PRESIDENTIAL ADDRESS

Media and psychiatry

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ABSTRACT

We all know that only around 20 to 25% of psychiatric patients are getting proper modern treatment. This is mostly because of lack of awareness, stigma and their perception or misperception towards treatment as dangerous and waste. So in bringing awareness and for changing their perceptions, media has an important role to play.

Key words: Media; Psychiatry; Mental Illness

INTRODUCTION:

'In war, truth is said to be the first casualty. Something similar may be said for psychiatry. Psychiatric disorders, their treatments and those who provide them are all subject to overwhelmingly negative portrayals in the print and electronic media' (Hyler et al, 1991).

It is fair to say that the public perception of the field of psychiatry, like mental illness itself, is generally not positive. The stigma surrounding mental disorders seems matched by the public's suspicion of psychiatric practitioners and psychiatric science. We all talk about impact of media on daily routine life. What we see or read is what we believe and that is what determines how we integrate experiences, assimilate and accommodate them, and then how they influence our behavior. Dehumanization and sensationalism regarding psychiatry illnesses seem to be the media's stock-in-trade. This distorting image of psychiatry to the society is of great relevance as media plays an influencing role on people. On the other hand, media also offers useful general information and resources, which cannot be denied.

Most of what the public learns about our profession comes from the popular print and electronic media coverage of mental health: coverage that is often technically accurate but negatively biased.

Given these circumstances, is it surprising that the public has a negative impression of psychiatry? What is certain, however, is that mental illness will generate raw news material indefinitely. To exert a positive influence upon the society, we must develop a far greater understanding with the media, and incorporate this understanding into practice. I have no hesitation to say that the responsibility to educate and inform is their secondary motive. Our job is to engage the media houses in a meaningful dialogue, so as to get our motive of passing on the right and scientific information on psychiatry, and at the same time generating an interest in the media house to publish the same.

Influence of Media

Television, radio and newspapers play an essential role in the public perception of mental illness. While the media often perpetuate unhelpful stereotypes of mental illness, if properly harnessed, they may also be used to combat the stigma experienced by people with mental illness (Byrne, 1997). People are not passive receiver of information. Rather, they actively engage with media stories, integrating them with previous stories, images or personal experiences. There is strong evidence that humans organize their knowledge into familiar categories or stereotypes (Hamilton, 1979).

The fundamental difference between the media and psychiatric profession lies in the emphasis of form rather than the content. For the media, the content of mental illness depends upon another question: is it interesting? Stories are thus repackaged into forms already familiar to the target audience. Psychiatrists try to abide by the principles of confidentiality, accuracy and honesty.

Psychiatrist responding to an innocent enquiry about substance misuse may find the quote being used in reference to the child of a senior politician or a movie star. Media workers will always place information into their own context; one that emphasises entertainment or newsworthiness.

Newspapers

Many people read local newspapers. All local media have a member of staff interested in health issues. It gives a chance for regular communication. A media link, once established enhances the quality of future coverage.

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Psychiatrists can increase their chances of expressing their ideas and opinions in print if they first understand the motives and the work of the journalist. For this, let us understand what media wants? Is it worthy story or newsworthy story? For the publishing media house, newsworthy story is important because their piece must stand out with a striking headline, a powerful introduction and a good story. This is what the psychiatrists must learn: to cultivate a sense of what makes a good story. Majority of the health stories fall into following 4 categories: scare story (eg. Flesh eating bug discovered), cure story (such as, 'magic drug to cure AIDS'), money story (such as 'Aarogyashree being withdrawn') and finally the human interest story (such as 'my life with HIV infection'). Such approaches will attract the attention of a publishing house. Given their primary objective: to gain access to reader mind, the end justifies the need.

**Local radio**

Psychiatrists can express their ideas and opinions on radio. It is nearly impossible to do any kind of meaningful treatment on a radio talk show; but there certainly is room to provide meaningful psycho-education and to steer people in the direction of appropriate treatment while guarding them from harmful or ineffective treatments. My advice would be to acknowledge the person's concerns, and say "I cannot comment specifically on this case without having more history" What I can do is to address the issue in a more way.

Radio has the potentiality to reach masses even in remote and backward areas where modern media has not penetrated. While admiring the growth of radio production and broadcast technology, I feel that it still continues to be an under-utilized technology in education. Radio has enormous potential to improve distance education systems, especially when integrated with other technologies such as television, mobile telephones, and the Internet.

Good radio therapists can take the general issue the caller is talking about, discuss it intelligibly, and be a voice against the misinformation generated in society about psychiatry, psychiatric disorders and treatments.

**Movies**

Some movies (such as aparichithudu), .despite being valuable in an artistic sense; create confusion and weaken the clarity concerning the fine line separating mental health from mental illness. Modern film makers and movie technicians often distort the realities on mental illness by glorifying the stereotypes and myths referring to mentally ill people. This would cause the most thematic stereotypes seen in movies, which are perpetuating stigmatization of mentally ill people. These are: free-spirited rebel, maniac on a killing spree, seducer, enlightened member of society, narcissistic parasite, beastly person (stereotype of animal sort), and so on.

I use scenes from movies very often while teaching medical students about psychiatry. The benefits of these scenes are that we can appreciate psychiatric symptoms and patients in a very condensed form. Not all movies or scenes can be used. For instance, it is hard to use "A beautiful mind" (real life of story of Nobel Laureate Prof John Nash who was diagnosed with schizophrenia) movie for teaching schizophrenia, because we need to show a very long excerpt of the movie to make our point.

As one of the most potent and substantial form of mass communication, film exercises a very significant influence upon the perceptions of the audience, especially in relation to mental illness. This perception is very much blurred with film makers' misinterpretation, and lack of awareness regarding problems faced by persons with mental illnesses.

**Television**

Popular television dramas have the capacity to reach many more people than any other form of media. Because they purport to depict ordinary life, they provide a chance to expand the context within which mental illness may be understood. Expert opinion in these programmes is usually sought informally. Each inaccurate portrayal of mental illness offers a chance to contact the programme makers, and offer advice on the next series.

Any psychiatrist hoping to use television to challenge the stigma of mental illness must, therefore, take account of the intense competition in the world of television. However much we object to the stereotypic portrayal of mental illness on television, these images are accepted by both programme-makers and viewers as common currency in our culture; images of madness and distress attract attention and boost ratings. To attempt to confront such images with simple complaint, therefore, is unlikely to alter thinking within the profession.

Viewing of violence by children has always been a source of concern as it has been seen in many experiments that aggression can be a learnt phenomenon. In situations where children are exposed to violence, their attitude towards aggression also changes. Parents need to be more aware about the exposure that children get, and have to try and ensure that they are able to help children develop a compassionate sense of self and a true sense of reality.

Certain television serials and shows are causing immeasurable harm. For instance, a Telugu television show, gatha janma rahasyalu which irrationally shows celebrities being talked into and made known their previous births dramatically. These are rubbish, shameful and irrational, and cause severe damage to the minds of the viewers. We have a responsibility to condemn, denounce and express disapproval of such shows.
Psychiatry can only succeed by entering into greater dialogue with news channels. We need to use all of our available knowledge to engage the industry more effectively.

Videotaped group therapy and other psychotherapy sessions help patients see themselves as other saw them. This especially teaches them how their body language conveyed unintended message. Videotapes, compact discs (CDs), digital video discs (DVDs) are used to store data.

**Internet**

The internet helps psychiatrists and their patients in following ways: i) as a source of information on disease, diagnosis, treatments, and therapists, ii) helps find support and self-help groups, iii) for advice, diagnosis, and counseling; in which the person being helped has not met the helper except over the Internet, and (4) for prescription drug sales.

The advantage of e-mail over other forms of media is that we can easily record, store and retrieve information. Similar considerations apply to the transmission of data in that, low cost applications are less secure but more convenient. There are potential problems in identifying patient as well as therapist. Potential clients often give themselves fictitious names. Computer-based assessments have not replaced live interviews, because communication of facts still does not convey how a person thinks or feels about them. On the other hand, the disinhibition of emotion noted in unstructured e-mails is an important aspect of therapy where defences must be overcome.

The ethical issues involve maintaining confidentiality. In an online support group, there is an added ethical burden to maintain contact with the group.

**Suicide and media**

Reporting and portrayal of suicidal behaviour in the media may have potentially negative influences and facilitate suicidal acts by people exposed to such stimuli. Recent systematic reviews found overwhelming evidence in support of this fact. Evidence for the influence of media on suicidal behaviour has been shown for newspaper and television reports of actual suicides, film and television portrayals of suicides, and suicide in literature. The impact of media on suicidal behaviour seems most likely when a method of suicide is specified, especially when presented in detail, when the story is reported or portrayed dramatically and prominently (such as showing photographs of the deceased or large headlines), and when suicides of celebrities are reported. Younger people seem to be most vulnerable to the influence of media, although limited evidence also shows an impact on elderly people.

**WHO guidelines on reporting a suicide are as follows:**

1. Statistics should be interpreted carefully and correctly;
2. Authentic and reliable sources should be used;
3. Impromptu comments should be handled carefully in spite of time pressures;
4. Generalizations based on small figures require particular attention, and expressions such as "suicide epidemic" or "the place with the highest suicide rate in the world" should be avoided;
5. Reporting suicidal behaviour as an understandable response to social or cultural changes or degradation should be resisted.

**The role of the media and media hypes in the aftermath of disasters:**

A growing body of literature suggests that disasters can have both short-term and long-term health consequences for the victims involved, such as posttraumatic stress disorder, depression, anxiety or substance abuse (Norris et al 2002).

Positive role of the media in the aftermath of disasters is known: the media can have a beneficial effect on the community by informing, educating, or communicating with the people. It seems that when the media and public health professionals work closely; informing and educating the public with accurate information, beneficial effects can be achieved, and well-being of the disaster affected community can be enhanced.

**The future: time to stand up and be counted**

A large part of psychiatric training in the latter half of the 20th Century stressed the importance of psycho-social dimension of the patient's life alongside the biological. In the 21st Century, as new media technologies exert an increasing influence on our society, it appears that the socio-political dimension will be just as important, an influence not ignored by fund holders and politicians. It is difficult to imagine how our profession will change over the next 100 years, but it is certain that technology will play a central role. Increasingly, the argument that media awareness is an irrelevant distraction from the business of helping sick people seems shortsighted. A better understanding of our innate capacity to communicate in symbolic and narrative terms is becoming crucial to psychiatry. The role of the media in this process is an issue that we cannot afford to ignore.

With few notable exceptions, psychiatrists have maintained a low profile in local and national debate or complaint about mental health issues, even though mental illness touches every corner of the society. Psychiatrists should be wary of succumbing to such inevitable pessimism. The media can act as a powerful tool with...
which to confront our own inertia. By avoiding a ‘them
and us’ situation with the media, and instead creating a
working dialogue with media agents, we can make a
significant difference.

There are countless ways in which psychiatry might use
its experience to touch the opinions of viewers, listeners
and readers. Some, such as introducing legislation to ban
the use of derogatory terms for insanity, are clearly less
workable than others, such as working mental health
storylines into popular dramas, or targeting theatres,
advertising and industry. The interest and attention that
invariably attends the ‘coming out’ of a significant
individual might harness the power of stigma to a useful
end. Members of television, radio, newspapers and
magazines should be aware of the power of a good story,
harnessed to powerful images when trying to capture
attention and alter opinion.

There is also a need to increase the emphasis placed on
stigma in the training of psychiatrists and all doctors.
Psychiatrists who teach others about stigma will
inevitably learn much about it themselves.

The task ahead of the psychiatric profession is clear. If
we, as a professional body, are to do something about
the terrible burden of stigma and discrimination that
afflicts our patients, we must find ways to decrease it.
This will involve our profession taking risks, and
initiatives. Such ideas will only arise through far greater
dialogue with people outside the profession; in the press,
television, advertising, public relations and, especially,
with our patients. It would be a sad irony if a medical
discipline that prides itself on its ability to embrace the
biological, psychological and social were to fail in this
task. Responsibility for success, or lack of it, must remain
with every member of the psychiatric society.

Conclusion

My experience over the years as a practitioner and regular
contributor to the local dailies taught me that there is
much that the psychiatric profession can do to educate
the public about what we are working on, what
psychiatrists actually do, and where the field is headed.
The general public is also curious about human behaviour
and the psychiatric profession.

In practice, perhaps the most common question is focused
on ‘what is the most optimal treatment for a given mental
disorder’. There is also a lot of concern about the long-
term safety of psychotropic medications and uncertainty
about the validity of psychiatric disorders in general. Many
patients and their relatives raise issues of stories they
come across in popular media.

What is clear from my experience is that psychiatrists
have a potentially important role to play in educating
the public about the current state of the psychiatry. Unlike
most journalists, who have to rely on second-hand
accounts or expert opinion, psychiatrists can weigh in
directly with their advice, opinions, and expertise.

Beyond just making relevant information about mental
illnesses and their treatments available to the public, one
can also speculate about the broader implications of new
findings that go beyond current data and to consider new
treatments that may lie ahead. The question of how far
to go is not so easy to answer.

The fact is that if we do not take a more active role in
presenting and explaining our field to the public, others
will do it for us. The internet, which has eclipsed the
print media as an information source, has done much to
blur the distinction between information and expertise.
With little or no editorial filter, anyone can appear to be
an expert. Thus, blogs and chat rooms abound with
misinformation about the nature of mental disorders and
their treatments, something that must be familiar to all
clinicians who hear about it from their patients. In
contrast, reliable and authoritative web sites offer useful
general information and resources.

Regardless of the final opinion, the audience will be more
aware of how discrimination in the media can be subtle
and undermining. Simple facts are unlikely to change
opinions rooted in fear. We have to consider how we
deliver our message if we want to change public attitudes.
If we are to advocate successfully for our patients in
reducing the stigma of mental illness, then we must learn
the skill of communicating successfully through the
media!

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