THE PSYCHIATRIST IN MENTAL HEALTH EDUCATION

Formulated by
The Committee on Public Education of the Group for the Advancement of Psychiatry

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I. INTRODUCTION

An increasing number of people are interested in knowing more facts concerning mental health and mental illness. Special groups—physicians, parents, teachers, religious leaders, lawyers, industrialists and labor unions—are paying particular attention to one or another aspect of health, including emotional or mental health. They have gradually become aware of the relationship of their particular activities to mental health. They want to do something to bring about sound mental health in their communities. Evidence of such interest and contribution is seen in the development of mental health associations throughout the country, the increased attention given in medical schools to training in psychiatry, the reforms in many state hospitals, and, finally, in the passage of the National Mental Health Act.

Psychiatry is a medical specialty concerned with all aspects not only of mental illness but also of mental health. Psychiatry has acquired a body of knowledge from many sources based on observation and experiment. This knowledge is useful to medical practice and to the field of human relations. Many facts and principles are now generally accepted and are agreed upon by a great majority of psychiatrists. From them can be derived a large series of more detailed statements or propositions which justify presentation to the public at large. The following are some examples of general principles or propositions which could be presented to the public.

a. Emotions are of fundamental importance in determining human behavior.

b. Past experiences continually influence present behavior.

c. The emotional development and accompanying behavior characteristics at different age levels are reasonably well known. Significant factors affecting the growth process are well recognized: among these are the physiological influences, the cultural influences and the interpersonal relationships.

d. Psychiatrists are able to recognize disturbances in interpersonal relationships which lead to excessive and unhealthy tensions. These tensions may be experienced or appear in the form of fear, guilt, hostility, prejudice, distrust and antisocial behavior.

e. Statistical data have been accumulated as to the frequency, degree and kinds of maladjustment.

f. There is evidence that in mental illness improvement or recovery often occurs; such may be facilitated by prompt and adequate treatment.

The lucid presentation of such material, of which the above are illustrations, may help to prevent personal and social maladjustment to some degree. Once such material is incorporated and integrated into what the public knows about health, it should contribute towards healthier living. The individual psychiatrist has a share in the responsibility for bringing this about. What he will be able to do will depend upon his recognizing and accepting the challenge, and upon his skill, experience and wisdom in public education, not forgetting a recognition of his own limitations and capacities. The degree of talent varies with individuals but the skills can be cultivated.

II. GOALS OF THE PSYCHIATRIST IN PUBLIC EDUCATION IN MENTAL HEALTH

The objectives of public education in mental health must be considered both in terms of the individual citizen and of the interrelationships of entire groups and of group responses to specific social needs. Important goals for the psychiatrist to consider include:

a. Maintaining and improving the mental health of the average man by providing him with knowledge that gives insight into the understanding of himself and others.

b. Contributing information that is therapeutic in its effect through the relief of anxiety and guilt by means of reassurance that is validly grounded.

c. Contributing a better understanding of human relations, including motivation and such social phenomena as prejudice, discrimination and the various forms of hostility.

d. Providing a receptive climate for the changing of mental attitudes, greater acceptance of facts regarding mental illness and its treatment, and, hopefully, the removal of the stigmatization of the mentally ill.

* This Report outlines suggestions for the psychiatrist in his role in mental health education. The assumptions are made that public information in this field is desirable and that the psychiatrist can help in furthering it.
e. Disseminating factual information about the facilities for treatment, research and training in the area of mental health. Such information would help emphasize the need for financial support.

f. Stimulating the application of psychiatric knowledge to specific types of social problems such as prejudice, delinquency, alcoholism, etc. This application must be carried out through social groups concerned with various units in our society—the family, community, government, labor, industry, education, religion, recreation.

III. OPPORTUNITIES FOR PUBLIC EDUCATION

Many opportunities exist for the individual psychiatrist to share in the program of public education: as a responsible citizen in the community, as a physician and as a specialist in mental health.

a. Direct educational participation—through group work in lay organizations at local, state and national levels. (Mental health associations, service clubs, parent-teacher organizations, women’s clubs, fraternal organizations, etc.) In such participation, the psychiatrist can play any one of several roles—teacher, counselor, interpreter, active leader, resource person, etc.

b. As a public educational representative of his local medical or psychiatric society.

c. Indirect educational participation—by virtue of the personal contacts that he has with the lay public through his patients and their relatives. There is, additionally, more expanded opportunity for personal participation as a “fellow member” in various types of community activities such as youth work, civic clubs, parent-teacher organizations, church, etc.

It is not enough to be willing to accept responsibility to work with the lay public. It is essential that the psychiatrist know the methods of public education and how to accomplish the objectives.

A psychiatrist interested in public education in his community should consider the various means of communication available for achieving his goal. Shall it be a series of radio talks? Should these talks be presented by one person or by various persons? Should they be narrated or dramatized? Should a pamphlet be written and distributed or would a television presentation be more effective? Are forums practical and who should be invited to act as sponsors? The choice of method will depend on:

a. Size and nature of the audience.
b. Time available (both hours and number of contacts with the same audience).
c. The content and nature of material—degree of appeal.
d. The characteristics of the media available.

e. The calibre of leaders available.

The individual who participates in public education will be wise to give careful consideration to (1) clearly defining the goal, (2) selecting material that is in keeping with the goal and the audience and (3) choosing the appropriate medium of communication.

One should remember that there are experts in education and communication from whom help can be obtained.

IV. DIFFICULTIES FACED BY THE PSYCHIATRIST IN PUBLIC EDUCATION

The psychiatrist, like every other physician, in carrying out his obligations for public education often faces a dilemma. He is traditionally bound by professional rules which may be in opposition to valid requests and expectations on the part of the public. Medicine increasingly appreciates the desirability, if not the real need, for a better public understanding of health and disease. The physician must assume his responsibility for achieving this, yet traditional medical ethics may occasionally impose criticism or even censorship from some of his colleagues.

Efforts at public education in the field of mental health encounter special difficulties. Just now no field in medicine holds such a wide public interest with resulting requests for information, not only about mental illness, but also about the applications of psychiatric knowledge to many aspects of normal living. The comparative youth of this specialty in medicine, combined with the popular demand for its interpretation, has resulted in the psychiatrist appearing more frequently in public in some educational role than many of his other medical colleagues. The widespread public misconceptions in the field of mental illness and mental health, with the resulting prejudice and erroneous judgment passed upon psychiatrists and their activities, increase the difficulty in public education. The popular conception of the psychiatrist—so often pictured in jokes, cartoons and moving pictures as a pundit without practical experience in everyday living, an eccentric personality or an easy-money-maker—makes it difficult for the public to accept him as the constructive worker in human relations that he tries to be and in most instances is.

Another hazard lies in the personal nature of the material presented which leads each individual to apply or misapply much of the information to himself, and thus what he hears or sees will move him and arouse his emotions. In contrast to one’s experience in learning chemistry or physics, the gaining of information about personality results in its immediate reference to one’s own life or to that of his immediate family.

In attempting public education by the use of any media, the psychiatrist needs to take into account not only these facts due to the nature of his subject, but also he must protect himself against unjust criticism of his efforts. Because he tries to meet the public demand for information it does not mean that he is seeking publicity or self-aggrandizement. Sponsorship through some organized citizens group or professional group is essential for any public appearance. The medical ethics governing public appearances ordinarily comes under the jurisdiction of the local county medical society to which the physician belongs. In some instances, the society requires that the specific public appearance be approved by a
committee of the society. The psychiatrist should acquaint himself with the regulations that exist in his own county medical society and check with his local psychiatric society.

Publicity in connection with such appearances is the responsibility of the sponsoring organization; it should never be undertaken by the psychiatrist on his own. For the purpose of promoting attendance at a public meeting and therefore insuring a greater likelihood of its success, the physician may be requested to participate in a press conference or radio broadcast and to allow his photograph to be used. Failure to accede to these demands or inability to cooperate because of existing regulations frequently hinders the public education effort.

Unfortunately, even with the most ethical intentions, the educator cannot completely control the situation. Some physicians hesitate to take part in efforts at public education which require public appearances because of their concern about the publicity, and the accusation that they are "advertising." They are afraid of being misunderstood or misquoted and fear that their conferences may become jealous and therefore censorious. These hazards exist for any physician in public affairs but are even greater for the psychiatrist because of the combination of avid public interest and co-existing misconceptions about psychiatry.

V. METHODS OF PUBLIC EDUCATION

A. Mass Communication

The most extensive means of public education is through the mass communication media of press, radio, television and films. The psychiatrist should avail himself of these methods only when he does so under the aegis of an organized group, such as a mental hygiene society. Unless he is associated with some such sponsoring group, it is wiser for him not to participate in such activities. The sponsorship protects him in some degree against criticism.

The following suggestions, based on extensive experience in their use in psychiatry, concern these various media.

The Press: The fear that some physicians have of dealing with the press stems from the traditional system of medical ethics. Most of the regulations governing the conduct of physicians antedate such things as the tabloid, the picture magazine, radio, candid camera, motion pictures and television. But the recently developed specialty of science writing attests to the recognition by the press of the public's demand for such information.

Physicians and even some medical organizations appear to be unaware of the fact that the press too has a code of ethics of its own. The press is guided by the principle that the public has the right to know what goes on in any field of human endeavor. It would like to make its reporting accurate, and equally important, authoritative. Reporters work in accordance with the long accepted principle that names make news. Therefore, their reaction to the request, "Don't quote me," is that the news value of their stories is lost. The physician must accept the fact that the reporter has a better sense of values as to what is newsworthy than does he and, therefore, the reporter will not be dictated to by the doctor. Often the misunderstanding lies in the physician's failure to make himself clear to the newswriter.

The psychiatrist is often distressed because some reporter may revamp a statement so as to make it more dramatic or because he will quote it out of context. Sometimes the emphasis is placed on the wrong point. The writer may take one statement out of an hour's interview because it is dramatic and play it up as if it were the only subject of the interview or address, or he may dress it up to represent the major "message" of the physician. Occasionally the reporter, because of his lack of knowledge, will ask questions which appear extremely naive. Here, a patient, simple explanation is needed. Most of these sources of misunderstanding will be overcome when a sufficient mutual confidence is established, not only between the two professions, but in the specific interpersonal relationship between physician and reporter.

The psychiatrist's role is not to dictate what the press is to say, but rather to provide information, to give guidance on emphasis, and to plead earnestly for accuracy. The press respects an "off the record" discussion. It often gives the reporter background information which makes possible a more intelligent use of "on the record" material.

The press conference is a special situation, usually foreign to the experience of the physician. It is a normal press procedure in advance of a public meeting. It is very helpful, when a press conference is scheduled, to have a prepared "handout" for each reporter covering the material to be presented in the speech or lecture. Almost always the reporters will go further to ask about their special interests or about the psychiatric evaluation of some current community problems. The wise psychiatrist will be guided by his humility. He accepts the fact that questions are asked to which he does not have the answers, it is the proper course to say so. His patience is likely to be tried by irrelevant questions. He should speak in simple language with a careful avoidance of technical terms. It is wise to remember that one can speak only for himself, but realize that the reading public is going to assume that one speaks for the entire profession.

The reporting of a speech or paper can be facilitated greatly if the major points to be made in the speech are prepared in a brief abstract. This is much wiser for newspaper reporting than an attempt to give the press a copy of the entire paper when there is much more likelihood that they may not emphasize the major points.

Psychiatrists are frequently called upon by the press as well as by friends to express an opinion about local events or a current community social problem, local or national. It is to be hoped that the psychiatrist will maintain sufficient modesty regarding the area of his competence to prevent his being trapped into making inappropriate or dramatic comments. When the psychiatrist can ask for more facts or if there is a chance to ask for a short period
of time to formulate a statement, his comments may be more carefully considered. It seems desirable in light of the need for public education that we in psychiatry should assume responsibility for commenting within our field of competence when the public (through the press) desires our opinion.

Films: Properly used, an appropriate film is an excellent aid in public education. Films have the advantage of combined visual and auditory impact. Unlike a public lecture, a film insures uniformity of content and presentation each time it is shown. And it can, of course, be shown to a succession of new audiences. A film can dramatize ideas and bring them into sharp focus very convincingly. Because of its audio-visual character, it enhances the emotional participation and identification of the observer by creating the illusion of reality.

In selecting a film, the psychiatrist should first of all obtain a film that deals adequately with the educational purpose of the meeting. Having selected the proper film, he should pre-view it for his own study. Does the film offer what he needs for his meeting? Does it teach something new? Re-affirm old established facts? Does it stimulate positive thoughts about a problem? Does it indicate possibilities for positive action? Or, on the other hand, will it leave the viewer with too many questions unanswered, too much anxiety unresolved, too much guilt or hostility aroused?

Ideally, a good film will treat just a few basic ideas, present them simply, develop them slowly, and vary and repeat the themes to insure good intellectual grasp, while at the same time evoking an emotional response through effective use of artistic and dramatic techniques.

Since a film is most effectively used when it serves as a springboard for group discussion, it should preferably run no longer than 20 to 30 minutes. The audience should be brief, for a minute or two, on the main points the film will make, before the film is shown. After the showing, the psychiatrist can successfully capitalize on the aroused emotions and thoughts by inviting the group to submit questions to be discussed or by asking the group to join in answering some of his own carefully thought out questions.

Many good films are available for public education. They can be obtained from local or state mental health societies (free or for a low rental fee) or from Regional U. S. Public Health Offices or from the State Mental Health Authority. An annotated film catalog, revised annually, can be obtained from the National Institute of Mental Health, Bethesda, Md.

Radio and Television: Radio and television, unlike films, bring the psychiatrist into the family living room. Thousands of listeners and viewers can be reached with ease, but, unfortunately, they can also be lost with ease. A boring program disappears with a simple turn of a dial.

Of the two media, television is far more effective than radio. Possessing all the virtues of sound and motion pictures, the great impact of television lies not alone in its audio-visual character but also in its sense of immediacy. For here a live psychiatrist is being seen and heard now!

The psychiatrist appearing on radio or television must pay special attention to the effective organization and presentation of his material. For while in a talk before a live audience people can usually ask questions to clarify points for themselves, radio and television audiences are left without such an opportunity. Hence, an effort must be made to avoid raising many questions which will be unanswered, or arousing anxiety which there will be no opportunity to resolve or relieve.

The radio and television audience is heterogeneous in character. Also, the fact that his listeners are unseen makes the psychiatrist's job much more difficult than when he can watch the faces of those in front of him. There is no audience reaction to guide him. The common sense precautions which apply to all mental health public education efforts are particularly pertinent when radio or television is used. Clarity of ideas and simplicity of presentation are of the greatest importance; there is no place for technical jargon and complicated theories.

In radio and television there is a one-way flow—from the psychiatrist to his unseen and mute audience—therefore, efforts at public education through these media are most effective when the speaker reassures and does not blame or frighten, and when he confines himself to rather general principles and ideas. For example, no matter what particular form of presentation he may employ (documentary, simple case history, straight talk, interview, or a panel discussion) there is always the opportunity to get across themes such as the following: that emotional disturbances are ubiquitous and everyone has some degree of emotional disturbance; that there is no sound reason for looking upon mental illness as shameful; that the recovery rate from emotional illness is much higher than commonly believed; that cultural as well as biological factors must be taken into account in trying to understand human behavior, particularly those cultural experiences in the early years of life (in the family, the neighborhood, the special groups to which the child and his family belong); that there are deeper sources of motivation and purposeful behavior than usually appear on the surface; that there is no sharp definition of what is normal; that each individual is unique and yet much like all other human beings; that people who are troubled with severe emotional difficulties often fear that they "are losing their minds" but that such fears are no indication that "going insane" is likely to occur.

It is probably wisest to have a good deal of experience in talking to "live audiences" before undertaking radio and television appearances. As in all other instances of public education, the psychiatrist is well advised to limit his appearance to those programs which are properly sponsored.

Writing for the Lay Public: The psychiatrist who wants to write should first of all consider the goal of his writing. Does he want to impart information,
stimulate reflection or encourage the reader to action? The manner of presentation should depend upon his objective. Naturally, the educational and cultural background of his expected readers will determine the style of presentation and the type of illustrations used.

In writing for the public the use of technical words should be avoided or kept at a minimum and their meaning should be made clear as they are used. With education as his goal, it is important that the psychiatrist write in a style which will capture the reader’s imagination and hold his interest. Professional writers know this very well and a large part of their success depends upon possessing, developing and refining into words those common experiences that touch sympathetic emotions. It must be kept in mind that there is little in the physician’s training that develops this skill. If he is to communicate with others successfully through writing he must discipline himself in at least some of the ways that the professional writer does. This presupposes some willingness on the part of the psychiatrist to be "human" and to let his humanness show. It is a paradox that the psychiatrist who undergoes a long training to learn how to free emotions and arouse the emotions of others for more effective living, at the same time devotes so much effort to controlling his own emotions and suppressing his spontaneity. He does this in order to provide the proper objective atmosphere for his patients who are working out their emotional conflicts. But in so doing, the psychiatrist may have become somewhat anxious about what the use of "human," spontaneous, effective, simple, everyday language may reveal about himself. He unconsciously hides behind the formal descriptive style of the laboratory experiment or the pathological conference. Although he remains conventionally medical, scientific and anonymous, he seems to forget that when he writes for the public he must practice what he preaches in terms of being a person whose words reflect warmth and simplicity.

He must be able to challenge and stimulate, and yet not irritate to the point of causing his ideas to be rejected. At the present time, psychiatric writing has stimulated some adverse criticism because in attempting to inform and educate, it often arouses anxiety and puts pressure upon parents, for example, or upon the public generally.

There is no question that public education has its anxiety-producing aspects. The truth is that the process of human growth has certain anxiety-laden problems inherent in it. When the psychiatrist attempts to solve these problems he will unavoidably arouse some anxiety and almost surely elicit some hostility as a defense against the anxiety. He should not be too disturbed about the fact that the educative process calls forth these reactions but he should focus his attention on (1) speaking the truth in terms of his material, and (2) offering constructive help in terms of new ideas and possible solutions. He should create confidence in his readers so that they will undertake positive and constructive action, whether it be in child rearing, marriage, or in combating absenteeism.

A psychiatrist who wants to do a good job in public education should subject his writing, as well as his speaking, to the criticisms of those more expert in this field than himself and should recognize that improvement usually comes gradually and painfully. If he does, he will not only improve as a public educator, but he will also develop some awareness of how his patients and the public feel during the process of learning more about themselves.

Although he may not care to go through the painful process of becoming a good writer himself, he may have the opportunity to help an experienced professional writer who is interested in mental health. This can be time well spent. The psychiatrist may furnish material and help the writer put it into the desired form. Through team work much can be accomplished where two people of integrity in two different fields combine their talents to do what neither can accomplish alone.

B. Group Discussion

Group discussion, properly conducted, offers the psychiatrist one of the most effective methods of public education.

Many meetings are inaccurately called "discussion" meetings. A properly conducted discussion group is a special form of group activity not to be confused with those meetings where the speaker pauses to answer questions from the floor, or in turn asks a few questions of the audience. The effectiveness of discussion diminishes as the size of the group increases. Experience has shown that when the number of people in a group exceeds 30 it takes a very skillful discussion leader to insure maximum effective participation. Ideally, such a group will consist of from 12 to 20 individuals, led by someone trained in the techniques of planning for a discussion meeting, arranging for the physical setting, presenting the themes to be discussed, launching the discussion, keeping the discussion to the point, and insuring active participation.

Such a group approach to a problem not only increases the factual information for each member but favors a desirable change of attitudes and stimulates the participants to do something about their problems.

Group functioning is often more effective than individual functioning and frequently results in a higher level of performance because it is more accurate:

a. In defining the problem under consideration in terms of the particular situation or the group in question.

b. In determining why the problem arises, and its relationship to other problems and implications.

c. In considering various proposals for solving the problem.

d. In selecting those proposals most likely to be effective for the specific situation with which the group is dealing.

e. In mapping out a program of social action in order to achieve a successful resolution of the problem.
What mental health problems can the lay public discuss profitably? There are no set rules. A good guide lies in the fact that relatively few people possess factual information, while almost everyone has an opinion! Therefore, while such a question as “Do over-crowded classrooms provoke aggressive behavior in children between the ages of six and twelve?” might preferably be left to a discussion between professionals, the more practical question, “What can we do about over-crowded classrooms?” is a very profitable topic for discussion by a lay group.

The psychiatrist may serve as leader of a discussion group or as a resource person, or both. In any case, his principal value to the group is to supply the factual information which they need. In contrast to public talks, films, radio, television, and printed matter—all of which provide the public with factual information, primarily—the discussion group method carries the ball closer to the goal by focusing on what to do in terms of social action or personal attitudes about the fact presented. In group discussion the individual participant benefits through group identification. The very nature of the method not only compels listening to other points of view but stimulates critical re-examination of one’s own long-held views. Ideas and feelings are ventilated, experiences are shared, attitudes are free to change, and goals of action are brought within reach.

As already stated, a discussion meeting must be carefully planned. The themes to be discussed may be presented in a film (see section on Films) or in a brief introductory talk of five or ten minutes. The talk may be based on material which the group has not previously studied or may represent a digest of a pamphlet or book which each member of the group has read in advance of the meeting and has come prepared to discuss “what to do about it.” Since group discussion meetings are so very effective when properly conducted, the psychiatrist in planning to use this method should study the proper techniques of leading a discussion meeting.

C. Public Speaking

The most frequent role of the psychiatrist in public education is that of a lecturer. The unhappy fact is that many very well informed psychiatrists give a dull or poorly organized public presentation of a subject. Without the ability to present the desired information clearly and simply, the physician not only wastes a fine opportunity to educate, but, far worse, he can so alienate his public that the whole cause of education is set back. The following suggestions are made as an aid to the public speaker:

The extent of the subject to be presented: The psychiatrist should present only that material which he can cover adequately and clearly in the allotted time. In this connection, it is wise to limit the extent of the lecture, recognizing that the audience often expects more information or more specific personal help than can be provided.

Informality: Whenever possible or expedient, the informal lecture is recommended in preference to a formally prepared, written presentation. The informal, spoken presentation gains by spontaneity although it sacrifices precision; therefore, there are some occasions or audiences for which the carefully written presentation is required.

Empathy: The most effective speaker makes it possible for his audience to empathize with him in terms of experiences which are familiar to them, for example, in speaking to a group of parents, the speaker presents himself as a parent.

People can identify themselves with the speaker’s message if it is presented in terms of their own previous experiences and ideals. For this reason, it is essential that the speaker determine the nature of his audience in terms of their interest, and educational, economic, social, and occupational background.

If a lecturer is effective, the audience will respond. The lecturer, however, must be aware of the positive or negative reaction of the audience. It is essential to sense the degree of tension and employ the necessary devices for relieving it, such as humor or the use of appropriate illustrations.

Question and Answer Periods: The value of a lecture is usually enhanced by following it with a question and answer period. This, of course, assumes that the lecturer is sufficiently agile and is prepared for unusual types of questions.

A general discussion is possible in a small group, but in a large audience which uses the question and answer period, the psychiatrist can expect many personal problems to be presented anonymously to him. If he has a choice, it is wiser to select questions of general interest rather than to become embroiled in the personal problems of members of his audience.

Content: Well organized content should be aimed as directly as possible at what the speaker feels is the interest of the majority of the audience, i.e., as parents, industrialists, teachers, social workers. Hence, the need to find out in advance the kind of audience to whom one is speaking.

Efforts in public education should be directed toward the positive side of mental health, rather than toward the details of mental disorder. To inform an audience as to the extent of mental illness and emotional maladjustment does not necessarily need to be anxiety-creating, if presented so as to elicit enlightened concern in helping to find solutions.

Role: Under certain circumstances the psychiatrist must function as a solicitor, for example, in making an appearance before a legislative appropriations sub-committee; as an interpreter, when he appears before his medical colleagues; as an educator, before lay audiences.

Emphasis on mental health versus ill health: There is a diversity of opinion on the value of a “scare campaign” as represented by the “one out of five” slogans of the cancer fund drive. So much of the material about mental health has been of a disturbing nature, and thus arouses anxiety rather than giving reassurance. It is possible to present disturbing facts and figures illustrating the great need in psychiatry for facilities for treatment, for personnel,
and research support, and at the same time to deal with them objectively rather than with the intent to alarm or to personalize this information.

VI. CAUTIONS

Not infrequently the psychiatrist must accept the fact that, because of misconceptions on the part of the public, he may be invited to talk about a subject with which he has no first hand acquaintance. When the psychiatrist accepts such an invitation, he is likely to do a poor job, leaving unhappy reflections on the psychiatrist himself and on psychiatry in general. An invitation to speak on a subject foreign to the psychiatrist’s knowledge should be accepted only with the greatest caution.

There seems to be a common attitude that the psychiatrist is going to do the telling; unfortunately, this attitude seems to be more and more prevalent. Those who participate in public education in psychiatry should assume an attitude of being willing to learn as well as to teach. It is extremely important, for instance, to become acquainted with the problems in an area before one tries to talk about them. This would apply to the military, to industry, to teachers.

Perhaps unintentionally, a psychiatrist sometimes implies that he knows more than he does, and reflects this in a kind of finality of statement, or in answers to questions. Certainly, pontification of this sort has little to do with creating a friendly reaction in any audience and the psychiatrist should studiously avoid it.

Psychiatrists, probably more than the members of any other profession, are accused of using a kind of jargon. To the extent to which they do this, they fail in their public relations.

Certainly, everyone should have the privilege of making value judgments, but it is advisable for the psychiatrist to have data upon which to base his judgment rather than merely to express an opinion. If opinions are expressed, they should be clearly stated as such.

Probably every psychiatrist who talks to lay audiences soon encounters the criticism that he has talked down to his audience or that he has talked over their heads. There is no solution to this problem except to use one’s best judgment; if you can’t keep “level with” an audience, “talk up” to it rather than “talk down” to it.

During question and answer periods at public conferences, and very frequently at press conferences, the type of question asked is, “What do you think is the significance of people seeing flying saucers?” It is much wiser under such circumstances—if the psychiatrist wants to retain his modesty and humility—to indicate that this is out of the realm of his competence, or that his opinion about it on the basis of general knowledge is no more significant than that of any other citizen. It is far wiser to say that one doesn’t know the answer than to attempt to make any kind of reply. This technique usually creates a much better impression on one’s audience.

VII. COMMENTS

To please everyone is impossible, but there are many pitfalls which the skilled psychiatrist can avoid in his efforts to help the public towards a better understanding of mental health. Below is a list of them. Check yourself on them.

Avoid dogmatism.
Avoid pontification and pomposity.
Avoid vagueness; be positive.
Do not deal in personalities.
Don’t misjudge your audience, i.e., never talk down to them.
Speaking without data or about an unfamiliar subject can lead to failure.
It is perfectly permissible to say, “I don’t know,” and to admit limitations.
Public speaking is a skill which can be acquired. Take whatever training is available.

Interest in mental health and its promotion has never been more intense and widespread than it is at the present time. The psychiatrist, with his understanding, training, and experience, can do much to further this positive attitude on the part of the public towards a field which only 30 years ago was shrouded in mystery for most laymen. The psychiatrist must become familiar with the proper use of the many and varied techniques of public communication and education currently available to him. The opportunities are many—the results depend upon the intelligence, wisdom, sincerity, and tactfulness of the individual.

Bibliographies as to material and techniques, and material for presentation can be obtained from:
The National Institute of Mental Health, Bethesda 14, Md.
National Association for Mental Health, 1790 Broadway, New York 19, N. Y.
American Psychiatric Association, 1785 Massachusetts Ave., N.W., Washington 6, D. C.
Local and State Mental Health Societies or Departments of Public Health.

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