Is Hollywood and Effective Neurodegenerative Disease Educator?

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It is incredibly easy for people to normalize and even take for granted the opportunities and privileges they possess. Yes, we have worked hard and can reason that we are entitled to such opportunities. Undoubtedly, hard work is a prerequisite for success and achievements. However, I firmly believe that every blessing comes with a purpose, not a singular one but one greater than the individual. I am a junior student from an average but wholesome family in Tanzania. Despite my hard work, I am always humbled and reminded that these blessings are a gateway to pursuing my passion, which is alleviating mental health issues, promoting empowerment to marginalized groups, and, most importantly, devoting myself to a life of service.

My passion for mental health fuels my interest in neuroscience and Psychology and has prompted the following movie review and comparative essay. I recommend watching both these movies and also making constant effort in educating and raising awareness on mental health issues regarding other relevant ongoing issues.

Like most literary works, movies have a message intended to their audience. The movie “The Diving Bell and the Butterfly” provides a deep understanding of Locked-In syndrome. The main character, Jean-Doe, was diagnosed with locked-in syndrome after having a stroke on a regular day when driving his son. As described at the beginning of the essay, audiences are taken through an entailed journey of Jean-Doe’s lens and perspective. This technique gives the viewer an insight into the difficulty of being locked in one’s body, so as the symptoms and inadequacies caused by the disease. As a disease, the locked-in syndrome has been portrayed to be instantaneous in its progression; and as the name of the syndrome suggests, Jean Doe is captive to his own body, over which he has no control besides being able to utilize his memory and imagination (Schnabel, Kennedy, Kilik, & Harwood, 42:54). When Sylvie, the mother of Jean Doe’s children, visits Jean Doe, she is told by Dr. Leepage to communicate with him with Yes and No questions. In response, he will blink once for YES and twice for NO (Schnabel, Kennedy, Kilik, & Harwood, 43:30). In this scene, audiences are given a scientific insight on prospective management for the locked-in syndrome. Later in the movie, the availability for treatment, or therapy for Locked-In syndrome is depicted through Bridgitte, who is Jean Doe’s physical therapist. Bridgitte advises Jean-Do to practice blowing a kiss, whenever he has the chance (Schnabel, Kennedy, Kilik, & Harwood, 30:00). Similarly, Sandrine and Claude, who are a speech therapist and interlocutor respectively, help Jean Doe to communicate as well as to express his thoughts by writing a memoir that significantly enhances people’s knowledge of Locked-in syndrome (Schnabel, Kennedy, Kilik, & Harwood, 46:10).

Without a doubt, Jean-Doe’s character effectively presents the progression of Locked-in syndrome. Jean-Doe increasingly regains body movement as a result of the speech and physical therapy, suggesting that with effective management, Locked-in syndrome can be treated (Schnabel, Kennedy, Kilik, & Harwood, 52:00). However, his condition made him more susceptible to other diseases such as Pneumonia, which eventually led to this death despite his disease progression (Schnabel, Kennedy, Kilik, & Harwood, 1:37:00). The movie has, therefore, effectively given an scientific and emotional insight on the experience of living with Locked-in syndrome.

On the other hand, the movie, “Still Alice,” portrays Alice’s dramatic journey upon being diagnosed with familial Alzheimer’s disease and consequently, the change in her lifestyle after the diagnosis and its impact on her family. No one is ever prepared to receive the devastating news that they are going to lose such an essential part to whom they are as their memory. As a scholar, Alice was personally affected because her memory and knowledge was her greatest asset as a linguistic professor. At the beginning of the movie Alice forgets what she was going to say during a speech, an early on-set symptom of Alzheimer’s disease (Westmoreland & Glatzer, 2015, 18:46). Without her ability to speak, seeing but unable to react, being captive to a chair or bed with only blinking as a means of communication -that was the predicament Jean Doe faced every single day (Schnabel, Kennedy, Kilik, & Harwood, 43:30). “The Diving Bell and the Butterfly”, is a movie that depicts the true story of Jean-Dominique Bauby after suffering from a stroke that led to his diagnosis of locked-in syndrome. The heartbreaking and sad movie, DDB was released in France in 2007 and was directed by Julian Schnabel and Laura Obiols. Similarly, “Still Alice”, is another movie that portrays a facet of neurodegenerative diseases. In “Still Alice”, directed by Wash Westmoreland and Richard Glatzer and released in January 2015, audiences are presented with a dramatic and disheartening story of a 53-year old linguistic professor who is also a wife and a mom, whose life turns upside-down when she is diagnosed with familial Alzheimer diseases at a relatively young age. This essay will compare the effectiveness between the two movies, “The Diving Bell and the Butterfly” and “Still Alice” in depicting the quality of life, progression, and management of symptoms of neurodegenerative diseases to enhance viewers’ understanding and awareness of these as portrayed in each movie.
comes worse to the extent that she forgets who her daughter is during her play performance - a sad but realistic view of the perils of Alzheimer’s disease (Westmoreland & Glatzer, 2015, 1:00:49). Despite depicting the symptoms of Alzheimer’s disease, the movie has a greater focus on how Alice’s family is affected and how they adjust to their mom’s and wife’s new situation. Essentially, the movie focuses on the instance of being diagnosed with familial Alzheimer, which means that the family members all have a high chance of inheriting the Alzheimer gene. This situation evokes audiences’ emotions who are confronted with hefty and overwhelming information that would be inevitably burdening to any individual.

As a result, the effectiveness of “Still Alice” in communicating the scientific aspect of having Alzheimer’s is inferior in comparison to “DBB”. Only one scene of the former delves into how Alzheimer’s can be managed, as Alice adds notes to remind herself on how and when to do things. Later symptoms including speech difficulty, repetitive behavior, impaired mobility and disorientation are only partly portrayed via Alice in the movie. However, the psychological impact and difficulty of processing the disheartening diagnosis of Alzheimer’s is well depicted through both Alice’s daughter Lydia’s frustration, her husband’s stress, and Alice’s own breakdown upon forgetting the location of the bathroom is in her own house (Westmoreland & Glatzer, 2015, 46:28). On the other hand, “DBB”, invests a large portion of all its scenes to show Jean-Doe’s journey as a Locked-in syndrome patient with a focus on the progression and treatment of the syndrome, and only a minor focus on the family and friends’ emotional baggage.

Conclusively, upon comparing these two movies, the audience is more likely to gain knowledge and understanding of Locked-in syndrome than of Alzheimer’s disease due of the effectiveness in enhancing viewers’ understanding and awareness of Jean Doe’s symptoms and disease progression. Alternatively, “Still Alice” does a less effective job in that regard because it paces quickly through scientific content, while DBB has a narrower and more in-depth depiction of the neurodegenerative disease. Albeit, both movies successfully achieve the purpose of being entertaining and capturing the audience’s attention, which is the ultimate purpose of all Hollywood movies.

References

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