



Lasting impressions of seizures and epilepsy in film and on television

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Introduction

I began this work out of a concern about ill-conceived and stigmatizing images of seizures and epilepsy in film and on television. At the outset, it seemed to me that while audiovisual media were becoming both more sophisticated and more accessible, the information that they transmitted about the etiology and treatment of epilepsy and seizures was often antiquated and misleading. Thus, this exploration of the persistence of certain portrayals of seizures in film and television highlights the power of the media to stigmatize and demonstrate how audiences delight in and are titillated by others' loss of control. Such depictions continue to make life more difficult for those with epilepsy and leave one with this question. Why do these depictions persist while representations related to other conditions such as cancer and stroke are more progressive?

Having collected data for 10 years, I now have a data set consisting of 123 English language films, 68 films from Europe and Asia, and 72 American television shows through which colleagues and I study the incidence and characteristics of depictions of epilepsy and seizures, factors associated with these images, and their place, power and meaning within film and television. The data set consists primarily of English language film and television shows, but there are films in French, Italian, Russian, German, Korean, Cantonese, Japanese, Hindi, Marathi, Bengali, Danish, Hebrew, Spanish and Swedish as well. I have created this unique and comprehensive data set by consulting every source available to me. Over the years, I have developed a network of social scientists, epileptologists, media scholars and activists in several countries who continue to provide valuable advice and consultation. To establish the list, I've consulted many sources including: the United States Library of Congress, National Epilepsy Library, Internet Movie Data Base, TV.com, Literature, Arts & Medicine Data Base, British National Film and Television Archive, British Film Institute, L'Inathèque and La Bibliothèque Nationale de France, and Rehabilitation International.

For the purposes of this research, in the general category of seizures, I include (1) seizures in characters who are said to have epilepsy, (2) seizures in characters who are said to have some other condition, (3) seizures related to drug or alcohol use, (4) seizures that are feigned, that is where someone pretends to have a seizure in order to deceive others or pseudoseizures, that is attacks resembling an epileptic seizure but having only psychological causes, (5) an offhand or throw away category in which, for example, someone is described as or describes himself or someone else as "having a fit." Normally, within the emission, these events have been labeled as epilepsy, as being related to epilepsy or a condition such as street drug use, but sometimes they are seen as a reaction to electrical shock (for example, *One Flew Over the Cuckoo's Nest*, 1975, *Meet the Fockers*, 2004; and *The Bed Sitting Room*, 1969). The research is ongoing, and, therefore, I welcome not only feedback and discussion with anyone who is interested but also suggestions about films and television shows to add to the series.

Previous phases of the Study

In previous phases of this study, I have demonstrated how, over time, directors use seizures to: (1) drive the narrative, (2) enhance the overall mood of a particular genre, (3) try to evoke specific emotional reactions in the audience, (4) support certain personality and behavioral traits of the characters having the seizures, (5) highlight qualities of other characters through the ways in which they respond to the seizures, (6) act as catalysts for other actions taken in by the audience but often not recounted when the films are discussed or reviewed, (7) enhance the voyeuristic experience of the film audience as they watch the actions of characters watching the actions of those having seizures; thus a conscious, most removed audience watches the actions of conscious spectators in the film as they watch the unconscious actions of those characters who are having the seizures. Not mutually exclusive, these categories were built and filled in order to answer the over

arching questions related to the persistence of the images. In the end, I believe that I have shown that the visual experience of a tonic clonic seizure remains so arresting that its use is likely to continue despite advances in treatment (Kerson & Kerson, 2006; Kerson. Kerson & Kerson 1999; Kerson, Kerson & Kerson, 2000).

Conclusions drawn thus far

1) **Directors have used images of tonic clonic (grand mal) seizures since 1900** and continue to do so despite the work of advocates. The earliest film in the series is *Le Deshabillage Impossible* (1900. Dir: Georges Melies. Pathés Frères, fr). In the film, a traveler spending the night at an inn finds that when he hangs his coat and hat on a peg in his room, they return to his person. The more rapidly he undresses, the more rapidly his clothes return, and the process enrages him. He rolls on the floor, then on the bed, and finally has what is named an epileptic fit.

The first example that I have found on American television is an episode called “Boy in the Storm” (1/3/1955. *Medic*. NBC). In the episode, a young man of great privilege has been homebound for seven years because his grandmother believes that to be the correct treatment for his epilepsy. When she dies, medical care is sought and with proper medication he is able to resume his life. This is one of the most realistic and positive depictions that I have seen.

Probably the most popular example in the series is the horror/possession film, *The Exorcist* (1973/2000). During the first half of the film, doctors explain that the child has temporal lobe epilepsy. Over time, they change their diagnosis to demonic possession but the discussions of epilepsy accompanied by terrifying images of the child growing a goiter, having her head spin on her neck, speaking in the voices of others and attacking several people are horrifying. To understand the kind of exposure that a film like this can have, it is helpful to review some financial statistics. *The Exorcist* was first released in 1973 at a cost of \$12,000,000 and restored for another \$1,000,000 for its re-release in 2000. As of July 2007, it had grossed \$403,500,000 world-wide (<http://the numbers.com/movies>). How many people have now have now seen this movie that is billed as a realistic film about inexplicable events?

2) **These images heighten the moment, adding elements of intensity and drama.** They can show dimensions of past experiences, interior lives and/or conflicts. For example, in *Cleopatra* (1963. Dir. Joseph L. Mankiewicz, Twentieth Century Fox), Cleopatra watches Caesar have a seizure and the audience watches her watch him, all through an enormous eye that is painted on the wall of his chamber. Cleopatra’s drive for more political power and her attraction to Julius Caesar, as well as Caesar’s concerns about his own power being diminished if the public learns of his epilepsy are all illustrated in this scene. In *The Andromeda Strain*, (1971. Dir. Robert Wise, Metro Goldwyn Mayer), the senior scientist who hides her epilepsy has a tonic clonic seizure in response to a flashing light; the response of almost everyone around her is that she has caught the andromeda strain, and they flee. In *Gods and Monsters*, a speculation about the last days of James Whale, director of the famous 1930’s Frankenstein films, Whale experiences what appear to be temporal lobe seizures resulting from a stroke. Symptoms include olfactory and visual hallucinations which allow the protagonist to experience himself at different times of his life and bring people who had been important to him into his present. In one scene, when as an old man he is being photographed with the equally old stars of his Frankenstein films, the camera’s flash causes Whale to have a seizure in which he is simultaneously with the actors at their ages when they played the characters, at their present ages and with the monsters.

3) **Images are often associated with insane, violent and victimized characters** suggesting that people with seizure disorders are unpredictable, uncontrolled can be brutal. Among the many examples are *The Terminal Man* (1974), *La Bête Humaine* (1938), and *The Flying Camel* (1994).

4) **More important than character development in relation to the person having a seizure is that of others who are reacting to the event.** In these examples, a conscious, removed audience watches the actions of spectators in the film as the latter watch the unconscious actions of the characters having the seizures. The fact that the character having the seizure is unconscious for the event heightens interest relates to how the spectator is led through the film experience. Audiences continue to find images of individuals falling to the ground unconscious, limbs twitching, foaming at the mouth, making primitive sounds, unaware of the reactions of people around them, to be fascinating. This voyeuristic and titillating



Still #1 – *Medic*: Boy in the Storm



Still #2 – *The Exorcist*

experience is not very different from lay interest in the films made of Charcot's hysterical and epileptic patients at the end of the 19th century. Overall, such images remain icons, holding audience attention with little effort. Examples include *I Pugn* in *Tasca* (1965) *Le Hussard sur Le Toit* (1995) and *Kaos* (1984).

5) Seizure representations are increasing because they complement the current emphasis in film and television on violence, drug use, certain mental illnesses and extreme personality characteristics, all themes having to do with the loss of control that is a primary part of the filmic depiction of a tonic clonic seizure. Examples here include *Whacked*, an episode of *CSI Miami* (2005), *Jangwha Hongryeon* (2003), *El Aura* (2005), and *Deceiver* (1997).

Next steps in the research – some comparisons

Now that I have amassed this series, I am beginning to compare depictions cross culturally as well as in film and on television. In the series, I have 27 French films, 14 in Indian languages and lesser numbers in other languages. My first step is a comparison of films and television shows in French as opposed to English. I am beginning there for several reasons. The tradition of excellent filmmaking in France, a rich film and television literature, and the presence of national film and television archives make France a logical choice. Also, because I am able to work in French, I can communicate with a broad range of individuals concerned with the topic.

I plan to assemble a series of French television shows depicting seizures and now have begun to compare French and English language films. French language depictions are very creative. *Carnage* (2001) makes extraordinary use of a child's hallucinations. *Les Amants du Nil* (2002) shows epilepsy through the eyes of the individual with the condition. The central character's explanations of her seizures are among the most imaginative any in the total series. She likens a seizure to being dead and then returning to life. This theme is played out in other dimensions of the film and is most closely related to *A Matter of Life and Death* (1946), an English language film in which the central character has hallucinations about a heavenly messenger's trying to bring him to heaven because he has escaped death.

The use of visual hallucinations seems to be the most original part of any of these depictions, and, of course, being brought into the mind of a character is the height of intimacy for the audience. For various reasons, the most interesting finding thus far is that almost all of the depictions in French films draw the

audience toward the character while this is not generally true for depictions in English language film. Even the most violent French characters with seizures evoke great sympathy from the audience while most of those in English language films do not. Specifically, I am working with four variables: (1) negativity of portrayal, that is negative dimensions of character, poor reactions of others or bizarre treatments that would contribute to a person with seizures' being presented in a demeaning or frightening light, (2) the effects of feigned or pseudo-seizures as compared to the effects of seizures that would more likely be related to epilepsy; (3) the level of violence in the films in which seizures appeared; and (4) the use of visual, olfactory and auditory hallucinations as a means of conveying the characters' experiences of having seizures.

There are intriguing distinctions. All but five of the French films include characters with negative attributes, such as emotional disorders, including depression or drug use, and all English language films have some degree of negativity. However, within this negativity, there are differences. For example, in the silent era, all but one of the English language films are tragedies whereas the French films are comedies. While all of these films were made before 1930 and are seldom viewed today, the differences are remarkable. The comic renditions do poke fun at the epileptic condition but in very playful, jesting, silly ways. For example, *La Redingote Epileptique* (1913) is about a coat that, when donned, makes one in a jerky, uncontrolled fashion and gets each of its wearers into enough trouble to pass the coat to someone else. However, in the tragic examples, a character suffers extreme sorrow or is brought to ruin often as a consequence of some inner failing or an inability to cope. In the silent English film, *The Supreme Temptation*, the woman with seizures is a French working class girl whose seizures have ruined her life and now endanger the life of the English physician whom she has married. Thus, there is a divergence in depictions of seizures in English- and French-language film even before there are "talkies." I am considering four types of negative depictions: offensive characterizations, bizarre treatments or associations, horrific reactions by others to the seizures, or seizures feigned to move the film in negative ways. There are examples of each type in both French and English language films, but at this point, I am only prepared to say that the depictions in English language film are more extreme.

The next category is that of feigned or pseudoseizures. In a feigned seizure, a character consciously pretends to have and



Still #3 – *The Terminal Man*



Still #4 – *Drugstore Cowboy*

thus acts out the symptoms of a tonic clonic seizure. One example is the film *Drugstore Cowboy* (1989) in which a young woman who is part of a gang of drug addicts pretends to have a seizure in a drug store so that the pharmacist will rush to her aid while her cronies steal drugs and run off.

Different from a conscious pretense that is true for a feigned seizure, a pseudoseizure involves an individual unconsciously using the symptoms of a tonic clonic seizure for psychological reasons. An example would be *Passion d'Amore* (1981) where a very unhappy young woman uses such events to protect herself, or *Priest* (1994) in which a teenager has such episodes in order to protect herself from being molested by her father. Images differ again in films of the two languages. For example, five comedies depict silly images of exaggerated symptoms. Only once in a French film does someone feign a seizure while there are French-language portrayals of three pseudoseizures. Of 14 such examples in English-language film, there are 11 feigned seizures and three pseudoseizures.

In relation to violence, only one French film (*La Bête Humaine*, 1938) portrays seizures in a violent character, and his violence is understood to be non-volitional and, otherwise, separate from his character. Eight films (28%) have violent themes related to war, drug use, or gross mistreatment. The English-language series has 36 characters with seizures who carry some level of violence within themselves, and almost 80% of the films have violent themes.

Differences found between English language film and American television

In studying the data set of 64 examples drawn from American television shows, I have been thinking about ways in which to differentiate television portrayals from those in film including: (1) that these depictions are often part of weekly television shows, (2) the genres are different, (3) the depictions seem to be more negative over time) and (4) as the numbers of channels proliferate, there is always greater competition for audience share. First, seizures are used so frequently on some shows that they might subtly influence the development of the narrative. For example, since 2005, *House* has had 12 episodes with characters portraying seizures and *Grey's Anatomy* has had 10 such episodes.

However, I am most interested in continuing characters who become a part of the overall narrative of the show. Four television series have used continuing characters with seizures or who say they have epilepsy. In *Rome* (2005), one main character is Julius Caesar who is known to have had epilepsy. *Huff* (2006) has a character who pretends to have epilepsy in order to avoid prosecution for vehicular homicide. In *Deadwood* (2004), a minister with epilepsy is seen on three episodes in the last of which he is smothered to death while having a seizure. On *The Young and the Restless* (2006, 2007), a long-running daytime soap opera, a continuing character has epilepsy that he believes allows him extrasensory experiences.

A most positive portrayal that I have seen was an episode called "Man Hunt" (11/3/00) on *Nash Bridges*, a police procedural. Antoine, a young police officer who had served in the Gulf War, has a seizure as he stands over a captured thief who happened to have been his sergeant in the war. The ambulance tech who has been called to the scene says, "He's fine. He had a grand mal epileptic seizure. He's fine unless he lets his prescription lapse again." Antoine says, "I've had 3 seizures in the last 10 years. If I take my meds. I'm fine." The head of his unit says, "Don't do that to my men again, and don't do it to yourself. Now go home and get some rest." Unfortunately, this episode was one of the last in the

six year series, and Antoine was not featured again, but there was great potential in that character.

Also, television genres are different from film, and it is possible that the genres, themselves, be they crime, action, comedy, drama or adventure, affect the portrayals. Third, I have found that television portrayals of seizures and epilepsy have become more negative over time. I have already described the highly sympathetic character in *Medic*. This is also true for a in a double episode of *Dr. Kildare* (1964. "Tyger, Tyger," Dir: John Newland, NBC.) in which the character with epilepsy is smart and capable. The most contemporary depictions show less concern for the person having the seizure. The most horrific example is from *The Sopranos* (2004. "Two Tonys" (3/7/04). Dir: Tim Van Patten, HBO), one of the hottest shows on American television. In the final moments of the first episode of a new season, two members of the Soprano family are leaving a restaurant when the waiter comes out to complain about the paltry tip that they had left him. In response, one man hits the waiter in the head with a brick. The waiter has a tonic-clonic seizure and the family members mumble "don't these people know they're supposed to take their medicine." They shoot and kill the waiter; then they take back the money they had left to pay the bill. To them, he is a nameless, insignificant object.

Finally, the numbers of channels and shows have proliferated with television's expanded capacity to transmit. Therefore, television shows are competing for the attention of the viewer. Showing someone having a seizure seems an easy way to capture attention. In fact, while there is only one example of a seizure being used before the opening credits in a film (*JFK*, 1991), in television, there are many examples of seizures being used both before the opening credits and as parts of previews of upcoming shows. So, in my opinion, the hope is to have continuing characters in popular shows whose epilepsy is intriguing but who also educate through positive responses to well-managed treatment. Thus, I was tremendously heartened when it was announced that a long-time star of *The Young and the Restless* would be diagnosed with and treated for epilepsy.

The Young and the Restless – a great opportunity

In 2006, Tony Coelho, President of the Epilepsy Foundation of America announced a collaboration between CBS Television and the Epilepsy Foundation. Episodes would focus on Victor Newman whose behavior has changed since his car was hijacked. He has become a more gentle man, even turning over control of



Still #5 – *The Sopranos* Two Tonys

his business. Those around him think that is due to a new attitude towards life, but hallucinations and blackouts lead to a diagnosis of temporal lobe seizures.

In fact, Victor's epilepsy has so far been featured in more than 20 episodes, and this is the first continuing character with epilepsy that I have found on American television. The only other briefly continuing characters that I have found were a minister with epilepsy who was featured on *Deadwood* (2004. HBO), but he was killed off after a few episodes. In its second season, a Showtime series called *Huff*, featured a character called Dauri Rathburn, played by Sharon Stone, who twice told those enforcing the law that she was not responsible for her actions because she had epilepsy when, in fact, she did not. *The Young & the Restless*, with a daily audience of 6,000,000, presents a different kind of opportunity.

Despite the collaboration between the Epilepsy Foundation of America and CBS, depictions of Victor's management of his epilepsy mirror many of the same old themes related to concerns about being seen as weak or treated like a child, searching for herbal and other nonmedical solutions, hoping for a quick fix through surgery, naming of seizures as paranormal and/or religious experiences, relating seizures and uncontrolled violence, and confusion of epilepsy with some kinds of psychiatric illnesses. In the first of these television episodes (7/18/06), Victor learns that he has temporal lobe epilepsy. He befriends Jack Abbot who has been a bitter business enemy. While Victor's attitude changes, Jack does not; he convinces Jack to sign away a business interest and encourages him to stop taking his epilepsy medicine.

Victor tells Jack that he does not want to appear weak and reports that his condition has provided feelings of peace, deep understanding, paranormal visions and enlightenment. Next (7/24/06), Victor tells Jack, that he is not taking his medicine, is leaving on a quest and that Jack is to keep this a secret. As part of the pursuit (8/4/06), Victor visits a blind friend, a spiritual and religious person whom he hopes will guide him towards understanding his condition. Keeping epilepsy a secret, Victor talks instead of visions and spiritual awakenings. One day, Victor's friend returns to find him having a seizure. Afterwards (8/7/06), he says he is afraid, then appears to "zone out," and hallucinates hearing music. His friend mentions that perhaps his visions are religious. Later, (8/25/06), Victor says that he has stopped his medication because of harmful side effects. Home to find a better solution (8/28/06), Victor is seen cutting up an apple. His cutting becomes violent and he begins to mutter about killing the man who kidnapped his daughter-in-law. In a later episode (8/31/06), Victor finds his daughter in law at the gym, shows her how to box. His punches turn ferocious and, afterwards, he remembers nothing. On 9/11/06, Victor thinks that everyone is laughing at him, begins to hear voices calling his name, and barricades himself in his house with a gun. A physician says that this is a reaction to his medication, and he is admitted to a psychiatric hospital because he is a danger to himself and to others. In another episode (9/15/06), he opts for brain surgery in lieu of medicine. In the next episode, he seems to be daydreaming and is depressed. After a nap, Jack has a seizure while trying to put the dog's collar back on. His coordination seems compromised, and he decides that some natural teas may quell his seizures. In the last episode in the series that I have collected (9/26/06), Victor says that he does not wish to be treated like a child or an invalid.

Thus, I agree with Mr. Coelho that featuring a continuing character with epilepsy is a great solution to educating the public, particularly if the series will allow for educational messages regarding correct responses to seizures and the importance of

conferring with one's physician in order to understand the risks in stopping a recommended treatment. Of course, the problem is that these depictions of epilepsy, of individual seizures, and of the reactions of the person with epilepsy as well as those around him are fictive creations that are used to enhance the moment and the story. This is a great start, but we will all have to continue to encourage directors to use images of seizures and epilepsy in ways that will not only enthrall but educate.

Why continue to be concerned about these images

In thinking about the impact of these images, one notes that as treatments for epilepsy continue to improve, most people may never witness a seizure. Thus, fictive depictions will increasingly represent epilepsy in the minds of the public (Kobau & Price, 2003). It is important to note here that the average American watches more than 28 hours of TV each week and the average Parisian watches 22 hours. The great stigma attached to the illness means that better treatment encourages more of those with epilepsy to keep the diagnosis a secret because they worry that disclosure will cause people to isolate them or treat them punitively (VanBrakel, 2006). Keeping the secret means that their associates do not learn about the condition and continue to think of it as related to fictive images. Because the visual experience of seizures remains so enthralling, its use is likely to increase particularly on television. As the public has less personal experience with seizures, directors may become more concerned with what the image adds to the presentation and less interested in accurate portrayals. The hope, then, lies in finding ways to use the power of film and television to inform and educate the public especially by having continuing characters on television series portray epilepsy as a condition that can usually be managed very well.

A suggestion for advocacy groups

My suggestion for now is that since we have at least have some models available from *Deadwood*, *Huff* and the *Young and the Restless*, advocacy organizations might sponsor contests in which their constituents write in characters with epilepsy for ongoing shows. Perhaps, the winning characterizations will be adopted by the series. The more such positive partnerships, the better.

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