REFOCUSING ON THE GENESIS: An exploration of mental health issues and its link to acts of extreme violence.

By Marguerite Taylor

Department of Film Studies

Advisor:
Reece Luke Auguiste Ph.D, Film Studies Department

Committee Member:
Melinda Barlow Ph.D, Film Studies Department
Daniel Long, Writing and Rhetoric Department

University of Colorado at Boulder

TABLE OF CONTENTS

Abstract	2
Introduction	7
Story	12
Acting	16
Sound	17
Technique	19
Conclusion	25
Bibliography	27

ABSTRACT

I grew highly up in a conservative family in the Philippines. In my family, we never spoke of our illnesses, or our pains, or even of our sadness. It was frowned upon to show emotion or discomfort, not only by my immediate family, but also by my culture. This was because these kinds of things went against conformity. In the Philippines, conformity is a requirement in order to be like everyone else and have an admirable existence or desirable place in society. If a person speaks of anything undesirable or lacking in conformity, then they would be considered weird, strange, or crazy. This view of the person would eventually lead them to the life as an outcast. Families tell their children to stay away from these people because the children might catch whatever they have—as if to say that being different was a like disease. This is because, if a member of the family has this "disease" of non-conformity, it would spread to the rest of the family, therefore disgracing the family name and causing them all to become an outcast of society as well.

While I was growing up, this stigma against "undesirable emotions" and societal pressure made it difficult for me to share my chronic sadness with my family. They did not know that I was becoming increasingly unhappy every day. While I had food, shelter, clothing, a car, a job, loving brothers, I was still unhappy. I slowly began to lose the desire to wake up in the morning or perform my usual tasks. I did not know that this was a symptom of depression until I moved to the United States and decided to see a therapist. It was only then did I realize that I had been suffering from depression since I was eight years old. Even then, I still felt that I could not mention it to my family.

Finally, I reached a point where I had to tell my mother. As soon as my mother heard this, she asked me, "Why would you have that? What reason could you possibly have to be depressed? You have everything. That doesn't sound right. There is nothing wrong with you. What have you to worry about? Unlike me, who has many difficulties in life." Then there was a long, awkward silence between us with intermittent "there's nothing wrong with you." She said this as though she were embarrassed and wanted to correct something she could not believe to be true.

A few years later, my mother finally admitted to me that she had anxiety problems, was depressed, and that she finally could see that my brothers were slowly suffering from it, too. It was the first time she could really see what was happening to her and those of us around her.

Unfortunately, there is still a large taboo against people associated with mental health problems, especially in the Filipino culture. The worst part is that this taboo has expanded into the realm of stigma, which affects not only the person with mental health problems, but also those around with them. I could never tell my friends in the Philippines that I see a therapist in the U.S., or that I suffer from depression and anxiety problems. I cannot explain to them that our culture has had a negative impact on my identity and how I perceive the world. This is why I moved to the United States. I knew that my unhappiness was caused by my environment and I was right. Two and half years of undergoing monthly therapy has drastically changed the way I feel about my life. I realize that if my family was more open to talking about feelings and emotions, I would have been able to avoid some of the repercussions that have affected my mental and emotional stability.

I believe that this stigma against mental health issues and those who have them is connected to the increase in violent crimes, at least in cases where the perpetrators have a back-

ground of mental health issues. Upon closer inspection, these crimes bring to light the lack of empathy and open discussion that I believe is necessary to preventing violent crimes by those associated with mental health issues.

It is because of my own experience with mental illness that I wanted to make a film that focuses on these issues of stigma, how the stigma affects people with mental health issues, and how it affects their behavior towards society (i.e. crimes caused by mental illness, isolation, and resentment towards society or humanity). I will base the film on the experiences with the stigma surrounding mental illness that I have faced within my own culture, how stigma is perceived by others, my experiences with stigma in the United States, the experiences of others who suffer from the stigma, and extensive research I have done on this topic.

Although the topic of stigmas may seem overdone, I believe that it is still a topic that needs to be publicly faced and talked about. There needs to be more understanding and openness between people from all walks of life. The recent increase in crimes caused by those who have a background in mental illness has become increasingly disturbing for many reasons. Both the Andrea Yates case in 2001 where she drowned her five children and the Aurora, Colorado theater shooting in 2012 revealed that the perpetrators of these acts had a background of untreated or poorly treated mental illness.

Andrea Yates had long suffered from postpartum depression and postpartum psychosis, but did not continue her appropriate treatment. According to Katherine Ramsland, an associate professor for Forensic Psychology, "Unlike in Britain, where the mental health system watches new mothers for months after they give birth for signs of depression and mood swings, America has a difficult time understanding how a woman's hormonal shifts after giving birth can actually

cause violent hallucinations and disturbed thoughts. Women who suffer from these issues can become incoherent, paranoid, irrational, and delusional. They may become at risk of committing suicide or harming their child—particularly 'for the child's own good'".

She continues to state that, "The women affected are not always able to recognize the condition as an illness, so the countries that have programs designed to help generally advise immediate hospitalization, but the ones that don't do not have the care necessary to help. There is little compassion to be found for the 10 to 20 percent of mothers who really do suffer." When Andrea Yates appeared in court, neither the jury, the judge, nor the audience understood what postpartum depression and postpartum psychosis were and also questioned the legitimacy of this illness. What is curious about the Andrea Yates case is that the neighbors and friends of the perpetrators had noticed the oddity of their behavior prior to their committing the crime and yet did not approach them.

Today's culture is becoming more infatuated in the idea that "it is not my problem so I should mind my own business." People have become more disconnected from each other, and that has led them to ignore someone who might need their help. It is important to point out that people also turn a blind eye to their neighbors who they stigmatize as "weird" or do not associate themselves with. And I believe that this is at the heart of many violent crimes that have been happening in recent years. This continuous stigma and lack of understanding needs to be brought to light and it needs to be discussed. As a film major who has watched and studied many films, I have seen few films or works of art that focus on the causes of psychological trauma rather than the effects.

Most films, if any, only shed a small light into the mentally ill character's backstory. Films like the Saw series, Texas Chainsaw Massacre, Hostel, and many other similar films, are more focused on the psychological results because this is where the film's plot begins. In these films, we see bloodshed after bloodshed and yet both audiences and the characters within the film are not curious as to why these "mass" murderers act this way. This is where the gore genre comes from. Audiences do not seem interested in the exploration of the reasons why a mentally ill character is on a murderous rampage, but instead are merely fascinated by the sheer violence. So, I have decided to focus my film on the causes of such actions.

My film will be a narrative that will explore this perspective of the causes of psychological problems, rather than the effect. I want to show how these psychological issues lead to acts of extreme violence by focusing on the lack of understanding, acceptance, and empathy toward people with mental health issues and those around them. The film will revolve around a 40-year-old suburban mother of three children with a husband who works full time. The first few minutes of the film will show the mother taking care of her children by cooking, cleaning, buying groceries, dropping her kids off at school, heading events at school, and having tea with neighbor-hood mothers. While this is all happening, her demeanor will change, showing the effects of her depression as she pretends to be okay in front of her family and friends. The film will then progress to the mother talking to her husband about what she has been feeling, but he ignores her. She tries to tell her friends, but she is afraid to because of a prior incident regarding an unstable mother who lived across the street. The film continues with the mother spending moments playing and taking care of her children, interrupted by bursts of violent hallucinations. The film will end with the mother killing all three children, but this will be not be shown visually in great

detail as to not veer away from the focus of the film, which is to illustrate the stigma and the result of a person experiencing these issues without receiving proper treatment.

INTRODUCTION

"Please, please, please help me," he whimpers.

Imaginary voices bark at him. "Go away," he tells them. "Go away! Go away!"

He screams for his mother: "They're making me have these bad thoughts."

When the voices come, they tell Daniel to kill his brother, his mother and himself. Sometimes he turns the TV on full blast to drown out their commands. Or sprinkles holy water around his bed."

— Wayne Drash (My Son Is Mentally Ill' So Listen Up, 2013)

Personally, I do not know what it feels like to want to cause harm to myself or to others. I have never had thoughts of killing or hurting those around me, but I have had dark thoughts—thoughts of not wanting to wake, not wanting to breathe, not wanting to enjoy life. No one else knew about my thoughts. This was not for a lack of trying but rather for the lack of opportunity to speak in a culture that does not believe mental health problems are actually a thing. A doctor in my hometown once said, "There are no therapists in Cebu. Only psychiatrists. And psychiatrists here will only treat you for serious pathological mental problems such as schizophrenia. No one believes in therapy because they think we don't need it". One might think that this is an isolated problem that only takes place in third world countries, but the truth is that the entire world risks its people by digging deeper into an existing hole of denial. This denial and stigma steers us

from discovering the underlying truth behind the increase of violent and disturbing crimes committed in the past decade and preventing them.

Upon closer examination, each of the recent violent crimes have similarities, but one similarity is surprisingly noteworthy. In the Andrea Yates case of 2001, Andrea drowned her 5 children and was apparently suffering from postpartum psychosis (Ramsland, 3). In the Naomi Gaines case of 2003, Naomi took her fourteen-month-old twins, Supreme Knowledge Allah and Sincere Understanding Allah, to the Mississippi River near St. Paul and dropped them both from a bridge 75 feet over the water. She also was suffering from postpartum depression and mania (Ramsland, 12). In the most recent case of Ebony Wilkerson, she drove her pregnant-self and her 3 children into the ocean in Daytona Beach, Florida. Police stated that prior to the accident, Ms Wilkerson said that there were demons talking to her (Slifer). This could be a sign of a lingering mental illness. In the span of time that these cases have happened, there have been no national outcry or discussion about the mental state of these criminals or how these violent actions could have been prevented. According to Wayne Drash,

"The only time mental illness dominates the national conversation is when something goes tragically wrong. But the dialogue doesn't last. It gets buried under arguments about gun control, video game violence and unheeded signs of trouble -- until there's yet another mass shooting."

This lack of understanding and national conversation is also reinforced by the gap between the concepts of mental illnesses and legal insanity issues in the United States (Ramsland, 12). In the court of law, as long as the perpetrator is aware of his actions, as well as the moral

implications of his actions, he is therefore charged as a sane individual. During the Andrea Yates trial, Ramsland states that "the legal issue hinged on only her mental state at the time of the offense". Therefore, the court of law assumes that awareness indicates that the perpetrator had the ability to choose before committing the crime (Ramsland, 12). This judicial standard of dealing with insanity court issues is more than a 100 years old, and yet we continue to use it as a way to determine punishment without understanding the human consciousness. This is because of the lack of acknowledgment of the existence of mental health. Society needs to see a physical manifestation of the disease as proof of its existence. Why treat and understand what you can't see? It might as well not exist. Yet, mental health problems do exist. Medical science has proven their existence time and time again. According to National Alliance on Mental Illness, One in four adults-approximately 61.5 million Americans-experiences mental illness in a given year; one in 17-about 13.6 million-live with a serious mental illness such as schizophrenia, major depression or bipolar disorder; approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13 percent; approximately 20 percent of state prisoners and 21 percent of local jail prisoners have "a recent history" of a mental health condition; seventy percent of youth in juvenile justice systems have at least one mental health condition and at least 20 percent live with a severe mental illness; approximately 60 percent of adults, and almost one-half of youth ages 8 to 15 with a mental illness received no mental health services in the previous year; one-half of all chronic mental illness begins by the age of 14; three-quarters by age 24. Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44. With these large numbers, it is

surprising to see that society continues to ignore the existence of mental health problems and instead turns any acknowledgment or understanding of the illness into stigma and taboo.

The term stigma has various definitions. According to the compilations of definitions by Bruce G. Link and Jo C. Phelan, stigma "is a characteristic of persons that is contrary to a norm of a social unit" where a "norm" is defined as a "shared belief that a person ought to behave in a certain way at a certain time...An especially influential definition is that stigma can be seen as a relationship between an "attribute and a stereotype" to produce a definition of stigma as a "mark" (attribute) that links a person to undesirable characteristics (stereotype)". By definition alone, a stigma is a mark that is highly undesirable as it affects those who are stigmatized and even those who are associated with them, called courtesy stigma. This type of stigma stems from the prejudice and discrimination that is extended to those who are associated to a person who has the stigmatized mark (Corrigan, and Miller). It can start a cycle of discrimination in all aspects of normal life, such as decreased self-confidence and self-esteem in everyday interactions, and a high probability of relapse due to stress and negative attitudes (Sartorius). With such a negative effect on people, it is a wonder why the stigma continues to exist especially in the world of mental health.

People with mental illnesses undergo tremendous stress trying to come to terms with their own issues and the stress of external factors caused by discrimination and prejudice. Some of these external factors can be observed in places where children should be safe to learn, grow and be themselves like the halls of educational institutions. Stephanie Escamilla, the mother of a bipolar son, shared that her son "was beaten by an acquaintance while a friend shot a video that was later posted on YouTube. It showed Daniel [her son] getting punched in the face, then falling

to the ground and being kicked" (Drash). This kind of action against people living with a mental illness only leads to more problems later on.

According to a professor of Sociology and Criminology at Northeastern University in Boston regarding killers and the causes of their actions, "Often, the killer has experienced chronic strain, depression or frustration over a long period...In school, they were usually bullied, harassed and ignored" (Landau). This same experience can be related to mothers who commit fratricide. In the case of Andrea Yates, her postpartum depression had developed into postpartum psychosis which then caused her to drown her children. She believed that she had to be punished for being a bad mother (Ramsland).

The staggering evidence that these kinds of acts are enacted by those who have prior history of mental health disorders is too palpable to ignore. Clearly, there exists a link between mental health disorders and extreme acts of violence. Instead, people continue to focus on the symptom rather than the actual cause of a violent event. Ken Duckworth, the medical director for the Alliance for Mental Illness once said, "It is much easier to get a gun than it is to get a psychiatrist. I think that's a fundamental problem—the attitudes and the access really have to be thought about more carefully." But why would anyone want to come forward to ask help when there is a stigma that continues to exist? Stigma creates a wall between people with mental illness and medical help. The stigma around individuals like those mentioned above create a reluctance in the national discussion of how to stop these murders, which then leads to a reluctance to invest in mental health care programs and professionals. The president could not have said it any clearer when he noted that "There should be no shame in discussing or seeking help for treatable illnesses that affect too many people that we love. We've got to get rid of that stigma. Too many Ameri-

cans who struggle with mental illness are suffering in silence rather than seeking help" (Drash). I want to show that in my film—that this is a serious issue and that the violent acts enacted could have been prevented had their not been a stigma surrounding what was happening to the mother.

And this is my film...

STORY

"narratives of the world are numberless and exist in a prodigious variety of genres, themselves distributed amongst different substances – as though any material were fit to receive man's stories" – Roland Barthes (Introduction to the Structuralist Analysis of Narratives, 1966)

The story of my film is loosely based off of the Andrea Yates case of 2001. Andrea Yates was a mother of five who had been suffering from postpartum depression since the birth of her first child. Shortly after that child was born, she began to hear voices in her head and see violent visions. Although she was showing signs of depression, Mrs. Yates refused to accept it because her and her husband had biblically inspired notions of family life and motherhood. The church that she and her husband ascribed to believed that the mother is solely responsible for the life path her children chose. If the children chose the path of Satan, it would be her fault, and so Mrs. Yates chose to act as though nothing was wrong. Because of her beliefs, Yates made the decision to have another child and discontinue her medication against her doctor's wishes. Her husband was aware of her worsening condition and had her see multiple psychologists non-stop. He was told by one of the doctors to never leave Andrea alone by herself, and his choice to do so anyway became the biggest mistake of his life (Ramsland, 5).

Andrea made the turn for the worst. She was left alone at home one morning with her children and she carried out a plan to drown all five children. When the police and her husband arrived, she explained to them that she did it because she was convinced that she was a bad mother and that she needed to be punished (Ramsland, 1).

I chose the story of Andrea Yates and her children because I believe it best illustrates the issue of stigmas against those with mental health issues and the effects incurred. By selecting certain elements in her story and adding new elements from my own creation, I was able to piece together a narrative that focuses primarily on the building issue of depression and the stigma that forms around it.

My film, *The Vanished Tear*, is a narrative that follows the aristotelian 3 act structure, which was chosen because of the nature of the story. I wanted the focus and message of the story to be clear, revolving around the process of the issue at hand. Documentaries tend to be too structured, too formal and dialogue driven. An art film would have opened itself to multiple interpretations and would risk falling into the cracks of misinterpretation and loss of message. I believe that a narrative structure can be a strong force in sharing ideas and raising awareness on certain issues while providing an entertaining story. According to David Bordwell, "narrative form motivates cinematic representation. Specifically, cause and effect logic and narrative parallelism generate a narrative which projects its action through psychologically defined, goal oriented characters" (Corrigan, 560). The film uses the structure of cause and effect to present the detrimental effects of stigma against the mother. By focusing on the main character (the mother) and her mental deterioration, the narrative allows itself to present an idea of consequence due to a set of circumstances that drives the main character's direction. I also wanted to limit any opportunity

for individual interpretation of a possible plot redirection. Its outcome could only suggest the negative conclusion set upon by the cause and effect logic.

Following the three chapter format: The first chapter focuses on introducing the mother and her illness. The opening sequence is the most important part of this chapter. It is filled with multiple symbolism and meanings that foreshadows the ending and foretells the mental health history of the main character, the mother, Lisa.

Instead of using classical flashbacks or voice-over narration, the story compresses time in a single line and a single action in this opening sequence. This technique is exalted by Hugo Munsterberg when he stated that "It is as if the laws of nature were overwhelmed and, through this liberation from space, a freedom gained which gives new wings to the artistic imagination" (Corrigan, 13). When the mother reaches out to touch her son, she reaches out to him in a way as if she is about to strangle him. The son plays a vital role in this scene, as he is the one who narrates her life history by simply saying "Mom, you said things will always get better". This line alone, suggests that she, and her family, have been going through something serious for quite some time, although we do not know what it is.

After the opening sequence, the film advances to the introduction of the rest of the family. The audience is introduced to the loving, yet busy and distracted husband whose action foreshadow his role as a factor to Lisa's final decision. This breakfast scene is to show Lisa's state of denial, like Andrea Yates and many others who suffer from mental health issues go through a state of denial (Ramsland, 2). The rest of the chapters slowly introduces the mother's deterioration by actions of hysteria, forgetfulness, expressionless, and psychosis. Each of her actions were chosen to present a compressed version of her deterioration over the span of her life since the

beginning of her illness. The end of this chapter illustrates her mental state by showing her experiencing a rush of violent thoughts, which upon closer inspection is of her drowning her children. Once again, this foreshadows her final decision. In this scene, her illness has developed into psychosis. This chapter presents real life process of mental deterioration. By compressing this, I was able to show that what happens in 5 minutes, happens over a span of many years in real life.

The second chapter focuses on her deterioration and the shame caused by the stigma of her illness. This is shown through a discouraging discussion Lisa has with her friends. The push factor of the discouraging discussion with friends was inspired by multiple similar experiences that I have encountered. Because of the stigma still surrounding mental illness, I could not discuss my problems with family members and friends back home. According to Norman Sartorius, "stigma makes community and health decision-makers see people with mental illness with low regard". It reinforces discrimination and discourages people to seek help. The other push factor was inspired by a similar attitude Rusty Yates had toward his wife in the beginning of her illness. The representation of Lisa's deterioration was also inspired by the days counting to Andrea Yates final plan. Her mind was not present and she was unaware of her own actions (as seen in the scene of Lisa breaking the plate). In this chapter, the film presents the stigma that still exists to-day.

The last chapter of the film is the climax. It is the shortest and the most erratically edited chapter. The purpose of this was not to glorify the violence like most action films do. Humans are a naturally violent species but because of our civilized development, society has restricted our ability to act upon our violent nature. Current cinema has become that outlet. It is an escape to an imaginary world, where we can pretend for one moment that we are free of restrictions. It's

almost as if it is a fetish. According to Christian Metz, "The law is what permits desire: the cinematic equipment is the instance thanks to which the imaginary turns into the symbolic, thanks to which the lost object (the absence of what is filmed) becomes the law and the principle of a specific and instated signifier, which it is legitimate to desire" (Corrigan, 31). Cinema nor the spectators are neither curious about the reason behind a violent character's actions. Instead they revel in the violence and enjoy the senselessness. The last chapter of my film was designed to veer away from this and focus on the causes and simply shows the effects without the need of excess details.

ACTING

Acting may be an infinitesimal topic to discuss in this thesis but I believe it is important. This is because the acting is the most crucial part of my film. The nature of the story requires a type of acting that can only come from a place of relatable personal experiences or professional acting. One of the most challenging aspects of directing is directing actors, yet acting is one of the most vital components of film. Without the actors, there would be no film and no story. But telling actors how to act is more difficult than figuring out the next shot. In my opinion, it helps if I have personally experienced the situation because I can better describe how the actors should perform.

In my film, *The Vanished Tear*, I used my own personal experiences to direct my actors. During the scenes where the main character was experiencing episodes of depression, I was able to provide a detailed description of what it was like to be depressed. Not only did this strengthen communication between me and my actor, but it gave the film more authenticity. The main character was experiencing episodes of depression, I was able

acter's dazed, unfazed, and expressionless looks were inspired by moments I had experienced in my own depression.

When I was 15 years old, I used to sit on my terrace and stare at the city for hours. I could not hear or feel anything. I had no thoughts. I just stared into nothing and even my eyes could not register what I was seeing. It was as if I was seeing nothing but black. This was the example I used to help my actor channel the same blank expressions and feelings of hopelessness and being lost. The scene where Lisa is lying in bed staring at nothing was based on a similar experience of mine when I was 21. This allowed me to efficiently describe to my actor how she should perform in that scene. I told her that I spent days lying in bed and staring at nothing because I did not have the will to get up and live my life. I realized that my own experiences were just as valuable as my ability to direct a scene because it also helped shape my shot compositions. Although some scenes were beyond the scope of my own experiences, having the basic knowledge gave me an advantage. I simply had to imagine my own experiences multiplied ten times. Then I was able to extrapolate from this and describe what I wanted the actor to feel and do during the scene. The actor and the scenes channeled what I had felt once upon a time.

SOUND

A well-known sound designer visited my sound design class and lectured about the world of sound design. In his lecture, he spoke about the cardinal rule of sound in film: good sound is never noticed by the audience. This means, as a sound designer, you never want your audience to notice the sound mixing. This is because bad sound mixing can pull the audience out of the movie experience. This isn't to say that the audience is not allowed to note when a film has a

good soundtrack. More often than not, when audiences are fully immersed in a film, they never step back to notice the sound. This is the beauty and the purpose of sound.

In my film, I employ sound through diegetic and non-diegetic techniques. The diegetic sounds in my film are rather common in themselves. It is composed of all the dialogue and sounds that are accompanied by an action seen on the screen. This helps explain and present the world of the story as a world that the audience can relate to because of its similarities to reality. Audiences can understand the sound of the ticking of a clock because it is similar to the sound of a real clock. The diegetic sound sets the world of the film and helps audiences understand what kind of world it occupies.

The non-diegetic sound is noteworthy in my film. Non-diegetic sound comprises of soundtracks and sounds that are not heard within the world of the story. The problem that arises with non-diegetic sound is that it runs the risk of being overused or underused. According to Rene Clair, "We must draw a distinction here between those sound effects which are amusing only by virtue of their novelty (which soon wears off), and those that help one to understand the action, and which excite emotions which could not have been roused by the sight of the pictures alone" (Weis, and Belton 92). It was important that my film used non-diegetic sound (i.e. sound effects, soundtrack) tastefully because if I overused it, the sound could potentially become boring. In order to achieve this, I meticulously selected specific soundtracks exclusively for the purpose of building tension. These soundtracks were used during the violent scenes of the film, which are the end of the living room sequence, the face scratching hallucination sequence, and the climax. Because these sequences only take up a small portion of the film, I could use these soundtracks to build tension. Each soundtrack was different and was chosen according to the de-

gree of tension in each sequence. Therefore, the soundtrack for the climax had to be a lot grander and more disturbing than the hallucination sequence.

Another non-diegetic technique that I used was a special effect during Lisa's violent thoughts of murdering her children. This sequence was extremely fast paced for the purpose of presenting a rush of violent thoughts. Another purpose for this sequence was to foreshadow her final decision while trying to prevent the full reveal. The sound effect that was used for this sequence was static noise. In addition, we added multiple filters so as to create the creepy scratching effect. Because this is the only sequence with this effect, it neither became overused or boring. It was inserted at the right place and at the right time. Rene Clair exemplifies this technique by explaining that "It is the alternate, not the simultaneous, use of the visual subject and of the sound produced by it that creates the best effects" (Weis, and Belton 94).

TECHNIQUE

The Russian film director Andrei Tarkovsky explains, "I have felt to such a degree that the film itself was capable of being the expression of psychological states of the author" (Guibert).

Although the purpose of this film is to show the negative effects of stigma, it is not merely a random topic for which I have randomly chosen. My own experiences have greatly inspired me to make this film. During the months of research for this film, I have come to realize that I am not alone in this endeavor. Many directors write and make films loosely based off of their own lives. Some of these experiences can be expressed through film exactly as it happened while some of it are merely artistic symbolisms and representations of the actual event. In an interview,

Tarkovsky explains "The film clips which I am showing represent what is closest to my heart.

They are examples of a form of thought and how this thought is expressed through film" (Mitchell).

I was once unaware that each technique had a purpose and meaning in advancing the narrative. I thought that the narrative had a purpose and everything else is simply a tool to illustrate it. I was always under the illusion that a shot was simply constructed because it looked aesthetically pleasing. While this may be true to a certain degree, shot composition matters in conveying an idea, expression or message. The more I developed my craft, the more I realized that every single element in the mis-en-scene existed for a purpose. Each lighting set-up was another language in itself. The position of props helped describe the narrative. Each element added something that acting could not do on its own. As Maya Deren states,

The motion picture medium has an extraordinary range of expression. It has in common with the plastic arts the fact that it is visual composition projected on a two-dimensional surface; with dance, that it can deal in the arrangement of movement; with theater, that it can create a dramatic intensity of events; with music, that it can compose in the rhythms and phrases of time and can be attended by song and instrument; with poetry it can juxtapose images; with literature generally, that it can encompass in its sound track the abstractions available only to language (Corrigan, 144).

The Vanished Tear was filmed using elements and techniques which create layers and layers of meaning and symbolism. Camera movements were planned to illustrate a specific mood and tone. In the end, each shot, lighting set-up, costume choice, prop arrangement, color scheme, location, and editing technique had a purpose. Let me begin with the camera techniques and specifications. The camera used to film *The Vanished Tear* was a SONY FS700. I chose this for

its ability to film high quality images, but also for its high quality slow motion. Slow motion shots in this film were used to heighten dramatic moments and critically express the concerns of the notions of time. While slow-motion is a good effect it can also run the risk of being overused. This was at the top of our concerns. To overcome this, it was crucial that we only used slow-motion shots that were appropriate for the scene and had a coherent meaning that advanced the narrative. The plate breaking scene was used to establish the tip of Lisa's insanity when she finally snapped. The ending sequence included a couple of slow-motion shots that were used to heighten the emotional and dramatic moments of the mother's murderous rampage. As Hugo Munsterberg once stated, "And from here it was only a step to the performance of actions which could not be carried out in nature at all" (Corrigan 13). It was also used to indicate that during moments of pure fear, time becomes non-existent. Time does not move at a normal speed neither does it move fast nor slow in the film. This is true for both the bodily world as well as the mental state of the mother. In the world of cinema, the effects do not only describe the state of the physical world but also can dictate the mental state of any character or the story itself (Corrigan, 16).

Another camera technique that is significant to my storytelling process was the use of handheld camera. For this film, handheld camera was used to express a state of mind of the main character by imitating the emotions and the mental state of the main character. This helped exemplify the seriousness of the message. I wanted the camera to be a part of the world of the main character.

The camera should be more than just a tool. It should be alive for which it can feel, react and interact with the world of the story. According to Munsterberg, "The inner mind which the camera exhibits must lie in those actions of the camera itself by which space and time are over-

come and the attention, memory, imagination and emotion are impressed on the bodily world" Corrigan, 16). But it is important to not mistake the camera's existence as its own person. The camera is not a character in this film.

With the handheld camera technique, the film incorporated crucial dutch angle shots. The dutch angle shot of Lisa listening to the answering machine was used to indicate that she was beginning to slip in and out of reality, not able to grasp what was happening in front of her. While the answering machine is playing, she does not seem to be emotionally and physically present. Without having to describe this scene with a narrator, the use of a dutch angle helped exemplify the loss of control. The awkwardness of the camera angle signifies the awkwardness of the scene and the main character's feelings. Elsaesser explains emotion through melodrama by stating that "there is a certain refinement in the melodrama—it becomes part of the composition of the frame, more subliminally and unobtrusively transmitted to the spectator" (Corrigan, 505). I agree with this. The drama is transferred into the shot composition. Emotion goes beyond simple acting. It becomes the identity of the camera and the elements of the mis-en-scene. By thinking in this manner, we open new means of expressing feelings and sentiments (Corrigan, 15).

Close-ups were another way I tried to emphasize this expression of emotion. In my film, close-ups magnify her depressive state. As she spirals into psychosis, she experiences episodes of staring into nothingness. By using the close-up, the camera is able to delve deeper into what it truly means to feel dazed and lost. According to Balazs, "the close-up has not only widened our vision of life, it has also deepened it" (Corrigan, 129). The close-up brings the audience closer to the truth of the emotion, and then the audience is drawn to focus on one single event that is crucial, in the hopes that they may be able to identify and feel what she feels. The character does not

need to tell the audience what he or she feels because it is, through the close-up the audience sees what the character sees and feels the gravity of the moment (Corrigan, 127). Munsterberg summarizes this quite well by stating that "...in the close-up, the camera can do what in our mind our attention is doing; the camera goes nearer to the object and thus concentrates everything at one point" (Corrigan, 15).

To move away from the world of shot compositions and mis-en-scene, the world of postproduction also offers an array of tools to enhance the emotion and convey the ideas of the story. Color grading and correction is one of these. Paying attention to color is very important. As humans, we have learned to associate certain colors to certain emotions. Bright colors are usually associated with joy and happiness while dark colors are associated with sadness and negativity. A film would not make sense if the topic was about murder and all the colors were bright and joyous. Color is a vital aspect in my film. The nature of the story is dark, suspenseful and depressing. Because of this, the color schemes were adjusted to fit the mood. The colors in most of the scenes were de-saturated and the contrast ratio was raised. This causes an effect of darkness, brooding, and suffering, which is in line with the narrative. The only scene that does not have a similar color scheme is the breakfast scene. In this scene, the color is saturated to indicate a normal joyous morning. It is in line with the story because this scene indicates Lisa's denial of her depression as she tries to act happy and unaffected by her mental illness. However, the next scene breaks this color scheme and moves back to the dark colors to even further reinforce her denial because in the next scene we see her showing signs of her depression. As the film progresses, the colors become darker, less saturated and the contracts ratio is very high that the film loses the treys. This decision, not only fits the mood, but it also advances the narrative. The colors change drastically as her health deteriorates and she is one step closer to her final mental break.

While camera movements and color are important in expressing ideas and emotions, the power of montage editing is the epitome of the communication of a film's ideas. It is one of the most vital aspects in the filmmaking process. Without it there would be no rhythm, there would be no advancement in the story, there would be no sense nor purpose and there would be no coherence. According to the famous Sergei Eisenstein, "in my view montage is not an idea composed of successive shots stuck together but an idea that DERIVES from the collision between two shots that are independent of one another (the "dramatic principle)" (Corrigan, 266). Gone were the days where the next shot was simply a continuation of the last shot.

Eisenstein's ideas of montage editing help emphasize the emotion and the direction of the story. This can be observed in the climax of the film. Because the film's narrative does not revolve around the violent crime that the mother commits, the actions leading up to the use of quick and discontinuous cuts helps eliminate any glorification of the violence while suggesting that there is a violent act being committed. Multiple shots were set up against each other to suggest an abstract form (Corrigan, 267). This technique of montage editing does not merely suggest an idea, but also intensifies the idea it suggests. This is because of the movements in the shot. The intercut shots between the children running from their mother intensifies the gravity of the situation that something atrocious is about to happen, building the tension to the final scene of the mother murdering her children.

CONCLUSION

Every part of my film was meticulously planned to visually depict the causes and effects of stigma by putting together research from news articles, psychology journals, words from psychiatrists, and an interview from living witness of mental illness: myself. Although the film is fictitious, the research that went behind this were all true life stories. The story in my film may not have happened word for word as it was depicted in the articles, but by piecing these stories together with my own experience, it opens some fascinating insight into the world of mental health and the stigma associated with it.

The Vanished Tear proves that stigma exists and that it can kill. Stigma kills the human spirit, confidence, love, understanding, acceptance and joy. It discriminates. And nothing good comes out of this. By using specific techniques and theories from renowned film directors and theorists, I was able to create a film of emotion, depth and truth. I presented possible ways that stigma can affect an individual and how that stigma can lead to more serious consequences. Although not every mentally ill person is bound to commit a heinous crime, we cannot ignore the growing number of atrocities committed by people who need serious help. From Eisenstein's model of montage to David Bordwell's concept of narrative structure, my film became a medium for my message. Each technique helped shape my ideas and coherently express them through creativity.

My film tries to tell a story based on truths with the possibility of some form of entertainment. The film has quick cuts, suspenseful music, tension building rhythm, dialogue and violence—all which modern day society finds quite entertaining. By taking advantage of a model that is extremely successful in brainwashing the masses, directors such as myself, could successfully create films that have moral and humanitarian lessons while using the entertainment value to attract the masses. This model of popular entertainment is commonly used by films, like *Texas Chainsaw Massacre*, that are not remotely interested in investigating the reasons behind a murderers decision to kill. Instead, *Texas Chainsaw Massacre* glorifies violence by focusing on the bloody and gory acts performed by the killer. Films like this consist of repetitive techniques of tension and methods of killing. My film veers away from this glorification because it focuses on the domino effect that motivates a murderer to kill. The violent scenes are all but a couple of minutes, and exist only to give the audience a glimpse of what the effects of mentally disturbed individuals might be.

Social issues and messages are worth talking about. But issues like mental health become buried under public discussion of guns and video games solely because of stigma. Although there have been films that have stories about mentally ill characters, such as the film *Fatal Attractions*, the difference with my film is that I try to gain sympathy rather than disdain. After the release of the film *Fatal Attractions*, some critics discussed about one of the film's purpose, which was to attack certain types of women who suffer from mental illness — as if to suggest that a type of woman attracts mental illness. My film tries to gather sympathy for the stereotyped role of a woman. By using a suburban mother as the primary role of the main character, I am able to suggest that even a 'proper woman' experiences mental illness and that there is not a single woman, no matter what role she possesses in society, who is excused from experiencing mental illness is beyond a woman's control, and that there is no specific circumstance that prevents her from experiencing mental illness.

As the former First Lady Rosalynn Carter said at her 29th annual symposium on mental health policy, "We have to get the word out that mental illnesses can be diagnosed and treated, and almost everyone suffering from mental illness can live meaningful lives in their communities" (Drash).

BIBLIOGRAPHY

- Barthes, Roland. "Introduction to the Structuralist Analysis of Narratives." Image Music- Text. Ed. and trans. Stephen Heath. New York: Hill and Wang, 1977. 79-124.
- Corrigan, Timothy, Patricia White, and Meta Mazaj. Critical Visions in Film Theory. Boston: Bedford/St. Martin's, 2011. Print.
- Corrigan, Patrick, and Fredrick Miller. "Shame, blame, and contamination: A review of the impact of mental illness stigma on family members." Journal of Mental Health. (2004): n. page. Web. 31 Mar. 2014.
- Drash, Wayne. "My Son is Mentally Ill So Listen Up." CNN 2013, n. pag. Web. 2 Apr. 2014.
- Guibert, Herve. "Nostalgia's Black Tone." Le Monde. (1983): n. page. Print.
- Landau, Elizabeth. "Rejection, bullying are risk factors among shooters." CNN 19 12 2012, n. pag. Web. 2 Apr. 2014.
- Link, Bruce C. and Jo C. Phelan. "Conceptualizing Stigma." Annual Review of Sociology, Vol. 27, (2001), pp. 363-385
- Mitchell, Tony. "Tarkovsky in Italy." Sight and Sound. (1982): n. page. Print.
- Ramsland, Katherine. "Women Who Kill." Crime Library: Criminal Minds and Methods. n. page. Web. 2 Apr. 2014.
- Satorius, Norman. "Stigma and Mental Health." Lancet. 370. (2007): n. page. Web. 7 Apr. 2014.
- Slifer, Stephanie. "Atty: "Minivan Mom" hospitalized after punching herself." CBS News [Florida] 18 03 2014, n. pag. Web. 2 Apr. 2014.

Weis, Elizabeth, and John Belton. Theory and Practice Film Sound. New York: Columbia University Press, 1985. Print.