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Deepening One's Understanding of Psychological Disorders Through Film: From One Extreme to Another - Depression and Schizophrenia

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Introduction

The excitement never diminishes…the hot, buttered popcorn, the deep, comfortable seats, the dimming of the lights and then the larger than life faces on the screen. Memories of the movies come in all forms for me. My earliest one is lying on the elementary school's gymnasium looking up at the makeshift sheet screen. Another of my sister and I climbing onto the roof of our family's brown paneled station wagon singing along to *Grease is the Word*. Or being at the King/Queen Theater screaming with high school friends at Friday the 13th (yes, the actual FIRST one)! Memories such as these exemplify the emotional impact of the film experience. Not only the actual experience but the stories they tell. To be transported to a variety of times and places, to experience great loves, horrific tragedies, and humorous interactions as they come to life is a gift – one that I would like my students to appreciate. More specifically, I would like my students to understand the stories behind the clinical symptoms of psychological disorders. Statements such as this one by Nathan Filer are compelling enough for students to delve into and understand the story behind mental illness:

> *Mental illness turns people inwards. That's what I reckon. It keeps up forever trapped by the pain of our own minds, in the same way that the pain of a broken leg or a cut thumb will grab your attention, holding it so tightly that your good leg or your good thumb seem to cease to exist.*[1]

Rationale

For me, this unit addresses two weaknesses that I currently feel I have as a teacher. First, it is developed for my College Preparatory (CP) Psychology course that I don't believe I always give the same attention to as my Advanced Placement (AP) or Dual Enrollment courses. This brings it to the forefront of my instructional planning, which is very important. It also looks to developing the skills of reading a film in a meaningful way. In my Psychology courses, the content of Abnormal Psychology is usually taught at the end of the year. It's a

unit which students generally are pretty obsessed about. They think, “the stranger, the better” and some can personally connect to the information through their own experiences or those of a family member. This unit will be taught at the beginning of the year – which is a deviation from the norm. Usually it is taught at the end of the year but I think I would like to switch that order in this upcoming school year as it offers a unique twist on the topic as well as the teaching of a skill (viewing films and “reading” them). Through participation in seminar and its research, I have learned that viewing a film is not enough. The stories film tell are important enough for me to teach my students HOW to “read”. It is an important skill that will be used throughout the school year.

This unit’s focus will be on two psychological disorders, depression and schizophrenia and how by using films students will better understand abnormal behavior. These two extremes of abnormal behavior –depression, referred to as the common cold and schizophrenia, the so-called cancer of mental illness, are usually interesting to students but using visuals to better understand the content will enable them to see how the two disorders differ, to see their symptoms and causes and the stigmas often attached to them. Further, the fiction films that I will be using graphically show the **i**mpact of these psychological disorders on the individual, family, and society.

By using a combination of texts – written texts and films, I will be better able to capture the attention of my students that struggle with reading vast amounts of materials. Film examples will include *The Hours* (depression) and *Clean, Shaven* (schizophrenia). As I expect my students to interact with multiple texts, I began my journey in better understanding cinematic elements as well as the psychological states of depression and schizophrenia. I read a variety of books and reviewed the two films that I will use in this unit multiple times. My participation in the seminar has helped me to learn how to focus students on the “content” of these texts by – as the seminar leader, Brigitte Peucker, stated, “Analyzing film adaptations from these formal points of view in order to ask the following questions: How is the story told? Does the film tell the same story as the literary text? Or does it tell a different story and, if so, why and how? How does it color our emotions? What is its goal in doing so?”

Objectives

The unit is based on *Enduring Understandings* that demonstrate the “big picture” of the unit. Students will recognize not only psychological disorders information but also take into account the cinematic features of film. Students will learn that: (1) Films tell stories through their images, camera work, and editing procedures[2] (2) Cinematic elements are crucial to the portrayal of psychopathology in movies and (3) Depression and schizophrenia are psychological disorders with distinct classifications, symptoms, causes, stigmas, and challenges. Two content standards set by the American Psychological Association’s National Standards for High School Psychology Curricula help to shape this unit: Perspectives on Abnormal Behavior and Categories of Abnormal Behavior. Through the use of multiple texts (written and film) to better understand these two illnesses, students will define them (including their classification), list the symptoms and causes, and explain the impact on the individual, family, and society including how they are stigmatized.

The unit also addresses two History/Social Studies Common Core Standards for Integration of Knowledge and Ideas: Integration and Ideas/CSSS.ELA-Literacy.RH.11-12.7 Integrate and evaluate multiple sources of information presented in diverse formats and media (e.g., visually, quantitatively, as well as in words) in order

to address a question or solve a problem and Integration and Ideas/CCSS.ELA-Literacy.RH.11-12.9 Integrate information from diverse sources, both primary and secondary, into a coherent understanding of an idea or event, noting discrepancies among sources. Students will take notes on academic readings as well as onpersonal accounts of those afflicted by these diseases. They will discuss these in a Socratic Seminar format, collaborating to better construct meaning of the texts including film. Through synthesizing the multiple texts including visual, students will describe in detail both depression and schizophrenia in individual patient reports and then work with others to create group Public Service Announcements (PSA).

The curriculum unit will be divided into three parts: (1) depression (2) schizophrenia; and, (3) the use of cinematic features as they pertain to telling the story of the psychological disorders (depression and schizophrenia). A variety of texts will include the *Diagnostic and Statistical Manual of Mental Disorders* DSM V (manual used to classify disorders) and primary sources (excerpts from various books) for students to read through that demonstrate information to include personal accounts so that students see the *human* component of these concepts. Lastly, the cinematic features of the films we view will be interwoven into our discussion of the psychological disorders to help students understand the way in which the stories are presented.

Essential Questions are built upon the *Enduring Understandings* and help to shape individual lessons throughout the unit. These include: How is psychologically abnormal behavior defined? Describe the symptoms and causes of depression. What are the challenges associated with this diagnosis? Describe the symptoms and causes of schizophrenia. What are the challenges associated with this diagnosis? What cinematic elements help with the portrayal of psychopathology in movies (e.g., musical score, lighting, etc.)? Consider the film characters from *The Hours* and *Clean, Shaven*. How have they had an impact on your understanding of a psychological disorder? How did the cinematic elements of the film accentuate or contribute to your understanding?

Demographics

Conrad Schools of Science is a science/biotechnology magnet school serving almost 1200 students in grades 6 – 12. It is considered an urban school, situated on the outskirts of the most populated city in the state of Delaware, Wilmington. CSS students come from all over our state's largest county. The school's popularity is obvious as many families complete the *Choice* application process seeking admission to our school. Due to the rise in applications, most of the students now come from within our district's boundaries instead of from the entire county. At the high school level, students can choose to focus on a variety of learning "*strands*" such as biotechnology, physical therapy/athletic healthcare, biomedical science, animal science, computer science. Our high school is the only one in the state that is not a vocational-technology (vo-tech) school to offer a Delaware Certified Nursing Assistant (CNA) program.

Additionally, a variety of Advanced Placement (AP) courses are offered as well as four courses that are in conjunction with our local community college. I am the teacher of social sciences courses at our school – College Preparatory (CP) Psychology, AP Psychology, and Dual-Enrollment Sociology.

This curriculum unit is designed for the high school juniors and seniors who choose to take this social science course, CP Psychology. This course does count as credit towards their fourth (and final) social studies

requirement, but it is offered as an elective. Taking into account both national and local participation, I have already written twelve units, but this is the first one that I am writing specifically for psychology!

Psychological Disorders Through Film

Films are an integral part of the courses that I teach. At least that's what I tell myself. I show some type of video each day. Yet, I never talk with my students about how to read a film. It's easy to "get" a film, right? No! This is one of the best takeaways from my seminar participation. It was invaluable to view films repeatedly, discuss details and meanings with others and to learn from the multiple perspectives, thoughts, and interpretations. Film is unique. It's different from other types of art forms in that you can easily become immersed in the *story* of the film. "The camera carries the viewer into each scene, and the viewer perceives events from the inside as if surrounded by the characters in the film. The actors do not have to describe their feelings, as in a play, because the viewer directly experiences what they see and feel."[3] Psychological disorders are depicted in three film genres: drama, horror, and suspense. In the case of this unit, we will focus our attention on drama since it is more realistic and engaging.[4] It also lends itself nicely to the unit's culminating activity of creating Clinical Patient Records. In regard to psychological disorders, films can play an important role in clarifying misconceptions and stereotypes.

Depression

> "There's just this for consolation: an hour here or there when our lives seem, against all odds and expectations, to burst open and give us everything we've ever imagined, though everyone but children (and perhaps even they) know these hours will inevitably be followed by others, far darker and more difficult. Still, we cherish the city, the morning; we hope, more than anything, for more."[5]

Virginia Woolf's quote can be paired with our psychology textbook's beginning question to engage students in answering, What are mood disorders, and what forms do they take? The DSM V, released in 2013 by the American Psychiatric Association, categorizes the different mental disorders that are recognized by mental health professionals in the United States. In this manual, mood disorders, as our textbook refers to them, have been renamed to include five categories under the overarching title of Bipolar and Depressive. These include: Major Depressive Disorder, Persistent Depressive Disorder, Mood Dysregulation Disorder, Premenstrual Dysphoric Disorder, and Bipolar Disorder. These mood disorders are "characterized by a primary disturbance in affect or mood that colors the individual's entire emotional state."[6] Depression – mild (Persistent Depressive Disorder) or large, (Major Depressive Disorder) is quite often referred to as the "common cold" of psychological disorders as it affects the largest group of people as compared to other disorders – about 6.7% of the U.S. population in any given year.[7] It is the number one reason people seek mental health services although only about half who suffer actually seek out treatment, 95% of them from their primary care

physician.[8] Moreover, it is the leading cause of disability in our country.

Most first episodes with depression are the result of a response to a past or current loss – for example, the death of a loved one, a job loss, or failed marriage – while following episodes tend to be less and less a response to a particular incident.[9] "These events typically involve loss – of a valued person, of a role, of an idea about yourself – and are at their worst when they involve humiliation or a sense of being trapped."[10] A negative reaction to these types of life-altering events is natural, a means to protect oneself, it "is a sort of psychic hibernation: It slows us down, defuses aggression, and restrains risk taking (Allen & Badcock, 2003)."[11] While it is normal to experience depression for a time period after events such as these, if one remains depressed for weeks and months afterwards, and one is unable to continue with normal, everyday types of functions, then it becomes "maladaptive". This is referred to as Major Depressive Disorder in the DSM-V in which one must exhibit five signs of depression lasting two or more weeks. Signs may include: consistent feeling of depression throughout the day, loss of interest or pleasure in daily activities (self and other reported), appetite changes (decrease or increase), changes in sleeping patterns, lethargy, feelings of worthlessness, diminished ability to concentrate and/or decision-making, psychomotor agitation or retardation – usually a slowing down of, and a preoccupation with thoughts of death. [12] Expressed in the following quote, the author can find no longer find joy in life's daily activities. This refers back to one of the signs.

> The most awful thing was that I realized my days had been composed of little moments of anticipated pleasure: that first cup of coffee in the morning, the inner thoughts that made me chuckle, a browse through a bookstore, the satisfaction of a job or chore completed….Now these moments failed to hold the crest of pleasure-everything was flat and gray. Life seemed locked away from me and I was filled with unspeakable dread.[13]

Now that we are aware of the symptoms of depression, energy can turn to their causes. Genetic influences are prevalent in depression as it runs in families. One's chance increases if a parent or sibling suffers from the disease. There is a 50% chance of experiencing depression if an identical twin suffers from it; in fraternal twins the chance is 20%. Biologically, we can note brain differences in depressed people through the use of PET and fMRI scans in which there is evidence that there is lowered brain energy consumption in the left frontal lobe, which is active during positive emotions. MRI and CAT scans demonstrate abnormal shrinkage of frontal lobes in severely depressed long-term patients. Additionally, the hippocampus, part of the limbic system, along with the amygdala, both of which help to gauge emotions such as excitement, and anxiety is known to be significantly smaller (9 – 13%) in those who suffer from depression.[14] Also evident, are biochemical influences or the scarcity of the two neurotransmitters norepinephrine and serotonin.

Women are twice as likely as men to experience depression. Factors such as genetic predispositions, child abuse of which women tend to experience more, low self-esteem, and marital problems may help to explain the gender difference. Although men also suffer from these factors, they tend to distract themselves by violence, workaholism, and substance abuse.[15] One explanation for these numbers is that women are more apt to reach out for help, to verbalize their issues whereas men may not. Susan Nolen-Hoeksema, a Yale professor of psychology, theorized that this may be related to women's tendency to overthink[16] or ruminate on issues – the problems instead of solutions, which increases their vulnerability to depression.[17]

Both behavioral and cognitive changes are affiliated with depression. The Explanatory Style of Depression looks to three factors: (1) personal, (2) permanent, and (3) pervasive. The personal factor focuses on the idea

of internal versus external meaning the individual believes he is the cause or that there is another responsible party. The permanent factor highlights the idea of stable versus unstable meaning the situation is never changing – constant. The last factor, Pervasive, examines the descriptors of global versus local/specific signifying the extent of the effects (affecting all aspects of a life).[18] Martin Seligman's theory of learned helplessness is a cyclical process in which one feels depressed, passive, and tends to withdrawal. The blame is placed on the self or external conditions that cannot be changed, according to the individual, and so the cycle continues.

The more bouts one has with depression, the more likely one is to have more. They also tend to get worse over time. A brain that has experienced depression will likely return to that state again, indicating that depression changes the actual structure and, if there are too many episodes, also the biochemistry of the brain.[19] The last note about depression is that it can result in ending one's life. Fifteen percent of untreated or inadequately treated patients commit suicide.[20] As, Soloman states, relief is nowhere in sight:

> "When you are depressed, the past and future are absorbed entirely by the present moment, as in the world of a three-year-old. You cannot remember a time when you felt better, at least not clearly; and you certainly cannot imagine a future time when you will feel better."[21]

The Hours

This highly acclaimed, award-winning film directed by Stephen Daldry tells the story of three women in the course of one day in three different years –Virginia Woolf (1923/Sussex County, England); Laura Brown (Los Angeles, 1951); and Clarissa Vaughan (New York City, 2001). Each of the women's stories is separate yet they are intertwined in many ways, such as beginning with breakfast, party preparations, and sadness. Central to each of the stories is the Virginia Woolf character, Mrs. Dalloway. The art of the filmmaking is demonstrated by the focus on one day in these individual women's lives. Virginia Woolf noted, "A woman's whole life in a single day. Just one day. And in that day her whole life. It's on this day, this day of all days that her fate becomes clear to her."[22] She "believed that, by observing a person over a single day in the course of her life, you could build up a picture of her entire existence."[23] In the cases of Virginia and Laura we see that the day is full of many of the symptoms of depression. We will view the film in its entirety. However, we will use only Virginia and Laura as our focal characters. As we see, depression is isolating – each woman is alone in her feelings.

Virginia's background is presented to us in small tidbits throughout the film. We learn that she and her husband have moved to the country for the betterment of her "mental state". The doctor is overheard saying, "Keep her where she is calm." The shot pans in to see Virginia in bed, eyes open, willing herself to try and get up. When she makes it downstairs the conversation between her and her husband include:

Leonard "How was your sleep?"

Virginia "Uneventful.

Leonard "Headaches?"

Virginia "No headaches."

Leonard “Doctor seemed pleased.”

When he asks her about what she had for breakfast, she lies in response, saying she has eaten when she hasn’t. He seems to be very understanding of her condition and grants her the exception of this lie, perhaps because of her writing or her condition. This lie about eating breakfast indicates the changes in appetite that is one of the signs of depression. In the first minutes of the film, she comes down the stairs after mentally preparing herself.

Later when she goes to Leonard’s workspace she asks him for permission to take a walk. He comments that “If I could walk midmorning, I’d be a happy man”, indicating that although he might grant her exceptions to certain behaviors he still does not really get/understand why she cannot/is not happy. Along her walk she begins to contemplate the idea that Mrs. Dalloway will die by killing herself, exhibiting another symptom of depression – a preoccupation with/of death. Later, it comes up again when she thinks, “It is possible to die. It is possible to die.”[24]

After her niece and nephews find a bird that is dying, they work together to build a grave. Alone, Virginia lies down next to the bird after it dies. The director focuses on her face first and then cuts from one character to another – from Virginia next to the dead bird to Laura in her bed.[25] These scenes indicate the intensity of the despair both women feel as well as the similarity between the two.

The scene in which Virginia is at the train station highlights another interaction between her and Leonard. He has returned home to find her missing. After checking with the housekeeper, he tries to find her. You feel his franticness as he approaches her on the platform – running and out of breath. As they look at each other, they argue about her leaving the home without letting him know. He’s angry, yelling at her, “You have an obligation to your own sanity.” She equates staying in the country with being in a prison. He responds that, “She may not be the best judge of her own condition.” He points out her fits, moods, blackouts, hearing voices, and the fact that she has tried to kill herself twice as being the reason for their move, to keep her safe. She tells him that it’s time for them to return to London. Leonard responds, “This is not you talking. This is an aspect of your illness.” She replies, “If I were thinking clearly, Leonard, I would tell you that I wrestle alone in the dark, in the deep dark and that only I can know, only I can understand my own condition. You live with the threat of my extinction. I live with it too.” He begins to break when he tells her that he lives with it (her condition) everyday. She responds, “It is me, it is my voice. It is mine and mine alone.” When she tells him that she would rather die than remain in the country, he breaks. Through the close-up, you see Leonard’s brokenness, his teary eyes, sniffling nose, the inner sobbing and heartache. The emotion is raw. Virginia does seem to acknowledge him with a look and resolve when she responds, “Come along” for them to return to their home for dinner. She grabs his arm as they walk away. The dialogue, the interactions between the characters, brings more depth to their story. The viewer gets to know them better through the words they choose to use and their actions. By listening to them we can better understand their personalities and motivations.[26] One can see the depth of their love as well as the idea that although the love they share is strong the disease (depression) has a deep hold on their relationship.

Laura seems to be a typical 1950’s housewife in Los Angeles, California. She is married with one child and another on the way. The opening scenes for her story find her also in bed – not wanting to get up. She stays there, pulling out a book to read instead of going out to be with her family, including her husband, on his birthday. It requires so much effort on her part to put a smile on her face as she approaches her husband. Shortly, after he leaves, she goes to the window to say goodbye, smiling. As he pulls away, she turns around and her facial expression changes drastically. The entire set (the living room) seems to grow darker just like

her mood. The music begins and her monotone voice says to her son, “You need to finish your breakfast.” They look at each other and she averts her eyes. As the viewer, one can imagine that each day their time together looks like this.

Laura finds it unbearable to be a wife and mother and to find any happiness. Simple activities such as making a cake leave her overwhelmed. “Let’s think,” she says. Her young son has to prompt her, “You grease the pan, Mommy.” Her response to him, “I know you grease the pan, sweet one. Even Mommy knows that ” indicates her lack of self-assurance at any level. Her son tells her again in other words, “That it’s not difficult.” She tries to convince herself by telling her son that they have to make the cake to to show his father that they love him. By using these words, she is trying to persuade herself that she loves him. Laura’s interaction/dialogue with their neighbor, Kitty, also indicates her inadequacies since she asks Laura if she’s all right. Mother and son are still in pajamas and the cake did not look good. Kitty laughs and asks, “Why is it so difficult? Everyone can make a cake. It’s not difficult.” Again, it is obvious that Laura finds difficulty in a simple task; she has difficulty concentrating and a feeling of inadequacy.

Later in the day, Laura readies her son to drop him off at Mrs. Latch’s house so that she can “to do something.” She tells him he has to “be brave now”. As she leaves the babysitter’s door, she breaks down, crying, blowing him a kiss. It’s as if he senses something as he longingly looks after her and begins to run after the car screaming over and over again, “Mommy!” The music intensifies as she drives away – erratically on the highway. The film, flashes back and forth (cross-cutting) from Laura to her son. He’s building a log cabin while she is frantically driving, carelessly switching lanes. She veers on an exit and is almost responsible for the accident of another car. She checks herself into the Normandy Hotel, asking not to be disturbed. On the bed she lays out the pill bottles she collected from her medicine cabinet and pulls *Mrs. Dalloway* from her purse. There is a scene in which she is visualizing the cake they made for her husband on the kitchen table. Perhaps at that moment, the director is enabling the viewer to understand that despite the fact that she was planning her death, she did love her husband. The viewer would remember the earlier conversation with her son in which she told him the reason to make the cake was so that Daddy would know that they loved him. Lying on the bed, rubbing her pregnant belly, she begins to read the novel. The viewer hears Virginia’s voice, “ Did it matter that she must inevitably cease completely all this must go on without her. Did she resent it? Or did it not become consoling to believe that death ended absolutely? It is possible to die. It is possible to die.” Laura’s anguish is seen and felt as she determines that she is unable to commit suicide.

After the birthday party for her husband, the viewer sees her in the bathroom and her happy husband in the bed. He asks her what she is doing in the bathroom and if she is coming to bed. While she answers him that she is brushing her teeth, she is forcing back her sobbing. Her suffering is heart breaking. After a few minutes, she pulls herself together and goes to join him.

Schizophrenia

> “‘My greatest fear is this brain of mine….The worst thing imaginable is to be terrified of one’s own mind, the very matter that controls all that we are and all that we do and feel.’”[27]

Affecting only 1% of the entire world's population (WHO, 2008), this disease is considered the cancer of psychological disorders: in this disorder the brain continually plays tricks on its owner. The term, schizophrenia, meaning "split mind" refers to "a split from reality that shows itself in disorganized thinking, disturbed perceptions, and inappropriate emotions and actions."[28] Disorganized thinking is presented with "fragmented, bizarre, and often distorted by false beliefs, called delusions." These can include random events that may be perceived to be centered/focused on the individual. In Wagner and Spiro's book, *Divided Minds*, Wagner writes about her understanding of President Kennedy's assassination as having been her fault. As a sixth grader, she was fearful that others would learn that she was responsible for the event.[29] Delusions tend to become more complex and intense over time. They may be occasionally dangerous or grandiose in that the individual feels that he or she is able to control something such as the weather, that a movie star is in love with them, or that they can actually control another person's mind.

Individuals may also suffer from hallucinations in which they experience the sensory stimulation of seeing, feeling, tasting, smelling, hearing, things that are not there. These hallucinations are either exaggerating something-- such as lights that are too bright or colors that are too brilliant or indicating something that is not actually there. They are usually auditory, such as hearing sounds or a persistent voice or voices (usually male and not complimentary).[30] Delusions and hallucinations are considered the positive symptoms of the disease. There are also inappropriate emotions and actions, such as laughing when crying is socially called for or exhibiting compulsive acts or catatonia. The absence of appropriate behaviors is referred to as negative symptoms of the disease. At times, these behaviors and reactions that are considered socially inappropriate disrupt relationships and make holding a job difficult.

The onset of schizophrenia usually begins in late adolescence and affects women and men equally. This can occur in two ways: either a sudden reaction to a stressful situation (acute) or slow occurring (chronic). At least two or more of the above mentioned symptoms must be present for a significant portion of one month of active symptoms.

Like depression, schizophrenia runs in families. Identical twins have the highest probability of having the disease with a 30% chance of developing the illness if another has it. Having a parent (mother = 9% and father, brother or sister = 7%)[31] who has it makes it more likely. There are predisposing genes – research has concluded that there are hundreds of genes with small effects that predispose people to getting schizophrenia when exposed to other factors.

There are also neurochemical changes including an excess of dopamine that may be the reason for hallucinations and paranoia. The negative symptoms of the disease caused by the lack of neurotransmitter, glutamate, may include social withdrawal, apathy, inattention, and lack of communication. MRIs have resulted in evidence that indicate that the brains of schizophrenics look different. There are structural and neuropathological changes. Most of these differences are present even before the disease presents itself. Within the brain, the cerebral ventricles are larger. Further brain anatomy evidence includes shrinkage of cerebral tissue, cell loss, and changes in hippocampus, amygdala, among other structures. There is also low brain activity in the frontal lobes and notable decline in the brain waves produced in reasoning and decision-making.

Additionally, prenatal difficulties such as "intrauterine starvation or viral infections, perinatal complications, and various nonspecific stressors"[32] may influence the development of the disease. This idea is a bit more vague and less developed in its understanding.

Overall, when determining outcomes (recovery – defined loosely), women tend to fare better than men. Those with no family history also do better, as will those with a relatively normal childhood and those who experienced a sudden onset of the disease. Other factors that indicate a more positive outcome are the presence of normal emotions and a good awareness of the disease.[33] The younger the individual is at the onset the worse the outcome. Data ten and thirty years out indicate that 25% are completely recovered, while 10 and 15% respectively are dead-- mostly as a result of suicide.

Clean, Shaven

Lodge Kerrigan directed this controversial 1993 film. Reviews state that it is difficult to watch – which I also found to be true. However, despite the rawness of the images, such as when the main character, Peter Winter, digs into his scalp with scissors and rips off his fingernail (I did have to turn away for that scene!), the film does a wonderful job of depicting the thought processes/experiences of a person with schizophrenia. The 79-minute film could be shown in its entirety during one class of ours. However, I believe that I will show only a portion of it, knowing that many of my students will then continue to view it on their own outside of school. The goal of this unit is for students to demonstrate mastery or understanding of the psychological disorders of depression and schizophrenia, and that will be able to happen with the synthesis of written texts and film.

Peter (the main character) has just been released from a mental institution and is traveling back to his hometown to try and reconnect with his young daughter, whom his mother/her grandmother has given up for adoption. The viewer may be confused by Peter's obsession with young girls and a recent murder, but should not be swayed by this side story to appreciate the true value of the film – its depiction of a schizophrenic. Although one may believe – at first viewing – that he is guilty of hurting/killing two young girls, there is no clear-cut evidence to confirm this. A detective is "after" him, trying to pin the girls' murder on him. Again, this is not the true story. As Kerrigan indicated, "I really tried to examine the subjective reality of someone who suffered from schizophrenia, to try to put the audience in that position to experience how I imagined the symptoms to be: auditory hallucinations, heightened paranoia, dissociative feelings, anxiety." These symptoms are evident throughout the film and will give students the opportunity to see what they have read about on screen.

When we go to a movie, we have a desire to see, hear, and to know the story. In this film, we are told the painful story of Peter, a man who suffers from schizophrenia that is not controlled. We see what our textbook refers to as "madness" in action. Using the film chapters 1 – 6 (about the first 23 minutes) students will experience numerous examples of the symptoms of the disease. Auditory hallucinations are depicted by the static and bizarre sounds that we hear as the film opens up. Flashes of images are shown, trees moving and making loud, close noises, hay moving in the wind and birds in the background. Then, darkness ensues with intermittent flashes of lights. Afterwards, the static becomes louder and louder –-coming closer to the viewer, if you will and is coupled with what seem to be airplane noises and then a child's laughter while what we see are electric or telephone wires. All of these sounds/noises are coming *at* the viewer, who is unable to really distinguish between them. This reminds me of when we watched *The Conversation* for our May seminar. Seminar Leader Peucker focused on the questions: What is the origin of the sound? Is it within the story? She mentioned that what is happening on screen may have nothing to do with the sound. In this case our attention is split between the eye and the ear. Sounds are more than dialogue. As viewers of the film, our emotions and physical body react to these sounds.

Mise-en-scene helps one to understand how a film is produced and to arrive at the meaning behind it. It is defined as everything that is in front of the camera: "settings, props, lighting, costumes, makeup, and figure

behavior (meaning actors, their gestures and their facial expressions)."[34] The more details in the mise-en-scene, the more visual information is given to the viewer and "the more precise our audience's emotional response will be to the image we are showing them."[35]

When we are first introduced to Peter, he is cowering in a corner of a barren, cement-walled room with chicken wire on the window. His hands and arms are trying to cover his head/face. He wears institutional blue pants and gray shirt. His face is terrified—he is shivering and shaking. His electric blue eyes move rapidly back and forth, not able to focus – listening to all the noises/voices that he hears. Later, after he appears to be breaking into a car, he turns on the radio while driving. The sounds are the auditory hallucinations he is experiencing coupled with static. The viewer is left to try to understand what words are being said and to determine if they or how they may tie together. It's confusing, disturbing, and unintelligible at times – emulating what Peter experiences as a schizophrenic. Some of the sentence fragments he hears include "acts were not spontaneous or impulsive but like a wild animal that stalks its prey", "this court believes under the circumstances of the case", "suffered dead 25 caliber lodged in my head bullet as a result of this violent act."

In filmmaking, sound includes dialogue, music, and sound effects. This film does not have a lot of dialogue. The dialogue, or conversations between two people – son and mother; detective and adoptive mother, father and son-- are rare and short. The words are uttered in a way that makes it seem as if all the characters have difficulty communicating. Music is not really evident in the film. It's the sound effects that play a central role in helping the viewer to truly understand Peter's disease.

How a film positions a spectator is another important point that was brought up in our seminar. In this film, we see two ways in which this is happening. First, a shot in filmmaking is what occurs in between the turning on and off of the camera – it is a unit of length or duration. We see what Peter is seeing through quick cuts. I believe that this technique is used so we can try to understand how he is concentrating – in short, quick bits of time. Second, using the close-up: "The closer the camera is to the subject, the more emotional weight the subject gains."[36] The "most profound emotional experiences (such as grief) are expressed much more powerfully through the human face than through words."[37] Close-ups of the face are used consistently throughout this film, indicating not just the significance of Peter's mother's mouth drinking tea, but the heightened awareness of sounds (her voice), sights (her disapproval), or thoughts (inadequacy) that Peter is aware of. The evoking of emotion is evident here in that we can vividly see the pain that is on his face, the turmoil that he feels. We can begin to understand what it must feel like to have your brain play tricks on you, to be mad.

Strategies

I find that my students seem to want activities in which they are to read a piece of text – not too difficult – and answer some questions. The idea (fear?) of needing to think and not knowing if they are "thinking correctly" – meaning, getting the right answer-- is something that I am constantly battling. Students complain, get upset, and all too often give up. But I know that students are expected, when they go to college, to read and comprehend multiple, difficult texts, analyze them, and use these for application purposes. I know that I need to help them do this, especially since they will most likely be doing these things on their own.

The Common Core supports these skills. It asks that social studies teachers assist in teaching students how to

read texts. The reading for the informational text section highlights a variety of things that we should be doing with our students. Regarding *Key Ideas and Details,* we should help them to: cite specific textual evidence from sources, connect insights to better understand text, determine the central ideas or information from a source, and provide a comprehensive summary with key ideas and details to support them

Close Reading

The Common Core Standards ask students to close read texts. This includes having students read and re-read texts for deeper meaning. Number the paragraphs so that it easy to acknowledge which paragraph is being referred to when citing evidence, chunk the text so that it does appear to be too overwhelming. Have students draw lines at various points – e.g. paragraphs 1-4; 5-8; 9-12. This should happen at areas that have a natural division. The author states that this responsibility can be relinquished to students throughout the course of a school year. Underline and circle with a purpose. Yet one might be quick to remember when he or she began to highlight texts and the overuse that occurred. Directing students to what is important is vital to their success in understanding the text. Students will circle symptoms of the diseases in the text while underlining examples. Use the left margin to summarize the chunks of text and the right margin to ask questions.[38]

Socratic Seminar

I have noticed that my students tend to talk before thinking and are more interested in hearing themselves than their fellow classmates. Being able to think critically about a text before discussing it and then listening to others are important skills necessary for academic success and the life-long ability to understand better another person's viewpoint. The weight of the conversation is left to the participants – in this case the students. They must critically look at and read the texts before coming to class and be prepared with questions and comments they would like to focus on. This is vital to the conversation's success. I want them to experience what it is to be in college in a small seminar-type atmosphere. Additionally, I believe if they are made responsible for this, it will help them to better comprehend the content of the text that they are expected to master.

Collaborative Learning/Groupwork

Students need to learn how to work together to accomplish goals – those set by the teacher and themselves. This is a basic requirement for many positions or jobs that they will hold in the future. Working together, relying on each other helps to build team-working skills. This strategy is somewhat challenging for us in that there are two groups of students at three different high schools. For the intense conversations that follow the readings of important concepts such as gender, race, or religion a facilitator must be certain that there is a strong sense of camaraderie, trust, and willingness to work with and listen to others in the group. In collaborative learning, each group member is accountable to each other, dependent upon each other and contributes the established goals. Everyone has some strength to share.[39] Together, more is accomplished. Opportunities to learn about each other before and while working help to promote the collegiality and cohesiveness necessary to work well together. Individual and group evaluations are necessary to monitor the group's work (product) and their progress in teamwork.

Activities

Film Interpretation (Analysis) of The Hours and Clean, Shaven

The National Archives has a variety of document analysis guides for students to use when they read and analyze a document. Specifically, I will modify the Motion Picture Analysis Worksheet for my students to use so that it incorporates the details of what I learned in the seminar to help them better understand the films and so that it also reflects the Common Core standards that I want them to achieve. The second section, Viewing, has two components (B) in which students check off the physical components of the film such as music, narration, special effects, color, live action, background noise, animation, and dramatization and (C), in which it has students look at cinematic features such as camera lighting, music, narration, and/or editing that contribute to the atmosphere of the film. Additionally, there will be a section that reflects/has them write down what they want to share with others in the class during Socratic Seminar as I am also trying to have them develop their speaking skills.

Patient Evaluations

Writing patient evaluations for the film characters (Virginia, Laura, and Peter) will enable students to practice with the psychological vocabulary associated with mental disorders. Students will be synthesizing information – using textual evidence from viewing the films and reading their multiple texts to give a full psychological picture of each character. They will be responsible for including the following patient information in their evaluations: (1) Name, (2) History of the present illness; (3) Past illness, treatment, and outcomes; (4) Medical history; (5) Behavioral observations; (6) Mental status examination; (7) Functional assessment; (8) Strengths; (9) Diagnosis; (10) Treatment plan; and (11) Prognosis.[40] It is understandable that some of these sections will be richer depending on the film character. Additionally, students will create the rubric for this activity to be certain that they fully understand the requirements. Prior to writing these, students will review a few models to help them appreciate the structure of patient evaluations.

Public Service Announcement (PSA)

The misunderstanding of psychological disorders is a public issue. A PSA can be used to advocate for social change. Students will work collaboratively to create one in small groups. They will address either depression or schizophrenia. At first glance, one might believe that it would be an easy task to create one. However, there is a strategic formula that can be used to help students create these announcements to help our school community better understand depression and schizophrenia. We will view a variety of them – looking at campaigns about say no (to drug use) for example. Additionally, students will read a few informative articles about creating PSAs. Combined, students will then have a big picture of PSAs. Some of the steps that students will need to follow include: (1) have a good understanding of the information (about the psychological disorder in this case); (2) focus on one idea/aspect of the psychological disorder – think about what you want people to know/understand; (3) know your audience (in this case – our school community); (4) determine what you need to do to grab the attention of your targeted audience; (5) design a script story board including step-by-step "shots" that will be filmed; (6) film and edit (students will be able to use their phones/IMovie. The last piece is to do follow-up to get feedback from the school community.[41] I imagine students to do this as part of the research methods unit in which they can put into practice what the ways in which psychologists gather their data.

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This graphic novel tells eleven stories about mental illness including depression and schizophrenia.

Cunningham, Michael. *The Hours*. New York: Farrar, Straus, Giroux, 1998.

The book is not used in the unit but was read by its' author. Students may be interested in reading it as a follow up to viewing the film.

"Film Reference." Functions of Dialogue In Narrative Film. Accessed July 27, 2015.

This piece assists one in better understanding the use of dialogue in film.

Fleming, Michael, and Roger Manvell. *Images of Madness: The Portrayal of Insanity in the Feature Film*. Rutherford N.J.: Fairleigh Dickinson University Press, 1985.

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Geiger, Jeffrey. *Film Analysis: A Norton Reader*. New York: W.W. Norton, 2005.

Excellent introduction to how to "read" a film.

Clean, Shaven. Criterion Collection, 2006. DVD.

Myers, David G. "Abnormal Psychology." In *Myers' Psychology for AP*. New York, NY: Worth Publishers, 2011.

A textbook for high school students who are preparing for the AP Psychology exam. The information is basic in regard to the two disorders focused on in this unit - depression and schizophrenia.

Papolos, Demitri F., and Janice Papolos. *Overcoming Depression*. New York: Harper & Row, 1987.

This comprehensive resource has in-depth information about depression.

The Hours. Paramount Home Entertainment, 2003. DVD.

"Signs and Symptoms of Depression." - Depression. Accessed July 11, 2015. http://www.healthcommunities.com/depression/symptoms.shtml.

Sikov, Ed. *Film Studies an Introduction*. New York: Columbia University Press, 2010.

This book provides an excellent background for better understanding films in general. Topics include specifics as to lighting, camera movement, and sound - among others.

Solomon, Andrew. *The Noonday Demon: An Atlas of Depression*. New York: Scribner, 2001.

This reference guide provides in-depth information about depression.

Torrey, E. Fuller. *Surviving Schizophrenia: A Manual for Families, Consumers, and Providers*. 4th ed. New York: Quill, 2001.

This is an excellent reference regarding schizophrenia. It gives insight into the definition, causes, theories, onset, course, and prognosis, as well as research findings. Especially interesting are the quotes from various people who have schizophrenia giving an insight into their lives.

Wagner, Pamela Spiro, and Carolyn S. Spiro. "This Book Is Wonderfully Engaging as It Tells the Story of Two Sisters - One Who Has Schizophrenia and the Other Who Does Not." In *Divided Minds: Twin Sisters and Their Journey through Schizophrenia*. New York: St. Martin's Press, 2005.

Wedding, Danny, and M. Boyd. *Movies and Mental Illness: Using Films to Understand Psychopathology*. 3rd Rev. ed. Cambridge, MA: Hogrefe, 2010.

An excellent resource for using films to better understand psychological disorders. It introduces readers to basic information about how to "read" a film as well as explicit examples from various films. Two of which are used in this unit - The Hours and Clean, Shaven.

Wedding, Danny, and Ryan Niemiec. *Movies & Mental Illness: Using Films to Understand Psychopathology*. 4th ed. Boston, MA: Hogrefe Publishing, 2014.

Excellent resource that explains cinematic elements and psychological disorders. Additionally, it contains summaries of films that depict each of the types of disorders. Lastly, there are a variety of excellent guiding questions that are used in this unit.

"What Causes Depression? - Harvard Health." Harvard Health. Accessed July 27, 2015.

This is an interesting read providing basic facts about depression - good reference for those studying the mood disorder.

Wood, Michael. *Film: A Very Short Introduction*. Oxford: Oxford University Press, 2012.

This book is divided into three parts two of which are important for this unit: Moving Pictures (history of film) and Trusting the Image (film making).

Zimbardo, Philip G. "Psychological Disorders." In *Psychology: AP* Edition with Discovering Psychology*. Boston, Mass.: Allyn & Bacon, 2010.

A college textbook that includes specific information about the two psychological disorders of this unit - depression and schizophrenia.

Zimmerman, Jacqueline Noll. *People like Ourselves: Portrayals of Mental Illness in the Movies*. Lanham, Md.: Scarecrow Press, 2003.

This guidebook classifies the psychological disorders and summaries the films that are good depictions of them.

"ITeach. ICoach. IBlog." Five Close Reading Strategies to Support the Common Core. Accessed July 27, 2015.

http://www.centerdigitaled.com/artsandhumanities/How-to-Create-the-Perfect-Public-Service-Announcement.html

This website provides specific information to Close Reading.

Appendix A

Two content standards set by the American Psychological Association's National Standards for High School Psychology Curricula help to shape this unit. These include:

Content Standard 1: Perspectives on abnormal behavior

Students are able to (performance standards):

1.1 Define psychologically abnormal behavior.

1.4 Discuss how stigma relates to abnormal behavior.

1.5 Discuss the impact of psychological disorders on the individual, family, and society.

Content Standard 2: Categories of psychological disorders

Students are able to (performance standards):

2.1 Describe the classification of psychological disorders.

2.2 Discuss the challenges associated with diagnosis.

2.3 Describe symptoms and causes of major categories of psychological disorders (including schizophrenic, mood, anxiety, and personality disorders).

2.4 Evaluate how different factors influence an individual's experience of psychological disorders.

This unit also addresses two History/Social Studies Common Core Standards: Integration of Knowledge and Ideas: Integration and Ideas/CSSS.ELA-Literacy.RH.11-12.7 Integrate and evaluate multiple sources of information presented in diverse formats and media (e.g., visually, quantitatively, as well as in words) in order to address a question or solve a problem

Integration and Ideas/CCSS.ELA-Literacy.RH.11-12.9 Integrate information from diverse sources, both primary and secondary, into a coherent understanding of an idea or event, noting discrepancies among sources.

Students will be able to synthesize multiple texts (written and film) to better understand these two illnesses – depression and schizophrenia. They will individually read many different texts such as our textbook, the DSM-V Manual, individual accounts, and view the films, *The Hours* and *Clean, Shaven*. While reading and viewing, they will take copious notes to use during the communal Socratic Seminar. Afterwards, they will write individual patient reports for the three patients – Virginia, Laura, and Peter. Lastly, they will use their acquired knowledge and understanding to create collaborate Public Service Announcements to share with our school community.

Notes

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4. Demitri Papolos, M.D. and Janice Papolos, *Overcoming Depression: The Definitive Resource for Patients and Families Who Live with Depression and Manic-Depression,* 8.
5. Stephen Daldry, *The Hours (Film).*
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8. Andrew Soloman, *The Noonday Demon: An Atlas of Depression*, 23.
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11. David Myers, *Myers' Psychology for AP*,* 587.
12. http://www2.nami.org/Content/NavigationMenu/Intranet/Homefront/ Criteria_Major_D_Episode.pdf (accessed on July 10, 2015).
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30. E. Fuller Torrey, *Surviving Schizophrenia: A Family Manual*, 33.
31. Ibid, 118
32. BRIAN SMITH, MS (seminar handout)
33. E. Fuller Torrey, *Surviving Schizophrenia: A Family Manual*, 100.
34. Ed Sikov, *Film studies: An introduction*, LOC 305.
35. Ibid, LOC 324.
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38. http://iteachicoachiblog.blogspot.com/2012/06/five-simple-close-reading-strategies.html (accessed July 11, 2015).
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