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# The Quality of Monopoly Capitalist Society

## *Mental Health*

PAUL A. BARAN AND PAUL M. SWEEZY

*When Paul A. Baran and Paul M. Sweezy's* Monopoly Capital: An Essay on the American Economic and Social Order *was published by Monthly Review Press in 1966, two of the chapters originally drafted for the book were left out of the final volume: what was to have been Chapter 9 in the original plan for the book, entitled "Some Theoretical Implications," and what was intended as Chapter 11, "The Quality of Monopoly Capitalist Society: Culture and Mental Health." Baran died in March 1964 with the book not quite completed. Sweezy's stated reasons for excluding these two chapters from the book, both of which had been drafted by Baran, were that they were still in "rough draft form" at the time of Baran's death, and both he and Baran had "raised important questions which still remained to be discussed and resolved."*[1]

*In July–August 2012, "Some Theoretical Implications" was finally published in* Monthly Review. *This was followed by the publication of the first part, approximately two-thirds of the whole, of "The Quality of Monopoly Capitalist Society: Culture and Mental Health" in the July–August 2013 issue of the magazine.*[2] *This first part of the latter chapter, when published in 2013, was retitled "The Quality of Monopoly Capitalist Society: Culture and Communications." The section on mental health was left out on the grounds that it was "incomplete," since Baran had planned to incorporate additional material into the chapter on the family, juvenile delinquency, and alcoholism—all of which he saw as related to mental health.*[3] *Perhaps even more important, however, in our decision not to publish the section on mental health in the July–August 2013 issue along with the first part of the chapter was the concern that it had been written at a phase in the history of psychiatric epidemiology long since bypassed by later developments, making it necessary to place that section in its historical context if it were to be published, a task that seemed exceedingly difficult at the time.*[4]

*David Matthews's important article "A Theory of Mental Health and Monopoly Capitalism," published in this issue of* Monthly Review, *has done much to ease these difficulties in situating Baran and Sweezy's analysis of mental health. Matthews relies for his analysis on what was included in the published version of* Monopoly Capital, *particularly in the final chapter on "The Irrational System," together with Baran's other published writings dealing with psychological issues. Baran had been heavily influenced by his role as a research assistant at the Institute for Social Research in Frankfurt in the late 1920s and early 1930s, where he became acquainted with such figures as*

*Herbert Marcuse, Leo Lowenthal, and Max Horkheimer and the ideas of Erich Fromm, and where he developed long-term interests in Karl Marx's theory of alienation and in the Marx-Freud relation.*[5] *Building on this aspect of Baran's work, Matthews points to the power of the theoretical critique that Baran and Sweezy, working together, were able to bring to the scrutiny of mental health conditions prevailing under monopoly capitalism.*

*Matthews concludes that over fifty years later, Baran and Sweezy's expectations as to "the spread of increasingly severe psychic disorders" in late capitalism has been proven correct.*[6] *Indeed, so deep is the mental health crisis—viewed in the broadest terms—in the United States today that, as Nicholas Kristof and Sheryl WuDunn observed in the* New York Times *in January 2020, life expectancy in the United States has "now fallen three years in a row, for the first time in a century," attributable to deaths of despair from alcohol, drugs, and suicide, largely affecting working-class populations. What Baran and Sweezy, writing during what is still widely considered to be the most successful period of U.S. capitalism, saw as the trend toward the psychological dissolution of working-class families and individuals has, in the present era of capitalist failure, become nothing less than a ubiquitous cancer responsible for the decline of whole communities.*[7]

*Hence, in reflecting on Matthews's penetrating essay on Baran and Sweezy's discussion of mental health and its significance for our times, we found ourselves reconsidering once again the still unpublished section on "Mental Health" of "The Quality of Monopoly Capitalist Society: Culture and Mental Health" drafted for their book.*

*Indeed, what was missing from the published material upon which Matthews relied in his treatment of Baran and Sweezy's analysis in this area was the careful empirical analysis that had been crucial to their argument, and which gave it its lasting import.*[8] *In their "Mental Health" manuscript (the second part of their original drafted Chapter 11 of their book), Baran and Sweezy indicated that psychiatric disorders affected 20 percent or more of the U.S. population, a figure that corresponds to today's assessments of the prevalence of mental illness.*[9] *Significantly, their analysis was carried out at a turning point in the development of psychiatric epidemiology. The holistic view of mental health, of which their work was representative, focusing on how social relations impinged on psychiatric disorders, grew out of the broad mental hygiene movement of the 1950s and '60s, which had also incorporated analyses of the Freudian left. The mental hygiene movement was to be displaced in the 1980s by a new dominant capitalist model. This new approach set aside previous notions of a continuum of mental health conditions and substituted a dualistic model of the normal versus the pathological. Hence, the later model, that came to dominate especially in the 1980s, along with the appearance of the Epidemiologic Catchment Area research program of 1980–85 promoted by the Ronald Reagan administration, was defined in terms of discrete pathological categories attributable to individuals—signaling a shift, as Baran and Sweezy had themselves intimated in their critique, to a hegemonic, corporate drug-based epidemiology.*[10]

*Crucial to the case that Baran and Sweezy advanced in the 1960s was the most important mental health study of the time, the famous* Midtown Manhattan Study *of 1962 based on the evaluation of a community of 175,000 people and relying on the investigations of some 200 researchers over eight years. While the* Midtown Manhattan Study *focused on a relatively well-to-do white population, the thoroughness of the analysis and the focus on social factors represented what was known as a holistic or* ecological *approach to mental health and demonstrated that mental health problems to varying degrees affected a majority of the population. In the words of the lead author, sociologist Leo Srole of the SUNY Brooklyn Medical Center, "An investigation focused upon Midtown can be likened to an intensive case study. Here a community, rather than an individual, is the case."*[11] *Other complementary studies, as Baran and Sweezy indicated, allowed this research to be extended to social classes broadly, relying on both sociological and psychiatric investigators. Leading works in this period were August Hollingshead and Frederick Redlich's* Social Class and Mental Illness, *David Riesman's* The Lonely Crowd, *and Fromm's* The Sane Society.[12] *However, all such approaches were to be displaced in the 1980s with the turn to the right and the adoption of corporate models that sought to isolate mental illnesses in terms of discrete disorders. In contrast, Srole, looking in 1980 at longitudinal data from panels of Midtown Manhattan participants, continued to emphasize a broad continuum of mental health affected by social factors, arguing that what was mainly at issue in the deepening mental health crisis were social pathologies resulting from "discriminatory dysfunctions" requiring "larger doses of social equality."*[13]

*In addressing the state of mental health in monopoly capitalism in relation to class, Baran and Sweezy also addressed it in relation to race, arguing that the forms of social repression imposed on working-class communities in the United States fell especially heavily on the black population. Here they drew on James Baldwin's* The Fire Next Time, *closing their chapter with his famous words: "There is simply no possibility of a real change in the Negro's situation without the most radical and far-reaching changes in the American political and social structure." But they took the argument one step further, arguing that a general revolution instigated by both the black and white working class was necessary, and the principal force for change came from the former.*[14]

—John Bellamy Foster

*Nineteenth-century capitalism exhausted the life of millions of workers; twentieth-century capitalism can well end by destroying the mind of civilized man.*

—Norman Mailer*

Norman Mailer is not alone in his gloomy view of the mental state of the nation. President Pusey of Harvard characterizes as "not far off the mark" the statement that life in the United States is "marred by much frustration and emptiness, hardness, and indifference, loneliness and insecurity." Novelist Henry Miller has called the mental climate of the country an "air-conditioned nightmare" and warns that it is "in a fair way to create a whole nation of lunatics." J. Edgar Hoover, Director of the Federal Bureau of Investigation, sees a "dangerous flaw in our nation's moral armor… which is creating citizens who reach maturity with a warped sense of values and an undeveloped conscience." Dwight MacDonald, essayist and social critic, asserts that Americans are "not happy," that "they look more tense and joyless than the people in the poorest quarters of Florence."[15] The psychologist Erich Fromm, the sociologist David Riesman, the evangelist Billy Graham, the novelist John Steinbeck, and many other prominent and thoughtful Americans could be quoted to the same general effect. There seems to be an extraordinary consensus among people of the most varied political, social, and religious views that ours is a sick society.

Specialists in the field of mental health bear witness to the same effect. "Mental health in the United States is a public problem of enormous proportions."† The Joint Committee on Mental Illness and Health finds that "mental health is America's No. 1 health problem."‡

Yet to translate this widespread impression into the language of more specific observations is far from easy. The principal difficulty arises from the conceptual ambiguity which characterizes all discussions of the mental condition of society: in this realm the seeker after truth is likely to feel like the blindfolded man looking for a black hat in a dark room. To be sure, within the framework of so-called clinical empiricism, or workaday psychiatric practice, the matter appears to be relatively simple. Mental health may be defined as the capacity to cope with reality, to adjust to its demands, to function adequately within its confines. Dr. S. W. Ginsburg and his co-workers, in deciding whether an individual is mentally well or ill, "have settled for some such simple criteria as these: the ability to hold a job, have a family, keep out of trouble with the law, and enjoy the normal opportunities for

* Norman Mailer, *Advertisements for Myself*, New York, 1959, p. 436. (All footnotes in this piece are by the authors; all endnotes are editorial notes.)

† Drs. Richard J. Plunkett and John E. Gordon, *Epidemiology and Mental Disease*, New York, 1960, p. 104.

‡ Joint Committee on Mental Illness and Health, *Action for Mental Health*, New York, 1961, p. 10.

pleasure."* Yet even in terms of purely clinical diagnosis these criteria can hardly be considered satisfactory. How much suffering is associated with the individual's capacity to hold his job? What kind of family life does he manage to have? What psychic costs must he bear to keep out of trouble with the law? To what extent does he experience genuine gratification at the usual opportunities for pleasure? Surely questions such as these would have to be dealt with before an individual could qualify for a clean bill of mental health.

There is an even more serious trouble with this approach: by defining mental illness as an individual's incapacity to function normally within a given setting implicitly equates mental health with the ability to adjust to the prevailing social relations and modes of behavior. The all-important question whether such adjustment enables a person to grow, to develop, to unfold his human potentialities – this real question of mental health does not then even arise. As Marie Jahoda observes, looking at mental health in such narrowly practical terms, one could justifiably consider the storm troopers in Nazi society as one type of integrative adjustment.†

Another frequent approach to mental health starts out by looking first at the available statistics. The number of patients currently in mental hospitals and the number of first admissions to mental hospitals are taken as indexes of the state of society's mental health. One objection to this procedure is obvious: no one knows what proportion of people who would "qualify" for hospitalization actually seeks admission. There are clearly many factors other than the state of the population's mental health which play a role, such as the number and capacity of mental hospitals, availability of out-patient and psychiatric facilities, recent widespread use of tranquilizing drugs as a substitute for hospitalization.

One frequently encounters seemingly authoritative estimates that at least one person in every ten in the United States has some form of mental illness requiring psychiatric treatment.‡ It is not clear whether this estimate is based on hospitalization and related statistics or whether it is merely an educated guess. In any case, it should certainly serve the purpose of impressing the public with the seriousness of the mental health problem. Yet even this one-in-ten ratio may considerably understate the true order of magnitude of the problem. This becomes clear in studies of general population samples.

The most thorough of these, the *Midtown Manhattan Study*, reports on eight years of intensive research into the metal health of the residents

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* Quoted in Marie Jahoda, *Current Concepts of Positive Mental Health*, New York, 1958, p. 55.

† Ibid., p. 16.

‡ This statistic appears in various releases of the National Association for Mental Health, (for example, *Facts About Mental Health*, no date) as well as in several of the monographs of the Joint Commission on Mental Health and Illness.

between the ages of 20 and 59 of an area in New York City containing a population of 175,000.* The area under study is nearly all white and above average in income. The major findings are as follows:

> Placed individually against the psychiatrists' gradient scale of symptom formation, the sample population of Midtown adults conveys a composite group profile of mental health. Standing at the most favorable extreme are the Well, satisfying the norm of freedom from significant symptoms and accounting for under one fifth (18.5 percent) of the sample. The Mild and Moderate levels of symptom formation, presumably covering the subclinical range of the spectrum, comprise 36.3 and 21.8 percent of the sample respectively. These, then, are the two most populous categories in the psychiatrists' scheme of mental health evaluation, offering intimation of the latent prodromal pathology lying endemic in one of the most favored of communities. The Marked, Severe, and Incapacitated grades…jointly spanning the morbidity or clinical or Impaired range of the mental health continuum, hold sample segments of 13.2, 7.5 and 2.7 respectively, or 23.4 percent all told. Here we take the measure of pathology that seems to have halting, laming, or crippling effects on personal performance in one or more social theaters of adult life.†[16]

On the basis of this study, it would seem that the one-in-ten formula publicized by the National Association for Mental Health could be conservatively revised upward to at least one-in-five.‡

Although the Manhattan findings refer to only a small segment, the authors of the study believe their applicability is much wider and point out that research in Boston and Baltimore discloses approximately the same incidence of mental impairment. The situation may of course be influenced by the conditions of modern city life, but the present evidence on this seems unlikely. "Regional distinctions and place-of-residence considerations," says a report prepared under the auspices of the Joint Commission on Mental Illness and Health, "apparently reflect…cultural and level-of-gratification differences minimally. In terms of the variables…measured, a young, educated, male farmer is more like a young educated, male New Yorker than either of these people is like his own father."§

But in two important respects, the *Midtown Manhattan Study* may well understate the seriousness of the national mental health problem. The population sample was above average in income – "one of the most fa-

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* Leo Srole et al., *Mental Health in the Metropolis: The Midtown Manhattan Study*, New York, 1962, p. 342.

† Ibid, p. 342.

‡ The proportion of draftees rejected for mental reasons during the Second World War, and again in recent years, is very close to this one-in-five ratio (21.5 percent in 1962). Nina Ridenour, *Mental Health in the United States: A Fifty Year History*, Cambridge, 1961, p. 60; for recent figures, *Statistical Abstract of the United States, 1963*, p. 267.

§ Gerald Gurin, Joseph Veroff, and Sheila Feld, *Americans View Their Mental Health: A Nationwide Interview Survey*, New York, 1960, p. 230.

vored of communities" – and almost entirely white. And there is general agreement that incidence of mental disorder is greater among the poor than among the well-to-do, and among Negroes than among whites.

It is necessary here to be aware of the limitations of our data. Most factual records on mental illness come from institutions and doctors whose function is to receive patients who come to them with symptoms considered – by themselves and their families – serious enough to require treatment. This readiness to seek help is obviously limited in part by the kind of facilities open to these people and their ability to pay for the needed services.* In both these respects the rich are far better off than the poor. We should therefore expect that if mental illness were distributed evenly over the population the statistics would reveal an apparently higher incidence in the upper-income groups and a lower incidence in the lower-income groups.

Nonetheless, for the more severe forms of mental illness – the psychoses and particularly schizophrenia – there is a general consensus among the experts that the incidence actually rises as one goes down the income scale.† "Mental disease diagnosed as psychosis," reports Hollingshead, "is more common among individuals in the lower-class groups, and lower-class psychotics remain in treatment longer than psychotics coming from the higher social classes."‡ And Mishler and Scotch, reviewing eight different studies, conclude that

> the most consistent findings that emerge from these studies is that the highest incidence rate is associated with the lowest social class group used in each study. This relationship is present in seven of the eight studies. In five of them, it is the Unskilled category, and in a sixth it is the Unemployed, and in the seventh it is the lowest of the four social classes defined by an index of occupation, education, and residence that produces the highest rate.§

The apparent reversal of this relationship in the case of neuroses reported by Hollingshead, is probably more apparent than real. For the most part these are the milder forms of mental illness which are treated by the private psychiatrist whose fees of course are out of reach of all but the well-to-do. True, supportive therapy is available in some localities from chari-

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* In this connection it is a great mistake to think of most governmentally run mental institutions as "free." They usually apply some kind of "means test" by which they collect whatever fees they can.

† Robert E.L. Faris and H. Warren Dunham, *Mental Disorder in Urban Areas*, Chicago, 1939.

‡ August B. Hollingshead, "Factors Associated with Prevalence of Mental Illness," in Eleanor E. Maccoby, Theodore M. Newcomb, and Eugene L. Harley, eds., *Readings in Social Psychology*, New York, 1958, p. 435.

§ Elliot G. Mishler and Norma A. Scotch, "Socio-cultural Factors in the Epidemiology of Schizophrenia," a working paper prepared for the Conference on the Relation of Social Factors to the Etiology of Disease, Harvard School of Public Health, November 28–December 2, 1962, p. 17.

ty- or community-financed counseling services, clinics, and child-guidance centers. But the total amount of the services thus provided to the poor is generally regarded to be wholly inadequate: it is safe to say that the neurotic disorders among the lower-income half of the population remain untreated and therefore unrecorded. Hence the illusion that neurosis is an upper-class disease. That this *is* an illusion any social worker or clinician with experience in lower-income neighborhoods will readily testify.*

What applies to the poor applies in general to Negroes, the great majority of whom are in the lower-income groups. It follows that the incidence of mental illness among Negroes is bound to be higher than among whites—unless it could be shown that the fact of being a Negro in the United States somehow makes one less prone to psychic disorders. That the exact opposite is true cannot be proved statistically, but here for once, surely, there is no need for elaborate researches and statistical compilations.† The fact is, as James Baldwin has said, that "the brutality with which Negroes are treated in this country simply cannot be overstated."‡ And brutal treatment suffered by a people over long periods of time—in this case not decades but centuries—has profound psychic consequences. Each generation receives permanent psychic wounds in its infancy and childhood, and each is powerless to protect its own young from the same maiming. Baldwin, writing from the depths of his own personal experience, describes the interaction of parent and child:

> Negroes in this country—and Negroes do not, strictly or legally speaking, exist in any other—are taught really to despise themselves from the moment their eyes open on the world. The world is white and they are black. White people hold the power, which means that they are superior to blacks (intrinsically, that is: God decreed it so), and the world has innumerable ways of making this

* There is an added factor here arising from the overwhelmingly upper-class status of the psychiatric profession. (According to the well-known Hollingshead and Redlich study of New Haven, 95 percent of the psychiatrists belong to Group I, their highest social category. August B. Hollingshead and Frederick C. Redlich, *Social Class and Mental Illness*, New York, 1958, p. 161.) These people often find it difficult to communicate, let alone empathize, with those at the bottom of the social scale. As a result, treatment, even when attempted, is less likely to be successful, and errors of diagnosis more frequent.

† Whatever value may attach to statistics of first admissions [to mental institutions] and the like among the white population further decreases when it comes to Negroes. Segregation and discrimination legally imposed in the South and universally practiced elsewhere, greatly reduce the mental hospital facilities available to Negroes; and the sadistic treatment and contempt meted out in most mental hospitals which are open to them make a commitment to such an institution a disaster to be avoided by all possible means. Poor medical care, all but nonexistent psychiatric help, consequent lack of proper diagnoses, general ignorance about the nature of mental disorders—all combine to reduce the reported visibility of mental illness among Negroes far below what it is among whites.

‡ James Baldwin, *The Fire Next Time*, New York, 1962, p. 68.

> difference known and felt and feared. Long before the Negro child perceives this difference, and even longer before he understands it, he has begun to react to it, he has begun to be controlled by it. Every effort made by the child's elders to prepare him for a fate from which they cannot protect him causes him secretly, in terror, to begin to await, without knowing that he is doing so, his mysterious and inexorable punishment. He must be "good" not only in order to please his parents and not only to avoid being punished by them; behind their authority stands another, nameless and impersonal, infinitely harder to please, and bottomlessly cruel. And this filters into the child's consciousness through his parents' tone of voice as he is being exhorted, punished, or loved; in the sudden uncontrollable note of fear heard in his mother's or his father's voice when he has strayed beyond some particular boundary. He does not know what the boundary is, and he can get no explanation of it, which is frightening enough, but the fear he hears in the voices of his elders is more frightening still.*

No responsible member of the psychiatric profession would deny that experiences of this sort have lasting traumatic effects. "Insofar as the child fails to be convinced by the adult's reasoning, and especially where it perceives instead the adult's latent horror and bewilderment, a panicky sense of vague catastrophe remains as an ever ready potentiality."† Where this is the "normal" psychic environment in which the Negro child grows up, one needs no specific knowledge of mental illness among Negroes to be sure that as long as their life situation remains what it is, they can never be mentally well.

The proviso is of course all important. The tragic mental condition of Negroes in the United States today, and of whites too for that matter, is not due to any innate propensities. All national and ethnic groups so far as we know have the same potentials for mental illness or mental health. If some fare worse than others, it is because their society fails to foster healthy development and instead afflicts them with unnecessary suffering and evil. Monopoly capitalism is such a society, and its special victims are the Negro people. The remedy is not, as some liberal reformers would have us believe, mass psychotherapy to adjust individuals to this reality but revolutionary action to overthrow it and replace it by a society in which human beings—regardless of color—can live, grow, and develop their latent powers to the full. James Baldwin was everlastingly right when he declared: "There is simply no possibility of a real change in the Negro's situation without the most radical and far-reaching changes in the American political and social structure."‡ This points to the way to salvation for Negroes and whites alike. For there can be no mental health for Negroes without their genuine emancipation, and there can be no liberation of Negroes without liberation of whites.

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* Ibid., pp. 25–26.

† Eric H. Erikson, *Childhood and Society*, New York, 1950, p. 364.

‡ Baldwin, *The Fire Next Time*, p. 85.

## Notes

**1**. Paul A. Baran and Paul M. Sweezy, *Monopoly Capital* (New York: Monthly Review Press, 1966), ix; John Bellamy Foster, "A Missing Chapter of Monopoly Capital," *Monthly Review* 64, no. 3 (July–August 2012): 3–4.

**2**. Paul A. Baran and Paul M. Sweezy, "Some Theoretical Implications," *Monthly Review* 64, no. 3 (July–August 2012): 24–59; Paul A. Baran and Paul M. Sweezy, "The Quality of Monopoly Capitalist Society: Culture and Communications," *Monthly Review* 65, no. 3 (July–August 2013): 43–64.

**3**. Paul A. Baran and Paul M. Sweezy, *The Age of Monopoly Capital: Selected Correspondence*, ed. Nicholas Baran and John Bellamy Foster (New York: Monthly Review Press, 2017), 369–70; Baran and Sweezy, "The Quality of Monopoly Capitalist Society," 43 (editorial note).

**4**. Baran and Sweezy's missing chapter on communications and mental health was often referred to as "On the Quality of Monopoly Capitalist Society–II," including in the plan for the book published in 1962. However, in the extant draft manuscript of the chapter, Baran entitled it "The Quality of Monopoly Capitalist Society: Culture and Mental Health" and we have adopted that title in referring to it here. It was sent by Baran to Sweezy by special delivery on December 5, 1962, and was copyedited by Sweezy, who presented criticisms and suggestions in a letter to Baran on February 26, 1963, with Baran replying on March 2, 1963. (The extant manuscript incorporates some of Sweezy's suggestions, particularly with respect to the final pages, and thus must be of a later date.) Although the chapter was never published, Sweezy incorporated a citation to the *Midtown Manhattan Study* into the final chapter on "The Irrational System" (also drafted by Baran). See Baran and Sweezy, *The Age of Monopoly Capital*, 367–72; Paul A. Baran Archive, Stanford University Correspondence with Paul M. Sweezy; Baran and Sweezy, *Monopoly Capital*, 364; Paul A. Baran and Paul M. Sweezy, "Monopoly Capital: Introduction," *Monthly Review* 14, no. 3 (July–August 1962): 131–34.

**5**. There is no evidence in Baran's papers themselves that Baran was acquainted with Fromm, either at the Institute for Social Research in Frankfurt or later. However, Baran would have been familiar with Fromm's early work on Marx and Freud, which permeated the Frankfurt School discussions. He later studied Fromm's *The Sane Society* and other works by Fromm. Although admiring much of Fromm's psychological work, Baran was sharply critical of his writings on Marx and socialist humanism, insofar as they downplayed Marx's class analysis. See Erich Fromm, *The Crisis of Psychoanalysis* (Greenwich, CT: Fawcett, 1970), 137–62; Baran and Sweezy, *The Age of Monopoly Capital*, 131; Erich Fromm, *The Sane Society* (New York: Holt, Rinehart and Winston, 1960); Paul A. Baran to Herbert Marcuse, July 11, 1961, Baran-Marcuse Correspondence, available at http://monthlyreview.org.

**6**. Baran and Sweezy, *Monopoly Capital*, 364.

**7**. Nicholas Kristof and Sheryl WuDunn, "Who Killed the Knapp Family?," *New York Times*, January 9, 2020; Nicholas Kristof, "Are My Friends' Deaths Their Fault or Ours?," *New York Times*, January 18, 2020; Anne Case and Angus Deaton, *Deaths of Despair and the Future of Capitalism* (Princeton: Princeton University Press, 2020).

**8**. Sweezy did include a citation to the results of the *Midtown Manhattan Study* (see the following discussion) in the final chapter of *Monopoly Capital* to back up the argument in the closing chapter of *Monopoly Capital* on "The Irrational System" (drafted by Baran). The emphasis that Baran and Sweezy placed on this study and on monopoly capitalism's intensification of mental health disorders was questioned by economist Robert Heilbroner in a review of the book and in an exchange between Heilbroner and Sweezy in the *New York Review of Books*, in which Sweezy underscored the importance of these mental health findings. See Baran and Sweezy, *Monopoly Capital*, 346; Robert Heilbroner, "A Marxist America," *New York Review of Books*, May 26, 1966; Paul M. Sweezy and Robert Heilbroner, "Monopoly Capital," *New York Review of Books*, July 7, 1966, 26; Leo Srole et al., *Mental Health in the Metropolis: The Midtown Manhattan Study* (New York: McGraw Hill, 1962).

**9**. David Matthews, "A Theory of Mental Health and Monopoly Capitalism," *Monthly Review* 71, no. 10 (March 2020). Although Baran and Sweezy in the "Mental Health" section of their chapter on "The Quality of Monopoly Capitalist Society: Culture and Mental Health" had indicated that the *Midtown Manhattan Study* pointed to an actual incidence of mental health problems affecting 20 percent of that population, they also indicated that this number was itself extremely conservative with respect to the population as a whole since that study only addressed a well-to-do white population, while it was well understood that due to social factors the working class and particularly the African-American population carried even larger social-psychological burdens leading to still greater incidences of mental health problems. Hence, the ratio would likely be considerably higher than 20 percent for the entire U.S. population.

**10**. Dana March and Gerald M. Oppenheimer, "Social Disorder and Diagnostic Order: The US Mental Hygiene Movement, the Midtown Manhattan Study and the Development of Psychiatric Epidemiology in the 20th Century," *International Journal of Epidemiology* 43 (2014): Supp. 1, i29–i42.

**11**. Leo Srole, introduction to *Mental Health in the Metropolis*, 28.

**12**. March and Oppenheimer, "Social Disorder and Diagnostic Order," i29–32; August De Belmont Hollingshead and Fredrick C. Redlich, *Social Class and Mental Illness* (New York: John Wiley and Sons, 1958); David Riesman with Nathan Glazer and Reuel Denney, *The Lonely Crowd* (New Haven: Yale University Press, 1963); Erich Fromm, *The Sane Society*.

**13**. Leo Srole and AK Fisher, "The Midtown Manhattan Longitudinal Study vs. 'The Mental Paradise Lost' Doctrine," *Archives of General Psychiatry* 37 (1980): 220.

**14**. James Baldwin, *The Fire Next Time* (New York: Vintage, 1962), 85. Baran knew Baldwin socially and greatly admired him (as did Sweezy). Baran and Sweezy, *The Age of Monopoly Capital*, 359.

**15**. Harvard President Nathan Marsh Pusey, quoted in *Yuma Sun*, June 22, 1962; Henry Miller, *Air-Conditioned Nightmare* (New York: Avon, 1945); J. Edgar Hoover, "An American's Challenge," *FBI Law Enforcement Bulletin* 31, no. 11 (November 1962): 10. Dwight MacDonald, "America! America!" *Dissent* (Fall 1958); Hoover quoted in Mark North, *Act of Treason* (Toronto: Skyhorse Publishing, 2011).

**16**. The study sums up these results by stating: "Compressed into a single sentence, the subclinical forms of symptom formation, aggregate almost a 60 percent majority of the sample adults, and on either side of this modal group are the segment of Well individuals approximately 20 percent of the sample, and the segment of Impaired people, representing somewhat more than 20 percent of the sample." Srole et al., *Mental Health in the Metropolis*, 342.