THE SICK ROOM: A DOCUDRAMA

PSYCHOLOGICAL TRAUMA AND FILM AESTHETIC

By

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This dissertation is submitted in partial fulfilment of the
requirements for the degree of Bachelor of Media (Honours) in
Screen Production at Murdoch University.

2011
DECLARATION

I declare that this dissertation is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary educational institution.

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Adam Lucas Hillman

02-12-2011
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ABSTRACT

A screenwriter’s background of experiences and past psychological trauma can be integral to a film’s success if utilised to inform and define the filmmaker’s approach to storytelling. It is identified in this paper that The Sick Room, as a short film text, is constructed in this way. The story evolved from the filmmaker’s difficulties in dealing with a childhood trauma involving the uneasiness he felt about his uncle’s mental illness. By grounding the film’s narrative in his own circumstances the filmmaker seeks to find solutions to new understandings about the stigmatization of victims of mental illness and advocate for an increase in the level of patient care from mental health institutions in contemporary society.

Acknowledging the personal and prejudiced nature of his story the filmmaker endeavours to find an appropriate aesthetic style for The Sick Room to justify his perspective on the issue to the viewer. The filmmaker explores how the docudrama film, due to its correlations with the realist and Dogme95 movements of filmmaking, possesses the appropriate aesthetic qualities required to achieve the telling of his personal story in an entertaining way, but also one that provides the viewer with a more apparently unmediated experience.
The Sick Room opens on a young man named Eli Mason. He is tall and lanky and wears an uncomfortable expression on his face. Eli walks into a bedroom in an old, tired fibro house to reveal a half naked forty year old, morbidly obese man, covered in curly black hair, sitting on his bed, a cigarette in one hand and the television remote in the other, haphazardly flicking through channels on a small television. The older man’s name is Noah Mason. He is Eli’s uncle and is living with a severe mental illness. It becomes clear that this is a documentary about the experiences of this family’s struggle with a mentally ill member.

Either his mental illness, the slurry of psychotropic drugs pumped into him by an uncaring mental health institution or both, causes him to hallucinate constantly. Eli finds it difficult to communicate with Noah, as he is talking to other voices in his head and rarely focusing on external stimuli. Eli is Noah’s sole caretaker, now that Grace, Eli’s grandmother, passed away a few months ago. He has no other family and refuses to allow Noah to be sent back to hospital where the doctors there lock him up and mistreat him; rarely allowing Eli to visit.

Eli is exhausted and depressed - wishing every day that he could just be a normal teenager. He is involved in an ongoing struggle with Noah’s psychiatrist Dr Wood over Noah’s medical care. Every day he rings her office for support and clarity but is put on hold for ten minutes and then is either hung up on or told to ring back another day. Dr Wood seems never able to attend to his calls. Eli’s frustration builds as he does not understand how a doctor can treat people in this way.
Encapsulated in his mental illness Noah spits on the floor, chokes on his medication, and plays his stereo at maximum volume at three o’clock in the morning; rudely disturbing the neighbours. Through all this Eli does his absolute best to keep his uncle happy and out of trouble.

One night Eli is forced to turn off the music in Noah’s room as it is the sixth day that week Noah has had it playing past midnight. As he bends over to switch off the volume Noah lashes out and wallops Eli to the ground. Eli explodes, shouting at Noah and expressing his wish that Noah would just die.

Several weeks later the situation has not improved and Eli, blinded by desperation, swallows the amount of pills that Noah would normally take over a week. He starts to convulse on the floor in the bathroom, vomiting, and is rushed to hospital. Upon hearing the sirens of the ambulance and fearing that it’s the psychiatrists coming to take him to hospital, Noah runs away. He is lost for over six hours until he is eventually picked up by the police and admitted to hospital.

When Eli is discharged from hospital he negotiates with the treating physicians to allow Noah go for a day to scatter the ashes of his mum; Eli’s grandmother.

Alone, on a cliff edge thrust out into the open ocean, Noah and Eli huddle close together, say a few heart wrenching prayers and lay their mum and grandmother to rest. It is only the two of them.

Noah dies shortly after from cardiac arrest. He has cancer in four organs, and cirrhosis of the liver and ulcers in his stomach, attributed to his toxic medication.

The documentary team does not return to Eli’s house.
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ACKNOWLEDGEMENTS

I would like to express my gratitude to the following individuals, who have guided me throughout my Honours year. Without them, this thesis would not have been possible.

My supervisor, John McMullan, for sharing with me your keen filmmaker’s eye and providing lots of constructive feedback. Your guidance, faith, humour and patience throughout this process has been a Herculean effort.

My tutor, Alec McHoul, for expanding my research in those all important formative stages and helping me to think outside the box.

My family, Angie, Chris, Kim, Eric and Guy for always bolstering up my confidence and believing in me. Your unconditional love and enthusiasm for what I do make everything so worthwhile.

My nonna, Maria Tanania, for your love and dedication to family, no matter what.

My uncle, Gino Tanania, whose struggle with mental illness inspired this project.
INTRODUCTION

I would like to begin my Honours dissertation with a recommendation to its readers. As the following thesis involves a close analysis of the theoretical underpinnings of my short film *The Sick Room* readers are advised to view the film, located in the back jacket of this document, prior to reading this Honours dissertation. Knowledge of the film will afford readers better insight into the topics discussed in this paper.

“In the sick room, ten cents' worth of human understanding equals ten dollars' worth of medical science”.

Martin H. Fischer (Search Quotes 2011)

“The doctor is often more to be feared than the disease”.

French Proverb (Quote Garden 2011)

Linda J. Cowgill says in her text *Writing Short Films: Structure and Content for Screenwriting* that: “A good place for you [the screenwriter] to begin is to draw from your whole background of experience to create the people who live in your scripts” (Cowgill 2005, 44). I was first introduced to this idea at the very beginning of my filmmaking education and have diligently ignored its relevance and its importance to me until now, my final year of studying film; with three deficient short films under my belt.
Cowgill is integral to my honours thesis because finally appreciating her insight allowed me to connect with my production in a more fruitful way. It also helps define my focus as a director and outline the creative process during every stage of *The Sick Room’s* production. From its inception grounded in personal emotion and angst, to its formulation as a creative idea in a short narrative script, and finally to it being filmed and constructed as a short docudrama film. The praxis of the quote reveals the origin of the story and depicts why my directorial and life experience has affected the production of *The Sick Room* at all levels; in particular the form, content, style and coverage. Hence, in the following chapters of my Honours dissertation I will outline my personal connection with the characters and content of *The Sick Room*, as well as how my “whole background of experience” ultimately affected the construction of *The Sick Room* aesthetically and with mindful consideration of the viewer. It will become apparent why this short film is focused on discrediting psychiatric institutions and why it is so openly prejudiced against the beneficial worth of the practitioners attempting to help victims of mental illness in the psychiatric industry.

**Statement of Intent**

This honours dissertation is concerned with examining the underlying theories of the production processes of the short film *The Sick Room* and the relationship between form and content when depicting mental illness in film.

In Chapter One I will introduce the concept of autoethnography as a style of evaluative writing which identifies individual personal experience in relation to cultural discourse and how this relates to childhood trauma and a need to express
oneself through the therapeutic process of storytelling. I will attempt to ground my personal connection with *The Sick Room* in theoretical underpinnings, in order to show how the making of the film affected, and was affected by, my own personal trauma and experience.

In Chapter Two, through a critical analysis of various film theorists’ views on spectatorship, I will show how acknowledging possible viewer responses to a filmic text are vital when making decisions relating to its construction. In doing so I will indicate how this relates to *The Sick Room’s* creative processes for me as the director.

In Chapter Three primary choices regarding *The Sick Room’s* aesthetic properties will be discussed, detailing how various elements of the film’s construction were employed to help instigate its negative stance towards psychiatry.