



Talking about stigma towards mental health professionals with psychiatry trainees: A movie club approach

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ABSTRACT

Psychiatry as a discipline is often perceived as 'different' by other medical professionals as much as by a common man. This perception of 'difference' may give rise to stigma both towards mental illness and to mental health professionals. Mental health professionals are thus both recipients of stigma and agents who can de-stigmatize psychiatry. A psychiatry movie club approach can be a very useful learning experience to understand various aspects of this stigmatization process. This paper presents a brief account of such an endeavour in which the film *Gothika* (2003) was used to help psychiatry trainees talk about their experiences with stigma towards mental illness as well as their profession.

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1. Introduction

Psychiatry itself has given rise to many misunderstandings about mental illness owing to various discredited psychiatric practices and ideas in the past, such as frontal lobotomy, treatments for homosexuality, moon and womb theories (Byrne, 2000). It is likely that in the beginning, these misunderstandings may have contributed to stigma towards mental illness and psychiatry as a whole. This stigma persists till date in spite of more evidence-based treatment methods available in psychiatry today. The word 'stigma', originally referring to a mark on the Greek slaves that made them stand out from other free men, in common usage indicates disgrace (Gray, 2002). Stigma can be of two types: felt stigma (internal stigma) and enacted stigma (external stigma) (Scambler, 1998). The latter refers to discrimination and the experience of unfair treatment by others. Even today in the 21st century, psychiatry faces a serious issue of stigma towards mental illness and the mental health professionals especially in developing countries such as India (Jadhav et al., 2007; Jugal et al., 2007; Murthy, 2002).

The author sought to explore the experiences of enacted stigma in psychiatry trainees through a psychiatry movie club approach. A detailed discussion about setting up a psychiatry movie club to

train psychiatry trainees can be found in another paper by the same author (Kalra, 2011). This paper discusses the intricacies of setting up a movie club that may help psychiatry trainees understand and talk about stigma issues that surround mental health and mental health professionals today especially in the developing world. Although the experience of stigma in psychiatric illness may be universal (Murthy, 2002), this paper focuses on stigma in the Indian context and it may be interesting to see the findings of a similar endeavour in other countries.

2. Lights, camera and action: setting the scene

Gothika (2003)¹ is a ghost story about Dr. Miranda Grey (Halle Berry), a female psychiatrist working in a penitentiary who wakes up mentally ill in a mental hospital after being injured in a car accident. Once an astute mental health professional interpreting patient's mental states, Dr. Grey is now trying to understand her own mental state, receiving haloperidol and lorazepam herself. To complicate things further, her husband Doug (Charles Dutton) has been murdered within the same time frame as that of her car accident and she is the primary suspect in this murder. This film raises the sensitive issue of mental illness in medical practitioners in general and mental health professionals in specific. There are a

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¹ *Gothika*. Release year: 2003. Language: English. Director: Mathieu Kassovitz. Actors: Halle Berry, Robert Downey Jr., Charles S. Dutton, Penelope Cruz.

few other more dramatic and gory films that deal with similar issues such as *Dressed to Kill* (1980) and *The Silence of the Lambs* (1991); however, *Gothika* was chosen as it was recent and had an interesting plot. This film tangentially deals with a psychiatrist suspected of having a mental illness and is in effect a sensationalistic ghost story with a sometimes-circumstantial depiction of facts. It is important to note how films based on psychiatry may usually have paranormal scripts and may often be sensationalized so as to generate interest in public and profit at the box office (Greenberg, 2009). This film was a personal choice of the author and readers are encouraged to select their own films for similar ventures. Readers are also advised to use the film with caution as it may lead to unintended misconceptions about psychiatric trainees as being 'weird' or 'eccentric' and psychiatry profession as being full of paranormal things. Use of this film as a trigger for reflective discussion on issues of stigma may reduce the risk of adverse consequences of teaching with films (Ramchandani, 2012).

A total of 11 psychiatry trainees voluntarily attended this club. These trainees comprised four trainees who had joined the psychiatry training two months back, while the rest were trainees for about two or more years. Any prior bias regarding psychiatry within these trainees was not assessed by the author as it was not a part of the movie club. The movie club started with a general discussion, wherein the trainees were asked if they were aware of any medical practitioner with a list of psychiatric disorders ranging from schizophrenia and depression to substance use disorders and anxiety disorders. The question was then repeated regarding psychiatrists with the same list of psychiatric disorders, to which there were general whispers, giggles and head-nods but no clear answers. To both these questions, trainees were allowed to describe some of such individual's course of the disorder or psychopathology, but were asked not to reveal names as there were confidentiality issues involved. Next, the trainees were asked various questions (see Box 1) that helped them open up about the issue of stigma towards psychiatry as a specialty. The questions were initially open-ended and later on close-ended to elicit more specific responses, some of which have been presented in Box 2. These questions were either self-prepared or selected from various sources (Jugal et al., 2007; Pailhez et al., 2010; Roberts, 2010); all of

Box 1. Questions posed to trainees in the Psychiatry Movie Club.

1. Why did you choose psychiatry as a discipline for training?
2. What were the different types of initial reactions of your acquaintances and family or friends when you expressed interest in psychiatry?
3. Following are true for how many of you?
 - When you expressed interest in psychiatry, you were seen as odd and eccentric.
 - You were told that since you could not obtain a residency position in other specialty, you eventually took up psychiatry.^a
4. For how many of you, your family/friends/colleagues discouraged you from joining psychiatry?
5. How many of you heard this?
 - In psychiatric wards, you cannot tell the staff from the patients and the only difference between a psychiatrist and a psychiatric patient is that of an apron!!
 - Are not all psychiatrists mad?
 - Psychiatrists are mentally unwell before they enter the profession or they become mad by virtue of engaging in psychiatric practice.

^a This question is specifically applicable to the Indian medical examination system which consists of appearing for a competitive examination in order to gain admission to post-graduate courses of one's choice. The ones who score better usually enter into high-demand disciplines such as radio-diagnosis, and orthopaedics, while those who score less may go in for para-clinical and non-clinical disciplines such as anatomy and physiology.

Box 2. Trainees' responses to questions from Box 1.

Responses to Q.1: Interest in the specialty; interest in the way psychiatrists deal with patients; this being the only specialty that takes a holistic approach to a patient.
 Responses to Q.2: They were shocked; they laughed at us; they often said: 'only' you could have thought of opting for this specialty.
 Responses to Q.3: All trainees responded yes to the first sub-question. For the second sub-question, only 4 out of the 11 trainees said yes.
 Responses to Q.4: All trainees responded yes to this question.
 Responses to Q.5: All trainees responded yes to all three sub-questions.

Box 3. Predetermined pauses at specific clips in the film^a.

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|-------------|--|
| 1. 00:16:33 | Dr. Grey wakes up in her cell in the mental institute and knocks on the cell door asking for help. |
| 2. 00:22:18 | Dr. Grey is told by Dr. Pete Graham that she is the primary suspect for her husband Doug's murder after which she is sedated by the orderly. |
| 3. 00:30:40 | Dr. Grey lies naked on the floor of the bathroom bleeding after experiencing the ghost of the girl and getting slashes on her wrist. |
| 4. 00:55:13 | Chloe embraces Miranda and says that the rapist said '...you are next...' |
| 5. 01:14:50 | Dr. Grey opens up the basement door at the Willow Creek house to enter into the basement. |

^a Some of these pauses may not be appropriate in certain cultures as they may involve nudity or cuss words. It is left to the discretion of the educator to either skip these pauses or issue a blanket caveat at the beginning of the film screening.

them may not be ideal for discussion in various settings. These are presented here as a guide and others interested to replicate this work may come up with their own set of questions relevant to their socio-cultural context. This paper describes a pilot project and the questions used in it were not validated previously.

The film was then screened with pauses at appropriate predetermined clip timings (see Box 3) during which the trainees were encouraged to discuss their personal experiences regarding stigma from others that included their family, friends and medical colleagues. This was done in order to make the film screening more interesting since the pauses increased the levels of curiosity and suspense, and it also gave trainees time to share their experiences. These pauses were a personal choice and trainers wanting to reproduce this work may select their own pauses.

A few important preselected papers (Aghukwa, 2010; Balon et al., 1999; El-Gilany et al., 2010; Jugal et al., 2007; Pailhez et al., 2010; Roberts, 2010; Rosen et al., 2009; Voinescu et al., 2010; Walter, 1989; Wilson et al., 2009) discussing the issue of mentally ill health-care professionals and stigma towards psychiatry were reviewed by the trainees as a sequel to the film club in order to encourage further discussion and understand stigma towards psychiatry in various other countries.

3. Discussion themes

This movie club was aimed at encouraging trainees to speak about 'how they felt being in this specialty'. Stigma and the psychiatric profession share a complex relationship, with its members simultaneously being stigma recipients and powerful agents of de-stigmatization (Schulze, 2007). Throughout the discussion, trainees agreed that psychiatry as a specialty still has stigma attached to it. Some trainees said that they were 'perceived as different' by their colleagues and it is important to note

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