Psychiatry and the media

Peter Byrne

Abstract

Aspects of print, broadcast, film and ‘new media’ are related to their interactions with psychiatry. Frequent representations of mental health issues are paralleled by the adoption of psychological theories into media studies. Key areas are covered where psychiatric items diverge from other medical specialities, such as the depiction of suicide, the dominance of ‘human interest’ stories and negative representation of people with mental illness. Although the language of mental disorders is important, the power of the image needs to be examined. Media items also have implications for public mental health (children as vulnerable viewers) and the clinical practice of psychiatry that are not uniformly negative. Television has limitations and clinicians are encouraged to participate in radio and other media. Resources and practical advice for media contact are provided.

Like it or loathe it, every professional activity undertaken by psychiatrists is refracted through the prism of the media. In the Western world, we are bombarded with messages and images, from the breakfast table to the high street, to the clinic and home again. Our patients have their symptoms tempered and mediated through mass media ‘infotainment’, their expectations of treatment are coloured by a multitude of print and broadcast items, and the extremes of good and bad experiences of service contact are played out across multiple media. Many key debates in psychiatry – formerly the preserve of academic journals – take place in that amorphous public forum called the media and those same academic journals frequently pre-release new findings and ‘controversies’ to a willing press. More than any other branch of medicine, psychiatry has become the focus of factual and fictional representations and, not without irony, many aspects of psychological theories have been adapted into media studies courses. Studying the media is a useful entry into the mass culture in which we and our patients live, whether to highlight popular culture (high and low art) or to explore the sources and the means of negative evaluations. There are parallels too between media-watching and the practice of psychiatry, namely attempting to explain human behaviour and motivations (of characters, actors or authors; of producers, broadcasters or writers) in a variety of social contexts and defining the effects of (mis)representations on the prevention and treatment of mental illness. Although some of the references cited here list adverse reports and representation of mental health in the media, much of what follows identifies positive interactions between psychiatry and the media, in the past and possibly in the future. Macdonald, referring to Jim Birley’s discussion of psychiatry, draws a line, saying that psychiatrists should neither ‘opine on every aspect of medical, social and political life’ nor ‘demand hegemony over them’ (Macdonald, 2001). By way of caution, it should be noted that I have written this piece in the spirit of a media consumer who believes that psychiatrists should opine, but cannot claim hegemony over everything.

Psychiatrists may resist this article on the grounds of lack of scientific rigour, media overload and fear of contamination. What follows is not always ‘science’. At times, it is about trends, not facts, reasons, not causes, and subjective evaluations of others’ perceptions. Despite these limitations, we can examine how form changes constantly, but content (themes) and mechanisms (the news cycle, cross-fertilisation between media, the obsession with celebrity, commercial pressures, self- and state-censorship) remain constant. I focus here on four main media formats, but similar mechanisms are found in interplay in the arts and in the ‘invisible’ media of the advertising, fashion, popular music, video games and computer industries. Because we are already passive recipients, deconstruction of some of the parts should reduce the feeling of media overload. In his classic essay The Uses of Literacy, Richard Hoggart (1958) wrote:

‘There are many who feel that “they know all the arguments about cultural debasement”, and yet can take it all remarkably easily. Sometimes they confess to a rather pleasant ability to go culturally slumming,'
and “to enjoy looking at the – now and again”. I wonder how often this ease arises from the fact that that, though they may know all the arguments, they do not really know the material and are not closely acquainted with the mass-produced entertainment which daily visits people. In this way it is possible to live in a sort of clever man’s paradise, without any real notion of the force of the assault outside.’ (p. 344)

Many wish to avoid the dumbing down that Hoggart describes. His argument, which is almost 50 years old, is strengthened by the exponential growth of mass communications, which he could not have predicted. We cannot separate our lives or our patients’ lives from the media, and informed consumption is preferable to being consumed. There are compelling reasons why we should be aware of the ‘force of the assault outside’, avoid isolating ourselves from the opinion-formers in the media and, notwithstanding the oft-quoted remarks of Osler (see below), play an active role in the content of what the public consumes.

**Print media**

Most professionals read and provide content for the (relatively) permanent print media of books, journals, periodicals, magazines and professional literature, together with numerous hybrid publications. By virtue of our psychiatric training, the nature of the media we consume is coloured by our professional standpoint. As doctors, we read classic literature, especially diverse actual and fictional accounts of mental illness (Hudson Jones, 1997), in a different way from the general public (Salinsky, 2002). From the beginnings of the speciality, psychiatrists have been fair game for artists of all disciplines, even across 50 years of published cartoons (Walter, 1992), and this fascination has continued into modern media. Defining where psychiatry ends and journalism begins has been made difficult by the growth of the self-help book industry, where mental health books are written for and marketed directly to the general public. As with everything else, we can blame Freud, who wrote directly for the public and whose case histories can be considered as fiction. That said, there are many positive benefits (public education, higher standing for the speciality, potential for improved resources) when a ‘psychiatry book’ achieves a wider readership. Separating the influences of recreational from those of professional reading is also problematic, and academic journals such as the *BMJ* (http://bmj.com) are changing (evolving, rebranding, becoming more accessible or dumbing down – choose your own words) to become (in their own words) ‘closer to *Cosmopolitan* than *Brain*’ (Smith, 2002). Readership of journals remains high, with a circulation of about 13 500 for the *British Journal of Psychiatry* and *Psychiatric Bulletin* (http://rpspsych.ac.uk), comparing favourably with a *BMJ* print readership of about 110 000.

In general, most contributors to these publications are familiar with their style and content. By contrast, disposable print has a greater variety of style, tight deadlines and it feeds a public perceived to be hungry for news. Several themes reflecting the divergent priorities of permanent and disposable print media are mirrored in the professional differences given in Box 1. Psychiatrists (with few exceptions) are reluctant to comment on individuals or supply instant commentary in reaction to the latest headline. Psychobabble about presumed motivation could be called Steve Davis syndrome, after the famous snooker player – ‘as Steve prepares to pot this red ball, he’ll be thinking about the blue one he missed in the third frame’. Yet it is usually newspapers that are the target of any catch-all complaint about ‘the media’ and they feed the perception of a hostile media in the minds of professionals. In a *BMJ* review of three UK newspapers over 21 years (Ali *et al*, 2001), the proportion of negative stories about doctors remained constant, but the space allocated increased by more than three times as total coverage of health matters rose. When Williams *et al* (2001) catalogued public ignorance of the work of psychiatrists, it could have been that neutral or positive stories failed to inform, were seldom read or soon forgotten. *The Uses of Literacy* (Hoggart, 1958) was written at the beginning of a surge in readership of UK newspapers (an increase of 50% for daily newspapers and of 100% for Sunday

---

**Box 1 The functions and approaches of two different professionals**

<table>
<thead>
<tr>
<th>Media worker</th>
<th>Psychiatrist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiction (faction)</td>
<td>Non-fiction</td>
</tr>
<tr>
<td>Narrative-based</td>
<td>Evidence-based</td>
</tr>
<tr>
<td>Creative: artist</td>
<td>Clinician: scientist</td>
</tr>
<tr>
<td>Reactive (deadlines)</td>
<td>Contemplative (more research needed)</td>
</tr>
<tr>
<td>Commercial pressures: sell papers or increase ratings</td>
<td>Pressures of public service work: care of both individual patients and wider responsibilities</td>
</tr>
<tr>
<td>Plain speaking</td>
<td>Jargon and acronyms</td>
</tr>
<tr>
<td>Guardians of the public interest</td>
<td>Guardians of the public</td>
</tr>
<tr>
<td>Anti-authority</td>
<td>Authority figure</td>
</tr>
<tr>
<td>Open: the public’s right to know</td>
<td>Closed: keeper of secrets</td>
</tr>
</tbody>
</table>

---

Byrne

newspapers). By the 1980s, sales of daily and Sunday newspapers had fallen by 400,000 and 900,000, respectively, with tabloid titles outselling broadsheets: the public liked its newsprint ‘straight and simple’ (Dickinson, 1990). Although only a minority of the public reads a newspaper each day, it is the newspapers that set the news agenda and provide television news with its stories and its key personnel. For the latest newspaper trends and reliable figures for newspaper sales, The Guardian continues to host the best website, at http://media.guardian.co.uk.

The power and influence of the media on suicidal behaviour have been a key subject of debate over many years. Public attitudes to suicide (decriminalisation of suicide and reduction of its taboo status) have become more empathic, and although suicide rates are falling, they remain high. Yip et al (2000) report that in England and Wales, 59,608 people took their own lives over a 15-year period. Although psychiatrists should encourage open discussion of suicide among individuals and in a wider media context, there are specific concerns when fictional and real suicides are represented in the media. Schmidtke & Häfnner (1989), in an extensive review with 131 references, examined the influence of the mass media, predominantly news media, on suicidology. The evidence for imitation (with regard to explicit details of method and celebrity suicides) proved conclusive, thus retrospectively justifying the American Academy of Medicine’s first proposal for press constraints in 1911 (Schmidtke & Häfnner, 1989). Two subsequent studies have examined the relationships between print media and the choice of suicide method. Etzersdorfer et al (1992) showed how attempted and completed suicides on the Viennese underground railway have been reduced to single figures after the media were given guidelines for reporting suicide. The total number of completed suicides for the city has been cut by 13%. These local press guidelines did not ban suicide reports, but achieved shorter, non-sensational items, which were rarely placed on the front page (Etzersdorfer et al, 1992). Marzuk et al (1993) identified the direct influence of a suicide instruction manual on at least 14 out of 144 completed suicides in New York City – all with specificity of method (asphyxiation and poisoning). However, in response to concerns about links between irresponsible reporting of suicides and possible imitation, Kessler et al (1989) examined 12 years of US network news but found no evidence of a ‘dose–response’ relationship. Either way, in omitting details of the suicide method and toning down previous excesses, the press now behaves responsibly, with rare lapses.

Lawrie (2000) reports that psychiatry in general gets a bad press in the UK, compared with medicine, with little difference found between broadsheet and tabloid coverage. However, where medicine has a ‘bad doctor’ focus, psychiatry has a ‘bad patient’ angle. There are codes of conduct in place for journalists, but these do not address difficulties that are unique to clinical practice (White, 2002). Most initiatives, such as the UK Government’s Mindout Guide to Open-Minded Coverage of Mental Health (http://mindout.net), are targeted at journalists and headline writers, usually subeditors. The language of mental illness is well-documented (Walter, 1992; Wahl, 1995; Philo, 1996; Byrne, 2000b) and it is a truism that if you want to change the culture, first you must change the language. The most effective way of achieving this is with consistent ‘people first’ language, e.g. ‘a man with schizophrenia’ rather than ‘a schizophrenic’ (Penn & Nowlin-Drummond, 2001). Confusion about psychiatric terms is not always the fault of the journalist: former Home Secretary Jack Straw’s comments on Osama bin Laden demonstrate that he did not understand the difference between psychosis and psychopathy, despite his claim, reported in an interview in the The Times (6 November 2002: p. 6), that he ‘was picking [his] words with care here because whenever you use the language of mental illness, you get letters from people’. His mistake was corrected on the same page by the paper’s medical columnist, Dr Thomas Stuttaford. Unfortunately, coverage by other newspapers and most broadcasts of Straw’s remarks failed to correct his mistake.

In many ways, as a profession, we get the media coverage that we deserve. The worst inventions of the media are paralleled by the history of bad ideas in psychiatry (Byrnes, 2000b), perpetuated by the perennial shyness that psychiatrists have of the media (Salter & Byrne, 2000). Proactive approaches are successful. In Norway, a coordinated press campaign reduced the duration of untreated psychosis in Rogaland county from 118 to 26 weeks (http://tips-info.com).

**Television and radio**

In the film All About Eve (1960), when an actress tells Addison de Witt (George Sanders) that she is auditioning for television, he exclaims: ‘my dear, television is audition’. In the legal challenge to Lady Chatterley’s Lover, the question was posed as to whether the book was ‘something you would allow your servants to read’, but soon afterwards, the television set had entered every affluent home as ‘something for the servants to watch’. Today, as television presenter David Frost has remarked, this ubiquitous device permits us to be entertained in our homes by people we would not want to have
in our homes. More recently, ‘reality TV’ has advanced the phenomenon of people ‘famous for being famous’ into the realm of watching those ‘famous for wanting to be famous’, where caution regarding the human cost is rarely advocated (‘Big Brother sucks you up and spits you out’, Observer, 27 January 2002). The medium has elevated arguing from the specific to the general into an art form and boasts distraction techniques that are the envy of behavioural therapists. Television writes its own reviews and creates its own language. Television programmes are promoted as ‘must-see’, ‘zeitgeist’, ‘nostalgic’ – I love 1972, etc. (repeats) or ‘water-cooler’. Most television serves to fill the gaps between the commercials, and even non-commercial television (the British Broadcasting Corporation (BBC)) fills its schedules with buy-this ‘GMC’ (gardening, make-overs and cookery) programming, with multiple commercial tie-ins. One producer has recommended daytime television as a suitable forum for mental health issues (Salter & Byrne, 2000). However, these confessional programmes tend to confer either freak or martyr status on their guests. Furthermore, no group which has successfully fought discrimination (on the basis of race, gender or sexual preference) has achieved equality by arousing pity. Therefore, television is the worst medium through which to consider exploring the complex biopsychosocial origins of mental illness and its treatment, and such programmes are (almost) all in the worst possible taste.

The evolution of television news is worth particular examination. Although the next section focuses on film and video, I would like to mention here two mainstream US films Network (1975) and Broadcast News (1987) that satirised this culture. Network showed the descent of a television newsreader (Peter Finch) into psychosis. However, its depiction of astrologist Cybil the Soothsayer on the nightly news pales alongside Channel 5’s (cartoon) news bunny. Equally, in Broadcast News, the rapid promotion of ‘himbo’ (the male bimbo) non-journalist William Hurt – a fine example of the television newsroom’s ‘hairspray ethos’ as described by Postman & Powers (1992) – now seems tame as the reality has overtaken the satire. Television news employs the ‘straight and simple’ tabloid style, where human interest is always the story (Box 2): ‘if it bleeds, it leads’. Rather than raise standards, 24-hour news (or ‘newsak’ as former UK Member of Parliament and journalist Martin Bell dubs it) has become background noise, a continuous bland selection of insubstantial hors d’oeuvres – as described in the tag line from television’s Day Today, ‘news from telly to belly’. Postman & Powers (1992) saw these negative trends as unstoppable and concluded that we should watch substantially less news and scrutinise its language, politics and commercial interests. Some 15 years ago, Karpf (1988) predicted the decline of science programming and its amalgamation into current affairs. Psychiatrists Berlin & Malin (1991) described their experiences of trial by television, where confidentiality prevented them from engaging with a hostile local media. Noel Coward described television as something for appearing on not for watching, but in many instances, psychiatrists should do a careful risk-benefit analysis before appearing on television news (Box 3). The Glasgow Media Group quantified UK television news coverage of all mental health issues for April 1994 and found that 70% of this was associated with violence (Philo, 1996). In mental health promotion, television in general, and television news in particular, is a major reservoir of stigma.

Children in the USA watch television for at least 25 hours every week, or 30% of their waking time. This amounts to 19,000 hours by school-leaving age and compares with a total of 13,000 hours of schooling in a lifetime (Postman & Powers, 1992). In addition to investigating the physical effects of this sedentary behaviour and the emotional consequences of spending more time in televisual rather than human, even parental, company, many studies have examined links between programme content (manifest or latent) and behaviour. Klein et al (1993) found an association between contact with the mass media and self-reported risk behaviours in 2760 US adolescents. The risk behaviours, which included stealing, substance misuse and sexual activity, correlated with total television and radio consumption – an average of 40 hours every week for each medium in this survey population of 14- to 16-year-olds – but causal links could not be proved (Klein et al, 1993). Despite previous research claims, suicide rates are correlated not with television

---

**Box 2 What makes something newsworthy?**

It is consistent with known facts (even the outlandish must fit with public perceptions: UFOs have been described).

It offers an interesting angle (it is novel and it alters known facts: e.g. a medical breakthrough, a crisis or blunder, X speaking out against Y)

It has human interest (from celebrity tales to the guy next door (‘it could be you’); striking a chord)

It is educational, in a loose sense (it evokes an ‘I didn’t know that’ response in both the journalist and the public)

It is ‘informed’ (although the definition of who is an ‘expert’ is very loosely applied)
behaviours (Villani, 2001). Wilson et al. (1999) showed the seriousness of paracetamol overdose in an RAF pilot (Hawton, 1998). There are further methodological problems in researching the effects of violence. The concept of children as vulnerable viewers has been accepted, and an association has been established between exposure to television and aggressive problems. To date, the search for negative psychological outcomes following specific programmes has been largely fruitless. When a popular UK programme (BBC’s Casualty, with 15.5 million viewers) featured a rapidly fatal paracetamol overdose, this had no impact on regional parasuicide trends (Simkin et al., 1995). However, using similar methods, a later study found that national rates of paracetamol poisoning doubled when the same programme showed the serious consequences of paracetamol overdose in an RAF pilot (Hawton et al., 1999). There are further methodological problems in researching the effects of violence. The concept of children as vulnerable viewers has been accepted, and an association has been established between exposure to television and aggressive behaviours (Villani, 2001). Wilson et al. (1999) performed a content analysis of prime-time dramas and confirmed the perennial representation of mental illness as violence, although in percentage terms this was less common than in previous studies (Wahl, 1995; Philo, 1996). Direct engagement between the service users and professionals and the programme makers behind the scenes has enormous potential benefits. Television can perform a major public service when care is taken: for example, characters such as Joey Rainbow in Australian TV’s Home and Away (http://www.sane.org/stigmamedia/homeaway.html) and Joe Wicks in BBC TV’s Eastenders (http://news.bbc.co.uk/1/hi/health/430859.stm) give realistic representations of schizophrenia.

Radio is sometimes regarded as television’s poor relation. Programmes are cheap to make and consume but have great flexibility. Although radio is less influential in developed than in developing countries, Western adolescents do listen to it more as they get older (Klein et al., 1993). The availability of radio on the Internet improves international access, and recent developments in digital radio could further boost the number of listeners. One review reported that radio is the most cost-effective way to promote mental health (Austin & Husted, 1998), and anti-stigma initiatives in Canada employed modular radio slots (http://www.camh.net/journal/journalv2n2/myth_schizophrenia.html). Radio is a perfect entry-level medium for the novice; it remains the easiest medium to understand and is especially conducive to the exploration of mental health issues. After a television interview, viewers will remember what you were wearing. With radio, listeners will recall what you said.

Reluctance by professionals to enter the media fray is not new. Sir William Osler warned colleagues in 1907 that:

‘In the life of every successful physician, there comes the temptation to toy with the Delilah of the Press – daily and otherwise. There are times when she may be courted with satisfaction but beware, sooner or later she is sure to play the harlot and has left many a

---

Box 3 Checklist prior to agreeing to a media interview

Why me? Is it because I am the best person, or the first one (perhaps the last on a list) that the journalist has managed to contact?

Am I the right person to answer questions on this subject? Is there someone who has more expertise or is more up to date? Balance your false modesty with the ease with which less-qualified people might do this interview in your place. Refer the request on if necessary, e.g. to the Royal College of Psychiatrists’ External Affairs Department (020 7235 2351, ext. 127 or 154)

Am I familiar with this publication/programme and its format? How likely is it to trivialise or sensationalise the subject?

Television is a fast and deceptive medium. It is not for the media novice and, usually, is the preserve of psychiatrists with either great ‘media savvy’ or supreme lack of insight

Print: do I trust this journalist sufficiently to make ‘off-the-record’ remarks?

Broadcast: do I have a choice between a recorded (less stressful) and a live (the editorial control becomes mine) broadcast?

Write down three key points now and reduce them down to the shortest format. Discuss them with colleagues in case you have overlooked a critical point

Phone the journalist back. Get the most up-to-date information about the topic and phone a non-medical friend to advise you on your presentation. Then record the item

Analyse the recorded item with colleagues and a non-medical friend. Did you achieve your objectives?

Consider a follow-up call to the journalist – flattery gets you everywhere.
For example, Philo (1996) traced the evolution of a group (genre) of films. Cinematic images outweigh the power of the printed word and exert a powerful influence, directly or indirectly, through other media. For example, Philo (1996) traced the evolution of a television ‘soap’ storyline back to two contemporaneous films. Hitchcock remarked that what he called ‘stealing from’, the French have labelled ‘homage to’. After cowboys, soldiers, and cops and robbers, film-makers like looking at doctors. They love surgeons and country doctors (Dans, 2000) but, apart from a brief golden age, they don’t like psychiatrists (Gabbard & Gabbard, 1999). Film studies blend cultural archaeology – both books catalogue historical trends with reference to professional developments – with technical knowledge, aesthetics and ideologies. Cinema at its best is artistic collaboration to achieve a seamless blend of form and content. The Conformist (1970), a film based on Alberto Moravia’s (1968) book, photographed by Vittorio Storaro with impeccable production design under the direction of Bernardo Bertolucci, is foregrounded by extraordinary performances and intriguing dialogue:

‘Imagine a large, subterranean place, like a cavern. Inside are men who have lived there since childhood, all in chains and forced to look at the back of the cave. Behind them in the distance shines the light of a fire. Now try to imagine men walking past a low wall holding up statues of wood and stone. The chained men see only the shadows the fire projects on the wall. They would mistake for reality the shadows of reality.’

These words, experienced within that film’s reality, hint at the potential of the medium. Is this Plato’s Cave, a cinema metaphor or more? Freudian, and latterly Lacanian, theory runs like a computer virus through cinema itself and retains the dominant role within film studies (Turner, 1992).

Cinema frequently gets it right when it portrays the experiences of alcohol and substance misuse, grief, difficulties in relationships, autism and dissociative identity disorder. Many mental health training courses in the USA have film clubs, in which trainees are shown popular films as discussion points and some authors advocate cinema as a teaching aid for psychopathology (Wedding & Boyd, 1999). Open discussion of films that fail to reach the psychiatric quality mark provides opportunities to examine all aspects of our clinical practice and the ways in which we are perceived from outside.

There is a dearth of research into the use of films in therapeutic settings and we should be cautious of the latest US trend of ‘therapeutic films’, which are ‘prescribed’ for certain populations of patients (Hesley & Hesley, 1998). When cinema gets it wrong, it not only offends the sensibilities of psychiatrists but also propagates stereotypes of mental illness that range from fakers and narcissistic parasites (Gabbard & Gabbard, 1999) through the comedic to psychokillers (Wahl, 1995). The potential learning exercise here goes beyond lessons in complaining to a broader understanding of the medium and its processes. Equally important is the wider context of film distribution. The Omen (1976) had a marketing budget ($6 million) that was double its production costs (Turner, 1992), and the studios spent $30 million promoting Godfather Part III (1990). Even a tasteless film like Me, Myself and Irene (2000) generated a wide debate about schizophrenia and resulted in enduring alliances with service-user groups (Byrne, 2000a). In 2002, two films, Iris and A Beautiful Mind, resulted in valuable free publicity for psychiatry’s two most neglected illnesses, Alzheimer’s disease and schizophrenia. They will provide useful teaching aids for years.

**Film, video and beyond**

Reports of the death of film have been greatly exaggerated. The medium has survived its lowly status of fairground attraction, censorship, the coming of sound, television and the complementary formats of videotape and digital versatile disk (DVD). Technical advances, for example low-cost digital video and the ability to project an entire film, Toy Story 2 (2000), by digital computer image rather than through celluloid, have regenerated interest in cinema. Unlike most television programmes, every film is an accessible stand-alone work and a useful study, whether in its own right or in the context of a group (genre) of films. Cinematic images outweigh the power of the printed word and exert a powerful influence, directly or indirectly, through other media.

For example, Philo (1996) traced the evolution of a television ‘soap’ storyline back to two contemporaneous films. Hitchcock remarked that what he called ‘stealing from’, the French have labelled ‘homage to’. After cowboys, soldiers, and cops and robbers, film-makers like looking at doctors. They love surgeons and country doctors (Dans, 2000) but, apart from a brief golden age, they don’t like psychiatrists (Gabbard & Gabbard, 1999). Film studies blend cultural archaeology – both books catalogue historical trends with reference to professional developments – with technical knowledge, aesthetics and ideologies. Cinema at its best is artistic collaboration to achieve a seamless blend of form and content. The Conformist (1970), a film based on Alberto Moravia’s (1968) book, photographed by Vittorio Storaro with impeccable production design under the direction of Bernardo Bertolucci, is foregrounded by extraordinary performances and intriguing dialogue:

‘Imagine a large, subterranean place, like a cavern. Inside are men who have lived there since childhood, all in chains and forced to look at the back of the cave. Behind them in the distance shines the light of a fire. Now try to imagine men walking past a low wall holding up statues of wood and stone. The chained men see only the shadows the fire projects on the wall. They would mistake for reality the shadows of reality.’

These words, experienced within that film’s reality, hint at the potential of the medium. Is this Plato’s Cave, a cinema metaphor or more? Freudian, and latterly Lacanian, theory runs like a computer virus through cinema itself and retains the dominant role within film studies (Turner, 1992).

Cinema frequently gets it right when it portrays the experiences of alcohol and substance misuse, grief, difficulties in relationships, autism and dissociative identity disorder. Many mental health training courses in the USA have film clubs, in which trainees are shown popular films as discussion points and some authors advocate cinema as a teaching aid for psychopathology (Wedding & Boyd, 1999). Open discussion of films that fail to reach the psychiatric quality mark provides opportunities to examine all aspects of our clinical practice and the ways in which we are perceived from outside.

There is a dearth of research into the use of films in therapeutic settings and we should be cautious of the latest US trend of ‘therapeutic films’, which are ‘prescribed’ for certain populations of patients (Hesley & Hesley, 1998). When cinema gets it wrong, it not only offends the sensibilities of psychiatrists but also propagates stereotypes of mental illness that range from fakers and narcissistic parasites (Gabbard & Gabbard, 1999) through the comedic to psychokillers (Wahl, 1995). The potential learning exercise here goes beyond lessons in complaining to a broader understanding of the medium and its processes. Equally important is the wider context of film distribution. The Omen (1976) had a marketing budget ($6 million) that was double its production costs (Turner, 1992), and the studios spent $30 million promoting Godfather Part III (1990). Even a tasteless film like Me, Myself and Irene (2000) generated a wide debate about schizophrenia and resulted in enduring alliances with service-user groups (Byrne, 2000a). In 2002, two films, Iris and A Beautiful Mind, resulted in valuable free publicity for psychiatry’s two most neglected illnesses, Alzheimer’s disease and schizophrenia. They will provide useful teaching aids for years.
to come because of their critical and commercial success coupled with their release on video. The College now includes film sessions at its annual meetings and owns the copyright to the anti-stigma film 1 in 4 (http://rcpsych.ac.uk/campaigns/cminds/oneinfour.htm), recently adopted by the World Health Organization for screening in 52 countries.

New media

Have the numerous website links that I have given illuminated or irritated you? Assume that this article is essential to your professional activity and you are required to review and update it by tomorrow. These links are immediately accessible and lead to other sites and sources of information beyond the scope of this few thousand words. If you are reading this piece online, this information is only a click away. The complex interrelationships between art and the art of medicine are frequently examined in *Journal of Medical Ethics: Medical Humanities* (http://jme.bmjournals.com/). Most newspapers are available online, with free downloads for handheld computers (http://avantgo.com). A College handbook advising members on media contacts will soon be posted on the College’s website (http://rcpsych.ac.uk). Film scholars can search for details by title, actor or subject matter (http://imdb.com). Given the time it takes to prepare and publish a journal article, this piece (written in January 2002, revised August 2002) is already out of date. Try typing the two keywords of the title into a search engine (e.g. http://google.com) and look at the resulting reference lists and content. You might find Martyn (2001) at http://bmj.com/cgi/content/full/323/7316/814/a, which comments on doctors in the media and will give you forward links to a public poll of perceptions regarding whether professionals are telling the truth or lying (doctors come out better than any other group), a similar US poll (also favourable) and our behaviour in restaurants as guests of the pharmaceutical industry (not so good). There is open public access to Medline (http://nlm.nih.gov) and the Cochrane database (http://cochrane.org) in the same way as to the BMJ. Most institutions receive e-journals (http://athens.nhs.uk) and the choice of publication (to read or submit articles to) can be informed using the citation index (http://isinet.com/isi/products/citation/jcr/jcrweb/index). These developments have now had an impact on research, teaching and journalism (Patel, 2001). Examination modules and results are already available online and virtual continuing professional development (CPD) points cannot be too far away. The proliferation of computer- and internet-based therapy techniques would seem most suited to cognitive–behavioural interventions (White et al, 2000). Kiley (1999) provides an introduction to this area in a book with an accompanying CD-ROM.

Because of the ease of publication, the internet can be a source of misleading information. Lissman & Boehlein (2001) found poor-quality information and bias on 178 depression-related sites. Similar findings on the lack of quality assurance produced a protracted correspondence in the BMJ (http://bmj.com/cgi/letters/321/7275/1511). The internet is a combination of the best and the worst of print media (imagine a newspaper without an editor to scrutinise items or a readers’ editor to correct errors) and it includes images and sounds. Opportunities abound for obfuscation and pseudoscientific research (Patel, 2001). Imagine, too, a library where the librarian happily accepts every book and pamphlet, neglects to assign them to any particular section and is incapable of throwing the worthless, the outdated and the obscure texts in the bin. It is an instructive exercise to sample the range of antipsychiatry sites, not least those sponsored by scientology (http://scientology.org/reform/new/75psych.htm). Given the variety and democracy of the internet, you can also read how scientology is hoisted with its own petard (http://demon.co.uk/castle/media). Inevitably, there have been case reports of internet addiction, anecdotes of kidnappings and worse. New media will repeat the mistakes of their predecessors but, by any standards, they provide the fastest and cheapest way of mass communication. Our profession needs to be aware of the concerns of allied organisations (Box 4) and the quality of information online.

Recommendations

What have the media ever done for psychiatry? Not much in comparison with all the material travelling in the other direction. Get angry or get even? Here is a Top Ten:

- Once a week, acquire and read a paper you would never usually buy. Does it have a new-media section? Compare different styles across news and feature articles with those in your regular paper. If you enjoy journalists slagging off other journalists, read *Private Eye*.
- Listen to more radio programmes. Make notes. Think about the way in which ideas are communicated and consider contacting the programme makers. Once you have taken part in a live radio show, presenting to colleagues will never scare you again.
- Acquire the habit of searching the internet, beginning with the websites of user groups.
Advances in Psychiatric Treatment

Byrne

• Get some media training and persuade your
• Support a user, friend or professional

Watch The Simpsons. It aims its humour at
religion, the media, professionals and other
hypocrites. Even stigmatising language is
given added irony in the cartoon, usually
through the mouth of Chief of Police, Clancy
Wiggam. Balance the praise for the programme
by the Archbishop of Canterbury (‘One of the
most subtle pieces of propaganda in the cause
of sense, humility and virtue’) with the comment
of the cartoon character Ned Flanders,
‘We don’t judge you, Marge, we have a
vengeful God who does that’. Spot the film
references and enjoy the respect of children.

• Support a user, friend or professional –
perhaps someone who is all three – and
encourage them to undertake media inter-
views. While doing this, remember ‘see one,
do one, teach one’. Try timing any interview
and conducting a local ‘media watch’ of how
the issue concerned and other mental health
issues are represented over a set time period.
This will quickly clarify the challenges.

• Get some media training and persuade your
trust to provide training for service users as
well. Agree a joint media project with local
users; support and criticise each other. Cele-
brate the difference between a media psy-
chiatrist and a psychiatrist with an interest in
the media.

• Start a film club for trainees. Once this is up
and running, be generous with films and
invitations.

• Find out what your trust is doing to promote
mental health. Did your locality meet the
March 2002 deadline to implement National
Service Framework Standard 1 (reducing
stigma and discrimination)? The College’s
anti-stigma campaign (http://changingminds.
co.uk) ends in 2003. Are there parts of this
which you could adapt locally?

• The major challenge is the violence link, ‘scare
in the community’, perpetuated by the Govern-
ment’s risk agenda. Change the emphasis:
make the statistics and the stories real. More
people are killed in the UK every year by
speeding police cars than by people who have
mental illness. Get the community to care.

• Why not actually read this article? Admit it,
top-ten lists in bullet points are infinitely more
interesting than text. Presentation is every-
thing, but content helps.

References

press for doctors: 21 year survey of the three national

television, radio, and print media programs for public
mental health education. Psychiatric Services, 49, 808–811.

public’s perception of recidivism and psychiatric
1576.

Byrne, P. (2000a) Schizophrenia in the cinema: Me, Myself
— (2000b) Stigma of mental illness and ways of diminishing
it. Advances in Psychiatric Treatment, 6, 65–72.

Medi-Ed Press.

(Box 4), and e-mail others with your findings
and bookmarks. Remember that patients,
relatives and journalists will use the internet
as their ‘second opinion’ on key clinical issues.
Try to keep up to date. Decide which are the
best newsletter groups for you; join NAMI
StigmaBusters (http://nami.org/campaign/
stigmasbust.html).

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Internet address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s Society</td>
<td><a href="http://www.alzheimers.org.uk">http://www.alzheimers.org.uk</a></td>
</tr>
<tr>
<td>Alcohol Concern</td>
<td><a href="http://www.alcoholconcern.org.uk">http://www.alcoholconcern.org.uk</a></td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td><a href="http://www.alcoholics-anonymous.org.uk">http://www.alcoholics-anonymous.org.uk</a></td>
</tr>
<tr>
<td>Release (drug users’ advice service)</td>
<td><a href="http://www.release.org.uk">http://www.release.org.uk</a></td>
</tr>
<tr>
<td>Depression Alliance</td>
<td><a href="http://www.depressionalliance.org">http://www.depressionalliance.org</a></td>
</tr>
<tr>
<td>Manic Depression Fellowship</td>
<td><a href="http://www.mdf.org.uk">http://www.mdf.org.uk</a></td>
</tr>
<tr>
<td>Eating Disorders Association</td>
<td><a href="http://www.edeauk.com">http://www.edeauk.com</a></td>
</tr>
<tr>
<td>National Phobics Society</td>
<td><a href="http://www.phobics-society.org.uk">http://www.phobics-society.org.uk</a></td>
</tr>
<tr>
<td>Rethink (formerly known as the National Schizophrenia Fellowship)</td>
<td><a href="http://www.rethink.org">http://www.rethink.org</a></td>
</tr>
<tr>
<td>Mindout (UK Government site)</td>
<td><a href="http://www.mindout.net">http://www.mindout.net</a></td>
</tr>
<tr>
<td>Mental Health Foundation</td>
<td><a href="http://www.mhf.org.uk">http://www.mhf.org.uk</a></td>
</tr>
<tr>
<td>Mentality (mental health promotion)</td>
<td><a href="http://www.mentality.org.uk">http://www.mentality.org.uk</a></td>
</tr>
<tr>
<td>Changing Minds (anti-stigma) campaign</td>
<td><a href="http://www.changingminds.co.uk">http://www.changingminds.co.uk</a></td>
</tr>
</tbody>
</table>


Psychiatry and the media
Peter Byrne

Access the most recent version at DOI: 10.1192/apt.01.53

References
This article cites 23 articles, 10 of which you can access for free at:
http://apt.rcpsych.org/content/9/2/135#BIBL

Reprints/permissions
To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at
/letters/submit/aptrcpsych;9/2/135

Downloaded from
http://apt.rcpsych.org/ on September 6, 2017
Published by The Royal College of Psychiatrists

To subscribe to BJPsych Advances go to:
http://apt.rcpsych.org/site/subscriptions/