JMM

Editorial
Medicine and Cinema or Cinema as a Therapy

Laura María Moratal Ibáñez

Departamento de Salud Pública. Facultad de Medicina. Universidad de Buenos Aires (Argentina).
Correspondence: Laura María Moratal Ibáñez. Escuela de Salud Pública. Marcelo T. de Alvear 2202. 1121. Ciudad de Buenos Aires (Argentina).
e-mail: lmoratal@fmed.uba.ar

Whenever a film director makes his reappearance with films dealing with conflicts of the past, it is not uncommon to find critics who, unaware of the effect their opinions may have on society, mistakenly assert that the film is doomed to have no impact on the audience. This is not the case, however, because memories cannot be erased in people's minds; unmourned grief, pain, and deaths cannot be silenced forever. The massive movie attendance alone testifies to the gratitude of viewers towards filmmakers who dare to expose the dramas that have hit society as a whole.

Cinema has contributed to the healing of many wounds that have afflicted society in the past. In some cases, the people directly involved in these dramatic events, while needing to express themselves and share their traumatic experiences, find that the best way to do so is to become the scriptwriter of their own drama, which they naturally seek as part of the healing process. Such is the case of *La noche de los lápices/ Night of the Pencils* (1986), written by Héctor Olivera, a film that recounts the torture and deaths suffered by seven youngsters during the period of Argentinian dictatorial rule. The only survivor of these harrowing events went on to write the script for the film. The movie was filmed ten years later, and had a successful debut.

Tristan Bauer´s *Iluminados por el fuego/ Blessed by Fire* (2005), recently awarded the Goya prize for best foreign film, is also a movie whose script was written by the protagonist of the drama. The film follows the story of the suicide of a friend, a former soldier who like the author, had fought in the Falkland war (from April 2nd to June 14th 1982). "One day, while waking up in the morning, the news broadcast in the radio informed us about the landing of our troops in those far away islands which had been occupied by the British for centuries. This was surprising news. Unexpectedly, an impressive fleet of two of the world powers, the United Kingdom and its ally, the USA, was on its way to invade these islands. But, worst of all, it was assumed that 18 year-old untrained Argentinean civilians were capable of fighting them back. The soldiers were defeated and the war was over in a couple of days. Worse yet, the Argentinean soldiers were not allowed to express their opinions but rather turned their thoughts inwards. It was not acceptable to talk about having been defeated [1]. In order to guarantee their silence, the soldiers were even forced to sign legal documents.

The people, the families, and the soldiers, were astonished and left to wonder not only what really happened, but also in whose interests the young men lost their lives. No one can endure such hardships without being altered, and they ultimately remained unable to know how to cope with reality. Such an unwanted and intense experience leaves a society confused. The problem, though, is much broader than that. *Post-traumatic damage* not only affects the direct protagonists but society as a whole. Its clearest symptom is silence and an avoidance to raise the issue. More than that, victims pose a problem to society as their mere existence implies a painful perspective on the conflict.

However, it is not a matter of how ungrateful people can be but instead how hurt they are. This is

also the case of all those who have been victims of a dictatorship or of a terrorist attack. That was not a good time for them to be airing their dirty laundry, and anybody who dared to talk about the past was shunted as a deranged person. Some things are better left unknown. Openly expressing opinions was opposed, despised, considered to be pathological, and as no easy answers were to be found, the healthy thing to do was to keep silence, to keep a wilful ignorance and wait for time to dilute the trauma. Thus, people joined the silent choir and were not even allowed to mourn dead relatives. Should a son die they would, if possible, bury him and should he become injured, an ill-functioning prosthetic device would hopefully suffice while they all forget about it. The infected wounds, although insufficiently drained, must be closed as soon as possible as life goes on.

Unexpected events seem to exert similar effects on people all over the world, as was the case of America's defeat in Vietnam. Families in films such as *Born on the Fourth of July* (1989) by Oliver Stone as well as others addressing this issue showed how American parents were proud to send their sons to fight a war in a distant land. A salient feature of these films was the more humane vision of the soldiers, who, while manipulated by the propaganda aimed mainly at this purpose, were mistakenly led to the horrors and errors committed during the war. One way or another, soldiers as well as their families and society, were all deluded victims of the system. Depicting a more humane vision of the aggressor and its own conflicts has been a constant in cinema. Steven Spielberg does the same in his controversial thriller *Munich* (2005), a film that poses several complicated questions that remain unanswered as no easy conclusions can be drawn.

Re-examining the sufferings that have been experienced by *veterans of war or victims of any war, terrorist attack or dictatorial regimes*, there will always be important current issues because these negative events from the past may still be holding society hostage in an endless misery. It is not only a matter of the existing data about the experimented casualties; there is also mourning and grievance, physical handicaps, fears, madness, an entrenched pain and the overwhelming perception of nonsense, a situation that neither the government nor the public health system seems to be motivated to reverse.

Florence Nightingale, the famous British nurse of the 19th century, while on duty in the Crimean War, was able to recollect the data about casualties existing not only on the war front, but also in the field hospitals. The data, which she happened to call *avoidable casualties* of war, were displayed in her famous polar area graphs. According to a plausible explanation for deaths provided by these graphs, it is thought that most of the casualties of this war did not occur on the front itself but instead were caused by carelessness such as deficiencies in the sanitary assistance as well as in the basic hygiene. Nightingale's investigations pioneered a radical change in opinion, and several researchers later confirmed the validity of these facts[2].

On the basis of the newly acquired knowledge, this graph may be completed by what is now known as *subsequent deaths*, i.e. those deaths that were due to the persistent action of trauma-triggered damage. All these traumas may be included in the group of the *Post-traumatic stress syndrome* cases that are best observed in reports of war veterans[3-5]. According to recent reports[6], 649 Argentinian soldiers were killed during the war over the Falkland Islands. 323 of them died during the sinking of a warship that was outside the limits of the exclusion zone while 326 others died in combat. To date, 350 more war veterans have committed suicide. As is common in such disasters, nobody knows the actual costs in human lives of a war, and neither do we know the costs of disease and ailments caused by it. The absurdity of every violent death makes us feel guilty and deeply hurt as we wonder if anything could have been done to avoid it. Most probably, all these events were unavoidable but it is up to us to put an end to all those unnecessary deaths caused by indifference and lack of understanding.

Despairing that things will never improve, one may believe there is no way out. And yet, after a short period of time, somebody dares to cry out his pain. So he decides to write a book about his experience; he also needs to find a producer who can back up the movie-making process and actors who can play the different roles. Ultimately, we end up having a film in which we can recognize ourselves and find consolation.

Death is a grave hardship and cinema provides us with the opportunity to mourn our dead ones. In that way, we can avoid suffering greater and enduring post-traumatic damage. Cinema, however, contributes to the health of population in more ways than this one. Some of its activities are focused on places where certain diseases are still persisting. Other actions are intended to accompany those mothers who, while fighting for the lives of sons who fall prey

to strange diseases, may feel their loneliness to a lesser degree. It may also even show some successful fights that make us feel hopeful about the future.

It is now time to consider cinema not only as a didactic resource for the medical teaching staff but also as health resource. We must take into account that every artistic manifestation, such as music or art, can be regarded as such. Films have the potential to make diseases become known to the general population, and this information can be used as a means to *promote the prevention as well as health*. It also mediates actions that, through the processes of abreaction and catharsis, may exert therapeutic effects on personal and social traumas[7].

In the 20th century, among all manifestations of the arts, it has been cinema which has mainly accepted this challenge. A cadre of new film directors has emerged with the calling to examine society under the camera within the framework of their own perspectives and possibilities. In this way, they have been able to help society mourn its dead with an efficacy that health authorities, unaware of the psychological injuries that every conflict leaves behind, have not been able to match.

Virchow already stated in 1848 that "medicine is a social science and politics is no less than Medicine, although practised on a larger scale"[8]. We, as members of the health-care system, are liable for the social health. Full of pride, we keep on repeating the same definitions about health that are given by the WHO; however, we do not seem to feel responsible for them. Breilh, from his critical perspective, insists that "the process of health-disease can be considered a particular expression of the general process of social life"[9]. And yet, physicians are still unable to understand the meaning of the word "social", nor can they understand that the social body is an ill entity in the need of care. The question then becomes: who takes care of the social health?

Fortunately, we can rely on art, on all its manifestations, from the First to the Seventh Art.

References

1.- Blejman M. Quisieron que se olvidara lo de Malvinas. Página 12 on line. (Argentina). [serial on the Internet]. 2005 Jan 9 [cited 2006 Jan 20]; [about 2 p.]. Available from: http://www.pagina12.com.ar/diario/espectaculos/6-45836-2005-01-09.html

2.- Amaro Canol M del C. Florence Nightingale, la primera teórica en enfermería. Rev Cubana Enfermer [serial on the Internet]. 2004 Nov 28 [cited 2005 Dec 15]; 20(3)[11 p.]. Available from: http://scielo.sld.cu/pdf/enf/v20n3/enf09304.pdf

3.- Ford J D. Disorders of extreme stress following war-zone military trauma: Associated features of posttraumatic stress disorder or comorbid but distinct syndromes? J Consult Clin Psychol [serial on the Internet]. 1999 Feb [cited 2005 Dec 5]; 67(1):3-12. [10 p.]. Available from: http://www.trauma-pages.com/lang/es/a/ford99.php

4.- Wolfe J, Proctor SP, Erickson DJ, Heeren T, Friedman MJ, Huang MT, Sutker PB, Vasterling JJ, White RF. Relationship of psychiatric status to Gulf War veterans' health problems. Psychosom Med. [serial on the Internet 1999 Jul-Aug [cited 2005 Dec 5]; 61(4):532-40. [9 p.]. Available from: http://www.psycho-somaticmedicine.org/cgi/content/full/61/4/532

5.- Kozaric-Kovacic D, Hercigonja DK, Grubisic-Ilic M. Posttraumatic stress disorder and depression in soldiers with combat experiences. Croat Med J[serial on the Internet]. Abril 2001 [cited 2005 Dec 5]; 42(2):165-70. [6 p.]. Available from: http://www.cmj.hr/2001/42/2/11259739.pdf

6.- Unos 350 casos desde el fin del conflicto. Diario Clarín on line (Argentina). [serial on the Internet]. Sección El país. 26 enero 2006 [cited 2006 Feb 2]; [about 1 p.]. Available from: http://www.clarin.com/diario/2006/01/26/elpais/p-00802.htm

7.- Materazzi M A. Psicocine 2000. Buenos Aires: Paidós, 2000.

8.- Eisenberg L. Rudolf Ludwig Karl Virchow, where are you now that we need you? Am J Med. 1984; 77: 524-532.

9.- Breilh J. La salud-enfermedad como hecho social. In: Betancourt O, Breilh J, Campaña A, Granda E, editors. Reproducción Social y salud. La lucha por la vida y la salud en la era de las revoluciones conservadoras. Guadalajara (México): Editorial Universidad de Guadalajara; 1991. p 201- 216.