

Y. Hameed<sup>1</sup>, B. Walden<sup>1</sup>

<sup>1</sup>Eastern Recovery Team, Norfolk and Suffolk NHS Trust, Norwich, United Kingdom

---

Why films?

Films are powerful medium, art, entertainment, an industry and an instrument of social change, it is also a ruthless commercial enterprise, driven by populism and low cunning: 'follow the money' is the first rule of movie psychiatry.

Over the years the image of psychiatry in films has struggled and, from an early start, the role of psychiatry was unfortunately often used for shock value. The incorrect portrayal of patients as either incurable or violent has been a recurrent theme, and psychiatrists have been depicted as incompetent, controlling or downright nasty. No wonder psychiatry is still affected by stigma!

However, some authors have advocated that films can actually be useful learning tools for medical students and psychiatric trainees to teach them about certain aspects of psychiatry: watching a film is useful when learning about mental state examination, how to reach a diagnosis, doctor-patient interactions and personality disorder.

Films can be used in teaching different subjects, including psychology (Fleming *et al*, 1990), developmental psychopathology (Nissim-Sabat, 1979), and individual and couple therapy (Hesley & Hesley, 2001). Fritz (1979) has argued that films, through their visual imagery, are closely related to dreams and therefore more likely to attune with the viewers' unconscious and primary process thinking.

A disadvantage of using films can be the distortion and stigmatising portrayal of mental illness (Levine, 2000).