

Psychiatrists' Media Involvement: A Survey of Attitudes

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ABSTRACT

Background: Psychiatrists may face challenging core medical ethics questions since the media encourages their assistance and participation at various levels. This paper examines attitudes of psychiatrists regarding their involvement with the media and their view of their professional association in such incidents.

Methods: A survey was completed by a convenience sample of 81 Israeli psychiatrists. The specially designed questionnaire was compiled by the research team focusing on potential involvement of the psychiatrist regarding reality shows; discussing criminality and responsibility in the media; media involvement of the national psychiatric association and appearing in the media in matters of public education and mental health literacy.

Results: Psychiatrists are largely reluctant to engage with the mass media. At the same time, they support a strong media presence by their professional psychiatric association.

Conclusion: Professional psychiatry associations should consider deliberating the issue of media involvement further and contemplate further development of ethical recommendations on the issue.

INTRODUCTION

The media, in all its forms, has become a pervasive and influential factor in society.

The tremendous amount of information it offers may be beneficial but, at the same time, may have its downside. Involvement of psychiatrists in the media may be beneficial for patients and public education but seems to be counter-intuitive to the usually private nature of psychiatric practice.

One form of psychiatrists' media involvement is by *servicing as public educators and promoting mental health literacy* through the media. Beca and Salas (1) argue that such involvement can be a valuable method to educate society and that "[P]hysicians, in their function of social educators, should take part in them, truly reassuring the respect to patient's dignity and to the bioethical principles of beneficence, autonomy and justice." Strous (2) holds that physicians may even have an ethical obligation to provide general medical information to the public. Moreover, information has a great influence on promotion and awareness of public health. At times, the media may exaggerate the risks associated with medication and different technological advances, thus raising the general public's level of anxiety.

The tremendous amount of information available to the public through the media may increase the accessibility of potentially complex information to various people: professionals and laymen alike. At the same time, "information overload" may be a source for some cognitive biases such as availability heuristic (3) – attributing importance to available information that might influence choices in a biased manner – such as misattribution of memory (3) – thus confusing the information obtained

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in the media with the information obtained directly from the health care professional attending a specific patient. Such cognitive biases may be a source of irrational decision making on the part of the public – in the sense that their decisions may not reflect, in some instances, their own preferences and goals.

The encounter of the physician with the media is, however, a unique one, since *prima facie*, they are not bound by any specific therapeutic contract, unlike in the professional relationship with patients. The therapeutic contract requires provision of the best medical care, conserving patients' dignity and maintaining their autonomy, privacy and confidentiality. The scope and practice of psychiatrists' media appearance requires an additional, perhaps even separate ethical discussion. For example, the mere discussion of possible psychiatric explanations to criminal behavior may be construed as referring to a specific person, thus breaching (or seemingly breaching) confidentiality and privacy. The 2017 Professional Code of Ethics for Psychologists in Israel (4) relates to psychologist' appearances in the media and states that it should be done respectfully, representing the profession in a suitable manner. The positions they present should be professionally backed up and if they present a personal position – they should present it as such. The code also states that “while appearing in the media, psychologists will avoid providing an opinion or estimation regarding the personality of another, unless they have obtained informed consent and could explain what they base their opinion on.”

Perhaps much more controversial is psychiatrists' media involvement in television “*reality shows*.” The nature of these shows, a form of increasingly popular public entertainment, raise psychological and ethical questions. Would it be ethically permissible for a psychiatrist to serve as a consultant for this kind of reality show? To be hired as a personal caregiver for its participants? The potential discrepancy between the role of the physician as such and his/her role as employee of the TV program production or broadcasting authority may lead to ethical dilemmas of “double loyalty” and boundary violations that require further attention. The Israeli Medical Association published a committee report for setting ethical guidelines for conducting “reality shows” (5), essentially condoning physician involvement with these shows under certain conditions. This report states that reality shows aim to have high ratings thus require a constant “crisis atmosphere.” Furthermore, it suggests that regular research ethical review board would probably

not routinely approve such programs. At the same time, the report states that it is required to make sure that the participants are physically and mentally competent to endure the anticipated hardships of participating in the show. The report lists 13 operational guidelines for the “accompanying physician” of a reality show.

The 2017 Code of Ethics for Psychologists in Israel (4) discusses “media programs involving psychologists” and states that “[A] psychologist opting for supporting professionally a media program requiring a psychological intervention must know the various psychological pressures involved in participating in such a program and their influences. The psychologist will take all precautions to make sure that the participants are capable of handling such pressures. The psychologist must be aware of the double loyalty he is in, and minimize its possible damages and always prefer the mental wellbeing of the participant over the benefit of the production.” No parallel guidelines currently exist for psychiatrists in Israel.

Bergman-Levy et al. (6) have suggested a need to develop and implement a process to create a code of ethics specifically for psychiatrists in Israel. Ethical guidelines for psychiatrists' involvement in the media were widely supported by the psychiatrists surveyed in their study. Their conclusions and suggestions were further supported by others (7). Following this Israeli survey of psychiatrists showing their support in adopting ethical guidelines for involvement with the media (6), this research further explores psychiatrists' attitudes regarding specific media-related behaviors. The authors characterized the main scope of current psychiatrist involvement in the media, and designed a questionnaire aimed at exploring the extent of support of psychiatrists in these kinds of media involvements, including: provision of medical attention to reality show participants; offering expertise on criminality and responsibility; contributing to public education (and health literacy) in the sphere of mental health and involvement of the psychiatry association with the media.

METHODS

STUDY PROCEDURE

The research team compiled a specially designed questionnaire for the unique purpose of this exploratory survey. The questionnaire was presented by members of the research team to a convenience sample of psychiatrists in two major mental health centers in Israel that provide a broad range of psychiatric services including general adult psychiatry, child and adolescent psychiatry, forensic

psychiatry and outpatient ambulatory community services. The study protocol and instruments were approved by the Beer-Yaakov Mental Health Center Institutional Review Board.

QUESTIONNAIRE DEVELOPMENT

The instrument consisted of a descriptive, correlational study questionnaire developed by the authors, including three psychiatrists, two of whom had ethics training, and a lawyer with bioethical training. First, media coverage of psychiatrists in Israel over a period of four years was reviewed. This was done based on internet searches using three different search engines (Google, Yahoo!, Bing) and three site search engines of major Israeli newspapers (Maariv online, Ynet, and Haaretz) with the following search strings: “psychiatrist,” “Psychiatry Prof.,” “psychiatrist interview,” “psychiatrist and news,” “psychiatrist and radio,” “psychiatrist and TV” and “psychiatrist explains.” Each search string was used on three different search sections in each search engine (Internet, news, videos). The search focused only on traditional media. Social media platforms (such as Facebook, Instagram, Snapchat, Twitter) were not included.

After gathering all the relevant media appearances, the experts deliberated in order to choose the core issues to be asked in the questionnaire. Respondents were asked to reply to each item on a Likert scale of 1 (completely not acceptable) to 5 (very much acceptable). The overall score was represented by the mean. The higher the score,

the more positive the respondent’s approach was for the behavior described. All items related to “media appearance,” relying on the respondent to consider the media outlet it might refer to.

STATISTICAL ANALYSIS

In order to test whether the original questionnaire consists of several distinct clusters, a principal component analysis with orthogonal rotation (varimax), eigenvalue >1.0 and factor loading score ≥ 0.4 was used to sort items into factors. Four factors were extracted, which explain 67.86% of the total variance (see Table 1).

Based on the content of the items, the factors were identified as follows: (1) “Reality TV programs” (Factor 1, items 6, 7, 8) which explains 31.79% of the variance; (2) “political and public role” (Factor 2, items 5, 9, 10) which explains 14.83% of the variance; (3) “criminal and forensics” (Factor 3, items 2, 3, 4) which explains 11.5% of the variance; and (4) “Psychiatry Association” (Factor 4, items 11,12) which explains 9.75% of the variance.

Item 1 was excluded from the final analysis due to contextual considerations and since it was found to be only marginally statistically loaded in relation to Factor 1.

Cronbach’s alpha was used to test the internal consistency of the entire questionnaire, Cronbach’s $\alpha = .79$. After excluding item 1, Cronbach’s $\alpha = .80$.

In addition internal consistency of each factor was assessed:

Table 1. Rotated Component Matrix of Factor Analysis

| | Component | | | |
|--|-----------|------|-------|-------|
| | 1 | 2 | 3 | 4 |
| Q6: Serving as a mental health consultant on a reality program. | .862 | | .135 | |
| Q8: Accompanying candidate recruitment for reality shows. | .848 | | | |
| Q7: Taking part in a reality show as a candidate. | .603 | .289 | .211 | |
| Q1: Media appearance and provision of information on mental illness or disorder. | .402 | .285 | -.355 | .348 |
| Q9: Media appearance and conducting a personality analysis regarding morbidity or suicidality of a public figure or a celebrity. | | .849 | .290 | |
| Q10: Media appearance and conducting a personality analysis of a diseased person (such as a leader or another public figure). | | .799 | | .301 |
| Q5: Appearance in the media in order to express an opinion on social or political matters (not related to the field of psychiatry). | .319 | .600 | .204 | -.287 |
| Q2: Media appearance following a criminal event (murder, rape) in order to analyze the motives of the defendant and his/her personality. | | .306 | .865 | |
| Q3: Media appearance following a criminal event in relation to the victim’s conduct and coping with the event. | .164 | .164 | .835 | .109 |
| Q4: Media appearance following a criminal event (murder, rape) in order to refer in general to the type of psychopathology that may cause the observed behavior. | .409 | .252 | .435 | .191 |
| Q11: An important role of the psychiatrist’ association is making sure that the psychiatry profession received positive media exposure. | -.140 | .150 | | .844 |
| Q12: The psychiatrists association should respond to media scandals that involve the media officially psychiatrists. | .226 | | .365 | .717 |

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization
 Rotation converged in 5 iterations.

Cronbach's α of Factor 1 = .75; Cronbach's α of Factor 2 = .69; Cronbach's α of Factor 3 = .75; Cronbach's α of Factor 4 = .58.

RESULTS

STUDY SAMPLE

The study sample consisted of 81 psychiatrists (47 males, 34 females) currently employed in their profession and residing in Israel. (The sample is 11% of the total relevant population.) Participants reported demographics as follows: Mean age of 46.72 (SD = 10.5, range 29-66) and 16.49 years of practice since the beginning of psychiatry residency (SD = 11.41, range 0.5-37).

STUDY RESPONSES

Consequently, 77.8% of the sample supported the involvement of the Israel Psychiatric Association (IPA) in the media (in the relevant cluster); 79% of the sample did not support the involvement of the psychiatrist with the media in issues related to public education (in the relevant cluster); 80.2% of the sample did not support the involvement of psychiatrists with the media in regards to reality TV (in the relevant cluster); 70.4% of the sample did not support the involvement of the psychiatrist with the media in regards to "criminal events and forensic psychiatry" (in the relevant cluster).

In order to examine the connections among the different clusters, a Pearson correlation was conducted, and a significant positive correlation was found among all the clusters. Higher support for an involvement of the psychiatric association in the media was correlated with higher support in public education through the media ($r=.29, p<0.01$). Higher support for an involvement of the IPA in the media was positively correlated with higher support for the involvement of psychiatrists in the media in relation to criminal cases and forensic psychiatry ($r=.59, p<0.001$). Higher support for public education through the media was positively correlated with higher support for the psychiatrists' involvement with reality TV ($r=.4, p<0.001$). Higher support for public education through the media was positively correlated with higher support for the involvement of psychiatrists in the media in relation to criminal cases and forensic psychiatry ($r=.53, p<0.001$). Higher support for psychiatrists' involvement with reality TV was positively correlated with higher support for the involvement of psychiatrists in the media in relation to criminal cases and forensic psychiatry ($r=.38, p<0.010$).

DISCUSSION

This study indicates that Israeli psychiatrists generally manifest a reluctant approach towards their involvement with the media (with the exception of support for the Israel Psychiatric Association involvement with the media). This may be related to the following: 1. The history of a media so critical of psychiatry, sometimes to a degree of mockery of psychiatrists; 2. Psychiatrists sensitivity to patients' privacy; 3. The professional shortcomings of providing a theoretical psychiatric opinion without a real patient to examine.

The substantial agreement with the IPA's involvement with the media mediating between the psychiatrists and the media may be associated with a possible role of the association as a regulator of norms of involvement with the media and a reference to principal issues rather than discussing specific cases that may infringe on privacy and patients' rights.

The findings also show that support for one sort of media involvement of psychiatrists corresponds with support for all other sorts of media involvement. This suggests that psychiatrists have a general opinion about involvement with the media which repeats itself in all forms of media involvement reviewed in this study.

A vast majority of the respondents were not supportive of any involvement of the psychiatrist with a reality show. This approach requires further inquiry. Do psychiatrists have an ethical objection to assisting reality shows as professional consultants? If so, what are their main reasons for viewing it as an unethical professional activity? Considering the contemporary exponential development of reality show and the initial setting of medical ethics guidelines in this regard, further ethical deliberation and research of this matter is warranted.

Psychiatrists' reluctance to appear in the media in relation to forensic cases may reflect their general negative approach towards media involvement or specifically related to the following paradox: If they are personally involved in the case, it would violate the privacy of their patient (even in forensic settings) to discuss it in the media. If they are not involved in the case, their depiction would be in general terms, and may be construed as misinformed, unfair or untrue. At the same time, lack of a psychiatrists' voice in public media deliberations on high profile cases may have negative consequences as policy changes may then rely on "moral panic"⁽⁸⁾ rather than on accurate and fact-based professional opinion.

Our findings indicate a general reluctance on the part of Israeli psychiatrists to support involvement with public education through the media. This may be somewhat discouraging to those who suggest that the voice of professionals in the media may be needed in order to allow for a more balanced and fact-based deliberation. The Israel Medical Association has addressed the issue of public education through the media in its medical ethics code and position papers (9), reflecting a general approach that it is feasible and relevant as long as the information provided is accurate.

These findings raise questions about the role of psychiatrists in the society as public educators and promoters of health literacy. The reasons for this reluctance require further research. Does it reflect an unwillingness of the psychiatrists to serve as public educators and mental health care literacy promoters? Could it be that a general reluctance to be involved with the media overrides the willingness to be personally involved (even) in public education?

The media may be seen as a public good, a vehicle for promoting public discussion and deliberation. The concept of public participation (10-12) seems to receive high attention in media coverage of psychiatry-related items in Israel. Such coverage may even be linked with decisions of policy makers and regulators. The results of this study indicating psychiatrists' reluctance to participate in media activities (whether motivated by personal or other reasons) may also mean that media depictions of psychiatry-related issues are left either to non-professionals, professionals who give interviews revealing their reluctance to be interviewed (which may be understood in negative ways by the public), or professionals who are considered non-mainstream or deemed inappropriate among their peers for their involvement with the media. This may be harmful, not only to the public image of psychiatrists but also to the ability to share matters of psychiatry that are of public interest. A shared effort on the part of the media and Israeli mental health related associations to reach shared guidelines for ethical and responsible coverage of mental health issues might be a step in the right direction. This could both increase awareness and sensitivity on the part of the media to the potential public mental health effects of irresponsible media coverage and increase its awareness of the ethical guidelines of mental health professionals when interviewed or giving advice. At the same time, it could increase the trust that mental health professionals may have in the media thus reducing their reluctance to be involved with it in a responsible and a professional capacity.

Such guidelines currently do not exist in Israel. Such

discussion and guidelines do however exist in other countries, including for example the Australian Media Monitoring Program of the Australian Government (13, 14) and the Scottish Government and National Union of Journalists Practical Guide for Journalists for Responsible Reporting on Mental Health, Mental Illness & Death by Suicide (15).

While study findings are certainly interesting, limitations include that the sample is a convenience sample of psychiatrists in two major public hospitals and no information about personal involvement with the media was collected from the participants. Furthermore, the study was conducted in Israel and thus conclusions may not necessarily extend to other groups of psychiatrists around the world.

Future research should focus on a large international sample of mental health professionals, working in both the private and public sectors while widening the tools used for the collection of further data (i.e., using case reports, etc.), and may allow for comparing different mental health worker populations' perceptions regarding media involvement.

In conclusion, this study focused on psychiatrists' subjective views regarding media involvement. Our findings suggest that while psychiatrists are largely reluctant to engage with the mass media, they do support a strong media presence for their professional psychiatric association. The general reluctance to take part in media activity, even public education, may require some initiatives to ascertain the ethical guidelines for media involvement, inform psychiatrists of these guidelines, encourage responsible public education through the media, and inform the media itself of the ethical guidelines that should be respected when involving psychiatrists in media work. The Guidelines already adopted by the Israeli Medical Association and the Israeli Psychological Association as well as those adopted regarding responsible reporting in Australia and Scotland may be a useful starting point for the Israel Psychiatric Association discussion on setting ethical guidelines in this regard and encouraging a shared effort with the media for ethically informed public education in the sphere of mental health.

We declare that the content has not been published or submitted for publication elsewhere. All authors are in agreement with the content of the manuscript. There are no conflicts of interest, financial or otherwise.

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