THE PSYCHIATRIST IN MENTAL HEALTH EDUCATION: SUGGESTIONS ON COLLABORATION WITH TEACHERS

formulated by
the committee on child psychiatry

Group for the Advancement of Psychiatry

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I. INTRODUCTION

Teachers are increasingly aware of a role they play in the emotional growth and mental health of their students. Frequently they look to the psychiatrist for information and guidance, not only as to understanding and handling problems but also in order to do a better job.

How can a psychiatrist be most helpful when he is asked to counsel with or speak to a group of teachers? How may he make his contribution meaningful and satisfying, not only to the group but to himself? Basically there must be a mutual interest in emotional sharing; an opportunity for identification and understanding. The psychiatrist who has a sense of personal responsibility in preparing himself for his role will find it necessary and useful to know about the interests, needs and problems of teachers in schools (appendices A and B) and what children express as problems (appendix C). Knowledge of and respect for the profession with which he is working is basic to a good mental health discussion. Along with this goes the need to use appropriate material giving basic principles in keeping with the activity of the teaching profession. It behooves the psychiatrist to select the area of his work or the subject matter wisely, for what teachers want to hear about does not coincide with what the psychiatrists want to talk about (appendix D). The accumulation of content for discussions or a talk is easier than the presentation of it in a meaningful and organized way. Content, to be meaningful, must be presented in an effective manner. This is determined by the personal capacity and experience of the speaker, the purpose or goal desired, and the methods to be used.
II. PURPOSES OF MENTAL HEALTH EDUCATION

A. Personal Capacity and Experience of the Psychiatrist

Psychiatrists vary widely not only in their interests but in their ability and experience in mental health education. Some can make drab facts alive; others can dull fascinating material. On one occasion a leader or speaker may be stimulating and on another, soporific. So, too, do groups vary in responsiveness.

What makes the difference is difficult to analyze or describe. The psychiatrist, whether as a speaker or as a group discussion leader, must have a message in which he is emotionally involved. When one delivers material that is his own, he does so with feeling and enthusiasm which attracts the listener. It is sharing with the audience something which lies within one's self. The young resident, relatively inexperienced, is more comfortable and more himself when presenting or discussing subjects covered in his clinical and didactic training—such as recognition of deviant behavior and its various expressions. He is a wise psychiatrist who declines to become involved in discussing subjects in which he is uninterested or with which he is unfamiliar. The experienced and mature psychiatrist finds it easier to be spontaneous, with more interest in embellishing one or two points than in explaining everything, and with more concern for being understood than for being right.

There is often mild anxiety within the leader or speaker as he approaches an assignment. This is often welcomed rather than feared by the experienced and effective person for it can contribute to a better performance. He must be reasonably comfortable and at ease in the situation and must discover the way in which he, as different from others, operates best. Each psychiatrist must develop his own style and share with the group that which flows from within.

B. Purposes of the Educational Effort

In many instances an educational group will invite the psychiatrist to join them in the exploration of a particular area or to speak on a specific subject, having in mind a definite purpose in inviting him. If not, it is desirable to confer with the organizer or instigator of the group to clarify this. The significance of the meeting or discussions may determine the nature of the subject as well as the way in which the speaker or leader might best present it.

It may be helpful, however, to point out various possible goals, though these are not necessarily mutually exclusive.

1. To Impart Information

Many teachers have specific questions which they want answered and are glad to have the suggestions and guidance of an experienced psychiatrist.

Many teachers are eager to learn more about mental health; e.g., what psychiatry is; how to deal with emotional problems; personality development; the relation of emotions to the learning process; the management of specific types of behavior problems.

2. To Influence Attitudes

To strengthen mentally healthy attitudes, such as the teacher's enthusiasm about her job; increase her understanding of the importance of inter-personal relations; to heighten her recognition of individual differences in children and variations in children's capacity to stand disappointment or to tolerate frustration.

To correct mentally unhealthy attitudes; e.g., prejudice, discrimination.

3. To Discuss Specific Problems

Often the psychiatrist can contribute to the solution of specific problems by discussing them with a group of teachers: the installation of a guidance service and how it would function; problems related to administrative responsibility; various personal problems of teachers; problems related to classroom behavior; students' problems—the universality of certain problems and the expression of them by students can be very supportive for teachers.

It is wise to remember that teachers deal with children in a group situation, whereas most psychiatrists deal with individuals and have little experience in group work and group dynamics. Knowledge about the individual cannot be carried over directly to the group situation.

4. To Stimulate Social Action

a. To serve as a resource person or lead a series of discussions, workshops or seminars for teachers under the aegis of the educational department of a university or the school system or the mental hygiene society. Usually such workshops will involve others than the psychiatrist as discussion leaders covering such topics as:
Child development
Emotional needs of children
How school, home and community can work more effectively together for children
Parent-teacher relationships
Teacher-pupil relationship
Recognizing symptoms of emotional disturbance in children
b. To promote co-operative efforts by teachers, parents and school boards in planning comprehensive education: physical, social, emotional and intellectual.
c. To provide community-sponsored recreation facilities for teen-agers.

C. Methods of Presentation

If the psychiatrist is permitted a choice, he should consider the advantages or limitations of various methods of mental health education.* A talk without an opportunity for audience participation in discussion brings little to bear on attitudes or actions.

1. Variations in giving a talk to a group of teachers
   a. Formal presentation

   If the speaker is at all insecure in speaking to a group, or if a very formal program has been arranged, it is safer to write out his presentation. However, a speech which is read allows no opportunity to respond to audience reaction, and hence is usually somewhat less interesting to an audience.

   b. Informal Presentation from Notes

   With sufficient experience, this is the best method for talking to teachers, since it permits flexibility and changes of emphasis as the speaker senses the interest and needs of the group. A warning: Speaking effectively from notes does require experience both as to the length of the presentation and, more important, to following one’s notes closely enough to prevent going off on tangents.

   c. Presentation Followed by Discussion and/or Questions

   Often it is very desirable after the presentation of a particular problem and its suggested solution (in a talk, movie or playlet) to plan a discussion or question-and-answer period. In a large group, however, it is more difficult to use this method effectively with very much individual participation. Also, many of the questions asked may be personal ones or be far afield from the subject. Written questions give the speaker an opportunity to bypass those that are inappropriate.

2. Discussion Group

In GAP Report No. 29, THE PSYCHIATRIST IN MENTAL HEALTH EDUCATION (October, 1954), one can read, at length, the support of the statement that group discussion, properly conducted, is one of the most effective methods of public education. Here, we wish merely to stress a few pertinent points:

   a. Facts, as such, are not discussable—they can be questioned or debated as to their validity. Such group consideration, however, is not group discussion but rather a necessary prior-to-discussion step—an attempt to get agreement on an aspect of the problem to be subsequently discussed.

   b. Interpretations of facts are discussable—what they mean, what to do about them, what bearing they have on other facts and problems, etc.—this is in the realm of opinion and provides the material for effective group discussion. This process can lead to greater information for the participants, to a change of attitudes in a favorable direction, as well as provide stimulation to constructive social action.

   c. The psychiatrist in a discussion group serves primarily as a resource person—a professional with factual information. If he is also to lead the discussion, he must study and become skilled in this technique.

Example: A small group of teachers want to discuss with a psychiatrist the management of disorderliness in the classroom.

1) Ascertirable and debatable but not discussable are:

   a) The frequency of classroom misbehavior
   b) The time of day it is most apt to occur
   c) Number of boys involved
   d) Number of girls involved
   e) The theoretical bases for various kinds of misbehavior, etc., etc.

*Refer to GAP Report No. 29, THE PSYCHIATRIST IN MENTAL HEALTH EDUCATION (October, 1954), for more complete discussion of Methods of Public Education.
2) **Discussable are:**
   a) Criteria employed in defining misbehavior
   b) The role of the teacher in precipitating or inhibiting misbehavior
   c) Suggestions for anticipating misbehavior
   d) Suggestions for dealing with it directly when it occurs
   e) Explorations of what else the group may need to know by way of factual information, etc., etc.

   The foregoing example is not intended as an outline for a group discussion on the problem of misbehavior, but rather to illustrate the importance of distinguishing between facts and opinions as they have bearing on the group discussion process. One of the major pitfalls in group discussion lies in the failure to make this distinction, and what might have been an effective group process boggs down in confusion because the initial phase—agreement on the statement of the problem—has been incorrectly assumed, i.e., effort was not made to obtain acceptance of factual information as a pre-condition to discussing what to do about the facts. It is this pitfall which accounts for the unpleasant discovery that different people are talking about different things.

**D. Factors Influencing the Type of Mental Health Education Program**

1. **The Size of the Group**

   With a large group of teachers, numbering 100 or more, it is extremely difficult to manage individual participation on their part. On the other hand, for a smaller group, it is often very desirable to plan a question-and-answer period or discussion after a presentation.

2. **The Time Allotment**

   This factor is usually automatically determined by the nature of the request. At an annual meeting of a state or other large group of teachers, there is usually no alternative but the formal presentation. Too many speakers talk too long. If it is desired to have the group participate, the speaker should limit his remarks to about 30 minutes with as much or more time devoted to questions and answers. If the group is too large for a question-and-answer period, 45 to 50 minutes is the ideal length for a “lecture.” It is a mistake, however, just to take up time if one has said all that he has to say.

Where a series of talks or discussion workshops can be held, the division of time in terms of the presentation and the discussions will vary depending on the number of sessions in the series, the material to be covered, the number of reference persons available. It may vary with the utilization of dramatic skits and educational films.

3. **Recognizing the Teacher’s Contribution**

   In any presentation by a psychiatrist, special thought should be given to recognizing the teachers as professional people (either in the introduction or in the closing)—their constructive goals, their enormous influence on personality development, their sacrifice in terms of financial remuneration—and any other points to show appreciation of the teacher’s mission in life.

   Give commendation to the efforts of many teachers to solve difficult classroom problems through common sense and intuition, without having special knowledge about mental health per se.

   Psychiatrists advisedly should attempt to forcefully emphasize that we in psychiatry do not expect them to become amateur psychiatrists or to assume the role of a therapist. Theirs is an educational job and not a therapeutic one.

4. **Obtaining Background Information of Group Situation**

   Obtain sufficient information about the situation and relationships within the educational group or in the community to be able to recognize progressive steps that have been taken or are in progress; to be aware of possible conflicts within the group (whether these be between the public and the Board of Education, between the Board of Education and the Superintendent, between the Superintendent and his teaching force, or in the community itself).

   A perusal of the local papers will give examples of local problems that may be woven into the presentation and bring the level of the talk from the general to the specific. It can add to the audience interest.

5. **Evaluating Group Interest and Information**

   Inform yourself as well as possible as to the level of knowledge of mental health and interest in it on the part of the group. This will vary widely according to their knowledge and/or experience in utilizing guidance facilities and psychiatric counsel.
III. SUMMARY

Educators are increasingly interested in mental health and often seek the guidance and assistance of the psychiatrist. Suggestions are made for the psychiatrist so that he may increase his understanding and effectiveness in meeting with teachers, whether it be through formal lectures, informal talks with audience participation or the preferable means of "on-going" discussion groups. Supplementing the suggestions, there are materials related to the interest of the teachers, the child and the psychiatrist and samples of content.

It is hoped that the psychiatrist will utilize the opportunity to meet with teachers and establish a co-operative relationship, a mutual exchange of information which can promote mental health.

IV. APPENDICES: INFORMATIONAL DATA

APPENDIX A

Facts and Figures Regarding Teachers and Schools


1. Current Overcrowding

48% of elementary schools have over 30 pupils in a classroom.
86% of pupils are in classes in excess of 25
62% of pupils are in classes in excess of 30
27% of pupils are in classes in excess of 35
6% of pupils are in classes in excess of 40
650,000 pupils attend school only part-time (i.e., on double or triple sessions).

Building programs lag far behind growing needs:
340,000 classrooms needed today
117,000 new classrooms needed annually

2. Rapidly Increasing Enrollments in Elementary Schools, including Kindergarten, High Schools and Colleges

1954 enrollment: approximately 26 million students
28% increase anticipated by 1960
1960 expected enrollment: about 33 million students

Secondary schools:
1954 enrollment: approximately 7 million students
71% increase anticipated by 1969
1969 expected enrollment: over 12 million students

Colleges:
1954 enrollment: approximately 2½ million
Enrollments to double by 1970, or perhaps even by 1966

3. Acute Teacher Shortage

Pupil increase in elementary and high schools: 1950-55—22.8% Teacher increase: 1950-55—only 15% 141,000 more qualified teachers still needed when schools opened in September 1955

More emergency teachers hired each year to help meet the shortage: 70,000 in 1952-53; 91,000 in 1954-55, with many positions remaining unfilled.
96,000 teachers left the profession in 1954-55.
56,000 college graduates entered teaching the same year—not enough even to replace departing teachers.
190,000 new teachers needed annually for the next 10 years, to take care of increasing enrollments and replace those who leave the profession.

Only 20% of all college graduates entered teaching in the years 1953-55.
51.2% of all college graduates for the next 10 years—1956-65—will be needed for teaching—1,900,000 out of the estimated total of 3,700,000 graduates.

4. Some Factors in the Teacher Shortage

Employment practices: Not equivalent to accepted practice in other fields.

Working conditions: Long hours, many responsibilities, inadequate physical facilities
Tenure: Lack of security in employment
Sick leave: Not equivalent to accepted practice in business, industry and other professions
Retirement: Inadequate provision for retirement income
Lack of recognition of teaching as a profession, yet standards high
Prospects for advancement much less than in other fields
Low pay: Salaries not commensurate with qualifications required nor with wages in other fields.
400,000 teachers have taken better paying jobs since 1940.
60,000 (approximately) left the profession in 1953, mainly because of low pay.
- 55.8% of teachers receive $3500 a year or less
- 26.6% of teachers receive $3500-$4500
- 17.6% of teachers receive $4500 or more
- 1.1% of women teachers receive $6,000 or more.

5. Increased Budgets Necessary

Increases in per pupil cost:
1949-50 $209—U.S. Average*
1952-53 $235
1953-54 $247

6. New Warnings of Quality Erosion

Of all the nation's public high schools:
- 46% offer no foreign languages
- 23% offer neither physics nor chemistry
- 24% offer no geometry

Of all public elementary teachers in 1954-55: (Based on 32 states)
- 32% had less than 4 years of college
- 6% had less than 2 years of college

Of all Selective Service registrants in the first year of the Korean conflict, 19.2% failed the Armed Forces Qualification Test.
650,000 children were getting only part-time schooling on double sessions in 1954-55.
7,900 science teachers were needed in high schools in 1954-55:
- 3,600 qualified science teachers were produced
- 1,700 new science teachers entered teaching

Not enough college graduates enter teaching even to replace departing teachers, let alone to meet the increasing need.

Only 20% of college graduates entered teaching in the Fall of 1955, although 30.6% were prepared to teach in elementary and secondary schools.

*National Citizens Commission for the Public Schools, "Financing Public Education in the Decade Ahead," December, 1954. (Figures do not include interest and amortization.)

APPENDIX B

What Teachers Want to Ask Psychiatrists*

Interests, Needs and Problems Expressed by Teachers

Two thousand teachers in one state were asked what they thought would be helpful to them to hear a psychiatrist talk about. Their answers ranged from simple requests for information, "Does a psychiatrist have to have a medical degree?" to profound questions about values in human living such as, "How can we find for ourselves and give to our students the real values and purposes of life?", a question few feel competent to answer. They indicated attitudes of irritation, such as the allegation that "promotions are based on political pull," to profound self-doubt and self-criticism:

"When I and my family have unsolved problems, how can I advise and help students with their problems?" In short, they revealed that teachers have strong feelings of responsibility for the job that they have chosen and that they believe their work makes a difference in the lives of the children they teach.

The flavor of the statements is best obtained from the verbatim statements themselves, and in the following group, editing has been held to a minimum. It is recognized that many of the suggestions have implications for more than one category; each appears but once, and, of course, each represents many other replies of similar idea but slightly different wording.

The categories are as follows:
1. The teachers' concern with values.
2. The teachers' problems in relation to the child's parents and home.
3. The teachers' feeling of community and social pressure.
4. The teachers' problems with peers and administrative superiors.
5. The teachers' relationships with psychiatric and other consultants.
6. The teachers' questions about pedagogical issues.
7. The teachers' problems of classroom behavior.
8. The teachers' concern about conserving the mental health of teachers.

*This material is indicative of the preoccupation of some teachers. It is not to be assumed that the psychiatrist is qualified or should attempt to answer many of them.
1. *The Teachers' Concern with Values*

How can we find for ourselves and give to our students the real values and purposes of life?

What are the criteria of the well-integrated person? The positive characteristics of mental health?

How can we increase the pupil's desire to learn? Methods to help overcome the attitude of just "getting by"?

Tendency of education to teach in a moralistic manner—in tests some children answer in terms of "right" and "wrong" instead of giving a realistic answer.

Labels: lazy (child with low energy output), won't try, immature, irresponsible, undisciplined, children worse than they used to be, no respect for authority.

Inadequate motivation to meet the demands of the college curriculum.

Many freshmen do not know why they are in college, have no wish to be in college, have no alternative course of action, so remain out of sheer inertia until dropped because of scholastic standing or discipline.

How to develop tolerance, open-mindedness, listening to the other fellow's opinions.

Need to help child develop a good "self-concept"—accord him respect—develop self-confidence; purpose, to be able to contribute.

Should interests be of prime importance in selecting a goal, provided the student possesses sufficient ability or aptitude?

2. *The Teachers' Problems in Relation to the Child's Parents and Home*

How can teachers cope with the increasing demand to teach "the whole child"?

Multiplicity of pressures—from home, school, church, community—conflict in standards between teachings and observing opposite behavior in many adults.

Conflict between parents' expectations and the child's ability to achieve.

Broken home—insecurity—what is the teacher's role?

Discord between parents: What can the teacher do to help the child? How can one help the parent realize his responsibility for child's behavior?

Can the school "make up" for poor conditions at home—low standards, racial background?

Parental coddling of children, even when obviously guilty of misconduct.

Parental attitudes of total indifference to child's daily needs or problems.

Need for parent education when emotional disturbance originates in the home.

Conferences with parents, many must be held after school hours.

3. *The Teachers' Feeling of Community and Social Pressure*

What is the status of the teacher in the community?

Discuss the relationship between the mental health and efficiency of teachers and the problem of academic freedom.

How can we maintain discipline in the classroom and expect the respect necessary to good teaching when many parents regard teachers as second-rate citizens who can't do much else for a living?

Subject to pressure of community activities, parental attitudes, administrative attitudes.

Required to play many roles: substitute parent, psychologist, nurse, janitor, etc.

Frustration because unable to put into practice one's educational philosophy.

Teachers' work interfered with by special programs and extra-curricular activities.

4. *The Teachers' Problems with Peers and Administrative Superiors*

How can we promote better relations and co-operation between teachers?

The teacher should have a part in formulating any "orders" that she is expected to follow or implement.

Teachers subject to many administrative pressures: large classes—yet individual instruction required by the administration.

Special assignments by principals and supervisors.

Increasing clerical work.

Long committee meetings.

Many interruptions in the classroom.

Conflicting attitude re discipline with school administration.

How can I deal with a severe disciplinary problem, knowing if I carry it out of the classroom the child will be suspended or expelled without a chance to work it out?
5. The Teachers' Relationships with Psychiatrists and Other Consultants

Some teachers feel threatened and confused by the emphasis on psychiatry in modern living. Too many educators regard psychiatry as beyond the understanding of the average person—as dealing with "magic." Teachers need to understand why they sometimes feel angry, hurt, afraid, thwarted in relation to some children.

Need better diagnostic tools to determine maturity level of students initially faced with the language arts.

Need means of determining frustration tolerance level, to determine when inattentiveness is a result of fatigue.

Differentiate between those behavior symptoms annoying to the group vs. those which are potentially dangerous to the child's developing personality.

How can we help children who are retarded emotionally?

Problems which a teacher can handle herself vs. those for which she should seek expert advice.

Can emotional growth be accelerated? Cite specific examples.

What symptoms indicate that a student should be referred to a psychiatrist? psychologist?

Are too many teachers forgetting their role as teachers and trying to be therapists?

How far should the classroom teacher go in referring cases of poor mental health? Many serious behavior problems at high school level should have been recognized sooner.

Need techniques to improve communication between psychiatrist and other individuals and agency working with "patient."

From my observations it appears that the majority of mentally ill persons show exceptionally high interest in art, literature, music—is this significant of this group and what weight can be placed upon such indications?

Educators frequently think guidance is so easy that anyone who likes children can give this service. Guidance specialists make it look too uncomplicated in their eagerness to gain and hold rapport with educators.

Educators expect guidance meetings to give them a blueprint for handling such problems as lying, stealing.

Educators expect "miracles" from guidance counselors in bringing about change with deep-seated emotional problems.

How can we indicate to mental health agencies what mental health practices are in use in our elementary and secondary school classrooms?

What do the mental health agencies want the guidance workers in schools to do for them and/or with them?

Must psychiatrists have a medical degree? Is there a list of qualified psychiatrists available to the schools? When referral must be made through the family doctor, can anything be done when the doctor takes no action?

How can modern psychiatry help high school and college students with their emotional adjustments short of protracted and financially prohibitive intensive individual treatment?

Who should suggest to a parent that he needs psychiatric help?

How can we try to correct behavior problems when we have no control over the child's home environment?

6. The Teachers' Questions about Pedagogical Issues

Has the school assumed too many responsibilities? Can this be a threat to healthy emotional development?

Are there too many activities in our schools? Dancing, sewing, shops, assemblies, programs requiring hours of rehearsal (in school time), movies, speech correction, remedial reading, psychological examinations and interviews, instrumental music, glee clubs, safety patrol, library, thrift programs, art, corrective gym, physical exams, etc.

Is there danger in making school too easy for children—in avoiding frustration for them to fail to prepare them for realities?

How can they cope with the increasing demand to teach each child "at his level," when this may mean having 3-4 "groups" in each academic subject at each grade level?

Problem of teaching combined groups in "special" section: scholastically lowest groups of entire city, even including leaders of "gangs" sometimes on parole; students barely passing because of illness, transfers; students not passing but placed ahead by Guidance Director.

Which of these two marking systems would you feel more conducive to the mental health of slow learners?

1. Same marking scale as rest of school with frequent failing reports and probable "failure."

2. Special report card, with periodic comments, with promotion assured but high school diploma not given.
Emphasize the relationship between teaching subject matter and guiding personality development.

Sex education—how far should the school go to help teenagers discover and understand the dividing line between natural urges and the mores of our culture? What are the dangers of such a program?

How to teach responsibility for parenthood: Many who marry shortly after high school graduation are unable to assume adult responsibilities for a family.

7. The Teachers' Problems of Classroom Behavior

What does discipline consist of? What disciplinary treatment do you believe harmful?


Group sympathy for the individual, i.e., refusing to disclose fellow student who damaged school property.

Student under 16 with avowed hatred for school resulting in truancy and non-cooperation poses a problem—what is a practical, workable solution?

What does the teacher of today need to know about getting along and really living with the disturbed child in the classroom?

Trace the development of attitudes in children and illustrate specifically how certain attitudes toward reading, toward authority, etc. may be formed.

Wanting to be like their pals and not labeled “a brain” frequently leads to mediocrity. What is the intelligent handling of this dilemma from the mental health standpoint of both teacher and student?

Give practical suggestions for the teacher in group guidance which have been effective in helping students solve personal problems.

8. The Teachers' Concern about Conserving the Mental Health of Teachers

How can teachers themselves enjoy good mental health?

Teachers must realize they have to accept themselves when they are doing their best. Doubts of one's own worth raise havoc with his morale and ability to function well.

Tendency of teachers to re-live the mistakes of the day and magnify them.

Tendency to feel guilty and inadequate if a child doesn't learn or misbehaves. If a teacher can recognize that she “dislikes” a certain child, inevitably she is able to do better by that child afterwards.

How can the teacher help herself or get help for emotional problems?

When I and my family have unsolved problems, how can I advise and help students with their problems?

How can I do my best work and feel fit if my schedule is so heavy that I don't have time to relax, much less find time for reading and other activities necessary to professional growth?

APPENDIX C

What Children Express as Problems

Much has been reported about what adults see as the child's needs, wants and problems. Children's opinions about themselves, their roles and their relationship have been investigated in therapeutic situations; the developing child's objective behavior has been scrutinized and described in detail. But what do children in general say about themselves? What are their concerns and preoccupations?

Helen Parkhurst, through several thousand questionnaires and interviews, recorded the comments and opinions of boys and girls in a wide variety of settings.* They "told of their random fears, their confusions and doubts; their lies and how they fabricated them; what they pilfered and how they were punished; how they felt when angry, sad or lonely; of their aspirations, their heroes and their dreams; their problems at school, what they considered wrong in their teachers, and also in their parents; the kinds of friends they preferred and how they coped with those who frightened them."

The child's point of view on many items of daily experience is described in Parkhurst's book "Exploring the Child's World." It is well to remember that though the adult has been a child, the child has not been an adult and cannot be expected to understand the adult point of view.

Most of the research into the child's point of view has been

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carried on by the psychologist and the educator. They have attempted to determine some of the factors that children believe important in motivating their behavior in class and with teachers. Simon and Thompson found that a group of eighth-grade children could observe, evaluate and criticize teachers' responses; they have strong desires for teacher explanation of acceptable class behavior and for assistance in dealing with their problems. They don’t like to have a teacher ignore their misbehavior nor punish excessively.

Other studies have pointed out teachers “aren’t aware of the child’s felt needs, nor the child’s wants.” Cox and Anderson showed that there was a discrepancy between children’s wants and typical teacher action. Though many studies indicate that children feel most secure in well-structured situations, they much prefer democratic rather than authoritarian treatment.

Under the direction of H. H. Remmers, Ph.D., of Purdue University, an extensive survey was made of 15,000 high school students to determine what problems they themselves were aware of. These problems are discussed in the booklet “Let’s Listen to Youth,” by H. H. Remmers and C. G. Hackett, from which the following results of this survey are excerpted:

1. **Problems in Relation to Their Physical Health**
   - I want to gain (or lose) weight—52%
   - I want to improve my posture and body build—37%
   - I am concerned about improving my figure—24%

2. **Problems in Relation to Parents**
   - There is a barrier between me and my parents
   - I can’t discuss personal things with my parents
   - I am afraid to tell my parents when I have done wrong
   - I feel I am a burden to my parents
   (All of these were checked by 10% to 20% of the 15,000 teen-agers)

3. **Problems Concerning School**
   - I wish I knew how to study better—54%
   - I have difficulty keeping my mind on my studies—53%
   - I have difficulty expressing myself in words—41%
   - I have difficulty expressing myself in writing—38%

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**4. Attitude Towards the Curriculum**
- I would like to get some practical work experience—49%
- I would like to take courses that are not offered in this school—35%
- I need advice in choosing courses—25%

**5. Attitude Towards Teachers**
- My teachers play favorites—22%
- My teachers give me no encouragement—14%
- My teachers aren’t interested in the things that interest me—12%

**6. Social Life**
- I want people to like me more than they do—54%
- I want to make new friends—60%
- I wish I could be more popular—42%
- I want to develop more self-confidence—36%
- I wish I knew how to converse better—32%

**7. Regarding Dates**
Among boys: “I don’t have a girl friend”—41%
   - “I am bashful about asking girls for dates”—34%
Among girls: “I don’t have a boy friend”—30%
   - “I don’t know how to refuse a date”—36%
   - “I am not popular with boys”—23%

**8. Personal Troubles**
- I often do things I later regret—41%
- I can’t help daydreaming—35%
- I worry about little things—35%
- I have trouble keeping my temper—33%
- My feelings are easily hurt—29%
- I feel I must always be on the go—29%
- I am nervous—27%

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**APPENDIX D**

**What Psychiatrists Want to Express to Teachers**

Approximately 100 psychiatrists were asked to state what subject matter they had found most helpful to use when talking to a group of teachers.
1. Some of the basic fundamentals of personality development, the normal problems of this development at various stages, what these problems mean dynamically, and how they can be handled best by teachers.

2. Dynamic child psychology, stressing the range of "normal characteristics" of a developing child rather than pathology, and the importance of the concept of growth—that even severely handicapped children can be helped to grow into useful adults.

3. Insight of the teacher into his own personality including the unconscious roots of his reaction to pupils, probably through cooperation with, say, an analytically trained psychiatrist. Group sessions of teachers with experienced leaders in order to develop self-understanding. The necessity for the teacher's own security in order to give the child security, and a personal philosophy that will tolerate frustration and defeat. Good mental health practices for teachers with adequate recreational outlets for tensions developed in the course of educating children. Teacher's mastery of the technical art of teaching to free himself for immediate personal relations with his students.

4. Human relationships are equally as important as didactic material; the teacher is as important as what he teaches, his capacity for loving his students as important as method of content of what is taught.

5. How emotions promote or impede the learning process; understanding emotional problems such as hostility and competitiveness and how these can be channeled into constructive social patterns. Recognition of transference attitudes in students and counter-transference attitudes in teachers.

6. Interactions among teachers, parents, and pupils can be understood, and inter-personal relationships at school should exemplify the principles of mental health being taught by exhortation. The teacher’s identifying with the child is sometimes all that is necessary in reassuring him. Discuss problems of authority and its meaning to teachers in authority over children as well as members of somewhat hierarchical organizations.Factors in group structures and activities and handling of specific problems presented by the group.

7. Next to parents, teachers play the most important role in the emotional and intellectual development of the child and the transference of the child's attitudes from home to school. Recognition of the role of parents in emotional problems presented by children, but not using such understanding as an accusation against the parent. Greater participation of faculty and parents in the operation of the school.

8. Acceptance and application of the concept of individual differences and gearing educational methods and goals dynamically to individual child's abilities and needs. Educators' responsibility for exceptional students and a knowledge of referral sources for them.

9. Teachers' responsibility in recognizing deviant behavior in the child with which the child and his family need special help, and an awareness of kinds of community or private resources available for such help. Not overemphasizing children's sex interests; acquiring knowledge of the psychological and psychiatric aspects of sex education, particularly on the high school level.

10. Inculcation of, and transference from outside authority to self-discipline with reasonable limit-setting as a constructive step in the educational process. Discipline problems and techniques, stressing the importance of consistency and rational flexibility in both.

11. Basic principles of mental hygiene with emphasis on teacher's responsibilities, possibilities and opportunities in the field of mental health. Information about the Bullis Plan and teacher training to use this system in elementary schools. Training in mental hygiene as a part of program of teacher training institutions. "Objective" psychological data in a talk on a neutral subject from which every audience can take what they can accept.

12. Recognition of the importance of teachers' contribution to society and of their difficulties. Support them against being scapegoats for other problem areas. We are not trying to teach them their job; they must not squelch their intuitive capacity by being psychologically overconscious of child development.

APPENDIX E

Suggestions for Talks to Teachers

The following are some examples, in rough outline, of possible presentations by psychiatrists to teachers. They represent the personal experience of several psychiatrists who furnished these abbreviated outlines. They are intended only to be suggestive and not
to be emulated. They may serve as a series of suggestions to be elaborated and completed in more detail by a speaker in line with his own experience and interest.

EMOTIONAL MATURITY

A. Introduction.

1. Some similarities in the job of the teacher and the treatment of a patient—both being a constructive undertaking with education or re-education as a goal.
2. Hasten to add that no one should expect the teacher to be a therapist. But like the psychiatrist:
   a. The better she understands herself, the better job she can do.
   b. The more understanding she has about personality development, the more effective she can be.

B. What is meant by Emotional Maturity?

1. Emotions constitute one aspect of personality—(others include perception, intellect, volition, etc.).
2. Hence one can be intellectually a genius but emotionally very inadequate, i.e., a social moron, a poor father, an unloving and unlovable person.
3. Emotional maturity is an ideal towards which one may strive, if one is so motivated and has some knowledge of the goals.

C. Criteria of Emotional Maturity.

(Here the speaker may choose those he feels most adequate to present from the numerous lists, some of which are given below. In each instance, it is wise to explain the criterion and elaborate with every day examples.)

ENGLISH AND FINCH (Introduction to Psychiatry)

1. Freedom from neurotic symptoms.
2. Satisfactory heterosexual adjustment.
3. An adequate working capacity.
4. Freedom from mental conflict.

LEON SAUL (Emotional Maturity)

1. Emotional independence.
2. Increased productive activity.
3. Freedom from inferiority feelings, egotism and competitiveness.
5. Control of hostilities.
7. Flexibility and adaptability.

MAURICE LEVINE (Definition of Normality)*

1. Nonexistent in a complete form, but existing as relative and quantitative approximations.
2. In agreement with statistical averages of specific groups, if that is not contrary to standards of individual health and maturity.
3. Physical normality: absence of physical disease; presence of good structure and function and maturity.
4. Intellectual normality.
5. Absence of neurotic or psychotic symptoms.
6. Emotional maturity (especially in contrast with neurotic character-formation).
   a. Ability to be guided by reality rather than by fears
   b. Use of long-term values
   c. Grown-up conscience
   d. Independence
   e. Capacity to "love" someone else, but with an enlightened self-interest
   f. A reasonable aggressiveness
   g. A reasonable dependence
   h. Healthy defense mechanisms
   i. Good sexual adjustment with acceptance of own gender
   j. Good work adjustment

D. Conclude with a positive note:

For example: Much of the trouble in the classroom and the family and the world is related to emotional immaturity. Hence the importance of understanding:

1. The goals that we must shoot for in our own lives.
2. We must guide our children to even more mature growth than we have achieved.

TO WHAT EXTENT ARE TEACHERS RESPONSIBLE FOR STUDENT'S MENTAL HEALTH

A. Present tendency is to blame schools and teachers not only for poor scholastic performance but for emotional ill health as well.
   1. Six to eight hours a day in school do not equal 1/3 to 1/2 responsibility for child-rearing.
   2. Parents continue inevitably to have the primary responsibility for their children's adjustment or lack of it.
   3. To a lesser extent—after parents and teachers—churches, community organizations and the law also have some degree of responsibility.

B. How can teachers better carry out their share of the responsibility?
   1. By accepting the fact that the “average” child is a statistical fiction.
   2. Factors which make each child different—physical make-up, age, race, color, religion, economics and family constellation—present an interesting challenge to the teacher to usefully so identify each individual pupil.
   3. Some children bright but overactive. Others bright but passive and compliant. The same is true of the dull child who may be either overactive or passive.
   4. Teachers also vary in disposition and temperament. Need to acknowledge this to one's self and to realize each individual pupil-teacher relationship is unique and a basic orientation to the job of successful teaching.

C. Teacher's primary responsibility is the instruction of the pupil.
   1. Teachers are not substitutes for parents, clergymen or psychiatrists.

D. Children, being different, cannot be treated as stereotypes.
   1. Treating each child as a different individual does not mean that the teacher must deal successfully with all extreme variants in child behavior.

E. Early recognition of serious or gross variants in learning and behavior can frequently be dealt with successfully by extra attention and study of the child.

THE ROLE OF TEACHERS IN THE MENTAL HEALTH OF SCHOOL CHILDREN

A. Similarity of the dedication of both teachers and physicians in the service of others, with the aim to be helpful.

B. Teachers cover an area that parents cannot cover. The work of the teacher is very different from that of the parent in regard to the growing child. In general the teacher's relationship to the child can be supplemental or complemenetal and sometimes even corrective with regard to the parents and their treatment of the child. In some instances the child may have more respect and admiration for the teacher than he does for his parents, hence placing the teacher in a very strategic position to be helpful to the child.

C. Because of the authority given teachers, it is essential that they attempt to understand individual pupils and cope with their emotional needs. There is constant necessity to recognize the child's needs for an optimum amount of satisfaction and affection, which must be determined in each individual case.

D. In their methods of teaching, teachers—like psychiatrists—through their attitudes can strengthen the influence of parents and also mitigate overly-severe attitudes in the home.

E. Through direct contact with parents, teachers often exert a favorable influence in modifying parental attitudes toward the children.

- TEACHERS: EMOTIONS FROM 9 TO 3

Teachers' feelings or emotional attitudes influence children's behavior in the classroom.

A. Conscious and reality factors.
   1. Such illustrations as a cold or a headache which lowers tolerance.
   2. Irritations from environmental situations (like the principal, or the husband) which the teacher may tend to “take out” on the children.

B. Unconscious elements.
   1. Some teachers find their love object in the children. It may
be good, if warm and consistent, but it can be deleterious, if capricious, inconsistent or too demonstrative.
2. The teacher may become unconsciously a child-hater.
3. The serious consequences when the teacher is anxious, tense, and is inconsistent in her attitudes.

B. Hostility and its displacement.
1. The child is expected to work. (None of us likes to.) All of us have to, so we arrange it to enjoy it as much as we can, and rarely allow ourselves to show our not infrequent distaste for work.
2. The child is learning that he has to work, but he does not have the tools for managing his hostility. The social and emotional skills are in the process of development. They are not complete.
   a. The development of the capacity to “modulate” emotional reactions—from temper tantrums to sulking, to social covering-up.
3. Our (adults) own covering-up and displacement of hostility.
   a. Illustrations of displacement, humorous and others.

C. Regardless of age or profession, we should be growing emotionally, i.e., learning to recognize hostility in ourselves and to handle it properly.
1. Psychiatrists try to help their patients to handle their hostility better by directing it toward the “real” object and by dealing with it constructively.
2. Teachers can help children to develop the skills to handle hostility.
   They have had long experience themselves and also have had training in handling their emotional reactions.
3. The teacher’s opportunities are the greater because she works with personalities in a more labile, developmental stage of maturation.

A. Introduction.
1. The Reader’s Digest story:
   A father is listening to his 7-year-old son doing his homework and hears the following: “2 and 2 the son of a bitch is 4.” He inquired of the teacher what this might mean. The teacher laughed and explained that they were teaching addition with the formula: “2 and 2, the sum of which is 4.”
2. The child’s hostility as shown in the story.
4. How to modify the behavior.
   a. Identify the motivating forces:
      Hostility
      Rebellion
      Need for attention
      Need for love
      Need for prestige with peers
      Need for approval of own sex
      Need for approval of opposite sex
   b. Remove the motivating forces by supplying the need if feasible. Give examples.
   c. Utilize other resources of the child to satisfy the motivating forces in a socially acceptable way.

This material can be presented briefly as outlined. Then suggest that the teachers might list types of difficult or problem behavior that they encounter, and get the group to choose two or three problems for discussion.

In the discussion, describe the behavior, talk about methods of discovering the motivating forces, and discuss the use of other resources of the child to achieve his goals in a more socially acceptable manner.

APPENDIX F

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How Can We Organize for Better Schools?
How Can We Get Enough Good Teachers?
How Good Are Our Teaching Materials?
How Can We Organize a School Citizens Committee?
How Can We Advertise School Needs?
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* * *

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