

## **The harmful portrayal of psychiatry in popular culture: the call within its sting**

### **Introduction**

“Nothing is sacred in... pop culture. So when it embraces any topic, we’ve grown used to the relentless distortion that occurs” (Psychiatric Times, 1998). Such relentless distortion has indeed occurred in popular culture’s portrayal of psychiatry. Film and television, both old and new, has made repetitive use of images of psychiatrists and their treatments which are inaccurate, negative and damaging. The profession has fared little better in other media such as news, or in cultural parlance more generally. The result has been a stigmatised patient population, a misinformed public, and an oft-maligned specialty within the medical profession.

The temptation when one feels misrepresented will always be self-defense. Indeed psychiatry may need to defend itself on the media witness stand. Psychiatrists also ought to seek to educate the public and reduce stigma. Most of all, though, these harmful portrayals ought to remind every psychiatrist to critique their own practice, and to be continually working towards a better portrayal of themselves.

### **How is psychiatry portrayed in popular culture?**

Schneider (1987) catalogues cinematic representations of psychiatry through the 20th century, and points out that a great many cinema psychiatrists are either deranged or evil. More recently, another reviewer argues that around half of all cinema psychiatrists are incompetent, and just as many commit boundary violations (Gharaibeh 2005). ECT has had particularly damaging treatment in film, often being used as punishment or without consent by malevolent psychiatrists with either harmful or ineffectual results (McDonald & Walter 2009). The influence of *One Flew Over the Cuckoo’s Nest* (1975) and *Dr Lecter in The Silence of the Lambs* (1991) has been lasting.

Unfortunately, contemporary examples tend to be consistent with those classical 20th century tropes. The mental institution is still more like a haunted house, and the evil psychiatrist still conducts barbaric experiments and has a hidden past in the Nazi regime. These depictions persist in narratives about psychiatry, whether they turn out to be delusions – as in *Shutter Island* (2010) – or not – as in *American Horror Story: Asylum* (2012). Most recently in *Suicide Squad* (2016), comic book villain Harley Quinn makes her silver screen debut: a psychiatrist who crosses boundaries by falling in love with her patient,

and is subsequently made an unhinged and violent criminal, thanks in part to shock therapy. Clearly little has changed.

A culture primed by these cinematic depictions will then have predictable reactions to the kinds of stories that make up the very few journalistic representations of psychiatry in news media: reports of sexual assaults by psychiatrists (Davies & Corderoy 2012) or in psychiatric care (Milligan 2013), or of supposed diagnostic arbitrariness, over-diagnosis, and over-medication (News.com.au 2013). The daily realities of routine psychiatric care are not newsworthy, and so the infamous, the sensational and the notorious are often the only 'news' of psychiatry to which the public is exposed.

Even outside of mass media, common ideas about psychiatry in popular parlance are narrow and stereotypical. The announcement to friends or family of one's interest in pursuing psychiatry is met with the plea, "Don't analyse me!", as though the mindreading psychoanalyst-to-be is searching for some fundamental insecurity or childhood trauma hidden behind every personality trait. The popular culture image of the psychiatrist of course asks repeatedly "And how do you feel about that?" and is not seen as helpful.

### **How is it harmful?**

With a century-worth of media depicting both the mentally ill and those who treat them as people to fear and distrust, the impact of stigma cannot be underestimated. It is known that movies, news, casual use of terms like 'crazy', and jokes are the major contributors to stigma (Wahl & Harman 1989, SANE Australia 2009). Direct harm results, because stigma is also known to delay help-seeking and treatment (Pinfold et. al. 2005). In fact, one study showed that the most common reason for non-compliance with a psychiatric referral was fear of stigma (Ben-Noun 1996).

In many ways, the general population can hardly be blamed for negative perceptions of psychiatry and psychiatric treatments. With psychiatry represented as it is in film and television in particular, it is no wonder that psychotropic medications are often believed to be addictive, sedative without curing, or ineffective (Sartorius et. al. 2010, p.132). Nor should it be surprising that many believe straightjackets are still in use (Angermeyer 2000) and that ECT is harmful rather than helpful (Griffiths et. al. 2009). Cinema, and popular culture more broadly, has clearly been a major source of public knowledge regarding psychiatry, be it by recycling historical injustices or simply by peddling misinformation. The resulting knowledge gap does no good for anyone.

Within the medical profession itself, the image of psychiatry is often negative as well. Among medical students psychiatry is unpopular, and its status is low (Sartorius et. al. 2010, p.132). Even those junior doctors with an interest in psychiatry can be dissuaded by a form of stigma: one study notes that the reasons trainees leave psychiatry include the specialty's poor public image, and perceived lack of

respect from other doctors (Lambert et. al. 2006). It is difficult to know what role popular culture depictions play in the negative evaluation of psychiatry by medical students and doctors, but it is not difficult to imagine at least some connection. If even one would-be psychiatrist is scared away by the reactions of friends, family or peers to the aforementioned films, news items or jokes, then a unique harm has arguably befallen the profession.

### **What can we do?**

In response to the harmful portrayal of psychiatry in media, some claim that the psychiatric body should be more engaged with media, and that media training should play a role (Sartorius et. al. 2010, p.136). Cuenca (2001, p.527) similarly argues that psychiatrists and other mental health professionals should form special interest media groups, to ensure that the media informs the public about mental illness properly. Others extend this idea to add that mental health consumers and their families should participate in such groups (Freeman et. al. 2001, p.531). When movies misinform and stories stereotype, there is surely a role for psychiatrists in holding the media accountable and advocating for both their patients and the profession. Perhaps a greater presence of psychiatrists in the media is indeed required.

There are also 'off-screen' roles the psychiatric establishment can play in improving the wider culture's understanding of the profession, and mental illness generally. Mental health first aid courses have been shown to improve knowledge about mental illness and reduce stigma of psychiatric treatment (Kitchener & Jorm 2004). Similarly, seminar-style workshops, especially if co-taught by people with experience of mental illness, effectively reduce stigma both in medical students (Coodin & Chisholm 2001) and in the general public (Knifton et. al. 2010).

Moreover, these harmful portrayals in popular culture also perpetually invite psychiatrists to sober moments of reflection and critique. Accusation is as much an opportunity for self-improvement as for self-defense. As such, the charge of boundary crossing holds within its sting a call for integrity that is above reproach, and a more robustly ethical future in psychiatry. The complaint of being unscientific and the erroneous presumption of ineffective treatments ought to compel us all to better educate our communities about the evidence-base and the efficacy of our treatments, and also to relentlessly pursue ever safer and more effective ones. Every narrative involving an evil psychiatrist – be it from history or imagination – can give the psychiatric community pause to redouble each effort of empathy, and recommit constantly to goodwill and care for patients.

## Conclusion

Film and television will always tell those stories that are shaped by the unfortunate aspects of our history, and they will also tell those stories that generate profit. As such, the 'evil psychiatrist' narrative is a time-tested winner. Similarly, wherever there is news media there will always be an amount of sensationalism, and rarely can stories be told in all their fullness. The primary duty of the psychiatric establishment in this is not simply to bemoan these portrayals. Certainly some role exists for advocacy, for holding media accountable, and for challenging unhelpful stereotypes where they are presented. Further, there is a clear responsibility for the psychiatric body and mental health organisations to educate the public and to reduce stigma. As well as this outward focus toward the media and the public, though, the harmful portrayal of psychiatry in popular culture invites every psychiatrist to focus inwardly on his or her own commitment the core values of the profession and of medicine more broadly. As Hopson (2014, p.178) writes, "Psychiatrists should pay thoughtful attention to the task of persuading society that they are healers and not torturers, criminals, sexual predators, charlatans and money-grubbing madmen". They can so persuade by advocacy and education, but also – and perhaps more importantly – by their own professional integrity, compassionate patient care, and scientifically robust practice of psychiatry. In these way we can all work toward a better portrayal of psychiatry.

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