

# BOOK REVIEW

## **Movies and Mental Illness: Using Films to Understand Psychopathology, 3rd ed.**

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The third edition of *Movies and Mental Illness: Using Films to Understand Psychopathology* is a treat; as the authors note in their preface, this edition is a distinct improvement over their previous editions. Their appendixes are expanded; one gives a sample of a possible course curriculum, another is an extensive list of films relevant to several topics, another lists top villains and heroes, another lists misconceptions perpetuated by movies, and another categorizes portrayals of psychotherapists as either balanced or unbalanced. The index, also new, is a spectacular addition, as it greatly aids in finding how certain films are useful (but it categorizes films but not other material in the book). The appendixes alone are worth poring over, as several of them stimulate memories and “aha” moments. Furthermore, their decision to indicate the ten films per chapter that are the “Authors’ picks” is fortuitous, and forces them to make some hard choices and recommendations. Their inclusion of some foreign language films is welcome (and I share their fondness for *Elling*). Yet American audiences are fickle: some refuse to watch films with subtitles, and see only bad American versions of excellent foreign films, such as *Fever Pitch* (British) and *Shall We Dance* (Japanese).

The strength of the book is its comprehensiveness, and while the authors promise to continue their blog, I hope that they will also put out future editions of the book. They include several films for each diagnostic category, and offers “question to consider” for the viewer. For example, in the chapter on schizophrenia, the question is posed, “Is there any relationship between John Nash’s mathematical genius (in *A Beautiful Mind*) and the course of his illness?” Later in each chapter are Critical Thinking Questions, such as “Do familial and parent roles contribute to development of mental illness in a child?”

Chapters two through thirteen each cover a diagnostic arena, ranging from anxiety disorders to substance use disorders to adjustment disorders. These chapters are followed by chapters on violence and abuse, and treatment.

As someone who uses films to teach, I wish the authors had been more explicit in how to use the material. The preface rightly notes

that “the diagnoses we present reflect hypotheses, not facts; the case studies are to generate ideas, enliven discussion and stimulate learning.” How do we help students make the bridge between film characterizations that are “hypotheses” and diagnostic categories that are more rigid? The book does not make this clear, and I would love to hear how the authors use the material in their classes. I approach the issue in the following manner. I set the stage by stating that screenwriters are acute observers of the human condition and have amazing insights; but they are not necessarily interested in strictly mental disorders (one film producer called that approach the discredited “disease of the week” phenomenon on television). Thus when we see a film, we are seeing reality as perceived by people who are not mental health professionals, and art that is enhanced by many factors other than screenplay: acting, editing, photographing, sound, etc. Before showing the film clip (I use clips rather than entire movies), I introduce the subject matter, tell the audience the summary of the entire film, tell them a bit about the clip, and usually tell them what to look for (e.g., which of the nine symptoms of major depressive disorder do you see and which don’t you see). Then once we have seen the film or film clip, in what ways does the character seem to fit the diagnostic criteria that we are examining today, and what way does she not? Furthermore, if you were evaluating this person professionally, what questions would you ask her to further elucidate the diagnosis or situation, would you interview family members, and so forth? If we were looking at paradigms of psychopathology, we might also consider how the biologic, psychological, cognitive, cultural and other factors interact to influence the characters.

I believe that the authors’ “additional questions” are fairly elementary. For example, the questions posed for *Scent of a Woman* concern Colonel Slade’s decision to commit suicide, and the possible roles of alcohol, blindness, military background, depression, and involuntary treatment in the mixture. More interesting questions, to me, include, “What character traits in Charlie Simms appeal to Colonel Slade?, What is it in their relationship that averts the suicide?, and, How does one modify therapeutic techniques to work with people with narcissistic traits?”

The authors do not live up to the good intentions implied in their first chapter (Films and Psychopathology), which describes “cinematic elements” such as sound, editing, pacing, art and others, and how they make up the film. The remainder of the book largely ignores these cinematic elements, and instead focuses almost entirely on the manifest story line and dialogue. A film producer, Andy Meyer, showed me how this could be effectively integrated when we discussed a scene from *Smoke*. In that scene, Augie Wren (played by Harvey Keitel) helps Paul Benjamin (played by William Hurt) grieve his deceased wife. In an excellent portrayal of grief work, they sit together and look at a photograph of his wife; Paul weeps; Augie puts his arm on Paul’s shoulder and says little, but allows Paul to cry without interruption or apology, and is present for him. Andy Meyer pointed out that the simple piano score (an Eric Satie piece) kept the mood serious yet undistracted, the washed out colors in the scene helped us focus on the two men talking and sitting together, and the beer bottles framed the scene to further highlight the process of two people engaged with one another without distractions. These cinematic elements both enlightened and informed a perfectly depicted grief process.

Organizing a book such as this one is tricky, as several films depict more than one psychological issue. What might be seen through one lens as violence, through another might be seen as abuse or personality disorder. In addition, films add flavor to our understanding of many aspects of human development, not just mental illness, and the authors grapple with this situation by including sections on violence, mental retardation, and physical and sexual abuse.

While the authors wisely defer to general textbooks on issues relating to pedagogical descriptions of disorders and their differential diagnoses, nonetheless this volume shows how films can make marvelous contributions to the field. Their section on differentiating between antisocial personality from psychopathy is masterfully done, and the films in that section are well chosen.

The authors note “most professors choose to use class time to show selected vignettes from pedagogically powerful films ... augment lectures ... while minimizing the total amount of class time spent watching films ...” This statement presents the challenge to the authors for their next edition: selecting vignettes rather than entire films. As a disclaimer, I wrote such a book (with 42 film vignettes, with instructions how to locate and use them) and the task is not easy. However, DVD’s are much easier to navigate than videocassettes, and it is possible to select scenes or chapters from DVD’s, and then discuss in detail what is seen in that scene. My difficulty with showing entire films rests on the limitations: clips but not films can be used in a one or two hour lecture; films demand a lot from the audience (e.g., sitting through a film that it would rather not see); the reaction of many moviegoers either to the film as a whole (“I liked it”) or the ending (“bad ending”); the difficulty focusing on just one character in an entire movie; the tendency to watch for plot and not character; the need to watch a film more than once to pick up subtleties, and so forth. I hope the authors take up the challenge of selecting some key scenes to enrich their next edition of the book.

I have difficulty with a few of the chosen films. While I believe it is essential to include an incredible variety of films in a book such as this one, I still have difficulty with the inclusion of some films in

which violence is just too much, too random, or too cruel. Thus, even the mention of *Gangs of New York*, *No Country for Old Men*, *Cape Fear*, *Blue Velvet*, *Matrix Reloaded* (at least the others have artistic value), *Kill Bill Volumes One and Two*, *Godfather*, *Fight Club*, and *Natural Born Killers* is disturbing. I work with many survivors of trauma, and these and similar (and less violent) films trigger flashbacks and nightmares. It may be useful to indicate which films are likely to be too violent to be handled by certain audiences.

Overall, this is a book that I am glad to own, and that I will turn to again and again for ideas. Unfortunately, I think we have a long way to go before we get a good compendium of film **scenes**, and before we get a satisfying integration of cinematic and psychological renderings of this material.

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