

# The Use of "Jr." in Relation to Psychiatric Treatment\*

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THERE IS NOT REALLY very much psychological literature on personal names; but such as there is has long tended to postulate that a man's name – including, of course, his given name – will have a powerful influence on the development of his personality. One might think principally of two rationales: the name reflects the parents' wishes for their child, and the name is felt by the individual who has been given it, subjectively as nudging him in the direction of parental wishes, and objectively as a force that helps to determine his standing in interpersonal relationships.

Authors who have presented this view have generally relied on the plausibility of these thoughts to recommend them. Little, if any empirical evidence has been presented. I have wondered whether the time may not be ripe for some research to obtain empirical data which might either support or refute these assumptions. If such a beginning is to be made, it may be necessary to limit it to one particular area within the rather wide field of given names. Encouraged by preliminary observations in my daily work, I picked the use of the suffix "Jr."

In a sense, this represents an extreme case: various given names will reflect the direction in which parents want their child to go. If a boy is, e.g., named Alexander, or Washington, the ideological leanings of the parents are expressed. With a "Jr.," however, the preference relates explicitly to the father-son relationship. Incidentally, I shall here, for the sake of brevity, simply call a male person a junior who carries the word "Junior" (in writing, almost invariably abridged "Jr.") as part of his name – or, if you prefer, as a suffix to his name.

The general beliefs about the significance of given names that I have touched upon are by now commonplace: the experts in the field seem to share them, and no dissident voice has been heard. If we apply them to the more specific problem of the Junior, we can formulate the following hypothesis:

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A boy is named Junior in deference to the father's wish to perpetuate himself in his son, to have his son emulate him, and at the same time to retain a clearly superior role himself. The son feels this as a burden laid upon him: to comply with these paternal desires, to mold his personality and career accordingly. And this colors, and in many cases aggravates, the natural conflict between father and son, thus causing any neurosis that may develop in the son to be somewhat specially colored and perhaps more frequent. We may call this the *Hamlet hypothesis*, in honor of the melancholy prince who carried his father's name to immortal fame of great brilliance if of ambiguous nature\*\*.

A crucial test of the Hamlet hypothesis could be whether there are more Juniors among what we might call psychiatric populations – men being treated by psychiatrists, applying for psychiatric treatment, etc. – than in the general population.

To find out whether this is so, the first step would be to learn how many Juniors there are in the general population. It is surprising to discover that there is on this point very little information. In fact, none; unless there is some rather hidden, which in itself would be an interesting sidelight.

Neither search of the literature nor inquiries at places where one would expect to find information on the subject yielded anything. Respondents were intrigued, but unable to supply data. George Gallup, Jr., the President of the American Institute of Public Opinion, suggested I count listings in a phonebook which, as it happened, I had already done. The Bureau of the Census and the Social Security Administration likewise expressed interest but had nothing tangible to offer.

There is the additional difficulty that the use of "Junior" is not subject to such relatively strict rules as the use of the name proper. Men may use the "Jr." at only some period of their lives, or only on certain occasions.<sup>1</sup> The suffix may be neglected in reproducing the name. Especially now when names are so often processed by computers with their Procrustean habit of chopping off supernumerary letters, many a "Jr." may disappear before his time. I would not think, though, that at this stage accuracy of figures is important, especially since – as I shall presently show – the difference between psychiatric and general populations is so large that small deviations cannot alter its apparent thrust.

It can be concluded from the sampling of a phonebook that about 3.3 per cent of men – or one out of 30 – are Juniors. The figure can be

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\*\* Where the parental wish wins out, ambiguity and neurosis may recede and brilliance shine: e.g., all three astronauts of the *Apollo 13 Mission* (April, 1970) were Juniors.

<sup>1</sup> Cf. Elsdon C. Smith, *Treasury of Name Lore* (New York, 1967), s. "Etiquette of Names," and *Emily Post's Etiquette* (various eds.), subchapter "Meaning of 'Jr.' and '2nd'," ch. 10.

accepted as correct especially as other figures or hints of figures support it,<sup>2</sup> whereas no figure has come to my attention that would seriously challenge it. An estimate of the same order of magnitude underlies for instance a recent report where the writer listened to the roll call of the names of soldiers who had been killed in Viet Nam, and noted that amazingly many seemed to be Juniors, namely about ten per cent.<sup>3</sup> I might add that the Army advised me that they were unable to count the Juniors among soldiers.

If we accept the figure of 3.3 per cent, the further research findings tend to support the Hamlet hypothesis. A sample of 300 names each from the daily reports of two Veterans Hospitals in the same city, one a General Medical-Surgical, the other a Neuropsychiatric hospital, shows ten Juniors among the medical and surgical patients – i.e., the same proportion as in the general population according to the phone book – but 20 among the neuropsychiatric patients. The Juniors are twice as frequent among the neuropsychiatric patients.

Among applicants for psychiatric outpatient treatment at a clinic for veterans where I observed this for some months, the distribution was as follows:

Total number of patients, 285.

Among these, Juniors, 28 (ten per cent, or three times as high a proportion as in the general population).

Dividing the Juniors into four groups by age and race – white under 30, white above 30, black under 30, black over 30 – we find the frequency for these four groups almost identical. This is in contrast to the patients who are not Juniors, where the age distribution was similar but where only 28 per cent were black. I think the figures are too small to venture an interpretation, but I would note that they seem to refute the widespread notion that Juniors are particularly frequent among the upper class Anglo-Saxon element.

These findings do not, of course, really *prove* the Hamlet hypothesis. All we can say for sure is that this crucial test does not refute the hypothesis. It behooves us to consider all possible interpretations of the facts that we have established. I would even go so far as to say that we should not shy away from considering impossible interpretations. This remark is prompted by the recollection of one quite bizarre discussion of the problem – a discussion that, however, happens to be also about the only one where the phenomenon was viewed explicitly in relation to psychotherapy: the discussion by L. Ron Hubbard in his book *Dianetics*.

<sup>2</sup> City directories and the like yielded similar figures. Registers of a college showed only one Junior out of every 70 male students.

<sup>3</sup> "The Talk of the Town," *The New Yorker*, October 25, 1969.

As some readers may remember, Dianetics was an alleged system of mental research and therapy which reads like a ludicrous and cruel parody of psychoanalysis more than like anything else. Hubbard assumed that individuals hear things from the moment of their conception, and furthermore that most people – at least most Juniors – are conceived in adultery. So an embryo may overhear how his mother, during the intercourse in which he is being conceived, remarks to her paramour, "We must be careful so that Ralph doesn't find out about this." When nine months later this individual is born and named Ralph, Jr., naturally he will be confused.<sup>4</sup> He may end up as patient of a dianetic therapist, but Mr. Hubbard warns his followers to think twice before accepting any Junior for therapy, as these cases are unusually complex.<sup>5</sup>

I assure you that I have not made this up. I wish I had such a flourishing imagination that I *could* invent a fantasy like that. As I am, instead, merely quoting, we must register the fact, I think, that these people who invented and practiced dianetics were evidently in some fashion troubled by the observation that Juniors proved in a peculiar way refractory to their treatment. In other words, their observation cannot be *a priori* denied validity merely on the ground that the treatment they offered may have been quackery, or that the theories they adduced to account for the observation were even farther removed from reality than any condition they pretended to heal.

Recollection of the Dianetics episode can thus confirm in us the belief that the problem exists but cannot contribute to its solution. Here I want to cite three examples of how complex the attitudes can be that are reflected in the "Jr." usage.

One is that of a young schizophrenic Junior who surprised me with the information that he had added the "Jr." to his name when he enlisted in the Marines, so as to distinguish himself from his father. I would take this to mean that the burden of emulating his father here is self-imposed, possibly as a partial atonement for cutting himself loose from his family.

The two other examples are from literature. We read in the biography of Edward R. Murrow:

One thing he was sure of. He wanted no Edward, Jr. "Junior" was a term he sometimes used in opprobrium, though less frequently than "Buster," which he snapped out at someone deserving of real scorn.<sup>6</sup>

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<sup>4</sup> L. Ron Hubbard, *Dianetics* (New York, 1950), p. 210.

<sup>5</sup> *Ibid.*, pp. 209, 305, 328, 427.

<sup>6</sup> A. Kendrick, *Prime Time: The Life of Edward R. Murrow* (Boston, 1969), p. 288.

And Murphy reports that Henry James was a Junior, disliked it thoroughly, dropped it after some time, but was dissatisfied because he was confused with his father – until the father's death removed this source of irritation.<sup>7</sup>

None of these situations shows the Hamlet hypothesis strictly applicable, but in many other cases it probably is. This, and more, will have to be explored in further research. I am here merely trying to outline the area for it. I am not attempting to give answers to barely formulated questions, or to present material that comes out in psychotherapeutic interviews with Juniors. What I hope to have done is to have made a modest beginning.

I believe I can say that we now have a fairly good idea of the extent of the problem and of the frequency of Juniors in the general population and in the psychiatric population, and that we have in this way shown the Hamlet hypothesis to be fruitful. This has been a job of manageable size, and I trust I shall be forgiven for not having done more.

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<sup>7</sup> W. F. Murphy, "A Note on the Significance of Names," *Psychoanalytic Quarterly* 26 (1957), p. 103.

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