

NEW IMAGE OF PSYCHIATRY, MASS MEDIA IMPACT AND PUBLIC RELATIONS

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SUMMARY

The mass media has a powerful impact on public attitudes about mental health and psychiatry. The question of identity of psychiatry as a medical profession as well as of the future of psychiatry has been the subject of much controversial discussion. Psychiatry today has the historical opportunity to shape the future of mental health care, medicine and society. It has gained in scientific and professional status by the tremendous increase of knowledge and treatment skills. Psychiatry should build up new transdisciplinary and integrative image of a specialized profession, promote it and make it public. Good public relations are very important for the future of psychiatry.

Key words: quality of life - mental health - value theory - public relations – psychiatry - new image

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INTRODUCTION

Psychiatry today is claimed to be threatened by centrifugal tendencies and its future is defined by either being incorporated in other medical specialties or being deprived of its medical character (see Katschnig 2010). Public perception of treatment progress in psychiatry is still diabolic (Jakovljević 2005). For a very long time psychiatry was dominated by therapeutic nihilism and poor prognosis was generally accepted for many mental disorders, particularly schizophrenia and other delusional disorders. On the other side, due to progress in many mental health disciplines, psychiatry has the historical opportunity to shape the future of mental health care, medicine and society. Psychiatrists recognize the power of mass media and images used to define and characterize social values, mental health issues and contemporary psychiatry.

CHANGING FACE OF PSYCHIATRY AND ITS IDENTITY CRISIS

Psychiatry has not yet been a coherent field of scientific theory as well as one unified and standardized practice, but a loosely assembled set of theoretical concepts and practices (Jakovljević 2007, 2008). Psychiatry has several partial or fragmentary identities related to its biologic, psychodynamic, and social subspecialties with many psychiatric schools. Many of the psychiatric schools, not only do not accept, but criticize the most basic tenets and treatment principles of the others (Jakovljević 2008). According to Ghaemi (2003) at conceptual level today's psychiatry can be divided in four approaches: dogmatic, eclectic, pluralistic and integrationistic. Dogmatists rigidly take one position or the other in a reductionistic way: either

neuroscience explains everything, or some psychological theory explains everything. Eclectics escape to take a firm position, simply claiming that it is all very complex. „Pluralist agree with dogmatists in claiming that specific methods need to be applied purely, but they agree with eclectics that no single method is sufficient. Integrationists seek to describe a single approach that bridges the subject-object gap, but they are not limited to one approach, as in the various dogmatic schools“ (Ghaemi 2003). Although psychiatry, as a specialty of modern western medicine, is a quintessentially modernistic project and a paradigmatic application of Enlightenment aspiration (Lewis 2000), it has become more than only medical discipline. Psychiatry is a heterogenous profession, a „broad church“ (Craddock & Craddock 2010) that accommodates an enormous range of disparate discourses and different practices (Lolas 2010). Psychiatry should become a specialized profession (Lolas 2010), not reduced only to a medical specialty. Medical psychiatry or psychological medicine is an important branch of a specialized profession looming on the horizon.

VALUE THEORY, QUALITY OF LIFE, AND PSYCHIATRY

The medical psychiatry has traditionally focused on a curative model (illness decrease), while empowerment of patients, quality of life (QoL) promotion, disease prevention and public health protection (wellness increase) have been relegated. Therefore, importance of an axiological dimension in psychiatry related to values, human rights, quality of life and mental health promotion has become prominent more and more (see Fulford et al 2006, Stanghellini & Ballerini 2007, Curtice & Exworthy 2010).

Quality of life as an evaluation of the general well-being of individuals and societies is an important concept in the fields international development, health care, economics and political science. The WHOQoL group defines QoL „as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept, incorporating in a complex way individuals' physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship to salient features of the environment“ (Basu 2004). According to some other opinions, quality of life can be conceptualized as „the degree to which a person enjoys the important possibilities of her or his life (UofT 2009). This 3B quality of life model is based on the three dimensions: „being“, „belonging“ and „becoming“, respectively who an individual is, how that person is connected to her/his environment and whether achieves her or his personal goals, hopes, and aspirations. It is important to note that better quality of life improves mental health as well as opposite that better mental health is associated with better quality of life.

Within the field of mental health care quality of life is often regarded in terms how it is negatively affected, on an individual level, by mental disorders. But, increasing quality of life by the well-being therapy, axiodrama, quality of life therapy or life coaching may improve treatment outcome of severe mental disorders. Participation in successful vocational programme or having paid employment lead to increased quality of life, improved self-esteem and self-confidence, better functioning, and an expanded social network and social capital as well as to reducing psychiatric symptoms, hospital admissions and health care costs (Warner 2010).

MASS MEDIA IMPACT ON MENTAL HEALTH RECOVERY AND PSYCHIATRIC EFFECTIVENESS

Psychiatric treatment is a context dependent practice. Mental health medicines work also on account of meanings, expectations, images and relationships. So, treatment effectiveness also depends on what patients believe how medications work and what is the nature of their problems as well as on their confidence in the physician and in the psychiatry as a whole. Many of the concepts of mental health, wellness and illness as well as the use of psychiatric medications are often mysterious for patients and their families and filled with myths, prejudice and fears. The mass media have a powerful impact on public attitudes about mental health and psychiatry.

The relationship between psychiatry and mass media is a conflicted one (Campbell et al. 2009). Psychiatrists rely on media to inform the public about the needs of psychiatric patients and psychiatry as profession. However, the media often portrays a negative picture of mental disorders and its treatment. The most common

source of information about mental disorders is mass media for majority of people, so the ideas and images they have about mental health and its disorders are often those that come from mass media. Media depictions may have damaging consequences because they reinforce and perpetuate negative public attitudes. Mass media tend to 1. show people with mental disorders as unlikely to recover; 2. ridicule and trivialize mental disorders; 3. inaccurately show people with mental disorders as violent and dangerous. Negative stereotypes that people with mental disorders are strange, unpredictable and dangerous, are very harmful. The truth is that 1. people with mental disorders do recover and make valuable contributions to our communities, 2. a large body of studies show that optimism about outcome from severe mental disorders like schizophrenia is justified (Warner 2010), 3. mental disorders are serious and painful illnesses, so use of appropriate and respectful language is of great importance from the perspective of human rights and dignity, 4. most people with mental disorders are our relatives and neighbours, friends and co-workers who are caring and law-abiding citizens (see U.S.Department of Health and Human Services 2010).

PSYCHIATRY AND RAISING MENTAL HEALTH LITERACY

Stigmatization of people with mental disorders and their doctors has persisted throughout history in multifarious ways like stereotyping, labeling, bias, distrust, fear, embarrassment, anger and avoidance. It usually results in outright discrimination and abuse, depriving mentally ill people of available resources and opportunities for full participation in society (Filipčić et al. 2003, Margetić et al. 2010). Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders and so deprives psychiatric patients of their basic human rights, dignity and self-esteem. Finally, it deters the public from seeking and willing to pay for mental health care.

Four general approaches have been recognized to combat stigma: 1. increasing mental health literacy through education, 2. stigma busting through protest, 3. Reducing negative stereotypes through increased personal contact, and 4. social advocacy (Arboleda-Florez 2005). The messages that provenly work through generic or targeted education are: 1. there is no health without mental health, 2. physical health and mental health are closely connected, 3. mental health and quality of life are tightly associated, 4. mental disorders have at least one thing in common with somatic disease: the chance of getting well is better when treatment is started as soon as possible, 5. mental health care is effective and can help the most patients find their lives again, 6. mental health problems are major public health problems; 7. successful treatment of mental disorders is strongly associated with availability of enough number of multifarious mental health medicines.

NEW IMAGE OF PSYCHIATRY AND PUBLIC RELATIONS

Mental disorders contribute enormously to psychological, social and economic suffering, on a global, community, family and individual level. According to WHO prevalence of certain mental disorders, such as depression and anxiety disorders, is alarmingly rising. As mental health is recognized to be a serious economic and societal burden nationally and globally, it has become one of the priorities in the field of public health. The image of psychiatry in society and in medicine is not so positive and there are doubts whether psychiatry as a profession will be able to meet all demands (Katschnig 2010).

The obvious fact is that psychiatry has gained in scientific and professional status by a tremendous increase of knowledge and treatment skills. Trans-disciplinary holistic integrative psychiatry provides a new conceptual framework for improving quality of life and protecting mental health as well as for defining and treating mental disorders in more complete, complementary and successful way addressing its biological, psychological, socio-cultural and spiritual aspects (Jakovljević 2008). The new reality of holistic, complementary and integrative psychiatry is not well known and not sufficiently established in many countries. Developing new integrative and trans-disciplinary identity and working on positive public image of psychiatry and its public relations are of great importance for the future of the profession. The most powerful new image builder is how psychiatrists present their profession with patients and their families, and other medical doctors, and the public. It is very interesting to note that the father of public relations was a nephew of Sigmund Freud, Edward L Bernays.

PUBLIC HEALTH PSYCHIATRY ROLLING ON THE HORIZON

Psychiatry can play an essential role in medicine and society in general through its understanding of human nature and behavior in complex interactions. In many countries psychiatrists are increasingly invited by the mass media not only to provide insight and perspective into psychiatry and mental disorders, but also to comment social and cultural trends, behaviors and mental health of public personalities, mental state of nation, etc. (see Kutner & Beresin 2009). The media have, and probably, will have an even more decisive impact on orienting and informing the public. Mass media are a component of the power structure. The psychiatric knowledge is not being used to optimum social and community advantage. Resistance to change is a serious obstacle to effective utilization of new knowledge (Halpert 1965), but media can help to overcome resistance. While media training is common among business executives, it is relative rare within

academic psychiatry. This is a missing opportunity, particularly in light of growing public dependence upon mass media for both factual information and perspective (Kutner & Beresin 1999). Learning how to use mass media effectively to educate the public about such issues as quality of life, social capital, community health, mental health vs. mental disorders and its treatment, and the workings of the delivery system for mental health care (when, how and where to seek help) is essential for development of public health psychiatry. Public health psychiatry, is concerned to ensure access to mental health services for all persons in need as well as to advance knowledge of the social, cultural and environmental risk factors of mental disorders, and to establish a basis for preventive action (Cooper 2001).

CONCLUSION

Psychiatry today is more than medical specialty. It is a „broad church“ of disparate discourses and different practices. Therefore, psychiatry should build up new transdisciplinary and integrative image of a specialized profession, promote it and make it public. Good public relations are very important for the future of psychiatry and its good image. The media can have an important impact on the demand and supply of mental health treatment as well as on the position of psychiatry in medicine and society.

REFERENCES

1. Arboleda-Florez J: *Stigma and discrimination: an overview. World Psychiatry* 2005 (suppl 1); 4:8-10.
2. Aukst Margaretić B, Jakovljević M, Ivanec D, Margetić B & Tošić G: *Relations of internalized stigma with temperament and character in patients with schizophrenia. Comprehensive Psychiatry* 2010 (in press).
3. Banelli E: *The role of the media in steering public opinion on healthcare issues. Health Policy* 2003; 63:179-186.
4. Basu D: *Quality of life issues in mental health care: Past, present and future. German J Psychiatry* 2004; 7:35-43.
5. Campbell NN, Heath J, Bouknight J, Rudd K & Pender J: *Speaking Out For Mental Health: Collaboratio of Future Journalists and Psychiatrists. Academic Psychiatry* 2009; 33-2.
6. Cooper B: *Public-health psychiatry in toda's Europe: acope and limitations. Social Psychiatry & Psychiatric Epidemiology* 2001; 36:169-176
7. Curtice MJ & Exworthy T: *FREDA: a human rights-based approach to health care. The Psychiatrist* 2010; 34:150-156.
8. Filipčić I, Pavičić D, Filipčić A, Hotujac Lj, Begić D, Grubišin J & Đorđević V: *Attitudes of Medical Staff Towards the Psychiatric Label "Schizophrenic Patient" Tested by an Anti-Stigma Questionnaire. Coll. Antropol.* 2003; 1:301-307.
9. Fulford KWM, Thornton T & Graham G: *Oxford Textbook of Philosophy and Psychiatry. Oxford University Press, 2006.*

10. Ghaemi SN: *The Concepts of Psychiatry – A Pluralistic Approach to the Mind and Mental Illness: The John Hopkins University Press, Baltimore & London, 2003.*
11. Halpert HP: *Public relations in mental health programs. Public Health Reports* 1965; 80:195-200.
12. Jakovljević M: *Modern psychopharmacotherapy and new concepts of treatment: From treatment nihilism to treatment renaissance and complete reintegration. Psychiatria Danubina* 2005; 17:243-245.
13. Jakovljević M: *The brave new psychiatry: beyond modernism, antimodernism and postmodernism in psychiatry, Psychiatria Danubina* 2007; 19:122-129.
14. Jakovljević M: *Transdisciplinary holistic integrative psychiatry – A wishful thinking or reality? Psychiatria Danubina* 2008; 20:341-348.
15. Katschnig H: *Are psychiatrists an endangered species? Observations on internal and external challenges to the profession. World Psychiatry* 2010; 9:21-28.
16. Kutner L & Beresin EV: *Media Training for Psychiatry Residents. Academic Psychiatry* 1999; 23-4.
17. Lewis B. *Psychiatry and postmodern theory. Journal of Medical Humanities* 2000; 21:71-84.
18. Lolas F: *Psychiatry: a specialized profession or a medical specialty? World Psychiatry* 2010; 9:34-35.
19. Stanghellini G & Ballerini M: *Values in persons with schizophrenia. Schizophrenia Bulletin* 2007; 33:131-141.
20. UofT (University of Toronto, Quality of Life Research Unit): *Quality of Life: How Good is Life for You? <http://www.utoronto.ca/qol/>. Retrieved: October, 2009.*
21. U.S. Department of Health and Human Services – SAMHSA's Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health: *The Power of the Media and Its Impact on Mental Health Recovery, March 26, 2010. <http://www.promoteacceptance.samhsa.gov/>*
22. Warner R: *Does the scientific evidence support the recovery model? The Psychiatrist* 2010; 34:3-5.

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