

FILM

ARTS FOR HEALTH

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The *Arts for Health* series offers a ground-breaking set of books that guide the general public, carers and healthcare providers on how different arts can help people to stay healthy or improve their health and wellbeing.

Bringing together new information and resources underpinning the health humanities (that link health and social care disciplines with the arts and humanities), the books demonstrate the ways in which the arts offer people worldwide a kind of shadow health service – a non-clinical way to maintain or improve our health and wellbeing. The books are aimed at general readers along with interested arts practitioners seeking to explore the health benefits of their work, health and social care providers and clinicians wishing to learn about the application of the arts for health, educators in arts, health and social care and organizations, carers, and individuals engaged in public health or generating healthier environments. These easy-to-read, engaging short books help readers to understand the evidence about the value of arts for health and offer guidelines, case studies, and resources to make use of these non-clinical routes to a better life.

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FILM

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United Kingdom – North America – Japan – India
Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2021

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British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN: 978-1-83867-312-3 (Print)

ISBN: 978-1-83867-309-3 (Online)

ISBN: 978-1-83867-311-6 (Epub)



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Environmental
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ISO 14001:2004.

Certificate Number 1985
ISO 14001



INVESTOR IN PEOPLE

DEDICATION

*This book is dedicated to George A. Romero for showing me that
there is no better medicine than movies and a laugh.*

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SERIES PREFACE: CREATIVE PUBLIC HEALTH

The “Arts for Health” series aims to provide key information on how different arts and humanities practices can support, or even transform, health, and wellbeing. Each book introduces a particular creative activity or resource and outlines its place and value in society, the evidence for its use in advancing health and wellbeing, and cases of how this works. In addition, each book provides useful links and suggestions to readers for following-up on these quick reads. We can think of this series as a kind of shadow health service – encouraging the use of the arts and humanities alongside all the other resources on offer to keep us fit and well.

Creative practices in the arts and humanities offer a fantastic, non-medical, but medically relevant way to improve the health and wellbeing of individuals, families, and communities. Intuitively, we know just how important creative activities are in maintaining or recovering our best possible lives. For example, imagine that we woke up tomorrow to find that all music, books, or films had to be destroyed, learn that singing, dancing, or theatre had been outlawed or that galleries, museums, and theaters had to close permanently; or, indeed, that every street had posters warning citizens of severe punishment for taking photographs, drawing, or writing. How would we feel? What would happen to our bodies and minds? How would we survive? Unfortunately, we have seen this kind of removal of creative activities from human society before and today many people remain terribly restricted in artistic expression and consumption.

I hope that this series adds a practical resource to the public. I hope people buy these little books as gifts for family and friends, or for hard-pressed healthcare professionals, to encourage them

to revisit or to consider a creative path to living well. I hope that creative public health makes for a brighter future.

Professor Paul Crawford

ACKNOWLEDGMENTS

Countless conversations, endless e-mails, single line quips from film and TV ... this is the fodder from which I drew inspiration. But who created this fodder? My friends and family, of course. So, thank you, Ruta, Sofia, and Naomi. You've indulged me on both big and small screens alike. Thank you, Heather, for calling me with quotations every time you rewatch the Princess Bride. Thanks Mom and Dad, for letting the Wicked Witch of the West scare the pants off of me. And thanks Eric and Christina, for allowing me to wax almost poetic about campy stories. To Paul Crawford, who has tirelessly championed a good tale as the best kind of healing. To Larry Fessenden, for showing me that meaning is everywhere. To Adam Hart, for showing me that you can be scholarly about 1980s slasher films. To my buddy Peter, who introduced me to Jonah on SHH and who adores Terrence Malick. And to the students I've taught – for allowing me to see film through all of your eyes. Finally, to all of those who told their stories. May you never stop.

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INTRODUCTION – WHY FILM?

Life is complicated.

This might seem a rather trite way to begin a book with the otherwise grand aspirations to summarize the relationship of film to health. However, think of this sentiment as a universal truth that is so terribly obvious that we sometimes fail to fully consider the richness of all that it implies. After all, we behave in maddeningly unpredictable ways.

We feel better when we feel sad. We frequently eat too much. We have been known to misbehave. We succeed without trying and we try often with no reasonable chance of success. The most perplexing fact of all is that we represent our peculiarities through the metaphors that art affords. *Why would we want to relive our oddness any more than we do in real life?* What could possibly be the reasons to explain our uniquely human tendency to represent ourselves, over and over, in artistic expression? Haven't we had enough?

Before we even get into the meat of this book's discussion, let us at least be clear about the following statement: *We need art.* This book fully agrees with the stringently held set of beliefs that we require art to tolerate the ebbs and flows of our very existence. Once we accept this premise, then we must further acknowledge that among the most fundamental of these ebbs and flows are the rocky waters of sickness and health. These forces hold enormous sway over all that we do and indeed all that we are. Art, we argue, is uniquely suited to capture and to convey the nuanced emotional experiences that characterize our daily struggles toward remaining healthy and whole.

This book, however, cannot capture all forms of art. To summarize the role of art in our quest for health is in fact the goal of the entire volume of books to which this small contribution belongs. Nevertheless, it is the premise of this volume that a case can be made that film is the most effective form of artistic expression for these lofty endeavors. In fact, one can argue that film, whether it appears in our theaters or our living rooms, is the most influential form of art throughout the world. Film, after all, remains popular in the developed and the developing world. Movies and television programs are discussed in the ivory towers of academia and across the bedlam of social media. One can literally read a discussion of the same film in a high brow journal and on the stalls of a public restroom. Debates about film are universally digested. No other form of artistic expression so completely dominates our cultural landscape. In this sense, film is the most available and accessible form of artistic expression. Indeed, the very breadth of film's reach makes the creation of this book somewhat daunting. How does one capture all that film offers in the service of staying well? I will without question fail to touch on every salient point. That is the risk of this kind of endeavor. There will be movies unmentioned and themes unexplored. I beg the reader's forgiveness now for these inevitable mishaps, and it is my great hope that readers will continue the discussions that have their genesis in the pages that follow.

Let's think for a moment about the ways that we allow film to permeate our daily existence. At the forefront of this discussion is the unusually intimate relationship we enjoy with the artists who create our on-screen stories. After all, how often can you recall or even access an interview with a famous artist whose work you enjoyed at a local gallery? How many speeches have you appreciated from the author of a favorite novel? In what form of art other than film can one see the artists themselves so willingly explain their thinking? These inquiries require only a rudimentary Internet search. Screenwriters, directors, cinematographers, actors, and producers are willing to share with all of us their experiences in the creation of the stories that unfold on the silver screens in our theaters and across the streaming networks in our homes. To this end, film enjoys enormous and unchallenged power to influence how we feel about ourselves and about each other.

Film can express for us the feelings that we have when we fall in love, when we are full of rage, when we marvel at the growth of our children, and when we slow down and eventually expire. We experience the trials and tribulations of the characters in every story that we see unfolding on screen. We are sometimes even moved to action by the activism of the stories themselves. Virtually every developed nation has its own set of awards to recognize excellence in the creation of movies and television, and the award ceremonies at these gala events inevitably discuss the gifts of understanding that on-screen stories afford. In short, film allows us to illustrate and therefore to celebrate the endlessly fascinating features of what it means to be human.

All of this is possible because films tell uniquely immersive stories. Neuroscientists and cultural commenters have described film as a kind of hypnosis; we find ourselves, without realizing it, experiencing the feelings of another person. In short, we become the characters on the screen. Somebody flinches in pain, and we in the audience flinch ourselves. When a character cries, we find ourselves crying. The ancient Greeks understood this well and called the strange transference of feelings from story to recipient as cathartic, a term that literally connotes a kind of cleansing. I argue that no other modality allows this cleansing as completely as film. This is true for fictional narratives and it is true for historical re-creations. This is true even for documentaries. In all of these forms of expression, we find ourselves emotionally invested. As a result, we are invited to better explore our own fears and our own celebrations. What better tool for the exploration of the human condition itself?

But why does all of this happen? Should we accept at face value that the experiences that film engenders necessarily allow us to better understand ourselves? How do we know that we do not simply leave the theater, or turn off our computers, or perhaps push the off button on the coffee table remote, and then simply go back to being who we were before we immersed ourselves in the experience?

The easy answer is that we should *not* accept this as a central and immutable tenet. It is entirely possible that many of us find ourselves unmoved by all that we see in the screen. However, current scientific inquiries find that this conclusion is increasingly unlikely. Our brains are rewarded handsomely when we allow ourselves to

pursue our need to connect with one another. We are pack animals. We need to understand, therefore, the motivations of our pack. This understanding stems from a special interplay between sympathy and empathy. We will discuss these concepts as they relate to film later in this book. However, before we delve into the science, it makes sense to establish the unique method through which films manage to make us care so deeply.

I would like to argue that there exists a process through which we take in our movies and television programs. We start with the experience of sympathy. We *feel* for the “other,” and in this case is the “other” is a character that we watch on the screen. This allows us to begin to close the chasm between the “other” and the “self.” Because of this response, we desire to help or to assist or even to stop the characters to whom we are introduced from whatever we see unfolding in the narrative we are experiencing. Even more importantly, these desires take us deeper into our personal experiences, and because of these more intimate feelings, we move through an exploration of our sympathies into more intense experiences that promote empathic connectedness. Not only do we feel for the other, but we move toward feeling what the other feels. We *walk in the shoes of the other*. We go from feeling for a character to feeling as if we *are* that character.

These experiences ultimately lead to the wonders offered by the act of displacement. *For the purposes of this book, displacement is essentially a defense mechanism.* It is a tool that allows for the safe exploration of aspects of ourselves that we might otherwise feel uncomfortable experiencing more directly. We can understand our rage when we watch *The Sopranos*. We can understand love when we watch *A Room with a View*. We start by feeling for the “other” and then as we become more immersed we become the “other.” As a result, we learn more about our own unique characteristics that were perhaps previously unknown, unrealized, or unappreciated. This is the magnificent sleight-of-hand that film affords.

Ultimately, through imagination, through the creation of sympathy, and through the engenderment of empathy, film fosters escapism. We leave our bodies through the experience of film and movies. Because of its immersive and hypnotic nature, film is among the most reliable and common forms of escape. To the extent that this

kind of escapism has been shown to have strong associations with decreased stress, improvement in emotional health, and the preservation of psychological well-being, we can argue that for many people, film can function as a central aspect of emotional balance.

It follows, therefore, that film helps us with our physical health as well as our mental health. After all, mind and body are the same. The brain is connected to the rest of the body. A healthy mind is necessary for a healthy body, just as a healthy body makes possible the appreciation for emotional and psychological well-being. In some instances, it is possible that the positive effects of film work faster than almost any traditional therapeutic endeavors. There are studies documenting the extent to which people feel immediately better after enjoying a well told story on-screen. There is even research documenting the correlation between the appreciation of a good movie and an increased ability to fight infection. Importantly, these stories need not be uplifting. They must only be transformative and authentic. Because humans are themselves complex creatures, there will inevitably exist certain films that are more helpful for certain people. There is, one can argue, an on-screen story for everyone. By the same token, however, precisely because of our willingness to allow the immersion that film encourages, on-screen stories can also be traumatic and physically harmful. There are movies known for provoking nightmares and actual illnesses. Those same films are for others inspiring and health-inducing. Such is the complexity of diversity when it comes to our unique relationship to art of all forms.

Finally, there is a growing literature on the use of film to tolerate the discomfort of healthcare itself. Movies are shown during procedural medicine, such as dental work, to help children to tolerate chronic pain. The hypnotic nature of stories on-screen can distract us from the suffering that characterizes our endeavors to become healthier, and can help us to understand the sickness and suffering of others.

All of this is to say that film is core to our well-being. If we imagine a world where artistic expressions on screen were to suddenly disappear, it is my contention that this world would be characterized by significantly worse overall health. Film helps us to feel whole.

Because I am a physician, I tend to think of challenges in terms of sickness and health. Throughout the pages that follow, therefore, we will systematically make the case for film in the service of health, and we will discuss as well the ways that film can in some instances be harmful. We will start with the conditions which films help us to better understand. These include mental and physical illnesses as well as the ups and downs of everyday life. We will then move to discuss the ways that film helps to demonstrate and inspire the maintenance of wellness and the cohesion of otherwise diverse communities. These points will be illustrated through vignettes created from combinations of patient-care experiences that I have encountered personally or that have been relayed to me throughout my professional career. Importantly, these cases will span the life cycle. If we are to argue that film has the capacity to reach all ages, then our examples must draw from every stage of human development. Finally, we will end with recommendations for people in need and for those who care for them. Because we humans often hold both of these roles at various points in our lives, the recommendations put forth are transitive. Those who care for others and those are in turn cared for can easily change places, and the utility of film ought to speak to each of the important roles.

However, we must remember that there are challenges in the use of film as a tool to promote health. There are obstacles to overcome and barriers to cross. More research is needed to make full use of the utility of film. The final section of this book will discuss next steps toward a better understanding of the power of film as force for health.

DEPICTIONS OF ILLNESS IN MODERN CINEMA AND TELEVISION

As I have already noted, because I am a physician, it makes the most sense for me to construct this book through a somewhat medical lens. We will therefore begin by discussing the myriad ways that specific illnesses are depicted on screen. A unifying feature of virtually all scholarship exploring the relationship of art to healing is the extent to which artistic depictions of suffering can foster understanding of illness and health.

We are hard pressed, for example, to offer a cohesive and encompassing definition of illness, but we have much less room for disagreement when we witness illnesses in the context of a compelling on-screen narrative. Depictions of sickness in movies and television can foster understanding, sympathy, and empathy. Moreover, it appears that the willingness to include stories of sickness has increased in the film canon over the last few decades.

This is especially the case for emotional suffering. Past representations of these issues have long been relegated to largely stigmatizing depictions. We have seen through much of modern cinema our share of psychotic murderers, personality disordered relationship-wreckers, substance abusing sociopaths, and anxiety ridden anti-heroes. However, there is evidence that the tide is slowly shifting. Increasingly we are seeing carefully nuanced films that still manage

to convey the dramatic appeal that psychological conditions bring to a story but that also introduce more authentic layers of complexity that allow us to better understand and experience empathy for the characters to whom we are introduced. The 2015 film *Silver Lining Playbook* is a perfect example of this new breed of film. Consider the fact that this remarkable movie manages to convey the challenges of bipolar disorder in Bradley Cooper's character and perhaps borderline personality disorder in Jennifer Lawrence's character while at the same time creating a bond between the audience and the characters. This is a far cry from the fairly one-sided and terrifying depictions in past films such as the portrayal of borderline personality disorder in *Fatal Attraction* or the homicidal rage in wonderful but for our purposes highly flawed stories such as *Psycho* or *Cape Fear*.

Throughout this chapter, we will discuss films that have been instrumental in helping us to better understand psychological suffering and especially specific psychiatric disorders, and then we will move to a discussion of non-psychiatric illnesses. I will also offer examples of the ways that films have served as potent therapeutic tools. Importantly, we will not limit our survey to recent films or to the relatively narrow focus of simply outlining the criteria for specific conditions and then applying these criteria to the characters in the movies we discuss. Instead, where possible we will examine movies that feature characters who are both medically diagnosable and at the same time lend themselves to thematic interpretations for their struggles.

Given the fact that literally thousands of pages have been written about the depiction of emotional challenges in film and television, our discussions will focus on the merits of only a few films. These particular films uniquely impact our understanding of and empathy for conditions such as depression and bipolar disorder. In later chapters, we will discuss filmic depictions of autism, anxiety, psychosis, and substance abuse. For this chapter, I have chosen unipolar depression and bipolar disorder because they are among the most common psychiatric disorders in the general population. We will then move to an examination of on-screen narratives that focus on non-psychiatric illnesses. It is my hope that these films will inspire readers to look for similar thematic trends in the increasing