

THE SICK ROOM: A DOCUDRAMA
PSYCHOLOGICAL TRAUMA AND FILM AESTHETIC

By

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requirements for the degree of Bachelor of Media (Honours) in

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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.

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.

SYNOPSIS

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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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.

CHAPTER ONE : THE SICK ROOM and TRAUMA

Autoethnography and Storytelling

In an attempt to show why Cowgill's aforementioned quote is imperative to the creative process of my writing and directing of *The Sick Room*, I will introduce and explain the style of analytical writing called autoethnography. According to Ellis and Bochner in their book titled *Handbook of Qualitative Research* they posit that autoethnography is an:

"autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural. Back and forth autoethnographers gaze, first through an ethnographic wide-angle lens, focusing outward on social and cultural aspects of the personal experience; then they look inward, exposing a vulnerable self that is moved by and may move through, refract and resist cultural interpretations" (Ellis & Bochner 2000, 739).

In other words, upon determining a personal inequity of significance, the writer seeks to validate its presence in the broader community. Once they recognise that their experience is shared by others, the writer then learns the societal and cultural teachings about that experience and internalises its meaning. During this process the writer attains a greater understanding of their own personal dilemma through an

interconnected sharing of their problem with others and by conducting a comparison with the wider social circumstance and/or vice versa.

Although this thesis itself will not adhere strictly to the autoethnographic style of writing, in my discussions of the theoretical components of my honours project it will become apparent that its fundamental idea has influenced the creative process of my film production. In essence I have created a project that is based on my own personal experiences, and as such one that seeks to comment directly on broader cultural aspects of mental illness, involving the stigmatization and maltreatment of mental illness victims within society and also within the overarching treating body. Also, this cultural condition has helped me to understand my personal perspective in a more concrete way and it has helped me deal with my childhood trauma more effectively.

Trauma as Art

Before I discuss this idea of dealing with one's trauma through the telling of stories, I will define trauma, and relate it back to my Honours project. Esther Giller who is the president of the Sidran Institute, a centre for traumatic stress education and advocacy, explains that trauma, or more accurately psychological trauma, can be understood as a person's unique individual experience of any event in which:

“1). the individual's ability to integrate his/her emotional experience is overwhelmed, or 2). the individual experiences (subjectively) a threat to life, bodily integrity, or sanity” (Giller 1999, par. 2).

In other words psychological trauma occurs when a traumatic event or experience creates in the individual a situation where it overwhelms their ability to cope with everyday life. The inability to cope can be on the one hand, instantaneous and obvious, or on the other hand, delayed because of a wishful repression on the part of the victim. With the latter circumstance any new situation in the victim's present life may open up painful memories of that traumatic experience and symptoms of trauma may begin to appear (Giller 1999, par. 12). Regardless of how trauma is dealt with by each individual it must be remembered that all definitions of trauma are subjective, as Jon Allen points out in his text *Coping with Trauma: A Guide to Self-understanding*: "It is the subjective experience of the objective events that constitutes the trauma" (Allen 1995, 14). This means that judgement of whether or not an event is traumatic to an individual cannot be made by external entities.

I will return now to focus on how dealing with trauma through storytelling can be beneficial to the victim, through an examination of my own struggle with childhood trauma and how this relates to *The Sick Room*. In his literary review published in *Trauma and Literary Theory* James Berger agrees with Cathy Caruth in her argument that it is only when psychological trauma has been repressed over a sizeable duration that the process of addressing trauma through the very act of telling a story is most beneficial to the victim in the healing process. He says "Caruth argues that trauma as it first occurs is incomprehensible. It is only later, after a period of latency, that it can be placed in a narrative" (Berger 1997, 577). Understandably then it was only after a period of latency that I myself began to go through a period in which a dormant psychological trauma, created by a physical childhood injury, began to dominate my mind and affect my ability to function creatively as a filmmaker and effectively as a member of my family. It is this experience that has

fuelled my honours project and the production of *The Sick Room* and persuaded me to advocate for increased awareness about mental illness and the injustices being done to patients through their medical practitioners and wider members of society today.

Childhood Trauma Revisited

My childhood trauma occurred when I was about six years old. I was playing in the front yard of my nonna's house; "nonna" being the Italian term for grandmother. My father and my Uncle Guy were paving the backyard of her new house with 610mm by 610mm by 38mm thick concrete slabs. These large and heavy slabs were stored out in the front yard where I was playing. There were two piles of ten slabs leaning side by side at a forty five degree angle against a wall. Each pile of ten was separated by a small triangular stone wedged between the two slab piles, forming a ten centimetre gap in the middle of the long line of slabs. As I was playing I decided that it would be a good idea to see if I could move the stone from its precarious position to see what would happen. What happened was that the top ten slabs, over a hundred kilograms in weight, slammed down onto my hand and forearm. The pain was incredible. I screamed so hard for so long but neither my father nor uncle around the back of the house, nor my mother and nonna inside the house, could hear me. After about two or three minutes, my Uncle Gino, who had a severe mental illness, came around the corner with a cigarette in his hand. Even though he was talking to voices in his head and is usually unresponsive to external stimuli, I saw instantly that he knew I was in trouble and rushed to help me. He pulled the top ten slabs off my

hand in one swift movement and I ran quickly inside to my mother, without looking back or thanking him.

The memory of this personal trauma, which I had successfully repressed for nearly fifteen years, was rekindled by a related situation which occurred at the beginning of my Honours candidature. It involved my Uncle Gino again. After several complaints from neighbours about noise pollution and a general fear for suburb safety Uncle Gino had been forcibly removed from the care of my nonna by police and psychiatric personnel. He was taken to the local Hospital and Health Centre where he was locked in the High Security Intensive Care Psychiatric Ward of the Mental Health department. Once there the treating psychiatrists proceeded to inject my Uncle with a very toxic drug, known for its horrific side-effects, without the prior consent of my nonna. Seeing how every single person, except my nonna and family, from the police, to neighbours, to clinical physicians treated my uncle with such fear, contempt and ruthlessness, shocked me. I was not able to reciprocate Uncle Gino's actions and save him from his trauma. I felt like I was useless and had failed in my relationship, as nephew, to him.

This event and consequent situation, coupled with the trauma of my childhood experience, lead me to research how one's life experience can assist in writing creatively to spread a certain message through art. During this process I came in contact with autoethnographic writing processes and found them to be highly useful in dealing with and understanding the recent family activities involving my uncle and their relation to the traumatic experience that I had as a child. Through a lengthy internal inquiry and research on current cultural circumstances surrounding the mental illness institution and its victims, I came to the realisation that the reason my childhood trauma affected me so harshly now at the point when my uncle Gino

needed help, was that I had never thanked him for saving me that day with the concrete slabs.

It was not about me being ashamed of my selfishness, or a lack of gratitude, or a question of whether I loved my uncle, which I did. It was because I was appalled at the reason that I had failed to say thank you, which I now understood to have damaged my relationship between my uncle and myself. The reason I had neglected to say thank you to Uncle Gino, was partially because I was in pain and not thinking clearly, but also partially because I was afraid of him. I was afraid of his mental illness. Afraid of what he might do. Afraid that he would get angry at me or with the people inside his mind. At this moment of realisation I felt totally helpless and overwhelmed. I consciously made a decision to research the contemporary cultural perspective of mental illness victims and was shocked to find that, similarly to me as a young boy, the general public had a stigmatized, alienated and marginalised attitude towards people with mental illness. This was supported by Susan Bailey in 1999 in her article *Young People, Mental Illness and Stigmatization*, as she says,

“people fear the mentally ill because they believe them to be prone to violence. Second, attribution of responsibility: sufferers of mental/behavioural problems are seen as more responsible for their condition, implying a belief that the mentally ill ‘choose’ to behave as they do. Third, conditions perceived as being chronic, difficult to treat and having a poor prognosis are more stigmatised, and fourth, the cause for stigma lies in the disruption of normal social interactions based on social role” (Bailey 1999, 107).

Twelve years have passed and public attitude remains largely unchanged, as is expressed by Jonathan Burns in his article *Mental Health and Inequity: A Human Rights Approach to Inequality, Discrimination, and Mental Disability* where he states: “There appears to be social distaste for issues pertaining to mental health...substantive inequality and discrimination characterise the manifestation and experience of mental disability in society...the mentally disabled are still treated in abusive health care environments.” (Burns 2009, 20-23). It was also clear that the stigmatization placed on the people and illness was promoted via the representational systems of media and sustained by a general lack of public knowledge in the area of mental health. The public is unable to identify with people who have a mental illness because their life experience, due to an absence of mental illness within their own families, did not corroborate with the images in the media and so apprehension of the unknown exacerbates the situation.

Transferring Trauma and Mastering It

Cathy Caruth, in Berger’s literary review, describes how cultural change is able to be generated by a sharing of one individual’s experiences on one particular topic and a realisation on the part of the mass public of the similarities between that shared enlightenment and their own situations: “The historical narrative arises from such intersections of traumatic repetitions, that ‘history, like trauma, is never simply one’s own, that history is precisely the way we are implicated in each other’s traumas’” (Berger 1997, 578). By revisiting our own traumatic past through the eyes of someone else who has experienced a similar, yet new, mediated and less formidable, trauma, the cultural feeling behind that topic of taboo can be changed into a shared

concept that is the amalgamation of both. It can become an idea that is subdued in its traumatic effects so that over time this correlated personal trauma in the public eye may be able to generate a more adept society that is equipped to deal with the problems brought about by that particular trauma. Due to this understanding I was able to see how my own autoethnographical analysis of a past trauma in my life could now be used in the telling of a story; the story of Noah and Eli in *The Sick Room*.

The process of writing from my “background of experiences” would not only help me deal with the trauma of my childhood experience but also produce a vehicle of change for the viewer. As they take on the story of my personal trauma through the new story and interface of *The Sick Room* and gauge it against their own experiences and possible traumas with mental illness and its victims, they can hopefully consider changing their pre-conceived notions of mental illness and become aware of the harm perpetrated by mental health institutions. It can be seen here, why, and how my childhood trauma became the root of my Honours project. In telling a story to benefit myself and others I am transferring my own painful experiences onto the characters I created for *The Sick Room*.

Bruno Bettelheim, in his literary work *The Uses of Enchantment: The Meaning and Importance of Fairy Tales* presents that “we must somehow distance ourselves from the content of our unconscious and see it as something external to ourselves to gain any sort of mastery over it” (Bettelheim 1991, 55). This quote is imperative when trying to understand how trauma can become manifest in storytelling and so be transferred onto characters in a script. It also details how this process provides if not a complete healing property, at least a coping strategy for the trauma sufferer in dealing with his or her pain. I will now introduce a psychoanalytic concept called

transference that is relevant because it justifies and explains how the above process of reducing personal trauma through the writing of fictional characters to embody and experience personal pain on-screen, is manifest. Transference as reviewed by James Berger from LaCapra's writing in *Trauma and Literary Theory*, is described as:

“a return of the repressed, or rather a more conscious summoning of the repressed; transference repeats or acts out a past event or relationship in a new, therapeutic setting that allows for critical evaluation and change. Transference is the occasion for working through the traumatic symptom. It is imperative therefore to recognise the symptom and the trauma as one's own” (Berger 1997, 576).

In other words, as the writer navigates his or her character as an on-screen embodiment of themselves, through an embellished version of their own personal trauma, the writer is able to assess its significance to their own lives. It is through a re-experiencing of the traumatic event through another individual's perspective that transference is therapeutic to the writer.

Transference therefore allows the writer to become the characters in their script. I became Eli for the purposes of *The Sick Room*. The writer has the chance to imbue the plot with similarly traumatic experiences from their own past, and afterwards has the freedom of exiting that imaginary on-screen world of the film. In so doing the writer finds the relief of leaving behind a portion of the trauma that initially caused them to write or tell that story. In this way the writer has the unique opportunity to

come to terms with their traumatic event and cope with its reduced symptoms. I could better navigate my feelings about the way I reacted to Uncle Gino's help and was suitably assured that through the making of *The Sick Room*, attention would be brought to the issue of mental illness and the deficiencies in treatment plaguing society at this current time. In this way it is possible for the writer to externalise their unconscious struggles and even potentially resolve them on-screen as the protagonist becomes metaphorically or symbolically the writer experiencing the same issues that they have in real life. The only difference is that the writer now has the power to resolve the issue and end it on his or her own terms. Eli and Noah were born from personal trauma, into on-screen life, and burdened with the result of my encounter with the traumatic experience of my childhood. *The Sick Room*, while catering for my need to address childhood trauma, is a vehicle for promoting positive criticism on the malpractice of psychiatrics in the mental health system today and deals with the stigmatization of its victims.

CHAPTER TWO : THE SICK ROOM and THE VIEWER

Viewer Response and Film Form

Out of Michael Rabiger's text book *Directing : Film Techniques and Aesthetics* the following sentence became the cornerstone for the myriad of choices I was to make as writer and director of my Honours short film project: "A good movie, like any effective artwork, can lead us [the viewer] to experience new conditions and to expand in mind and heart" (Rabiger 2008, 178). It is the second half of the sentence that I will focus on in this chapter of my Honours thesis, concerning the "experiencing of new conditions" and "expanding in mind and heart". I will outline the reasons why understanding how a viewer reacts to cinematic texts was essential as I tackled the majority of decisions made by me as the director of *The Sick Room*. An exploration into the numerous theories of spectatorship is essential when aiming to generate the aforementioned transference, this time not from writer to film but from viewer to film. The process eventuates to the same effect but results in the viewer "expanding in mind and heart". I will also explore how *The Sick Room*, as a form of mass media product, is able to transmit to the viewer the notion that psychiatry - treatments and practitioners alike - are a corrupt institution in today's modern society. An institution, regardless of excuse or reason, that inflicts more harm than good to the mental illness victims they are charged with protecting and whose apparent incompetence devastates their long-suffering families.

Of principle importance during the pre-production stage of *The Sick Room* was determining how to build a short film world that would allow me to shape and nurture a fruitful exchange between text and viewer. That is, I needed to generate a

discourse that would grind against the mainstream thought-processes that exist between mental illness depictions on-screen and viewers due to existing moving image texts on the topic. It became apparent that I needed to construct a world in which Eli and Noah would successfully clash with psychiatry and its affiliates. While at the same time heightening the viewer's trust in diegetic truthfulness in order that they might transfer their own traumatic experiences onto Eli and Noah on-screen and adopt the screen world as their own.

I reviewed the filmic conventions of the drama film; considering unique blends in specific genres, such as horror and romance films, in order to judge how successful their constituents were in creating a viable world for their narrative's protagonists. My research found that all were ample at telling riveting stories, but to me they lacked the necessary generic conventions to afford me the assurance that I would be able to give the viewer a sense of trust in the world depicted through *The Sick Room*, and create in them a sense of transparency; or lack of mediation. My understanding of this is that the worlds created in drama and horror and romance films, like all fiction, create new experiences that are gauged by the viewer against their own personal experiences. However, due to the fictionalised events on-screen the viewer has not had comparable experiences in their own lives and hence the film's world becomes discredited, due to a failure of being able to juxtapose real life with dramatic plot.

This is demonstrated in a quote by Jane Chapman in her text *Issues in Contemporary Documentary*: “[on documentary] the situation has an existence outside its filming - the institution or organization featured will continue beyond the period of its filming, whereas a fiction is created from the script and has no such independent existence in the real world” (Chapman 2009, 15). In other words a fiction film is based on

entertainment, whereas the documentary seemed to actively be involved with the real world. A truth that dissuaded my perusal of a fiction based short film script version of *The Sick Room* that I had devised prior to conducting the above research (see Appendix 1 for original and discredited script). Discouraged with my initial findings and current script format I began investigating the documentary style as a possibility for my film. Compelled by my goal of achieving unquestioned believability in my on-screen world the notion of filming an actual, observational documentary became a poignant foundation of thought during the next phase of my production planning. *The Sick Room* would become a story about a real mental illness victim and his plight in modern day society; from treatment to relationships with family, doctors, and the psychiatric institution itself.

Docudrama

During my continued research into genres of cinematic representation, however, I encountered a format of filmmaking called “docudrama” (Rosenthal 1999, 13), which potentially would counter the reservations I had about the drama/fiction film genre and presentation format and render my consideration of an actual documentary narrative unnecessary. Docudrama as defined by Martin Mhando in his journal article *Africa: Documentary Drama*, is a “genre [that] refers to representations on film and video involving found stories that are dramatized for the purpose of passing a didactic message or lesson. One can define *docudrama* as a cinematic outgrowth of documentary aesthetics of authoritative narratives premised on memory, representation, and found material” (Mhando 2006, 14). In other words, docudrama tells a fiction film narrative in the format of the stylistic codes of a documentary film

and appears to tell a story about the real world occupied by the viewer and not a fictitious world as occupied by on-screen protagonists (Rosenthal 1999, 13-14).

Docudrama can be perceived by the viewer, if done well, as a documentary film, telling a true story about “the” world. This is achieved through the utilisation of documentary aesthetics, similar to the visual styles of the realist and Dogme95 film movements that I will discuss shortly. Documentary’s aesthetic style includes: deep focus wide shots, filmed for a long duration, natural lighting, real-time action, hand-held camera movements, the presence of filmmaker’s in-shot, talent interviews and title cards expanding viewer’s knowledge. These aesthetic qualities of documentary and by extension docudrama, validates the viewer’s belief in the “realness” of the on-screen world and cements their appreciation of its message. As director of *The Sick Room* this was exactly what I needed. I recalled a quote by Chapman that stated:

“many people seem to feel instinctively that documentary brings us nearer to the truth, for two reasons: first, because one of documentary’s features has been the absence of fictionalised elements; second, because of the commonplace illusion that events as depicted in a documentary have not been controlled by the filmmaker” (Chapman 2009, 8).

This realisation proved for me that this form of filmmaking would give me the realism required and facilitate the viewer’s belief in the on-screen characters and world. Subsequently *The Sick Room* became a docudrama format and the second variation of the script was devised (see Appendix 2) which inevitably became the shooting script. I was able to create a film that coerced the viewer closer to the truth

not only due to the illusion that nothing had been controlled by me, the filmmaker, but also because I had succeeded in creating a film in which the viewer could begin to have the experiences of the main protagonists, Eli and Noah, and so come to a new way of thinking about their off-screen world through transference and begin to contemplate mental illness and what it meant to them.

CHAPTER THREE : THE SICK ROOM and FILM AESTHETIC

The Realist Filmmaker

To allow me to facilitate transference between the viewer and the on-screen world a specific aesthetic quality to the docudrama format of *The Sick Room* had to be devised. An exploration into the ideas proposed by the realist film criticism movement, which includes such film theorists as Andre Bazin and Siegfried Kracauer (Bernard 1978, 158) followed. The realist film movement became a significant influence on the visual and aesthetic choices I made throughout the many stages of production of *The Sick Room*. Primarily this is due to the way in which the realist filmmaker's approach correlates well with the pseudo-documentary style of filmmaking I had chosen for the docudrama.

In my research on realist filmmaking it became apparent that the need for an endless collaboration of shots to create montage was not imperative in telling the story of *The Sick Room* as a docudrama style. Similarly it did not require a myriad of different camera angles to evoke a certain mood or inflect actions with meaning, or other conventional filmic codes such as tightly controlled *mise en scene*. This is because the realist model of filmmaking removes a film director's reliance on an endless foray of cinematic conventions to say what they mean. In doing so, filmmakers avoid generating the perception in the viewer that they are being manipulated into accepting the director's one voice and they become pre-disposed to reject it, by resistance. As Dick Bernard explains in his article *Film Criticism: Theory and Practise*, having a realist approach removes this risk in the following ways:

“1) it brings spectators into closer contact with the image;

2) it is intellectually more challenging than montage, which manipulates spectators and annihilates their freedom of choice by making them see only what the filmmaker wants them to see (deep focus [in documentary], by contrast, presents spectators with the whole image, from which they may choose to see only a part)” (Bernard 1978, 160).

In other words, in fiction film the juxtaposition of two disassociated images to create meaning impairs the viewer’s suspension of disbelief, as they are constantly suspicious of a concealed agenda. However, in documentary, the often long, wide and non-manipulative nature of the shots, rewards the viewer with the choice to investigate any particular part of the image and so the viewer has the perceived freedom to make an unbiased judgement as to the film’s meaning. This is exemplified in *The Sick Room* in the scene of Eli’s interview in the hospital. The majority of the scene is left unedited, a conscious choice, to reduce the viewer’s apprehension that I, as the filmmaker, was manipulating the focus of the conversation through the cutting and rearranging of material, to better facilitate my own motives. The realist movement allows events in front of the camera to be attained in one single shot, one single take, and therefore become interesting due to an intense expectancy of “the now”. In consideration of *The Sick Room*, this is imperative when attempting to generate the belief that the events unfolding on-screen are indeed unstaged reality for the viewer. It advocates that this film is about a mental illness malpractice situation that has actually occurred.

Kracauer, Athena's Polished Shield and Gorgon Medusa

My research into the effects of the realist movement of filmmaking on the potential viewership revealed a distinct consequence of the art that seemed to be beneficial to the cause of *The Sick Room*. In his text *Film in our Time* Siegfried Kracauer suggests that cinema “brings us face to face with the things we dread. And it often challenges us to confront the real-life events it shows with the ideas we commonly entertain about them” (Kracauer 1997, 305). In the case of *The Sick Room* the things we dread are mental illness sufferers and their behaviours. This quote is rudimentary in understanding how the realist aesthetic assists the viewer in questioning their already pre-conceived ideologies about mental illness. It is a belief that individuals with mental illness “frighten others, especially those who must associate with them” (Szasz 2003, 227). The illness is considered with much trepidation and anguish due to the fact that knowledge about the issue is insufficient and the majority of society has not been intimately in contact with its effects, and so are naïve or ignorant by choice. *The Sick Room* works by presenting mental illness as the something that the viewer dreads. Most potently in the scenes involving Noah's aggravated violence towards the camera and he shouts at the filmmaker's to “go”. It mirrors reality on-screen in order to introduce this fear or horror to the viewer. It is through facing this on-screen terror that the viewer is able to make sense of it and so begin to understand the stigmas attached to mental illness and its victims.

It is relevant at this stage to introduce Kracauer's anecdotal explanation for this unique documentary phenomenon in the myth of Perseus and Medusa. Although this theory can also be applied to fiction films, Kracauer favoured documentary as the more suitable medium for this application due to the effects of the realist filmmaking aesthetic. The head of Gorgon Medusa was so horrible that the sheer sight of it

would turn men instantly to stone, which is why when Athena instigated Perseus to slay Medusa she warned him not to look directly upon Medusa's head, but only ever at its reflection in the face of the polished shield she had given to him (Kracauer 1997, 305). In doing so, Perseus successfully cut off the head of Medusa without being turned to stone. Kracauer continues by presenting a moral to the myth in relation to documentary film and the viewer: "The moral of the myth is, of course, that we do not, and cannot, see actual horrors because they paralyse us with blinding fear; and that we shall know what they look like only by watching images of them which reproduce their true appearance" (Kracauer 1997, 305). Therefore, *The Sick Room* becomes Athena's polished shield, or the mirror of a reality about mental illness and the terrible misgivings of the professionals engaged in its treatment, by holding up a mirrored image of reality to the viewer. It is through this reflection of reality and the interface of the screen between the viewer and actual victims of mental illness that the viewer is able to safely view and consider what they see before them. If the same viewers were to be confronted by Noah and Dr Wood in real life they would more than likely turn on their heels and walk in the opposite direction, unable to face the 'horror' of this reality.

Kracauer suggests further that "this is not all, however. In addition, the myth suggests that the images on the shield or screen are a means to an end; they are to enable - or, by extension, induce - the spectator to behead the horror they mirror" (Kracauer 1997, 305). It is through this reflected image of mental illness and the corrupt practitioners in the psychiatric industry on-screen, that the viewer is given the courage to undermine the social and cultural beliefs of their own society and begins to approach the topic from another mediated standpoint, and so accept the messages of the pseudo-documentary film.

Confirmative Images

Upon further analysis and research into this relationship between the documentary screen as mirror and viewer I began to realise that the reason a documentary aesthetic is so imperative to the success of this process is because of the way it engages in and utilises confirmative images. As Kracauer says: “confirmative images... are as a rule called upon not to authenticate the truth to reality of an idea but to persuade us into accepting it unquestioningly” (Kracauer 1997, 306). Essentially the aesthetic choices made for the filming of *The Sick Room* could potentially possess more importance in the specific way they are constructed that reinforces the reality of the events on-screen, rather than portrayal of the raw movement or action by the actors. In *The Sick Room* confirmative images were constructed in the following pre-prescribed ways:

- 1) Only natural light was to be used, with the exception of one on camera light for low light situations.
- 2) All shots must be handheld, in essence eliminating the static, pre-determined singular shot.
- 3) The lens angle was to begin wide and then zoom in to close up shots as action progressed or to pick up interesting aspects.
- 4) Action was to be shot mostly unscripted, improvised, and unblocked with the camera operator, to add an element of surprise.

5) The camera was to keep rolling in between takes or at points of error and mistake.

The aforementioned stylistic elements, employed in the production of *The Sick Room*, are essential to the success of the docudrama, the realist film and the Dogme95 movement's shift to a more primitive mode of filmmaking, as outlined shortly, due to their specific effect on the viewer. As Chapman explains further: "they also appear almost to guarantee the authenticity of the documentary image. If a camera operator has used a lens or produced a grainy image, or if the hand-held camera movements are shaky because the event being captured is fast moving, we can be easily convinced" (Chapman 2009, 21). It can be seen that through a combination of these docudrama and realist filmmaking aesthetic qualities with the pseudo-reality being filmed, the viewer is more likely to be persuaded into accepting the content of *The Sick Room* as depicting a mirrored view of reality. Hence the audience is coerced into a dialogue between these confirmative images and the stigmatization of mental illness sufferers.

Dogme95

The utilisation of confirmative images in *The Sick Room*'s aesthetic decisions was substantiated in and modelled after the fundamentals of the Dogme95 movement started by Lars Von Trier and Thomas Vinterberg in Copenhagen on 13th March, 1995. The Dogme95 movement commenced due to a continued dissolution of faith in the Hollywood brand of filmmaking and heralded a new formula for production according to a specific set of ten rules of abstinence, known as "The Vow of Chastity" as explained in the *Dogme95 Manifesto* written by Von Trier (see

Appendix 3 for an unabridged version). The Dogme95 movement returned participating filmmaker's aesthetics to the stylistic conventions of the documentary film, in doing so, reinvigorating the realist movement in filmmaking. In appreciating the Dogme95 movement's return to the uninhibitedly raw, gritty, observational aesthetic style, *The Sick Room* adopts these qualities as its own. *The Sick Room* adheres loosely to eight out of the ten rules of the manifesto, while being inextricably tied to the ideas and teachings behind it.

The Dogme95 manifesto's philosophy became imperative, in my opinion, to *The Sick Room's* success, helping to shape the way the camera operated on location. It determined what approach to sound recording was taken on set, with the actors each allocated a radio microphone on their chest as well as a stationary on camera microphone to create depth and reverb, with fluctuating movement between the camera and actors. Following the Dogme95 manifesto I also restricted the lighting rig to be used, with only natural light and one on camera light utilised for the entire film, as well as demanding that the exposure was at an adequate setting so as not to need filters laced over the footage in post production. This is why at times the aperture is altered mid shot. It was, however, remembering this particular quote from Von Trier at the commencement of shooting that became instrumental in allowing me to focus the reason for every decision I was required to make on set: "I swear as a director to refrain from personal taste! I am no longer an artist. I swear to refrain from creating a 'work', as I regard the instant as more important than the whole. My supreme goal is to force the truth out of my characters and settings. I swear to do so by all the means available" (Von Trier 1995). This meant that I must first and foremost ground every decision in how much it resembles reality, irrespective of how it questions my vision. I needed to do this in order to obtain objectivity over

subjectivity. Reinforced by this philosophy the aesthetic and theoretical basis for *The Sick Room* began to materialise and allowed me to focus all energy on stating the truth about the malpractice of mental health professionals and the suffering this causes to the patients and their dedicated families. It is through the Dogme95 and realist movement that the aesthetic quality of my docudrama film began to work in symbiosis with the content to pull the viewer into a discourse about mental illness marginalisation within contemporary society.

Working with Actors

Parallel to the above considerations on creating a filmic aesthetic, a filmmaker must also make ample consideration as to their method of working with actors, in order to attain the level of realism required. In her article *The Rhetoric of Cinematic Improvisation* Virginia Wright Wexman suggests that “what the directors who work in collaboration with actors seem to be striving for is the sense of discovery that comes from the unexpected and unpredictable in human behaviour” (Wexman 1980, 29). This quote summarises the directorial approach I utilised for the production of *The Sick Room*, as exemplified by my withholding of information from one actor in vital scenes. This is particularly evident in the scene where Noah has hit Eli in the face and Eli jumps back up and tries to bully Noah physically to no effect. As director I requested that Eli get up in Noah’s face, while insisting to Noah’s actor that Eli would be intimidated and distance himself from Noah. The resultant altercation between Noah and Eli has a raw, primitive energy development from the instinctive and reactionary impulses of each actor in character.

Initially, however, my main concern was to teach Noah's (en)actor unique bodily movements I had observed from personal experience with my Uncle Gino to constitute a symbolic representation of mental illness in the character on-screen. This included mannerisms that would be recognisable by the viewer because of signifiers given them by societal belief and perpetuated in previous cinematic texts. I use the term (en)actor here to justify the importance of the actor's movements in making Noah's character a stereotype. Without the (en)acting of specific actions that are stereotypically indicative of mental illness as continually portrayed in the mass media the actor playing Noah could essentially act with incredible skill in his own interpretation of mental illness and the viewer would not even realise or believe that the character is mentally sick. This is further explained by B. Farnell in his article *Moving Bodies, Acting Selves*, where he says: "human beings everywhere engage in complex structured systems of bodily action that are laden with social and cultural significance" (Farnell 1999, 343). These actions with specific social and cultural significance as indicators for the presence of mental illness would constitute the majority of Noah's rote action. In *The Sick Room*, such actions as Noah's haphazard, almost religious changing of the channels on his television, his constant drinking and smoking, his mumbling to himself, his walking aimlessly, and his inability to sit still, are all products of this stage of the acting process, and became a force of habit for the actor in portraying mental illness on set in *The Sick Room*.

As Wexman advocates, "documentary realism is evoked when we are given a sense of actual people in actual situations" (Wexman 1980, 29), and hence once Noah's (en)actor had assimilated into the above idiosyncrasies of his mental illness, filming on set could commence. All actors and the camera operator were given the screenplay for only the relevant scene several hours before shooting as a conscious

push for reactionary improvisation. As a director I would inform the actors as to the emotional centre of the scene, as well as divulge adequate knowledge to the purpose of the scene in relation to narrative events. Then action would commence, without trial and error rehearsal or camera and actor blocking. Each scene's climax was invariably achieved through "the skill of trained actors improvising in character" (Wexman 1980, 29), and thus a heightened documentary realism was attained. The scene in which Eli is confessing his fears and tormented desires to the cameraman in the back yard at night is a testament to this improvisational approach. After indicating the fundamental basis of Eli's confession, I permitted the actor the creative freedom to express his emotions unjudged and the resultant emotional integrity and sincerity negated the requirement for a second "forced" take.

It is imperative to note in this regard also that improvisation, while affording the desired sense of realism to *The Sick Room*, also proved to be inexorably risky, due to the tendency for improvisation to teeter between private and public spheres. Private improvisation neglects the needs of the viewer, while public improvisation offers them a fresh, vibrant film that engrosses and enthralls. As Wexman explains, the improvisational filmmaker can at times detract from the impact of their film by ignoring the viewer and engaging in private improvisation: "At its worst, this tendency makes audiences feel like outsiders at a private party or spectators at a pointless exercise in reality" (Wexman 1980, 31). In *The Sick Room* I found myself increasingly insensitive to the needs of the viewer while filming was being completed. Long and convoluted takes were enthralling to me, but failed to be enjoyed by all who watched the rushes back at the conclusion of each day. This is because I felt an immense level of responsibility as the director to present unedited, non-manipulated and non-juxtaposed events in the life of Eli and Noah created by

the actors in their unguided and unchecked improvisations, because their performance decisions moved me. Every idiosyncratic gesture or loaded movement told me more and more about their characters and at least for a moment I felt obliged to tell their story exactly as performed, in order to capture the realism I so strived for. I believe I was under the trance of the beauty of the images, as Brian Winston postulates in his article *The Documentary Film as Scientific Inscription*: “when the cameraman is really operating smoothly and moving from one image to another with ease, the footage has the quality and rhythm of a ballet, and whole sequences may be left intact” (Winston 1993, 44).

Editing Saves the Day

As a result of this directorial indulgence the initial picture edit concluded at the duration of a lengthy one hour and ten minutes, and after critical analysis it was evident that these long languishing takes lessened the emotional impact of the film. Upon insistence by my supervisor, I endeavoured to remedy this in the editing room. As Wexman herself posits, editing can increase the impact of improvisational realism: “the director can maximise the impact of an improvised scene by subjecting it to imaginative editing” (Wexman 1980, 32). In the following segment of my Honours thesis I will stipulate how the editing process became an integral filmic convention in strengthening not only the realism of *The Sick Room*, but also its appeal and accessibility to the viewing public, and also how this assisted in the manifestation of tension and angst. Through this tension the viewer is brought into the realisation that victims of mental illness are being diagnosed inefficiently by modern psychiatric institutions.

Edward Dmytryk in his book *On Film Editing: An Introduction to the Art of Film Construction* details the imperative role of the film editor in relation to their significant power in the crafting of a cinematic text with a filmmaker's prejudiced inflection. The editor is "an artist who has it in his power to mold, improve, and even recreate a motion picture" (Dmytryk 1984, 9). It can be observed why *The Sick Room's* editing style is pivotal in understanding how a viewer might be persuaded into accepting the notion that mental illness victims are being neglected by the governing bodies sworn to protect them, and how private improvisation's tendency to bore has been dispelled from the film.

The jump cut, which is employed to be visible to the viewer, is a process through which disassociated segments of the same clip are spliced together in montage to be juxtaposed temporally within a very short screen time. The aim is to highlight parts of the action that are unique and fundamental to the scene and film, and to discard parts of the shot that are awkward, unsympathetically boring and are redundant in the overall construction of the scene. In *The Sick Room* this is substantiated in the jump cutting of the telephone conversation. Originally the scene was captured in one take with the duration of fourteen minutes. During test screenings viewer's confessed a disconnection with the on-screen world due to this scene's banality. Jump cut editing was employed and the scene creatively juxtaposed with separate material to create a fresh perspective and viewer's identified more effectively with the scene's purpose and relationship to the film as a creative whole. In *The Sick Room* this is how the risk of private improvisation in creating disinterest was removed from its alienating quality in the film, by selecting the most viable segments of the clip and removing those that would be unpalatable to the viewer due to their long length, tedious action, unmoving emotion and lack of energy.

The effect of jump cutting, as Ken Dancyger states in his text *The Techniques of Film and Video Editing: Theory and Practise*, is that “jump cuts present a notion of discontinuity that can be used to portray a less stable view of society or personality” (Dancyger 1997, 132). Therefore, *The Sick Room* is able to enhance, through the jump cut, such mechanisms as pace, structure, meaning through juxtaposition and most imperatively characterisation. This is experienced most notably for Noah, in the scene where he is sitting in the dark on his bed and in the space of a few seconds and numerous jump cuts, Noah sits talking to himself, has a smoke, changes the channel on the television, a drink, a smoke, rubs out a cigarette in an ashtray and has another drink. This fast temporal montage through jump cutting disorientates the viewer enough for them to sympathise with his fragmented reality and mental illness and so are more likely to sympathise with *The Sick Room's* message about mental illness professionals and maltreatment.

CONCLUSION

In completion I must introduce a quote by Carlo Mierendorff in a journal article by Anton Kaes called *The Debate about Cinema: Charting a Controversy (1909-1929)*: “whoever has the cinema, will change the world” (Kaes 1987, 20). The primary instigator for my involvement in *The Sick Room* was my belief that I could challenge the existing cultural and professional attitudes toward mental illness victims and their marginalisation through my use of cinematically constructed and manipulated moving images.

In the chapters of this paper I have detailed extensively how and why I have made decisions for the betterment of myself and the film. I have detailed how autoethnographical storytelling allows the writer to deal with the trauma of their own past. Through the process of transference the viewer can begin to understand the writer’s trauma on-screen as their own and with a mediated understanding of that trauma begin to cast more informed judgements on similar experiences in their own lives. The utilisation of the realist and Dogme95 movements of filmmaking better equip the filmmaker to facilitate this process from image to viewer in a visual aesthetic that reassures the viewer of the truth of the text. Most importantly, however, it can be seen that through a juxtaposition of *The Sick Room*’s depictions of mental illness with the opposing cultural and social beliefs of the viewer that *The Sick Room* seeks to rectify the significant problems with current mental health practises. *The Sick Room* will promote a healthy discourse about the need for better support of mental illness victims and their families.

While *The Sick Room* is purposefully constructed with the intention to advocate against the stigmatization of the mentally ill, the only power the film has is in assisting the viewer with their interpretation of the issue. No one reading of a film by a viewer is guaranteed to produce the same desired outcome. As a filmmaker I have described when, where, how and for what reason the relevant decisions have been made in the production of *The Sick Room*, without ever really knowing just how the viewer will react to them. However, as Lester Hunt says in his article titled *Motion Pictures as a Philosophical Resource*:

“...It is possible that the most important way in which motion-picture narratives contribute to philosophical insight is not by functioning as part of an argument at all...they also serve as illustrations of ideas. As such, they play a role that is quite different from convincing us that some proposition is true or not. Rather, they help us to decide what a given idea is, or should be...”

(Hunt 2006, 403).

It is my hope that *The Sick Room* will stand as the help needed by the viewer to decide *what* negative attitudes and treatments towards mental health victims are tolerable, and the inspiration needed in the viewer to know what that attitude *should be*.

APPENDIX ONE

The following document is the sixth draft of the original, discredited script. This draft was not used in the production of *The Sick Room*.

THE CONTENTS OF THIS DOCUMENT ARE PRIVATE AND
CONFIDENTIAL

THE SICK ROOM

By

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SIXTH DRAFT

MARCH 2011

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SC 1. INT. KITCHEN - MORNING

An old hand, a gold ring on each of its wrinkled digits, reaches up and takes the furthest right pill bottle in a row of eight. It shakes slightly.

Widow GRACE MASON, 65, takes out a couple of pills and places them in a small dish on the counter, next to a glass full of water. She repeats the motion with the other seven bottles, sighing as she does so.

NOAH MASON, 38, overweight, paces barefoot on the tiles behind her, smoking, wearing only a black pair of shorts. He has a short beard and thick hair.

NOAH talks to himself, as he paces, staring unblinkingly a little higher than head height. He opens the freezer door, spits on the floor, takes out the ice cube maker, tips all the ice in the general direction of a glass and some falls straight onto the floor. Then NOAH fills the glass with coke and skulls some more from the bottle.

GRACE turns to him with the glass and dish in her hand.

GRACE

NOAH!

He does not respond to her. NOAH just stands still where he is and mumbles to himself.

ELIJAH MASON, 18, GRACE's grandson, looks on at them from the couch, sadly, tickling the ears of the little white Labrador puppy, sitting on his lap.

GRACE

NOAH. Noah.

NOAH

(savagely)

WHAT!

His head snaps suddenly to face her, angry, his eyes unfocused.

GRACE

Here, its time, take these bello!

He looks at her, continues to talk, takes the dish she is holding out, tips all the ten pills into his mouth at once, takes one tiny sip of the water to wash them down and swallows them all.

NOAH continues to pace, drinking the coke and smoking, then all of a sudden, he bends over, and vomit erupts from his mouth, into a large puddle.

GRACE and ELI look at each other. NOAH gets the coke bottle, tops up his glass and exits, stepping in the vomit on his way down the hall.

GRACE sits at the table, head in hands.

ELI

Made the appointment?

GRACE

Yeah, next Friday, 9 am.

ELI

Do you want me to come?

GRACE

No, no. I can do it. She has to change something.

ELI

You know she won't, she never listens. She doesn't know what she's doing.

GRACE

(beat)

And she's increased her fee to a hundred and fifty, I can't afford that, my pension doesn't cover it.

ELI

That's alright I'll pick up
another shift at work.

ELI stands up to get a cloth to wipe up the vomit, when
NOAH comes charging down the corridor, glass empty,
turns for the fridge, slips on the vomit and falls on
his back.

ELI

(to himself looking back)

She has to change something!

SC 2. INT. WAITING ROOM - AFTERNOON

GRACE sits in the waiting room, watching people about
her. She is praying the rosary, with some beads hanging
from her hand.

She watches the clock. It is nine thirty now and already
people have been let into to see the psychiatrist before
her, even though they came in after her.

GRACE looks up at the clock, it is now ten o'clock and
she starts to get impatient, taps her right foot and
steadies her glasses.

GRACE is just about to get up when, DR WOO, 45, walks
lazily past the front desk, followed by an assistant,
looks straight at GRACE, smirks to herself, slings her
bag over her shoulder and walks out.

DR WOO

(from down the hall)

I'm going to lunch.

GRACE sits there looking betrayed and devastated.

GRACE waits until the clock says eleven and then picks
her stuff up to leave and has her hand on the door when
a voice calls out behind her.

DR WOO

MRS. MASON I'll see you now.

DR WOO is standing there smiling to herself, tapping her high heels as if in annoyance.

GRACE, obviously annoyed, turns around and steps forward.

SC 3. INT. DR WOO'S OFFICE - AFTERNOON

GRACE steps into DR WOO's office. It is all timber lining, filing cabinets, framed certificates on the wall and a large bulky desk.

DR WOO is already behind that desk, sitting, pouring some coffee into her cup. She slurps it up, noisily.

GRACE stands holding her handbag near the door, while the doctor ignores her. She clears her throat.

GRACE

Thanks for seeing me. Noah is getting worse. I think we need to change somethi...

DR WOO

SIT...

DR WOO stares at GRACE sternly and motions to the chair on the opposite side of the desk. GRACE sits.

DR WOO

Look, I've got two things to say to you. First, I'm the doctor here, I'll decide what we should do, ok? I'm the one with the degree. Not you. Eh?

Secondly, Noah is progressing steadily, his medication is to stay as it is, by my recommendation from feedback I'm getting from you.

As she says this she writes furiously into NOAH's medical file and makes quick glances up to see GRACE's reaction.

GRACE sits there, opening her mouth as if to speak.

DR WOO

I'm writing you a prescription
for Noah's meds, have a good day.

She says as she rips off a sheet of paper from her pad
and shoves it across the desk into GRACE's face.

GRACE sits still, looking at her in disbelief.

GRACE

But he's getting worse. His
medication is not working.

DR WOO

According to his file, they are.
And that is the only thing that
matters. Now good day.

GRACE

But he needs help! We need your
help.

DR WOO

And help he is getting. Now look
MRS MASON, there are only four
other practitioners with my
qualifications in the nation, I
know what is best for NOAH.

(while pressing button on
intercom)

KARL, send in my next slot, we're
finished here.

She says this looking at GRACE, who shakes her head.

GRACE

(beat)

But you haven't even seen him,
how can you tell?

DR WOO

I bore of your questions MRS
MASON, are you going to take this
prescription or not?

GRACE looks at her, breathing heavily. DR WOO has gotten up from her seat and is standing aggressively with her hand out-stretched.

GRACE's head sinks and she takes the prescription limply, and turns to leave the room.

DR WOO who is just behind her about to close the door, looks at her and smiles.

DR WOO

Oh, and that'll be two hundred
dollars today. Pay Karl on the
way out.

And she shuts the door in GRACE's face.

SC 4. INT. NOAH'S ROOM - AFTERNOON

NOAH sits facing forward on the side of his bed. He lights up a cigarette, talking to himself and swishes the ice in his glass before emptying it of coke.

He talks to himself, drinks coke from the bottle, throws the bottle away from him, into a pile of about three already, and chain smokes.

He spits from time to time. He sits there looking at a blank white wall.

SC 5. INT. ELI'S ROOM - AFTERNOON

NOAH's talking can be heard loudly in the room, as ELI lies on his stomach on the bed. Through the half opened door he can see NOAH sitting on his bed across the hall.

A bra and a feminine hand is flung over the side of the bed, and he smiles. The side of a head moves in to cover ELI's face, as they kiss.

ELI removes his singlet, and the couple start to fool around.

The sound of NOAH pacing is mixed with their laughter. NOAH goes to the toilet, only a dribble is heard and he flushes, then walks back to his room.

ELI looks off towards the open door where he can see NOAH lighting up another cigarette, drinking coke. NOAH gets up and goes to the toilet again, this time the sound of a single drop sounds, and NOAH returns to his room, hand down his pants, scratching himself.

ELI has completely stopped fooling around with this girlfriend now and watches his uncle sadly, even though the female's hand slides up his neck and she plants a kiss on it, seductively.

NOAH turns on an electric head shaver, and without looking in the mirror, shaves pieces of his hair off, and parts of his beard. Until he stops, the job unfinished, and picks up the television remote.

NOAH then sits on his bed, flicking quickly through channel after channel, before he reaches nothing but flickering static. He is facing blankly at the screen, drinking coke and smoking and spitting.

NOAH goes to the toilet. ELI hears nothing but an exhale of breath and the flushing of the toilet. NOAH returns with a bit of toilet paper, hanging out the bottom of his shorts.

The girl succeeds in winning back ELI's attention, and he kisses her, she returns his kiss and strokes his chest.

The sound of a gas heater being lit wafts into the room, and mid kiss, ELI looks up, his eyes filled with fear.

NOAH is standing very close to the grille on full heat. The girl, twists her tongue around his ear, and whispers,

GIRLFRIEND

Fuck me!

ELI looks at her and laughs distractedly, then looks at NOAH, who acting as if nothing is happening, turns around still talking, spitting, drinking and smoking, and the backs of his legs are blistering as he watches, red and severely burnt.

GIRLFRIEND

C'mon, honey get hard for me.
I'll do the work, just get hard.

ELI

(pained)

I...I can't.

The girlfriend huffs disgustedly, pushes ELI off, slaps him in the face, and wrapping something around her, storms out of the room.

ELI, very disconcerted, rolls back and watches her leave.

He sees NOAH in the other room. He is standing dead still, arms by his side, military style, in the middle of his room, staring at the wall and he has a boner.

ELI lays there staring off into space, before getting up, going into the other room, turning off the heater and begins to rub cream on NOAH's legs, much to his displeasure.

SC 6. EXT. OVAL - LATE AFTERNOON

ELI is running, sweat drips from him. He is punishing himself, running up and down, getting faster and faster.

SC 7. INT. GRACE'S ROOM - NIGHT

GRACE kneels at the foot of her bed, hands together and prays, she is crying, looking up at a crucifix.

GRACE

Please Lord, let something
change. My dear boy needs a
break, he needs to live. What
kind of existence is this?

SC 8. EXT. OVAL - LATE AFTERNOON CONT.

ELI is exhausted. He is puffing but still pushes himself, grunting at each turn. He runs and runs.

SC 9. INT. GRACE'S ROOM - NIGHT CONT.

ELI sits against the wall outside his Grandmother's room and listens to her lament, fully weeping now.

GRACE

(between wails)

...why won't anyone help us? Do we mean that little...? We need help. My boy needs help...

SC 10. EXT. OVAL - LATE AFTERNOON CONT.

Finally ELI stops, doubles up, wipes the sweat from his eyes and vomits on the pavement.

SC 11. EXT. STREET SIDE - LATE AFTERNOON

ELI walks back home, tired and defeated. He is staring off into space, when he hears children playing and giggling off to his left.

He looks and sees a Day Care group playing outside. He also notices that they are a disabled group.

His grim expression softens and he kneels down, staring at this one little girl, who is near the wire fence, playing with a shiny toy pinwheel.

She looks up at him and smiles. He smiles back at her, a single tear falls from his face, as she twirls the pinwheel and giggles as it shines light up onto her face in the sun.

She puts out her little hand towards him and with head leaning against the fence ELI slips his hand between the wires and holds out his hand for hers. She is extending hers out to him when a supervisor turns around and yells,

SUPERVISOR

Hey what are you doing?

ELI's hand shoots back out of the fence and he bolts away.

SC 12. INT. LIVING ROOM - NIGHT

A fish tank with lots of gold fish in it plays before a tired old GRACE on the phone. Sitting next to her is ELI, playing with his puppy.

Occasionally NOAH's torso crosses in front of the fish tank glass. He has smoke in hand. His talking dominates the night air.

GRACE

They've put me on hold, again.

ELI

Keep trying, nonna, you'll get through.

He is trying to look optimistic, but his face soon falls into a grim mood.

NOAH walks passed the fish tank and he puts some food into it, a little sprinkle or two.

GRACE

Yes, hello. It's Grace Mason, I'm trying to find someone that can help me...

OPERATOR (O.S.)

Yes ma'am, please hold.

Annoying music sounds irritatingly loud from the phone piece.

ELI looks at his grandmother.

NOAH walks passed the fish tank again and empties a full container of fish flakes onto the surface. The water begins to get cloudy, as the fish food falls to the bottom.

There is the sound of some buttons being pushed and then a muffled sound erupts from the handset.

OPERATOR

This woman always calls, her voice is so annoying...

(laughter from others)

Sometimes I just hang up to save me having to listen to her carrying on about her son. God some people have nothing better to do.

(with mocking)

Hello, I'd like to speak with DR WOO, is she available.

GRACE holds the phone looking at it in disbelief and horror ELI puts the puppy down in anger and leans forward, listening.

NOAH walks past the fish tank and pours a half bottle of coke into it. Some of the fish start to roll onto their backs. NOAH watches them lovingly, like he is giving them a drink.

The sound of footsteps rings from the phone.

DR WOO

Who's this we're talking about?

OPERATOR

Oh, that stupid Mrs Mason.

DR WOO

AAWW, her again. God that woman frustrates me. Some people never learn. She comes in here and acts like she's the fucking doctor...

NOAH walks past the fish tank and puts a steak into it.

DR WOO

That woman comes in here, wanting all his medication changed ... I don't do it. I probably should, it might help but I don't want to have to see NOAH, that disgusting retard.

At this, ELI who has steadily been getting angrier and angrier, gripping the seat-cushions into a tight ball, shoots up, grabs the phone and yells into it,

ELI

We can fucking hear you, you
fucking bitch...

There is an embarrassed silence on the other end, then a gasp and the dull beep, beep, beep of the dial tone, as the phone is hung up.

At which point, NOAH hits the fish tank hard with his fists, and it shatters into a million pieces. Gold fish and food and water gush out of it, and NOAH just continues pacing backwards and forwards. His feet are cut by the glass. Blood spreads out over the tiles.

ELI and GRACE, who are lost for words after the conversation they have just overheard, sit and stand, with phone still in hand, and look at NOAH blankly.

SC 13. INT. HOUSE - NIGHT

Blaringly loud heavy metal music blasts from NOAH's bedroom, where he stands doing a one legged dance, drinking, smoking and spitting.

GRACE

NOAH, lower the music, please,
it's twelve o'clock.

NOAH continues to wander up and down his bedroom and ignores her. He continues shouting obscenities and hitting and punching the doors and mirrors.

GRACE walks back down the corridor to where ELI sits, looking nervously down the hall, trying to watch the football.

GRACE

We need to get him to stop, it's
the fifth night this week, the
neighbours will complain.

ELI

But what can we do? You know what he does when you turn off the music.

He turns his head to the light and a black and bruised eye appears. GRACE sits nervously on the very edge of her seat, and just as she drops her head into her hands, there is a loud bashing on the door.

POLICE

Open up, it's the police.

GRACE looks fearfully at ELI, who gets up and follows her to the door. She opens it and is confronted by two large shadows, backlit by red and blue flashing lights and a siren.

POLICE

Mrs Mason, we're here to arrest your son. The neighbours are terrified for their safety and frankly by the sound of it you should be too.

GRACE

NO, but he is sick, he can't help it, he can't control it.

POLICE

Well, then we'll take him to the hospital. Now move aside.

ELI

Where's your warrant. You can't just go around arresting people.

Just then NOAH smashes the television through his bedroom window, and the police officers push past GRACE and ELI, into the room.

POLICE

We do when there's a madman on the loose and the chance someone might get hurt.

ELI hugs GRACE tight as screaming sounds from the other room, as well as the sound of a severe scuffle.

The policemen return man-handling a kicking and screaming NOAH, who is scared beyond imagination, a look of terror on his face.

GRACE and ELI shrink away from his yells, hurt and unable to help him. GRACE in tears, tries to touch his hand as he is dragged past and ELI shocked, just stands there.

As the police drag him out, NOAH shouts,

NOAH

Mummy, mum, mum, mum.

The screen door slams shut behind them and the policemen leave. GRACE runs after them, yelling.

SC 14. EXT. CLINIC CARPARK - NIGHT

DR WOO pulls up her bag, as she gets out the keys to her car. GRACE comes running up to her, out of breath and grabs her arm to stop her. DR WOO savagely pulls away from her.

GRACE

Doctor, they've taken NOAH. We have to do something. I've got a letter to show you from the police.

She struggles to open the piece of paper because of the shaking of her hands. DR WOO looks at her and then puts both hands on her shoulders.

DR WOO

(sighs)

Ok, GRACE, just wait right here, let me put my bag in the car and we'll see what we can do.

GRACE looks so thankful. She drops her hands in relief. DR WOO opens her car door, gets into the car, starts it and before GRACE realises what is happening, DR WOO

reverses her car past GRACE, just inches from her and starts to drive off.

GRACE runs along with the car, hitting on the driver's window to get DR WOO to stop. As the car accelerates quickly away, GRACE is knocked down, and the back tyre runs over her out-stretched arm.

The car speeds off into the distance.

SC 15. INT. LIVING ROOM - NIGHT

ELI has the phone up to his ear and a look of horror and disgust on it.

ELI

WHAT!! She did what?

In a blind rage ELI throws the phone's headset against the wall and up turns the table it stands on. He cries out in the most pitiful scream imaginable and sinks to his knees, crying, as the darkness closes in around him.

SC 16. INT. CONFSSIONAL - DAY

The priest sits quietly, when suddenly the door is opened, ELI shoots in and slams it shut.

ELI

Bless me father for I have sinned
... I'm sorry for not being able
to see your divine plan for my
family, but I just can't let them
live like this any more. No one
should have to see this much
pain. I have hope that you will
make this right but something has
to change now ... well I hope you
understand.

And before the priest can say anything in return, ELI has left.

SC 17. INT/EXT. CLINIC - DAY

ELI is wearing a backpack, with his little white puppy's head sticking out the top of it. He walks up to the doors of the clinic, opens them and walks inside.

ELI walks into the waiting room full of people, manoeuvres the bag to in front of his chest, puts some earmuffs onto the puppy, pulls out a gun from his waistband and shoots the desk attendant in the chest, just as she says,

ATTENDANT

Ah sir, you can't hav....

Then goes to the doors and locks them shut with a padlock and chain.

There is chaos, as patients duck down and hide under the plastic chairs.

SC 18. INT. PSYCHIATRIC WING - DAY

Doctors struggle to restrain NOAH as they shoot drugs into his arms and then into his neck.

SC 19. INT. CLINIC - DAY

ELI walks calmly, deeper into the clinic and shoots every medical staff member he finds, especially those that try and run away.

He is crying and the white hot anger seething from his face terrifies all.

SC 20. INT PSYCHIATRIC WING - DAY

NOAH is slumped in his hospital bed, arms and head restrained. IV drips hang all about him. His eyes are half closed and drool is slipping from his mouth.

The five doctors and nurses standing around him, nod approvingly at what they see.

DOCTOR

(distorted as if spoken
underwater)

That's all we can do for him...

SC 21. INT. CLINIC - DAY

As he walks further into the clinic ELI sees a scared little blonde haired girl to his left, cowering under

the seats, then someone runs out down the hall and he shoots him.

ELI

Where is she?

ELI looks left and right, as he moves down the clinic, looking for DR WOO. Then he spots her shoes sticking out from under a desk.

He smiles, goes over, shoots the person hiding with her and dragging her by her feet pulls her across the hall. She is screaming and clawing to stop herself.

SC 22. INT. DR WOO'S OFFICE - DAY

ELI shoves her savagely into the chair and sits on her desk. He points the gun right at her head and slaps her around a bit, to cause her some pain.

She is crying and shivering.

DR WOO

What do you want with me? I'll do anything.

ELI looks at her, holding back tears, ready to explode. He spits at her as he first speaks calmly and then erupts.

ELI

Oh no, it's too late for that now...AARGH I want to know what is wrong with my uncle!!!

She just looks at him and shakes her head.

ELI

But you don't know, do you? You don't have a fucking clue what's wrong with him, and you pumped him full of drugs anyway, why? For the money, for the fun, or because you thought you couldn't fuck him up any more than he was already...? Is that it?

He has tears streaming down his face now, and hits the gun up against his head.

ELI

All we ever wanted was for you to help. He deserves that chance, a chance to live like you and me. A chance, you fucking bitch, a chance you took away 'cause you fucking have no clue, do you? DO YOU?

He cocks the gun and slams the tip of it into the side of her head.

DR WOO is terrified, and cries out, throwing her hands up into the air.

ELI

Well, now 'cause of this the world's gonna see and he will get help, but first I want you to admit you had no fucking clue.

DR WOO

(weakly)

No...

ELI gets very upset and stalks off from her, brandishing the gun in all directions.

ELI

He's fucking family, he's my family. I suffer as long as he suffers... NOW ADMIT IT. YOU TELL ME YOU HAD NO FUCKING CLUE FROM THE VERY FIRST MOMENT YOU MET HIM. DO IT!

He shoves the gun in her face and she cries out.

DR WOO

OK, Ok. Yes, I never knew what was wrong with Noah. I never even tried to find out.

DR WOO looks up at him in defeated honesty. ELI shoots her brains all over her fancy dancy certificates on the wall behind her. Her body slumps in the chair.

ELI is crying and reeling from what he has done, spittle drips from his mouth and he is shaking. He jitters around the office.

Then he grabs the white puppy, kisses it on its beautiful innocent nose and carries it out of the room, gently.

SC 23. INT. WAITING ROOM - DAY

ELI walks into the waiting room and everybody gasps. He walks over to the little blonde girl under the seats, gives the puppy another kiss, hands it over to her, then walks out into the clinic hallway. His shadow shines off the polished surface as he does so, then the sound of a single gunshot rings out, and the shadow shortens and blood splashes over the clinical white.

SC 24. INT/EXT. HOSPITAL - MORNING

A newsreel sounds from the hospital waiting room televisions.

NEWS WOMAN

Hi there, its Pauline Jacobs, at the ten news desk, first out this evening from the horrifying ordeal of last weeks massacre in the medical district of South Perth, which claimed the lives of seven people, comes a happy break. After hearing the MASON's story, specialists from around the world have been working quickly to help restore NOAH's healthcare and he is being released from hospital today...

A doctor gives NOAH a handshake and a nod good luck. He exits the hospital.

NOAH walks down the path towards the hospital gardens, talking silently to himself.

He walks up to an old frail woman sitting on a wooden bench, her arm in a sling. She looks up as he approaches.

NOAH stops a little while off, smiles at her.

NOAH

Hi Mum.

GRACE gives a huge smile, and brings him in for a hug, tears in her eyes.

NOAH takes up his place beside her, hugging her close as he guides her along the path.

For the first time the son is looking after the mother and change has come.

APPENDIX TWO

The following document is the third draft of the script. This draft was used in the production of *The Sick Room*.

THE CONTENTS OF THIS DOCUMENT ARE PRIVATE AND
CONFIDENTIAL

THE SICK ROOM

By

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THIRD DRAFT

JULY 2011

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SC 1. INT. NOAH'S ROOM - DAY

The camera is turned on and the face of the Director of Photography appears. He has a cloth and a dust remover. He leans forward and cleans the lens, blowing away the dust. Then he moves the camera to frame ELI MASON, 18, as the sound guy puts a mic on him, the clapper is staged to begin the shoot, the Assistant Director calls it, a Production Assistant yells out,

PRODUCTION ASSISTANT

The boom is in shot.

And the Director yells,

DIRECTOR

Action.

ELI looks into the camera and says,

ELI

My name is Eli Mason. This
documentary is about ...-

At that moment NOAH MASON, 37, walks straight through the middle of the shot, talking to himself, waving his arms, with cigarette and glass in hand. Panic ensues, as one of the crew tries to follow him with a clipboard, to get him out of the shot. ELI yells after him,

ELI

Noah come on.

The Director gives a signal across his throat and yells,

DIRECTOR

Cut.

SC 2. INT. KITCHEN - DAY

ELI looks into the camera and says,

ELI

I think its time to give him his medication.

He opens a cupboard and takes out a lot of pill bottles. Reading the labels carefully on each he mumbles to himself,

ELI

Now I forget, which one is it?
This one or this one in the morning?

ELI drops the pills into a little jar and then pours some water into a glass.

NOAH enters the kitchen from the hallway, goes to the fridge, opens it up, gets ice from out of the freezer, puts it into his glass and spills some of it onto the floor. The Director, asks,

DIRECTOR

Can someone please clean that up?

NOAH gets some coke, drinks from the bottle, burps loudly and spits on the floor.

Some of the crew members behind the camera laugh and talk amongst themselves.

ELI taps NOAH on the shoulder, holds out the glass jar with the pills and motions for him to take it. ELI takes Noah's cigarette from him, taking a drag from it. NOAH tips all the pills into his mouth and tries to dry swallow them all at once and chokes on them. ELI barks,

ELI

Water! Noah! We talked about this.

NOAH has a sip of the water, takes back his cigarette and walks off.

SC 3. INT. HALLWAY - DAY

NOAH walks off down the hall towards his room and shuts the door behind him.

SC 4. INT. KITCHEN - DAY

ELI looks into the camera and says,

ELI

That's Noah, my uncle. I know we are not exactly the most conventional family. But its what I've got. In this documentary I want you to live with us, share our pain, our laughter, our sadness. Most of all I just want you to come along for the ride.

The Director comes into shot, puts his arm around ELI and to the other crew members in the room, says,

DIRECTOR

That's it for today guys. We'll meet here again tomorrow. 8 am?

SC 5. INT. HOUSE MISCELLANEOUS - DAY

NOAH paces towards the camera and away from the camera, talking to himself, drink in hand, smoke in the other.

Wind chimes swing and sing in the breeze.

The house is silent, as is the garden and street around it. A plain and ordinary suburban street.

NOAH stands still in the open doorway of his bedroom and stares off into the distance at an unseen object.

He takes a drag on his cigarette, drinks some more coke, talks to himself.

Then NOAH, starting to pace, hisses,

NOAH

They are coming.

And shuts the door in earnest.

TITLE APPEARS : The Sick Room

SC 6. INT. HOUSE MISCELLANEOUS - DAY

ELI (V.O.)

Its just me and my uncle now. Has
been for a while now, ever since
my Nonna died.

ELI carries a bunch of red roses in a blue and white
floral vase through the house. He goes through a couple
of doors, looks in at Noah, throwing him a carton of
cigarettes on the way through, saying,

ELI

That's got to last you all day.
Got it? All day.

ELI reaches a closed door and he motions for the camera
to stop there.

ELI

Just wait here for a sec.

He goes inside and shuts the door behind him.

SC 7. INT. NONNA'S BEDROOM - DAY

A match is lit in the gloom, and it moves to light
several purple candles.

ELI removes a bunch of dried old flowers from the mantle
piece and sets new ones in their place.

ELI is in silhouette, standing beside a large photograph
of his Nonna. He prays silently and then kisses his
fingers and gently touches them to her cheek, smiling
affectionately.

ELI moves his hand over the cold surface of a steel urn.
The urn with the ashes of his Nonna. He twirls his
fingers around its lip on which are hung the glistening
beads of a rosary.

ELI stares at the camera and talks into it.

ELI

My Nonna was the most amazing person. She had the biggest heart and the warmest hugs. She took me in when my parents died. Now she's gone.

(As pictures of her and ELI and the family pop up on the screen)

I still really miss her ... I...

(ELI breaks down and cries)

I'm sorry I can't do this, she only died last month.

ELI dries his eyes, gets up and exits the room. As he leaves the camera swivels to follow him out the door.

SC 8. INT. NOAH'S ROOM - DAY

Noah sits alone on his bed, talking to himself, drinking, smoking, spitting, flicking through the channels on the TV. The Director sits facing him with ELI,

ELI

Noah say something to the camera, c'mon. Noah do you know you are mentally sick?

Noah does not answer, just lights up another cigarette.

Dream catchers flicker in the window.

The curtains billow in the breeze.

Noah just sits there talking to himself not listening to or answering any of the filmmaker's questions.

The TV image is just flickering static.

ELI nudges the Director in the shoulder, and to the camera says,

ELI

Well, if he's not going to talk,
there's something I want to show
you.

SC 9. INT. KITCHEN - DAY

The camera slides over a dozen pills that NOAH must take each day. ELI reveals the number of cigarettes he smokes everyday, the amount of coke he consumes, the amount of sugar that's in it. ELI stands there shaking his head.

ELI

This is all he eats and drinks
everyday.

The pills. The cigarettes. The glasses of Coke.

ELI looks at it all and says,

ELI

And people wonder why he is the
way that he is.

SC 10. INT. NOAH'S ROOM - DAY

Four Siamese fighting fish swim in a cold glass tank. Three red and one blue. Through the water, NOAH looks into the tank at the camera on the other side.

NOAH continues to peer into the fish tank and puts a little bit of fish food into the water.

ELI walks into the room carrying an electric head shaver and a towel and places them on the table in front of Noah's bed.

ELI

Today, I thought I'd show you
what happens when Noah shaves his
own head, he won't let me do it.
Just watch. I know how this is
going to end, but I want you to
see.

NOAH sits on the bed, looking at the electric head shaver, smoking, talking to himself. ELI says,

ELI

Noah its time for a hair cut.
Here use the mirror.

ELI shifts a stand alone mirror in closer towards NOAH.
After a long pause, NOAH picks up the electric head
shaver and begins cutting his hair.

Noah's head is being shaved erratically and unevenly.

Hair rolls down Noah's shoulders and onto his chest.

He still has a lighted cigarette in his hand that he
sucks on and the drink that he consumes.

All of a sudden NOAH stops, puts out his cigarette,
gives the fish a whole canister of fish food, gets up
from his bed and exits, letting his hair fall off him
onto the floor. He exits the room, the camera follows
him. When he is gone, the Producer comes into the shot,
takes the fish tank and carries it off-screen, ELI yells
after her,

ELI

See if you can save those fish.
It costs me ten bucks, every time
he does that. Sometimes I think
he cares too much..

The Director of Photography says,

DOP

Do I stop?

ELI

No, no, he's just going to the toilet, he'll be
back soon.

The boom mic operator rests his arms while he waits.

The Director says to everybody,

DIRECTOR

Wait a sec, let's see what
happens.

The toilet is flushed and NOAH comes back into shot with a piece of toilet paper hanging out the back of his trousers. He sits back down, turns the TV on, lights up a cigarette, takes a drink, shaves a little bit more off his head, some off his beard, looks into the mirror, rubs himself off, smiles satisfied. He is finished. ELI says,

ELI

Have you finished NOAH?

NOAH

Yep.

ELI

Don't think it needs to be more smooth?

NOAH

Nope.

NOAH replies, rubbing his head.

ELI goes and sits by NOAH,

ELI

Here let me help you with that.

He finishes the hair cut, as Noah complains and fidgets around.

SC 11. INT. LIVING ROOM - DAY

The telephone key pad is dialled and we hear that the phone is ringing.

The Director listens into the headset, then passes it to ELI, saying,

DIRECTOR

It's ringing.

ELI holds the phone to his ear and waits for an answer.

CLERK

Hello this is DR WOOD's office,
how may I help you?

ELI

Yes hi, I would like to speak
with Dr Wood.

CLERK

Name?

ELI

Elijah Mason.

CLERK

Please hold.

Annoying music chimes in over the handpiece. ELI puts his hand over the mouth piece, taps his wrist, and mouths, "Time this" to the Director.

The Director fiddles with his watch and then gives him the thumbs up.

ELI paces around the room, holding his neck, as a SFX timer on the screen shows 1 minute 40 seconds.

ELI comes back into the shot with a drink, puts it on the table and sits back, frustrated. The timer is at 2 minutes 35 seconds.

ELI taps his fingers on the side of the chair.

ELI stares blankly off into space, getting pissed off, and sinks his head into his hands at 4 minutes 12 seconds.

ELI

This isn't even funny anymore,
fucking pricks.

The music stops, and ELI pipes up,

ELI

Yes hello, I'm still here. I need
to speak with Dr Wood.

CLERK

Please hold.

The music sounds.

ELI

No, no don't go, just tell me if
she is fucking there, bitch.

ELI looks devastatedly at the Director.

The Producer shrugs her shoulders, also troubled.

ELI lays out flat on the floor, hitting it with his fist
at 7 minutes 37 seconds. He yells into the room at no
one in particular.

ELI

I'm still here, goddammit!

ELI paces in front of the table, when finally a lady on
the phone says,

CLERK

Hello?

ELI jumps in fright.

ELI

Yes, finally.

The timer is at 9 minutes 32 seconds. The woman says,

CLERK

Just putting you through now,
sorry for the delay.

ELI, with a sigh of relief, says,

ELI

Thank you.

There is a clicking of a few buttons through the headset and the bleep, bleep, bleep of the dial tone, as ELI is hung up on.

ELI

No, no, no, don't you fucking hang up on me!

He slams down the receiver and storms off, as the camera follows him. He exits the room.

SC 12. INT. LIVING ROOM - DAY

ELI holds the phone to his ear and tries again on a different day.

SC 13. INT. LIVING ROOM - DAY

He hangs up the phone in failure.

SC 14. INT. LIVING ROOM - DAY

ELI tries yet again on another day, and has the same result. Time and time again.

The phone gets hung up.

The phone gets slammed down.

The phone gets slammed down.

ELI yells into the handpiece one last time, truly livid.

ELI

Fucking bitch!

And throwing the phone to the floor he charges for the door.

SC 15. EXT. STREET - DAY

ELI walks off angrily. Kicking things along the street, the Director runs down the street after him, puts his arm around him, they have a tussle at the end of the street. Then Eli parts with the Director and stalks off. The Director looks back towards the camera at a loss.

DIRECTOR (V.O.)

He needed some time to himself.
Time to run.

SC 16. EXT. OVAL - DAY

ELI can be seen running across an athletics oval, back and forth across the screen, far off in the distance.

DIRECTOR (V.O.)

As I saw him run back and forth,
I wondered to myself if he wanted
to confront her. To face off with
DR WOOD?

Eli stops and doubles up in the middle of the park,
letting his steam out.

ELI stands up breathing heavily, looking despondent,
then he starts running again.

Then the Director of Photography runs with the camera
across the grass to get in front of ELI and the Director
who have begun talking quietly together. ELI has his
socks and shoes off. As ELI comes up closer to the
camera, he says,

ELI

I want to go see her at her
office.

SC 17. INT. MEDICAL CENTER - DAY

The sliding doors open and ELI bursts into the waiting
room of DR WOOD's clinic, with the camera and crew
following him. ELI walks straight up to the counter and
says,

ELI

I want to see Dr Wood now!

The clerk looks at ELI and then to the camera, the
Director, the sound recordist and says,

CLERK

You all can't be in here.

ELI

We just want to see Dr Wood.

DIRECTOR

We're just here because you keep ignoring him on the phone. We've come to make sure he is heard.

The clerk motions to another nurse behind the counter,

CLERK

Get security.

(to ELI and the Director)

Now look here Dr Wood is not in today. She has the day off. And I repeat you can't be in here, now please leave, or security will escort you out.

Just then, the Producer runs into the waiting room and yells,

PRODUCER

C'mon Eli, she's out in the parking lot.

SC 18. INT/EXT. PARKING LOT - DAY

ELI, the cameraman and all of the crew, turn around and run out to the parking lot, where they spy DR WOOD, who looks harried, and is fishing frantically in her bag for her keys. The Director urges the cameraman in DR WOOD's face, as she says,

DR WOOD

ELI, I've got nothing to say to you. As for you lot...

(taking a swipe at the camera)

...get out of my face. Move.

She busts her way through the crowd of people around her, hitting the camera down towards the floor. The camera straightens up as she reaches her car. As she fumbles with the car keys, ELI says,

ELI

You can't leave until you've answered my questions. Why haven't you returned any of my calls? What if something had happened to NOAH?

DR WOOD

Nothing has happened to NOAH, boy. You just want to cause trouble, like all you hooligans. Now get outta my way.

She flings open the door of her sports car, hitting ELI in the side as she does so, starts up the engine and backs out, causing the camera crew to scatter out of her way, as she narrowly misses them.

DR WOOD's sports car speeds off into the distance, leaving ELI and film crew gobsmacked in her wake.

SC 19. INT. NOAH'S ROOM - DAY

The Director looks into the camera and says,

DIRECTOR

I am going to give this camera to Noah and ask him to record something for me. Anything he wants. Maybe get a glimpse into what it is he is thinking about or what he is feeling. We'll see how it goes.

Noah sits on his bed, watching the Director explaining the camera to him, all of the buttons and knobs. He is very attentive, then he takes the camera, looks at it for a bit, puts it down, lights up another cigarette and has a drink.

SC 20. INT. HALLWAY - DAY

In the hallway the Director, says,

DIRECTOR

I guess we'll leave it with him
then.

Then he moves off out of frame.

SC 21. INT. NOAH'S ROOM - NIGHT

A very large boom box propels heavy metal music from its massive speakers, as shadows play on it of someone dancing crazily around the room, which is NOAH.

Noah dances around the room, crazily, knocking things off the coffee table and nightstand, having a blast. Yelling and screaming to the music.

A digital clock that reads 3:45 is held up by ELI to the camera. It is pulled away and to reveal Eli's face, shaking his head. He motions at the camera for him to be followed and moves along the hallway, where the sound guy is and other crew members. ELI points at them, laughing at the ear plugs that they have in. He leans into the camera,

ELI

We've got to stop this. It's been
like this for a week. The
neighbours will start to
complain.

He goes and stands in the doorway of NOAH's room, then bends down as the camera follows him and turns off the radio. At the moment he does this, Noah howls and punches him in the side of the face. Eli goes down and the Director launches himself onto NOAH pulling him back, knocking him onto the bed. People crowd around ELI to check that he is ok.

ELI shakes his face to clear the stars from it. Holding his jaw, blood trickling through his fingers. He shoots up, angry. Shrugs off the people that are trying to help him, screams at NOAH, really angry,

ELI

You know what Noah, FUCK YOU!
Fucking asshole. I'm out of here.
Get that camera outta my face,
piss off. Let me go.

And he exits, pushing through all of the camera crew, and exits out the back door. The camera falls back onto NOAH who is on the bed, and slowly after having gone quiet from all the shouting, turns the music back up.

SC 22. EXT. BACKYARD - NIGHT

ELI walks gruffly through the backyard, pacing. Turning this way and that, muttering to himself, seething.

ELI

Ungrateful motherfucker, after
all that I've done for him, he
never understands...

Then he falls to his knees into a crumpled, defeated heap and starts to cry, sobbing into his arms.

ELI looks up at the camera and confesses,

ELI

Sometimes...and I feel really bad
about it too. I don't know what
Nonna would say if she knew. And
I can't believe I'm going to say
it out loud to you people. But
sometimes I hope...I wish that he
would just die. And I could have
my own life. Why doesn't he just
die?

Eli sobs harder into his arms, sick and tired. The Director moves into frame and puts his arms around ELI consoling him as a friend.

ELI is alone in the backyard under all of that dark space. He seems so small.

SC 23. INT. MISCELLANEOUS HOUSE - NIGHT

The Producer looks into the camera and says,

PRODUCER

Eli has asked Adam and I to give him some space over the next few weeks so that he can get his head right. Us leaving with Eli in this frame of mind is not ideal, but we have to respect his wishes, so...

She puts a piece of equipment into its box.

The camera crew takes boxes of equipment out of Eli's house and to the cars and packs them in.

The Director shakes hands with ELI on the veranda and leaves. ELI shuts the door behind him and the Director goes down the steps.

The crew's vehicles pull away from the house, leaving its driveway silent and empty.

SC 24. INT. KITCHEN - DAY

DIRECTOR (V.O.)

About four weeks later I got a phone call from Eli. He sounded very stressed and asked me to come over, with the crew, so we did. I didn't know at the time what drastic thing he had in mind, otherwise I would never have gone.

The Director and the Producer follow after ELI pleading with him, trying to hold him back as he fights his way with determination into the kitchen. The Producer says,

PRODUCER

Please Eli don't do this, it's so stupid, you could really get hurt.

The Director says,

DIRECTOR

Eli, buddy, you don't have to do this. I don't think this is a good idea.

ELI

No, you can't change my mind.
It's made up, now let me go.

He breaks free of their grip and opens the medicine cabinet with NOAH's medication in it. He takes out the equivalent of what NOAH would take in a week. Puts it into his hand and holds it out for the camera to see.

ELI

I want those motherfuckers watching to see what effect this has on the human body, what damage they are doing to Noah everyday, when they give him these pills without even thinking.

The Director steps forward,

DIRECTOR

ELI if you swallow them, I'll make them turn off the camera, no one will see, do you want that? Drop the pills.

At that moment NOAH enters the kitchen, goes to the fridge to get some ice and coke, and ELI raises his glass into the air,

ELI

What do you reckon Noah, should I do it?

Without looking up from what he is doing or knowing what it is ELI asked, NOAH replies,

NOAH

Shit Yeah!

ELI gets the reply he wants, smiles,

ELI

Amen to that.

ELI clinks his glass with NOAH's in a toast, puts the pills into his mouth,

DIRECTOR

Don't do it Eli.

And washes them down with water. The Producer who looks very worried, yells out,

PRODUCER

Someone call an ambulance.

The director says into the camera,

DIRECTOR

Keep recording, if it gets bad I want it on tape, so that people will see.

The camera crew watch on in anxious worry as ELI starts to pace and leans on the Kitchen counter for support. Then he starts to get cramps in his stomach, sways on his feet, and his words start to slur. He topples to the floor, vomiting all over the tiles. He starts to convulse, as the Producer and the Director run to his side.

PRODUCER

Is someone calling an ambulance?

DIRECTOR

ELI! Eli, can you hear me?

The Producer pulls back his eyelids to reveal whites, as the Director holds his head still as he shakes.

DIRECTOR

Put down the camera, we need to hold him still.

The camera spins as it is put down on the table and crew members all help to hold him still.

SC 25. EXT. AMBULANCE - DAY

Ambulance lights flash across the screen, as the sound wails in the distance.

SC 26. INT. HOSPITAL ROOM - DAY

Two vases of roses sit on the cupboard next to ELI's hospital bed.

DIRECTOR (V.O.)

ELI was out for three days, the doctors told us he was very lucky.

ELI lays asleep on the hospital bed, as the crew sit around him, holding his hands or pacing around the room.

A nurse looks into the camera and says,

NURSE

He is really lucky. He could have seriously overdosed on the amount of medication he had taken. They should never be taken together, definitely not in that quantity. He's very lucky.

SC 27. EXT. STREET IN CAR - NIGHT

DIRECTOR (V.O.)

When the ambulance came to pick up Eli, that day he took the pills, Noah had snuck out the back door, without anyone noticing and run away. Thinking that the ambulance was there to take him away to hospital. When we realized, the film crew spent all night in the streets looking for him.

The camera follows a group of about seven or eight camera crew as about half pile into the car in front and the camera and another three people get into the following car. The cars hoon around the city, as everyone looks left and right, circling the buildings and streets in search of NOAH.

After several hours, they meet up again, and looking defeated, decide to call it quits, someone rests their head on a roof of a car, distraught.

DIRECTOR (V.O.)

We were all so scared for NOAH
and felt devastated that we had
let ELI down. The police ended up
finding him, in a Gas Station
trying to drink a bottle of coke.
He was taken to hospital.

SC 28. INT. MISCELLANEOUS HOUSE - DAY

ELI opens the front door of his big, silent, empty house, walks through the rooms, looks in at NOAH's room, touches his drinking glass, his stereo, sits down on his bed. He has a stunned, cold, withdrawn look on his face.

ELI (V.O.)

I guess I just made everything
worse...

ELI goes into his Nonna's room, lights up a candle for her and one for NOAH, and prays.

SC 29. EXT. CLIFF EDGE - SUNSET

ELI sits in the front passenger side of the Director's car, head forward, silent. Nobody in the car talks. ELI holds in his lap the urn of his Nonna's ashes.

DIRECTOR (V.O.)

They let Noah out to lay to rest
his mother and to be with Eli.

NOAH is sitting subdued in the back seat of the car, mumbling silently to himself, and looking out the back window.

The car pulls to a stop at a cliff's edge, as the sun sets outside, painting the clouds in plumes of pink and red and gold.

The occupants of the car sit in silence for a while, then the Director places his left hand on ELI's shoulder and says,

DIRECTOR

Its time.

ELI looks at him, half smiles and gets out of the car. Everyone else exits too.

The camera crew stay back from ELI and NOAH as they walk silently to the cliff's edge. They stand there for a moment in silence until ELI unscrews the lid and lets the ash pour out over the sea. It winds and floats up to heaven. Then ELI and NOAH stand still for a moment, silent. ELI puts his arm around NOAH and they stand in the light of sunset for what seems an eternity.

As ELI gets back into the passenger seat, he sighs a huge exhale of breath, takes one of NOAH's cigarettes, lights it up, takes a large drag on it and with tears in his eyes, turns to the Director and camera and says,

ELI

I can't do this anymore. That's
it, cut!

CUT to BLACK

CREDITS ROLL

At the end of the credits run the footage from NOAH's camera that he was given. It shows NOAH picking up the camera, looking at it, then him walking throughout the house, until it is dropped into the toilet, so that the white of the basin is seen and then pee is doused on it, followed by the water of a toilet flush.

CUT to BLACK

APPENDIX THREE

The following document is an unabridged copy of the 1995 *Dogme95 Manifesto* by Lars von Trier and Thomas Vinterberg.

The Dogme95 Manifesto

Dogme95 . . . is a collective of film directors founded in Copenhagen in spring 1995.

Dogme95 has the expressed goal of countering ‘certain tendencies’ in the cinema today.

Dogme95 is a rescue action!

In 1960 enough was enough! The movie was dead and called for resurrection. The goal was correct but the means were not! The new wave proved to be a ripple that washed ashore and turned to muck.

Slogans of individualism and freedom created works for a while, but no changes. The wave was up for grabs, like the directors themselves. The wave was never stronger than the men behind it. The antibourgeois cinema itself became bourgeois, because the foundations upon which its theories were based was the bourgeois perception of art. The *auteur* concept was bourgeois romanticism from the very start and thereby . . . false!

To Dogme95 cinema is not individual!

Today a technological storm is raging, the result of which will be the ultimate democratization of the cinema. For the first time, anyone can make movies. But the more accessible the media becomes, the more important the avant-garde. It is no accident that the phrase ‘avant-garde’ has military connotations. Discipline is the answer . . . we must put our films into uniform, because the individual film will be decadent by definition!

Dogme95 counters the individual film by the principle of presenting an indisputable set of rules known as THE VOW OF CHASTITY.

In 1960 enough was enough! The movie has been cosmeticized to death, they said; yet since then the use of cosmetics has exploded.

The 'supreme' task of the decadent film-makers is to fool the audience. Is that what we are so proud of? Is that what the '100 years' have brought us? Illusions via which emotions can be communicated? . . . By the individual artist's free choice of trickery?

Predictability (dramaturgy) has become the golden calf around which we dance. Having the characters' inner lives justify the plot is too complicated, and not 'high art'. As never before, the superficial action and the superficial movie are receiving all the praise.

The result is barren. An illusion of pathos and an illusion of love.

To Dogme95 the movie is not illusion!

Today a technological storm is raising of which the result is the elevation of cosmetics to God. By using new technology anyone at any time can wash the last grains of truth away in the deadly embrace of sensation.

The illusions are everything the movie can hide behind.

Dogme95 counters the film of illusion by the presentation of an indisputable set of rules known as THE VOW OF CHASTITY:

'I swear to submit to the following set of rules drawn up and confirmed by Dogme95:

1. Shooting must be done on location. Props and sets must not be brought in (if a particular prop is necessary for the story, a location must be chosen where this prop is to be found).
2. The sound must never be produced apart from the images, or vice versa. (Music must not be used unless it occurs where the scene is being shot.)
3. The camera must be hand-held. Any movement or immobility attainable in the hand is permitted. (The film must not take place where the camera is standing; shooting must take place where the film takes place.)
4. The film must be in colour. Special lighting is not acceptable. (If there is too little light for exposure the scene must be cut or a single lamp be attached to the camera.)
5. Optical work and filters are forbidden.
6. The film must not contain superficial action. (Murders, weapons, etc. must not occur.)
7. Temporal and geographical alienation are forbidden. (That is to say that the film takes place here and now.)
8. Genre movies are not acceptable.
9. The film format must be Academy 35mm.

10. The director must not be credited.

Furthermore, I swear as a director to refrain from personal taste! I am no longer an artist. I swear to refrain from creating a *work*, as I regard the instant as more important than the whole. My supreme goal is to force the truth out of my characters and settings. I swear to do so by all the means available and at the cost of any good taste and any aesthetic considerations. Thus I make my VOW OF CHASTITY.'

Copenhagen, Monday, 13 March 1995

On behalf of Dogme95

Lars von Trier, Thomas Vinterberg

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