THE USE OF PSYCHIATRISTS IN GOVERNMENT IN RELATION 
TO INTERNATIONAL PROBLEMS

Suggestions for Administrators, Social Scientists and Psychiatrists

Formulated by

The Committee on International Relations of the Group for the Advancement of Psychiatry

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INTRODUCTION

Many social scientists, including psychiatrists, have in recent years been used by government agencies in a number of different capacities. The implementation of foreign policy, for example, is no longer the guarded monopoly of the diplomat but a continuous process of bi-national or multi-national contact and exchange in which men and women with widely varied training and background participate. This process requires the knowledge and application of techniques from the social sciences since the understanding of human behavior and cultural differences, together with mass, group, and individual psychology, has become vital to the daily work of many government officials. They need to know to what extent they can rely upon the knowledge of the psychiatrist and other social scientists in dealing with situations and with people. What specifically are the possibilities and the limitations of the knowledge and methods used by the psychiatrist which the government official may call upon in coping with problems in such fields, for example, as propaganda, exchange of persons, or mutual security? This report is a discussion in large part of the participation of psychiatrists in international affairs, but examples of cooperation in the study of national problems are included.

The Committee has summarized the experiences of psychiatrists who have worked in various national and international situations in cooperation with government officials from the standpoint of the participating psychiatrists and the officials who worked with them. The Committee attempts to define the role and functions of the psychiatrist when he works as a consulting social scientist and to describe ways in which this differs from his usual therapeutic function. It is hoped that this report will enable government officials to use the services of a psychiatrist in this role more advantageously and to avoid some of the difficulties inevitably arising in a more or less new situation.

I. GENERAL STATEMENT

The use of psychiatrists as social scientists, in fields that are related to but not usually regarded as within their professional medical spheres, is a relatively recent development. Especially during and since World War II, a number of psychiatrists have served as consultants to individuals and groups dealing with non-medical national and international problems, and they have also been included in groups of other social scientists for this purpose. Most of the psychiatrists had little precedent, experience or specific training for such tasks. Often they had to change the familiar attitudes and techniques which they had found useful in therapy; they had to learn the ways of thinking, the customary attitudes, needs and methods of work of individuals and groups with whose professional problems they were quite unfamiliar.

The psychiatrist in his every day work is concerned with a great variety of inter-personal relationships and the individual's ability or inability to adjust to them. He has methods for analyzing reactions, reducing tensions and for understanding and dealing with the unreasonable in human behavior. Above all, his task is to observe and understand the manifestations of anxiety, and the extraordinary range and variety of the measures to which human beings will resort in their efforts to free themselves from it. Also, recent advances in the knowledge of group processes add to his understanding of the difficulties that inevitably arise in groups. Therefore, he can be useful in this aspect as a participant in a group working on a problem situation in which each member brings his professional knowledge to bear. Although the orientation of the problem is to its various social aspects instead of to an individual, the psychiatrist, in addition to his concern with the problem, is also interested in the functioning of the members of the group, but in a different way and for a different reason in the situation under discussion. He is con-
cerned here with the individual only insofar as the individual's mal-functioning interferes with the achievement of the group.

In the group the psychiatrist is expected to be more consciously aware than other members of those attitudes and feelings, explicit and implicit (including his own), that are pertinent to the goals of the group, and to use his training as a psychiatrist to bring such factors to light in an objective and acceptable way. In other words, he brings his special training in inter-personal relations to bear upon the successful functioning of the group instead of concentrating on the difficulties of any individual as such, although he may be aware of such difficulties.\(^1\)

Mention should be made, however, of situations in which the psychiatrist might need also to function as a therapist working with individuals. For example, he may, while working in an agency abroad, become aware of tension in one or more of the personnel, or in members of their families, which interferes with the functioning of the agency. He may be able to make a diagnostic study and determine the feasibility of corrective measures. Deep and long established problems would, of course, not be treated in such a setting; but where support or enlightenment serve to re-establish equilibrium, it has been found that the individual and the agency have both benefited.

The role that psychiatrists have played in one government agency has been clarified by an official who said that they proved useful in (1) helping to explore the nature of specific situations and the means at hand of dealing with them; (2) helping to find and train other consultants and personnel; (3) helping to tackle problems in strategic planning.

It was this official's opinion that there was frequent need for an understanding of psychological factors, and especially of irrational factors, in situations where the interpretation and consideration of such factors were necessary to the formulation of plans or policy. He was very critical of psychiatrists who attempted to see factors and total situations only in terms of the clinical approach;\(^2\) such psychiatrists are of little use to policy-makers and program-planners who need to take into account the total assets and pressures of a complicated situation and the nature of social change (in contrast to change in the individual). He found psychiatrists helpful in delineating criteria for the making of choices, but not in giving advice in the making of decisions.

The official further emphasized the potential usefulness of the psychiatrist in helping the former to eliminate faulty perceptions or distortions in his thinking or in the group's discussion. He made special note of the psychiatrist's aid in the training of personnel going abroad, e.g., in helping such individuals to recognize the nature and limitations of their assignments and to evaluate objectively their own motivations and behavior in terms of its significance to the nationals with whom they would be dealing. In this way, a psychiatrist can bring to his consultative work with the official a method of observation and interpretation which can complement the experience of the latter.

II. SPECIFIC EXPERIENCES OF PSYCHIATRISTS

The experiences described below illustrate the various kinds of jobs done by psychiatrists when they are called upon by policy and program officers or administrators, i.e., by those charged with technical and operational assignments.

A. Counsellor to individual officials. In recent years some officials have asked psychiatrists to discuss their assignments with them when they have had questions in regard to policy, to their relationships with co-workers, or with persons of other nationalities with whom they would be working. An official may desire to review his own attitudes which he feels might be impeding his functioning. This kind of situation approximates that to which the psychiatrist is accustomed in his usual work in that it deals with inter-personal relations; it differs in that he is not asked to engage in therapy as it is conventionally conceived, but to use his knowledge to study the objective reality of the situation and the subjective aspects that might limit the usefulness of the official. The psychiatrist may be able in a short time to reduce the anxiety that is associated with the situation and help to mobilize the potentials of the official that relate especially to this situation. For example, a United Nations official, about to leave for a country which he had not visited before, wished to learn from a psychiatrist who had been on several missions to this country, what attitudes he would meet there and to clarify his own feelings and reactions to what he expected and feared, as well as to what he would really meet.

A number of the above factors are further exemplified in the experiences of an American social scientist whose mission nearly failed due to the lack of the necessary psychological insights which were eventually supplied. The social scientist had been sent by our government to a European Ministry of Health and had requested their permission to conduct a study in a disaster area. He thought that he sufficiently understood its people and their ways. He said to them in effect, "I am here because Americans are interested in civil defense, and we want to find out what happens when disaster strikes. We would like to know about the deterioration of morale, where and how your preparations broke down, how people reacted to others in panic, etc. We will share our findings with you and we will put up the necessary money." (a large sum). His presentation was received politely, but at the end the Europeans
informed him that there had been no panic, that studies on such a large scale were impractical and unscientific, that management of such disasters was an old story in Europe, and that the officials could give him any information he needed. The American felt that he had to fight for what to him was obviously reasonable. He became increasingly sensitive and irritable and considered giving up the project. At this point he happened to discuss the situation with a psychiatrist of his acquaintance. The latter pointed out the defects in his initial approach that had inadvertently produced resistance to him and his project. He changed his attitudes, asked in a simpler way merely for an opportunity to see at first hand how the disaster services were organized, explained the American need for this kind of information and asked for the help of their staff workers. Permission was granted promptly and help was given in a spirit of mutual interest and effort.

B. Consultant on personnel. Psychiatrists have been used rather widely in problems involving the selection of personnel. An unusually interesting and far-reaching research and action job was given to a psychiatrist by the State Department. Among other duties, he was asked to work with psychologists to devise tests which would help identify the type of person who could function successfully on overseas duty. These tests were concerned with the person's ability to adjust to new situations, to deal more effectively with his colleagues and with the indigenous people of all classes, and with his attitudes toward his present family configuration. The psychiatrist then went abroad to apply the tests and validate them by personal observation and interviews. These experiences enabled him to suggest ways of improving recruitment as well as selection. He also found out what the men in the field thought had been lacking in their orientation before going out. In full and separate discussions with both our officials and those of the countries visited, he was able to study the effect of various personality and character traits on the success or failure of the work of our officials. From such discussions he could also study the effect of their actions and attitudes on the indigenous officials and population, especially in relation to activities about which they and we have different values. Such findings are, of course, invaluable to adequate selection and orientation. Also, after the psychiatrist presented his findings on the reactions to our operations, to groups of United States administrators in each area studied, they were able to make changes and recommendations on a factual level not hitherto possible.

Psychiatrists, psychologists, and social workers have joined members of personnel and health branches of the United Nations Secretariat in discussing such matters as selection of personnel, policies with regard to assignment on overseas missions, and protection of the individual against the hardships of living in isolation or in unfamiliar cultural situations, and policy in regard to leaves, benefits, and pensions. During the occupation of Germany, psychiatrists also participated in teams including psychologists and political experts, in determining the suitability of certain applicants for vital positions in the field of public information.

C. Consultant to a group or a government on a specific problem. Occasionally, a group in a government branch asks psychiatrists to meet with it for a limited period to consider specific aspects of a many-sided situation. Conferences were held with the military regarding the relationship of combat duty to neuroses and the optimal time and place for treatment of combat neuroses. After World War II, military authorities in charge of the occupation of certain foreign countries asked the advice of psychiatrists concerning the influence of the occupation upon the nationals of that country, and also requested assistance in setting up a research division to study the effects of occupation policies. State Department officials in charge of public affairs sections in foreign countries have asked psychiatrists to work abroad for short periods to assist in the carrying out of plans and policies having a social significance to the country involved. Psychiatrists have also been asked to help predict possible emotional reactions and attitudes in relation to planning and policy making. As a rule, the technical experience of the psychiatrist is correlated with data provided by anthropology, sociology, economics, and political science. The Foreign Operations Administration, for example, is utilizing in its European operation a psychiatrist to assist in the training and orientation of teams concerned with industrial production, so that they can function easily and understandingly with the nations with whom they are working.

A quite different type of consultation to government is illustrated by the following example in which success depended on an understanding of the attitudes of the nationals of a country requiring psychiatric help. In 1950, the government of Ireland requested the World Health Organization to send a consultant to advise on the possibilities of establishing psychiatric services for children. An American psychiatrist and psychoanalyst was chosen and was assisted by the director of the Division of Mental Health of Ireland. The psychiatrist visited institutions in the mental health field and conferred with pediatricians, obstetricians, officers of the Irish Medical Association, each of the Cabinet Ministers, the President, and members of the Catholic Hierarchy. He held discussions with professional groups and university faculties. He then recommended to the government and to the World Federation for Mental Health that a committee select fellows for training in child psychiatry and psychology in the United States. The executive board of the Federation then decided to hold its next meeting in Dublin which helped to bring the recommendations to fruition. Two years later, as consultant of the World Health Organization to Ireland, the psychiatrist again visited Dublin to assist a multi-professional committee in the selection of two fellows, one for training in child psychiatry and one in child psychology, and he subsequently made arrangements for their acceptance for training in this country.
Also, as a result of these visits, two other physicians from Ireland are now in psychiatric and analytic training in this country.

D. Observer of group function. On some occasions psychiatrists and other social scientists have been invited to be present during the meeting of a group, without taking part in the functioning of the group itself. They are invited to follow the discussion with a view to observing such factors as impediments to progress, judging the nature and quality of the leadership, the effectiveness of the use of time, and the analysis of interactions between members of the group. A large number of different methods, some highly technical and mechanical, and others expressing dynamic relationships, have been used. Usually the observer makes a report, which may be written or oral, designed for the use of the leader or the participants or both, in the hope that the observations provided would be useful at future sessions. Such a series of studies on group function were initiated by UNESCO and applied at a number of international meetings.\(^3\) Such reports, however perceptive and relevant, are probably not the most effective way of improving the subsequent functioning of the group, particularly when the observations are not shared with the individuals during the meeting when they could be put to use, but only reported at the end. It is then obviously impossible to test their correctness although there are, of course, some situations in which the experiences of a particular group or session can be carried over to subsequent meetings.

E. The psychiatrist as a participant-observer in a group. In contrast to the above procedure, psychiatrists have recently been serving more frequently in the role of participant-observer. As such, the psychiatrist may be a guest or a regular member of a group. He may serve as consultant on psychiatric questions or, as is more often the case, on social issues. In addition, he is often made responsible not only for his contribution to the particular problem at hand through his specific knowledge, but also for attention to the processes going on during the discussion, the inter-relationships between two or more participants, their effects on the group as a whole and on the group's progress, and the dynamics of what is taking place. He will then be in a position to analyze and clarify these processes and their effects to the group, or to the leader, or staff. The conduct of subsequent sessions may then be modified in accordance with these interpretations. In one international hygiene conference, a psychiatrist assisted United States officials in meeting an attack on the United States by pointing out that an angry retort involving counter-attack and self-justification would not really be as much to our interest as would a frank, non-defensive discussion of our error, the reasons for it, and the recognition of the effect of deprivation on the accusing country. This attitude resulted in a conciliatory atmosphere which facilitated the reaching of a consensus of opinion on a number of other questions during the conference.

Special attention is often given to a study of the behavior of particular participants in a group which leads to the circumvention of fruitful discussion, and of working out ways of dealing with the persons responsible for it. The psychiatrist may discuss his observations and suggestions with the leader or his staff or he may discuss what is going on with the group as a whole. It has also been found helpful in some instances to comment on question occurrences during the discussion itself in such a way as to elicit, clarify or emphasize an issue or attitude, to call attention to tensions as they arise, or to help resolve a crisis between warring personalities or ideas which threaten the functioning or the continuation of the group. In several international conferences during which differences in interpretation or concepts nearly precipitated open breaks, a psychiatrist was able to deal with the cultural misunderstandings involved. Being accustomed to evaluating attitudes and to making precise, objective formulations of them and of the differences in concepts causing the difficulties, he could help the opposing sides see the more or less hidden attitudes at the root of the conflict. Each side then got a better grasp of the meaning of the issues and their validity, or lack of it, and as a result the concepts of the members were enriched and the scope of the work broadened. During the analysis of the group process, a psychiatrist may also help group leaders to understand their relationships both with individual members of the group and towards the group as a whole. It is recognized, of course, that many persons who are not psychiatrists are highly skilled in promoting and facilitating group discussion.

When personal problems of an individual come to the fore as a result of apparently impersonal group discussions, it has been our experience that dealing with private problems unrelated to the issues or functioning of the group is, for the most part, inappropriate during the discussion and can lead to obvious difficulties. In exceptional cases, however, help may be given to a member of a group who is troubled either by the discussion of the material or by what is going on in the group and who requests a word with the psychiatrist in private.

Among the examples of conferences which psychiatrists have attended as participant-observers, we might mention the meetings in 1952 of the staff of the United States Children's Bureau and an interagency conference including a number of government departments. Psychiatrists have also served in this capacity in conferences and institutes in Germany which dealt, for example, with problems of children and adolescents in institutions, with displaced persons, and with social work and social work supervision. Other conferences dealt with mental health programs, the mental hygiene movement, and education in relation to normal personality development. In 1953, psychiatrists served at different sessions as chairmen, consultants, and faculty respectively, at a conference of diplomatic offi-

\(^3\)This report may be found in the April, 1953, issues of the Social Science Bulletin of UNESCO.
cers from various nations meeting to discuss specific problems of national interest and international responsibility; similar conferences were planned for 1954.

F. The psychiatrist on a social science team. Although in some of the situations described above, the psychiatrist has been the only non-government person present, in most cases he serves with other scientists such as sociologists, psychologists, economists, and anthropologists as in the example under II B. In such groups the psychiatrist, like the other members of the team, functions as a person with special knowledge, resources, and experience important to groups dealing with problems of broad social implication and requiring to be seen from several points of view. Such a multi-professional team can help, for example, in the integration of new immigrants into a community. The United States Public Health Service has asked for the participation of psychiatrists on teams which demonstrate public health methods in local communities and in foreign countries. Another typical example of such social science teams cooperating with government are those sent overseas by the American Friends and Unitarian Service Committees. They not only advise on the medical and social problems of refugees and displaced persons, but participate in seminars requested by groups of social workers, community workers, prison directors, and staffs of medical schools.

United States multi-professional travelling teams have worked with the personnel of missions of the Mutual Security Agency on foreign assignments to help with the social-psychological problems arising among co-workers, as well as with problems encountered in dealing with other nations. These multi-professional teams have proved to be of value in helping to orient personnel going on foreign missions.

III. FACTORS IN THE PSYCHIATRIST'S JOB

The psychiatrist has to consider a number of factors important to his functioning adequately in these non-therapeutic roles.

A. Limitations of authority and responsibility. The psychiatrist's interest, as indicated above, necessarily shifts from primary concern with the health of the individual per se to the behavior of the individual in the group in the interests of the group, i.e., from the health of the individual to social health. The functioning of the individual is of concern chiefly in reference to its effect upon the functioning of his associates in the situation under study.

The goals and limitations of the group become those of the psychiatrist, and these are usually set up ahead of time by the administrators. This may prove difficult for some psychiatrists, as most of them have been accustomed to a highly individualistic situation in which they have not functioned under the authority of others. Responsibility for patients is so much a part of the training and thinking of doctors that it may arouse anxiety in the psychiatrist to be in a position in which he is consulted but has no authority to make decisions and no responsibility for his suggestions being carried out. He is invited to consider, analyze, suggest or criticize, but he remains outside the hierarchy of authority. He cooperates with other specialists in the exploration and definition of problems and policy, but he is not responsible for the enforcement of the policy finally determined. His contribution is usually limited to comments that apply directly to the purposes of the meeting or the group process.

B. Prestige considerations. The psychiatrist, like other doctors, is ordinarily accustomed to a considerable degree of prestige vis-a-vis his patient and the public. In this new role, his prestige or status is based largely upon his information, skill, and ability to relate and function well as one of the group. This also involves an awareness of what may be a delicately balanced status structure in the group. Although he is likely to find himself considered as below some individuals in status and above others, essentially as a non-member he is outside the status structure of the organization. This is a great advantage, provided the psychiatrist recognizes this and derives his satisfaction from the effectiveness of his contributions. The psychiatrist for whom the absence of status and authority per se represents a frustration, has limited usefulness in such a group.

C. Preparation and motivation. To work adequately with an agency, the psychiatrist may need to devote a considerable amount of time before the actual meetings or consultations to acquire an understanding of the subject involved in the conference or consultation. This is especially true if he is not knowledgeable in other social sciences pertinent to the problem and has not had related field experience. It is also helpful, indeed necessary, to become well acquainted with the program, organization, personalities, and ways of operating of the agency which invites him.

A psychiatrist who enters this field needs to be whole-heartedly interested in the problems involved so that the work does not become a matter of sacrifice but of interest in developing a new field of endeavor. It needs to be important enough for him to acquire new attitudes and to increase his awareness and knowledge. The satisfactions of the work must compensate for the fact that it is usually far less remunerative than private practice, and may not enhance his prestige in his own field. Moreover, such assignments often require considerable traveling and inconvenience, especially when carried out abroad. In short, he needs a sense of vocation to make this type of work a satisfying experience.

D. Avoidance of psychiatric jargon. Practically all the arts and sciences develop their own vocabularies to communicate new ideas to their fellow workers. This occupational jargon is often not understood outside the immediate circle of the profession. This has been true of all the social sciences including psychiatry and may cause enough irritation or impatience to be a barrier to communication. It has been noticed that the degree of assistance given by a psychiatrist is in direct proportion to the
degree to which he can shed his customary professional terminology and translate his concepts into ordinary terms applicable to the problems at hand. However, he needs knowledge of the concepts of the persons with whom he is working and perhaps of their jargon.

E. Relationship to tensions within the group. Like other consultants who are outside the official circle and hierarchy, the psychiatrist must remain detached from certain tense and anxiety producing situations which may cause a breakdown in constructive communication. A psychiatrist may, by remaining free from such emotional entanglements, introduce an objective, casual tone into the proceedings. If he remains at ease within himself, his freedom from tension can be contagious and can exert a beneficial effect upon the atmosphere of the group, often without any obvious or direct intervention.

CONCLUDING STATEMENT

At the beginning of this report the Committee raised the question: What specifically are the constructive possibilities and what are the limitations of the methods used by the psychiatrist who may be called upon for consultation in international situations? The Committee has gathered together experiences of officials and psychiatrists which help to define the part the latter play in contributing to governmental functioning. Areas in which psychiatrists might be helpful may be put in four categories:

1. Specific problems such as personnel selection, problems arising when other nations are subjected to technological changes introduced from abroad.

2. Group phenomena which tend to free or tram the group in working towards a goal, and the training of personnel in the nature of group interaction.

3. Processes through which policy is determined. While psychiatrists are not concerned with responsibility for decisions or policies any more than any other citizens, they have a professional concern with and a responsibility for the analysis of the psychological factors that play a part in their formulation.

4. Development of methods for preparing psychiatrists to undertake these tasks.

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

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