



## Editorial

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## EDITORIAL

The relationship between the arts, especially films and psychiatry, has often been an ambivalent one. Psychiatrists have criticized films for portraying mental illness in a comic, villainous or inaccurate manner, whereas film makers have defended their methods of production of films by suggesting that those films in mainstream cinema at least are meant for entertainment and financial gains and not necessarily for educating the public about mental illness. In the last quarter of a century psychiatrists have attempted to use films as tools for educating medical students and trainees in psychiatry for a number of conditions and situations. These include using them to understand personality disorders, assessment of mental state, response of others to the mentally ill and mental illness. These have also been used to study the relationships between the therapist and the patient, especially focusing on issues of transference and counter-transference. However, even within psychiatry there are two groups: those who see such portrayals as tools for teaching and learning and those who argue that this approach dumps training down. Thus this ambivalent relationship needs to be recognized and resolved to some degree. This volume is an attempt to bring together the portrayal of mental illness in films across the globe – from Hollywood to Bollywood. We have been fortunate in bringing together an array of experts who have covered areas as disparate as the portrayal of ECT and addictions in films, the use of films in education and portrayal of mental illness in three regional Indian cinema industries.

The portrayal of mental illness in films can be negative for a variety of reasons, with the mentally ill often being portrayed as villains or objects of buffoonery. This has been the case since the beginning of cinema. Occasionally, however, a good therapist emerges who can be seen to change the life of a patient. The portrayal of ECT and associated negative connotations were seen most powerfully in films such as *One Flew over the Cuckoo's Nest*, which influenced public attitudes leading to changes in the law regarding the use of ECT in several countries with a reduction in the number of ECTs being given. In addition, the role of portrayal of substance abuse, including nicotine and alcohol, has led to changes in consumption of these substances. In some countries

governments have restricted the depiction of smoking in films and have also recommended that film actors reduce their smoking in public to protect impressionable members of public.

In the last 10–15 years an increasing emphasis has been given in the USA to the use of films in teaching psychopathology to medical students as well as to other mental health professionals, including psychiatric trainees, nurses and others. This approach is relatively recent in the UK. Some work has indicated that couple therapists can use films to illustrate relationship difficulties in the therapy sessions and then ask the couple to see specifically advised films and come back for detailed further discussion. Similarly cinematherapy as a term has been used to work with teenagers to deal with relationship and individuation issues. Recently, films have been used to build virtues and character strengths (Niemic & Wedding, 2008). These authors, for example, have used positive psychology models to illustrate a number of strengths such as wisdom, knowledge, courage, humanity, justice, etc. Such an approach also looks at issues such as love, kindness, citizenship, hope, humour and spirituality, which can then be developed using models from films. There is no doubt that some of these models are fictional but using the formula of studying and learning from folk tales and fairy tales where specific morals can be understood and explained.

A key advantage of films as an approach in teaching mental illness is that their use does not involve encroaching on the confidentiality of a real patient. In addition the 'patient' can be seen interacting with others around them giving a clearer understanding of the impact of the illness on others. Unlike clinical consultations in very narrow settings focusing on symptoms and treatment which are time-limited, this gives a wider picture on the lives and interactions of people with mental illness.

Films can be used to illustrate the story through various components such as music, mood, atmosphere, etc. (Wedding, Boyd, Niemic, 2005). As these authors indicate, the ability to share and comprehend subjective experiences through empathic interpretation of the language of the face is clearly evident in silent films and close-ups. Furthermore, a cultural impact of the expressions

and what culture allows people to express and how they do it plays a significant role in films and consequently our understanding of these films. In this volume we do not propose to use the cinematic elements to illustrate our points but highlight simply our broad understanding of the portrayal of the characters in these films and how very simply these can be used to illustrate psychopathology.

In recent times in the UK as a result of changes in curricula and training, third and fourth year medical students are expected to learn various topics and subjects through the use of Special Study Modules which may teach about specific medical or psychiatric conditions or medical sub-specialities. Among others, two medical schools in London have developed modules on the use of films in teaching psychiatric disorders – two short papers describing the setting up of these courses are presented in this volume. Also, the result of the course work is illustrated by several medical students in their short reports which appear later in this volume.

There are of course criticisms of such an approach, including that as films are unreal their portrayal may intensify the misunderstanding of and the stigma associated with mental illness. We hope that this volume creates the possibility of future

deliberations and discussions so that both sides (film makers and clinicians) can learn from each other and a serious attempt can be made to reduce mis-portrayal and stigma, and increase the approval and positive awareness of mental illness in our society.

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