Original article

Implacable images: why epileptiform events continue to be featured in film and television

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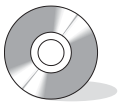[1] Graduate School of Social Work and Social Research, Bryn Mawr College
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ABSTRACT – Epileptiform events have been portrayed in film since 1900 and on television since the 1950's. Over time, portrayals have not reflected medicine's understanding of epilepsy. At present, it is unlikely that individuals who do not have a close relationship with someone with a seizure-disorder will witness a seizure. Because fictive and often incorrect images appear increasingly, many think of them as accurate depictions. The research addresses three questions in relation to these images: How do directors use the images? Why do uses of seizures in visual media not reflect contemporary scientific knowledge? Why have they persisted and increased in use? Data consist of material from 192 films and television episodes. The general category of seizures includes seizures in characters said to have epilepsy or some other condition, seizures related to drug or alcohol use, pseudoseizures and feigned seizures, and, a category in which, for example, someone is described as "having a fit." The research demonstrates how epileptiform events drive the narrative, support the genre, evoke specific emotional reactions, accentuate traits of characters with seizures, highlight qualities of other characters through their responses to the seizures, act as catalysts for actions, and enhance the voyeuristic experience of the audience. Twenty video sequences are included in the manuscript. The authors conclude that the visual experience of seizures remains so enthralling that its use is most likely to increase particularly on television, and that as the public has less experience with real seizures, depictions in film will continue to be more concerned with what the image can do for the show and less interested in accurate portrayals. Ways to influence depictions are suggested.
[Published with video sequences]

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Epileptiform events have been employed in film since the early 1900's (1)* and on television since the 1950's (2). While their uses have always been

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* numbers in brackets correspond to the list of films; see *Addendum* page 112

to enhance understanding of character and/or to drive the narrative of the production (Kerson *et al.* 1999 and 2000), their portrayal has in no way reflected medicine's understanding of the condition or the ability to manage it. Instead, films depicting epilepsy typically choose those connotations of

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the illness that are firmly anchored in popular myth (Maio 2001, Baxandale 2003). Over time, as symptoms are better addressed, it is likely that only individuals who have a close relationship with someone with a seizure disorder will witness a seizure. However, either because it has been easier for the researchers to locate recent examples of seizure-like events in film and on television, or because these images are being used much more frequently, the number of times that these images appear seems to be increasing. While there are examples in which directors sometimes unknowingly use images that resemble seizures or present images that are so silly and unreal they have to be named as epilepsy for the audience to relate image to entity (3, 4), the image particularly of a tonic-clonic seizure is so cheap to execute, easy to insert and consistently enthralling and terrifying that it works like Baudrillard's concept of a simulation (Baudrillard 1974). That is, long after one has lost knowledge of the real, the copy remains as a kind of replacement reality. Here, long after most viewers have any knowledge of epilepsy or what actual seizures look like, they carry images of epilepsy and seizures based entirely on fictive filmic images of those events. Advocacy groups decry the uses of these images. Occasionally, groups succeeded in including contact information in closing credits (5, 6). However, these instances are rare, with questionable effectiveness.

It remains important to understand how epileptiform events are used in order to think about why the images persist in the face of improved knowledge and treatment. Thus, this research addresses these questions: (a) How do directors use the events? (b) Why do uses of seizures in visual media not reflect contemporary scientific knowledge? (c) Why have images persisted and probably increased in use?

Methods

Data consist of clips from the 192 films and television episodes collected by the authors. This is not a sample, but a series. The list was established by consulting many sources including the Library of Congress's Public Moving Image Archives, American Film Institute, Epilepsy Foundation of America's National Epilepsy Library, Internet Movie Data Base (IMdB), TV.com, British Film Institute, L'Inatheque and La Bibliotheque Nationale de France, and Rehabilitation International. The final group includes every film and television show suggested by any source. As in the saturation techniques used to develop grounded theory, the authors continue to seek names of films and television shows portraying seizures until we receive no new names from any source (Strauss and Corbin 1998, Bodgan and Taylor 1998). We have clips from more than 150 films and television episodes.

Materials and data

We have seen all but one of the depictions to which we refer, and each has been reviewed by a board certified neurologist. For the purposes of this research, in the general category of seizures, we include (a) seizures in characters who are said to have epilepsy (137 examples), (b) seizures in characters who are said to have some other condition (54 examples), (c) seizures related to drug or alcohol use (19 examples), (d) seizures that are feigned, that is where someone pretends to have a seizure in order to deceive others (20 examples) or pseudoseizures, that is attacks resembling an epileptic seizure but having only psychological causes (4 examples), and finally (e) an "off-hand" category where, for instance, someone is described as "having a fit" (8 examples). The latter includes a classic American Christmas film called *Miracle on 34th Street* (7) in which there is a discussion about capturing the missing Santa Claus-like character whom several people consider to be crazy. "But what if he has a fit," says one character to another. In *Harry Potter and the Prisoner of Azkaban* (8), Harry's friends describe how he looked after being attacked by a dementor. Ron says, "Well, you sort of went rigid. We thought maybe you were having a fit or something." Normally, 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 (electrocution) (9 to 12).

Film language and race of characters with seizures

The majority of the films are in English, and there are 19 French films, seven Italian, four Hindi, three Russian, one each in Bengali, Danish, German, Hebrew, Japanese, Korean, Spanish and Swedish, and 10 silent films. The rest are episodes of American television. With regard to race, nearly all of the characters with seizures are Caucasian, five are black, and six (five in Hindi films and one in a Korean film) are Asian.

Release dates

The earliest film was released in 1900 and the latest films and television shows were first shown in 2005 *(figure 1)*.

Genres represented

Films and television shows are categorized according to the Internet Movie Database genre classification system *(figure 2)*. The majority (122 examples) can be classified as dramas. Among other genres are 31 comedies, 13 thrillers, five horror films, eight science fiction, three documenta-
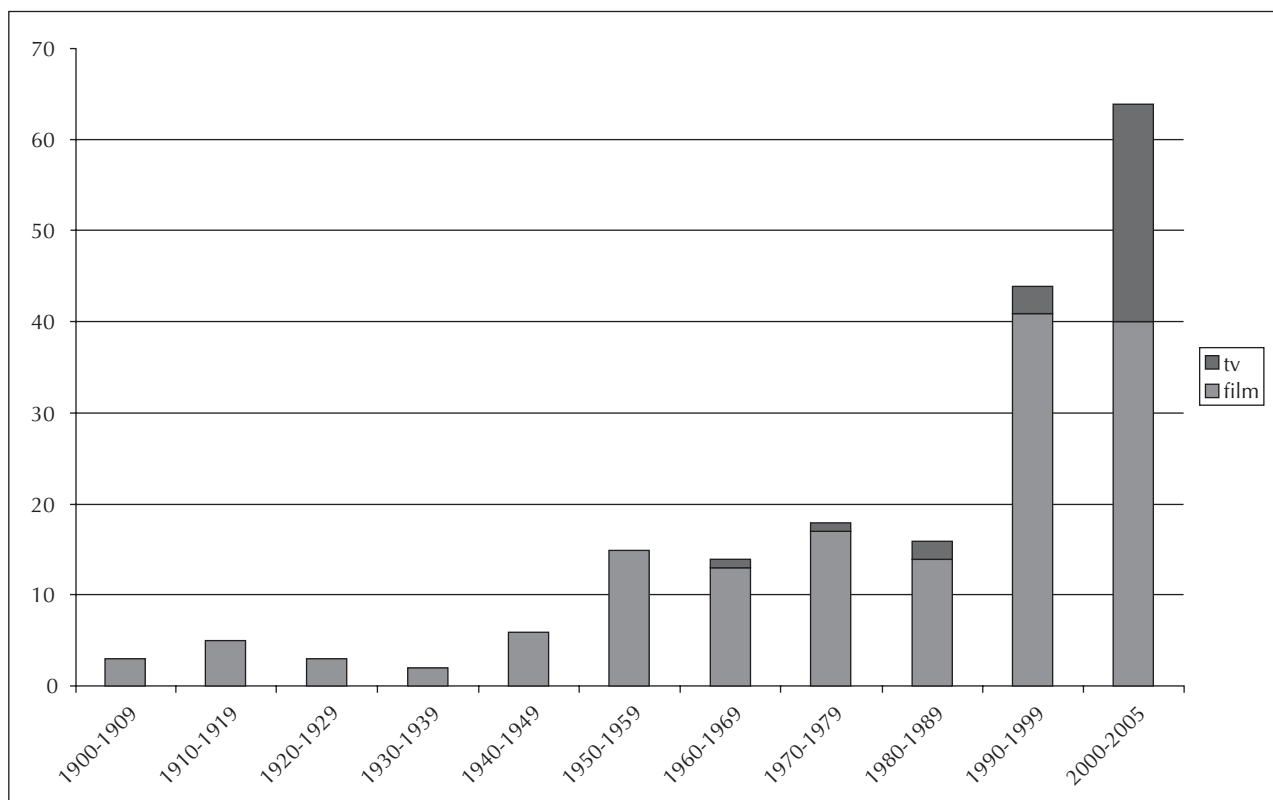
Figure 1. Films and television shows by decade.

ries, three action films and 1 western. Of the 72 films that were made from a novel or a play, most portrayals are similar to the written form.

Sixty-six examples are of female characters, 118 are male, and in some silent films (13, 14), the subject of the event is inanimate. Children have epileptiform events in 28 ex-
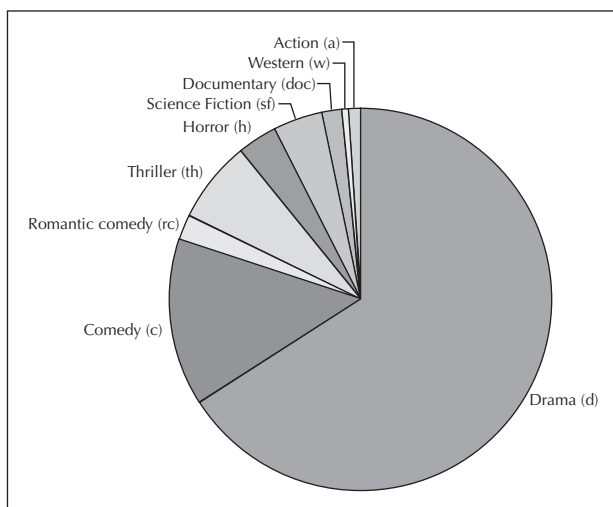

Figure 2. Genre of film or television show.

amples. There is some kind of comorbidity, most often, mental illness in 108 examples (15 to 19). In reality the relation between epilepsy and psychosis is controversial (Bazil *et al.* 2005), but filmic epileptiform events often support abnormal behavioral and emotional elements in character or plot. In 46 of the films, a character having a seizure is depicted as violent, and 76 of the films or shows have some violence in content that is separate from the character. In 100 examples, the character who has a seizure is viewed as a victim, and in every example, there is some kind of reaction to the event. As we have said, some films have characters with seizure-like events that would not meet the criteria for epilepsy (Francis and Baker 1999). While the neurological community distinguishes epileptic from non-epileptic attacks, it is thought that the viewing public does not do so.

Thus, rather than confining ourselves to those events that can be classified by epileptologists as we did in our earlier work, we write here about what we think that audiences absorb about these representations. In this regard, it is important to note that all cinematic versions of seizures and epilepsy are fictive. Whether it is accurately depicted or not, every image that has been discussed anywhere in relation to the portrayal of seizures in film has been created to send a message about character or story. It has been stated that, "For many people the recollection of a

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character "faking a seizure" at the movies may be their only reference point on hearing the diagnosis" (Baxandale 2003).

General experience with seizures

In 2003, the United States Centers for Disease Control included nine epilepsy-related items on the Porter Novelli HealthStyles survey, a mail survey that is administered to a random sample of adults (Kobau and Price 2003). Results showed that half of those surveyed have witnessed a seizure in a real-life setting with those between 45-64 years of age more likely than those 44 years or younger. More than half of those surveyed have seen a seizure on television with those between ages 18-34 most likely. That youngest group also lacks familiarity with epilepsy. Also, most adults had not read or heard about epilepsy in the past year. For those who did read or hear about epilepsy, the most usual source was television. Even among those who currently know someone with epilepsy, less than 40% are knowledgeable about the disorder and only half agree with knowing what to do if they are around a person who has a seizure. It has been noted that "exaggerated media representations can adversely influence cognitive responses, which in turn can adversely affect social attitudes" (Kobau and Price 2003).

Results and discussion

Ways in which seizures are used in film and television

Through the use of clips and dialogue, we will answer the overarching questions related to the implacability of epileptiform images. Specifically, we will demonstrate how, over time, directors use seizures to: (a) drive the narrative, (b) enhance the mood of a genre, (c) evoke reactions in the audience, (d) support traits of the characters having the seizures, (e) highlight qualities of other characters through the ways in which they respond to the seizures, (f) act as catalysts for other actions taken in by the audience, and (g) enhance the voyeuristic experience of the audience as they watch the actions of characters watching the actions of those having seizures. Not mutually exclusive, these categories have been developed in order to answer the overarching questions. Finally, we will demonstrate that the visual experience of a major motor seizure remains so arresting that its use is unlikely to decrease no matter how treatment for epilepsy is advanced.

A character portrayed as having a seizure is introduced to drive the narrative

Closely related to story-telling, "narrative refers to the strategies, codes and conventions employed to organize a story" (Hayward 2000). It has been suggested that stories are based on the disruption of order by an event or series of events (Blandford *et al.* 2001), and we argue that seizures, unpredictable and highly visual interruptions of the ordinary, are excellent tools for this kind of disruption. In this regard, the image of a seizure is so powerful that in several television shows and one film, the seizure occurs before the opening credits in order to capture and hold the interest of the viewer (20, 21) (**video sequence No. 1**).

There are many examples in which a character having a seizure propels the story forward. In an episode of *CSI Miami* called "Whacked" (22), a sociopathic murderer on death row is told that he will be executed. Knowing that he is allergic to peanuts, he purposely orders a peanut butter and jelly sandwich for his last meal. Devouring the sandwich, he has a major motor seizure (shaking, foaming at the mouth, etc.) and dies. In reality, he would not likely have had a seizure from a reaction to peanuts, but the symptoms related to an acute allergic reaction to peanuts might not have been so enthralling to the audience. In another episode of the same show called "Hell Night" (23) a woman who serves on a jury and who has epilepsy distracts the characters from witnessing a murder by causing herself to seize by flashing in her eyes a small light that she has carried for that purpose.

Other examples include *The Good Humor Man* (24) (**video sequence No. 2**), *Curse of the Living Corpse* (25), *The Apprenticeship of Duddy Kravitz* (26) and the films made from Dostoievsky's novels (27). "The disease sets the beat of the narrative pulse and takes on a voice of its own in the story that is told" (Slattery 1999).

Seizures are used for genre enhancement

Genre is a category, kind or type of art or cultural artifact with certain elements in common – subject matter, theme, narrative and stylistic conventions, motifs, character types, plots and iconography (Luckett 2001). It refers to a set of production formula attributes, the clearly different kinds of films that these produce, audience expectation and speculation on how the film will end and is a part of production, marketing and consumption.

Seizures are often used to enhance the overall mood of a particular genre. In comedy, as in the cases of *Leap Year* (28) and *PCU* (29), these epileptiform events make the film funnier. In horror films such as *Raat* (30), these events support fear of uncontrolled violence to which other characters in the film as well as the audience are subjected. In dramas, such as *To What Red Hell* (31) and *Carnage* (32) (**video sequence No. 3**), they heighten notions of unpredictability and lack of control.

The great majority of the films and television shows included in this study (65%) are considered dramas. One example, *I Pugni in Tasca* (33) (**video sequence No. 4**) concerns a family in which three of four siblings have epilepsy. Comedies comprise 17% of the examples. In one Israeli comedy called *Ha-Gamal Hame 'ofef* (34) (**video sequence No. 5**) a Jewish man, and a Muslim man claim the same bit of land. Other characters' interpretation and

treatment of the Jewish man's seizures heighten differences in culture and belief and are seen as funny in the film. Another 14% of the examples can be classified as horror films, thrillers or science fiction. Using these events in these ways is in keeping with ancient views (Eadie 1994) "attributing epilepsy to powers outside human control, be they perceived as divine, or demonic, as the outcome of astral influences, as due to magic, or simply regarded as a retribution for wrong-doing" (Carod and Vazquez-Cabrera 1998). The most popular of these films is *The Exorcist* (35) (**video sequence No. 6**), also called a possession film because the young protagonist, Regan, is first said to have temporal lobe seizures and is then thought to be possessed. This widely viewed film was first released in 1973 at a cost of $12,000,000 and restored for another $1,000,000 for its rerelease in 2000. According to the Internet Movie Database, as of January, 2004, it had grossed $357,500,000 and, as of 2000, it had earned its owners $89,000,000 in VHS and DVD rentals. On the first week-end of its being reissued, it was featured on 664 screens in the United States where it earned more than $8,000,000. How many people have now seen this movie that is billed as a realistic film about inexplicable events? Thus, each time that seizures are used in a film, their presence intensifies the message of a particular genre.

Seizures are used to evoke specific emotional reactions in the audience

In "Tyger, Tyger" (36), episodes of the 1960's show, *Dr. Kildare*, a surfer is admitted to the hospital and diagnosed with epilepsy. Told not to surf until her seizures are controlled, she rides a huge wave, has a tonic-clonic seizure and dies.

Television series rarely have a continuing character with epilepsy. In *Deadwood*, named for a lawless and violent town where most men are tricksters and all women are objectified, the Reverend H.W. Smith has a seizure in each of the three episodes in which he is featured. In one episode (37), he is stepped over, in the second (38), he is cared for, and in the third (39) (**video sequence No. 7**), the doctor asks the town boss to put the reverend out of his misery. The audience has already learned that the boss had a brother with epilepsy and in a later episode called "The Whores Can Come" he raves that his father beat him badly when his brother had seizures. He says "What fault of mine is it that my brother croaked. My brother the perch, fucking falling sickness" (40) (**video sequence No. 7**).

A most horrifying example comes from *The Sopranos* (41) (**video sequence No. 8**). In the final scene of the first episode of the 2004 season, a member of the mob shoots to death a waiter whom he has caused to have a seizure by throwing a brick at his head. It has been reported that the Sopranos is the most successful series in the history of cable television. "The drama about a New Jersey mob family has won more Emmy awards than any other show on cable TV and has frequently drawn audiences larger than programs competing against it on broadcast networks, even though HBO is available in only about third as many homes" (Carter 2005).

In each of these examples, the person with the seizure is viewed by others as having to be eliminated. While the *Deadwood* episodes cause the audience to feel compassion for the reverend, the physician and even the boss, the actions in the *Sopranos* episode makes the audience feel only horror at the behavior of characters who murder and then steal from the corpse. To them, the victim is a nameless unimportant object.

Epileptiform events support certain traits in characters having the seizures

Many examples fit this theme and multiple examples are included here to demonstrate the versatility of the use of seizures to support traits across cultures and over time. In almost every case, these characteristics are negative and related to passivity and objectification. Even violent characters are presented as vulnerable and fragile. The overall message is that those with epilepsy have little control of themselves while they are having seizures and otherwise in their lives (42 to 46).

In *Yugpurush* (17), seizures illustrate the protagonist's inability to cope with tragedy and to his "otherness," a combination of always being an outsider, never quite understanding the rules of the game, a sweet sensibility no matter what is happening around him, and an ineluctable path to personal tragedy. These themes relate closely to those in *The Idiot* (16). As mentioned earlier, this and other examples link mental illness and epilepsy. They are further illustrate that epileptiform symptoms need not be a part of a character's named illness but are included to enhance the impact of the event on the audience. For example, in an episode of *House* (47), a new "hot" television series, someone has a stroke, and in *Le Hussard sur le Toit* (48), several characters have cholera. In both films, symptoms of major motor seizures are part of stroke and cholera.

In the film *To What Red Hell* (31) a man becomes violent during epileptiform episodes. Realizing that he has killed someone during an occurrence, he confesses to his family who tell him that the fainting episodes that he had as a child were really epilepsy and that he is neither morally guilty nor responsible for his actions during those incidents. Worrying that he might kill again, the man kills himself. At least, the man is shown as being a sensitive, responsive person as is the character with epilepsy in *Garden State* (49) (**video sequence No. 10**), who while engaging, remains an outsider who has not made a realistic place for epilepsy in her life. On the other hand, Freddy, the protagonist with epilepsy in the *La Vie de Jesus* (50) (**video sequence No. 9**), is a dull-witted, wounded insider who lacks any insight into his behavior or that of others. The last two are among the few films in which reviewers refer to a character's having epilepsy.

Through the ways in which other characters respond to seizures

The question here is, "How will characters in the film respond to epileptiform events?" These responses are often a surprise. In both *1900* (51) (**video sequence No. 11**) and *Mean Streets* (52) (**video sequence No. 12**), the very different reactions of the films' stars, two young, virile, strong male characters, to a young woman's having a seizure tell the audience more about each of the male characters than about the young woman. In *Disappearing Acts* (53) (**video sequence No. 13**), the seizure increases the audience's sense of the woman with epilepsy's vulnerability and her male companion's strength and capacity to be tender. In several of these examples, the male characters are seen as aggressive and violent except in their response to the woman having a seizure (54 to 56).

Epileptiform events act as catalysts for other actions that are understood by the audience

Thus, a seizure precipitates or stimulates or increases the rate at which some other action occurs. For example, both in "The Egyptian" (57) and "Apur Sansar" (58) (**video sequence No. 15**) the epileptiform event is a catalyst for the events that follow. In the romantic comedy, *Frankie & Johnny* (59) (**video sequence No. 14**), the man with epilepsy is a nameless coffee shop customer, but the protagonists' responses to the seizure advance their relationship, and the development of their relationship is the plotline of the film.

Epileptiform events are used to enhance the audience's voyeuristic experience

Since voyeurism means viewing others without their awareness or permission, there is a suggestion of forbidden or even illicit activity (Mulvey 2003). This use of epileptiform events is most titillating. The audience waits expectantly having been given clues which may or may not be shared by characters in the film. 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. One's view is framed not only by the character but by the lens of the camera. In several films, this view inside of a view can be seen even more dramatically. In the film *Eraser* (60) (**video sequence No. 17**), one watches a feigned seizure through eyes of security guards watching the monitor of a security system with hidden cameras. In the film, *Cleopatra* (61) (**video sequence No. 18**), the audience watches Cleopatra watch Caesar through a giant eye that is painted on the wall of Caesar's chamber. In *Gods and Monsters* (62) (**video sequence No. 19**), we see within the eye of the man who is having seizures through the equipment and the eye of the neurologist.

Certainly, horror films can be understood in this way. Early in *The Lighthouse* (63), we are told that the hero has light-induced seizures. In the very last moments of the film, the beautiful female psychologist who studies serial killers, the evil serial killer, and the wrongfully accused hero fight it out at the top of the lighthouse in the midst of a terrifying electrical storm. After watching a flashing fluorescent light, the hero falls unconscious. That the psychologist smashes the light and quickly brings the hero to his feet to fight on is not an accurate portrayal of a seizure, is irrelevant to the audience's willingness to be brought along with the narrative.

For example, in another horror film, *Brides of Blood* (64) one character explains to another that their host is not feeling well. He calls it migraine, but the scientist in the group thinks that it is epilepsy. These episodes consist of the man's turning into a gorilla-like monster who kills beautiful young women. Interestingly, there are two other films in which a character has the symptoms of migraine but is said to have epilepsy. In *Sophie's Choice* (65), when Sophie begins work as secretary to Commandant Hoess, he has an intense attack of migraine, asks Sophie to get his medicine for him and tells her how effective ergotamine is in addressing the pain. In *White Heat* (66) the protagonist, Cody Jarrett, appears to have migraine but is described in one film studies volume in the following way: "*White Heat* does not tell a story; it dramatizes a condition. (Cody) destroys the world by destroying himself, its last human representative gone mad. (The explosions at the end are like what he explains happens in his head when he has a fit)" (Shadoian 2003). One sees another version of inaccuracy in *A Minute to Pray, A Second to Die* (67) (**video sequence No. 16**) where the hero mistakes his symptoms for epilepsy that he thinks he has inherited from his father. All of the films with feigned or pseudoseizures can be included in this discussion. In these situations, the audience knows something that characters in the film who are responding to the event do not. For example, in the silent comedy, *Leap Year* (28), a man pretends to have epilepsy in order to drive his girlfriends away. The audience knows what the man plans to do and waits to see his girlfriends' reactions. In *The Fugitive* (68) the gaze begins with prisoner Dr. Richard Kimble who, on the prison bus, watches another prisoner feign a seizure which allows all ensuing action. In *The Bone Collector* (69) one sees the seizure from the point of view of the protagonist. The point of view switches from him to those around him, so that the audience sees the star watching them watching him. In *Deceiver* (70), the audience watches the police watch a man having a seizure. They have been told not to touch him, and the audience anticipates that one of the policemen will not be able to resist. Here, inaccuracies of depiction and diagnosis are meaningless to the public. In each of these situations, the presence of a seizure increased anticipation, excitement and the attraction of the film.

Examples that fit multiple categories

Three such examples are all British and, are unusual in that they seek not only to entertain but to teach the audience

about broad social issues. The earliest is *A Matter of Life and Death (aka Stairway to Heaven)* (71). The film is important to this series for several reasons. First, the protagonist with the disorder is a war hero and is played by a screen idol. Second, the writer/director/producer team used a medical consultant to develop the plot. Also, the neurologist in the film makes the diagnosis and, on many levels, finds the cure (Friedman 2000). The auteurs were important figures in the film world whose influence continues today. The film was re-released by Columbia Pictures in association with Martin Scorsese, a preeminent contemporary director. Finally and most importantly, while clearly a romantic fantasy, the film was informed by the most up-to-date scientific information that was available in 1946.

The second example is *Gods and Monsters* (62) (**video sequence No. 19**), a dramatic speculation about the last days of James Whale, director of the Frankenstein films made in 1930's (72, 73). In the film, Whale experiences what appear to be temporal lobe seizures resulting from a stroke. These episodes, whose symptoms include powerful visual and olfactory hallucinations serve, in some ways, as flashbacks allowing the protagonist to slip from the present into many parts of his past and back again, and, in other ways, bring into the present people who were important to Whale in the past. Thus, they allow for a unique simultaneity of time and place.

A third example is *The Lost Prince* (74) (**video sequence No. 20**) a film about John, brother of King George VI, who died of epilepsy when a teenager. His illness and relationships with family and servants serve as the foreground for an exploration of the relationships between the royal families of Europe at the outbreak of World War I. Each of these three examples attempts to deal with epileptiform events in a reasonable way.

Why are these images implacable?

Why do uses of seizures in visual media not reflect contemporary scientific knowledge? Why do uses of these persistent images seem to be increasing? Overall, such images remain visual icons in many cultures, continuing to frighten and enthrall audiences with very little effort or expense on the part of producers, directors or actors. They heighten the moment, adding an element of intensity and drama under conditions in which symptoms might not be visually interesting. For instance, if a character is to imagine that a long dead relative is speaking to her, as in *Vampire Trailer Park* (75), it is much more interesting to watch her be transformed as, through her, her grandmother speaks out loud, alters her voice, and acts out the experience with movement that resemble generalized major motor seizures than for her simply to report. After all, what more interesting and effective way is there to signal a change of consciousness?

Conclusions

As treatment for epilepsy continues to improve, the numbers of people who have seen actual seizures may continue to decline. At the same time, the public's images of seizures will increasingly be informed by portrayals of seizures on television and in the movies that bear little resemblance to epileptic seizures. There is reason for concern here. Just as Baudrillard argues that one can begin to see the "map" as more real than the place that it is meant to represent, people will see the fictive portrayals of epileptiform events as realistic seizures. These epileptiform images continue to affect plot and mood, evoke specific reactions in the audience, support certain characteristics of those having seizures, highlight characteristics of others, act as catalysts, and enhance voyeuristic experience. Seizures in film focus the audience, and frame its responses. "If ever there was a disease whose occurrence was sensational – the development of shaking and the unexpected return to an apparent state of health – it is epilepsy" (Fantovik-Ferencic and Durrigl 2001). Loss of control of one's body movements, cognition and awareness and the loss of control over one's presentation of self continue to capture the attention of writers and directors because these losses continue to enthrall audiences.

That many images related to epilepsy continue to be negative, obsolete and just plain wrong and that people with epilepsy continue to be stigmatized is especially difficult to comprehend when there have been great strides made in depictions of other conditions or public health concerns such as smoking. The public has responded to efforts to destigmatize heart attack, stroke, and cancer. Until relatively recently, for many people, a cancer diagnosis carried stereotypes about punishment, shame, disfigurement or even fatality. Most profound are changes in the portrayal of smoking. In the United States, heroes rarely smoke in film or on television. Smoking is no longer glamorized and, with the exception of R-rated and independent films, smokers are more likely to be the bad guys (Omidvarik et al. 2005).

Still, old images of epilepsy and/or seizures persist. From 1900 to 2005, from horror films to comedy, and in several different cultures and languages, associations with victimization, possession, fear, secrecy, mental illness and violence remain. The level of stigma persists also because fears of isolation and punitive responses cause those with epilepsy and their family members to maintain the secrecy in the name of protecting their loved ones and thus make it more difficult for associates to understand the illness. For example, a celebrated movie star who has been in the public eye for more than 60 years and has been a great supporter of and spokesperson for people with AIDS developed epilepsy as a result of a benign brain tumor but will not be a spokesperson for people with epilepsy. While the course of any chronic condition is somewhat unpredictable, there is something about the possibility of having

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a seizure that is even less predictable. Perhaps this lack of predictability is enhanced because, in many kinds of seizures, the person who is having the seizure is unaware, and thus has no opportunity to control himself or to manage the responses of others to witnessing a seizure. Perhaps for this actor, the combination of the lack of predictability and control of audience response is too formidable. Perhaps even for relatively sophisticated people, engrained associations persist in the face of great technological advance and the increased expertise and sophistication of advocacy groups. Even now, expressions, such as "have a fit" or "throw a fit" are so ingrained in the English language that, in the United States, they appear regularly on television, in film and everyday conversation.

In our opinion, these images will persist and may even increase as more and more television channels try to capture larger parts of the viewing audience. That audience most often leave the movie or television show with erroneous images is of grave concern to the authors. Perhaps, one response is to be proactive, that is, to persuade producers and directors to include more characters who have epilepsy in their work and to have those characters accurately depict the symptomatology and social issues that those with epilepsy have to manage. Basic guidelines for people with epilepsy to use when they deal with members of society are an excellent beginning for trying to convince the auteurs to use more characters with epilepsy. Speak from one's own experience, encourage people to ask questions if they wish, explain what happens when a seizure occurs including an eye witness account, if possible, and explain what people should and should not do (DeBoer 1995).

Since we know that society remains captivated by these images and can expect to see them used in all genres, why not provide more information through character development? It would be helpful for broader audiences to know what exactly happens when seizures occur. They would be interested in the kinds of "warnings" or auras that some people sense, what people remember from the experience, how they recover from a seizure, what they feel like, etc. It would be arresting for audiences to know what kinds of images, thoughts and dream-like experiences people with epilepsy have as part of a seizure as well as what kinds of worries they have about physical, psychological and social safety among other things. Some films explore these processes from the point of view of the person with the condition (49, 62, 67, 71, 76). This is not a new idea. In reviewing the many film versions of *Othello* (45), one finds masterful explorations of interior states in portrayals by Orson Wells and Lawrence Fishburne, but there is a clever portrayal in a silent version where Othello's interior experiences are depicted in bubbles just over his head.

How about a television series in which the detective, sheriff or captain of industry has epilepsy? This is not to suggest that more films be made that support a specific medical point of view (77, 78). Rather television shows with large audiences should be persuaded to include characters with epilepsy. Popular shows such as *ER, CSI Miami, House* and *Grey's Anatomy* use images of seizures with some frequency already.

These images are implacable. The notion, "she can have a seizure maybe, then we can watch" is not going to disappear (52). Nor will the concern, "Probably no top lab would have her if they knew. Insurance, prejudice, and all that crap" (79). If the images are increasing, why not use the trajectory? Be part of the increased use and the impetus for new programming created by the explosion of cable television stations. Advise and consult wherever possible. Be proactive about character and plot. Suggest that writers and directors create interesting, positive, forceful and well-drawn continuing characters who manage epilepsy as a part of their healthy and successful lives. After all, epilepsy is a condition that has fascinated societies for thousands of years. Know that these images are implacable but find new opportunities to counter with exemplars that reflect contemporary scientific understanding of epilepsy. Let the audience be fascinated on your terms. □

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Legends for video sequences

1. "Save Me". *Grey's Anatomy.* Dir. Peter Horton. Touchstone Television. 15 May 2005.
2. *The Good Humor Man.* Dir: Lloyd Bacon, Columbia Pictures. 1950.
3. *Carnage.* Dir: Delphine Gleize. France 3 Cinema. 2001.
4. *I Pugni in Tasca.* Dir Marco Bellochio. Doria. 1965.
5. *Ha-Gamal Hame'ofef.* Dir. Rami Na'aman. Tranfax Film Productions. 1994.
6. *The Exorcist.* Dir. William Friedkin. Warner Brothers. 1973.
7. "Sold under the skin". *Deadwood.* Dir: Davis Guggenheim. HBO. 13 June 2004.
"The whores can come". *Deadwood.* Dir: Gregg Feinberg. HBO. 15 May 2005.
8. "Two Tonys", *The Sopranos.* Dir: Tim Van Patten, HBO. 7 Mar 2004.
9. *La Vie de Jésus.* Dir. Bruno Dumont. Fox Lorber. 1997.
10. *Garden State.* Dir: Zach Braff. Large's Ark Productions. 2004.
11. *1900.* Dir. Bernard Bertolucci, Paramount. 1977.
12. *Mean Streets.* Dir. Martin Scorsese, Warner Bros. 1973.
13. *Disappearing Acts.* Dir. Gina Prince-Bythewood. Amen Ra Films, 2000.
14. *Frankie & Johnny*. Dir. Gary Marshall, Paramount. 1991
15. *Apur Sansar.* Dir: Satyajit Ray. Satyajit Ray Productions. 1959.
16. *A Minute to Pray, A Second to Die*. Dir. Franco Giraldi. Documenti. 1968.
17. *Eraser.* Dir. Chuck Russell. Warner Bros. 1996.
18. *Cleopatra.* Dir. Joseph L. Mankiewicz, Twentieth Century Fox. 1963.
19. *Gods and Monsters.* Dir. Bill Condon, Lions Gate Films. 1998.
20. *The Lost Prince.* Dir: Stephen Poliakoff. BBC. 2003.

Addendum:
List of films mentioned in the text

1. *Le Déshabillage impossible.* Dir: Georges Melies. Pathes Freres. 1900.

2. "Boy in the Storm", *Medic,* Dir: Ted Post. NBC. 3 Jan 1955.

3. *Les Barbouzes.* Dir: Georges Lautner. S.N. Gaumont. 1964.

4. *The Twelve Chairs.* Dir. Mel Brooks. Twentieth Century Fox. 1970.

5. *Kangaroo Jack.* Dir. David McNally. Castle Rock, 2003.

6. "You Don't Know Me". *Judging Amy,* Dir: James Kramer, CBS. 15 Feb 2005.

7. *Miracle on 34th Street.* Dir: George Seaton. Twentieth Century Fox. 1947.

8. *Harry Potter and the Prisoner of Azkaban.* Dir: Alfonso Cuaron. Warner Bros. 2004.

9. *One Flew Over the Cuckoo's Nest.* Dir: Milos Forman. United Artists. 1975.

10. *A Beautiful Mind.* Dir: Ron Howard. Imagine Entertainment. 2001.

11. *Meet the Fockers.* Dir: Jay Roach. Universal Pictures. 2004.

12. *The Bed Sitting Room.* Dir: Richard Lester. Oscar Lewenstein Productions. 1969.

13. *La Redingote épileptique.* Dir: Romeo Bosetti. Pathe Freres. 1913.

14. *Le Matelas épileptique.* Dir. Romeo Bosetti. Pathe Freres. 1912.

15. Janghwa. *Hongryeon.* Dir: Ji Woon Kim. Malsupiri Film. 2003.

16. *Hakuchi.* (1951). Dir. Akiro Kurosawa. Shochita Co. L'Idiot. (1946). Dir. Georges Lampin. Films Sacha Gordine. *The Idiot.* (1958). Dir: Anton Pyryev. Ministerstvo Kinimatograffi.

17. *Yugpurush.* Dir: Parto Ghosh. Pranlal Mehta Productions.1998.

18. *The Piano Man's Daughter.* Dir: Kevin Sullivan. Canadian Broadcasting Co. 2003.

19. *An Angel at my Table.* Dir: Jane Campion. Australian Broadcasting Co. 1990.

20. See, for example *JFK.* Dir: Oliver Stone. Alcor Films. 1991.

21. See, also, "Save Me". *Grey's Anatomy.* Dir: Peter Horton. ABC. 15 May 2005.

22. "Whacked". *CSI Miami.* Dir: Scott Lautanen, CBS. 16 May 2005.

23. "Hell Night". *CSI Miami.* Dir: Scott Lautanan. CBS. 25 Nov 2004.

25. *The Good Humor Man.* Dir: Lloyd Bacon, Columbia Pictures. 1950.

25. *Curse of the Living Corpse.* Dir: Del Tenney. Deal Productions. 1964.

26. *The Apprenticeship of Duddy Kravitz.* Dir: Ted Kotcheff. ICC.1974.

27. *The Brothers Karamazov.* Dir: Richard Brooks. Avon Productions. 1958 and Bratya Karamazovasky. Dirs: Kirill Lavrov, Ivan Pyryev. Mosfilm. 1967.

28. *Leap Year.* Dir. James Cruze. Paramount Pictures. 1921.

29. *PCU.* Dir. Hart Bochner. Twentieth Century Fox. 1994.

30. *Raat.* Dir: Ram Gopal Varma, Varma Films. 1992.

31. *To What Red Hell.* Dir: Edwin Greenwood. Twickenham Studios. 1929.

32. *Carnage.* Dir: Delphine Gleize. France 3 Cinema. 2001.

33. *I Pugni in Tasca* (aka *Fists in the Pocket*). Dir: Marco Bellochio, Doria. 1965.

34. *Ha-Gamal Hame'ofef.* Dir. Rami Na'aman. Tranfax Film Productions. 1994.

35. *The Exorcist.* Dir. William Friedkin. Warner Brothers. 1973.

36. "Tyger, Tyger", *Dr. Kildare* Dir: John Newland. NBC.16 January 1964, 23 January 1964.

37. "The Trial of Jack McCall", *Deadwood* Dir: Ed Bianchi. HBO. 18 April 2004.

38. "Plague", Deadwood. Dir: Davis Guggenheim. HBO. 25 April 2004.

39. "Sold Under the Skin", *Deadwood.* Dir: Davis Guggenheim. HBO. 13 June 2004.

40. "The whores can come". *Deadwood.* Dir: Gregg Feinberg. HBO. 15 May 2005.

41. "Two Tonys", *The Sopranos.* Dir: Tim Van Patten, HBO. 7 Mar 2004.

42. *Night Unto Night.* Dir. Don Siegel. Warner Bros. 1949.

43. *Night Mother.* Dir. Tom Moore, Universal. 1986.

44. *Tell Me that You Love Me, Junie Moon.* Dir: Otto Preminger. Paramount, 1970.

45. There are seizures in the following: *Othello, The Mad Lover.* Dir: Leonce Perrett. Robert Warnick Film, 1910. *Otello.* Dir: Dimitri Buchowetzki. Video Yesterday. nd. *Othello.* Dir: Trevor Nunn. Royal Shakespeare Company. 1990. *Othello.* Dir. Stuart Burge, Warner Bros. 1965., *Othello.* Dir. Oliver Parker. Castle Rock. 1995. *Tragedy of Othello, Moor of Venice.* Dir: Orson Wells. United Artists. 1952.

46. *Riten.* Dir. Ingmar Bergman. Cinematograph AB. 1969.

47. "Love Hurts", *House.* Dir: Brian Spicer. FOX. 10 May 2005.

48. *Le Hussard sur le Toit.* Dir: Jean-Paul Rappeneau. CEC - Rhône-Alpes. 1995.

49. *Garden State.* Dir: Zach Braff. Large's Ark Productions. 2004.

50. *La Vie de Jésus.* Dir. Bruno Dumont. Fox Lorber. 1997.

51. *1900.* Dir. Bernard Bertolucci, Paramount. 1977.

52. *Mean Streets*. Dir. Martin Scorsese, Warner Bros. 1973.

53. *Disappearing Acts*. Dir. Gina Prince-Bythewood. Amen Ra Films, 2000.

54. *Cavale*. Dir. Bruno Dumont. Agat Films & Cie. 2002.

55. *Après la Vie*. Dir. Bruno Dumont. Agat Films & Cie. 2002.

56. *Kaos*. Dirs: Paolo & Vittorio Taviani. Filmtre. 1984.

57. *The Egyptian*. Dir: Michael Curtiz, 20th Century Fox. 1954.

58. *Apur Sansar*. Dir: Satyajit Ray. Satyajit Ray Productions, India. 1959.

59. *Frankie & Johnny*. Dir. Gary Marshall, Paramount. 1991.

60. *Eraser*. Dir. Chuck Russell. Warner Bros. 1996.

61. *Cleopatra*. Dir. Joseph L. Mankiewicz, Twentieth Century Fox. 1963.

62. *Gods and Monsters*. Dir. Bill Condon, Lions Gate Films. 1998.

63. *The Lighthouse*. Dir: Simon Hunter. Arts Council of England. 2000.

64. *Brides of Blood*. Dirs: Eddie Romero, Gerard deLeon. Image Entertainment. 1968.

65. *Sophie's Choice*. Dir: Alan J. Pakula. Incorporated Television Company. 1982.

66. *White Heat*. Dir: Raoul Walsh. Warner Bros. 1949.

67. *A Minute to Pray. A Second to Die*. Dir. Franco Giraldi. Documenti. 1968.

68. *The Fugitive*. Dir. Andrew Davis, Warner Bros. 1993.

69. *The Bone Collector*. Dir. Phillip Noyce. Universal Pictures. 1999.

70. *Deceiver*. Dirs. Josh Pate, Jonas Pate, Metro Goldwyn Mayer. 1997.

71. *A Matter of life or death.* Dirs: Michael Powell and Emeric Pressburger. J. Arthur Rank.

72. *Frankenstein*. Dir: James Whale. Universal Pictures. 1931.

73. *Bride of Frankenstein*. Dir: James Whale. Universal Pictures. 1935.

74. *The Lost Prince* (TV). Dir: Stephen Poliakoff. BBC (gb.) 2003.

75. *Vampire Trailer Park*. Dir: Steve Latshaw. Cinemondo. 1991.

76. *Les Amants du Nil*. Dir. Eric Heumann. CNC. 2002.

77. *First Do No Harm* (TV). Dir. Jim Abrahams. ABC. 1997.

78. *A Fighting Choice*. (TV). Dir. Ferdinand Fairfax. Walt Disney Pictures. 1986.

79. *The Andromeda Strain*. Dir. Robert Wise. Metro Goldwyn Mayer. 1971.