most part; and these, of course, are subject to a nearly infinite range of local and regional expressions and interpretations;

(*c*) Whereas the motives of the scientist to heed new knowledge are relatively clear-cut and positive, the motives of the individuals in the public are thoroughly contaminated with inhibiting forces, ranging from fear of discovering disease or risk, to unconscious perpetuation of self-defeating behaviors, to lifestyle habits; and the example of their peers tends, by and large, to support a willful resistance;

(*d*) The channels of communication used by the public are legion, including every imaginable medium of mass communication, local health professionals, family and friends;

(*e*) And, finally, the context into which health communications come, is cluttered with stimuli to an unimaginable extent; it is estimated that in a given day, the average person is subject to more than 5,000 separate communications seeking to promote some response; no small number of these seek to reinforce the behaviors which may be inimical to health, and others reinforce misinformation and confusion.

Now, in addition to recognition of the awesome obstacles to communication mentioned above, a communicator must be aware of certain principles of effective communication. They are:

One: The first of these principles is to assume noncompliance from your audience. In the case of physicians, we know that they are bombarded with literally thousands of messages in the course of a month which deal with technical drug information, new drug introductions, new research findings on existing drugs, new FDA regulations, and so forth. We should assume that these physicians will not necessarily do what the messages ask them to do or even listen to the messages.

Two: A mistake is commonly made in communications to assume that information is enough to produce behavioral change. Now, if information were enough, very few people in this country would still be smoking. On the side of every pack of cigarettes sold in this country there is a warning from the Surgeon General stating that cigarette smoking is harmful to health. We can assume that every smoker has been informed. Many, however, have not yet been persuaded.

Three: It is unwise to assume that a need is recognized by the intended consumer of a product or program. As an example, personal hygiene is a self-evident need from the point of view of health departments everywhere, yet in country after country that need has had to be explained, or, if you will, sold. And very few farmers recognized that they needed a tractor the first time they saw one.

Four: Do not take relevance for granted. It is possible to perceive a need without understanding its applicability to you. It is possible to listen to a message and yet not hear it because the language is that of another age group, another social class, another ethnic group.

Five: The mass market is a fiction. Our population is made up of an accumulation of special markets with special attitudes and interests. Communications must be designed with a precise knowledge of the group or groups to which they are addressed.