

Attitudes toward Psychotherapists, Psychologists, Psychiatrists, and Psychoanalysts

A Meta-Content Analysis of 60 Studies Published
between 1948 and 1995

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Sixty studies, published between 1948 and 1995, on attitudes toward mental health professionals, particularly psychotherapists, were systematically content analyzed. Descriptive results concerning the topics status, expertise, personality attributes, physical appearance, sex/gender, psychotherapeutic settings, and interactions between therapists and clients are presented. Public-image problems of psychotherapists, research deficits, methodological problems, and sex/gender issues are critically discussed.

PROBLEM

The public image of psychotherapists seems to be mixed.¹ The profession elicits disdain as well as admiration, or a mixture of both. These attitudes affect people's willingness to consult a psychotherapist if necessary and physicians' motivation to recommend that patients consult a therapist. Considering the tendency of persons with psychic problems to undergo different, often not indicated, medical treatments that frequently lead to chronicity, these cognitive and motivational aspects seem to be significant. For example, only 33% of a representative German sample of persons with psychic or psychosomatic problems accepted psychotherapeutic treatment when it was offered to them. Of the 67% of participants who refused, one third did so because of their general negative attitudes or fear of psychotherapy.² In this context we became interested in the public image of psychotherapists, namely, in studies on attitudes toward, or stereotypes of, *psychotherapists* and other related mental health professionals like *psycholo-*

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gists, psychiatrists or *psychoanalysts*. It was not possible to conduct a meta-analysis because the existing studies use variable methodologies and focus on different research questions. Neither was it possible to test specific hypotheses, nor to aggregate quantitative summative results of the studies or to compute statistical effect sizes. Therefore, we conducted a meta-content analysis in order to give a first systematic review of the existing research.

In scientific literature, the terms "*attitude*" (toward certain types of persons), "*stereotype*," and "*prejudice*" are often not clearly differentiated.³ In the following, we use these three terms as synonyms for relatively enduring systems of ideas, convictions or opinions, acquired through education, which influence human perception, motivation, and behavior.

METHOD

Our aim was to content analyze all studies on attitudes toward psychotherapists published in English or German up to the year 1995. This study is part of a more extensive research project on psychotherapists and psychotherapy.⁴⁻⁶ We combined studies with differing samples and methodologies oriented at the concept of triangulation.⁷ We were interested in all empirical results about attitudes toward, or stereotypes of, psychotherapists (*research question*). Because mainly psychologists and psychiatrists do psychotherapeutic work, these professions, as well as psychoanalysts, were included in the content analysis. The studies were found through multiple search strategies, namely, investigations of computerized medical and psychological databases, and through cross-references, especially in review articles.^{8,9}

In contrast to other fields where we had conducted meta-content analyses of research, the *systematic collection of the empirical primary results* was more difficult in this case, especially the development of a "useful" search strategy. "Therapist-attitudes" is indexed as a key word in the data banks, but this refers to the attitudes held *by* therapists, not *about* therapists. We restricted our selection of studies to those that included the following key terms in the abstract and were published in English or German (data bank research conducted in July 1996): "(*Psychotherapists* or *therapists* or *psychologists* or *psychiatrists* or *psychoanalysts*) and (*stereotypes* or *stereotyping* or *attitudes*)" as main aspects (*in DE*/descriptors or *in MESH*/Medical Subject Headings). This elicited the following problems and results:

In the English psychological database *PSYCLIT*, we found 778 references for the years 1974-89 and 546 for 1990-6/1996, most of them

concerning "therapist-attitudes" toward clients (they could not be excluded because therapist attitudes toward therapists were within the scope of our interest). We tried to reduce these numbers by a combination of checking the abstracts and systematically reducing them (exclusion of computer-, death-, holocaust-, incest-, homosexuality-, Judaism-attitudes etc.). Following this line we finally found only a few relevant references: six for the years 1974–89 (empirical,^{10–12} review,¹³ nonempirical^{14,15}) and four for the period 1990–6/96 (empirical,^{16–18} nonempirical¹⁹).

In the German psychological database, *PSYINDEX* we found 264 references for the period 1977–6/1996. By looking through the abstracts, we reduced these to only two relevant empirical studies.^{20,21}

The above listed mental health professions were not indexed as MEDLINE-MESH. Therefore, we extended the scope of our interest to those references that included any psychotherapeutic professions (not necessarily as main aspects) and also mentioned stereotypes, stereotyping or attitudes as main aspects. Following this line we found 13 references for the years 1966–82, two of them useful^{12,22}; 17 for 1983–89, three of them useful (empirical,^{23,24} nonempirical¹⁹); five references for 1990, one of which was useful²⁵; 45 references for 1991–95, four of them useful^{26–29}; and five references for 1–6/1990, one of them useful (nonempirical³⁰).

We included in our sample all articles that presented empirical results on attitudes toward or stereotypes of professionals engaged in the field of psychotherapy (be it those of the general public, students, or "shrinks" themselves), and excluded all others (mainly those concerning attitudes of psychotherapists toward their clients). The data were complemented by cross-references and by new results obtained from psychotherapy congresses.³¹ Thus we identified 60 empirical studies published between 1948 and 1995 upon which to base our evaluation. Further (nonempirical) articles discuss the stereotyping of mental health professions,^{14,15,19,32} or give a historical survey of psychiatry/psychoanalysis in film.^{33,34} An evaluation of television viewers' opinions about the British TV drama series "Shrinks"²⁸ was not included because it was not clear what would be an effect of the TV drama and what an expression of general attitudes. Studies about the portrayal of mentally ill persons or clients of psychotherapists could not be taken into account (e.g.,³⁵). Several studies explore medical students' attitudes toward psychiatry; only those which research attitudes toward psychiatrists were included in our analysis.

The *sample* of the content analysis consists of 60 studies, divided into two different classes: mostly standardized questionnaire studies with human samples (Table I),^{4,8,10–12,16,17,20–23,25,26,31,36–71} and content analyses of

mass media, literature, and films (Table II).^{6,18,24,27,29,72-79} Information about the samples, questions, and dimensions that were researched is given in the tables. Men and women were represented about equally in all samples with the exception of one exclusively male⁶⁷ and one exclusively female sample.⁴⁸ Two studies on films focus specifically on female therapists.^{18,24}

The primary studies were content analyzed according to the following categories:

- *Methodology* (research question; methodology: standardized—semi-standardized; questionnaire—telephone interview—face-to-face interview—analysis of written text material—analysis of visual material; precoded answer-alternatives: yes—no)
- *Descriptive results* (status and prestige; roles, responsibilities, and expertise; personality attributes; age and physical appearance; sex/gender; the psychotherapeutic setting; interactions between therapists and clients)
- *Correlations between sociodemographical variables and attitudes*. The broad categories were for the most part derived theoretically according to general methodological alternatives described in textbooks on research methodology and according to important therapist variables (personality attributes; age and physical appearance; sex/gender; interactions between therapists and clients).⁸⁰ Three descriptive categories were derived from empirical studies (status; expertise; work environment/setting).^{4,6,79}

RESULTS

METHODOLOGY OF THE STUDIES RESEARCHED

The *research questions* of the studies focus on psychologists or psychiatrists—only one focused on psychotherapists⁷⁹ (see Tables I and II). In most cases, data were collected using *standardized methods*, usually questionnaires; seldom in telephone interviews.^{45,62} *Semistandardized interviews*^{8,36,37} and *questionnaires* (“What do you think psychologists do?”⁵¹) have been applied only occasionally. Different types of *standardized questionnaires* were applied:

- *Attitudes towards Psychiatry Questionnaire*⁶⁹
- *Dichotomous questions or five- or seven-point Likert-scale statements*^{11,16,22,25,26,31,56,57,59,60}
- The assessment of attitudes with the *semantic differential*^{20,52,53,58,61}
- *Polarity profiles*^{38,21,41,42,43,46,68}
- Personality stereotype ratings with the *Adjective Check List*^{12,17,49,66,70}

- Evaluation of professional competence in relation to *case vignettes*^{17,66,68}
- Subjects' ratings of the *likelihood of their seeking help from representatives of different mental health professions on different problem topics*.^{48,49}

In some studies, a different approach was used. In these cases, *mass media were content analyzed* with regard to the way mental health professionals were described (Table II), either *text-material* like fiction^{27,79} or newspapers⁷³ or *visual material*. Stereotypes of psychiatrists/psychoanalysts were explored in philately,⁸¹ in cartoons and comics,^{29,72,74,75} on front covers of magazines⁶ or in films.^{18,24,73,76,77} Some of these works are systematic analyses (e.g.^{6,29}), whereas others give anecdotal descriptions of relevant material^{33,78} and sometimes also derive typologies, but without elucidating the process of generating this typology.^{33,74,77} We combined the two methodological approaches and content analyzed medical and psychology students' answers to open questionnaire questions about physical appearance, personality and typical situations for therapists.⁴

The majority of the studies originated in the USA. Research from other countries is lacking (see Tables I, II). Most of the questionnaire samples comprise students, or sometimes the general population. Data about *sampling* procedures and the composition of the sample are often missing, e.g., in regard to the sample size,⁵⁸ the sex of the respondents¹¹ or students' study subject.²⁵ Only very few studies report the percentage of *questionnaire return* (56–92%),^{4,11,25} and only two of the content analyses give information about the—mostly high or satisfactory—*interrater reliability*.^{4,79}

The *dimensions* status,^{11,36–39,42,44–47,51–62,64–65,67,69} roles,^{4,8,10–11,17,21–27,29,31,36–37,40,43,45,47–49,51,56,59–60,62–63,66,68–70,72,74–78,} and personality,^{4,8,12,16–17,20,23–24,27,29,36,38,41–42,48–50,52–53,58–59,61,63,66–69,71,72,74–79} were researched relatively often. Few studies focused on appearance,^{4,6,24,27,29,42,72,74–77,79} interaction,^{4,6,24–25,27,29,59,71–72,74–79} and settings.^{4,6,25,27,29,60,72,74–77,79}

DESCRIPTIVE RESULTS OF THE PRIMARY STUDIES

Status and Prestige

In standardized questionnaire studies, the prestige of mental health professionals is in general evaluated positively by the public, but not as highly as that of medical doctors (M.D.'s).^{11,36,37,38,44,57,62,79} The results concerning the relative status of psychologists, psychiatrists, psychoanalysts, psychotherapists, and counselors are ambiguous. Laypersons do not seem to differentiate very much between the different academic mental

Table I. STUDIES ABOUT ATTITUDES TOWARDS PSYCHOTHERAPISTS:
HUMAN SAMPLES

Authors, Year of Publication	N	Country of Data Collection	Sample Characteristics	Professions Researched				
				pa	pi	po	pt	other
Guest, 1948 ³⁶	311	USA	population	—	—	po	—	—
Grossack, 1954 ³⁷	51	USA	black pers.	—	—	po	—	—
Nunnally & Kittross, 1958 ³⁸	207	USA	popul	pa	pi	po	—	doc
Granger, 1959 ³⁹	?	USA	po	—	—	po	—	—
Tallent & Reiss, 1959 ⁴⁰	143	USA	stud	—	pi	po	—	—
Hofstätter, 1962 ⁴¹	?	Germany	po-stud	—	pi	po	pt	—
Hofstätter, 1965 ⁴²	682	Germany	lay, po-stud	—	—	po	—	—
Murray, 1962 ⁴³	137	USA	stud	—	pi	po	—	—
Hodge et al., 1964 ⁴⁴	2920	USA:1947	popul			90 professions		
	651	USA:1963	popul			90 professions		
Thumin & Zebelman, 1967 ⁴⁵	400	USA	popul	—	pi	po	—	—
Vontobel & Ries, 1969 ⁴⁶	800	Switzer- land	popul					
	195		po,po-stud	—	—	po	—	—
Fancher & Gutkin, 1971 ⁴⁷	145	USA	stud	—	—	—	pt	—
Hibbert, 1971 ¹⁰	147	USA	teachers	—	—	po	—	—
Strong et al., 1971 ⁴⁸	67	USA	college-stud	—	pi	—	—	co o
Gelso & Karl, 1974 ⁴⁹	240	USA	college-stud	—	pi	po	—	co o
Shinar, 1975 ⁵⁰	120	USA	stud	—	pi	po	—	o
Laux, 1977 ¹¹	1114	Germany	popul	—	pi	(po)	pt	—
Dollinger & Thelen, 1978 ⁵¹	1314	USA	pupils	—	(pi)	po	—	—
McGuire & Borowy, 1979 ⁵²	85	USA	stud	—	pi	po	—	doc o
Blum & Redlich, 1980 ²²	586	USA	pi po sw pn	—	pi	—	—	—
Koenig, 1980 ²⁰	150	Austria	?	—	pi	po	—	doc o
Ryckman et al., 1980 ⁵³	421	USA	stud	—	—	po	—	—
Sporr & Schenk, 1980 ⁵⁴	145	Germany	stud	—	—	po	—	—
Crowder & Hol- lender, 1981 ⁵⁵	8	USA	med-stud	—	pi	—	—	—
Folkins et al., 1981 ¹²	41	USA	pi po sw	—	pi	po	—	sw pn o
Arnett & Leichner, 1982 ⁵⁶	201	USA	pi-residents	—	—	po	—	—
Pieri et al., 1982 ⁵⁷	103	USA	med-stud	—	pi	—	—	—
Alperin & Benedict, 1985 ²³	180	USA	college-stud	—	pi	po	—	sw
Webb & Speer, 1985 ⁵⁸	?	USA	stud parents	—	(pi)	po	—	(co doc o)

Table I (Continued)

Authors, Year of Publication	N	Country of Data Collection	Sample Characteristics	Professions Researched				
				pa	pi	po	pt	other
Furnham, 1986 ⁵⁹	449	GB	med-stud	—	pi	—	—	doc
Sharpley, 1986 ⁶⁰	502	Australia	popul	—	pi	po	—	co sw
Webb & Speer, 1986 ⁶¹	54	USA	stud	—	pi	po	—	o
Wood et al., 1986 ⁶²	201	USA	popul	—	pi	(po)	—	o
Schindler et al., 1987 ⁶³	233	USA	partly pat	—	pi	po	—	doc o
Webb, 1988, 1989 ^{64,65}	51	USA	stud	—	pi	po	—	doc o
Furnham & Wardley, 1990 ²⁵	200	GB	lay public	—	—	—	pt	—
Warner & Bradley, 1991 ⁶⁶	120	USA	po-stud	—	pi	po	—	co
Barton & Masada, 1992 ²⁶	187	USA	po-stud	—	—	po	—	—
Barton & Wood, 1993 ¹⁶								
Soufi & Raoof, 1992 ⁶⁷	64	Saudi Arab	med-stud	—	pi	—	—	—
Koeske et al., 1993 ¹⁷	101	USA	pi, po, pn, sw	—	pi	po	—	sw pn
Schulte, 1993 ²¹	ca. 2000	Germany	popul	—	(pi)	(po)	pt	(doc)
Wollersheim & Walsh, 1993 ⁶⁸	256	USA	popul	—	pi	(po)	—	o
Ritzenhoff, 1993 ⁸	40	D	lay, po	—	—	po	—	—
Chung & Prasher, 1995 ⁶⁹	146	GB	med-stud	—	pi	—	—	—
Peterson, 1995 ⁷⁰	1087	USA	lay	—	(pi)	po	(pt)	(o)
Orlinsky et al., 1996 ⁷¹	2376	various	pt	—	(pi)	(po)	pt	(doc o)
		South	po-stud, doc					
Stones, 1996 ³¹	545	Africa	po, popul	—	pi	po	(pt)	—
Sydow et al., 1998 ⁴	216	Germany	med/po-stud	—	—	—	pt	—

The primary studies are listed in chronological order. pa: psychoanalysts; pi: psychiatrists; po: psychologists; pt: psychotherapists; co: counselors; doc: doctors; lay: laypersons; pat: patients; pn: psychiatric nurses; popul: controlled sample of the general population; (med/po)stud: (medical/psychology) students; sw: social worker; o: other profession(s).

health professions, and there exist no, or only slight, differences in status.^{38,44,45,51,60} Cultural and historical trends also seem to play a role. In the 1970s, for example, clinical psychologists had a relatively high status in the USA,^{52,53} whereas at the same time in Germany and Australia psychiatrists had more prestige.^{11,60} Interestingly, psychologists and psychology students assume that their profession is seen more negatively by the general public than is in fact the case.^{8,42,46}

Table II. STUDIES ABOUT ATTITUDES TOWARDS PSYCHOTHERAPISTS II: ANALYSES OF MASS MEDIA

Authors, Year of Publication	N	Country of Data Collection	Sample Characteristics	Professions Researched				
				pa	pi	po	pt	other
Redlich, 1950 ⁷²	30	USA	cartoons	(pa)	pi	—	—	—
Gerbner, 1961 ⁷³	?	USA	print material films	(pa)	pi	po	(pt)	—
Davidson, 1964 ⁷⁴	82	USA	cartoons	(pa)	pi	—	—	—
Kagelmann, 1975 ⁷⁵	?	D	comic	(pa)	pi	po	(pt)	—
Samuels, 1985 ²⁴	41	USA	films	(pa)	(pi)	(po)	pt	—
	21		fiction					
Gabbard & Gabbard, 1987 ⁷⁶	250	USA	films	pa	pi	(po)	(pt)	—
1989 ¹⁸	(63)							
Schneider, 1987 ⁷⁷	207	USA	films	(pa)	pi	(po)	(pt)	(o)
Walter, 1991 ⁷⁸	≈10	Australia	language: slang appellations	(pa)	pi	(po)	(pt)	—
Walter, 1992 ²⁹	404	USA	cartoons	—	pi	(po)	(pt)	—
Dudley, 1994 ²⁷	128	Australia	texts	(pa)	pi	(po)	(pt)	(sw pn)
Szykiersky & Raviv, 1995 ⁷⁹	19	Israel	books	—	—	—	pt	—
Sydow et al., 1998 ⁶	9771 (14)	D	magazine covers	(pa)	(pi)	(po)	pt	—

The primary studies are listed in chronological order. pa: psychoanalysts; pi: psychiatrists; po: psychologists; pt: psychotherapists; co: counselors; doc: doctors; lay: laypersons; pat: patients; pn: psychiatric nurses; popul: controlled sample of the general population; (Med/po)stud: (medical/psychology) students; sw: social worker; o: other profession(s).

Roles, Responsibilities, and Expertise

In the 1940s, 40% of the laypersons did not know for which problems the consultation of a psychologist should be recommended to others.³⁶ And in the 1950s, 3–8% of the students believed psychologists or psychiatrists were able to read thoughts.⁴⁰ Even in the 1970s, the public did not differentiate between psychologists and psychiatrists. For both professions it was, and is, thought typical to analyze people, to help with problems, to treat mental disorders, to study personality, and to listen to other people.^{11,36,37,51,70} In time, knowledge of the scope of psychologists and related professions did increase noticeably.⁴⁵ Today, differences between mental health professionals are seen in that psychologists are related mainly to research, diagnostics, counseling, and work with children; psychiatrists are rather seen as clinical practitioners who try to cure mental disorders by

psychotherapy, psychoanalysis or hypnosis, medication, and electroconvulsive therapy.^{11,29,40,43,46,60,62}

Asked about *clinical expertise*, it was thought by the public in the 1960s, and to some extent also today, that psychologists are responsible for family and less serious psychological problems (marital and educational problems, loneliness, adaptational and anxiety disorders) as well as psychological testing. In contrast, psychiatrists are seen as specialists for serious mental problems (e.g. schizophrenia) and the prescription of psychoactive drugs. Whereas depression, suicidal tendency, drug and alcohol addiction were thought to be psychiatric domains in the 1960s, in the 1990s psychologists tend to be seen as equally responsible for their treatment. For marital problems counselors are preferred.^{17,45,46,49,63,66,68,70} In cartoons and films, "shrinks" mostly treat cases of amnesia, multiple personality and transsexualism, which are actually quite rare.^{75,77} In the 1970s, nearly 60% of the German population preferred to consult their family doctor about psychic problems, and 15% a psychiatrist. But today (clinical) psychologists are preferred by the general population. In Germany, it is assumed by 93% of the population that psychologists are particularly competent at treating psychotherapeutic problems, 75% think that M.D.'s are particularly competent in this respect.²¹ American and South African students would prefer to be treated by psychologists as opposed to psychiatrists, social workers or M.D.'s.^{23,31} In contrast, other studies conclude that the most expertise is ascribed to psychiatrists, followed by psychologists, counselors and, the least, to social workers.^{17,48,66} For ratings of perceived expertise, social workers are consistently rated lowest by other professional groups, and an in-group preference is present in the expertise ratings of psychologists and psychiatrists.^{17,22,56}

Although psychiatric treatment is explicitly evaluated as positive, answers to open questions indicate some skepticism (consultation only if it is absolutely necessary, tendency to keep the consultation of a psychiatrist secret).¹¹ In films, nonpsychotherapeutic treatment methods like electroconvulsive therapy, psychosurgery or medication have a bad reputation.³³ From a linguistic perspective, there exist several slang appellations for psychotherapists like "mad-doctor," "nut-doctor," "headshrinker" or "shrink," which imply some ambivalence about these professions.⁷⁸ In a sample of 15 works of fiction, a successful psychotherapy was described in only five cases (20% of all patients).⁷⁹ Similarly, psychiatrists in cartoons usually do not change the condition of the patient (no change: 75%; deterioration: 15%).²⁹ In addition, psychiatrists in films are often depicted as

ineffective or even dangerous. This holds true not only for psychiatrists: in films, there is no clear differentiation between psychiatrists and other mental health professionals; e.g., psychologists are shown freely prescribing medication.^{34,77}

Personality Attributes

Physicians are thought to be sincere, strong, effective, dependable, and calm, whereas psychologists and psychiatrists are supposed to be empathic, calm, good listeners/observers, interested, competent, less dogmatic—but also to be obtrusive, twisted, complicated, unpredictable, “fuzzy thinkers,” more feminine, and emotionally labile. Sometimes psychologists and psychiatrists even make others feel uncomfortable in social contact.^{4,9,20,36,38,41,42,50,52,58,59,61} Before the 1970s, no personality related differentiations between psychologists, psychiatrists, and psychoanalysts were made in questionnaire studies. Psychologists are thought to be most similar in personality to theologians, followed by psychiatrists, and as differing markedly from scientists.^{20,58} In detail, psychologists are reputed to be warmer, more helpful, and better listeners; psychiatrists, on the other hand, are thought to be colder, more imperious, greedy, odd, uninterested, and hostile, but also better educated and more experienced, intellectual and scientific, better dressed, and more professional looking. Professionalism is attributed to both professions.^{17,23,48,63,68} The most warmth is ascribed to social workers.^{17,48,66} Clinical psychologists are seen as more liberal, sensitive, altruistic, social, and intelligent compared to nonclinical psychologists.⁵³ Psychology students, psychologists, and laypersons hold quite similar stereotypes of psychologists, characterized as affectionate and intelligent parental persons.^{8,42}

In fiction, the personality of psychotherapists is characterized as competent, successful, knowledgeable, powerful, but less often also as helpless or mad,⁷⁹ and the majority of psychiatrists are described in a negative way.²⁷ Similarly, in 56% of cartoons, psychiatrists or psychoanalysts are portrayed negatively, namely, as mad (15%), licentious (11%), bored or disinterested (11%), greedy or money conscious (14%) or sometimes as sadistic (5%).^{29,72,75} Consistently, in different media, like cartoon or film, similar types of (male?) psychiatrists can be found^{30,33,34,74,77:}

- The crazy child-person or fool (35% in films) treats his patients with bizarre or unusual methods.
- The warm, humane, modest, and fatherly type (22%) is successful with improvisation and unorthodox methods. His chief method is the talking cure.

- The manipulative monster (15%) dabbles in forbidden, dangerous areas of experimentation and uses his powers for personal profit.

Age and Physical Appearance

Although several studies show that therapists' sex/gender, age, and physical appearance have effects on their perceived competence, outcome expectancies, and actual outcome,⁸⁰ physical and sexual stereotypes of mental health professionals have been a neglected field of study. Only one study with a standardized methodology dealing with therapists' appearance could be found: Hofstätter⁴² offered his subjects 15 drawings of heads from which to choose the one who looked most similar to a psychologist: In all the German samples researched, one candidate with glasses was mentioned most often.

In cartoons, psychotherapists or psychiatrists are described as upper-middle-class professional men, with a balding pate (92%), spectacles (77%), and beard (74%), often carefully and formally dressed. Rarely, they wear white coats or a stethoscope.^{29,72} In older cartoons, a large hooked nose was also thought to be typical of psychiatrists.^{72,74} In half of the therapy-related cover pictures of German magazines, Sigmund Freud himself is depicted; this has not changed from the 1950s to the 1990s.⁶ In comics, psychotherapists or psychiatrists wear unusual clothing like trousers or jackets with dots and often have very penetrating eyes.⁷⁵ Similarly, the eyes play an important role in physical descriptions of psychotherapists in fiction.⁷⁹ Students' images of psychotherapists seem to be influenced by cartoon- and magazine-cover depictions of "shrinks." In this respect, our results are similar to those of Walter²⁹: we found four types of therapists according to their physical appearance and accessories⁴:

- The *Freud Type* (described by 15% of the participants), bearded, gray-haired, middle-aged males with glasses, dressed conservatively, possibly with a balding pate.
- The *Neurotic Type* (13%) of male or unspecified sex is unshaven, unkempt, neglected, often has longer tousled hair and unbecoming clothing.
- The *Ecological Type* (12%) can be found in a male (longer hair, full beard, Birkenstock sandals, hand-knit pullovers) or a female form (long hair, no makeup, casual clothing, long skirt or jeans).
- The *Intellectual Type* (7%) is young or middle-aged, slim; wears gold- or steel-rimmed spectacles and a correct, stylishly elegant suit; he/she looks intelligent and like a "careerist."

Sex/Gender

Only one older German study included sex/gender aspects, but did not present descriptive data.^{41,42} All results described here are, therefore, based on content analyses. In USA cartoons from 1941 to 1990, 2% of the psychiatrists were consistently described as female, 96% as male.^{29,72} Similarly, in fiction about 85%, in films three quarters, and 93% of the therapists depicted on covers of German magazines are male.^{6,18,24,27,79} The same holds for television physicians (22% female).⁸² Male writers describe only male therapists, whereas female authors write about male and female figures equally often,⁷⁹ and male students more frequently associate the German word "Psychotherapeut" with males than females do.⁴

Female psychiatrists are depicted in cartoons as sex objects or housewives ("Before we begin the analysis, Mr. Zeisel, let's get those shoes off the couch").²⁹ In Hollywood films, female psychotherapists are portrayed as physically attractive, but at the same time as "a failure as a woman." They are depicted as unfulfilled, unable to have a stable heterosexual relationship, and rejecting toward their children. At best, they are successful in their work with female clients but, with male patients, a role reversal tends to occur, where the client starts to analyze his therapist. Usually, her cure is to fall in love with her patient. "Throughout the history of Hollywood cinema, no film has ever suggested that a successful analytic career and a satisfying personal life might coexist in the same woman"¹⁸ (p. 1044).²⁴ Female health professionals are devalued in the media generally, which, for example, has been shown for women physicians.⁸²

The Psychotherapeutic Setting

Only one standardized questionnaire study included an item about the setting ("Most psychotherapy clients lie on a couch"), with which most respondents disagreed.²⁵ All the remaining results stem from content analyses. Typical elements of therapists' work setting in the media are^{29,72,74,75,77,79}: a couch (in 86% of the psychiatry-cartoons!), chairs and tables, sometimes plants, a diploma on the wall (in 86% of the cartoons; in older films or cartoons, it was often implied that the therapist was trained in Vienna or in Germany), pads and pencils, and the transaction of money. Although the office itself is rarely defined as the office of a physician, medical equipment and medications might be mentioned. Students mostly think that individual therapy (therapist and client are sitting face to face: 27%) or a couch-situation (24%) are the situations most typical for psychotherapists.⁴

Interactions between Therapists and Clients

Medical students think that psychiatrists “talk a lot but do little.”⁵⁹ In the media, the preferred mode of treatment is psychoanalysis, electroconvulsive therapy or hypnosis^{32,72,75}; psychotherapeutic work is characterized by an emphasis on early childhood and the patient’s mother, the mention of Freudian concepts (e.g., the unconscious) and a specific interest in single traumatic events and in dreams.^{29,75,77} The communication between therapists and other persons is described in fiction mainly as verbal and as visual, less often as tactile. Psychotherapists are described as often acting in a humorous way.⁷⁹ The interaction between therapists and clients is mostly called “conversation” (17%) or described as the patient talking while the therapist listens (19%), puts questions (11%), makes supportive remarks (7%) or takes notes (5%). A disturbed interaction is described in some cases: 4% locate the problem on both sides, 6% on the side of the therapist, and 4% on the side of the client.⁴ Although laypersons generally hold positive attitudes about the interaction of therapists and clients,²⁵ and psychotherapists think that they interact with their clients in a way that is very similar to their ideal interaction style (more than 85% think that they are accepting, engaged, tolerant, friendly, and warm),⁷¹ it is remarkable that two interaction problems are mentioned repeatedly in the media:

- *Sexual involvement between therapists and clients.* In popular culture, psychiatry, psychotherapy, and, especially, psychoanalysis (the couch!) are often associated with sexual relations between therapist and client. For example, over one third of the films of the 1960s in which psychiatrists appeared were sex films with titles like “Dr. Sex.”³³ And interestingly, a romantic or sexual involvement with clients is shown in (non-sex) films twice as often for women therapists as compared to men therapists—although men therapists tend to have sex with patients more often than women do.⁸³ What is played down or idealized in many films is often described as a serious problem in fiction, especially by women writers who described sexually exploitative male therapists or psychiatrists.²⁷
- *Psychotherapists who do not understand their clients.* A similar contrasting depiction of gender-sensitive problems can be found in regard to the general cross-gender understanding and the helpfulness of psychotherapy. In films, men therapists are described as much more successful in treating female clients than female therapists in treating male clients—the ratio of successful cross-gender treatments is 2:33!¹⁸ In contrast to this, female writers give several descriptions of male psychotherapists who do not understand female concerns: “the experi-

ence is one of being misheard; this may be partial or total"²⁷ (p. 584), and often leads to negative therapy outcomes or the premature termination of therapies. In fiction, the constellation "male therapist and female client" is described as most problematic and least successful.⁷⁹ Female authors, in particular, often write about the problematic experiences of women clients with male therapists or analysts.²⁷

CORRELATIONS BETWEEN SOCIODEMOGRAPHIC VARIABLES AND ATTITUDES

Females see psychologists more as counselors for personal problems, while males see them rather as experts for vocational questions and as scientists. But in general, there is only a weak or no correlation between *sex/gender* of the test persons and attitudes toward psychotherapy or psychiatry.^{25,45,46,49,51,53,62,69} But at least in the 1970s, girls and women shared a more positive view of mental health professions as compared to males and found the profession "psychologist" more attractive.^{11,51}

In children the knowledge about psychology increases with advancing *age*,⁵¹ whereas older adults compared to younger ones have hazier notions about the tasks and qualifications of psychologists and are more skeptical about psychotherapy.^{25,46} We assume that this is not an age, but a *cohort* effect, because knowledge about psychologists, psychiatrists, and psychotherapists among the general public has increased continuously since the 1940s.⁴⁵ The prestige of psychologists has also improved slightly in this time.⁴⁴ Until the 1920s, cartoons dealing with psychiatry were extremely rare; by the 1930s, the number of cartoons had risen to about 0.1%, and since then, they have constituted over 2% of all published cartoons. But the way psychiatrists are depicted in cartoons (gender, appearance, personality, setting) has remained unchanged in the last 50 years²⁹ with one exception: financial aspects of patient care have become more important.⁷⁴ One major historical change in the last four decades has been the increasing visibility of women's writing. Nowadays, women write more often about psychotherapy than men do.²⁷

Members of higher *social classes* in Switzerland are more critical; in the USA more positively minded toward psychotherapy.^{11,46,62} In Germany, better-educated persons think better of psychotherapists, people with fewer years of education prefer psychiatrists¹¹; but—at least in Britain—better-educated respondents and people with "*psychological experience*" (with professional knowledge of psychotherapy) also tend to be more skeptical about the effects of psychotherapy.²⁵ The *academic interests* of students have no effect on their evaluation of different psychological professions.⁵³ Clinical medical students are more moderate in their attitudes than prelini-

cal ones.⁵⁹ After an *internship in psychiatry*, medical students' attitudes about psychiatric practice and training improve but their image of psychiatrists does not change,⁶⁹ and there is only a weak or no significant correlation between *contact* with psychologists and attitudes toward psychology,^{51,62} while *clients* ascribe psychologists more competence and knowledge and share more positive attitudes as compared to nonpatients.^{30,31}

DISCUSSION

Sixty studies on attitudes toward, and stereotypes of, psychotherapists, psychologists, psychiatrists, and psychoanalysts were content analyzed. We cannot, however, be certain that we have included all relevant studies published in English or German: the great majority of references were not found in systematic computerized database searches but as cross-references, because the existing database key words are not very suitable for this kind of research. "Therapist attitudes" is a particular unclear key term: It can refer to the attitudes *of* therapists (which it most often does) or the attitudes *toward* therapists.

Attitudes toward psychologists and psychiatrists or physicians have been researched quite often (reviews^{8,84}), while the profession "psychotherapist" is a neglected research topic.⁷⁹ Because psychiatry and especially psychology are relatively new professions and the formal professional status of psychotherapists has been, at least in Germany, unresolved, it is not too surprising to find that the *general population did not differentiate* at all *between different mental health professions* up to the 1970s and today is still rather uninformed about the responsibilities of these related professions. But, nonetheless, there *exist consistent stereotypes of mental health professionals* that can be found in questionnaire studies as well as in content analyses of mass media. The depiction of psychotherapists in the media is *very psychoanalytically inspired*.⁶ For example, in cartoons, 86% of the therapists work with a couch.²⁹ Nevertheless, some *historical change* in the media depictions of psychotherapists can be found: while cartoon therapists in the 1940s and 1950s were usually depicted by symbols that represent Jewish refugees from Hitler-Germany or Austria (big nose [?]; German/Viennese diploma), nowadays these symbols have disappeared. Instead, the financial aspects of psychotherapy have become more important in cartoons. No change concerning the importance of psychoanalytic symbolism or the extreme underrepresentation of women therapists in media could be observed, however.^{6,29}

DOES PSYCHOTHERAPY HAVE A PUBLIC-IMAGE PROBLEM?

Whereas nonpsychiatric M.D.'s are evaluated very positively, have the highest status of all professions, and are thought to have very strong personalities, the public image of psychotherapists is less positive. Mental health professionals are thought to have more dubious traits and to be more feminine. In addition, although the questionnaire studies reviewed, in contrast to the media analyses, often do not mention this explicitly, there can be no doubt that it is assumed by the general population that psychotherapists, psychologists, and psychiatrists may sometimes be crazy or mad. As early as the 1950s, four public-image problems of psychiatrists/psychotherapists were derived from cartoons.⁷² The first—asccribed *brutality*—seems to be a specific problem for the psychiatric public image, and may derive from the fact that psychiatric treatments like psychoactive medication or electroconvulsive therapy have a bad reputation among the public, and psychiatrists are repeatedly depicted in the media as brutal^{27,33,77}; this does not apply to psychotherapists. But the remaining three points also summarize possible public-image problems of psychotherapists according to the current research reviewed here: *lack of understanding for the client*, *attributed craziness*, and *unethical sexual behavior*.

Davidson⁷⁴ offers three coping strategies or defense mechanisms in the face of negative images of mental health professionals: denial, rationalization, and amelioration. Several articles articulate concern about the partly negative image of mental health professionals and, especially, the image of “the impaired or mad psychiatrist” or psychotherapist who looks back on a burdened childhood.^{14,15,19} The rationalizing argumentation usually refers to the general fear of mental disorders, which is thought to “infect” mental health workers with a negative image. There is no doubt that humans are afraid of mental disorders, as has already been described by Shakespeare: “O! let me not be mad, not mad, sweet heaven.” (*King Lear*, Act I, Sc. V). But this argumentation seems not completely “rational” because physical illnesses like cancer or AIDS also elicit strong fears, and those who treat these illnesses in contrast to “shrinks” are very much idealized.

We want to point to another potentially significant factor: the main means of diagnosis for psychotherapists is observation, listening, and talking in contrast to physicians who usually need more “equipment.” This is also reflected by the fact that being a “good listener/observer” is one of the personality attributes most often ascribed to psychotherapists (by 39% of the respondents).⁴ Thus, theoretically, mental health professionals are always able to diagnose and, therefore, may elicit fears in the public of being diagnosed as mentally disturbed on private occasions by a passer-by

(and actually, psychology/psychiatry beginners sometimes use their knowledge in order to “diagnose” their friends or acquaintances). So the partly negative image of mental health professionals might stem from negative experiences with, or the fear of, the sometimes penetrating gaze of unprofessional therapists. In the 1950s, 3% of US students believed that psychologists were able to read thoughts and 8% felt that psychiatrists could do so.⁴⁰ In our study, “obtrusiveness” and a lack of respect for personal boundaries is the negative personality attribute of therapists mentioned most often (by 18%).⁴ In cartoons, psychotherapeutic treatment is often equated with hypnosis and in the media, generally, psychotherapists are often depicted as being very good in manipulating others.⁷⁵ Villainous as well as “good” film-therapists often seem to be very powerful, e.g., are able to disarm gangsters by intellectual means.³⁴ When taking all these hints into account, issues of therapists’ (ab)use of power and (dis)respect for the personal boundaries of others seem to be vital issues, at least in regard to psychotherapists’ public image.

Further, any serious psychotherapist has to “admit” that the motivation to become a psychotherapist has to do with problematic psychic experiences. Research shows that psychotherapists often had burdened childhoods. There have been several studies on whether psychologists or psychiatrists are more neurotic, addicted or suicidal compared to other professionals. Many of the results are inconsistent but it seems clear that psychiatrists commit suicide more than twice as often as nonpsychiatric M.D.’s.⁸⁵ As such, the image of the “crazy” therapist is an exaggeration, but not pure fantasy. Maeder,⁸⁵ instead of defending therapists against this image, develops a different perspective: he points out that the “wounded healer” is a common figure in the mythologies and religions of the world. It seems to be a kind of “archetypical” model that healers first have to cure themselves before they can help others.

Nevertheless, psychotherapy might have a public-relations problem: in the media, psychotherapy is often depicted as ineffective or even as doing harm to the clients. This, of course, affects people’s therapy motivation—and seemingly also affects researchers: it is striking that the perceived efficacy of psychotherapy has been neglected completely for decades in standardized questionnaire studies about attitudes toward psychotherapy. Only recently has this changed.²⁵ If medical students think that psychiatry is more an art than a science,⁵⁹ different therapists will evaluate this result differently: either as a public-relations problem or as a fairly realistic evaluation.

NEGATIVE PERCEPTION OF OTHER GROUPS IN PSYCHOTHERAPEUTIC PRACTICE

Few studies have explored the reciprocal perceptions of different mental health workers.^{12,17} "... serious role diffusion and professional identity crisis [is] affecting not only . . . psychiatrists, but also . . . psychologists, social workers, nurses, and other mental health workers"²² (p. 1247). Psychiatrists in general are seen (and see themselves) as the most competent and least warm when compared with psychologists or social workers. Although professionals who actually work together do not evaluate out-group professionals negatively,¹² in-group preference is generally present in the expertise ratings of psychologists and psychiatrists.^{17,23,63} This gives some hints of interprofessional rivalry, jealousy, and competition:

Conflict seems inevitable given that the professions share some aspects of treatment but also retain their own spheres of expertise . . . such conflict is most often not the result of individual 'power' struggles but rather a reflection of the overlapping roles in the context of a hierarchical (i.e., unequal) system with respect to salary and status, if not responsibility²² (p. 1253).

The link between intergroup perception and quality of clinical service delivery is an important issue for subsequent research concerns. There has been strikingly little research on these issues. What is required is "research that more fully describes existing perceptions"¹⁷ (p. 53). The psychotherapeutic and psychiatric negativism that the majority of medical students hold^{9,59,67} is of particular importance. Interestingly, although the attitudes of medical and psychology students, as well as psychotherapeutic/psychiatric practitioners, have been explored repeatedly, few studies have researched the attitudes of nonpsychiatric M.D.'s toward psychotherapists (see Table I). In this respect, a problem might exist: medical students often cite statements of nonpsychiatric physicians like "you're too good to be a psychiatrist" or "all psychiatrists are crazy."⁵⁵

NEGATIVE PERCEPTION OF OTHER GROUPS IN SCIENTIFIC AND METHODOLOGICAL PRACTICE

Researchers in the field of attitudes toward psychotherapists tend to limit their reception of studies to those with a similar methodology. There is the "club" of quantitative questionnaire fans (mostly psychologists; see Table I) and the other "club" of those more artistically interested who favor explorative content analyses of more complex material (e.g., films, comics, cover pictures of magazines, fictional literature), the latter being mostly psychiatrists and/or psychoanalysts (see Table II). The "questionnaire club" tends to neglect the content analyses of art completely because they confine themselves to what seems to them to be "methodologically cor-

rect," implying a highly standardized, seemingly "hard" methodology, whereas the "art club" quotes at least isolated results from the "questionnaire club." Both are publicized in different journals, namely, in psychological versus psychiatric, psychotherapeutic or psychoanalytic ones. The work of psychotherapists, i.e., establishing a relationship between different kinds of information, has been neglected up to now in the field of research covering stereotypes of mental health professionals. The content analyses of art are often accompanied by some methodological problems (e.g., often lacking interrater-reliability data, diffuse sampling procedures). Nevertheless, they seem to be closer to real life and to describe more complex attitudinal structures than the generally more simplistic questionnaire accounts. Sometimes even members of the "questionnaire club" feel this: "A better strategy would be first to identify . . . the way people naturally think about the field"⁶² (p. 952).

The questionnaire studies have a more limited scope—in most cases they start with very specialized standardized questionnaires, which often reveal more about the implicit presumptions of the authors than about those of the participants. An extreme illustration is Hofstätter's⁴² picture-study about the physical appearance of psychologists where there was a very limited choice—women, nonwhite or nonmiddle-aged persons were not included. While several studies have explored the perceived similarities of psychologists, psychiatrists, and M.D.'s, only one study also included theologians and found that psychologists are thought to be most similar in personality to them.²⁰ As can be seen in Table III, the members of the "art club" have collected fewer data on questions of professional status (the obsession of the "questionnaire club"), but have explored fields that have been relatively (perceived clinical expertise and (in)effectiveness of psychotherapy; physical appearance of therapists) or completely neglected by the "questionnaire fans," namely, setting, interactions between therapists and clients, and sex/gender issues. We want to conclude this review with a discussion of the latter topic, which also includes results about interactions between therapists and clients.

SEX/GENDER AND WOMEN'S ISSUES

Discrimination against women can be found in several respects. First of all, *female psychotherapists* are strongly *underrepresented* in the media. In an USA representative sample in the 1980s, about 9% of the psychiatrists and 29% of the psychologists were women.²² In Germany the majority of psychotherapists are psychologists and 50–60% of the clinical psychologists are women.⁸⁶ In contrast to that, only 2% of the therapists in cartoons

are women—consistent from the 1940s to the 1980s. In fictional literature, only 15%, in movies around 25% and only one of the 15 therapists depicted on the covers of German magazines are female.⁶ Secondly, women tend to imagine “shrinks” of both sexes, but men think primarily of male therapists. This can be concluded from international fiction, as well as from the associations of German students.^{4,79} One can hypothesize that this is also the case in films and cartoons—and in research: it is striking that sex/gender questions (similarly to ethnicity questions) are with one exception completely omitted from the field of standardized quantitative studies on attitudes toward mental health professionals, a field dominated by male researchers.

Although male psychiatrists are depicted relatively frequently in negative ways, in films and literature, there are specific negative depictions of women psychotherapists that are not applied to males. Women therapists are relatively frequently described as being “a failure as a woman,” lacking femininity and professional power: she cannot heal male patients, but on the contrary has to be healed through the erotic advances of her patient! This gender-discriminatory depiction of women therapists is not specific to this profession; for example, female M.D.’s are also depicted as less competent than their male counterparts in television.⁸²

We would be naive to assume that there is no cumulative impact on audiences of a stream of cinematic images over many years that consistently portray the female analyst as incomplete, unfulfilled, and highly unethical¹⁸ (p. 1048).

According to a psychotherapeutic hypothesis, one source of this general tendency in society to devalue women professionals might stem from early childhood, namely, the powerful role of the mother in the traditional family; it seems that “power in a woman is particularly fearsome” (p. 370)^{18,24} and has to be avoided. In contrast to the negative depiction of women therapists in film, literature—especially by women writers—emphasizes problems of male therapists facing female clients,²⁷ namely, the neglect of the central relationships of their clients, blindness toward gender-related issues, lack of respect for the personal boundaries of clients, and inappropriate use of power (sexual or narcissistic abuse). According to Dudley, who analyzed fictional and autobiographical literature about psychiatrists/psychotherapists, “The works endorse concerns about higher ethical standards of practice”²⁷ (p. 588).

CONCLUSION

This is a meta-content analysis of 60 methodologically heterogeneous studies (standardized questionnaire studies versus explorative content

analyses of media) on the public image of psychotherapists, psychologists, and psychiatrists. A summary of our descriptive results is given in Table III, which refers to stereotypes of therapists' status, roles and responsibilities, clinical expertise, personality attributes, sex/gender, work setting, and interactions between therapists and clients. The public image of psychotherapists is strongly influenced by psychoanalytic images (Sigmund Freud himself, the couch). Public-image problems of the therapeutic professions can be derived especially from the content analyses of media.

It has always been clear that there is much for the movies to learn about real psychiatry. What has been ignored is that there is much for psychiatry to learn from its movie counterpart⁷⁷ (p. 1002).

This statement can be generalized to all mental health professions and all portrayals of psychotherapists in art, be it in films, comics or fictional literature: not only do artists have to learn more about psychotherapy—the reverse is also true. Art articulates problems inherent in psychotherapeutic practice (e.g., misunderstanding of clients' concerns; lack of respect; abuse of power; sexual abuse).²⁷ From the positive depictions of psychotherapy processes in fiction or film, it can also be concluded that the public wishes good therapists to be warm, empathic, humorous, to talk actively with their patients, give priority to real-life events, and not to devalue the significant others in the lives of their clients.^{77,79}

SUMMARY

Background: This text reviews research on attitudes toward or stereotypes of mental health professionals, particularly psychotherapists. *Methods:* Investigations of psychological and medical data banks and cross-references revealed 60 studies that touch on this subject. These studies, published between 1948 and 1995, were systematically content analyzed. *Results:* Two different branches of research, which had not hitherto been integrated, were found: quantitative studies using a standardized methodology (mostly questionnaires; N = 48), and content analyses of works of visual art (films, cover pictures of magazines, comics; N = 12) or fictional literature about psychotherapists. Summarized descriptive results concerning the following topics are presented: status and prestige; roles, responsibilities and expertise; personality attributes; physical appearance; sex/gender; psychotherapeutic settings; interactions between therapists and clients. Correlations between sample sociodemographical variables and their attitudes/stereotypes are summarized. *Conclusions:* Public-image problems of psychotherapists, research deficits, methodological problems, and sex/gender issues are critically discussed.

Table III. A COMPARISON OF THE RESULTS OF THE TWO TYPES OF STUDIES

Dimensions	Studies with Standardized Methodology	Content Analyses of Works of Art/Media
Number of studies	48	12
Samples	mostly students (seldom: general population)	fiction, movies, cartoons, cover pictures of magazines
Status and pres- tige	physicians > PT ≈ psychiatrists ≈ psychologists psychoanalysts	(PT are depicted relatively often in mass media, but often in a nega- tive way)
Roles and responsibili- ties	psychologists: research, diag- nostic, psychotherapy counseling psychiatrists: psychotherapy medication, ECT	no differentiation between—dif- ferent mental health profes- sions—all practice psycho- therapy/—analysis, hypnosis, ECT
Clinical exper- tise	psychiatrists > psychol- ogists > social workers	PT are often ineffective; sometimes they harm patients
Personality attributes	PT: empathic, interested, calm, intelligent, compe- tent, twisted, complicated, labile, feminine; psychia- trists are colder then psy- chologists	PT: competent, powerful, intelli- gent, warm or helpless or mad or manipulative and obtrusive.
Age and physical appearance	??? psychiatrists are better dressed then psychologists	PT: middle-aged men, formal dress, grey hair, balding pate, spec- tacles, beard; sometimes: pen- etrating eyes
Sex/gender	???	male depictions of PT predomi- nate: film (75% male PT), litera- ture (85%), cartoons (96%), magazine covers (93%); female PT less competent then male PT
Setting	???	couch, seats, table, plants; fountain pen and pad; money; (European diploma)
Interactions between therapists and clients	???	speech & visual contact; often: sexual relations between thera- pists and clients; often: thera- pists do not understand their clients

???: no data available. PT: psychotherapists. ECT: electroconvulsive therapy.

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