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Gus's Hamartia

A Review of

The Fault in Our Stars (2014)
by Josh Boone (Director)

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As movie reviewers for *PsycCRITIQUES,* we identify when movies "get it wrong" in relation to psychological issues with which we are familiar. For instance, we single out a film when psychopathology is portrayed in such a way that is inconsistent with how the field identifies the disorder and/or provides evidence-based treatment. Doing so offers some enjoyment, in part because we are able to apply knowledge and in some instances, new research, as we second-guess the intent of famous filmmakers. We find this similar to the pleasure in solving a puzzle, a mystery, or any problem. However, we also enjoy pointing out when movies "get it right." That is, we enjoy discussing movies that are consistent with accepted psychological knowledge. It is pleasurable to recognize and validate common understandings. *The Fault in Our Stars* offers many pleasures of this kind.

The Fault in Our Stars is a romantic story about a teenage couple that meets and falls in love. However, this is not *Romeo and Juliet* (1968), *West Side Story* (1955), or *Bye Bye Birdie* (1963). The girl has terminal cancer, thyroid with secondary lung metastases, and the boy has lost a leg to osteosarcoma. The film's screenplay is faithfully based upon a best-selling book of the same title written by the acclaimed author of young adult fiction, John Michael Green. After graduating from college, Green worked for five months in a hospital with children suffering from life-threatening illnesses. His first-hand experience working with dying and chronically ill children is apparent in the movie and lends to its authenticity.

Getting It Right

The Fault in Our Stars manages to break away from common formulas of "terminal illness" movies (e.g., *A Walk to Remember* [2002] or *Love Story* [1970]). The movie is not so much about diseased young people, as it is about young people facing shortened lives. The difference is subtle, but critical in evaluating the film. The cancers are secondary as the movie self-consciously highlights the characters outside their diseases. In a voiceover at the opening of the movie, Hazel Grace Lancaster (Shailene Woodley), the lead character, says, "Depression's not a side effect of cancer; it's a side effect of *dying*." Later, as Hazel and her love interest, Augustus "Gus" (Ansel Elgort), start to become acquainted, he asks what her story is. When she starts talking about her diagnosis, Gus admonishes, "Don't tell me you're

one of those people who becomes their disease." Providing the movie's leitmotif, he says, "Not your *cancer* story. *Your* story. Interests, hobbies, passions, weird fetishes. . ." Scenes like this focus on these two characters and make one care about them as positive people living their lives rather than as objects of pity dying from a disease.

This eschewing self-pity is apparent in the movie's treatment of disease-oriented self-help groups, and also points out the common problems of such groups. Hazel is pressured by her parents to participate in a cancer support group mainly made up of other adolescents and young adults. The group is led by Patrick (Mike Birbiglia), a dispirited thirty-four-year-old. Hazel comically describes Patrick as ". . .divorced, friendless, addicted to video games, exploiting his cancertastic past. . .to show us that one day—if we're lucky—we could be *just like him*." Patrick has participants tell their personal disease story. After each participant tells their story, the group drones in unison, "We're here for you," and then they say the first name of the speaker. Hazel dreads attending these sessions that focus on participants' illnesses, as she does not find them helpful.

The movie's mocking of cancer support groups is likely well-founded. An early review of interventions for depressed cancer patients (Sellick & Crooks, 1999) found that volunteers supporting depressed cancer patients often do not have knowledge of psychological symptoms and are not generally helpful in treating their depression. Another earlier review indicated that studies of peer support groups were not of high quality (Plante, Lobato, & Engel, 2001). A more recent review of psychological interventions (Sansom-Daly, Peate, Wakefield, Bryant, & Cohn, 2012) still reported that little quality research on peer-support groups existed, and the few well-founded studies that do exist indicate unclear efficacy. Other research reviews were more explicit in their criticism. Campbell and colleagues (Campbell, Phaneuf, & Deane, 2004) concluded that peer support programs generally lack a theoretical framework, program descriptions and validated instruments verifying their benefits for participants.

Therapy for the Seriously Ill

On the other hand, the effectiveness of individualized therapy delivered by professionals to young adults with psychopathologies associated with chronic and terminal illnesses is robust (Hopko, Bell, Armento, Hunt, & Lejuez, 2005; Sansom-Daly et al., 2012; Seitz, Besier, Goldbeck, 2009). Particularly effective were regularly practiced cognitive-behavioral techniques such as cognitive restructuring, problem-solving therapy, goal setting, and role-playing coping strategies. Although neither of the two primary characters in the movie sought the services of professional psychologists, Hazel and Gus both portrayed behaviors and life strategies throughout the film consistent with what professionals would likely recommend to help young people avoid the psychopathologies commonly associated with chronic or terminal illness.

For example, to avoid depression, behavioral therapists often recommend that terminally ill patients seek reinforcement for psychologically healthy behavior and avoid reinforcement of psychologically unhealthy behavior. At one point in the movie, a series of discouraging events happens to Hazel that causes her to start feeling sorry for herself. She calls Gus. Rather than giving her sympathy and, thus, reinforcing her depressed behavior, he makes a witty comment and demands he be allowed to come over and see her. When he comes over, Gus finds Hazel sitting outside under an old swingset her father built for her when she was a

child. The swingset adds to Hazel's sadness because it reminds her of a time when she was not ill.

Rather than focusing on the larger issues she cannot immediately control, Gus encourages Hazel to give the "swing set of tears" away. Together, they start by posting the swingset on Craigslist. The activities involved in giving the swingset away, such as using wit and humor to compose, edit and rewrite an advertisement, all work on multiple levels to help Hazel overcome her depressed mood. First, she is taking action to improve her situation. Second, she won't have the object triggering the depression. Lastly, the activity itself is enjoyable because it is something she and Gus do together, and the fun they have doing it brings them closer.

Another strategy used by both cognitive and behavioral psychologists is goal-setting. The main plot element moving the action of *The Fault in Our Stars* is Hazel's and Gus' goal of going to the Netherlands to visit an author of a book they both admire. Together, they wrangle an invitation from the author to visit, gain their parents' approval, obtain agreements from doctors, acquire funding for the trip, and complete other details necessary for seriously ill persons to travel abroad. Other complications ensue and threaten their trip, but in the end their perseverance prevails, and they win their once in a lifetime trip together. The film shows how young people whom most would see as hopeless can achieve, not just a healthy outcome, but happiness in the process.

A final example of how the characters in the movie model healthy psychological outcomes for young adults with terminal illness is seen in Gus' and Hazel's relationship. The negative effects on educational engagement (Pini, Hugh-Jones & Gardner, 2012), sexual relationships (Carpentier, Fortenberry, Ott, Brames, & Einhorn, 2011) and related psychosocial issues (Seitz et al. 2009; Wakefield et al., 2010) for young people with cancer and chronic illnesses is well-documented. As a result, therapists working with these populations focus much attention on the development of friendships and even intimate relationships where appropriate. Before meeting Gus, Hazel had few friends, was not attending regular school classes, and a romantic relationship was not even a consideration. Her relationship with Gus taught her that in spite of illness, she was a lovable person who could pursue a romantic relationship, even if her life is short. In fact, the shortness of her life becomes the best argument she could have for seeking as much happiness out of life she can obtain.

An Underlying Lesson

The Fault in Our Stars has an important philosophic theme. This theme has to do with our ability to achieve happiness in a world that "apparently is not a wish-granting factory" as Gus ironically understates it. In their first conversation, Hazel is shocked with Gus when he puts a cigarette in his mouth: "What, you think that's cool? Oh you *idiot*! There's always a hamartia, isn't there?" Gus replies, "They don't hurt you, unless you light them." He then explains that he never lights the cigarette and that having an unlighted cigarette between his lips is a metaphor for having something close to you that can kill you, but not letting it kill you.

So, ironically, what Hazel sees as Gus' hamartia, or fatal flaw, actually turns out to be just the opposite, philosophically. As commonly used in literature, hamartia is a deterministic concept. Hamartia controls the fate of the character; it is a flaw with which the character is

born and that will eventually lead to a tragedy in their life. For the characters in this story, their disease, obviously, represents their hamartia, their fatal flaw, the fault in their stars. But the characters rebel against their hamartia and take control of their lives to achieve happiness. His body may end up having a disease that kills him at a young age, but Gus can stick the cigarette in his mouth without lighting it. Until death comes, Gus and Hazel learn that they can control their attitude, their courage, and their life choices. It is a personal control that allows them to enjoy the life they are given.

This life lesson is important for everyone, but especially for those of us in the mental health professions. Perhaps the greatest value clinicians can provide their patients is teaching them not to focus on the flaws, but to focus on their opportunities for happiness in spite of their flaws or negative circumstances in their lives. Life is not filled with hamartia, but with opportunity. We each have a responsibility to ourselves to pursue the opportunities for happiness each day of our life.

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