

The place of clinical psychology in the media world

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This is an extract from an interview Tanya did in *The Psychologist* in January 2018:

My sense is that there is an innate distrust of the media [in our profession] and how it works. Exploitation is often debated [in the teaching sessions I do with trainees]. In addition, trainees raise concerns about over simplifying what we do, being pulled into sound bite utterances which leave us looking narrow and diagnostic. How can a formulation be explained in a heavily edited interview? More fundamentally - how can I know that what I say isn't chopped up, re pasted, edited in out of context and is nothing like what I intended to convey? (Say it fast, don't pause giving a cut moment to the editor, refuse to resay it as asked unless you agree with the summary suggested by the director).

All these questions are astute and important. I explain the pre production editorial red lines that are in my contracts including budgets for aftercare and follow up, contractually agreed editorial oversight of my series, clear screening of contributors by off screen colleagues. I describe the many letter templates sent to readers who I can't answer in my columns but I want to send advice and links for further support. I explain how heavily lawyered all my screen and print media are.

Mostly I tell the trainees about the many excellent, ethical, caring and well meaning media colleagues I have and continue to work with and we discuss how, using our expertise in systems and communication, to marry the ethical aspects of what we do with the commercial needs of the media. I also give examples of the many dire broadcast proposals sent to me and explain why I said no.

I often ask the trainees to imagine that they are on screen for the evening news and commenting on a recent tragedy in terms of mental health need and provision for those affected. I ask them to practice a 45 second monologue about PTSD - what it is, how it affects people, what we as psychologists can do. They have to imagine doing it fast and with a camera stuck into their face. Many then share with the group and surprise themselves at how eloquent they are, how much you can say in 45 seconds and how that 45 seconds could empower someone to find support for themselves or a loved one. We then talk about how soundbites can facilitate enquiry and empower viewers to empower themselves by finding out more.

I wish there were more of us visible in the media. Our great profession, so often overshadowed by the medics, has a voice and a presence but is noticeably absent from many broadcast opportunities. My instinct is that we may struggle with our self efficacy, worrying that we can't allow ourselves to be pulled into a sound bite setting for fear it will compromise our more holistic approach to mental health and wellbeing.

We must make ourselves more visible. We have a public health responsibility which extends beyond the services, universities and other places we work in. We know *important, evidence based stuff* which can be heard and in and of itself can make all the difference to someone afraid

by what is going on in their head. We can educate, normalise, de stigmatise, reassure. Via the media our reach is vast.

Yes we may not completely get our holistic formulation out there. Of course it is frustrating at times that the only way to convey what we know is within programmes formatted around narrative devices to keep the viewer watching and coming back every week (the 'jeopardy moment', the 'reveal'). Without a doubt there is a risk that we take when we are asked comment on complex issues in sometimes simplistic ways.

I sense a profession that is at times fearful of saying the wrong thing and so we chose to say nothing in a way that might expose us. I do at times feel anxious about my work being out there, in truth mostly in terms of what my colleagues may think; I'm sure sometimes I could do better. But as cuts are made to services and posts lost, as the funding of clinical training is threatened and as the world becomes more stressful and triggering to those that are vulnerable, we have to be brave and find our public facing voice. We owe to our profession and we owe it to the public we serve.

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