward society. The understanding of the relationship with his own parents, the original representatives of the society, becomes one framework within which one starts to understand and confront the issue of his relatedness to society in the setting of the psychotherapeutic situation. Various positive and negative attitudes emerge—in discussion, and in the patient's associations, in dreams, and in the patient's behavior. Using the data, the analyst and patient are able to examine a nd clarify the various meanings society may have to the individual.

Case 1. The following is a dream, and associations to it, which occurred in the fifth month of intensive psychotherapy. This 28-year-old man was moderately withdrawn, a college student who concentrated mainly on his studies. He had sought treatment because of a sense of social inadequacy and inability to relate to women. He often sophistically debated with himself whether human relationships were really necessary, and whether social contacts were indeed just a waste of time. Simultaneously, however, he started to become aware of his severe loneliness and frustrated needs. He spent many sessions examining the hostile and suppressive attitudes of his parents. After one of these sessions he dreamed:

I'm a small boy, and I'm walking in a sort of jungle. I step into a ditch, and know that a large crocodile will come after me. However, I'm not at all frightened because I know that there are two giants around that will rescue me. Sure enough the crocodile appears and my arm is between his open jaws. But even then I'm not afraid; I know I'll be rescued. At the crucial moment, one giant holds open the crocodile's mouth and the other picks me up and takes me out of danger.

Then we go up into a grandstand and watch a show. It's like a large arena with many tracks and all sorts of things passing. I don't really understand what's going on, but feel very interested.

The patient felt that this dream was a striking revelation for him—that despite his present emphasis on his parents' negative qualities, there were also positive factors to be considered. In his associations to the dream, he stated:

This all seems related to my problem of loneliness and my questions about the need for human relationships. The dream shows my great faith in two parents, like protective giants, who were apparently ready, powerful, and alert to save me as a child from being hurt. And then with safety assured, the child can go on to observe frightening and confusing things, increasing his knowledge, and feeling secure enough to do so.

I remember being taken to a circus by my parents as a young child. It was like the dream—strange things going on all around, animals, noises, movement. It was confusing. I didn't understand what it was all about and felt very frightened, but at the same time interested and curious.

That's what parents should mean to a child: security from danger that gives him the ability to face the world about him. It's the basis for what it's all about!

The patient experienced this insight with exhilaration. Moreover, he had elucidated for himself one aspect

of the meaningfulness of relationships in adult life, and at least one positive basis for the human society that had meaning for him. In a recent paper D. W. Winnicott discusses theoretical aspects of cultural experience; he touches on factors which are illustrated by this patient's dream:

I have located this important area of experience in the potential space between the individual and the environment, that which initially both joins and separates the haby and the mother when the mother's love, displayed as human reliability, does in fact give the baby a sense of trust, or of confidence in the environmental factor. 18

Thus it would follow, in the therapeutic situation, that it is necessary to elucidate for most patients the connection that exists between many of the basic personality characteristies and attitudes toward others that the child develops in his family and his subsequent adult dealings with "the environmental factor." In many instances the patient projects these family-based idiosyncratic attitudes upon the groups and institutions of the larger society. There is an inevitable interrelationship and interaction of a given patient's fundamental problems of human relatedness and his style of relatedness to society. Individual feelings of distrust, or fearfulness, or suspiciousness, or disgust, or some other affect, will often enter into his evaluations and actions in the broader world. Individual patients vary considerably in their degree of insight into this phenomenon. The following cases are presented to illustrate various aspects of these situations as they arise in

Case 2. A male patient, 27 years of age, reported a dream that contrasted markedly with that in the case noted above. After seven months of treatment, he dreamed:

There was a large splinter in the sole of my foot. I pulled it out, and blood began pouring out. My mother and father were there, supposedly helping, but they were just running about helplessly.

This dream strikingly expresses the patient's lack of confidence in his parents' reliability, and their incapacity to be of assistance to him. His adult evaluation of his mother is stated: "All she did was worry and flop about helplessly." At age 14 he had been referred to a mental hygiene clinic by his school. The clinic record described the cause of referral as "spells of sobbing in school," and noted that "the relationship of mother and child is very poor." She complained that he was a "stubborn ehild."

When this patient entered treatment he described himself as "tense and antagonostic" with general attitudes of "disgust and frustration." Two attempts in college had ended in failure although full I.Q. on the Bellevue Intelligence Scale was 137. His feelings of loneliness and isolation were expressed in a dream during the first month of treatment.

I'm alone on another planet. It's very dark and there are several effect-and I felt strange, not fear

This dream occurred prior to the actual manned space travel of recent years. He associated the dream feeling with his chronic sense of alienation and failure "to belong anywhere."

These negative attitudes manifested themselves prominently in his inability to maintain satisfactory one-toone relationships and difficulties with his employer. However, he was also cynical and grossly misanthropic toward most of the life and work he observed around him. At the start of treatment, lacking insight into his deen-seated sense of betraval by his parents, and his chronic bitterness toward them, he was unable to grasp the degree to which his bitterness toward "the world" derived from the same psychic source. In this particular case, the patient was able to gradually determine that most of his grievances with society were primarily projected or actively provoked by his own bitter belligerence. Moreover, this patient did not view his dissatisfactions or their solution in any particular political context or system, a topic to be commented upon in the next case discussion.

Case 3. Another male patient, who entered treatment at age 26, also suffered from a severe sense of alienation. He stated on initial interview: "Socially, I have almost no existence. It seems as if I'm so old and so filled with my own particular form of experience that I could never really be making a transition. As if I have

a piece of plate glass between me and people." This patient's father left his mother soon after the boy was born, and the patient had never met him. When he was six, his mother remarried However, his stepfather was alcoholic, and was frequently violent: he was arrested on four occasions for wife-beating, and once when welts were noted on the patient in school, for child-beating, Until the mother was divorced when he was 13 years old, the patient describes being in a chronic state of fear and hatred: "I planned to shoot him, but I never did."

In the second month of treatment. this patient dreamed:

I was in a space ship, deep in space. I was with some other people and we'd been arbitrarily picked for the trip which was to take six generations. We were supposed to manage a group of artificial wombs with embruos in suspended animation. These were to be activated when we got to the destination.

Associations to this dream indicate the patient's sense of hurtling through life, cut off from most of humanity, not really knowing the people with whom he was thrown together. It also described his feeling of being indefinitely imprisoned, for questionable purpose, and separated from personal satisfaction. His alienated view of society is symbolized by the group in dutiful isolation, unfeelingly raising their disembodied young. In his daily attempts at relationships, this patient felt "lost and afraid to deal with people."

This patient viewed and expressed many of his difficulties in political terms, blaming many aspects of his problems on "the pig system of society." Although he had considerable insight into the sharply disrupted nature of his early family life, he had never attempted to sort out the particular sources of his chronic sense of deprivation, injury, and outrage. Very skilled verbally, he often launched into long expositions, concerning the inequities of our society. As accurate as these sometimes were. he frequently had to be brought back to the consideration of the actual data of his day-to-day life, and the pertinent facts of his past life. It was of major importance for the therapist to make clear to this patient that the focus of treatment was upon the patient's individual personal sources of rage and sense of exploitation; and that this focus was necessary, not as an attempt to disarm or defuse his political position. but as an effort to facilitate the patient's own attempts to reach some areas of satisfaction and friendship. This patient became more able to observe that his fears and rages were interfering as drastically with his ability to deal with those he wished to have contact with, as with those he didn't, and that he was often unnecessarily exacerbating his difficulties in dealing with the various institutions of the society with which contact was unavoidable.

The above two patients are similar to those described by Fraiberg.

The distinguishing characteristic of the diseases of non-attachment is the incapacity of the person to form human bonds. In personal encounter with such an individual there is almost perceptible feeling of intervening space, of remoteness, of 'no connection.' The narrative of their lives reads like a vagrant journey with chance encounters and transient relationships.'

Case 4. While the previous two patients experienced themselves as primarily detached from society, the next two live in a state of open fearfulness in dealing with others. The first was a 21-vear-old male who entered treatment complaining of chronic anxiety, feelings of shame about himself, and excessive use of drugs. He had left home at age 18 because of violent arguments with his mother, whom he described as "ill-tempered, subject to whims and moods, and she wanted everything under her control and nothing to be touched if she wasn't watching." After leaving home, he worked at a variety of odd jobs, but was "painfully self-conscious" and subject to angry outbursts at both employers and co-workers. He said. "I won't talk unless it's absolutely necessary."

After one year of treatment, he dreamed:

There were three figures. The largest was a predatory dinosaur, tyrannosaurus rex. On its back was a small human child. Behind the animal was an adult human figure with outstretched arms. I had a sense of imminent danger, but it was as if I were walking in quicksand.

In his associations, he saw his mother as the huge creature, angry and attacking; his passive brother as the child; his "crushed" father as the begging figure, "always tired" and subject to the mother's

abuse. He felt he could temporarily escape from this frightening image of the world by the use of drugs. This is noted in a recent paper.

They seek a basically autoplastic adjustment in which they can create a new inner reality simply by taking a pill or smoking a marijaana cigarette. 10

In treatment, this patient's selfimposed isolation from human contact, and his fear of dangerous attack from others, were central areas of examination. At the point in his life that he was able to achieve a workable relationship with a roommate in which there was mutual supportiveness, use of drugs markedly diminished. This reduced his sense of overall menace, shame, and impending ostracism by society and its representatives. For fearful patients of this sort, the illegality of drug use does reinforce their already large burden of self-disapprobation. The attempt to escape by means of drugs becomes a vicious cycle of further alienation and shame. In this case, it could be interrupted by the patient's increasing insight into his intense need for supportive human interaction.

Case 5. Another fearful patient who frequently used evasion and escape, declared that he "would never get into anything unless he had his escape plan worked out first." This patient entered treatment at age 34, held a responsible position, but suffered extreme attacks of anxiety whenever he had to speak in a business group. He also suffered bouts of depression and self-disgust, and

as with the previous patient, found marijuana, as well as alcohol, very useful in producing relief and relaxation from tension. After eight months of treatment, he dreamed:

I was a child of six at the beginning of the war. I was with my mother, who was complaining. We were both terrified because the Germans were coming, and I was clinging to her in fear. We had to get away, but we didn't know where to run. Then I stopped a taxi and persuaded the driver to take us away in it.

This patient and his family did indeed barely escape the Nazis when he was six years old. In his associations to this dream, he stated:

The dream suggests that in some way I felt that the persecution of the Jews, and specifically the persecution of my mother, was in some way my fault. It was a clear part of the dream that stopping the taxi and talking to the driver was my responsibility. My mother, in childhood, blamed me for causing her different kinds of grief, annoyance, and disappointment. Actually, I still often feel responsible for situations which reason suggests I have little to do with—for example, at work.

This case particularly demonstrates the interweaving of impact on the child's mind of influences from the family and those from the larger world. In the beginning of treatment, apprehension about being a Jew, and confusion about Jewish and Gentile attitudes in the United States, were important areas of investigation. Moreover, having lived in 20 homes

in four different countries after the escape from Europe with his family, he experienced himself as the continual outsider, not a welcome member of society. He failed to make use of many real opportunities for increasing his involvements with people he met in his everyday life. Increasing insight, however, resulted in increasing attempts to establish a comfortable home as a base for active social contacts.

Case 6. A 23 year-old female entered treatment because of "dissatisfaction with life" and inability to maintain relationships. She had been expelled from college two years previously because of repeated rule infractions. She stated: "Avoiding feelings and refusing to deal with my emotions is a way of life for me. I accept things I don't like with a straight face, but suffer inner agony." This patient lived with her American parents in various isolated primitive societies around the world where her father worked. At age 18 she was sent alone to college in the States. As a child, she felt cut off from the local people, not only because of language and custom, but also because her parents "carefully prohibited contact" and, during adolescence, especially contact with local boys. She said, "I felt both parents were emotionally out of my life, and that anyone else I care for will get tired of me and leave" After nine months of treatment, she dreamed:

I had the impression I was the last person on earth after some cataclysm. I was walking along a cliff over the sea. I ran into various other survi54

vors-but that somehow didn't change my opinion that I was the last.

Her sense of continuing isolation. and inability to make contact with others, is symbolized. On arriving in the U.S. at age 18 she felt almost totally at sea in regard to American mores, fearful of making public social blunders, and able to socialize only with a handful of foreign students. Numerous difficulties ensued. both with peers and with authorities. This sort of problem is noted in a recent article:

This meaningfulness of learning experiences is a function of the relationship of the individuals concerned. Hence, growth bewond that of the conceptions of the original family group is contingent upon the relationships with others outside the group, other adults, peers, teachers, analysts, authors, etc. To the extent that the child comes to be fearful of strangers, the extension of acculturation is proportionally limited 8

This patient, similar to one previously discussed, developed strong political involvements. Of high intelligence, and able to observe as a newcomer to the States even though she was an American, her perspectives and criticisms were particularly sharp and perceptive. Here again, a clear delineation of the line between her private and public grievances had to be established. Indeed, the deep sense of rejection by her parents, and the chronic feeling that the world was coming to an end, interferred with her achieving a feeling of effectiveness or meaning in anything she tried to do. It also undermined her attempts to formulate for herself what was meaningful or not in society. In treatment she started a

sorting out of the various factors that were confusing her about her past parental relationships. Applying for reinstatement, she completed college and entered a graduate program. More human contact alleviated some of the feelings of being the last survivor of a cataclysm, and the thought that there is nothing in the world to which to relate.

Case 7. A 30-year-old man entered treatment complaining of sexual impotence and of feeling "excessively restrained." He described his father as "a classic gentleman" and his mother as "very domineering." He was very concerned with the responses from authority, and with the respect due to authority. He had this dream about the therapist after one year of treatment:

I was seated at a table with you. A fly was bothering me. It landed on the floor. I hesitated. You said, "You may swat it. You don't need my permission."

In his associations, he related this dream to one he recalled having had at the start of the treatment, in which he was clinging to the knees of an officer at an Army induction center, wailing and begging to win his approbation. He felt that psychotherapy was assisting him in the process of freeing himself from the authoritarian structure that was excessively imposed by his parents, who were "lacking in patience and compassion." Here again the interweaving of the fundamental individual problems of human relatedness and

attitudes toward societal authority is to be noted.

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These short presentations illustrate the variety of attitudes toward society that a psychotherapist encounters. Many others could be cited-attitudes that are positive and negative: those which view society as fostering personal growth and those which view society as restricting it. Authors of recent publications include the consideration of both of these aspects in formulations regarding families and society:

To the extent that the individual experiences the prospect of intimacy with a stranger as disloyalty to the primary group, he is cut off from growth as a person. He has the latitude of conceptions acquired from the original group. In some instances this is very narrow, in others much more broad.8

Unless each infant is going to recapitulate the experience of the entire race in his lifetime, the social structure as it exists to date must be taught to him. A structure facilitates and limits growth at the same time. Growth cannot occur without it, but by the very nature of growth, the received structure must be outgrown.18

Explicit in both of these statements is the formulation that the family is the agency by which societal values and regulations are transmitted to the infant and young child. The implicit formulation is that the child's attitudes toward society are closely related to the attitudes he develops toward his family members, and in the setting of his family. In some instances the child's experience is of undue restrictiveness or neglect, isolation or antagonism. Other families convey positive attitudes toward the child and toward society, assisting

the child in his growing capacity to deal effectively with a variety of people, and with their institutions as well. In the situation of intensive psychotherapy, the complex interrelationships of a patient's attitudes toward his family and his attitudes toward society will emerge. They are interwoven by the very nature of the development of the human perceptual and conceptual apparatus, for each person a result of individual experience. Thus, as the patient develops insight into the nature of his familial experience, he is often able to include a broader and more accurate spectrum of factors in his analysis of society, thereby rendering it a more valid one.

The psychotherapist is able to aid his natients in clarifying their attitudes toward both these aspects of societal structure. He can also help them understand the specific set of circumstances and manner in which these factors have applied to them as individuals and as members of a familv. As previously emphasized, it is imperative that the patient experience the therapist's interest in this area of exploration as impartial, and not in some particular political direction: and certainly not as an attempt by the therapist to manipulate the patient's political views, or "adjust him." The elucidation of the complex interaction of one's personal life experience with one's attitudes toward the wider world of people is in itself an integral part of anyone's endeavors toward self-knowledge. On this basis, most patients will join the therapeutic investigation to understand their attitudes toward society.

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Demographic and Mental Status Profiles

-Patients with Homicidal, Assaultive, Suicidal, Persecutory and Homosexual Ideation

The Missouri Automated Standard System of Psychiatry

INTRODUCTION

Since 1966, the Missouri Institute of Psychiatry and the Missouri Division of Mental Diseases have developed systems and procedures to standardize and automate large portions of the clinical psychiatric records.1,2 The result has been called the Missouri Standard System of Psychiatry (SSOP). Our aims are not only to effect a more efficient and economical method for handling some 30,000 case records a year, but also to gather data to better understand psychiatric illness and to establish facts which help in the treatment of the individual patient. The hospital

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admission sheet which contains demographic data and the automated mental status checklist completed by the examining physician have been used in our system now for over two years.

The present report is concerned with analysis of portions of the data collected using these instruments. We have identified patients with ideation in certain significant areas in the mental examination and subsequently defined their demographic and mental status profiles. We suggest that perhaps "the thought is father to the deed," and that profiles predicting thoughts and ideation will later be helpful in predicting deeds, real behavior and significant outcome events.

METHODS

Patients from all Division of Mental Diseases facilities were included if demographic and mental status data were available in their auto-