# Exploring Psychopathology Through Film: Days of Wine and Roses (1962) and Sybil (1976)

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**Preface**

I chose Days of Wine and Roses (Edwards, 1962) and Sybil (Petrie, 1976) for their impact on American culture. Their shared strength lies in the vividly human and emotionally rich portrayal of relationships, ideal for studying psychopathology.

In Days of Wine and Roses, the central relationship forms an ellipse with two foci, a rare and poignant portrayal of spousal addiction. The film explores how gender roles, societal expectations, and unequal recovery outcomes shape the emotional and socioeconomic toll of alcoholism within a marriage. I kindly ask that assessors allow some flexibility, as I focus on both Joe and Kirsten. The contrast between their experiences offers critical insight into how addiction manifests across gender lines and deepens the film's clinical relevance. Their story captures the real-world complexity of addiction's origins, not as a single event but as the cumulative result of pressure, pain, and lost connection.

Sybil presents another elliptical relationship, shaped by the deep and at times fraught dependency between patient and psychiatrist. Designed for mass impact, the film reached wide audiences through its television release and remains a culturally influential case study. Its privileged production values and dramatization of trauma were later reexamined in *Sybil Exposed* (Nathan, 2011), which enriches the conversation around patient-caregiver dynamics and narrative ethics.

Set during eras shaped by earlier DSM editions, both films allow for a comparative study of historical and contemporary approaches to mental health. Through them, we can trace the evolving language of diagnosis and deepen our understanding of the human psyche. I hope you enjoy my psychopathology review.

## Synopsis

Days of Wine and Roses (Edwards, 1962) portrays a couple's romance unraveling under the grip of alcohol addiction. Joe Clay, a charismatic public relations professional, knows what he wants to avoid in life. He meets Kirsten Arnesen, a reserved and ambitious woman eager to grow through self-education. She shares her pride in a set of books gifted by her father, revealing her curious nature. At first, alcohol-naive, Kirsten finds a partner-in-crime in Joe. Their drinking becomes a source of connection and identity. They marry and have a daughter, and when Kirsten considers quitting to nurse their baby, Joe persuades her to use formula and continue drinking with him as a way to preserve closeness and avoid judgment.

As addiction deepens, Joe faces job loss, memory lapses, and repeated failed sobriety attempts. Kirsten's decline is quieter. She begins drinking in secret, increases her coffee and medicinal alcohol use, emotionally withdraws, and refuses treatment not only out of denial but because she fears losing Joe to sobriety. The film traces Joe's eventual recovery through Alcoholics Anonymous, while Kirsten remains trapped in addiction. Their daughter becomes an unseen casualty. By the end, the film reveals a painful truth: alcohol can ruin marriages.

## Character Description and Disorder Criteria

Joe Clay is the central character struggling with Alcohol Use Disorder (AUD), as his pattern of heavy drinking, repeated relapses, and emotional and occupational deterioration reflect multiple DSM-5-TR criteria, which require at least two of eleven symptoms within a twelve-month period (American Psychiatric Association, 2022). His wife, Kirsten, also develops severe AUD.

Both characters present clinically accurate and distinct expressions shaped by their individual emotional coping styles. Joe demonstrates tolerance by drinking heavily at work without appearing intoxicated. His repeated relapses, despite promises to stop, reflect an inability to cut

down. He arrives at work intoxicated, loses his job, and misses opportunities, causing social isolation and emotional withdrawal, meeting the criterion of continued use despite socio-occupational impairment. The greenhouse scene vividly illustrates craving and compulsive use as he frantically searches for hidden bottles. He also experiences hallucinations, such as seeing little green men, followed by hospitalization and memory loss, which reflect the progression of severe AUD. Kirsten also withdraws from her support system, abandoning meaningful activities like her reading project and the sale of treasured belongings to sustain drinking. Her statement that he has his AA friends and does not need her captures her erosion of self-worth and identity under the weight of addiction.

The DSM-I, in use when the film was released, categorized Alcohol Use Disorder under Sociopathic Personality Disturbance, Alcohol Addiction (code 000 x64), describing it as a form of moral failure or character pathology (American Psychiatric Association, 1952). Joe might have been labeled under this code, while Kirsten's internal conflict would have been overlooked. Both are better understood today through the DSM-5-TR's biopsychosocial model.

**Etiology**

The etiology of Alcohol Use Disorder (AUD) in the film is portrayed as the result of layered, interacting influences. Alcohol enters Joe and Kirsten's relationship early, becoming both a coping tool and an emotional bond. It helps them bypass vulnerability, eventually replacing authentic communication. When Joe becomes sober, the relationship begins to dissolve. A friend's remark that Kirsten lost her playmate shows how deeply alcohol shaped their shared identity, reinforcing substance use and delaying recovery.

Environmental stressors also shape their decline. Joe's public relations job normalizes drinking, and after losing it, he drinks to cope with failure and diminished self-worth. Kirsten

appears emotionally disconnected from her conservative family and aware of the stigma surrounding alcohol use. Her sheltered upbringing may contribute to her isolation and tendency to lead a double life once she begins drinking. They also live in a setting where alcohol is easily available and socially tolerated. The ease of obtaining alcohol in lower-income environments accelerates their decline as they begin to perform roles society expects of dependent, broken alcohol users. According to Keyes et al. (2011), job loss, stress, and disrupted roles significantly raise the risk of alcohol misuse. Leonard and Eiden (2007) found that emotional avoidance and disconnection increase vulnerability to substance use in couples.

Biological predisposition is also implied. Although no single gene causes AUD, dopaminergic genes like DRD2 have been linked to addiction vulnerability (Blum et al., 1990). Joe's parents are described as carefree drifters, which may imply a family history of unstable caregiving and exposure. Kirsten's impulsivity and emotional dependence suggest inherited neurobiological sensitivity. The Clay couple's trajectory shows that addiction is sustained not by individual weakness but by a web of unseen psychological and social forces.

**Treatment**

In Days of Wine and Roses, Joe Clay's recovery is depicted through Alcoholics Anonymous (AA), a peer-based abstinence program centered on sponsor support and accountability. In the early 1960s, AA was one of the most accessible options, especially for men. Although disulfiram had been FDA-approved since 1951, it was rarely used due to poor adherence and adverse reactions. Joe's AA-based recovery reflects what was realistic and visible at the time. Kirsten, in contrast, receives no treatment. Her drinking is portrayed as isolating and shameful, reflecting gender disparities in addiction care. She is left without structure or a recovery community.

In a modern context, both characters would benefit from evidence-based treatment, including medications like naltrexone, alongside Cognitive Behavioral Therapy, Motivational Interviewing, and trauma-informed care. Kirsten's needs would be best addressed through a gender-responsive model that integrates stigma reduction and family-oriented resources. The film's limited treatment portrayal is historically accurate and underscores how access and gender continue to shape recovery outcomes.

**Conclusion**

Days of Wine and Roses remains a powerful cultural artifact and clinically accurate case study in the portrayal of addiction. Its depiction of suffering and resilience reveals how psychiatric understanding and treatment access are shaped by time, gender, and social norms.

The film avoids sensationalism, using restraint and emotional honesty to portray its characters' decline without exploitation. It shows that alcohol is not just a substance but a substitute for intimacy, identity, and escape. Its power lies in portraying alcoholism not as failure but as a deeply human struggle shaped by love, shame, and disconnection. Moments of levity exist only because the audience is waiting for the other shoe to drop. There is no true laughter, only a slow unraveling the viewer recognizes but cannot stop.

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**Synopsis**

Sybil (Petrie, 1976) follows the journey of a gifted young woman whose life is disrupted by blackouts, memory lapses, and unexplained shifts in behavior. She struggles to sustain relationships, including a romantic connection and a distant bond with her father. After a disorienting episode while teaching outdoors, she begins therapy with Dr. Cornelia Wilbur. Much of the story unfolds in clinical and home spaces, where Sybil moves through episodes of dissociation and gradually begins to explore her inner world. As trust builds and the treatment intensifies, Dr. Wilbur travels to Sybil's hometown, visits her former physician, and explores the now-abandoned family home. These steps help Sybil begin to trust her memories and give voice to the hidden parts of herself, each carrying pain she could not yet face. The film traces her movement toward understanding, where healing is not about erasing the past but learning to live with it. Sybil offers one of the most emotionally layered portrayals of psychological survival ever shown on screen, revealing how the mind protects itself through division and how reintegration depends on safety, patience, and care.

**Character Description and Disorder Criteria**

Sybil Dorsett is the central character living with Dissociative Identity Disorder (DID), a condition defined by identity disruption, memory gaps, and significant distress or impairment (American Psychiatric Association, 2022).

Sybil Dorsett experiences disruption through involuntary shifts in mood, memory, and behavior. These episodes are caused by the emergence of alternate identities that take control, arguably without her awareness. Her condition creates distress in romantic, social, and occupational settings, eventually leading her into long-term therapy. The film traces her gradual path to self-understanding and her awareness of sixteen alternate identities that surface in response

to emotional triggers, threats to safety, or even during routine tasks. These identities include a fearful child, protective children, cheerful imaginary friends from childhood, a suicidal grandmother figure, and a confident, self-assured woman. Each carries memories and emotions that Sybil cannot integrate into a single self. She often wakes up in unfamiliar places or forgets entire conversations, and her ability to function is significantly affected across all areas of life. These symptoms meet DSM-5-TR criteria for DID, particularly the presence of two or more identity states, memory gaps, and significant psychological impairment (American Psychiatric Association, 2022).

At the time of the film's setting, the disorder was not called DID. She would have been diagnosed with hysterical neurosis, dissociative type, as defined in the DSM-II (American Psychiatric Association, 1968), which did not fully acknowledge trauma. The DSM-III later introduced Multiple Personality Disorder (MPD) in 1980, and it was renamed DID in the DSM-IV to reflect trauma-based understanding (American Psychiatric Association, 1980, 1994). The film played a notable role in shifting both public and clinical perspectives from vague dissociation toward trauma-informed care.

**Etiology**

Sybil's abnormalities emerge from a combination of early trauma, biological sensitivity, and protective psychological adaptations. The film portrays prolonged childhood abuse by her mother, who isolates her, punishes her arbitrarily, and creates an environment of fear and helplessness. This aligns with the trauma model of dissociation, which holds that identity fragmentation is a coping mechanism in the face of chronic early abuse and a lack of secure attachment. According to Putnam (1997), dissociation becomes a developmental response when a child's mind cannot safely integrate overwhelming experience. Loewenstein (2018) further

explains that repeated trauma dysregulates the stress response system, which can lead to fragmentation in emotionally overloaded children.

A possible genetic vulnerability is also implied. Sybil's mother appears to exhibit symptoms consistent with schizophrenia, suggesting inherited risk. Sybil herself is shown to be intelligent, musically gifted, and creatively expressive. Her high IQ and imagination are not just traits but also clues to a genetic makeup in which polygenic influences may contribute to both vulnerability and resilience (Kaufman et al., 2019). Sybil's creativity, high intelligence, and emotional intensity reflect traits identified in the shared vulnerability model, which links creativity and psychopathology through overlapping genetic and cognitive factors (Carson, 2011). These gifts also serve as emotional outlets that provide moments of peace and grounding. Her identities are not meaningless fragments; they reflect a system designed for survival. Each holds pain, memory, or function that Sybil could not otherwise carry. Without dissociation, she would have been overwhelmed. The film reflects a multifactorial understanding where biology, environment, and creative self-protection all shape the mind's response to early terror.

**Treatment**

In Sybil, care is delivered through intensive long-term psychotherapy, centered not on behavior modification but on deep acceptance and narrative integration. The treatment focuses on helping Sybil name, accept, and eventually understand the parts of herself that once felt unbearable. Dr. Wilbur uses hypnosis and extended talk therapy, reflecting the treatment culture of the 1970s. Some sessions involve sedation to recover repressed memories. These methods are no longer relied upon today due to concerns about memory distortion and lack of clinical evidence (Brand et al., 2016). Still, the film does not portray memory implantation. Instead, it vividly shows a patient slowly finding coherence in her pain. The relationship is also a core part of treatment. Dr.

Wilbur becomes Sybil's anchor, providing emotional consistency, stability, and care. In one moment, Sybil becomes overwhelmed and dismisses the entire process. Dr. Wilbur, not so gently, asks if she is feeling suicidal. Sybil provides reasoning and responds no. The scene is raw, revealing the gravity of their work and the emotional risk carried by both therapist and patient. Moreover, the treatment was provided free by the therapist, who also admitted early on to the personal knowledge and brilliant company she was gaining from the case. The film frames their bond as reparative rather than exploitative. Modern treatments for DID center on trauma-focused care. Phase-oriented models involve building safety, processing trauma, and integrating dissociated parts (ISSTD, 2011). Eye Movement Desensitization and Reprocessing (EMDR), CBT, and Dialectical Behavior Therapy (DBT) may help support identity regulation and distress tolerance (Brand et al., 2016).

**Conclusion**

Sybil offers one of the most emotionally resonant portrayals of Dissociative Identity Disorder ever shown on screen. The film captures the internal confusion and relational disruption that define the condition, portraying Sybil not as a spectacle but as someone working to survive trauma that fractured her sense of self. Her symptoms, including memory lapses, identity shifts, and emotional overload, are conveyed with striking realism.

A striking deviation is the switching of identity states on demand by the therapist, which reflects a limitation of the film and departs from DSM criteria. This remains one of the movie's most significant inaccuracies. Still, the film avoids exploitation and treats Sybil's inner world with care. Rather than offering resolution, the film leaves viewers with a sense of earned understanding. It helped shift public perception toward compassion and remains a powerful reminder that dissociation is not a mystery to be solved, but a truth to be honored.

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