MEDIA COLUMN

Psychiatrist Archetypes in Comedic Television

Nina E. Ross¹ · Abhishek Jain² · Ryan C. W. Hall³ · Susan Hatters Friedman⁴

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Portrayals of psychiatrists in comedies can serve as engaging teaching tools. Understanding and identifying these humorous representations and their evolution are one way to shed light on perceptions of psychiatry and illustrate effective and ineffective—means of patient communication and psychiatric care. These portrayals may be used in educational settings, such as didactic lectures, presentations, and trainee activities (e.g., medical student or resident film clubs).

In this article, we describe four archetypes of psychiatrists that frequently appear in comedic television and we highlight their potential utility for teaching. Three of the archetypes are from psychiatrist Irving Schneider's classic psychiatric archetypes in film: Dr. Dippy (ineffectual, bizarre, lacking common sense), Dr. Wonderful (effective, kind, therapeutic), and Dr. Evil (malevolent, exploitative, manipulative) [1]. Additionally, we identify and explore a novel archetype: Dr. Detached. Educators may consider these portrayals as ways to illustrate psychiatric concepts, such as physician–patient interactions, ethical boundaries, and representations (and misrepresentations) of pathology.

Dr. Dippy

One of the first representations of a mental health professional as a protagonist in a comedic show, and an example of a Dr. Dippy, was psychologist Dr. Bob Hartley on CBS' *The Bob Newhart Show* in the 1970s. The character was derived from Bob Newhart's famous one-sided telephone stand-up routine and was chosen to be a psychologist so he would be

Nina E. Ross Nina.ross@hmhn.org

- ¹ Hackensack Meridian School of Medicine, Nutley, NJ, USA
- ² Columbia University Vagelos College of Physicians and Surgeons, New York, NY, USA
- ³ University of South Florida, Tampa, FL, USA

⁴ Case Western Reserve University, Cleveland, OH, USA

a good listener [2]. Although Hartley has funny lines, he is a serious character at whom others laugh. Newhart noted in an NPR interview that "[Hartley] should've had his license pulled [since he never helped anyone]" [2]. This opinion aside, in many regards, Hartley is caring and wants to help patients, although at times he is ineffectual. Additionally, like in many sitcoms of the 1970s, Hartley has a wacky home life and an eccentric neighbor, humorously portraying how clinicians' personal and professional lives may differ.

A more recent example of a Dr. Dippy, the bumbling fool, is Arrested Development's Dr. Tobias Fünke. Fünke is a psychiatrist, specifically a psychoanalyst and therapist turned aspiring actor, after losing his medical license for performing cardiopulmonary resuscitation on someone who was asleep poolside. Fünke's comedy stems from his obliviousness and bizarreness. While attempting to dispense psychiatric wisdom, his advice is often more relevant to himself than his reluctant patients, an example of the defense mechanism projection. For instance, Fünke tells his mother-in-law, "There's a psychological concept known as denial, that I believe you're evincing. It's when a thought is so hateful that the mind literally rejects it" [3]. His mother-in-law replies, "You are a worse psychiatrist than you are a son-in-law, and you will never get work as an actor, because you have no talent." Fünke blankly stares for a moment and then states, ironically, "Well, if she's not going to say anything, then I certainly can't help her." Fünke also wrestles with a fictionalized psychiatric condition, being a "never nude" (akin to the actual gymnophobia, or fear of nudity), which the show defines as a "rare psychological affliction of never being able to be completely naked" [4]. Thus, Fünke demonstrates Dr. Dippy's role in comedic television: a psychiatrist whose own problems eclipse those of his patients.

Brothers Frasier and Niles Crane, from the 1993–2004 NBC show *Frasier*, further embody the archetype of Dr. Dippy. *Frasier* is a spin-off show following the antics of the psychiatrist character from NBC's 1982–1993 show *Cheers* (and *Frasier* is also scheduled for an upcoming reboot). Frasier is a radio call-in psychiatrist, who offers advice to



Seattle's listeners, while Niles is in private practice. Amazingly, with such important roles, they both lack common sense. Despite their stellar academic credentials and enjoyment of fine arts and music, they both have limited senses of humor. However, much of the show's humor derives from their exaggerated seriousness, fragile egos, lack of selfawareness, and general cluelessness. For example, although he is a physician, Niles faints at the sight of blood [5]. In another popular episode, Frasier believes he has just set up Daphne with his boss, Tom, yet throughout the episode, Tom's romantic attentions are focused on Frasier [6]. Frasier is cluelessly unaware of Tom's interest in him, even unwittingly inviting Tom to his bedroom to observe the "view" from his bedroom without awareness of the suggestiveness of this invitation.

An honorable mention for a Dr. Dippy is Dr. Leo Spaceman from *30 Rock*. Spaceman is a physician who is not a psychiatrist but a jack-of-all-trades who confidently provides incompetent care for his rich and famous patients. When acting in the role of a psychiatrist, he tells the character Jenna Maroney that she is having "psychosomatic" problems, which he defines as "just a fancy doctor word for 'your brain is broken'" [7]. He further tells Jenna that "Unfortunately, there's no field of medicine that deals with the brain," and he provides her with a pamphlet about cults [7].

Dr. Wonderful

Dr. Jason Seaver, the first Dr. Wonderful in modern comedic television, was seen in households in the 1980s and 1990s on ABC's *Growing Pains*. Seaver, dad to three children, practices psychiatry from home to spend more time with his children and to facilitate his wife's return to work. Patients coming to a psychiatrist's house for appointments may introduce a host of boundary concerns, but a surprising lack of such problems happened on the show. Seaver was the epitome of a loving father, a caring psychiatrist, and a Dr. Wonderful.

A less traditional example of a Dr. Wonderful is Dr. Richard Nygard from *Parks and Recreation*. Part of the intrigue is that Nygard never appears onscreen but is often referenced by characters. Nygard's status as a Dr. Wonderful is supported by his therapeutic efficacy. Chris Traeger, played by Rob Lowe, is one of Nygard's most enthusiastic patients. Traeger sees Nygard for anxiety, depression, and existential crises. He initially sees Nygard up to 15 times weekly, a frequency that likely stems from Traeger's intense personality. Ultimately, Traeger's psychiatric symptoms improve significantly, likely in large part due to Nygard's interventions. In a fifth season scene [8], Traeger proudly shares his newest accolade, "Chris Traeger, city manager, friend, aspiring life coach and recipient of Dr. Richard Nygard's award for Most Improved Patient for my psychotherapy sessions."

Dr. Evil

Humor derived from depictions of Dr. Evils in television may be darker and incongruent with what is expected of psychiatrists as healers or problem-solvers. A Dr. Evil might manipulate another character out of self-interest, pleasure, or a malevolent desire to make that character appear foolish.

In the popular sitcom Seinfeld, Dr. Reston is a selfassured psychiatrist who manipulates Elaine Benes, his patient, into a romantic relationship (a clear boundary violation). Elaine discloses to her friends that she wants to end the romantic relationship but cannot because of his control over her. As Elaine tries to discuss their relationship, she becomes flustered and stammers while Reston calmly brings up embarrassing dreams and personal details that she previously disclosed to him [9]. While intended to be light, these moments nonetheless exemplify Reston's character as a Dr. Evil. In scenes where Reston is in his office interacting with patients, humorous visual signals of Reston's authoritative position are also evident. For example, his armchair appears larger and more luxurious while the other characters can be seen uncomfortably squirming in a smaller chair [9]. Reston can be used in teaching moments, to illustrate boundary violations, misuses of confidential information, and power dynamics that can exist between doctors and patients.

A more subtle example of a Dr. Evil crossed with a Dr. Dippy is Dr. Sheila Kleinman in Mad About You. Kleinman, as a Dr. Dippy, often discloses her incompetence and anxieties. For example, in one episode [10], she tells her patients Paul and Jamie Buchman about her fears about Y2K even though they had sought reassurance from her. She oversteps many boundaries, including going to her patients' house to watch them sleep in order to determine the equation for Y2K from Paul's dream. She displays a callousness toward her patients, however, that also establishes her as a Dr. Evil. For example, after Kleinman first meets with the Buchmans for couples therapy, she dictates to herself that "conservatively speaking, only 5 to 12 years for this couple" [11]. She then notes that "major conflicts [in the relationship] will arise, but that's what keeps us in business." Kleinman rises to the level of Dr. Evil because of her emotional detachment from her patients to the point of seeing conflicts as financial opportunities, even suing her patients in a later episode.

In the Netflix dark comedy series *After Life*, the local psychiatrist lacks common sense like a Dr. Dippy, but he also uses patients for his own purposes like a Dr. Evil. The psychiatrist laughs at his patients, posts on social media during sessions, and reveals confidential information from

other patients mockingly while at the pub with his friends. Within psychiatric treatment sessions, he discusses his anal bleeding, talks about his sex life, and invites a patient to have a beer. It has been suggested that he needs a category that is all his own [12].

Dr. Detached

In our review of comedic television archetypes, we observe a fourth category: Dr. Detached. Dr. Detached is a psychiatrist devoid of emotion who has characteristics distinct from those of psychiatrists in other categories. Unlike Dr. Evil, who may act coldly toward patients due to malintent and might even come across as superficially charming, Dr. Detached's lack of expressed emotion appears to be true indifference. This archetype resonates with the stereotype of the classic psychoanalytic psychotherapist who provides minimal to no verbal or emotional cues during a therapy session. Dr. Detached works best in television (and not film) because of the multiple exposures over time, which allows the audience to understand and appreciate the character and therefore appreciate the humor that often comes at the expense of this archetype.

Dr. Detached is often unwittingly the object of humor. An example of a Dr. Detached is Dr. Lilith Sternin, Frasier's cold wife on *Cheers* and his ex-wife on *Frasier*. Sternin exemplifies a Dr. Detached by her lack of emotions toward her patients and even her family. Her detached affect is her primary characteristic as a psychiatrist. This detachment stems from a true lack of emotional attachment, rather than an affective style designed to manipulate others, and this emotionless quality serves as a source of deadpan humor.

Dr. Beverly Hofstadter, Leonard's mother on CBS' 2007-2019 The Big Bang Theory, is another example of a Dr. Detached. Hofstadter (played by Christine Baranski) freely and coldly criticizes others, reproach that is thinly veiled underneath psychiatric interpretations. She is portrayed as devoid of empathy and emotion toward others. Her comments and criticisms could even be used to illustrate the defense mechanism intellectualization, albeit a cartoonish and exaggerated version of it. To her son, Leonard, Hofstadter is similarly clinical, unkind, and judgmental. Her attitude toward him has a negative impact on his general outlook and relationship with her. Leonard fears her yet also craves her approval, which she rarely provides. Hofstadter clearly prefers Leonard's highly successful best friend, Sheldon, to her own son. Hofstadter even writes a book about Leonard, titled The Disappointing Child [13]. Interestingly, others have characterized Hofstadter as a Dr. Wonderful, on the basis of her intelligence and high level of accomplishments [14]. If her interactions with her son are any indication of her interactions with patients, however, her lack of empathy and connection far outweighs her intellect.

Discussion

Comedic portrayals of psychiatrists (characterized in Table 1) can serve as useful teaching tools, prompting numerous educational points, such as examples of positive and negative patient interactions (Table 2). For instance, a Dr. Dippy's bizarre actions and interpersonal deficiencies can demonstrate ineffective patient encounters, while also prompting considerations for physician self-awareness and self-care. A Dr. Dippy can also prompt discussion of disclosure, namely when and how much information should be revealed to patients purposefully-or inadvertently-as a Dr. Dippy's actions may also reveal personal struggles. Dr. Wonderfuls can exemplify positive therapeutic encounters. However, they may be overly invested in their patients, underscoring the importance of maintaining patient-psychiatrist boundaries and encouraging patient self-efficacy. Dr. Evils can portray ineffective and potentially harmful therapeutic relationships, which can encourage further discussion of ethical principles such as non-maleficence. Dr. Evils' exploitations of their patients for personal gain also warrant discussion of boundary crossings and violations. A Dr. Detached can exemplify defense mechanisms, such as intellectualization, and prompt a discussion about maintaining empathy while establishing therapeutic boundaries. A Dr. Detached may likewise help illustrate the importance of using psychiatric skills and knowledge judiciously and thoughtfully, especially in social interactions and non-professional settings.

These portrayals can also illustrate humor in a therapeutic relationship. While deeper discussions of humor as a mature defense mechanism, therapeutic tool, or marker of cognitive functioning and abstract thinking are beyond the scope of this paper, these can be considerations in patient assessment and interactions.

Table 1 Selected examples of comedic television archetypes

Dr. Dippy	Dr. Frasier Crane (Cheers, Frasier)	
	Dr. Niles Crane (Frasier)	
	Dr. Tobias Funke (Arrested Development)	
	Dr. Molly Clock (Scrubs)	
	Dr. Leo Spaceman (30 Rock)	
Dr. Wonderful	Dr. Bob Hartley (The Bob Newhart Show)	
	Dr. Jason Seaver (Growing Pains)	
	Dr. Molly Clock (Scrubs)	
	Dr. Richard Nygard (Parks and Recreation)	
Dr. Evil	Dr. Reston (Seinfeld)	
	Dr. Sheila Kleinman (Mad About You)	
	Unnamed Psychiatrist (After Life)	
Dr. Detached	Dr. Lilith Sternin (Cheers, Frasier)	
	Dr. Beverly Hofstadter (The Big Bang Theory)	

Table 2 Archetypes, characteristics, and teaching points

Archetype	Characteristics	Teaching topics
Dr. Dippy (e.g., Dr. Tobias Fünke's lack of awareness about his psychological shortcomings in <i>Arrested Develop-</i> <i>ment</i> , Season 1, Episode 6 [4], Season 2, Episode 11 [3])	Bizarre, caring but ineffective, lacks common sense	The importance of self-awareness and self-care Examples of ineffective therapeutic relationships Special care for "very important" patients leading to bad outcomes Importance of active listening to patients The role of disclosure to patients
Dr. Wonderful (e.g., Dr. Molly Clock's positive therapeutic effect on the patients in the hospital in <i>Scrubs</i> , Season 4, Episode 5 [15])	Kind, warm, dedicated to patients	An example of effective therapeutic relationship Maintaining appropriate boundaries with patients (e.g., hazards of seeing patients in one's own home) Risks with overfamiliarity or overinvestment with patients Mature and immature defense mechanisms
Dr. Evil (e.g., Dr. Reston's manipulation of his patient and girlfriend Elaine Benes to prevent her from breaking up with him in <i>Seinfeld</i> , Season 4, Episode 6 [9])	Manipulative, exploitative, uses patients for personal gain	Public fears about psychiatry Medical ethics (e.g., non-maleficence, confidentiality) Legal concepts (e.g., malpractice, intentional harm) Boundary crossings and violations
Dr. Detached (e.g., Dr. Beverly Hofstad- ter's cold, clinical appraisal of her son in <i>The Big Bang Theory</i> , Season 7, Episode 4 [13])	Disinterested in patients, devoid of emotion or empathy	Discussions of misperceptions of community about psychiatry Judicious and thoughtful use of psychiatric skills and knowledge Defense mechanisms (e.g., intellectualization) Maintaining a balance between empathy and therapeutic bounda- ries

Educators can additionally consider that television characters often do not cleanly fit into one archetype. Lengthier television character arcs may allow for more nuance and growth compared to film. While we use prototypal examples to illustrate four archetypes, many well-written characters may evolve into altogether new archetypes or embody combinations. For example, Heather Graham's psychiatrist character in *Scrubs*, Dr. Molly Clock, is likely a combination of a Dr. Dippy and a Dr. Wonderful. Although Dr. Clock is wise, kind, and effective with patients, her personal shortcomings are highlighted at times, such as forgiving her boyfriend who has stolen and crashed her car because of his "beautiful eyes" [15].

Television depictions may also allow overall reflection on popular beliefs and misconceptions about mental illness and the mental health field. Negative portrayals can have deleterious effects, such as deterring people from seeking psychiatric care [16]. Even watching a single film that portrays people with mental illness as violent can negatively impact people's attitudes toward those with mental illness [17]. Similarly, media portrayals of psychiatrists can negatively impact medical students' likelihood of specializing in psychiatry [18].

Media portrayals, public perceptions, and developments within the field of psychiatry are also inextricably linked. Questionable ethical practices from earlier eras of the field (e.g., inhumane treatments and confinement in asylums) may have lent some credence to portrayals of psychiatrists as villains [16, 19]. As the field has continued to progress and become more publicly accepted, however, more positive portrayals have also emerged. For instance, *The Bob Newhart Show* and *Frasier* evoked humor from the characters and their profession, while maintaining humanity and warmth regarding psychiatry and those who benefit from its services. These positive portrayals may help counteract stigma toward psychiatrists and psychiatry, demystify the process of mental health treatment, and encourage more people to seek help when needed.

Conclusions

Psychiatrists, over time, have been depicted using a wider array of archetypes in comedic television than has been described in film. These portrayals can be used as educational tools and provide important points for discussion. While television psychiatrists may intentionally create comedic moments in these portrayals, psychiatrists also at times are unwittingly the objects of humor. There are likely many reasons for these depictions, including historical suspiciousness of psychiatry, stigma toward mental illness, and perhaps the inherent comedic value of humor as a coping mechanism when addressing mental health. Media both reflects and plays an important role in public perception of psychiatry, as well as recruitment and development of a psychiatric workforce to address public mental health needs. While psychiatrists on television may have much comedic value, care should be paid to the way mental illness and psychiatry are portrayed. Furthermore, as the psychiatric field continues to evolve, we anticipate public perceptions and media portrayals of psychiatry will similarly evolve.

Declarations

Disclosures On behalf of all authors, the corresponding author states that there is no conflict of interest.

References

- Schneider I. The theory and practice of movie psychiatry. Am J Psych. 1987;144(8):996–1002.
- 2. Bob Newhart looks back on a career of one-sided conversations. Morning Edition. NPR; 2014 May 27.
- Out on a Limb. Arrested Development. Season 2, Episode 11. Fox; 2005 March 6.
- 4. Visiting Ours. Arrested Development. Season 1, Episode 6. Fox; 2003 December 7.
- 5. Three Valentines. Frasier. Season 6, Episode 14. NBC; 1999 February 11.
- 6. The Matchmaker. Frasier. Season 2, Episode 3. NBC; 1994 October 4.
- Hey, Baby, What's Wrong. Season 6, Episode 6. 30 Rock. NBC; 2012 February 9.
- Halloween Surprise. Parks and Recreation. Season 5, Episode 5. NBC; 2012 October 25.
- 9. The Watch. Season 4, Episode 6. Seinfeld. NBC; 1992 September 30.
- Millennium Bug. Mad About You. Season 7, Episode 16. NBC; 1999 April 26.

- 11. Therapy. Mad About You. Season 5, Episode 3. NBC; 1996 October 15.
- Friedman SH, Rosenbaum K. 'After Life' and Before Good Treatment. MDedge Psychiatry. 2020. https://www.medscape.com/ viewarticle/931585. Accessed 2023 March 31.
- 13. The Raiders Minimization. Season 7, Episode 4. The Big Bang Theory. CBS; 2013 Oct 10.
- Bogie BJM, Colbourne A, Menezes N, Saperson K, McConnell MM. The doctor is in: media portrayals of psychiatrists and their influence on Canadian medical students' recruitment into psychiatry. Acad Psychiatry. 2018;42(3):386–393.
- 15. Her Story. Scrubs. Season 4, Episode 5. NBC; 2004 Sept 28.
- 16 Hopson J. The demonisation of psychiatrists in fiction (and why real psychiatrists might want to do something about it). Psychiatr Bull (2014). 2014;38(4):175–9.
- Scarf D, Zimmerman H, Winter T, Boden H, Graham S, Riordan BC, et al. Association of viewing the films Joker or Terminator: dark fate with prejudice toward individuals with mental illness. JAMA Netw Open. 2020;3(4): e203423.
- Cutler JL, Alspector SL, Harding KJ, Wright LL, Graham MJ. Medical students' perceptions of psychiatry as a career choice. Acad Psychiatry. 2006;30(2):144–9.
- Angermeyer MC, van der Auwera S, Carta MG, Schomerus G. Public attitudes towards psychiatry and psychiatric treatment at the beginning of the 21st century: a systematic review and meta-analysis of population surveys. World Psychiatry. 2017;16(1):50–61.

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