

CINEMATHERAPY AND FILM AS AN EDUCATIONAL TOOL IN UNDERGRADUATE PSYCHIATRY TEACHING: A CASE REPORT AND REVIEW OF THE LITERATURE

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SUMMARY

Film possesses an extraordinary power and offers an unrivalled medium for entertainment and escapism. There are many films that revolve around a mental illness theme and the medical specialty that most commonly features in motion picture is psychiatry. Over the last few decades films have become increasingly used as an educational tool in the teaching of psychiatry topics such as mental state examination to undergraduate students. Above and beyond its utility in pedagogy, film also has the power to heal and the term cinematherapy has been coined to reflect this. Indeed, there are case studies of people with first-hand experience of psychopathology who report that watching films with a mental illness theme has contributed to their recovery. We provide a first person narrative from an individual with schizophrenia in which he expounds on the concepts of cinematherapy and metaphorical imagery in films which theme on psychosis.

Key words: cinematherapy – schizophrenia – psychiatry - undergraduate education – patients – narrative - film

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INTRODUCTION

‘If you really want to understand a man you have to slip into his shoes and walk around in them...’

Atticus Finch, *To Kill a Mocking Bird*

Each of us has our own favorite line or scene from a film that has deeply moved us in one way or another. Indeed cinema possesses an extraordinary power. Through the journey of a single film we can take a roller coaster ride across the spectrum of human emotion. Film can enthrall an entire auditorium heaving with people, or it can silence and even reduce them to tears.

Movies can also provide viewers with a precious qualitative insight into the minds of people with mental illness so that we may, “*Slip into their shoes and walk around in them*”. By virtue of cinema, we can learn more about what mental illness is like from the inside and this, in turn, can help us to have a better understanding of what it is like to have a psychiatric disorder, be that the narrowing of repertoire in autism as poignantly depicted by Oscar winning actor Dustin Hoffman in Peter Guber’s production *Rain Man* (Guber 2007) or the insidious and devastating fragmentation of memory caused by dementia as masterfully portrayed by Oscar winning actress Meryl Streep in *The Iron Lady* (Wessely 2012).

Films are extremely popular across the different cultures. India is the country that produces the largest number of films every year. In 2009 alone the Hindi film industry Bollywood contributed to producing a staggering 1,288 Indian feature films (*Annual report 2009* (PDF). Central Board of Film Certification, Ministry of

Information and Broadcasting, Government of India. Retrieved 22 June 2015). USA, Hong Kong and Nigeria are examples of other countries where film industries are booming.

One could argue that as long as human beings continue to seek entertainment and escapism for, as the 20th century Noble Laureate T.S. Elliot said, ‘*mankind cannot bear very much reality*’ cinema will remain deeply embedded in our societies.

The storylines of films are influenced by the societies we live in. Given that 1 in 4 of us has a mental illness at some point in our lives (*The world health report 2001 – Mental Health: New Understanding, New Hope* The World Health Organization website. Published 2001. Updated 2001. Cited 2015. <http://www.who.int/whr/2001/en/>) mental illness and the psychiatrists who treat these illnesses play huge roles in our societies and on our screens. In view of this the President of the World Psychiatric Association Professor Dinesh Bhugra actually examined Bollywood films produced since the early 1960s as a means to analyse the changes in Indian society’s attitudes towards mental health issues (Deakin 2012).

Bhugra’s analyses revealed how in post-colonial India in the 1950s and 60s there were many films featuring people with mental illness who were subjected to ridicule but there were also some films that had sympathetic portrayals of sufferers of mental illness. In the 70s and 80s when the country was going through major economic, social and political upheavals there were films that portrayed psychopaths who couldn’t rely on the system to provide for the vulnerable so they

became vigilantes who took the law into their own hands. The image of mental illness sufferers transformed in the 90s when there were many motion pictures that portrayed the theme of morbid jealousy. These films typically involved men who were trying to control women and who viewed them as a kind of commodity. This period overlapped with the economic liberalization that was taking place in India at the time which gave people the power and freedom to own property and other objects. Many men extended this to include women (i.e. they viewed the socio-political changes in India at the time as a means to justify the 'objectification' of women) and viewed them as property that they could (and should) rightfully own (Deakin 2012).

THE ROLE OF FILM AS A LEARNING TOOL IN MEDICAL EDUCATION

Film can and has been utilized in the field of medical education. Indeed, over the last three decades medical educators have used film as an educational tool for teaching medical students and psychiatry trainees for a number of mental health conditions and scenarios. The remit is wide-ranging and includes assessment of mental state, response of others to the mentally ill and the relationship between the therapist and the patient (especially on issues of transference and counter transference) (Bhugra 2009).

An advantage of films as a method of pedagogy in undergraduate and postgraduate psychiatric education is that their utility does not involve encroaching on the confidentiality of a real patient. Moreover, film can transport the viewer to the protagonist's childhood, to a different time and place during which the character may have experienced abuse, adversity or any other form of trauma that might be a contributory factor to the development of, for example, a personality disorder later on in that character's life (Akram 2009).

Special Study Modules (SSMs) in undergraduate medical education have developed in response to the General Medical Council's recommendations. St George's Medical School offers a 'Psychiatry and Film' SSM for their students. A similar SSM is also run in King's College London (KCL) medical school. Datta published a paper entitled, '*Madness and the movies: an undergraduate module for medical students*' in which he provides an evaluation of an SSM in psychiatry and film for 3rd year medical students in KCL. In summary, the respondents in this study were very receptive to the use of film as an educational tool and were able to understand both its strengths and limitations. The participants found the module enjoyable, and subjectively rated their knowledge of psychiatric topics and the history of psychiatry as significantly improved. Datta concludes that though his findings provide provisional support for the use of film as an educational tool in undergraduate psychiatry teaching more systematic research using larger sample sizes and a control group is needed (Datta 2009).

FILM AS A THERAPEUTIC TOOL

Over the last few years the United Kingdom has used film as a 'therapeutic tool' for service users. For example, a recent paper on marital disharmony reports that there are some relationship therapists who recommend couples who engage with their services to watch a film that specifically revolves around the theme of discord amongst partners. The couple is then invited to return for a further session in order to have a detailed discussion about the film in a facilitated environment which may yield new insights and consequently ameliorate discord (Bhugra 2009).

An example of a film with a theme on marital disharmony is the 1994 motion picture *When a Man loves a Woman* starring Andy Garcia (who plays the character of Michael Green, an airline pilot) and Meg Ryan (who plays the character of Alice, a school counsellor) directed by Luis Mandoki. *When a Man loves a Woman* tells the story of Michael and Alice who are a married couple ostensibly living a wonderful life with their daughters in San Francisco until the truth about Alice's alcohol dependence reveals itself threatening to destroy the marriage and the lives of their children. What is especially interesting about the film is that it is actually based on the real life experiences of one of the two scriptwriters Al Franken, who is now a United States Senator. Al Franken's wife struggled with alcohol dependency whilst their two children were young and this placed a tremendous strain on their marriage as well as on the upbringing of their children. The fact that the storyline of *When a Man loves a Woman* was inspired by true-life events lends the film more veracity and authenticity in its portrayal of the devastating effects that alcohol dependence can have on the family unit (Almeida 2011).

CINEMATHERAPY

"A form of therapy or self-help that uses movies, particularly videos, as therapeutic tools. Cinema therapy can be a catalyst for healing and growth for those who are open to learning how movies affect people and to watching certain films with conscious awareness. Cinema therapy allows one to use the effect of imagery, plot, music etc in films on the psyche for insight, inspiration, emotional release or relief and natural change. Used as part of psychotherapy, cinema therapy is an innovative method based on traditional therapeutic principles." (Cinema Therapy. (n.d.) Segen's Medical Dictionary. (2011). Retrieved June 21 2015 from [http://](http://medical-dictionary.thefreedictionary.com/Cinema+Therapy)

medical-dictionary.thefreedictionary.com/Cinema+Therapy)
The term 'cinematherapy' has been coined and refers to the use of film as a therapeutic tool with service users to deal on issues such as relationship disharmony and identity crises. Recently, films have also been used for character building and as a means to

make apparent the benefits of virtuous character traits. Niemiec et al have used positive psychology models portrayed in film to illustrate a number of character strengths such as wisdom, knowledge, courage, humanity and justice. Such an approach also looks at matters such as love, kindness, citizenship, hope, humor and spirituality, which can also be developed using models from films. Although the films that use some of these models are fictional they can nonetheless still be utilized as the morals that the films convey can be explained, understood and applied in a real world setting (Niemiec 2008).

THE 'NEGATIVES' OF FILM

In 1995 Sarah Edmonson and Benjamin Darrus infamously murdered two people. They released a public statement claiming that they were inspired to carry out these heinous acts by watching Oliver Stone's motion picture *Natural Born Killers*. The same film was also allegedly an influence for Eric Harris and Dylan Klebold who were the perpetrators of the tragic Columbine school massacres. The phrase "going NBK" was found in the journal entries of the teenagers who both went on a killing spree in Columbine high school that horrifically resulted in the deaths of 13 people before they turned their guns onto themselves and ended their own lives. What people must bear in mind is that despite the fact that film has the potential to be used as an educational and therapeutic tool the film industry is, after all, a business (and a lucrative one at that) and it can and will exploit sensationalism, violence, nudity and other forms of decadence and debauchery to generate revenue.

It has been argued, thus, that films may have a negative influence on their audiences. In the context of 'cinematherapy' it has been posited that patients may not have the ability to filter out the 'pseudo-psychiatry' in film and this may lead to misinterpretation. Inaccurate portrayals of mental illness can perpetuate stigma and propagate myths, but when correctly presented they can educate the public, inform employers and empower service users. Service providers must be aware of this and this should guide the cinematherapist to diligently identify suitable films, especially with more impressionable service users, and to painstakingly explore the motion picture so as to avoid misunderstanding of a potentially effective form of adjunctive therapy. Cinematherapy must also be facilitated by a trained therapist in an appropriate and professional setting.

An example of a film that accurately portrays mental illness would be the 2004 box office motion picture *The Aviator*, directed by Martin Scorsese with Leonardo DiCaprio playing the role of the American billionaire tycoon Howard Hughes. During the production of *The Aviator*, Scorsese actually consulted an expert in obsessive compulsive disorder, Dr Jeffrey M. Schwartz (Associate Research Professor of Psychiatry at the UCLA School of Medicine and a medical advisor to the

UK's national Obsessive Compulsive Disorder charity OCD UK) on every aspect of DiCaprio's performance throughout the filming to ensure the fidelity of the portrayal of the protagonist's psychopathology (Almeida 2010).

CASE REPORT (First-person narrative)

We herein provide a narrative in the first-person illustrating the positive effects that people who have first-hand experience of a mental health problem report from watching films that have a mental illness theme. This narrative also makes apparent how a service user's family, mental healthcare providers and members of the general public can also learn about mental illnesses by watching films.

My name is David Holloway. I am a 35-year-old poet/artist who suffers with paranoid schizophrenia. I developed my first episode of psychosis at 16 years of age. Whilst working in a laboratory, I was exposed to solvents and consequently I developed a nervous breakdown shortly afterwards. With hindsight, I am aware that I had the 'text-book' symptoms of schizophrenia such as thought blocking and poverty of speech. An entry in my psychiatrist's notes stated, '*It was like trying to get blood out of a stone*' when alluding to his inability to initiate dialogue with me. I was, however, admitted into a psychiatric hospital, with an initial diagnosis of clinical depression and suspected traumatic brain injury. My father, a medical doctor, tragically passed away three years later. His death triggered a severe psychotic episode and my cognitive function had consequently declined to the level of mental retardation. I was later diagnosed (correctly) with schizophrenia at the age of 21.

Following my diagnosis I was trialed on an array of psychotropic medications none of which were effective except for the antipsychotic Olanzapine which is a huge factor in my recovery (indeed without this drug I am not able to function; it is as if the paranoid thoughts that race through my mind whilst I am psychotic 'paralyse' me altogether). I attended the University of Bedfordshire in 2005 following my recovery and I graduated with a BSc in Sport and Physical Education.

I'll never forget how I was diagnosed with schizophrenia the same year that the film *A Beautiful Mind* (2001) was released in the cinema. I vividly remember how *A Beautiful Mind* had a profound influence on my understanding of 'normal' thinking. Until then I could not fathom the 'poisonous fog polluting my mind'. I now know the 'poisonous fog' that clouds my judgement and interferes with my perception of the world stems from a serious neurological dysfunction in the brain.

A Beautiful Mind narrates the life of Noble Prize winner John Forbes Nash Jr (Russell Crowe) and his wife Alicia (Jennifer Connelly). *A Beautiful Mind* and *The Soloist* (2007) are examples of films that have a particular appeal to me because they both portray the

lives of people with schizophrenia and because the protagonists are inspired from real life people who did not resort to violence. This, I feel, refutes the stereotype (and challenges the stigma) that all those who have schizophrenia are dangerous. In fact, the protagonists of the aforementioned films are portrayed as sophisticated (one a Noble Prize winning economist the other an accomplished musician) individuals. This should debunk the myth that everyone who has schizophrenia must be either illiterate or dumb.

Metaphor

I now realize that in order to gain an insight into my fellow human being's subjective experience of the world (and indeed for other people to understand my own subjective experience of the world as a person with schizophrenia) metaphors are essential to learn. Metaphor is defined, succinctly, as a figure of speech. A word or phrase is applied to an object or action however it's literal meaning is not applicable (in that particular context). Film speaks to the unconscious and conscious mind through metaphor and imagery. Schizophrenia has been regarded as a blurring between subconscious metaphors and reality (Modell 2009).

The language of film uses metaphor to communicate to the viewer:

*"The language of film
Translates every spoken word
Metaphor is key"*

The literature states that schizophrenia sufferers have a characteristic known as 'concrete thinking' (Sims 2010). Film may, in my opinion at least, 'open' the senses to non-literal associations. Poetry therapy (Hankir 2012) helps me to battle literal or 'concrete thinking', by allowing the brain to learn metaphorical or abstract association. In relation to 'healing' it has been reported that, *'One therapeutic effect of making the unconscious conscious is the creation of new meanings that expand the sense of the agency of the self. There is then a synergistic effect: with an expanded sense of agency there is also an expanded awareness of the complexity of metaphor, which in turn can contextualize traumatic memories'* (Modell 2009). Film may therefore help schizophrenia sufferers via the aforementioned process. Films may also be of benefit to students and psychiatrists by providing them with a qualitative insight into the subjective experience of schizophrenia (i.e. the delusional beliefs that Nash had in *A Beautiful Mind* which is a First Rank Symptom of schizophrenia).

Externalisation

Poor executive function and working memory hold me back and prevent me from realizing my potential. I feel that the protagonists in films with a mental illness theme can act as 'mentors'. Film can be a guide, a self-help visual diary, or a cinematic philosophy lesson. 24

character strengths of film have been described in the literature (Niemiec 2008). *A Beautiful Mind* portrays two character strengths in particular namely the love of learning and creativity. John Nash, who is my personal hero, had to overcome much adversity to receive The Nobel Prize in Economics and, no doubt, the character strengths of creativity and the love of learning helped him to achieve the many lofty scholarly goals he achieved. This gives me, and other people who have schizophrenia, the hope that we too can recover from our illnesses and become high functioning members of society.

Films like *A Beautiful Mind* can even contribute to the establishment of a rapport and a therapeutic alliance between medical professionals and the patient. For example, when I was an inpatient on the psychiatric ward, I would recommend to the nurses who were charged with my care to watch *A Beautiful Mind* in order for them to get a better understanding of what it feels like to have paranoid delusional beliefs (such as those that John Nash had). Nursing staff verbally reported to me that after having watched the movie, they had a better understanding of the disturbing effects that having a delusional and paranoid belief system can have on the sufferer. I felt that after my mental healthcare providers watched *A Beautiful Mind*, we engaged in more healthy dialogue which resulted in better outcomes (such as more effective communication).

"Logic is Love..."

I feel the emphasis of *A Beautiful Mind* was not so much on John Nash's brilliant mind but more on the love that he had for his wife Alicia. There was a particular scene in the film that struck a chord with me. When Nash (as if he were having a religious epiphany) uttered to his wife that it is, *"Only in the mysterious equations of love are there any logical reasons to be found"*. I whole-heartedly believe that I am alive today because of the "mysterious equations of love" i.e. the unconditional love that my brother and my wife have for me. I identified with Nash's distress of mind and how this also had an effect on his wife Alicia's psychological well-being. I was thus able to derive solace from this shared human experience:

*"Equations of Nash
Stolen by a Cold War code
Love is the prize"*

The Unseen 'Valley' of Schizophrenia

Ron Howard (director of *A Beautiful Mind*) and other notable directors such as Terry Gilliam (director of *The Fisher King*) have attempted to shed light on the unseen 'valley' of schizophrenia. When I'm unwell I feel (in retrospect) that fifty to sixty percent of my thoughts appear to be submerged in this 'unseen' valley. No book, I feel, is enough to convey my distress of mind; only film can visually depict my symptoms to a viewer.

Indeed I feel *A Beautiful Mind* was directed in such a way so that the viewer is given access into the unseen 'valley' of Nash's schizophrenic mind...

'The Holy Grail'

In the film *The Fisher King* Robin Williams plays the character of the protagonist whose name is Parry. Parry develops schizophrenia following the homicide of his wife in broad daylight. Parry develops a delusional belief system that includes the belief that there is such a thing as the 'Holy Grail' and that this is located in a nearby castle. When Parry experiences his illness in extremis, he develops a stupor that precludes him from communicating or responding to anyone. In this scenario Jack (played by the actor Jeff Bridges) who has befriended Parry embarks on a 'quest' to retrieve the 'Holy Grail' (even though Jack knows that there is no such thing as a 'Holy Grail' in the real world he understands that in order for Parry to become functional again he must retrieve this artifact by any means possible. Once Jack is successful with his mission, he hands the 'Holy Grail' to Parry who then becomes responsive again). Indeed, the motif of films of this kind of genre is that of an individual who reaches out to a person in need (in this case a person with schizophrenia) to help him or her to find salvation. As a result both people are transformed. We can see this in everyday life when members of the general public are inspired from the resilience of people with schizophrenia.

Although I have no misgivings that medication, exercise and diet were crucial to my recovery, there is not a trace of doubt in my mind that watching films like *A Beautiful Mind* also played a role. It did this by giving me a better understanding of my condition and the effects that it can have on other people who suffer from it too. I feel it also validated my experiences which also plays an important role in recovery (and discovery). I whole-heartedly believe that film can be used to give people who don't have mental illness an insight into the subjective experience of conditions such as schizophrenia and what it is like to have, for example, third-person auditory hallucinations or delusional beliefs.

Treatment

DH had initially been started on Venlafaxine and SSRIs however his mental health deteriorated as a result of this combination of drugs so both agents were discontinued. He was then initiated on Risperidone but he consequently developed a number of adverse side effects so this agent was stopped and an alternative anti-psychotic Olanzapine was prescribed. DH reported that his mental health started to improve whilst being on Olanzapine and that this drug also enhanced his social and occupational functioning. DH also emphasized to his psychiatrist (RZ) how lifestyle changes (i.e. increased physical activity and a healthy diet) also improved the quality of his life.

DH reported that he benefitted from the 'talking therapies' and from writing about his experiences, in the forms of verse and prose. DH published a book of poetry on his understanding of himself and the world whilst he was unwell. Looking back at the poems, he is able to understand the meaning of his emotions, thoughts and feelings whilst he was in relapse of his condition. DH calls this process 'poetry therapy' (Hankir 2012).

Outcome and follow-up

DH has made a remarkable recovery from his illness and is making significant contributions to society. He continues to attend follow-up appointments to monitor his response to treatment and to optimize the medication that he is on if and when necessary. Besides from publishing a book on poetry, DH has also published articles in peer-reviewed journals about his experiences. He has also been invited to speak in numerous national and international conferences. DH is continuing to campaign against the stigma associated with schizophrenia and is involved in multiple ongoing projects.

DISCUSSION

Film as a therapeutic tool

There is a growing perception that science alone provides overall insufficient foundation for the holistic understanding of the interaction between health, illness and disease (Hurwitz 2009). The Health Humanities has emerged as a distinct entity in attempts to ameliorate the limitations in the provision of healthcare services. The health humanities can broadly be described as the application of literature and arts to medicine. The relationship between psychiatry and film falls under the wide-ranging remit of the Health Humanities (Oyebode 2009).

The international medical film festival *Medfest* is an initiative that operates under the auspices of the Public Education Committee of the Royal College of Psychiatrists. The festival in 2012 was entitled "HealthScreen": Understanding Illness through Film and its aim was, 'To stimulate debate of the social, political and ethical implications of portrayals of health and illness on our screens' (Aref-Adib 2012). An example of a film that portrays a mental illness that has political implications is the 2008 Israeli animated documentary film *Waltz with Bashir*.

Waltz with Bashir was inspired by true events and was written and directed by Ari Folman who is an Israeli Defence Forces veteran. It vividly depicts the massacres of Palestinians in Beirut during the 1982 Lebanon War through the lens of the protagonist (Folman).

The World Psychiatric Association announced that it would hold the 2012 Cultural Psychiatry Conference in Tel Aviv, Israel. The Scientific Programme included a

projection of the film *Waltz with Bashir* and a Keynote Lecture the following morning entitled, ‘‘Waltz with Bashir: two views Lebanon and Israel’’. In this lecture, AH presented a paper discussing and describing Folman’s portrayal of the debilitating symptoms of Post-Traumatic Stress Disorder (PTSD) which he developed consequent to his tour of duty in Beirut. AH argues that because he knows what it is like to be at the throes of a psychiatric disorder himself (Hankir 2013) as a result of war he was able to identify with Folman’s distress of mind and derive solace from this *shared human* experience. This illustrates how film can have a therapeutic effect on viewers who have first-hand experience of a mental health challenge (Hankir A 2012).

Film as an educational tool and as a means to reduce the stigma associated with mental illness

People with schizophrenia are amongst the most stigmatized of those with mental illnesses (Evans-Lacko 2014). A recent meta-analysis of outcome studies on the stigma associated with mental illness revealed that social contact was the most effective way of reducing the discrimination associated with psychopathology in adults (Corrigan 2012). A group of researchers in Turkey examined whether an anti-stigma program which consists of an educational component, social contact with someone who has schizophrenia and a viewing of a film that depicts an individual with schizophrenia can positively change attitudes towards people with this illness (Altindag 2006).

The anti-stigma program was carried out with first-year medical students (n=25) enrolled in a medical school in Turkey. Students’ attitudes towards people with schizophrenia were assessed with questionnaires at baseline and after exposure to the program. A control group of first-year medical students were also asked to complete the questionnaires contemporaneously (n=35). Participants in both cohorts were assessed one month after the intervention to assess if the anti-stigma program can cause a sustained change in attitudes (Altindag 2006).

The results of the study revealed positive attitudinal changes in terms of ‘belief about the aetiology of schizophrenia’, ‘social distance to people with schizophrenia’, and ‘care and management of people with schizophrenia’ in the intervention group immediately after exposure to the anti-stigma program. In contrast, no significant change was observed in the control group. Positive attitudinal changes, however, tended to diminish 1-month after the intervention was administered (Altindag 2006).

The researchers conclude, notwithstanding the small sample size and other limitations of the study, that their results lend support that peoples’ attitudes towards schizophrenia could be changed positively with the anti-stigma program they used which incorporates the projection of a film with a mental illness theme and social contact with someone with a mental health challenge. Further studies in this area are needed however (Altindag 2006).

CONCLUSION

We, the authors, are not saying that cinematherapy can, or indeed should, replace current first-line treatments such as pharmacotherapy and/or psychotherapy for enduring mental illnesses like schizophrenia or bipolar affective disorders. We condone and support the practice of evidence based medicine and, as far as we know, no randomized controlled trials have been conducted to prove that cinematherapy is an effective form of therapy for psychiatric disorders. Notwithstanding the aforementioned, what we posit is that film (particularly those that have a mental illness theme) possesses a power that people who have experienced psychopathology report as *healing* and mental healthcare providers should at the very least be familiar with this. Moreover, film has merit in the field of psychiatric education and its utility should be explored further. As with other forms of therapy, cinematherapy should be offered by trained therapists in a facilitated environment to service users who are informed about both its strengths and its limitations.

Take home messages

- Films possess an extraordinary power and offer an unrivalled medium for entertainment and escapism. Films are extremely popular across the different cultures and there are many films that have a mental illness theme.
- Over the last few decades films have become increasingly used as an educational tool in the teaching of psychiatry related topics such as mental state examination to undergraduate students.
- Films can provide a precious qualitative insight into minds afflicted with mental illness to the families of people who have a psychiatric disorder, to mental healthcare providers and to members of the general public thus allowing them to develop a better understanding of the subjective experience of what it is like to suffer from psychopathology.
- Films have the power to *heal* and the term *cinematherapy* has been coined to reflect this. Cinematherapy must, however, be facilitated by a mental healthcare professional in an appropriate setting.

Acknowledgements:

Informed written consent was obtained by DH

Conflict of interest:

I Mark Agius is a Member of an advisory board to Otsuka, Japan.

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