BEHAVIOR PATTERNS IN SOUTHERN CAUCASIAN AND SOUTHERN NEGRO MALE SCHIZOPHRENICS

APPROVED:

[Signatures and names]

Major Professor
Minor Professor
Dean of the School of Education
Dean of the Graduate School
BEHAVIOR PATTERNS IN SOUTHERN CAUCASIAN AND SOUTHERN NEGRO MALE SCHIZOPHRENICS

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By
James M. Lee, B.S.
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CHAPTER I

PRESENTATION OF THE PROBLEM AND RELATED LITERATURE

Introduction

Considerable research data has been accumulated during the last decade which has tried to analyze and assess various causative factors related to the etiology of schizophrenia. However, because of its nature and complexity, many questions as to specific causative factors still remain to be answered.

To add further knowledge to the causations of this illness, emphasis has recently been placed on a social-psychological and a social-psychiatric approach. By analyzing the schizophrenic in terms of certain behavioral factors and comparing this behavior specifically to his subculture, additional etiological data has been added to the knowledge already existing. Psychiatric, psychological, and sociological methods combine to ascertain the patterns of relationships that particular ethnic groups have in common with subcultural factors. In short, a social-psychological design simply tries to define general trends of pathological disorders common to a given race which may, in part, result from influencing factors present in their culture.

This relation between culture and personality structure was concisely summarized by Marvin K. Opler (5), who stated that culture was a concrete set of realities specific to the individual. Instead of a single theory of mental
organization, new responses in infant and child-handling modes, family structures and functioning, infant and familial role identification are learned. In short, a new pattern of values imposed by members of a society is achieved.

Psychology and psychiatry, which attempts to analyze human behavior by biological and mental assessments, combine with sociological methods to treat man as an entity with respect to mental illness. The sociological treatment of these factors in relation to subcultural generalizations is a very unique and different method of analysis. Wayne Dunham differentiates these:

Here, the clinical approach is best seen in the use made of the life history document. The life history method has two major functions. It is a technique for studying the process involved in the internalization of experience with its meaning to the person in terms of his self conception and his orientation to the world. Again, it can be and has been used as a means for gaining insight into the organization and functioning of certain aspects of a given culture, as viewed through one human experience (2, p. 51).

Opler, in the mid-fifties, concluded that a fusion of these methods served as an intergrated whole in relation to the study of mankind. He stated:

This concordance of interests in the fields of psychiatry and anthropology in three areas of the individual personality, the cultural background, and family or social group participation is a convergence in broadly intergrative behavior (7, p. 8).
Several relevant studies in the United States have utilized this method in the analysis of schizophrenia. But none have compared cultural variables as related to behavioral manifestations specific to Southern Caucasian and Southern Negro male schizophrenics. Salient findings make comparisons of these two groups difficult, for the study and understanding of these two subcultures is as arduous and complex as the study of the schizophrenic families.

Alanen and his co-workers (personal communication, 1964) have compared the family environments in which a series of schizophrenic and neurotic patients grew up. The preliminary reports indicate very marked differences and in general substantiate our findings concerning schizophrenic patients (5, p. 26).

Two recent studies have compared parent-child relationships of schizophrenic patients. These studies, however, were more concerned with the individual and his immediate family, rather than with gross pathological manifestations common to individual subcultures. Generally, male schizophrenics were found to have come from a severe pathological family background with a very dominant mother and a weak, passive father (3;5).

In the home of the Caucasian schizophrenic, the patient retains his primary tie with the mother and is not guided into a masculine role by having an effective father or a father admired by his mother. The Negro patient, however, more often develops an ego ideal based upon what he believes father needs and wishes from a woman instead of taking on attributes
of the devalued mother (12).

Analysis of Caucasian and Negro schizophrenics has more or less been limited to studies of individuals and their immediate environments. This has been the primary emphasis of approach to understanding this entity. Again, less attention has been placed on the influences of the subculture on this mental manifestation.

Research utilizing the combination of social, psychological, and psychiatric methods shifts the viewpoint from an individualistic, clinical perspective, to a social community in which the schizophrenic is assessed as a person who functions in a subculture. This study in perspective contrasts vividly the difference between the Caucasian male and the Negro male schizophrenic. This approach allows the behavior of these persons to be studied in relation to possible influencing factors operative in their environments.

Significant trends of pathological behavior for the Southern Caucasian and the Southern Negro schizophrenic should manifest itself by comparing certain patterns of behavior in relation to these subcultural influences.

Statement of the Problem

This study analyzed case history data in an attempt to ascertain specific behavior patterns of Southern Caucasian and Southern Negro male schizophrenics as related to influencing
subcultural environments. Chronic schizophrenics were studied because case history data kept for these persons were more complete and contained more pertinent information than those kept for acute schizophrenic patients. This assumption was based on the idea that over a longer period of time more diagnostic evaluations would have been made on chronic schizophrenic patients than on acute or short term institutionalized ones.

An undifferentiated type syndrome was selected because, in relation to the behavioral variables studied, this classification presented the purest and most undefined form of schizophrenia. No previous research had been done emphasizing this particular syndrome in terms of this type of study.

Hypothesis

In keeping with the preceding assumptions, theory and clinical observations considered, the following was laid out for investigation.

The Southern Caucasian and Southern Negro male schizophrenic should differ in terms of behavioral manifestations when compared on the following seven variables

1. sex guilt, i.e., severe guilt preoccupations regarding sexual fantasies

2. overt homosexuality

3. overt anxiety

4. definite or fixed delusions

5. aggressive acting out, i.e., taking physical violence against others
6. alcoholic tendencies
7. hypochondria, i.e., somatization

It was hypothesized that these variables will be influenced to some degree by causative factors common to each subculture. This study will attempt to determine these behavioral differences.

Background Theory and Related Literature

In familial studies of parent-child relations of male schizophrenic patients, Lidz, et al. (5) concluded that the most striking findings of this illness were the very poor masculine model provided by the father and the mother's dependency upon the son for her emotional satisfaction. Furthermore, she often failed to set ego boundaries between herself and her son. Lidz stated:

Deficiencies of the father in furnishing an adequate role model of a man, husband and father with which the son can identify and gain guidance into adulthood derive both from the characteristics and behavior of the father and also from the mother's condescending or hostile attitudes toward her husband.

All of the mothers of schizophrenic sons were very insecure in their marital and maternal roles. Although they had difficulty in being close and maternal to a son as an infant, they soon became oversolicitous and overprotective and unable to set limits for their sons. In contrast to the aloof and distant mothers of daughters, the mothers of sons tended to be engulfing and, at times, highly seductive.

One might venture to say...the original mother-son symbiosis with its erotic components
and the initial identification of the boy with his mother were never properly surmounted. Then as the son found himself more important than the father to his mother, the oedipal attachments were never properly repressed. Retaining a stronger identification with the mother and, in a sense, remaining a part of the mother rather than seeking to identify with the father, the boy was left with a predominately feminine super-ego and without proper ego boundaries between himself and his mother (5, pp. 226-227).

Porkorny (10) in a similar study found that schizophrenics showed considerable maladjustments during childhood, more marked maladjustment during adolescence, and still more marked maladjustment during adulthood. He concluded that certain cultural influences do play an important factor in precipitation of this illness, but studies generally supported this and the preceding findings regarding the causative factors of schizophrenia in Caucasian males.

Lidz and Fleck (5) concluded that one or both parents of a schizophrenic exhibited serious psychopathology, the fathers as often as the mothers. The marriages were unstable, with the parents' hostilities, rivalries, and recriminations dividing the family into opposing factions. The children were raised in a home permeated by irrational ways created by the parents' pathological defenses. Role uncertainties of the parents concerning their sexual identity and their difficulties in assuming parental roles led to an unstable
proclivity in the offspring. Quoting directly from Lidz:

It is important to note that in these families a parent fails to provide a culture adaptive and instrumentally valid role model not only because of his or her personality defects but also because the other parent tends to aggravate these individual deficiencies instead of amelioration or compensating for them in the family interaction (5, p. 270).

This preceding research was supported by Fleck (3) in a similar study.

Sociological literature has much to say regarding Southern Caucasian and Southern Negro subcultures. Each presents clear and consistent behavior with certain trends common to both. In the low socio-economic Southern Caucasian home, religious training is often fundamentalist, thereby emphasizing suppression of emotional feelings and attitudes. The mother is generally the dominant parental figure while the father presents a passive and inconsistent father image. Guilt and misconceptions underlie sexual attitudes causing the male child to be unable to discharge emotional conflicts; fantasy becomes a relevant factor for tension reduction (12, p. 3-5).

The Southern Negro's home, however, presents a very different sociological picture. This family is characteristically matriarchal, even though the mother may not always be present, and the father is generally very ineffective in his relationship with the family. Sexual feelings are not suppressed; thereby, repressive guilt feelings are alleviated.
Emotional methods are often used as tension reduction activities (12, pp. 5-7).

Kardiner and Ovesey (4) found that the dominant conflicts of the Negro were created by the caste situation which occurred primarily from the color of his skin. The authors recognized the consistent feature of human personality was that it tended to become organized around the main problem of prejudice. Quoting directly:

This central problem of Negro adaptation is oriented toward the discrimination he suffers and the consequences of this discrimination for the self referential aspects of his social orientation. In simple words, it means that his self-esteem suffers (which is self-referential) because he is constantly receiving an unpleasant image of himself from the behavior of others to him (4, p. 303).

This low self-esteem can also mobilize itself into several other forms. These are (1) apathy, (2) hedonism, (3) living for the moment, and (4) criminality.

In regard to schizophrenia and culture, studies have been limited mainly to Northern and Southeastern populations of the United States. Brody (1) in an investigation of Negro schizophrenics in relation to their subculture found (1) mostly families dominated by the mother, (2) important relationships with slightly older male peers or siblings, (3) psychosis with somatic concern and paranoid fixations, (4) poorly organized or absent delusions, and (5) overt homosexuality. Vitols, Waters, and Keeler, in 1963 (11), found that
cultural patterns and interactions made significant differences in comparisons of delusions and hallucinations of Caucasian and Negro patients in a North Carolina hospital.

Several recent studies have utilized the social-psychological approach to the study of schizophrenia. Opler, in 1957, compared Irish and Italian schizophrenics and found that there were certain behavior characteristics common to each group (8). He summarized that subcultural influences did play an important role in shaping schizophrenic tendencies. Piedmont, in 1962, found that similar contrasts were present in Polish and German schizophrenics (10). Therefore, this research is a general replication of these two prior studies. It differs by utilizing hospitalized Southern Caucasian and Southern Negro male schizophrenics.

It was thus hypothesized from the preceding that certain general patterns of schizophrenic behavior would emerge for each group. These would bear the effects of subcultural stresses common to the Southern Caucasian and to the Southern Negro.


7. __________, Culture Psychiatry and Human Values, 1956.


12. Whitt, Mary, Unpublished notes, Social Service Staff, Terrell State Hospital, Terrell, Texas, 1966.
CHAPTER II

METHODOLOGY AND DESCRIPTION OF INSTRUMENTS

Subjects

Subjects chosen included nineteen Caucasian and seventeen Negro male schizophrenic patients who were institutionalized at the time of the study at a state mental hospital located in East Texas.

Each subject had been individually diagnosed as a chronic schizophrenic, undifferentiated type, by the staff psychiatrists. Their diagnosis was derived from the most current information attainable, including observational behavior of the patient, medical data, psychiatric interviews, psychological evaluations, and social histories. Those data were gathered by the hospital staff specifically to aid in diagnostic purposes and to further assist in selection of treatment during hospitalization.

Patients were selected as subjects who demonstrated only pure and functional clinical diagnosis of chronic schizophrenia. No persons were selected who showed any evidence of organic brain damage, borderline reactions of a psychotic or neurotic nature, or other mental disorders. Therefore, only pure cases of chronic schizophrenia were assessed.
The criteria for selection of subjects were based solely on information contained in the Kardexes on the wards and in the master case history folders preserved in the administration building. This information was made available to the examiner by the clinical director, the psychology department, and the social service staff of the hospital. These sources provided all relevant data and research material obtained for all subjects.

Procedure

A general description of the groups included

1. Each subject was individually diagnosed by the hospital staff as chronic schizophrenic, undifferentiated type.

2. All subjects were either Southern Caucasian or Southern Negroes from East Texas.

3. All Caucasian subjects were designated as Group I, while all Negro subjects were designated as Group II.

4. All of the subjects were males.

5. All were from a lower socio-economic level and environment as contained in information gathered from the histories.

6. The mean age for Group I was 43.3 years, and the mean age for Group II was 42.3 years.

7. Average length of hospitalization for Group I was 8.4 years, for Group II, 6.4 years.

8. Group I had an average of 10.3 years of education, while Group II had 7 years.

9. The marital status of Group I included nine single, five married, and five divorced, while Group II had twelve single, one divorced, one widower, and three separated.
The available number of patients who fit these general descriptions caused the groups to be unequal in numbers. This did not influence or bias the statistical treatment of the resulting analysis of the variables.

All information obtained on each subject was that which was recorded from his case history folder. Each subject was assigned to seven variables after this examination. A data sheet was used for each subject, and the conditions for each variable were defined as being either present or absent, as contained in written evidence in the history. This method served for standardizing the techniques employed for all subjects.

The variables included

1. sex guilt, i.e., severe guilt feelings primarily pertaining to sexual fantasies
2. overt homosexuality
3. aggressive acting out, i.e., the use of physical violence directed against others
4. definite or fixed delusions
5. overt or free floating anxiety
6. alcoholic tendencies
7. hypochondria, i.e., somatization

These served as the dependent variables and were the specific behavioral comparisons analyzed for both groups. For comparative purposes, a total for each specific condition for each specific variable was computed and summarized for Group I and for Group II.
Independent variables were the Southern Caucasian and the Southern Negro subcultures, and were directly related to the sociological literature summarized in the previous chapter. Those descriptions served as background comparisons for this research.

Description of Instruments

The Kardexes kept on the chronic male wards of the hospital served as the preliminary screening device used in selection of subjects. These contained the psychiatric diagnosis, name of the patient, date of birth, religion, admission date to the hospital, race, county from which admitted, and occupation. The examination of this material facilitated the selection of subjects before the individual case histories were examined.

Research data obtained from the case history folders for all subjects consisted of the last previous psychiatric diagnosis, summaries of psychological tests and evaluations, social histories, medical examinations, and observational behavior of the patient. These histories were the only available source of information related to the presence or absence of the dependent variables, since many of the subjects could not be assessed or evaluated at the time of the study. This was due to the mental and physical incapacitation of many of the patients.

These subjects who had been institutionalized for long periods of time had had many psychiatric evaluations for
diagnostic purposes. Only the most recent behavioral analysis were recorded, thus assuring uniformity and standardization for all subjects.

The last psychiatric evaluation included a summary of the patient's observed behavior at the time of the interview, either the presence or absence of fixed delusions, overt anxiety, plus a clinical diagnosis of the patient. The psychiatric examination was the most valid source of data because this was the most objective analysis performed on the patient.

Social histories contained recorded interviews with members of the patient's immediate family and were the most questionable and possibly the most invalid of all the research material. These histories were lacking in reliable and coherent material concerning the independent variables due to the inability of the informants to communicate because of lack of knowledge. The parameters of aggressive acting out and alcoholic tendencies appeared to be more easily explained since tangible actions could be discussed as reality.

Observational behavior of the patient, psychological assessments, and medical findings, provided the remainder of the material in regard to the other parameters. These variables were sex guilt, overt homosexuality, and hypochondria.
CHAPTER III

RESULTS

The differences between certain personality tendencies as related to cultural differences in institutionalized Southern Caucasian (Group I) and Southern Negro (Group II) male schizophrenics were compared by employing two groups of unequal numbers. These seven dependent variables as were found in the case history folders of the thirty-six subjects were statistically analyzed by the chi-square treatment and were stated to be specifically present or absent. The dependent parameters included

1. sex guilt, i.e., severe guilt feelings in regard to sexual matters
2. overt homosexuality
3. aggressive acting out, i.e., the use of physical violence against others
4. definite or fixed delusions
5. overt or free floating delusions
6. alcoholic tendencies
7. hypochondria, i.e., somatization

In addition to the chi-square treatment, each variable for each group is presented in Figure I. These data illustrated the trends and differences in behavior patterns specific to each group and for each other.

Three of the seven dependent parameters were found to be significant or below the .05 level between the two groups.
The other four variables proved to be nonsignificant or above the .05 level. Specifically, the significant and nonsignificant variables were

1. sex guilt, $p < .001$
2. overt homosexuality, $p < .05$
3. overt or free floating anxiety, $p < .001$
4. aggressive acting out, $p > .05$
5. alcoholic tendencies, $p > .05$
6. fixed delusions, $p > .05$
7. hypochondria, $p > .05$

These data are presented in Table I.

**TABLE I**

**CHI-SQUARE TREATMENT FOR TWO GROUPS**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Chi-square analysis</th>
<th>Significance (s) or nonsignificance (ns)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex guilt</td>
<td>$p &lt; .001$</td>
<td>s</td>
</tr>
<tr>
<td>Overt homosexuality</td>
<td>$p &lt; .05$</td>
<td>s</td>
</tr>
<tr>
<td>Overt anxiety</td>
<td>$p &lt; .001$</td>
<td>s</td>
</tr>
<tr>
<td>Aggressive acting out</td>
<td>$p &gt; .05$</td>
<td>ns</td>
</tr>
<tr>
<td>Alcoholic tendencies</td>
<td>$p &gt; .05$</td>
<td>ns</td>
</tr>
<tr>
<td>Fixed delusions</td>
<td>$p &gt; .05$</td>
<td>ns</td>
</tr>
<tr>
<td>Hypochondria</td>
<td>$p &gt; .05$</td>
<td>ns</td>
</tr>
</tbody>
</table>
There appeared to be definite group differences in terms of specific conditions (presence or absence) assigned for subjects of both groups. This seemed to have surface validity, and, therefore, merit for future research and investigation.

The preliminary variable researched was sex guilt. This variable was present in sixteen and absent in three subjects of Group I, whereas in Group II, sex guilt was absent in sixteen persons and present in one. See Table II.

There was no written evidence of overt homosexuality for any persons in Group I. Evidence for Group II indicated three subjects were overt homosexuals and fourteen were not. Table II shows this.

All Group I subjects were found to have overt anxiety. Group II had a noticeable lack of this tendency in that written evidence indicated only four of the seventeen subjects possessed this trait. Table II relates these findings.

The variable of aggressive acting out was present in eleven and absent in eight subjects in Group I. For Group II, it was present in six and absent in eleven persons. Table II presents these illustrations.

Alcoholic tendencies were present in six subjects and absent in thirteen of Group I. This variable was present in three subjects and absent in fourteen of Group II. See Table II.
Fixed delusions were evidenced for six subjects and were absent in thirteen for Group I. Group II had this variable present in ten persons while it was absent in seven. This is shown in Table II.

Hypochondria was present in six subjects and absent in thirteen in Group I. This same variable had its presence manifested in three subjects and was absent in fourteen in Group II. Table II presents these findings.

TABLE II
PRESENCE OR ABSENCE OF SEVEN VARIABLES FOR TWO GROUPS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group I</th>
<th></th>
<th>Group II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Sex guilt</td>
<td>16</td>
<td>3</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Overt homosexuality</td>
<td>...</td>
<td>19</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Aggressive acting out</td>
<td>11</td>
<td>8</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Alcoholic tendencies</td>
<td>6</td>
<td>13</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Fixed delusions</td>
<td>6</td>
<td>13</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Hypochondria</td>
<td>6</td>
<td>13</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Overt anxiety</td>
<td>19</td>
<td>...</td>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>
The material gathered in the case history folders seems to support the evidence that certain significant behavioral factors, and degrees of differences exist between Southern Caucasian and Southern Negro male schizophrenics. These differences are sex guilt, homosexuality, and overt anxiety. The variables of aggressive acting out, fixed delusions, alcoholic tendencies, and hypochondria appeared not to differ significantly between the two groups.

All of these variables may be influenced to some degree by subcultural differences operative in these environments. It is, however, felt that the validity of the research material leaves itself open to a more extensive examination of the particular parameters than was examined. It should be emphasized that these variables represent only a small segment of many different personality factors operative in any number of persons in any given subculture. Therefore, the preceding data should be analyzed in terms of specific application only for these particular subjects as these limitations leave little room for generalization.

General behavioral differences between the groups, however, indicated the need for more intensive and complete research in this area. This would aid in further understanding the etiology of schizophrenia as related to social subcultural differences specific to Southern Caucasian and Southern Negro males.
A preliminary study utilizing information derived from case history data was conducted to ascertain if certain behavioral differences existed between groups of Southern Caucasian and Southern Negro male schizophrenics. It was hypothesized that subcultural influences common to each group would, in part, contribute to any differences. This premise assumed an extreme exaggeration of common subcultural factors would ultimately influence behavior of schizophrenic patients, and extreme personality traits would manifest itself in their behavior.

Subjects were drawn from a mental hospital in East Texas to test this hypothesis. The thirty-six male subjects studied included nineteen Caucasian and seventeen Negro schizophrenics. The former were designated Group I, while the latter were designated Group II.

Each subject was examined for seven variables, and these parameters were assessed as either present or absent as written in the case histories. These variables were sex guilt, overt homosexuality, overt anxiety, aggressive acting out, alcoholic tendencies, fixed delusions, and hypochondria. All information was obtained by one examiner.
A chi-square treatment for each variable was computed for the two groups, and three of the parameters were found to be statistically significant. These were sex guilt, overt homosexuality, and overt anxiety. This supported the hypothesis that subcultural influences may, in part, influence certain forms of behavior. It was ascertained that aggressive acting out, alcoholic tendencies, fixed delusions, and hypochondria were statistically nonsignificant in relation to the hypothesis. Since this research is generally ambiguous in conclusive evidence, more study is indicated.

This summary is a general outline of behavioral patterns of low socio-economic Southern Caucasians and Southern Negroes in relation to underlying subcultural influences. It should be emphasized that these descriptive attributes do not describe every individual in both subcultures, but certain personality characteristics may be common throughout both environments. Therefore, characteristic mental manifestations may arise, in part, by extreme exaggerations of these stresses.

An examination of the case histories for the variable sex guilt revealed that the majority of the Caucasian subjects manifested these feelings. This was especially evident in preoccupations with their masculine image and
identity. In contrast, Group II had almost a total absence of guilt feelings in regard to sexuality.

This difference between the two groups, in terms of this variable, could be interpreted as possibly arising from the emphasis placed upon the importance of sexuality in the two subcultures. For the Caucasian male in the South, references in relation to sexuality are generally frowned upon in the home, thereby leading to repression, which may foster deep feelings of guilt and frustration. This may lead to feelings of inadequacy in terms of masculine role identification. A dominant mother-figure and a passive father-figure in the home further contribute to the confusion.

In contrast, the lower socio-economic Negro home has fewer repressions or stigmas. The familial statures are different, in that the mother-figure may be totally absent from the home while the father-figure is generally an ineffective figure. It appears, then, the Negro environment is generally conducive to expressive acting out of emotional problems and less prone to fantasy as a tension reduction method.

While five members of Group I were married, there was no written evidence that any of the marriages were stable. Rather, all of them had had some difficulty in
both marital and sexual adjustment. The members of Group I that were not married had all experienced difficulties in regard to their masculine adequacies. There was no evidence of this problem in Group II.

Information obtained from histories evidenced the feasibility of analyzing the degrees of direct or overt homosexuality as compared to latent homosexuality between the groups. However, this variable was highly questionable due to the sometimes scanty information recorded by the social case worker. The availability of data gathered by this department was hampered in many cases by short interviews and the low mental ability of the informant to verbalize. In several cases, the inability to express facts was more prevalent than the intention to suppress information.

This variable, however, was found to be statistically significant although only three of seventeen members of Group II were found to be overt homosexuals. There was no written evidence of this behavior in any of the members of Group I.

It was found upon a superficial examination that a large number of subjects of Group I were assessed to be latent homosexuals as inferred by psychological evaluations. No statistics were kept on these differences, and there was no evidence of this for members of Group II.
These differences in behavior may well be attributed to differences in patterns of subcultural influences regarding sexual identification for Caucasian and Negro males.

The Caucasian male, however, is caught in the middle of a conflicting situation. Factors which bring about these stresses are a lack of parental role identification, fundamentalist religions which emphasize suppression of sexual emotion, and an inadequate paternal figure with whom to identify. These influences, in turn, may internalize such behavior.

Even though the two groups differed significantly for overt anxiety, it was felt that these differences reflected more than this one factor of anxiety. The Negro culture puts high degrees of importance on outward emotional expression. It is not unusual for a mentally disturbed person, even a schizophrenic, to be totally neglected until the most severe or unusual behavior warrants medical attention. Severe disturbances of behavior are often common to this subculture. Many schizophrenic patients, as a consequence, are severely mentally deteriorated upon medical examination. As a result of this delay in seeking treatment, any irrational behavior which cannot be adequately handled by the schizophrenic is in turn, channeled to other facets of behavior, such as delusions or hallucinations. Therefore, a psychiatric examination of a Negro schizophrenic may reveal
deterioration too great for actual anxiety to express itself. Other stigmas which lengthen the time between the onset of illness and treatment are superstitions and low financial status.

In comparison, the Caucasian schizophrenic apparently internalizes most emotional expression. It was not surprising then, that these subjects were prone to be more anxious in relation to their Negro counterparts. Group I subjects tended to seek medical attention earlier after the onset of their existing illness. Less stigma was attached to seeking professional help, and in its stead, a worshipful adulation of superior intellectuality by the individual of this group was experienced. Acceptance and dependability of medical attention tended to be an expectation of solvents of the illness. This, along with the preceding reasons given for the Negro subjects, probably yielded the causative factors of differences of overt anxiety between these groups.

The other four variables of alcoholic tendencies, aggressive acting out, fixed delusions, and somatic complaints were found to be statistically nonsignificant. It was felt that if a more thorough study of these subjects could have been made, different results could have been attained.
Summary

Comparisons between Southern Caucasian and Southern Negro male schizophrenics were done to ascertain differences between their behavior as related to their subcultural environments. Subjects selected came from a mental hospital in East Texas, and a two group design was utilized. All subjects were diagnosed chronic schizophrenics, undifferentiated type, and were divided into Caucasian and Negro groups.

The seven variables were defined as being either present or absent as were found in written evidence as contained in the case history folder. These variables included

1. sex guilt, i.e., severe guilt preoccupations regarding sexual matters
2. overt homosexuality
3. overt or free floating anxiety
4. fixed delusions
5. alcoholic tendencies
6. aggressive acting out, i.e., the use of physical violence directed against others
7. hypochondria

There was one examiner, and statistical methods consisted of a chi-square treatment for each variable. The significant variables were sex guilt, overt homosexuality, and overt anxiety.
As inferred from these data, the Caucasian subjects, as a group, were more prone to experience sex guilt and overt anxiety while the Negroes, as a group, tended to be more overtly homosexual. Alcoholic tendencies, aggressive acting out, fixed delusions and somatic complaints were found to be statistically nonsignificant.

The independent variables included sociological literature which assessed subcultural tendencies specific to the Caucasian and Negro environments in the South. Information was obtained from case histories kept by the hospital staff for diagnostic and treatment purposes. Certain limitations were placed on this study. These included the questionable validity and reliability of the data as well as the small number of subjects available who fit the criteria of the research design.

Certain generalizations, however, were applicable. These concluded that various subcultural factors are, in part, responsible for certain behavior of Southern Caucasian and Southern Negro male schizophrenics. This did not state that these subcultural factors are entirely responsible for this behavior, but that environmental factors may play a certain part in determining behavior of these persons.

More extensive research is indicated to further assess the relationships of subcultural influences as related to schizophrenic personalities for Southern Caucasian and Southern Negro males.
Conclusions

There have been no studies of this type made to date, of Southern Caucasian and Southern Negro male schizophrenics specifically comparing their behavior patterns to sub-cultural influences in their environments. This research has assessed some of these patterns and should serve then, for preliminary investigation purposes. It should be emphasized that these particular variables could be common to any subculture for any person whether mentally ill or not. Future research should be able to further delineate the specific causative factors and specific behavioral manifestations in regard to this mental phenomena.

The limitations of a one-judge rating and the possibility of bias of the case history data suggest that future studies, if possible, be more intensive and thorough in investigation.

Certain characteristic personality trends for each group are evident in spite of these limitations, but these behavior manifestations should be assessed to only these groups. It is indicated that certain subcultural influences possibly manifest themselves in certain behavioral parameters for both Caucasian and Negro males.

More assessments are needed in the area of the causative factors of mental illness, not only for schizophrenia, but for all other psychopathological disturbances. From this research may emerge enlightened methods for treatment of patients, especially in prophylactic and preventive psychology.
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