Socrates: "Those who are hardest to love need it the most."

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The quote "those who are hardest to love need it the most" is evocative of a myriad of permutations - defined by different situations and involving tiers of love. Situations are varied and love has a wide spectrum, from the smallest act of caring all the way to extreme altruism.

This prologue brings up an early 2000 Secure Psychiatric Unit (SPU) experience at the Concord, NH, StatePrison – an inpatient psychiatric hospital within the walls. Life inside is desolate, at times harsh, terrifying, and remote from the outside world. Confined here are human beings with past unfortunate events, some carrying serious mental illnesses and others having committed serious crimes.

At a glance, this group appeared most difficult to love, but needs attention most. Not by design, treatment resources were in short supply in NH correctional facilities as in many other states. At that time, I thought of running a group therapy in this setting, to reach more than one patient in an hour. Based on my belief that literature, arts, and cinema are cultural tools that offer entertainment and education, I decided to use motion picture as the main group therapy tool, because of its closer simulation of reality, making it more accessible to inmate patient viewers.

At present being retired for 12 years and uncertain whether my yesteryear movie group therapy had enough merit to record, I did a cursory online research on the subject. Indeed, movie or cinema seems to be a tool used in psychiatric hospitals and correctional institutions. I found that movies utilized were full length and viewed in toto, session durations were usually two hours, and the protocols and goals were diverse.

This online search affirmed that the group that I had run and named "CLASSIC MOVIE FORUM" was definitely different and worth writing up.

Modest goal was to pull patients out of isolation and provide opportunity to socialize. Participants have different needs, carry different diagnoses, and have different levels of symptom severity. Participants were limited to eight, and sessions were one hour long. The six weeks duration was dictated by the classic movie I had chosen – "Tales of Manhattan" – which was not among the list of movies used by other groups on my online search. This star-studded movie has six independent short stories linked by a gentleman's formal black tailcoat that gets passed from person to person between the stories. Each story is 25 to 30 minutes long. They were screened one at a time for six weeks, and followed by a 30 minute group discussion. The movie and group format took into consideration patients' short attention spans resulting from many causes.

The six independent stories of "Tales of Manhattan" (Fox 1942) portrayed varied human situations or experiences with lessons to be gleaned. (Note: My husband put each of those stories onto six separate DVDs to facilitate ease of screening.)

Story (1) Charles Boyer / Rita Hayworth: An example of relational problems tested by moral compass.

Story (2) Henry Fonda / Ginger Rogers: An imaginative and humorous story of honesty.

Story (3) Charles Laughton / Elsa Lanchester: Showed how one person's example can positively influence class-based hierarchies of biased ability and competence.

Story (4) Edward G Robinson: Portrayed stark realities of theoretical versus actual practice of codes of professional conduct, probes social restitution, and true meaning of friendship.

Story (5) W C Fields: Hilariously pokes fun both at excessive consumption of alcohol and some hypocritical reformers.

Story (6) Paul Robeson / Ethel Waters: Addresses individual differences and values with down-to-earth handling of fairness and equity.

In addition to entertainment, the wide variety of topics covered by this film evoked many associations. As such, the discussions following each screening were not mere critiques of the story and characters, but transitioned to discussions of their own lives and circumstances. It was a rich non-threatening source of projective material that engendered some personal insights into patients ways of relating and coping. Fellow patients surprisingly offered good advice and suggested more acceptable coping skills.

Patients burst into laughter at appropriate moments, and showed glimpses that they still had capacity to manage switching off from their dire situations.

My only role was to know when to probe, when to leave issues undiscussed, when to express reassurance, and when to interject caution.

The absence of drop-outs, lively participation, and the group's persistent requests not to wait for the following week to see the next story despite my consistent denial, must have meant this particular classic movie and group format was a worthwhile tool and was well received. The memory I treasured most was the patients' expressions of joy when at the end of the last session, each received another small attention, via awarding them an attractively designed individual certificate of attendance with their name printed on it.