

THE STORY OF GAP



by Albert Deutsch

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Relating to the origins, goals, and activities of a unique medical organization, the Group for the Advancement of Psychiatry, and its contributions to professional and social progress.

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Group for the Advancement of Psychiatry
New York 1959

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Introduction

AS PREPARED by Albert Deutsch, *The Story of GAP* is factually correct, to the best of the knowledge of several of us who have participated since the creation of this unusual organization of psychiatrists. The author is very well qualified for this assignment. He is an eminent writer, particularly in the fields of psychiatry and social work. From the beginning of GAP he has had many, many contacts with it as a non-member, and hence undoubtedly has been able to watch its development objectively, although there may be those who will be critical of his warm commendation. This may be explained by the fact that GAP, in a very specific way, fitted into Mr. Deutsch's crusading efforts on behalf of the improvement of mental health so that he has written with a special warmth of interest and understanding. Other than furnishing him as much information as they could, the officers and members of the organization played no part in the writing of this *Story*.

Although Mr. Deutsch has touched briefly on the background of GAP and its origin, a word of amplification may be in order. During World War II more than two and a half million soldiers, sailors, and airmen were either rejected or discharged from the military service because of emotional problems. Those of us most intimately connected with the examination and treatment of these men and women were greatly harrassed and distressed. We had neither the manpower nor the knowledge to do the job that should have been done. Understandably, we looked in every possible direction for help.

Our first appeal for guidance and assistance was directed to our one-hundred-year-old professional organization, the Ameri-

can Psychiatric Association. Three of us, representing the chiefs of the psychiatric service of the armed forces and government services, appeared before the Council of the APA in 1944. Although the members of the Council were concerned and sympathetic, its large, loosely organized group of psychiatrists who were members of a scientific body, meeting annually to report the results of research and to exchange ideas relative to clinical matters, had neither the organizational structure nor the manpower to be helpful to us.

The frustration we experienced in attempting to practice psychiatry in the armed forces certainly was the major precipitating factor in the organization of GAP. Fortunately, many of our colleagues who had remained in civilian life were equally aware of the responsibilities that confronted us—and the opportunities.

The organization of GAP was not a revolution. With the deepest sincerity the founding group was seeking a way in which American psychiatry could give more forceful leadership, both medically and socially. Although the name may sound presumptuous, it was chosen because of the sense of great urgency that psychiatry should advance, and the belief that by hard work, and teamwork, we could help it do so. Those early years of GAP were marked by the feeling on the part of its membership that much needed to be done, and quickly. We believed that when we were faced with a problem, if we could sit down together and take time to exchange views, we could determine what we knew and did not know about the matter and could plot the course of the search for the knowledge that we lacked. Through group study we endeavored to collect and assimilate what was known about psychiatry and mental health so that it would be available when needed. Perhaps the word which best expressed this attitude was “missionary.”

GAP was not conceived as a political organization. As a matter of fact, an original aim was that it might be fused with the American Psychiatric Association after the proposed pattern of applying psychiatric knowledge to non-medical as well as medical programs had become established. This pattern included a multidisciplinary approach—and also the circulation of the end-results of deliberations to those who might find them of use. Although

this aim was never realized, one of its significant consequences was the major re-organization of the American Psychiatric Association.

In 1949, immediately following our GAP meeting in Asbury Park, the members of the standing committees of the APA met for the first time as a group, to spend two days thinking about their committee assignments. This is now the standard operating procedure of the American Psychiatric Association, a procedure which has continued and has been extending during the succeeding nine years.

As Mr. Deutsch relates, during the third, fourth, and perhaps even the fifth year, there was a great deal of soul-searching in GAP as to whether or not it should disband. Those of us who were intimately connected with and very actively participating in the American Psychiatric Association came to the conclusion that it could and should go on. We felt that it performed a function which perhaps could never be carried out by the larger, older organization. It could continue to meet a minimum of six days in two sessions a year, whereas, because of finances and other limitations, the APA committees could, at best, meet only a day or two, once each year. The GAP committees are strictly study groups that have no administrative responsibilities or functions. Also, these committees are made up of people who are particularly interested in the area of study; they are limited to a small number. Such selectivity is not possible with the 10,000 membership of the APA.

In a very literal sense, GAP has helped the parent organization in very specific and tangible ways. GAP members are all members and active participants of the American Psychiatric Association.

The early sense of urgency has been replaced by a quality of solidarity. If ever GAP was a “striking force” to remold the American Psychiatric Association, it is not now. Instead it is a group of thoughtful, earnest, capable individuals who are concerned with their responsibility to advance psychiatry by the conclusions emerging from the deliberations of its committees.

Psychiatry, as a medical specialty, is young. GAP has unlimited opportunities in the future!

WILLIAM C. MENNINGER, M.D.

The Story of GAP

FIFTEEN psychiatrists sat around the crowded, smoke-filled room of Brigadier General William C. Menninger at Chicago's Palmer House on the night of May 26, 1946. They had gathered there at the behest of General Menninger, chief of neuropsychiatry in the U.S. Army Medical Corps at the time, and were engaged in earnest discussion of postwar problems and prospects of American psychiatry. The group consisted of Drs. Daniel Blain, Wilfred Bloomberg, Douglas D. Bond, Henry W. Brosin, Norman Q. Brill, Robert H. Felix, Roy R. Grinker, M. Ralph Kaufman, Marion E. Kenworthy, William C. Menninger, Karl Menninger, John M. Murray, Thomas A. C. Rennie, John Romano, and Lauren H. Smith. Most of those present had been in wartime military service; many were still in uniform. The few civilians among them had rendered signal contributions to wartime psychiatry; one, a woman, had played a key role in stimulating improved psychiatric standards in the armed forces.

It was the eve of the 102nd annual meeting of the American Psychiatric Association, the oldest national medical society in the United States. Many of its members had been appalled to find how weak was the voice and how vacillating the action of their loosely organized group during the "national defense" and ensuing wartime emergencies. Despite a succession of distinguished officers, the APA was unable to assume professional leadership because of constitutional, procedural, and traditional obstacles. Responsibility thus devolved upon a relatively few far-sighted, persistent, and courageous psychiatrists, along with non-psychiatric agencies and individuals, to press for more adequate mental health standards and services on both the military and civilian fronts. During the prewar and early war years many serious prob-

lems had resulted from the general failure to utilize available psychiatric knowledge and skills in the screening of military recruits and in the prevention and treatment of "mental breakdowns" among military personnel. The lessons learned at great cost during World War I had been virtually forgotten. On the civilian front, too, organized psychiatry had played a pitifully ineffectual role in efforts to sustain and strengthen community defenses against mental illness.

Many psychiatrists, frustrated in their desires to practice or promote first-rate medicine in or out of the armed forces, and deeply frustrated by their professional society's failure in leadership, were bent on doing what they could toward remolding the APA into a more flexible, active agency that would assume a dynamic role. General Menninger himself had encountered many difficulties in efforts to develop a modern, efficient psychiatric service in the Army. To a large number of his colleagues he had become a symbol of progressive psychiatry. Throughout the war he had repeatedly received urgent appeals from colleagues to accept leadership in a drive to energize the profession and to prepare for the formidable problems awaiting psychiatry in the postwar period. One East Coast psychiatrist, in a lengthy letter to General Menninger, wrote that the increasing dissatisfactions among psychiatrists were bound to develop into a "Young Turks movement" once the war was out of the way, and that Menninger was a "natural" to lead it toward constructive goals.

Postwar Challenge

With war's end, it was obvious that American psychiatry was faced with herculean tasks of reconstruction and expansion. The wholly unanticipated percentage of military draft rejections on neuropsychiatric grounds, the huge toll of psychiatric casualties in the armed forces, the alarming deterioration in public mental hospitals, the grave inadequacies in community mental health facilities, the acute shortage of psychiatrists and ancillary personnel—these and other shortcomings were in painful evidence. An extraordinary public interest had been aroused in these problems, notably by a steady stream of discussions in the media of mass

communication. This public interest generated considerable public pressure for action all along the psychiatric front. Psychiatrists were being called upon to take leading roles in planning and effectuating improvement and enlargement of mental health services, research, and training and in public enlightenment. American psychiatry was on the threshold of a new and dramatic stage of development, and its practitioners were challenged to transform the forward movement from undirected drift to guided goals.

This was the atmosphere in which the fifteen psychiatrists met on the eve of the 1946 American Psychiatric Association convention. The major questions before them were: What could be done to galvanize the APA into an active force in promoting better mental health for the nation? What could psychiatrists do to advance that movement outside the APA? Several among the attending fifteen spoke up strongly in favor of a clean break from the APA and the creation of a new, independent body, expressing the blunt opinion that the old organization was beyond redemption as a medium of psychiatric advancement.

The purpose of the informal gathering, as noted by a participant, was "to discuss ways and means to promote action for the advancement of psychiatry in the current scene." The discussion ranged far and wide. Several members of the group expressed the opinion that the venerable APA was too heterogeneous and unwieldy a body, its constitution too restrictive, to encourage or even to permit effective action under its banner. These skeptics suggested the creation of a new formal society, possibly to be called the American Academy or College of Psychiatry. The majority, however, were convinced that the APA *could* be turned into a more effective agency. They favored the creation of a small, informal group to help vitalize the APA and to stimulate action on the pressing problems of postwar American psychiatry.

GAP Is Organized

When the gathering broke up, it was agreed to invite additional psychiatrists for another meeting the following night, May 27. The smoke was even thicker, the air of excitement more pro-

nounced, in the Menninger hotel suite on this second night. Present, in addition to the original group, were Drs. Ivan C. Berlien, Francis J. Braceland, O. Spurgeon English, Malcolm J. Farrell, George N. Raines, Leon J. Saul, Charles W. Tidd, and S. Bernard Wortis. The participants seemed to sense that a significant page in American psychiatric history was being written in that hotel room.

The new recruits were in overwhelming agreement with the original group that there was urgent need for an "action" organization, that it should be in no sense a rival to the APA and that it should be small, informal, highly selective, and flexible. After discarding several suggestions for rather pretentious titles, a name was agreed upon: The Group for the Advancement of Psychiatry—GAP for short.

Dr. William C. Menninger was unanimously elected chairman and Dr. Henry W. Brosin secretary of the Group.

The immediate question now was: What, precisely, could the newborn GAP do to advance psychiatry? What, for instance, could its members do to push the APA into a more dynamic, constructive role? An opportunity for direct action would present itself on the following day, when election of APA officers was scheduled. Never, since the APA's founding in 1844, had the recommendations of a nominating committee been countered with an opposing slate. A proposal was put before the assembled GAP's (as they came to be called), who were sprawled on chairs, the twin beds, and the floor of the Palmer House room: Why not utilize this election on the morrow, traditionally a cut-and-dried formality, as a dramatic signal of the "new direction" in American psychiatry? Among the officers to be elected were three members of the nine-man APA Council—one third of whom were chosen each year for rotating terms of three years. It was stressed at the Monday night meeting that the official Council nominees were psychiatrists of distinction, and that there was no personal feeling against any of them. But a start had to be made somewhere, as a forceful reminder that the APA was essentially a democratic organization, and that ultimate power still reposed in its membership. Why not hoist the colors of the "Young Turks'

revolt" by nominating an opposition Council slate from the floor? The idea was approved, and Drs. Kenneth E. Appel, William C. Menninger, and Thomas A. C. Rennie were named as the GAP-endorsed candidates for the Council. They were elected. (It is worthy of note that the three defeated Council candidates subsequently became members of GAP.)

It was an auspicious beginning for GAP, a dramatic moment. A small, determined band of dedicated men and women, sharing a common desire to help prepare their profession for a more active role in meeting the manifold problems of postwar mental health, had demonstrated simply but effectively that organized psychiatry was responsive to democratic action. It now remained to prove that it could move forward to a real leadership position when the will was not wanting.

Basis for Action

While the upset in the APA Council election was the most conspicuous act of the GAP's at the 1946 convention, a more substantial groundwork was being laid for the structure and operating rules of the new group. At the May 27 meeting it was decided to make "working committees" the core of GAP. Indeed, the two key words used most often were "action" and "work." Membership was not to exceed 200 psychiatrists, each of whom would be assigned to a specific GAP working committee. Each committee would concern itself about a particular area of psychiatry—such as mental hospitals, therapy, relations with governmental agencies, lay groups, etc. During the first two formative days, prospective members of the group-to-be had been recruited loosely. As one member later recalled: "I was walking down the APA headquarters lobby, when I felt a tap on my shoulder. I turned around: it was a friend of mine. He told me a psychiatric action group was being formed, that he knew I'd be interested to work with it, asked me to pay five dollars on the spot—to help pay for secretarial and postage expenses—and asked me to join the founding group in a certain hotel room that evening at ten. I was in. I understand others were recruited in the same way, just like being tapped for a college fraternity."

Hereafter, it was agreed, members would be chosen with more care. GAP membership was to be obtained only through special invitation, not by direct application. Prospective members were to be selected not on the basis of goodwill, social compatibility, or professional eminence, but mainly on the demonstrated capacity for group study of the broad problems facing American psychiatry, and a willingness to give time, effort, and some money to a common endeavor that held out little prospect for personal glory. Suggestions of possible candidates made by individual members would be sifted through a nominating or admissions committee.

GAP committees would be small—a maximum of ten or fifteen members on each was proposed—and would enjoy a great deal of autonomy. Each committee would choose its own subject for exploration and possible report. A report was to be rendered only if and when the committee had something significant to say.

Originally, there were nine GAP committees—on Therapy, Social Work, State Hospitals, Cooperation with Governmental (Federal) Agencies, Cooperation with Lay Groups, Public Education, Racial and Economic Problems (later changed to Social Issues), Preventive Psychiatry, and Medical Education.

A third meeting held on Tuesday evening, May 28, was attended by Drs. Menninger and Brosin, the tentative committee chairmen, and a scattering of general members. Plans were laid for assigning members to specific committees, and for organizing the first meeting in the fall. The three-day conferences at Hershey, Pennsylvania, had been proposed as a model for GAP meetings. The idea took hold, and Secretary Brosin later sought to engage the Hershey Hotel for the GAP meeting. When this site proved unavailable, the Westchester-Biltmore Hotel in Rye, New York, was chosen for the first meeting.

The general purposes of the new organization, as formulated later, were:

1. To collect and appraise significant data in the fields of psychiatry, mental health, and human relations.
2. To reevaluate old concepts and to develop and test new ones.
3. To apply the knowledge thus obtained for the promotion of mental health and good human relations.

Another contemporary document defined GAP as “a group of psychiatrists, all members of the American Psychiatric Association, who wish to meet together to study problems more often and more informally than the stated meetings of the APA permit, and to effect action where indicated.”

From the outset, Dr. Menninger adopted the policy of keeping the membership informed of developments through the medium of circular letters, issued as occasion demanded. This informational device had been used effectively in the Surgeon General’s Office during the war. (Up to January, 1959, more than 286 circular letters had been issued by successive GAP presidents.) In his very first circular letter, Dr. Menninger set the tone of the infant organization. Referring to the initial meeting in Chicago, he noted that the founders felt strongly that the basic program of GAP “was worth fighting for with deep conviction, and that real work could bring real results.”

No Auditors Needed

“The men present at this initial meeting do not want to proselyte numerous members,” Dr. Menninger went on. “The group must be small to be maneuverable. Personal friendship and allied ties should not count in inviting or joining this group. The single item is to promote a thoughtful, industrious, competent, well-established body of men who are genuinely interested in advancing psychiatry by this means.”

The emphasis on work and action was again underscored in Circular Letter No. 2, dated June 7, 1946. “Each member is expected to be an active participating worker agreeable to carrying out his assignment,” it declared. “There is no need for auditors. There will be much individual work between meetings. . . . If a member finds work on his committee too time-consuming, he should withdraw without prejudice.”

Not only were GAP members expected to work, and to work hard, at meetings and between meetings; they were expected to pay for the privilege of laboring in the vineyard. Since the organ-

ization started without any outside support, it was anticipated that members would have to pay their own traveling and hotel expenses for GAP meetings—subject, perhaps to equalization through a pro-rating plan. For GAP members in private practice, a double financial burden was imposed, since time spent at meetings meant loss of income from fees.

A most heartening spur to GAP occurred within a month of its founding, in the form of a \$17,000 grant from the Commonwealth Fund to be used toward defraying expenses during the first year of operation. This welcome award not only lightened the financial load of individual members, but encouraged GAP to expand its scope. While GAP membership was exclusively psychiatric, its spirit was interdisciplinary. It was hoped from the outset that committee explorations and reports would be developed with the aid of expert consultants from other fields—anthropology, psychology, education, social work, sociology, jurisprudence, etc. The Commonwealth Fund grant made it possible to pay the expenses of consultants invited to join in the deliberations of specific committees. GAP, in the years to follow, was to prove itself amazingly successful in drawing top experts in virtually every field of human relations, to serve as consultants to its several committees, with no reward save the stimulation of a dynamic group and the satisfaction of collaborating in a useful enterprise.

One of the most vexing problems facing GAP was the format of the semi-annual meetings. Should each concentrate on some particular central theme, with the various committees concerning themselves with some special aspect of the general subject? Should each committee choose its own subject of inquiry, independent of all the others, and concentrate wholly on its special interest? Was it possible to harmonize both approaches in drawing up the agenda for a meeting?

The first GAP conference, held in the Westchester-Biltmore Hotel at Rye, New York, November 4–6, 1946, was an attempt at compromise. A central theme was chosen: Psychiatry and Medical Education. The first day was given over to meetings of the

individual GAP committees, concerned with their own specific topics of study and discussion. The second and third days were devoted mainly to the central theme, led by members of the Medical Education Committee.

The central-theme format was featured in the next two semi-annual meetings of GAP. At the Nicollet Hotel in Minneapolis (June 30–July 2, 1947) the general deliberations revolved around State Hospitals, and at the Berkeley-Carteret Hotel in Asbury Park, New Jersey (April 16–18, 1948) the central topic was Therapy. This arrangement did not prove very satisfactory. Many members felt it tended to interrupt the long-range committee studies which lay within their special fields of interests and skills, and involved them in broader or tangential areas where their potential contribution was minimal or dubious. Other meeting formats were experimented with in subsequent GAP conferences. Asbury Park continued to be GAP's meeting ground until the fall meeting of 1959, when an experimental shift to New York City was scheduled.

The first years of GAP were characterized by a sharp accent on its *action* goals. Significant accomplishments were recorded on two fronts: vitalization of the American Psychiatric Association and the preparation and publication of GAP committee reports on important psychiatric topics.

APA Reforms

Within those first few years, GAP was mainly responsible for stimulating and executing a thorough-going shakeup in APA policies and operations, raising the venerable organization from a plodding body to an actively responsible one, no longer reluctant to accept a leading role in mental health developments. The APA frequently tapped the GAP membership for leadership roles in the organization. More GAP members were elected to the policymaking APA Council and to other offices. Within four years, three GAP members were elected president of the APA. (Drs. William C. Menninger, 1949, George S. Stevenson, 1950, and Leo H. Bartemeier, 1952), while a fourth, although not then

a GAP member, was strongly supported by GAP members and later joined it (Dr. John C. Whitehorn, 1951).

The first important development was the creation of the post of Medical Director of the APA, a full-time job to be filled by a psychiatrist with administrative capacity. Dr. Daniel Blain, a GAP member with a distinguished administrative record as wartime head of the U.S. Merchant Marine's medical service and later as chief of neuropsychiatry in the Veterans Administration, was chosen for the new post, and served until 1958. A director of information was also employed for the first time, on GAP recommendation, making possible a far wider public and professional comprehension of APA activities and policies.

A second significant development was the creation of an APA reorganization committee, designed to formulate constitutional and other changes leading to modernization and to provide greater opportunities for individual and regional participation and action. Many of the reforms recommended by this committee were adopted. Sweeping changes followed, and since then the APA has become a major force in improvement of institutional and community mental health facilities, elevation of general professional standards, expansion of psychiatric research and training programs, and better relations with other professional groups. From an extremely low-budgeted organization operating out of a modest office in New York and actively concerned almost exclusively with membership problems and arranging the annual meeting, the APA has grown to a center of wide-ranging activity, housed in large national headquarters in Washington, D.C. (while retaining the New York office as a branch). It conducts continuous inspections and evaluations of psychiatric institutions; holds regional and national research, administrative, and educational institutes; sponsors and directs research programs of its own; issues a lively series of periodicals and reports; and cooperates with other organizations in a variety of activities. The largely voiceless and powerless association that existed when GAP was founded has been transformed into an effective agency that speaks with authority for its 10,000 members, thanks largely to GAP instigation.

Early GAP Reports

While pushing vigorously for these and other advances in the nation's central psychiatric body, GAP addressed itself zealously to the development of committee activities. Within a year, membership—now on a carefully selected basis—had grown to about 150, and new committees were created, including ones on Research, Forensic Psychiatry, Child Psychiatry, Clinical Psychology, and Industrial Psychiatry. Inevitably, the GAP committees were uneven in their productivity. Each committee worked on a self-selected topic, usually in conjunction with invited consultants from allied fields. If, after sufficient study, a committee felt that the time was ripe, it would draft a report on the subject. Each report had to pass through several reviews and revisions before being approved for GAP publication.

A remarkable amount of work usually went into these GAP reports. A committee and its consultants, or substantial numbers of them, might convene many times between stated GAP meetings, for informal deliberations leading to draft reports. This was done usually at individual expense. In one case, a committee chairman spent about \$1,500 of her own money to underwrite meetings of her group during the preparation of a report.

Several years of study and discussion often preceded the submission of even a preliminary or draft report. In many cases a committee decided to explore a particular psychiatric problem for the mutual enlightenment of its members, and possibly of the entire GAP, with no report in prospect. Again, sometimes a committee would draft a report that would be turned down as falling short of the standard for GAP publication.

The first GAP report to be published was on shock therapy. Dated September 15, 1947, it had been drafted almost a year previously by the GAP Committee on Therapy, and several revisions had been circulated among the general GAP membership before it was approved and published. At the time, a controversy was raging in lay and professional circles over the use and abuse of electric shock therapy. Many psychiatric institutions and agencies had appealed for an authoritative statement on the subject. As the GAP report noted: "Both the extravagant claims as to its

efficacy made by its proponents and the uninformed condemnation of its use at all by its opponents indicate the emotional aura which surrounds this whole topic." The report proceeded to list succinct, clear-cut guides to the proper and safe use of the technique, to point out specific types of dangerous abuse, and to urge and outline fruitful areas of research aimed at definitive evaluation of its efficacy, as well as its further development.

The report was widely hailed within the profession as a valuable and long-needed document. Several critics, however, took strenuous exception to one sentence in the report that had condemned, without qualification, the use of electric shock therapy in private-office practice.

As a result of this criticism, together with the accumulation of new scientific data on the subject, the Committee on Therapy formulated a revised report on electric shock. This was published in August, 1950, as GAP Report No. 15. For one thing, the Committee modified its blanket condemnation of private-office use of electric shock, declaring that such use was warranted for carefully selected cases under carefully controlled conditions, which it specified. In redrafting this report, the GAP Committee utilized the consulting services of such experts as Drs. A. E. Bennett, Karl M. Bowman, Paul H. Hoch, Lothar B. Kalinowsky, and Robert B. McGraw. It was to become a standard policy that all GAP reports were subject to revision in the light of new data or fresh ideas.

Thereafter GAP reports were published at the average rate of three or four a year. Forty-one had appeared by January, 1959. These reports, circulated in the many thousands among key agencies and individuals throughout the world, were to make a deep imprint on psychiatric progress over the years. It was at first anticipated that the GAP reports would be published in psychiatric journals exclusively, but this plan was soon abandoned, mainly for two reasons: difficulties in having GAP reports published regularly in the *American Journal of Psychiatry* and a growing conviction that the reports should be widely circulated among such non-psychiatric groups as might have considerable interest in their statements.

For years, GAP distributed its reports free of charge. This proved too heavy a financial burden, and in 1956 the organiza-

tion arranged with Alex Sareyan of Mental Health Materials, Inc., 104 East 25th Street, New York 10, New York, for future distribution of GAP reports and other publications, at a price that would help cut costs.

Light on the Law

To a remarkable extent, the GAP reports were not only widely read, but widely used. They were, in general, truly *action* documents, put to effective use not only by psychiatrists and psychiatric organizations, but by medical schools, psychology and social work departments and agencies, governmental bodies, courts, industrial plants, public schools, community health and welfare agencies, etc. One of GAP's most influential committees was that on Psychiatry and the Law (originally called the Committee on Forensic Psychiatry). Its first published report, "Commitment Procedures" (GAP Report No. 4, April 1948), helped to modernize existing laws and regulations in many states and localities. Its second report, "Psychiatrically Deviated Sex Offenders" (GAP Report No. 9, February 1950), was widely praised as the clearest statement of that complex problem to appear in recent years. The report embodied, in essence, the advanced thinking of the foremost contemporary experts on the subject, making clear distinctions between morality and the law, and has been quoted repeatedly in lawyers' briefs and court opinions. Even more influential, perhaps, was its third report, "Criminal Responsibility and Psychiatric Expert Testimony" (GAP Report No. 26, May 1954), which was cited as a basic document in the famous Durham opinion drawn up by Judge David L. Bazelon of the U.S. Court of Appeals, which overthrew the century-old McNaghten "right-and-wrong" rule in federal courts in favor of modern scientific interpretations of human behavior.

Psychiatry and Social Issues

Soon after the U.S. Supreme Court rendered its classic decision on school integration in 1954, the GAP Committee on Social Issues started on an extensive and intensive study of psychiatric

aspects of the problems of racial desegregation in communities affected by the historic opinion. Consultations were held with educators, sociologists, anthropologists, authorities on public administration, race relations experts, and others over a period of more than three years. Members of the GAP committee made personal observations in localities facing the integration problem. Finally, in May, 1957, after many drafts and revisions, GAP Report No. 37, "Psychiatric Aspects of School Desegregation," was published. It was a sober exposition of expert insights, and included many useful recommendations for civic leaders seeking to introduce school integration with the least possible friction. It has become a veritable handbook on human relations in many communities.

The GAP report came in for bitter attack from some extreme segregationists in certain areas of the deep South, but elsewhere it won high praise for its moderation and soundness. A school superintendent in a community moving from segregation to integration congratulated the Committee on "a magnificent job in an area about which very little is known," and made the following characteristic comment: "It will give some of us who are deeply involved in this problem supporting material that we have been searching for."

Some years earlier, in GAP Report No. 13 (July 1950), the Committee on Social Issues had drawn up a thought-provoking document entitled "The Social Responsibility of Psychiatry: A Statement of Orientation."

"The establishment by GAP of a Committee on Social Issues," the report stated, "carried with it the tacit admission of the principle that the psychiatrist has a pertinent role in the study of social problems." A considerable part of the report was devoted to a discussion of relationships between personality and society, leading to a suggestion that "concepts of psychiatry be broadened in the following directions":

1. Redefinition of the concept of mental illness, emphasizing those dynamic principles which pertain to the person's interaction with society.

2. Examination of the social factors which contribute to the causation of mental illness, and also influence its course and outcome.
3. Consideration of the dynamic processes of intra- and intergroup relations.
4. Consideration of the specific group-psychological phenomena which are relevant, in a positive sense, to community mental health.
5. The development of criteria for healthy and pathological patterns of social organization.
6. The development of criteria for social action, relevant to the promotion of individual and communal mental health.

One of the most active GAP committees has been that on Psychiatry and Social Work, which produced several important reports, now used widely in social work schools and agencies. Its first two reports outlined the role of the psychiatric social worker in the psychiatric hospital and the psychiatric clinic (GAP Reports No. 2, January 1948, and No. 16, September 1950, respectively). Its third (GAP Report No. 34, March 1956) outlined the functions of the consultant psychiatrist in a family service agency. The GAP Committee on Hospitals, through its series of reports and through the radiating activities of its individual members, played a significant role in the sharp rise in mental hospital standards during the past dozen years. Incidentally, it was while Dr. Kenneth E. Appel was chairman of this committee that he conceived his idea of a "Flexner Report" for psychiatry.* As a result, the Commission on Mental Health and Mental Illness was established by Congressional act in 1955, with authority to make a sweeping survey of the field during a three-year period. A sum of \$1,250,000 was appropriated for the purpose. It is interesting that the three top officers of this important commission were GAP members: Dr. Jack R. Ewalt as director, Dr. Appel as president, and Dr. Leo H. Bartemeier as chairman of the board.

* A reference to the famous report by Abraham Flexner in 1910, based on an extensive survey of medical schools, which led to drastic reforms in medical education.

Child Psychiatry

The Committee on Child Psychiatry issued several reports† that were eagerly studied by people working with emotionally disturbed children. One of the most widely distributed GAP reports was No. 18, "Promotion of Mental Health in the Primary and Secondary Schools: An Evaluation of Four Projects" (January 1951), formulated by the Committee on Preventive Psychiatry after a careful study of four demonstration projects (in Iowa, Delaware, New Jersey, and Ontario) which were "oriented towards influencing the mental health of the child through the child's direct experience in the classroom."

Brain Surgery

During the period when an over-enthusiasm for prefrontal lobotomies was resulting in dangerously indiscriminate resort to such operations, the GAP Committee on Research, responding to requests from governmental authorities, undertook to prepare a plan for a controlled study leading to an evaluation of the relatively new and radical therapeutic technique. Its recommendations, embodied in GAP Report No. 6, "Research on Prefrontal Lobotomy" (June 1948) were gratefully accepted by the National Advisory Mental Health Council. In January, 1954, the Committee on Psychopathology issued a report entitled "Collaborative Research in Psychopathology," a useful guide for interdisciplinary investigation.

International Relations

The Committee on International Relations formulated reports on areas where psychiatry could profitably contribute to the problems of easing tensions between nations and people. Its latest report, "Working Abroad," just published, contains many help-

† "Basic Concepts in Child Psychiatry" (GAP Report No. 12, April 1950), "The Contribution of Child Psychiatry to Pediatric Training and Practice" (Report No. 21, January 1952), and "The Diagnostic Process in Child Psychiatry" (Report No. 38, August 1957).

ful hints to American personnel in overseas service on how to adapt to the stresses of living and working among people of differing cultural and environmental backgrounds. Mental health aspects in this field have been grossly neglected. As noted in the committee report, there are more than 100,000 American citizens working abroad on a full-time basis for international organizations, and probably another 30,000 who are in overseas service on short-time private or governmental business—not to mention wives and children accompanying such personnel, or the more than one million American troops serving in posts outside United States boundaries.

Federal Agencies

The Committee on Cooperation with Governmental (Federal) Agencies has been an unofficial but very valuable advisory resource on psychiatry for the military establishments, the Veterans Administration, the U.S. Public Health Service, the Civil Defense Administration, the State Department, and others.

During the recent period sometimes called “the McCarthyite era,” when many excesses occurred in hounding suspected “security risks” out of government employment, often to the unjust ruin of personal reputation and widespread demoralization in public service, this GAP committee was asked to help clarify the problem of homosexuality. The drive against suspected homosexuals in federal employ was then almost as intense as that against “political subversives.” The GAP committee did conduct a study of the problem, and formulated a report published in January, 1955, entitled “Homosexuality, with Particular Emphasis on This Problem in Governmental Agencies.” The report’s preamble stated:

“There is widespread concern and misunderstanding regarding the nature, cause and meaning of homosexual behavior. It is our purpose, therefore, to define and describe homosexual behavior and homosexuality from a medical and social point of view in accordance with accepted scientific principles. It is hoped that the material thus presented will result in a more effective appraisal and management of the practical problems that homosexuality

creates in society in general and in governmental agencies, military and civilian, in particular.”

The report, widely circulated and read among federal departmental executives, undoubtedly did result in “a more effective appraisal and management” of the problem.

Medical Education

The GAP Committee on Medical Education has exerted a significant influence not only in strengthening psychiatry departments in medical schools, but in improving general curricula in these schools, as well as stimulating better training of psychiatric residents. The Committee on the College Student has become the main source of authoritative information regarding problems of mental health on the American campus.

Industry

The Committee on Psychiatry in Industry has formulated several reports on industrial mental health. The latest, “The Person with Epilepsy at Work” (GAP Report No. 36, February 1957) provides, in effect, a succinct handbook on the subject, covering such topics as personality factors in epileptics; employment procedures; epilepsy and compensation laws; placement; and the plant physician’s function, with a series of recommendations for more effective employment practices.

How Reports Are Processed

Other GAP reports have emanated from the committees on the Family, Psychiatric Nursing, and Public Education.

It is the policy for each GAP committee—there are presently twenty-one—to choose a single subject for study. The topic may be investigated for years, with no report resulting. If the committee comes to a point where it feels a report may be a useful contribution to the literature, it works up a draft. When this is finished, it is distributed among the entire GAP membership, in the form of a circular letter, for evaluation, criticism, and other comment. If the responses are, on the whole, favorable, the com-

mittee then revises the draft report on the basis of the suggestions and criticisms received from the general membership. (At times, the initial response is so negative that the report is abandoned.) The revised report is then submitted to a board of three referees, appointed by the GAP president. Not until their criticisms and recommendations have been incorporated into the report is the final version ready for publication.

Consultants

Although GAP membership is composed exclusively of psychiatrists, GAP reports are invariably the product of multidisciplinary teamwork. Each GAP committee is allowed to invite consultants who are experts in the particular field under study. These consultants may be non-GAP psychiatrists. More often, they represent allied professions—anthropology, psychology, education, sociology, law, social work, political science, biology, etc. GAP committees, as noted, have succeeded in getting the most eminent experts in other fields to collaborate in their studies and in the preparation of reports. The roster of GAP consultants during the past twelve years looks very much like a contemporary hall of professional fame. These experts not only willingly, even eagerly, share the long and hard hours of deliberation at GAP meetings, but often share the homework between meetings. Usually, their expenses at meetings are paid by GAP; sometimes they pay their own way. No remuneration is afforded for consultant service. At times, consultants have played key roles in the preparation of reports.

The utilization of consultants from other disciplines raised a knotty problem in GAP. Some years ago there was a strong movement to transform GAP into an interdisciplinary organization, inviting non-psychiatrists to full membership, or else to associate membership. This proposal was seriously considered, but rejected, mainly on the ground that the group could exert a more pronounced influence in advancing psychiatry if it remained purely psychiatric in membership. Largely because GAP preferred to take full responsibility for the reports it issued, it was customary

not to name consultants in the published documents. In 1958, however, it was decided that henceforth each printed report would give due credit to individual consultants.

Influence Abroad

GAP reports have exerted an influence not only in the United States, but throughout the world. They are routinely distributed by the World Federation for Mental Health among affiliate governmental and voluntary agencies in forty-two countries. (GAP itself is an affiliate of the WFMH). Several years ago, the following tribute was tendered to GAP by Dr. John R. Rees, the noted British psychiatrist who is director-general of the WFMH and a frequent attendant at GAP meetings:

“I can assure you that the work you have done and the leadership you have given is well known in all parts of the world. One no longer needs to interpret the meaning of the letter’s ‘GAP’ to people, whether it be at the Assembly of the World Health Organization or amongst our colleagues in many countries with which we in the World Mental Health Federation have to deal. . . .”

“You have given greater support to the Federation than any other single group of professional people in the world, and we always regard GAP as being one of the Federation’s scientific consciences. . . . The world as a whole needs your wisdom and your close cooperation. . . .”

In his presidential address before the Royal Society of Medicine’s section on psychiatry, Dr. Rees urged the creation of a British equivalent of GAP, characterizing this group as “an extremely lively and stimulating body, which has provided a post-postgraduate experience for its members, and has clarified and pulled together a great many concepts which were very difficult, both on the clinical and organization side.”

GAP Symposia

Aside from its reports, GAP from time to time publishes the proceedings of symposia which have been a regular feature of its semi-annual meetings. These symposia, carefully prepared by

one or another GAP committee, revolve around topics of current importance, with both members and invited experts participating, and are followed by discussion from the floor. To date, five of these GAP symposia have been published, namely:

1. "Consideration regarding the Loyalty Oath as a Manifestation of Current Social Tension and Anxiety" (October 1954).
2. "Illustrative Strategies for Research on Psychopathology in Mental Health" (June 1956).
3. "Factors Used to Increase the Sensitivity of Individuals to Forceful Indocrination: Observations and Experiments" (December 1956).
4. "Methods of Forceful Indocrination: Observations and Interviews" (July 1957).
5. "Some Considerations of Early Attempts in Cooperation between Religion and Psychiatry" (March 1958).

Statements on Current Issues

In the early years, GAP occasionally issued statements or adopted resolutions on specific questions of the day that affected psychiatry in some manner. Among them were: a statement on psychiatry and religion and another endorsing the film, "Snake Pit," and resolutions urging Congress to ratify the World Health Organization charter and supporting the report of President Truman's Committee on Civil Rights.

The Group for the Advancement of Psychiatry, or a particular GAP committee, is frequently queried by other organizations for authoritative information on a specific question. When the British Royal Commission on Capital Punishment visited this country several years ago to interrogate legal, psychiatric, and other specialists on far-ranging problems of criminal responsibility, it sought and obtained the cooperation of GAP, especially of its Committee on Psychiatry and the Law, as a major source. GAP publications and verbal statements by GAP members were repeatedly cited in the Royal Commission's stimulating report.

Mental Health Campaign

In 1947 the Advertising Council's interest in mental health problems was sparked by the late Dr. Alan Gregg, an honorary member of GAP. The Advertising Council is a non-profit agency "supported by American business to conduct advertising campaigns informing U.S. citizens how they can help with important national problems." From time to time it selects "good causes"—in health, welfare, education, safety, and the like—which it "adopts" for public service campaigns free of charge. The Council is able to mobilize millions of dollars worth of free advertising through mass media, such as radio, press, television, and billboards.

To a financially starved movement like mental health, such a multi-million-dollar prospect in public education loomed as a tremendous boon. A special GAP committee headed by Dr. Carl Binger labored long and hard to develop the basic campaign material, and tendered a document to the Advertising Council in 1948. The Council decided against a mental health campaign at the time, but in 1957, its interest still alive, it did adopt a program developed by the National Association for Mental Health and proceeded to conduct an effective two-year national campaign, using advertising methods and outlets that would have cost an estimated \$10,000,000 to duplicate. In 1959 it decided to extend this campaign for an additional two years.

The Essence of GAP

In its origin, GAP was virtually a creature of spontaneous generation. Its founders insisted on a loose, informal body that would not be hog-tied by rules, regulations—or even a constitution. They knew that action was needed to bring psychiatry in line with present-day needs and challenges. They knew that organized effort was required for effective action toward constructive goals. Most of them felt, apparently, that they could disband, go home, and cultivate their own gardens once their immediate aims were realized. But like many another dedicated

group before them, they found in time that new problems arose as old ones were solved, and that some steps which were confidently expected to repair an ill or defect did not turn out to be completely effective.

For example, many of GAP's founders cherished the notion that if the American Psychiatric Association and the American Psychoanalytic Association could be persuaded to set up study-and-action committees paralleling those of GAP, the group would then have no more reason for existence. Thanks largely to the energetic work of GAP members, many such parallel committees were indeed established in the aforementioned organizations. But somehow, in the larger, more formally constituted bodies, the committees usually were unable to function with the verve, mobility and action-directed approaches that so strikingly characterized GAP committee work. Again, in spite of truly great advances in psychiatry during the postwar decade, the peacetime challenges that still confronted the profession proved as formidable as those of the wartime period. These and other factors exerted pressures toward continuance on a hastily conceived and loosely constructed body which had seemed at first to represent a temporary effort to meet an emergency situation.

Within three years after its creation, GAP was giving serious consideration to the issue of transiency or permanence. The membership was polled several times on the question. A number were for terminating GAP, mainly on the thesis that its major goal—reform of the APA—had been realized. But the great majority favored going ahead with GAP.

The Attack on GAP

About this time, the Group for the Advancement of Psychiatry was confronted with a series of attacks from another group of psychiatrists frankly organized as an anti-GAP body. This was the Committee for the Preservation of Medical Standards in Psychiatry, organized toward the end of 1948 for the express purpose of combatting the influence of GAP in American psychiatry. It became a rallying point for APA members who, for one rea-

son or another, were disturbed by the sudden, dramatic emergence of GAP as a powerful force on the psychiatric scene. These included: organically oriented psychiatrists who feared that GAP represented a deep-seated plot by Freudians to "take over" the APA; others, including some psychoanalysts, who suspected that GAP comprised a small coterie of power-hungry "élites" who sought to dictate to the rank and file of psychiatry; some who saw GAP as an exclusive club of psychiatric snobs; men who had no major differences with GAP policies, but who resented not being invited to join it; some who surmised that GAP might be tainted with leftist tendencies because of its concern with social issues; others who thought that GAP's emphasis on multidisciplinary studies might lead to a denatured psychiatry; some who simply were satisfied with the status quo in American psychiatry and were wont to resist any efforts to change it; others who were concerned lest organized psychiatry be torn asunder by factionalism as a result of GAP's efforts to reform it.

Over a period of several years, the anti-GAP committee issued sporadically a Newsletter containing vigorously voiced and often unfair and unfounded charges against GAP. It never succeeded, however, in enlisting more than a scattered support among APA members. In 1953 it changed its name to Associated Clinical Psychiatrists for the Preservation of Medical Standards in Psychiatry, and in the following year it quietly went out of existence.

One wholesome by-product of the opposition rallied by this committee was to cause the GAP membership to do a considerable amount of self-study and so to re-evaluate its public relations vis-à-vis its own profession. For, to some extent at least, GAP itself had been partly responsible for the opposition which found organized expression in the committee. It had done too little to make its policies and *modus operandi* clear to non-GAP colleagues. Unfortunately, isolated statements by several of its members had certainly given some semblance to the charge that it represented an exclusive Freudian clique—despite the fact that its membership always included prominent non-Freudians and even anti-Freudians. Its dramatically successful efforts to nominate opposition slates for APA officers from the floor gave some

substance to the charge of “political power drives,” in the absence of sufficient explanation of its broader goals. The important “reorganization plan” for APA, supported by GAP in 1948, proved defective in a few respects, although most of its innovations were excellent. The plan was fortunately modified by wise compromises. In its early period of over-ebullience, several brash actions by GAP members and committee units served to stir up needless resentments and antagonisms. In time, however, the friction created by rapid changes and organizational ferment wore off, and today there is no active opposition to GAP within the psychiatric ranks.

A Small Striking Committee

The assault on GAP by the Committee for the Preservation of Medical Standards in Psychiatry served to hasten the decision which the GAP membership had been rather reluctant to face: Was their organization to continue indefinitely on a makeshift, temporary basis, or was it to reconstitute itself as a permanent group? The experiences of the early years convinced most members that, notwithstanding the APA reforms and other gains, a “small striking force for American psychiatry” could be of value for years to come. In a communication addressed to the Commonwealth Fund in 1948, the underlying rationale for a GAP-type organization was restated in this wise:

“It must be progressive. It must be devoted and willing to spend many personal hours for the advancement of psychiatry. . . . The size will determine its cohesiveness, flexibility and mobility. It needs to be militant so that it may tackle problems of the day. It must be small enough to mobilize quickly and to act promptly. It must be willing to pioneer; to investigate and take action on the ‘neglected’ areas concerned with psychiatry; to deal aggressively with the ‘hot potatoes.’ . . . Its membership must not only be willing to undertake the difficult, but they must be willing to sacrifice in time and money and energy to accomplish these aims.”

GAP was incorporated in 1947, a step taken, as was carefully

explained at the time, to facilitate the receipt of foundation grants. In 1950 a GAP constitution was adopted. This proved quite a stabilizing step for the youthful group—youthful in spite of the fact that some of the “Young Turks” of 1946 were already calling themselves “old goats.” For one thing, the constitution permitted an orderly change of GAP officers, relieving President William C. Menninger and Secretary Henry W. Brosin from an “enforced servitude” against which they had vigorously protested. They had both been elected—drafted, rather—over their objections, year after year. The constitution provided for the election of officers every two years, declaring the president ineligible to succeed himself for two years following his retirement. While this prohibition did not obtain for the secretary-treasurer, Dr. Brosin seized the opportunity to retire with his teammate, Dr. Menninger, at the April, 1951, GAP meeting, when the constitution went into effect and new officers were chosen. Dr. Jack R. Ewalt (now professor of psychiatry at Harvard University, director of the Massachusetts Mental Health Center, and also executive head of the Joint Commission on Mental Illness and Health) was elected president of GAP, and Malcolm J. Farrell, superintendent of the Walter E. Fernald School at Waverley, Massachusetts, secretary-treasurer.

Dr. Walter E. Barton, superintendent of the Boston State Hospital, was president in 1953–55; Dr. Sol W. Ginsburg, a psychoanalyst in private practice, 1955–57; and Dr. Dana L. Farnsworth, director of University Health Services at Harvard University, 1957–59. Dr. Marion E. Kenworthy, professor emeritus of psychiatry at the New York School of Social Work and president of the American Psychoanalytic Association, succeeded Dr. Farnsworth in 1959.

Although often referred to as a “Young Turks’ movement,” GAP from the first included in its membership a wide age-range of psychiatrists. A statistical study of its membership was undertaken in 1950, revealing that the youngest member was aged twenty-eight, the eldest sixty-five, and the average forty-seven. Three ex-presidents of the APA were among GAP’s charter mem-

bers, along with many heads of university departments, mental hospital superintendents, executives of state mental health departments, and directors of psychiatric research institutes.

While the membership roster of GAP does indeed include a great proportion of distinguished psychiatrists, it includes also a goodly number of younger "unknowns" of demonstrable ability. If GAP is an organization of the "élites," it is an élite of talent rather than reputation.

The uniqueness of GAP was well-stated in a communication to the Field Foundation in 1950, which declared:

"GAP differs from other medical organizations in that (1) it consists of highly selected members on the basis of special abilities, *all* of whom work actively on some project; (2) the organization is not for the benefit of members; (3) the core of the organization is its working committees and not the administrative officers.

"GAP is an experimental group, a loose federation of investigating committees, each with its own research and educational functions and goals. Each explores pertinent ideas and methods of communication in its field. The devotion of the committee members to their projects is illustrated by the fact that many of them have determined to continue their joint activities even if GAP as a whole cannot continue for lack of finances to hold two general meetings a year. . . .

"Because GAP committee work is creative and exerts widespread influence, we believe it is justified in requesting foundation support in the same sense that research projects are renewable as they develop new programs on the frontiers of knowledge. Each committee is an investigative team equipped by the talent and interests of its members without regard to geography or social determinants to do a distinctive job which is highly desirable to further psychiatry and the progress of psychiatry and its allied disciplines."

This writer, who was privileged to sit in as a guest at one of the founding meetings in Chicago, and has since attended a number of GAP conferences as a consultant, can attest to the extraordinary degree of dedication as well as the democratic spirit that pervades the gatherings.

Asked for his observation on what makes GAP go, former President Dana L. Farnsworth says:

"The beauty of GAP is mainly in its loose organization. The committees practically run themselves. Nobody can get pushed around. The officers have no real power; they are more like errand boys. I am sure that one vital reason why so many stay on and come to meetings regularly, and work between meetings, is this very informality—the knowledge that there is no pressure, that one may drop out at any time without traumatic explosions. If we were to get too formalized, we'd break up."

As a matter of fact, it seemed during the first years that GAP might be stifled by the general reluctance of members to drop out and make room for fresher, younger blood. Since membership was strictly limited, a danger loomed that the extraordinary dynamic quality of GAP might be vitiated by lack of circulation. The problem was solved by developing a category of "contributing members," whereby members who had served actively at least three years might retire to inactive status while still remaining GAP members. Contributing members pay dues of \$25 annually. According to the latest available figures, there are now 189 active, 73 contributing, and 3 "life" members (an honorary category now including Drs. Earl D. Bond, Bruce B. Robinson, and Arthur H. Ruggles).

At each GAP meeting, four selected residents in psychiatry attend and participate in committee sessions as invited guests, with their expenses paid by the host group. Each one attends four successive meetings. This provides a chance for men who are entering the profession to enjoy the stimulating and often inspirational fellowship of older men on a basis of equality.

"GAP gives us all a chance to be among people who are interested in the same thing, and who are interesting people in their own right," says Dr. Farnsworth. Here is how he sums up GAP's significance to American psychiatry:

1. GAP is small enough to get the real opinions of thoughtful people in the field. These opinions are not watered down by excessive caution, such as is manifested so often in larger, more formalized groups.

2. The body of GAP reports represents the summation, the distillation, of what is generally the best thinking being done collectively in any specific aspect of psychiatry.
3. GAP presents a forum for the interchange of different approaches in a "disputatious atmosphere" where individuals can disagree openly and frankly with their peers without the threat to reputation, friendship, or self-esteem.
4. GAP has demonstrated that it is an effective agency for harmonious interdisciplinary collaboration leading to action on common fronts of interest. The psychiatrists and their cooperating consultants meet here as peers in a setting of equality. Nobody pulls rank, regardless of profession, position, or reputation.

"In GAP we are continually testing ideas on the advancing edge of psychiatry," Dr. Farnsworth adds.

It is a unique experiment in collaborative thinking, this Group for the Advancement of Psychiatry. Its further contributions will be followed eagerly by large numbers of persons outside GAP who are concerned with the application of modern knowledge of human behavior to the broader problems of society.

ALBERT DEUTSCH

The Financial History of GAP

THE FINANCIAL history of GAP may be of interest to some readers. A small assessment was made after the Chicago meeting to cover printing, postage, and other administrative charges. Shortly afterwards, the Commonwealth Fund made a grant to support GAP for its first three or four years. This money was used to cover the costs of meetings and publications and to defray in part the expense of travel. With respect to this last item, the first fifty dollars of expense was paid by the members themselves, thus equalizing the cost of attendance for those members coming from great distances and those residing near the meeting place.

With the exhaustion of the Commonwealth Fund grant, GAP faced a financial crisis. A Finance Committee, under the chairmanship of Dr. Jack R. Ewalt, was appointed to study the financial needs and resources of the organization. As a result, grants were obtained from several other foundations—notably the Field Foundation and the New York Foundation. In addition, more than \$17,000 was pledged by the membership. At this time, members voted to assess themselves \$100 a year for dues and to drop the \$50 deductible clause on the understanding that all members' expenses to the meetings would be paid for by the organization. With continued support from foundations, GAP managed to operate more or less on this same basis. In 1957 dues were raised to \$150 a year.

GAP reports were originally distributed to interested persons free of charge and without limitation as to number. They are now offered for sale on a cost-recovery basis, but subsidy is still needed to cover the expense of the research committee meetings and the immediate costs of publication.

JACK R. EWALT, M.D.