expressed beliefs were largely a rationalization of their habits, while those who had never taken up smoking were correspondingly more prepared to attribute harmful effects to the cigarette. But if there is a gap between knowledge and belief there is also a gap between belief and action, for it is noteworthy that two-fifths even of the heavy smokers were prepared to accept the proposition that smokers ran a greater risk of contracting lung cancer. Among the motives of those who had given up smoking, fear of cancer played an insignificant part. To base one's beliefs on one's habits, rather than the reverse, is a characteristic not restricted to laymen. Pyke (1955) has shown that medical practitioners are no less irrational in their assessment of the evidence in question: 71% of non-smoking doctors were satisfied with the evidence linking cigarette smoking with carcinoma of the bronchus, but only 46% of the doctors who smoked cigarettes thought the evidence adequate.

The logic of the individual in our sample who said that if doctors believed in the association they would give up smoking, seems somewhat unjustified.

Public action directed towards the reduction of cigarette smoking may take one of two major forms. The first of these is the introduction of deterrents, of which the most obvious would be a further heavy increase in the excise duty on cigarette tobacco; this would probably have some effect, since the number of people who give up smoking on grounds of expense is already greater than the number who give it up for health reasons of any kind; but its precise effect would depend not only on the extent of the increase but also on future trends in income levels and in the relative attractiveness of alternative objects of expenditure. The other possible approach is educational. It is obvious that a mere exposition of facts is unlikely to be effective in persuading confirmed smokers to give up the habit, though it may dissuade some young people forming the habit. It seems to us that if educational activity is to be effective it must be based upon direct study of the habit of cigarette smoking—of the processes by which it takes root, the satisfaction which it yields, and the difficulty of giving it up. This is a subject on which we are aware of a number of hypotheses, but of little objective evidence.

REFERENCES

- Cartwright, A., Martin, F. M., and Thomson, J. G. (1958). *Med. Offr.* 99, 73.
 Horder, Lord (1953). *Lancet*, 2, 137.
 Paterson, R., and Aitken-Swan, J. (1954). *Ibid.*, 2, 857.
 Pyke, D. A. (1955). *Brit. med. J.*, 1, 1115.
 Wakefield, J., and Davison, R. L. (1958). *Ibid.*, 1, 96.

ATTITUDES OF THE GENERAL PUBLIC TO MENTAL ILLNESS

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Although it is very likely that the attitudes of members of the general public towards mental illnesses have an important bearing upon the recognition and treatment of these conditions, few systematic investigations of such attitudes have been carried out, and all of these in the United States of America or Canada (Ramsey and Seipp, 1948; Roper, 1950; Woodward, 1951; Star, 1952; Cumming, 1955; Redlich *et al.*, 1955). Recently an opportunity presented itself to make some similar observations in this country.

In January, 1957, the B.B.C. broadcast a series of five television programmes under the general title of the

"Hurt Mind" which dealt with various problems connected with the aetiology, nature, and treatment of mental illness. Each of the broadcasts in the series was seen by approximately 15% of the adult population in the United Kingdom, equivalent to about 5½ million people. An attempt was made to measure some of the change in attitudes of the viewing public which could be attributed to seeing the programmes. The results have been reviewed by Dr. W. A. Belson, of the B.B.C. Audience Research Department, who found that a great majority of viewers drew a distinction between mental illness and insanity; many were unwilling to accept the ex-patient in certain occupational and other roles, and there was a general feeling that mental illness was something to keep quiet about. Little change was brought about in viewers' opinions in these respects. However, the series "increased somewhat viewers' knowledge on the subject of mental illness, especially in respect of methods of treatment. There was a moderate but broadly based increase in viewers' confidence in the ability of medical men to cure mental illness. . . . There was a small but well-spread increase in the viewers' willingness to associate with the ex-patient. . . ." (Belson, 1957).

When the "Hurt Mind" series was in preparation a preliminary survey of the "target audience" for these programmes was made. Groups of viewers, drawn from the Greater London area, were invited to Broadcasting House and there asked to fill in a written questionnaire, to ascertain their ideas about mental illness and its treatment, and their attitudes towards the mentally ill. One hundred and eighty people were involved, but this number was reduced to 167 in order to match the viewing public of Greater London in terms of a social level and age. This material was kindly made available to us by the B.B.C., who also permitted us to carry out a content-analysis of 1,267 letters written to the B.B.C. by viewers in response to the "Hurt Mind" programmes.

I. Spontaneous Opinions About Mental Illness

At the onset of the preliminary inquiry the 167 volunteers were asked to write as fully as possible what they understood by the expression, "A person who is mentally ill." The following content-analysis is based upon the answers to this question.

Major Diagnostic Categories.—Seventy-two persons seemed to be describing a psychiatric condition only, and 24 a neurosis or personality disorder only, while 23 seemed to have both in mind when thinking of mental illness. Of those whose answers were classifiable in this way, 80% mentioned psychotic traits or syndromes in their answers, and 40% mentioned neuroses. Only four answers seemed to describe mental deficiency.

Topics most frequently mentioned.—Each answer was then broken down into a series of separate statements. The most popular single item was an expression of general good will such as "needs much help, understanding, and kindness." Forty-five individuals (27%) replied in this way. Other fairly popular responses (mentioned by more than 20 people) were: "Due to worry, mental strain," etc.; "Sometimes violent"; "Needs to be supervised in an institution"; "Behaves or reacts abnormally"; "Pessimistic, depressed," etc. There were 665 separate items, of which 572 could broadly be classified under the headings Descriptive, Aetiological, and Therapeutic.

Descriptive Items.—The 301 descriptive items could be further sorted into five "syndromes" which accounted for 260 of them. The largest "syndrome," accounting for

over half the descriptive items, was composed of items describing the conventional "madman" who had difficulty in thinking logically (46 items), was unpredictable in behaviour (58 items), was withdrawn (24 items), and was paranoid (21 items) or suffered from other delusions (40 items). The other "syndromes" were depression (e.g., "morose," "hopeless," etc., 33 items), anxiety (e.g., "worries unduly," 34 items), social maladjustment (e.g., "can't mix," 27 items), and socially deviant behaviour (e.g., "antisocial," "criminal," 7 items).

Aetiological items.—The 154 aetiological items could be divided into 12% "organic" (e.g., "brain diseased or damaged"), 9% "constitutional" (e.g., "inherited," "not strong enough"), and 79% "environmental." The latter could be subdivided into general (e.g., "due to worry, circumstances of life," etc.) and more specific, such as "due to financial difficulty," etc. Very few people spontaneously remarked that mental illness was due to treatment as a child or connected it with personality development.

Therapeutic Items.—These were 117 items dealing chiefly with the need of the mentally ill person for treatment. Sixty-three items were concerned with unspecified "psychological treatment (good will, kindness, etc.). Seventeen specified rest or psychotherapy. Institutionalization and supervision were suggested in 20 items, and one of the physical treatments in 7.

Minority views.—Certain responses were not as much in evidence as might perhaps have been expected. Moral considerations were introduced in only two answers, and only six mentioned "unnatural cravings." Only one person mentioned malingering. Nineteen wrote about fear or horror of the mentally ill; 11 of them described this in themselves, 8 of them in other people, adding that it was unjustified.

To summarize, in these spontaneous answers 167 people—thought to be representative of the viewing public of Greater London—indicated what the words "a person who is mentally ill" meant to them. They seemed to think primarily of the traditional "madman," who could not think logically and was unpredictable, deluded, and withdrawn. Depressive, neurotic, and personality disorders were much less frequently mentioned. Aetiology was conceived mainly in terms of general or specific life stresses beginning in the recent past, with little mention of physical or hereditary causation. Therapy, similarly, was thought to consist of unspecific measures such as rest and kindness; the nature of psychotherapy was almost certainly not understood, and physical treatments were hardly mentioned.

II. Letters Written in Response to the "Hurt Mind" Programmes

An examination of the 1,267 letters written to the B.B.C. by viewers of this series provided some indication of the topics about which patients and their relatives expressed concern. Less than half of these letters complied with the invitation to submit questions which might be answered in a final programme; many of them consisted partly, or entirely, in an unburdening of the writer's own experiences and emotions. Several writers expressed their thanks for the evidence given by these programmes that *someone* was interested in their problems, and appeared to regard the act of writing to the B.B.C. as being in itself helpful to them. As might be expected, quite a number of the letters (approximately 20%) were written by persons who were themselves suffering from some form of mental disorder, but in only six instances were the contents of the letters dictated exclusively by delusions arising from the illness itself.

Of the total, 730 were from women, 372 from men; in 165 cases the sex of the writer was not indicated. This 2/1 sex ratio was shown in every topic studied in the content-analysis except three. The inequality was much less marked in letters concerning organic complaints (stroke, tinnitus, etc.), and in two instances (questions about legal

formalities and about rehabilitation after mental illness) the men outnumbered the women.

In all, 1,842 topics were identified in the analysis. These could be categorized under the following main headings.

Requests for Further Information (mentioned in 526 letters)

This category includes all those letters which complied with the broadcast invitation to submit questions which could be answered on the air. The majority asked for more facts (and in some cases expressed disagreement) about matters touched on in the early programmes; some asked for the titles of good books on psychiatry. *Heredity* was the subject of surprisingly few inquiries (17 in all). Other forms of *aetiology* were mentioned in 23 letters, of which 13 discussed environmental influences and only 7 implied a belief in organic causes. Three writers asked if there is any foundation for popular beliefs about the influence of the moon. Only two persons explicitly asked about the relationship between neurosis and insanity. Five letters, all written by women, requested more discussion of the bearing of religion on mental illness.

Requests for Advice About Treatment (554 letters)

Many letters contained requests for help in dealing with a current illness of the writer or of someone in his or her household. Some of these described problems of such urgency that the producer of the television series passed 314 of them on to the National Association for Mental Health for their immediate attention.

It was possible in 91% of these letters to make a fairly confident guess at the diagnosis of the conditions described. Cases of neurotic illness (including character disorders and psychopathy) were described most frequently (202 letters), psychoses somewhat less (175), and mental illnesses with an organic basis considerably less often (128). These overall ratios were, however, very different when one contrasted letters describing the writer's own case with those describing illness in other people. In the former letters neuroses predominated, whereas in the latter cases of psychosis and organic illness were each twice as common as neuroses. It appears from this analysis that, whereas neurotic patients are readily able to express the need they feel for treatment, it is the *relatives* of psychotic and organically ill patients who are more likely to seek help on their behalf. It can be assumed that neurotic patients are more likely to have insight into their conditions: but these letters give the additional piece of information that in relatively few instances were correspondents concerned about neurotic illness in other members of the family.

In addition to asking what can be done in general for their sick relatives, 55 correspondents wanted to know what they personally could do to help them. In 29 of these instances the patient had refused to accept treatment, or to see a doctor, thus intensifying the relative's feeling of responsibility. Two persons described suicide in near relatives and wondered in retrospect what they might have done to avert this.

Unorthodox Methods of Treatment (21 letters)

Some of the letters received were concerned to impart information rather than to ask for it. This was particularly true of the writers who advocated unusual lines of treatment, such as biotherapy, scientology, "abintranosis," and "Dr. Croften's virus injections." The only one of such treatments which received support from more than one correspondent was *spiritualism*: 14 letters argued vehemently in favour of the healing powers of mediums and clairvoyants, three of the writers going on to explain that mental illnesses could most fruitfully be treated by exorcism.

Treatment in the Community (72 letters)

Concern about the presence of a mental patient in the household was often expressed. One woman wrote: "Surely the passage from skilled hands to total incompre-

hension from the family is a strain on the patient." Others dwelt upon the distress experienced by other members of the patient's family: "It is worse for the relatives of sick people, they have to face reality and cannot retire into the 'other world'." A woman whose husband has epileptic fits described herself as living "in awful perpetual dread of a seizure"; another with a severely disturbed epileptic child wrote, "She is ruining my health." One mother complained of her schizophrenic daughter: "She behaves just like a naughty child"; and another, in despair at her son's seemingly intractable psychosis, comes to the conclusion: "I feel that it would be more humane to put him to sleep, out of his misery."

In the great majority of cases, however, the relatives' concern was focused upon the patient's welfare after he or she had left mental hospital: and of those who raised the topic of treatment, no fewer than 39 (54%) said there is not enough aftercare provision. They also criticized treatment at psychiatric out-patient clinics, with comments such as: "One has a long wait in the out-patient department, and then a very cursory interview," or the recurrent complaint: "The psychiatrist just gave me pills which doped me." Individual writers made positive suggestions for extending the work of ex-patients' clubs and of occupation centres. One woman suggested: "Wouldn't it be better for patients to stay at work, living in a night hospital or a hostel if necessary?" Several writers made the point that the benefits of recovery in hospital could be lost if the patient were not helped to find suitable employment: six of these described instances where the ex-patient encountered the additional obstacle of prejudice instead of help in seeking work.

Stigma of Mental Illness (56 letters)

Patients and their relatives wrote with feeling about popular prejudice against those who have been mentally ill. Thus one woman, whose husband had suffered a depressive illness and thereafter could not find work, wrote: "The stigma of mental trouble is most damaging, and I begin to wonder if a man who has been to prison for some crime is certainly no worse off." A husband whose wife was severely depressed believed that her condition was aggravated by the attitude of their neighbours, who "said she was not safe to be with as she was a mental case." An ex-patient complained: "People make you feel you are not safe to be around." The parent of a mentally defective child pointed out that in his opinion this prejudice is apparent in the terminology of the law relating to mental defect. He wrote: "*Mental defective* is itself used almost as a term of abuse. Also 'on licence' and 'absconding' are terms suggesting a criminal aspect."

Three letters cited cases where members of the family themselves showed an unhelpful attitude towards a convalescent mental patient. It was implied that they should have known better; this implication was also evident in some bitter criticisms of the attitude of the patients' general practitioners.

General Practitioners (96 letters)

The practitioners' attitude to psychiatric illness, and their seeming powerlessness to help, were emphasized by both relatives and patients (but especially the latter). Doctors were accused of having no time for this type of patient, either literally or figuratively: "Doctors are always in a rush, haven't time to bother with you. Write you a prescription and say—Sorry, but it's not physical, it's yourself." "The doctor who I am under gives me sleeping-tablets; says he can do nothing else." "My doctor, who is a busy man, just gives me nerve tonics." "Our doctor hasn't much practice or understanding of this kind of thing: my husband has had thousands of tranquillizers and takes sleeping-tablets every night."

A woman patient wrote: "I have been to my doctor, but he just keeps giving me pills—they are too busy to talk"; and another complained that her doctor "always puts me off, tells me I must help myself, and gives me pills" (chlorpromazine). A man wrote: "Works doctors

do not understand about psychiatric illness"; and another: "I could go to my G.P., but what would be the use, as he does not know anything about this kind of illness?"

There is therefore among those who sent in letters to the B.B.C. a widespread opinion that general practitioners prescribe too many sedatives, and are disinclined or unable to give psychiatric patients the amount or type of attention which the latter think they need. In some cases patients said they were afraid to consult their doctors—for example, "A very harassed doctor gave me a brusque interview. He was quite scornful, told me to get a man"; and another wrote that she was reluctant to mention her symptoms to her G.P. again "in case I get another rebuff." Yet another wrote plaintively: "My doctor tells me I have got to overcome this myself, and I just do not seem able to do it."

Many writers, while complaining of their doctor's inability to help them, expressed gratitude for his attentions in other illnesses and sympathized with his heavy burden of work; but expressed the belief that most doctors neither understood nor sympathized with mental illness. Three writers urged that more attention should be given to teaching psychological medicine to doctors in training. On the other hand, a general practitioner wrote that in his opinion a great many minor neuroses respond to a brisk admonition to "pull yourself together."

Complaints About Hospitals (154 letters)

The large number of these letters implied considerable public dissatisfaction with the present state of the mental health services. Here the content of the first three television broadcasts especially provoked viewers' comments. The designers of the programme were anxious to put across a positive and optimistic picture of the work of mental hospitals and clinics; but as a result many people wrote to say that *their* experience had been very different. Surprisingly few letters came from patients currently in mental hospital, perhaps because it is in only a few institutions that patients are permitted to watch television programmes later than 10 p.m. (as were all of this series). In this category letters from relatives or friends were much more numerous than those from present or former patients (78% as against 22%).

The principal grounds for complaint were the lack of amenities in patients' surroundings and in their dress. Six writers laid particular stress on locked doors, which, as one put it, make the hospital "grim and prison-like." Seven letters made especial complaint of patients being left in idleness. One writer stressed both of these points: "Lots of mothers think the same as me; they should not be locked up. They will never get better like that, to sit about all day long watching each other. . . . Will you please take the matter up, about locking the patients in because they are afraid they might run away."

There were several complaints about overcrowding and about the mixing together of patients of widely different ages and degrees of severity of illness. Five letters mentioned brutal or harshly inconsiderate treatment by nurses. Another recurrent theme was the failure of doctors to give relatives the information they sought about patients in hospital. A patient's daughter paid a backhand compliment when she wrote: "My experience with the medical superintendent leads me to suppose that the one interviewed by Christopher Mayhew last night is a rarity."

Among the nine letters about institutions for mental defectives, four contained complaints about difficulties and delays in getting patients admitted, and three complained even more bitterly about obstruction of their efforts to have their relatives discharged.

In Praise of Mental Hospitals (24 letters)

After so much adverse criticism, it was a relief to find that there were a few writers who spoke with appreciation of hospitals and their staffs. One woman described the harrowing experience of trying to cope with her acutely

paranoid husband for some days before his admission to hospital: "I never want to live through that again . . . thank God there are such places." Only one person, a mother, spontaneously praised a mental deficiency institution; she said that her mongol boy was doing very well in "a splendid home where they work wonders."

Offers of Help for the Mentally Ill (26 letters)

Two writers proposed that volunteers should be invited to "adopt" and take a personal interest in neglected patients. Three others offered forthwith to entertain such patients in their homes. Two writers sent donations for mental health work, and four others described ways in which they were already befriending hospital patients; the remainder expressed their readiness to help if someone would advise them how they could best do so.

Questions About Formal Procedure (36 letters)

These letters were very varied in content, the only recurrent theme being requests for guidance on how to bring about the discharge of certified relatives (mentioned explicitly in six letters, and implied in a number of others). The remainder concerned questions of property and civil rights of the mentally ill. Two men wrote questioning the competence of the ordinary medical practitioner to sign certificates of unsoundness of mind; on the other hand, a woman J. P. and another correspondent wrote in favour of the fairness of the present certification procedure.

Organic Conditions (30 letters)

A number of correspondents wrote about conditions of medical rather than psychiatric concern, although the after-effects of a stroke (mentioned in 10 letters) may often include some mental impairment. Conditions such as myasthenia gravis, myopathy, tinnitus, and chorea had evidently been described to patients as disorders of the nervous system, and were misinterpreted as instances of "nerves." In contrast, two other letters (included in the first category above) were from relatives of melancholic patients who asked if it were true that in such cases "the depression nerve" is particularly affected.

Maternal Deprivation (7 letters)

In view of the widespread interest and discussion among mental-health workers of Dr. Bowlby's contentions about the lasting ill-effects of maternal deprivation in early childhood, all references to this subject were separately noted. It is evident, however, that this controversy does not appear to have made much impression upon the television-viewing public. Among those who expressed concern about the possible harmful effects of separation were a mother and a father who sought guidance about whether they should send their children (age 5 and 12) to an epileptic colony and to a residential school for blind children, respectively.

Miscellaneous (217 letters)

These letters ranged over a wide variety of topics, including euthanasia, the efficacy of prayer, the need for more pay for mental nurses, the law on divorce, and the question of suicide. In this category were included the few frankly psychotic letters, and several from less-disturbed patients who described their sense of isolation and their difficulty in communicating their feelings. A depressed married woman wrote: "Every time I look at my local newspaper I am shown the easy way. Should the Press print all the suicides? It cannot help the unbalanced." Another said: "The doctors on the T.V. programme all made it sound so easy to get well," and a third, still more depressed, expostulated: "Why don't doctors tell the truth; there is no cure, only a bullet through the brain." Included in this miscellany were five letters protesting against the entire series of programmes, 12 complaining about the rather horrific faces which introduced the first broadcast, and

three expressions of thanks to the organizers of the programmes for directing public interest and sympathy towards this problem.

Discussion

The term "mental illness" is used by psychiatrists to cover a wide range of conditions, from frank psychoses to neuroses and minor personality disorders. The American studies have shown that in general it is the more severe disturbances which are popularly classed under this heading: milder emotional abnormalities are regarded as closely akin to everyday behaviour. The first part of the present analysis confirms this tendency in the London sample: for them, too, "mental illness" has become the accepted euphemism for insanity, whereas the milder forms of neurosis have not yet been generally recognized as illness.

This indifference to neurotic illness is not shared by the sufferers themselves, as was shown by the letters to the B.B.C. Such patients, and their relatives, strongly deplored the seeming reluctance of other members of the public, and especially of doctors, to treat them with the consideration and the specialized attention which they felt they needed. Here the limitations of this particular self-selected sample must be borne in mind. Those who wrote to the B.B.C. were moved to do so, in many cases, by pressing current needs, or by a lingering resentment against real or imagined mistreatment; this may account for the volume of criticisms against the doctors and hospitals. Psychiatrists by no means escaped criticism either, in spite of (or perhaps because of) the fact that the programmes were given a decidedly optimistic bias.

There is inevitably an uncontrolled bias in these samples, more especially in the case of the letters to the B.B.C.; yet it may be pointed out that social investigations, whether of sexual behaviour or of occupational status, have proved rewarding even though the populations on which they were based did not conform to rigorous principles of selection. The data revealed by this type of sociological serendipity can suggest fruitful topics for systematic inquiry. For example, it is noteworthy that so many correspondents express misgivings about the present facilities for the recognition and treatment of mental disorders. Nor were all the criticisms couched in negative terms; there were many constructive suggestions about increasing doctors' instruction in psychological medicine, and improving aftercare and rehabilitation services. In view of the recent Royal Commission's stress for an increase in "community care" it is interesting to find this indication, tenuous though it may be, of a reciprocal public readiness for such measures. It is probably relevant that the most popular item in all responses to the question asked at Broadcasting House was an expression of good will towards the mentally afflicted.

Mental illness is a disquieting subject, and one which is most feared when least is known about it. This investigation has suggested that in some quarters there still exists a good deal of disquiet and lack of information; and this in turn suggests the desirability for continuing efforts of health education in this field.

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REFERENCES

- Belson, W. A. (1957). "The Hurt Mind." B.B.C. Audience Research Report.
- Cumming, J. and E. (1955). In *Health, Culture, and Community*, edited by B. D. Paul, pp. 43-69. Russell Sage Foundation, New York.
- Ramsey, G. V., and Seipp, M. (1948). *J. clin. Psychol.*, 4, 379.
- Redlich, F. C., Hollingshead, A. B., and Bellis, E. (1955). *Amer. J. Orthopsychiat.*, 25, 60.
- Roper, Elmo (1950). *People's Attitudes Concerning Mental Health*. New York.
- Star, S. A. (1952). *Attitudes to Mental Illness*. Mimeographed Report, National Opinion Research Center, Chicago.
- Woodward, J. L. (1951). *Amer. sociol. Rev.*, 16, 443.