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The Effect of Movie Portrayals of Therapy and Therapists on College Students' View of Therapy and Therapists

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ABSTRACT

This study was undertaken to explore the effects of movie portrayals of therapy and therapists on the public's view of therapy and therapists. It was hypothesized that much of the information that forms individuals' views of therapy comes from the media, specifically the portrayals they see in movies.

To explore to what extent subjects felt their impressions of therapy and therapists were informed by movies and by other sources, volunteers were enlisted to fill out questionnaires. The questionnaire asked subjects to identify and then describe the sources of information that they felt have formed their understanding of therapy and therapists.

The major finding of the study was that subjects who reported having had personal experience with therapy had a more realistic understanding of therapy. Content analysis of open-ended questions was conducted to determine if any specific movie portrayals resulted in positive or negative impressions of therapy, but no significant relationship was found.

This study supports the need for further research to explore to what extent unrealistic movie portrayals of therapy and therapists affect the public's view of therapy. If further research demonstrates that negative portrayals of therapists in the media influence the public's view, the professionals who practice therapy may want to consider combating the effect of these portrayals in some way.

THE EFFECT OF MOVIE PORTRAYALS OF THERAPY AND THERAPISTS

ON COLLEGE STUDENTS' VIEWS OF THERAPY AND THERAPISTS

A project based upon an independent investigation,
submitted in   partial fulfillment of the requirements
for the degree of Master of Social Work.

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1994

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CHAPTER I

INTRODUCTION

Motion pictures and psychoanalysis have been intertwined since both became popular around the beginning of this century. While movies have portrayed psychoanalysis and psychotherapists since the early nineteen-hundreds, analysts and therapists have been psychoanalyzing movies for at least the past several decades. Numerous books and articles point to the fact that mass media, including movies, play a part in how members of a society think and behave (De Fleur & Ball-Rokeach, 1975).

Movies may offer a view of familiar events and circumstances or may provide the general public with information that it does not get in day to day life. Studies have been done that have measured the influence of motion pictures on mood and judgments (Forgas & Moylan, 1987; Van Rooijen & Vlaander, 1984), but none seem to measure anything as specific as the effect motion pictures might have on a potential client's view of psychotherapy. Because it has been found that movies can be very influential in various ways, and because of the questionable practices undertaken by therapists in many popular films, an assessment of their effect on the general public's perception of therapy is something that will be of use to the social work profession.

When the average person calls a community mental health clinic to set up her first appointment for therapy, she often seems to be under the impression that she will be seeing a psychiatrist. This has been the case with numerous clients at both of the agencies at which this writer has interned. Clinical social work colleagues at both agencies have also reported that clients often initially think that because a person is a therapist, she must be a psychiatrist. When the average potential client thinks about therapists, it is doubtful that he or she differentiates between therapists that are

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psychiatrists, psychologists, or clinical social workers. Because clinical social workers conduct much of the psychotherapy that is done in this country, and because clients do not always start out knowing whether they are seeing a psychiatrist, psychologist or clinical social worker, knowledge about how the general consumer forms his or her views of therapists may provide something of value to the profession of social work.

In addition to this, because some clients of social workers may also see psychiatrists and be wary of or have unrealistic expectations of seeing a psychiatrist, how movies affect the public's view of psychiatry should be explored by the social work profession so that we can better understand and best serve our clients.

This study was undertaken to explore to what extent individuals get their impressions and understanding about therapy from the portrayals of therapists they see in the movies. Of specific interest were the relationships between personal experience in therapy and individuals positive or negative and realistic or unrealistic views of therapy. The relationships between specific movie portrayals and the impressions of therapy as reported by individuals who had viewed those portrayals was studied as well.

Data were collected through questionnaires that were distributed to volunteers from undergraduate Philosophy classes at a large state university. Data from the questionnaires were analyzed both with the use of statistics and through content analysis.

CHAPTER II

LITERATURE REVIEW

The literature review will begin with a discussion of some of the literature on mass communication and the varying perspectives on how media is seen to influence people. Several studies that have measured some short term and longer term effects of movies will be discussed and several studies that discuss the effects of media on children will be examined. The effect of a specific movie, The Snake Pit, is discussed by Michael Shortland (1987) in an article on the history of therapy in the movies, for the great effect it had on the general public immediately after its release in 1948, and that discussion will be presented. There will be a discussion of the types of psychiatrists usually portrayed in the movies and some examples from well known movies will be given. Finally there will be a discussion of an article that lists common misconceptions often portrayed in movies about therapy and therapists. Lastly, there will be some examples of ways in which clients' viewing of movie portrayals of therapists has indeed influenced their experiences of therapy and their decisions about whether or not to accept various interventions.

Mass Communication

In their book Theories of Mass Communication, De Fleur and Ball-Rokeach (1975) discuss the three most important prevailing perspectives on how people encounter the media: the individual differences perspective, the social categories perspective, and the social relations perspective. These perspectives

take into account psychological and social variables and begin from the assumption that individuals are influenced by various forms of mass media.

The individual differences perspective (De Fleur & Ball-Rokeach, 1975) stresses the fact that people come in contact with media from numerous different perspectives, and holds that differences in past experiences, prior learning, and different personality styles all affect how an individual encounters or is influenced by media. This perspective borrows from social psychology the belief that individuals selectively attend to messages in media that are "related to their interests, consistent with their attitudes, congruent with their beliefs, and supportive of their values" (p. 205). This perspective would see individuals as being influenced by different aspects of a movie because of their unique perspective on the movie and on the world.

The social categories perspective (De Fleur & Ball-Rokeach, 1975) adheres to the belief that there are social categories or aggregates that will respond to media in a uniform way when presented with the same stimuli. This perspective sees all readers of a certain magazine as being similar and therefore likely to be influenced by a certain ad in a similar way. This perspective might assume, for example, that young men, who make up the largest part of the audience for violent action movies, will be affected in similar ways by viewing such movies.

The social relations perspective (De Fleur & Ball-Rokeach, 1975) takes into account the interaction of the members of the audience of any given mode of media. This perspective holds that it is those interactions that have the greatest impact on each member's experience of and influence by the stimuli. This is difficult to account for when considering the influence of motion pictures on individuals' views of relationships or activities portrayed in movies because

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viewing a movie is usually done without much interaction during the movie itself. Discussion between viewers of the same movie after they've seen it might be described as interaction and therefore could fit the requirements for the social relations perspective of how people encounter and are influenced by media.

Effects of Mass Communication

In their article Dramatic Induction of Depressive Mood (1984), Van Rooijen and Vlaander describe their study of the effects of seeing either a sad or a neutral movie on the depressive moods or feelings of subjects. They used VROPSOM lists, the Dutch version of the Depression Adjective Checklists, to both pre-test and post-test subjects who were shown either of two twenty minute films. One film, the sad one, was a documentary on bereavement therapy as gone through by a woman who lost both her mother and her daughter in a fire. The neutral film was an instructional film called Cops on Their Beat. The post tests showed that subjects who were shown the sad movie clearly tested as having more depressed moods than those who had seen the neutral film. The study did not, however, measure the long term effects of seeing either movie and did not mention having anything in place to help debrief subjects after a depressive mood had been induced. So although it is not clear how long the induced mood lasted, there was no question that in this study a film did influence the feelings of subjects who saw it.

In their article After the Movies: Transient Mood and Social Judgments, Forgas and Moylan (1987) write about their study testing the effects of seeing different types of movies on a broad spectrum of everyday social judgments made by their subjects. They cite numerous studies that support the idea that

transient mood has a significant effect on various decisions and judgments that people make all the time. If this is the case, and moods can be induced so easily through movies, then the types of movies seen by subjects can and do have a substantial influence on the judgments made by those subjects.

In this study, Forgas and Moylan (1987) classified current popular movies into three categories - sad, happy, and aggressive; and then chose, from each category, four movies which the writers felt would produce an "unambiguous and enduring mood state". The films included (1) happy films (Beverly Hills Cop, Police Academy II, Back to the Future, Brewster's Millions); (2) sad films (Dance with a Stranger, Mask, Birdy, Killing Fields); and (3) aggressive films (First Blood, Rambo, Mad Max II, Mad Max III). These selections were validated by subjects' responses as they rated their moods after leaving the films.

Moviegoers leaving the films (at randomly chosen theaters the mix of which included both urban, suburban, and rural, as well as small single-movie and large multiplex theaters) were approached by experimenters, who were blind to the hypothesis, and asked to fill out a short public-opinion-survey-type questionnaire. The questions represented four judgmental categories: political judgments, judgments of responsibility and guilt, judgments of the likelihood of future events, and judgments of satisfaction with personal and work life. Judgments were collected in the form of a bipolar 7-point scale and the experimenters tried to make educated guesses about certain broad demographic information.

The study supported the writers' hypothesis that subjects' judgments would be affected by their transient moods, which had been induced by the movies they had just seen. People who had seen a happy film rated much more positively on all judgment categories than did people who had seen sad or aggressive films.

Overall, judgments were more positive, optimistic and lenient after happy movies, and more negative, pessimistic, and critical after sad or aggressive movies. It can be seen by these studies that movies can and do affect the moods of the people who see them. Although these studies do not consider the long range effect of these films, that is something that can be considered in the future.

Buef's 1974 study on how media affects the perceived sex roles and career aspirations of children between the ages of 3 and 6 found a high correlation between heavy television viewing in young subjects and their selecting stereotypical careers for themselves when asked what they wanted to be when they grew up. Children who viewed only a moderate amount of television chose a wider range of careers for themselves and were less likely to choose stereotypical careers than were the heavy viewers. This study supports the concept that media affects individual's thinking, views, and aspirations from even a very young age. Although this study concerned TV rather than movies, it does show how incorrect information seen in the media (stereotyped role models, unrealistic portrayals of therapists, etc.) can and does get taken in by its viewers and then goes on to affect the decisions those viewers make.

Researchers Malamuth and Check (1981) conducted a study on the effect on subjects of exposure to films in which sexual violence against women is portrayed as having positive consequences. The subjects in this study were two hundred and seventy-one male and female college students. They were randomly assigned either to a group seeing violent-sexual feature length movies or to a group seeing control feature length movies. The subjects were then asked to fill out movie rating forms. A week later the subjects were approached in their classes and asked to fill out seemingly unrelated questionnaires. Students in the classes that had not seen the movies served as a control group. The

questionnaire contained scales assessing the acceptance of interpersonal violence against women, acceptance of rape myths, and beliefs in adversarial sexual relations. The results indicated that "exposure to the films portraying violent sexuality increased male subject's acceptance of interpersonal violence against women" (p. 436). Female subjects were affected in the opposite way and those who saw the violent-sexual films were less accepting of interpersonal violence and rape myths. Because the questionnaire in this study was administered several days after the movies were viewed, it was one of the first studies to show the long range impact of movies on beliefs held days after the movies were seen. If attitudes about acceptance of violence can so clearly be affected by viewing a movie, it seems reasonable to expect that attitudes about other things can be affected as well - including attitudes about therapy and therapists.

Because the relationship between television violence and viewer aggression has been so well established, some researchers began to study the potential of television for teaching prosocial behavior. Baran, Chase, and Courtright (1979) carried out a study where they showed elementary school children one of two different videotapes. One videotape was of the television drama "The Waltons"; this video showed increased cooperation between individuals resulting in success with problem-solving. A second videotape showed three adults engaged in a problem solving situation and showed that success was achieved only with an individual, non cooperative solution. There was a control group that did not see any videotape.

After viewing the videotapes, children were interviewed and asked what they would do in the Prisoner's Dilemma Game. After leaving the interview room they were confronted in the hallway by a confederate who dropped a pile of books

on the floor. Researchers were interested in whether children said they would cooperate or not in the prisoner's dilemma game but they were even more interested in the children's behavior when presented with a opportunity to lend assistance to another person. Children who viewed the cooperative video were found to be more cooperative in their responses to the prisoner's dilemma game and this tendency toward cooperation generalized to another prosocial behavior - that of helping a stranger pick up the dropped books. This study shows that individuals are affected by more than simply violence in the media, they can also be affected by viewing prosocial behavior in such a way that they will engage in more prosocial behavior themselves.

In an article presenting the preliminary findings from a major study of police service to the elderly (Schack & Frank, 1978), there is a discussion about how the media effects the publics' expectations of police service. The article explores the reasons that a large portion of the elderly feel dissatisfaction with the police service they recieve. The study found that the "glamourized role of television police" (p. 81) caused increased unrealistic expectations from the population of the elderly that make the most use of police service. This is one example of how portrayals of professionals seen in the media effect the public's experctation of how members of a profession should act.

A more relevant example of the ways in which movies influence the public can be seen by the horrified reaction of the public to the 1948 film Snake Pit (Shortland, 1987). This movie, created from a best selling book, was a fictional account of the horrors of life in an American mental hospital during the nineteen-forties. Although the book was based loosely on the author's own experiences after a mental breakdown, the film was most certainly fictional. The reaction to the film, however, was striking; the film was written about and treated as though it

were a documentary. There were cases of people becoming mentally unstable after viewing the movie and newspapers of the day carried warnings against "mentally unstable" people seeing the film. Numerous organizations tried to ban the movie and it was banned in certain states. Clearly this movie created a tremendous reaction and probably had a long range effect on peoples' views of both mental illness and mental hospitals.

Therapy and Therapists in the Movies

The New York Times printed a column in 1992 in which notable American psychiatrists commented on the portrayal of a psychiatrist in the recent popular movie Prince of Tides. Dr. Paul Fink, the chairman of the department of psychiatry at the Albert Einstein Medical Center in Philadelphia is quoted as saying:

> The actor Richard Dreyfuss once said 'Our job is to make good films, not to worry about the image of psychiatrists.' That's true, but for thousands of people who see this film, Lowenstein's behavior will be seen as the truth about the way psychiatrists act....it will be hard to distinguish between the dramatic conceits and the reality. (McDonagh, 1992)

It seems apparent that psychiatrists think that movies shape the general public's view of therapy and therapists. They probably see clients who come in with preconceived ideas about and expectations of therapy that come from movies clients have seen.

There have been numerous articles (Greenberg, 1990; Schneider, 1977 & 1987; Shortland, 1987) and books (Gabbard & Gabbard, 1987) written on the history of psychiatrists in the movies. In The Theory and Practice of Movie Psychiatry, Irving Schneider (1977) writes:

The depiction of psychiatry in the movies has been a source of concern over the years to many in the profession who feel that a false picture of psychiatrists' work has been presented to the public. In fact, psychiatry in the movies has developed its own characteristics, which only occasionally intersect with those of the real life profession. (p.996)

He goes on to distinguish between the three types of psychiatrists that he sees movies as portraying. The first type of movie psychiatrist Schneider writes about is "Dr. Dippy", a wacky man who appears to be far crazier than his patients. Dr. Dippy's treatment methods usually seem bizarre and paradoxical but they never do any harm. In the end it seems that Dr. Dippy's patients are not really crazy after all, or if they are they are still wiser and more sensitive than their doctor. An example of Dr. Dippy is the character played by Mel Brooks in the 1977 movie High Anxiety.

According to Schneider (1977) the second type of movie psychiatrist is "Dr. Wonderful". Dr. Wonderful is always warm, humane, modest and caring, and always available for his patients. He is especially adept at making the perfect interpretation at precisely the right moment or at uncovering the single traumatic event that is at the core of his patients' difficulties. An example of a recent Dr. Wonderful is the character played by Judd Hirsh in the 1980 film Ordinary People.

The third type of movie psychiatrist, according to Schneider, (1977) is "Dr. Evil". There are several subtypes of Dr. Evil but they all share certain characteristics. They all are willing to use coercive tools that are available to psychiatry and regularly use commitment to institutions, ECT, heavy medication, and experimentation to suit their own sadistic or power-hungry desires. An especially horrific example of Dr. Evil is the doctor played by Michael Caine in the 1980 movie Dressed to Kill.

In a 1992 Washington Post article entitled Lights! Camera! Loonies! Why this parade of creepy, slimy shrinks?, Amy Cunningham comments on the

unrealistic portrayals of therapists and therapy in recent popular movies. She lists what she believes are the eight most blatant misconceptions about therapy that can be gotten from movies.

Cunningham (1992) lists the first misconception as "Therapists love nothing more than to lure their clients into bed." (p.C3) She goes on to quote a 1986 study that found that very few psychiatrists reported having had sexual contact with any clients during the course of their careers and that far fewer female psychiatrists reported having sexual contact with clients than did male psychiatrists. Movies, on the other hand, portray female therapists having sexual contact with male clients twice as often as they portray the reverse. Even if one were to assume that psychiatrists or other therapists might under report any sexual contact with clients, it seems very unlikely that it could be happening as often as movie portrayals would lead a viewer to believe. Perhaps potential clients might avoid ever pursuing therapy if they believe that so many therapists engage in sexual contact with their clients.

A second misconception Cunningham (1992) writes about is: "All therapists are Freudian. What else is there?" She lists numerous movie therapists who are made to seem unlikable because they practice only in the movie version of strict "Freudian" style; a style in which the therapist is seen as being cold, unresponsive, and uncaring. In reality therapists practice many different types of therapy and Cunningham notes that television portrays a much wider range of styles and orientations.

The third misconception Cunningham (1992) mentions is that "Therapists move around a lot and moonlight as private eyes." She lists such movies as Spellbound, Psycho II, Agnes of God, and Sybil and writes that in some movies "the therapists get so involved in their cases that they end up sleuthing around at

crazy hours like Basil Rathbone pursuing the Baskerville hounds" (p. C3). It is speculated by Cunningham that filming therapy as it really happens would be too boring for movies, but that TV seems to be a better medium for realistically portraying of therapy and that it does a better job of doing so.

Cunningham (1992) lists as the fourth misconception that "Therapists lead desperately unhappy, meaningless lives." Movies often portray therapists as dull unhappy people who live life through their clients, and who are often wounded themselves. She speculates that this may be to diminish therapists and may make the process of therapy seem less intimidating.

The fifth misconception Cunningham (1992) lists is that "Therapists frequently use their power to evil ends." The movie therapists portraying this trait would be what Irving Schneider would call a Dr. Evil (1977). If potential clients were to believe the portrayals of these types of therapists they see in the movies, they would probably be too frightened to open themselves up to the perceived danger of seeing a therapist.

In her article Cunningham (1992) lists as the sixth misconception that "All of therapy springs from the release of one memory." While this misconception appeals to our desire for a 'quick fix', it is unrealistic. Potential clients who expect to be "cured" by the realization or recovery of a single memory, will be disappointed when they find this does not happen. Perhaps they would have such an unrealistic idea of how therapy works, that they would be disappointed with the therapist and, if their unrealistic expectation persists, switch to another therapist or leave therapy all together.

Cunningham (1992) lists the seventh misconception as "Therapy takes forever and you'll never change." This idea is usually treated in a comical way but Cunningham writes that it is the one misconception that comes closest to the

truth because, in her opinion, therapy takes longer than one usually thinks it will and even then the changes are usually fairly small. If one were to have a realistic sense of how therapy works and the time it takes to effect change, potential clients would be in a better position to evaluate unrealistic movie portrayals and to enter therapy with realistic expectations and a realistic time frame.

The final misconception listed in Cunningham's article (1992) is that: "The examined life isn't worth living anyway. You're better off crazy." This idea is seen in movies that lead the viewer to believe that the unaware or "creative crazies" are really saner than everyone else. While this view in some ways seems charming and innocent, it may keep potential clients from seeking services that may result in greater growth and contentment in their lives.

Some of the ideas discussed in Cunningham's article (1992) may appear comical to those truly familiar with therapy and therapists, but to others who have no other sources of information to help form their impressions, movies provide what might seem like a believable view of how therapy works and how therapists operate.

Clinical Implications

To those unfamiliar with or uninformed about how therapy works and how therapists operate, "the psychiatrist in the cinema is the psychiatric Everyman" (Gabbard & Gabbard, 1987, p.164). In Psychiatry and Cinema (1987), Gabbard and Gabbard recount numerous examples of clients being influenced both consciously and unconsciously by the images of therapy and therapists they have seen in the movies. They describe the case of a man negatively affected by a movie portrayal who revoked his previously given consent to undergo

electroconvulsive therapy after seeing the movie One Flew Over the Cuckoos Nest and thereby did not receive a needed and clearly indicated intervention. Another client, affected by a seemingly positive portrayal of the therapist played by Judd Hirsh in the film Ordinary People, constantly compared her therapist to the portrayal in the movie and was constantly disappointed when her own therapist did not fit the image of a therapist that she had gotten from the movie. Gabbard and Gabbard recommend that therapists keep up with the portrayals their clients see in popular movies so that they can be prepared to better understand the meaning of these images to their clients (p.169).

Gabbard and Gabbard discuss the effect of portrayals on potential therapists and practicing therapists as well. They speculate that numerous individuals base their decisions to become therapists or not to become therapists largely on their image of therapists, and their images are no doubt partly formed out of movie portrayals they see and hear about. They write:

> One can only speculate on how many therapists may secretly have nagging doubts that they are not living up to the standards of their favorite movie psychiatrist. The influence of cinematic portrayals of psychiatry cannot, then, be dismissed as trivial. Its impact on patient, therapist, and the treatment itself may be protean and elusive at times, but it is a significant and far reaching one. (p. 170-171)

Because many clients do not know what type of therapist (psychiatrist, psychologist, clinical social worker) they are seeing until they have actually begun in treatment, the fact that most of the literature is about psychiatrist portrayals seems of little importance. The same effects are likely to be seen in the clients and potential clients of clinical social workers.

Because we can see that movies do influence people and because numerous popular movies contain depictions of psychiatrists who behave very

differently from the ways that non-movie psychiatrists and therapists do, one wonders how these movies affect the public's view of therapy in general and the practitioners of it.

From this review of literature one can see that media and movies have the capacity to affect viewers in numerous ways. Movies that portray therapists and therapy probably do contribute to the general public's view of them, and in cases where the portrayals are unrealistic, that may prevent potential clients from ever seeking therapy or result in their having unrealistic expectations should they enter therapy in the future. The goal of this project is to provide a better understanding of the extent to which the general public is influenced by these portrayals in movies.

CHAPTER III

METHODOLOGY

As suggested by the review of the literature, individuals' views of many things are influenced by various forms of media. This study sought to examine the relationship between movie portrayals of psychotherapy and psychotherapists on college students' views and impressions of psychotherapy and psychotherapists. Among the research questions that the questionnaire was designed to explore were: What are individuals' views of therapy? Where do subjects feel they got the information that formed their views of therapy? Do subjects know of any particular movie portrayal of a therapist that they believe has had an especially significant influence on their views of therapy or therapists? Which portrayals have had the biggest impact and how exactly does the portrayal affect an individual's views?

Sample

Subjects were recruited from several lower division undergraduate philosophy classes at a large state University. The classes ranged in size from twenty-five to one hundred and twenty students each. Questionnaires were handed out in class and potential subjects were given a brief description of the study and of what was being asked of them. Students were asked to take the questionnaires home with them, fill them out at home if they chose to do so, and return them within one week. The questionnaires were not coded prior to being handed out and there was no exact count of potential subjects in any given class on the days the questionnaires were handed out, so it is not possible to know exactly how many questionnaires were given out. However, approximately 150

questionnaires were handed out to potential subjects all together. Of the questionnaires handed out, 30 were completed and handed in within the allotted time - which makes for a disappointing return rate of approximately 20%. One must consider that the views and answers of the potential subjects who either chose not to participate or simply forgot about the questionnaire may be different from the subjects who did respond. Perhaps students who felt they knew very little about therapy chose not to participate, though in reality their input would have made for a more representative sample and would have been very valuable. Perhaps students who had personal experience with psychotherapy or who had strong views about psychotherapy or psychotherapists, were more motivated to participate in a study of this kind. It is hard to know why so few people chose to participate, but the low return rate certainly makes this sample less than ideal in terms of representability. The fact that the sample was so homogeneous to start with (all undergraduates in philosophy classes) limited the extent to which this sample could have been representative of the general public.

Data collection

Included with the questionnaires were cover letters (which also served as consent forms), envelopes to seal the completed questionnaires in before handing them in, and a copy of the consent form/cover letter for subjects to keep for their own information. The cover letter and questionnaire were developed by this researcher. See Appendix A for a copy of the cover letter and Appendix B for a copy of the questionnaire.

The questionnaire was designed to ask subjects what their impressions were of therapy and where they thought they got the information that helped inform their understanding of how psychotherapy worked and what

psychotherapists were like. The questionnaire asked subjects to check off from numerous options the places/sources of information that helped form their impressions of therapy and therapists. Subjects were then asked to elaborate on the sources they had checked as having influenced them. There was a question specifically about portrayals of social workers in movies and TV. There were questions asking whether the impressions subjects had would influence their decision to go into therapy or recommend it to a loved one. Finally, subjects were presented with a list of movies containing portrayals of therapy and/or therapists and were asked to check off those they had seen and to comment on the portrayals of therapy and therapists in those movies they had seen.

Data Analysis

Data were coded and entered using SPSS (Statistical Package for Social Sciences) data analysis program. SPSS was used to generate descriptive data about the sample as a whole (demographic information) and to explore relationships in the data. Content analysis was conducted with the qualitative data from the open-ended questions with special attention paid to possible themes and patterns.

The questionnaire contained an open-ended question that asked respondents to give their impressions of how therapy worked and how therapists operated and the answers given in this question were rated as realistic or unrealistic. Subjective rating was used by the researcher to determine whether subjects' impressions of therapy were realistic or unrealistic, unfortunately this method of rating lacks the precision of a measure using inter-rater reliability. The information from this question was used to examine its relationship with other variables. Criteria used by the researcher in rating unrealistic impressions

included answers that described just talking to friends as a form of psychotherapy and answers that seemed extremely vague and/or limited. Some examples of responses that were rated as unrealistic by the researcher are the following:

I believe psychotherapy helps those with mental illness, although some are incapable of treatment. I also believe that it is not an exact science because there are people who have successfully lied and been freed from institutions.

My impression is that psychotherapy is for those who can't help themselves. To seek counseling is just like admitting defeat.

You don't seek psychotherapy/counseling - it finds you with friends, family, or even a stranger at a bar can be a counselor.

It is not helping, it is just attention, that is what people want.

Inferential statistics were used to explore the relationships between a realistic view of therapy and other independent variables. It was hypothesized that subjects who gave realistic responses for impression of therapy would not list movies as their primary source of information about therapy and therapists.

CHAPTER IV
FINDINGS

The data from questionnaires completed by 30 undergraduate students in a large state university provide information about where the subjects in this sample feel they get the information that forms their understanding and impressions of therapy and therapists. They also provided information on what the subjects' specific impressions of therapy are, including whether their impressions are realistic or not realistic. The data supply information about specific movies and descriptive information about various subjects' impressions of specific movie portrayals of therapy or therapists. In addition, the data provides a beginning exploration of the relationships between having a realistic (or unrealistic) understanding of therapy and other variables.

Descriptive Data

The sample is homogeneous in many ways. All subjects were undergraduates at the same large university, all were enrolled in one of several lower level philosophy courses, and all volunteered to take part in this study. In terms of race, 80% of the respondents (n=24) listed themselves as "non-Hispanic/White", and 73% of them (n=22) listed themselves as "single". Although there was a narrow range (1964-1975) in years of birth, 70.1% (n=21) of the subjects were between 19 and 21 years old. Interestingly, there was a 50%-%50% (n=15, n=15) split in regards to subjects' gender. Students were generally enrolled in a range of academic majors, with the largest representation being that of philosophy majors who comprised 23.3% (n=7) of the sample.

Almost half of the respondents, 46.7% (n=14) reported having been in therapy themselves, a percentage that is assumed not to be representative of the pool of potential subjects or of the general public. Because subjects selected

themselves to participate, it is possible that those who had been in therapy themselves were more motivated to participate in a study about therapy and therapists.

To help determine how much subjects knew about therapists, a question was included that asked subjects to select from a list of types of professionals those that they believe provide therapy. The results for this question are listed in table 1. Respondents who thought that professions other than those listed practiced therapy checked an 'other' category. Some groups said to practice therapy by the 26.7% (n=8) of respondents who checked this category were bar tenders, cab drivers, friends, and family physicians.

Table 1

Professions respondents believed practiced psychotherapy/counseling

Profession	Number of respondents	Percentage of respondents
Psychiatrists	27	90.0%
Psychologists	26	86.7%
Social Workers	20	66.7%
Ministers	17	56.7%
Guidance Counselor	16	53.3%
Other	8	26.8%

Respondents were asked what sources gave them information that informed their understanding and impressions of therapy. Respondents could check as many as eleven sources. The results for this question are listed in

Table 2. Although only 36.7% (n=11) checked that movies seen for pleasure had informed their impressions of therapy, a slightly higher percentage, 43.3% (n=13), mention movies as a source of information in an open-ended question that appeared later in the questionnaire.

Table 2
Self reported sources of information that have helped form
respondents impression of therapy

Source	No. of respondents	% of respondents
Having a person close to me in therapy	17	56.7%
Studying it in a class	16	53.3%
Having been in therapy myself	14	46.7%
Hearing about it from friends	12	40.0%
From (a) movie(s) seen for pleasure	11	36.7%
From (a) television program(s) or show(s)	11	36.7%
From (a) book(s) read for a class	6	20.0%
Other sources	5	16.7%
From (a) book(s) read for pleasure	4	13.3%
Not sure	3	10.0%
From (a) movie(s) seen for class	2	6.7%
Don't know anything about therapy	1	3.3%

When asked to rate their impressions of therapy on a scale of good/useful to bad/useless, 73.3% (n= 22) of respondents rated their impressions as in the top (most good/useful) three points of the seven point scale. Fifty percent (n=15) agreed that these impressions would influence their decisions to consider therapy for themselves or family members.

Of all the respondents, 53.3% (n=16) could recall seeing social workers portrayed in movies or on television but many could or did not mention specific

movies or television shows. Many of the examples provided by study

respondents regarding social workers they had seen portrayed in the media

reveal primarily negative or ineffectual impressions gained from watching these

portrayals. Two respondents quotes reflect negative impressions of social

workers interfering with well-intentioned police or family members. Some

examples of responses that demonstrated negative or neutral impressions of

social workers:

 Yes, I thought that they were useless. They were portrayed as caring but
seemed like they didn't care.

The only instance of social work that I remember seeing in movies was in "St.
Elmo's Fire." One of the characters played a social worker type person. The
movie made social work seem ineffective, more the problem of the recipients
rather than those who provide it.

The most recent film that portrayed a social worker is "Mrs. Doubtfire." In it the
social worker is portrayed as strict, stern, and unhappy. Hollywood portrays them
in a more unfriendly way.

They seem to be standing above their patient. Almost as if they were in a position
to know more about him/her than they did.

There was a social worker on "Good Times" - she was nosy and obnoxious, and
pretty useless. Diane Keaton in "Mr. Goodbar" was trying to do good by being a
social worker - selfless service.

Unfortunately social workers have always been portrayed as the people who are
interfering with criminal justice (Kojak, Baretta) and those have not been
portrayed in a positive way.

However, several respondents did report having seen a more positive portrayal of

social workers in movies:

My impression was that the social worker always has the most important role in
helping someone "do or die" in life, but is constantly underpaid, under funded
(program wise), overworked, and over stressed out. Basically the reward of their
work is not equal to the amount of work put in.

My impression of social workers seem different than my impressions of therapists. I view social workers as aiming to help those people who are in need of help due to problems with society, rather than problems with themselves. A social worker, for example, would try to help someone find a job. This view possibly comes from "The Jeffersons" in which Louise was a type of social worker.

Respondents were asked to recall specific portrayals of therapists or therapy from movies they had seen. A list of movies was included in the questionnaire to collect data on which movies had been seen by this pool of subjects. Table 3 presents these findings.

Table 3
Movies seen by respondents

Movie	No. of respondents	% of respondents
Terminator 2	26	86.7%
Basic Instinct	24	80.0%
What About Bob?	19	63.3%
One Flew Over the Cuckoos Nest	14	46.7%
Prince of Tides	13	43.3%
Ordinary People	7	23.3%
Final Analysis	7	23.3%
Sybil	7	23.3%
Nuts	4	13.3%
Other	4	13.3%
Dressed to Kill	3	10.0%
Whispers in the Dark	2	6.7%
Mr. Jones	2	6.7%
I Never Promised you a Rose Garden	2	6.7%
Spellbound	1	3.3%
Three Faces of Eve	0	0.0%

Relationships among the Variables

Several tests of significance were run in order to examine relationships among the variables. Chi square was used to examine the relationship between subjects who had been in therapy and whether their description of therapy rated as realistic or unrealistic. This yielded a significant result (p< .05). In this sample, far more subjects who had been in therapy themselves were able to describe a more realistic description of the way therapy works. This finding is not surprising. What is interesting is the question of where other subjects were getting the information that led them to have such unrealistic views of therapy.

Table 4
Relationship between subject's personal experience with therapy and their description of therapy

Count Exp. Value Row Percentage Column Percentage Total Percentage	Experience in therapy	No experience in therapy	Row Total
Description- Realistic	10 7.2 66.7% 76.9% 37.00%	5 7.8 33.3% 35.7% 18.5%	15 55.6%
Description- Unrealistic	3 5.8 25.0% 23.1% 11.1%	9 6.2 75.0% 64.3% 33..3%	12 44.4%
Column Total	13 48.1%	14 51.9%	27 100.00%

Although 73.3% (n=22) of the respondents rated their impression of therapy as positive (good/useful), a chi square showed a positive relationship in this sample between subjects who had personal experience and those who rated their impression of therapy as positive (p = .05). This relationship supports the hypothesis that other sources of information about therapists and how therapy works may not only be unrealistic, but also portray a negative or ineffectual view of therapy. Because a limited number of people in the general population have directly experienced therapy, it is logical to assume that others do rely on other sources of information about therapy and the way that therapists practice. Being aware that these sources portray therapy or therapists in a negative light is important to all professions that practice psychotherapy, including the field of social work.

Table 5
Relationship between respondents personal experience with therapy and their impression of therapy as positive or negative

Count Row % Col % Tot %	Personal experience with therapy	No personal experience with therapy	Row Total
Negative/useless Impression	1 12.5% 7.1% 3.3%	7 87.5% 43.8% 23.3%	8 26.7%
Positive/useful Impression	13 59.1% 92.9% 43.3%	9 40.9% 56.3% 30.0%	22 73.3%
Column Total	14 46.7%	16 53.3%	30 53.3%

Chi squares were done to examine the possible relationships between subjects having seen specific movies and their positive or negative impressions of therapy. It was hypothesized that movies that contained the most negative or most ineffectual portrayals would result in subjects' having more negative impressions of therapy and therapists, especially if they had no other sources of information about therapy to balance out the influence of the portrayals they had seen in movies. The only movie that was found to have a statistically significant relationship was Prince of Tides. However, in this sample, respondents who reported having seen this movie also reported having had a more positive impression of therapy in general. This is interesting and somewhat alarming because in this movie the therapist, Dr. Lowenstein, has very poor boundaries and engages in behavior which would be considered questionable if not unethical according to the standards of many professional psychotherapist organizations.

CHAPTER V

DISCUSSION AND CONCLUSIONS

This study was undertaken in order to investigate the public's view of therapy and what sources of information the public uses to inform their views of therapy and their understanding of how therapy works. Because, as discussed in an earlier chapter, there is so much literature that points to the fact that individuals are affected in profound ways by what they see, read, and hear in the media, we can assume that the portrayals of therapists and therapy they see in movies also contribute to individuals' impressions of therapy and therapists. Unfortunately there is little literature in this area and more research needs to be done so that we can more fully understand to what extent and in what ways movie portrayals affect individuals' views of therapy and the implications of that effect on our clinical work. In addition to needing a better understanding of this effect on our clients, the field of social work might choose to become more active in fighting against negative portrayals of therapists in the media or might want to consider some action to help counter the negative or unrealistic portrayals that movies provide.

Informal surveys (McDonagh, 1992 and Cunnigham, 1992) of recent movies containing portrayals of therapy and therapists shows numerous unrealistic portrayals. If the public bases its understanding of therapy even in part on the portrayals they see in the media, then as therapists we must be aware of the ideas our clients are entering therapy with. In addition, it seems likely that some potential clients choose not to enter therapy because they believe therapists might all be like the therapists they see portrayed in movies. Clients who do enter therapy may have unrealistic expectations of their therapists and

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may be disappointed in their therapists or in themselves when their personal therapy is unlike the therapy they have seen portrayed in movies.

As reported in an earlier chapter, 46.7% (n=14) of the respondents in this study reported having been in therapy themselves. This statistic is surprising and can be looked at in a number of ways. Perhaps younger people are now taking advantage of counseling because the stigma attached to seeing a therapist has lifted to some degree, and this could be because of slightly more realistic portrayals in the media in the last two decades. However, even respondents who reported having been in therapy themselves still felt that there is a stigma attached to being in therapy. For example, in an answer to a question about respondents' impressions of therapy, someone wrote: "From my own experience, counseling is a positive thing. I always feel odd going down to the office. I assume that everyone must think there is something wrong with me". Another possible reason for this surprisingly high percentage of respondents who had personal experience in therapy is that the sample was self selected and respondents volunteered to take part after seeing the questionnaire. It is possible that individuals with some experience with therapy were more motivated to take part in a study having to do with therapy. Since we know nothing about the individuals who did not participate, we do not know what percentage of those people had been in therapy or not. For this reason, it is hard to determine the meaningfulness of this statistic.

The rating of the respondents' answers to an open ended question that asked subjects to describe their impressions of psychotherapy/counseling as realistic or unrealistic was a variable that was used to explore its relationship to other variables. Unfortunately, the criteria used to rate this variable were subjective and lacked precision. In future studies in this area, it would be

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advantageous to have a better operational definition of what constitutes a response that could be considered 'realistic' or 'unrealistic'. In addition, having several raters independently rate responses and then compare their coding results would increase reliability and therefore the extent to which this variable can be meaningfully related to other variables.

Another limitation of this study is that the sample was made up entirely of college students, who can be assumed to be better educated and more sophisticated than the general public. Several respondents reported not letting the media affect their views of things and noted that portrayals of therapy in movies are unrealistic and not to be trusted:

I am not easily influenced by media in this regard because I am a skeptic of this source. I constantly question everything that I hear or see and never take one sources' word for anything.

Honestly I don't watch much TV or movies. I never would take a fictional account of a portrayal seriously or to heart.

Although many of these respondents reported being very skeptical about using the media or movies to inform their views about things, the review of the literature indicates that the media affects individuals in ways that individuals themselves may not be aware of. The De Fleur and Ball - Rokeach book <u>Theories of Mass Communication</u> (1975) discusses how the media influences individuals both consciously and unconsciously. So that even if one believes, on the conscious level, that portrayals of therapy in movies are unrealistic, the portrayal may affect her impression nonetheless.

Of interest in this study is that statistical tests revealed no significant relationship between specific movies that respondents checked as having seen and respondents views of therapy as negative or positive. This could suggest that since movie portrayals of therapists are in general unrealistic, specific portrayals

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are more or less equal in their effect on respondents' view of therapy as being positive or negative. Another possible reason for this finding could be that almost half of the sample reported having had personal experience with therapy and that experience countered the influence of the movie portrayals those respondents had seen.

As noted in an earlier chapter, there was a statistically significant ($p<.05$) relationship between respondents personal experience with therapy and their impression of therapy as positive or negative. Of the 46.7% of respondents (n=14) who reported having been in therapy, 92.9% (n=13) saw therapy as positive or useful. Of the 53.3% of respondents (n=16) who reported having no personal experience with therapy, only 56.3% (n=9) saw therapy as positive or useful. The fact that a much higher percentage of respondents who had actually been in therapy reported therapy as something positive and likely to be useful, supports the hypothesis that the other sources of information used by respondents to form their impressions of therapy, often do not result in a positive a view of therapy.

Because clinical social workers practice therapy, the way the public views therapists and therapy is of importance to the field of social work as well as the other professions that practice therapy. It is interesting that few respondents could recall having seen portrayals of social workers in movies or in television programs, but the ones that did often had negative or neutral impressions of social workers. No respondents could identify any portrayals of social workers practicing psychotherapy that they had seen in movies or on television. Indeed, only 66.7% (n=20) of the respondents believed that social workers even practiced therapy at all. Several respondents did report having seen a more positive portrayal of social workers in movies. In cases where respondents indicated a

positive impression of portrayals of social workers, they discussed the way that social workers are portrayed as "aiming to help those people who are in need of help due to problems with society, rather than problems with themselves" and as more involved in the "do or die" problems in people's lives.

Clinical Implications

It is important for us as social workers and as clinicians to become aware of the ideas about our profession that our clients enter therapy with, both so that we can anticipate unrealistic expectations and so that we have a better understanding of the meaning of certain portrayals for certain clients. Although this study did not show that the sample used got most of their information about therapy and therapists from the media, this area should be further explored. It is likely that the limitations of this study affected its outcome and further research would be of use to the field of social work as well as other professions that practice therapy.

Implications for Future Research

Despite the limited research on this specific topic, there is a wealth of research (Baran, Chase & Courtright, 1979; Beuf, 1974; De Fleur & Ball-Rokeach, 1975; Forgas & Moylan, 1987; Malamuth & Check, 1981; Schack & Frank, 1978; Van Rooijen & Vlaander, 1984) on the media's effect on individuals' thoughts, beliefs, and expectations. As noted in the literature review, several articles (Cunningham, 1992; Greenberg, 1990; Schneider, 1977 & 1987; Shortland, 1987) and books (Gabbard & Gabbard, 1987) have been written on the unrealistic portrayals of therapy and therapists in movies, but there has been no research other than this study on the effects these portrayals have on

individuals who view them. Understanding the influence these portrayals have on clients and potential clients is of importance to all fields that practice therapy, including the field of social work. In addition to the obvious clinical implications this has for the work of those individuals practicing therapy, a better understanding of the effects of movie portrayals of therapy may have more global implications for the entire field. Perhaps further research could motivate the field of social work to launch a campaign to counter the negative portrayals of social workers and other therapists that are seen in movies.

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Appendix A

CONSENT FORM

I am conducting a study of where people get their impressions and information about therapists and how psychotherapy/counseling works. I am doing this by asking college students in several classes to fill out this questionnaire that asks questions about where people feel they get their information about therapists and psychotherapy/counseling.

The questionnaire will take about 15 - 30 minutes to fill out and if you choose to participate you can return it to your Professor or your TA sealed in the envelope provided within the next week. Preliminary results of this study will be available in late April and will be made available to participants who are interested in finding out the results.

There will be no financial benefits to you, and no other benefits anticipated, other than perhaps feeling that you have contributed to the further understanding of where people get the information that helps form their understanding and impressions of therapists and psychotherapy/counseling. Your decision whether or not to participate will not prejudice future relations with your professor or the University of Massachusetts.

Confidentiality will be protected by coding the information and filing it under lock and key and this information will be disclosed only with your permission. The information given by you will be used only in a way that cannot be identified with you. If you give permission by signing this document, the data will be used anonymously in scientific presentations and publications.

If you have any questions, please feel free to ask them. Your cooperation is entirely voluntary. You may refuse to answer any individual question. You may also change your mind and withdraw from the study at any time. If you decide to withdraw, all data describing you will immediately be destroyed.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE HAVING READ THE INFORMATION PROVIDED ABOVE.

_____
DATE

IF YOU HAVE ANY QUESTIONS OR WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT:

_____
SIGNATURE OF PARTICIPANT

Karin Perlman
Agawam Counseling Center
Box 84, 30 Southwick Street
Feeding Hills, MA 01030
413/786-6410

If at any time during reading or filling out the attached questionnaire you feel the need to talk to a professional, please call the University Mental Health Center at 545-2337 to arrange an appointment.

Appendix B

Questionnaire

1. Sex : ___Male ___Female   **2. Date of birth**: ___/___/___

3. Academic Major: _____

4. Year in College: __1st yr. __2nd yr. __3rd yr __4th yr

5. Religious affiliation: ___Catholic ___Jewish ___Protestant
___Muslim ___Buddhist ___None ___Other

6. Racial/ethnic identification:
___African-American/Black   ___Latina/Latino
___Native American   ___Asian-American/Pacific Islander
___Non-Hispanic White   ___Other

7. Marital Status:
___Married   ___Other Committed Relationship   ___Divorced/Separated
___Single   ___Widowed   ___Other: _____

8. Please describe briefly your impression of psychotherapy/counseling.
(How it works, who is it most likely to help, what the therapist might be like, and any other impressions you have about psychotherapy/counseling) Please attach additional sheets if necessary.

9. Have you had any personal experience with therapy?
___Yourself   ___A partner   ___A family member
___A close friend   ___An acquaintance

10. Check the following that you believe practice psychotherapy/ counseling.

____ Psychiatrist
____ Psychologist
____ Social Worker
____ Minister
____ Guidance counselor
____ Other (please list)_____

11. Where do you think that you have gotten your impressions of therapists, and/or how psychotherapy/counseling works? (check as many as apply)

____ 1. Having been in therapy myself
____ 2. Having a person close to me in therapy
____ 3. Hearing about it from friends
____ 4. Studying it in a class
____ 5. From (a) book(s) read for pleasure (please list)_____
____ 6. From (a) book(s) read for a class(please list)_____
____ 7. From (a) movie(s) seen for pleasure(please list)_____
____ 8. From (a) movie(s) seen for a class(please list)_____
____ 9. From (a) television program(s) or show(s)(please list) _____
____ 10. Not sure
____ 11. Don't know anything about therapy
____ 12. other sources (please elaborate)

12. From the sources mentioned above, how would you describe your impression of therapy?

Useless   *Neutral*   *Useful*
bad <1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7> *good*

13. Do you think that this might influence your decision-making about seeking psychotherapy/counseling for youself or a family member?

___ Yes   ___ No   ___Unsure

14. If you answered yes or unsure to question # 13, in which direction might this influence your decision?

____ positive (**more** likely to think it will be useful)
____ negative (**less** likely to think it will be useful)

15. Please discuss the specific things that have influenced your ideas about therapists and psychotherapy/counseling from the list above. *Please comment on specific movies or books if you can.* (feel free to use the back of this sheet if you need more space)

16. Have you seen <u>social workers</u> portrayed in movies or TV? What were your impressions of them as seen in those movies or shows? *(use back of this sheet if you need more space)*

17. Have you seen any of the following movies and do you remember the therapists portrayed in any of them?

seen   remember
movie therapist

___   ___ *Spellbound*
___   ___ *Prince of Tides (Barbara Striesand, Nick Nolte)*
___   ___ *One Flew Over the Cuckoos Nest (Jack Nicholson)*
___   ___ *Terminator 2 (Arnold Swarzenegger, Linda Hamilton)*
___   ___ *Dressed to Kill (Michael Caine)*
___   ___ *Ordinary People (Judd Hirsh, Timothy Hotton, Mary Tyler Moore)*
___   ___ *Whispers in the Dark (Alan Alda)*
___   ___ *Final Analysis (Richard Gere, Kim Basinger)*
___   ___ *Basic Instinct (Sharon Stone, Michael Douglas)*
___   ___ *Mr. Jones (Lena Olin, Richard Gere)*
___   ___ *Sybil (Sally Field)*
___   ___ *Three faces of Eve (Joanne Woodward)*
___   ___ *I Never Promised You a Rose Garden*
___   ___ *Nuts (Barbara Streisand)*
___   ___ *What About Bob? (Bill Murray, Richard Dryfus)*
___   ___ Other:_ _
___   ___ Other:_ _

18. Please comment on the portrayals of therapists in all of the movies you checked as having seen. (Please use additional paper if necessary).

Thank you for your time!!