

Hungarian Academy of Drama and Film, DLA programme

Eyes Gazing into the Unknown

The Representation of Mental Disorders in Feature Films

DLA dissertation theses

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In my thesis I try to find out how it is possible to portray abnormal psychological states in feature films. By abnormal psychological states I mean pathological syndromes such as autism, schizophrenia, obsessive-compulsive disorder or even Tourette's. My method is to analyse a group of subjectively selected films which deal with these issues, and adding my experience in shooting my first film, systematically examine all the phases of making a film. I will only analyse films where it is obvious that the director was interested in the given mental illness, and didn't approach it as some kind of a bizarre attraction but thought that getting to know the psychological problem can be useful for the "Neurotypicals" as well.

In the first chapter I examine the questions of dramaturgy. My most important statement is that those films make the biggest impression in which the abnormal mental condition becomes an essential part of the story. In other words, if we imagined the story with a different illness, the dramaturgy of the film wouldn't work. My two examples to illustrate this are Ingmar Bergman's classic, *Through a Glass Darkly* (*Såsom i en spegel*, 1961) and Hal Ashby's *Being There* (1979).

Both works build on situations generated by the illnesses, using their metaphorical meaning as well, by defining the essential attribute: the primary characteristic around which the ideas of the film centre. Bergman for example turns the schizophrenic mind into the symbol of

the search for God and from this moment on he is only interested in the aspects of schizophrenia which support this philosophical idea. Taking it further, I differentiate between active and passive characters, pointing out that the passive ones are often autistic ones, who – as part of their condition – do not feel a need in the traditional sense to form the course of events, while for example schizophrenia and the obsessive-compulsive disorder implies an active presence. The dramaturgy of a film works if it is credible from a medical point of view: if the symptoms exist in real life, the situations could occur and they are not exaggerated.

In the second chapter I move on to the analysis of the audiovisual means. I list the what means a director can use in the process of making a film and what degree of importance they have in the depiction of abnormal medical conditions. In my opinion, the conscious, systematic employment of these means by the director creates the ground for the actor while putting it into context and thus strengthening it.

I start with the examination of the set design where I differentiate between realistic and surrealistic approach. The latter can be divided into two subgroups: the visionary and the symbolic approaches. The distinction is based on the extent to which the given film uses the freedom offered by the visuals, on to what extent it stays realistic or in what ways it goes beyond realism. It is interesting that it is the autism-themed films which tend to use realism and show the world through the eyes of the autistic characters as a threatening, dangerous place, thus giving the viewer a different picture of the world we live in.

In a famous scene in *Rain Man* (1988) the protagonist cannot cross the road because he keeps getting confused by the traffic lights. On the other hand, films dealing with the subject of schizophrenia or obsessive-compulsive disorder predominantly try to depict the world as the mentally ill see it through the use of images and voices. One of the earliest examples of this is the surrealist setting of *The Cabinet of Dr. Caligari* (*Das Cabinet des Dr. Caligari*, 1920.) but Bergman's *Face to Face* (*Ansikte mot Ansikte*, 1976.), Polanski's *Repulsion* (1965) and David Lynch's *Mulholland Drive* (2001) also fall into this category.

The visionary subgroup includes films which deliberately try to show a non-realistic world by evoking visions seen by the mentally disordered mind. Often in these films illusionary figures, characters appear for example in *A Beautiful Mind* (2001) and *Fight Club* (1999). I call

it a symbolic approach when the director's vision builds on realistic images which he then shows through a "prism" and the result is rather an artistic reflection on reality rather than realism. Antonioni's *Red Desert* (*Il deserto rosso*, 1964) and the previously mentioned *Through a Glass Darkly* fall into this category.

After this I try to find the recurring characteristics in the way the camera is used, the scene breakdown and the lighting which appear in the films I am analysing. I come to the conclusion that it is useful to plan every phase of the production of a film in advance because this is how the director will be able to control how the mechanism of the film's effects should work. It also becomes clear that good communication and an open-minded approach to the work relationship with all the colleagues but especially with the DOP and the editor are essential. Feature films dealing with mental disorders do not require a specific editing style, therefore in this chapter I rather examine how the different paces, dynamics, sound and music effects help the viewer in understanding the film.

The last chapter of my thesis is about the acting which starts with an essential task for the director: the casting. I already form a hypothesis here that the choice of actors already determines how successful the acting will be. I discuss the importance of the casting which is not supposed to be a sort of "entrance exam" to get into the film where the actors have to prove their skills but important feedback for the director to see how the mentally disabled character's part fits a certain actor or actress.

I continue with the examination of exercises and acting methods which help actors play a character with a mental disorder through interviews with actors and the analysis of excerpts from films. Although the actors in the quoted texts say very little, it is clear that most of the time they build up a system of gestures, a condition which often uses elements from physical theatre rather than regular acting, and is more body-conscious and manipulates concentration on perception.

It is an important discovery for me that it is not enough for the actor to copy the characteristic symptoms of a certain illness. He also has to find the essential attribute of the character, an *origo* which he can then surround with the gestures and states he finds important. At the same time he can ignore several symptoms, characteristics which are not relevant for the part. Having examined body language and voice, I then use Beja Margithazi's terminology of

identity-face and expression-face to analyse facial expressions.¹ Identity face denotes the physiognomy which carries the actor's personality, the "non-operating face", while expression face is the emotions, gestures appearing on the face as a result of the work of the facial muscles and nerves. My statement is that while acting out abnormal psychological conditions the expression face of the actor disappears, it dissolves in the parallel reality of madness and identity face takes its place.

Instead of the easily recognizable and decodable facial expressions we see a mysterious, inscrutable but autonomous image of a character in its purity. A key element is the actor's gaze into the unknown. This gaze is not a loss of focus, an empty stare, but an active state, a real LOOK which has a direction and an object, except it is not from our world. Most psychological disorders distort perception, the sense organs work differently which creates an alternative dimension of reality in the patient's mind. In my opinion the actor has to find his own alternative reality in which he can choose the object of his look and the direction of his attention. He has to look at these "things" which no-one else can know while he plays the gazing moments of the character in front of the camera.

This acting ability can be learned and developed to a certain degree but it also requires an innate sensitivity. This is why I think it matters so much who the director chooses to play a character with a mental disorder: some actors are capable of this type of acting and some aren't. It is the director's responsibility to find the actor who suits the character.

If he is successful, the gaze into the unknown and the depiction of a mental disorder becomes credible in the film.

¹ Margitházi Beja: *Az arc mozija. Közelkép és filmstílus*. Kolozsvár, Koinónia Kiadó, 2008. p 136-144.