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Mental Illness in Experimental Film

Portraying Bipolar Disorder Using Cinematography,
Motifs and Mise-en-scène

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Abstract

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The goal of this thesis was to determine whether motifs, cinematography and mise-en-scène are effective tools in portraying bipolar disorder. This thesis consists of *Euphoric Self-Destruction*, a short experimental documentary written and directed by the author, as well as written reflection on the film's production process and the use of the aforementioned film elements. In addition to these it also provides clinical information about bipolar disorder and its treatment.

Clinical information about bipolar disorder was collected from medical resources while subjective experiences were gathered through an anonymous survey. Research about motifs, cinematography and mise-en-scène was conducted using published literature and e-books.

Motifs in a film can be anything from an object to a color that contributes to the overall film and one of the film's objectives was to discover whether bipolar disorder in itself already has its own repeating elements. Aspects of cinematography touched on are mobile framing and aspect ratio while mise-en-scène is analyzed in one specific shot from the film.

Keywords: mental illness, bipolar disorder, experimental film, documentary, motif, cinematography, mise-en-scène, short film

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Opinnäytetyön tavoite oli selvittää ovatko motiivit, elokuvaus ja näyttämöllepano tehokkaita keinoja kuvailla kaksisuuntaista mielialahäiriötä. Työ sisältää teososan, tekijän ohjaaman kokeellisen dokumenttielokuvan *Euphoric Self-Destruction*, kirjallisen reflektoinnin elokuvan tuotantoprosessista, aiemmin mainittujen elementtien käytöstä sekä kaksisuuntaisen mielialahäiriön sairaudenkuvan ja sen hoitosuosituksen.

Tietoa sairaudesta oli koottu lääketieteellisistä lähteistä. Omakohtaisia kokemuksia sairaudesta oli kerätty anonyymikyselyn avulla. Etsittäessä tietoa motiiveista, elokuvauksesta ja näyttämöllepanosta käytettiin painettua kirjallisuutta sekä e-kirjoja.

Motiivi elokuvassa voi olla mikä tahansa asia objektista väriin joka tuo lisäarvoa elokuvaan. Yksi elokuvan tavoitteista oli selvittää pitääkö sairaus itsessään sisällään jo joitain toistuvia elementtejä. Työssä käsitellään lyhyesti käsivarakuvausta ja kuvasuhdetta sekä tutkitaan yhtä kuvaa elokuvasta näyttämöllepanon näkökulmasta.

Avainsanat: mielenterveys, kaksisuuntainen mielialahäiriö, kokeellinen elokuva, dokumenttielokuva, motiivi, elokuvaus, näyttämöllepano, lyhytelokuva

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1 Introduction

What does it feel like to live with a mental disorder that makes you question your ability to live a relatively normal life? What does it feel like to lose conscious control of your actions and rational decision-making? What does it feel like being so miserable that you are unable to shower or eat? In this thesis, I will examine the wide range of emotions and different states of mind that are typical for a person living with bipolar disorder through the production of an experimental documentary.

This disorder holds high significance to me as a loved one close to me has it and I have seen some of the harm it can do to a person's overall wellbeing and quality of life. Through conversations with this person, it became apparent that this disorder is one that is often misrepresented, stigmatized and even used as an insult or in jest. In this day and age when open discussion about mental health is on the rise and not as taboo, it is especially important for there to be proper representation for people living with any mental health disorder, whether it be bipolar, schizophrenia or dissociative identity disorder. This is why I decided to make the film *Euphoric Self-Destruction*.

Euphoric Self-Destruction is an experimental documentary film portraying a young adult's life as it is flipped upside down by a diagnosis of bipolar disorder, a disorder that 45 million people live with. The film explores the emotions, experiences and struggles of living with this complicated, lifelong illness by balancing compelling audio and metaphoric imagery with information and realism.

The opportunity to write and direct an experimental film about a topic so personally important and relevant in my life as part of my bachelor's thesis was too good to pass up. As a documentary about a sensitive topic, ethics played a big part in thinking about how I can properly portray and represent a very subjective experience in a film while also making sure that the entire crew treat

the subject matter with delicacy and respect. I am grateful that the entire crew was truly motivated, shared my vision and felt that this film had to be made.

In this thesis, I provide a general explanation of what bipolar disorder is, break down the production process of *Euphoric Self-Destruction*, briefly present its screenplay and give examples of how I used motifs, cinematography and mise-en-scène to portray certain aspects of bipolar disorder.

2 Bipolar disorder

2.1 Clinical information

Bipolar disorder, formerly known as manic depression, is a lifelong, treatable mood disorder in which a person experiences extreme changes in mood known as periods of depression, mania or hypomania (Mayo Clinic 2021). These changes have a strong effect on how a person is able to carry out day-to-day tasks (National Institute of Mental Health 2020).

Symptoms of a manic period include decreased need for sleep, loss of appetite, talking fast, racing thoughts, poor judgement and decision-making, such as risky sexual behavior or excessive spending, restlessness, feelings of grandiose and surplus energy. Hypomania is a less severe form of mania and as such, may not be recognized by friends or family. (National Institute of Mental Health 2020.) During a manic period, symptoms occur for at least one week (ICD-11 2021).

Symptoms of a depressive period include feeling very sad, hopelessness, emptiness, guilt, difficulty sleeping, difficulty concentrating, loss of interest in hobbies or activities, decreased sex drive, anhedonia, self-harm and suicidal thoughts (National Institute of Mental Health, 2020). During a depressive period, symptoms occur for at least two weeks (ICD-11 2021).

Sometimes symptoms of both mania and depression can occur at the same time or change very rapidly, either day to day or within the same day. This results in what is known as a mixed period. (ICD-11 2021.)

There are two main types of bipolar disorder, type I and II. Bipolar type I is diagnosed when at least one manic or mixed period has occurred regardless of depressive periods. Bipolar type II is diagnosed when at least one hypomanic and at least one depressive period have occurred. (ICD-11 2021.)

The primary form of treatment is medication which generally includes mood stabilizers and antipsychotics. Antidepressants may be used as well during depressive episodes. Psychotherapy is also often recommended and in extreme cases electroconvulsive therapy (ECT) may also be the most effective treatment (National Institute of Mental Health 2020).

2.2 Bipolar in short film

After realizing that there needs to be more bipolar awareness, I searched for films about the disorder to both learn more about the subject and gain insight into the experience through different points of view while briefly analyzing the form of the films. I focused my search on short films under fifteen minutes and of varying production sizes.

One of first films that I watched is the 2020 Vice piece *My Life Living With Bipolar Disorder*. The film is a standard interview/archive television documentary in which two young adults share their varying experiences with bipolar; one lives with bipolar type I and the other bipolar type II. According to Nichols (2017, 146), “the interview stands as one of the most common forms of engagement between filmmaker and subject in participatory documentary” and it is a valuable tool when compiling information and different accounts and experiences about the same subject, or a historical event which Nichols used as his example. In the interviews, the protagonists Allister and Andrea, talk about their diagnosis, medication, mood swings and periods of mania and depression. The film also includes interviews with loved ones and archive photos from their

life. This simple journalism formula is well executed and provides a comprehensive package of information about the disorder but lacks the edge to provide the emotional weight I wanted for *Euphoric Self-Destruction* since even before its form was even solidified.

In my search I also decided to watch a fiction short, *Bipolar*, by Janis Jurgelis and Joshua Behrens. In the film a man wakes up, gets ready for his day and goes to his corporate job. This is followed by episodes of substance abuse, depression and hints of mania. At the end the man is revealed to be a doctor, portraying that bipolar is so common that you never know who lives with it. While *Euphoric Self-Destruction* features a fictional plot as part of its eventual performative-poetic mode, I felt that the basis for it needed to be true, genuine experiences from people living with bipolar.

A more experimental approach to representing bipolar was achieved in the short student film *Bipolar Exploration: Finding Emotion* by Lowri Gronow. Seen in Figure 1, the film is composed of vertical split screen still photographs of a young woman with the left side representing depression and the right mania. The voice-over seems like an inner monologue that is eventually hinted at being the speaker's real diary entry. The protagonist speaks about traumatizing events, emotional struggles and conflicts which in combination with the images and music convey a powerful emotional experience.

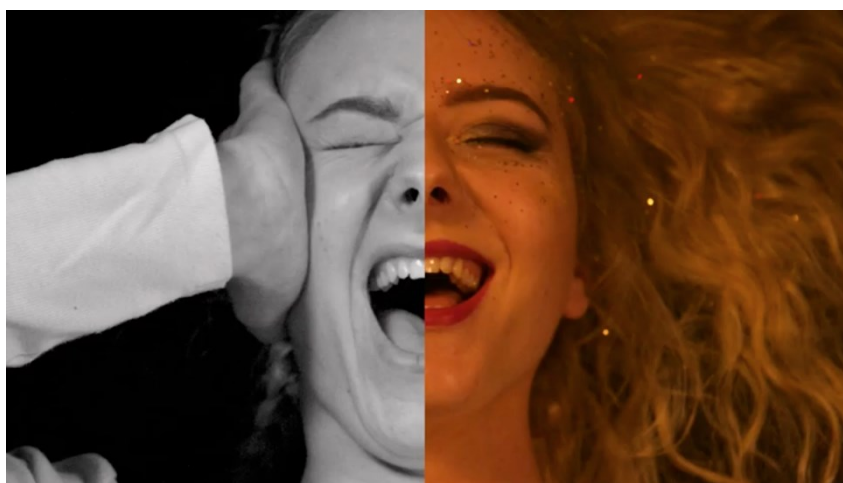


Figure 1 Screenshot, *Bipolar Exploration: Finding Emotion*

From the very moment I decided *Euphoric Self-Destruction* needed to be made, I knew that the right way to go was an experimental and abstract approach to portraying what it is like inside the head of a person living with bipolar, and watching *Bipolar Exploration* in particular solidified that thought in my mind.

3 Euphoric Self-Destruction

The broad spectrum of emotions and states of mind associated with bipolar offer many ways to present changes in mood, energy and action using cinematography, speech, locations and motifs in a way which seamlessly ties all of the film's elements together.

In this section, I will discuss the *Euphoric Self-Destruction's* production process and schedule, how I conducted my research on bipolar and present the flow and chronology of the film segment by segment.

3.1 Production process

The production process of this film followed the traditional stages of filmmaking: pre-production, production and post-production. Research, development and pre-production began in January 2021. Once the themes and point of view for the film were established, I brought on Senni Rissanen to produce as she and I have worked on projects together before.

Due to the film's experimental nature, early in the pre-production phase we created a two-minute proof of concept demo with a small crew which included director of photography Mari Silvennoinen and chief lighting technician Marko Pyykkönen. The demo completed in early April 2021. The demo was used to assess whether the initial ideas for the cinematography, sound and monologue fit together. This test proved so successful that some of the shot footage was used in the final film.

Production took place over several short periods of time between September and December 2021, with most of it being completed in six days divided between September and October. Post-production began after the first period of shooting in September 2021 and was originally meant to be completed in December but during production we faced serious technical challenges due to one of our cameras memory cards being corrupted after a day of shooting. This problem was not resolved until November when we were able to recover the material for two of three corrupted scenes. Fortunately, we only needed to reshoot one scene in December which in retrospect turned out much better than when it was originally shot. The final film was completed in May 2022.

3.2 Research and development

Research for this film was conducted using several methods and sources: discussions with people with bipolar, medical sources such as the WHO and NIMH and a self-made survey.

My informal research began before this film was even an idea through conversations about bipolar with a loved one who has the disorder and by observing their treatment during an episode of severe depression. A major, and the most helpful, part of my research was a survey that I created in February 2021 using Google Forms and shared with a Finnish Facebook group for people with bipolar and their loved ones. The goal of the survey was to anonymously gain knowledge about the experience of living with bipolar and people's behavior during mania and depression.

The survey contained nine questions, two of which were mandatory, and were as follows:

- Age (mandatory)
- In what year were you diagnosed? (mandatory)
- How did the disorder affect your life before the diagnosis? What about after?
- Your experience with mania or hypomania.

- Examples of your behavior during mania or hypomania.
- Your experience with depression.
- Examples of your behavior during depression.
- Your experience during stable periods.
- Your experience during mixed episodes.

In total the survey received 42 responses with almost all responders providing answers to every question with an exception to the question about mixed episodes, as not every person living with bipolar experiences these. No personal information was collected in the survey. Age was asked (Figure 2) only to see if there is a dramatic difference between age groups and bipolar diagnoses in this very small group.

Age

42 responses

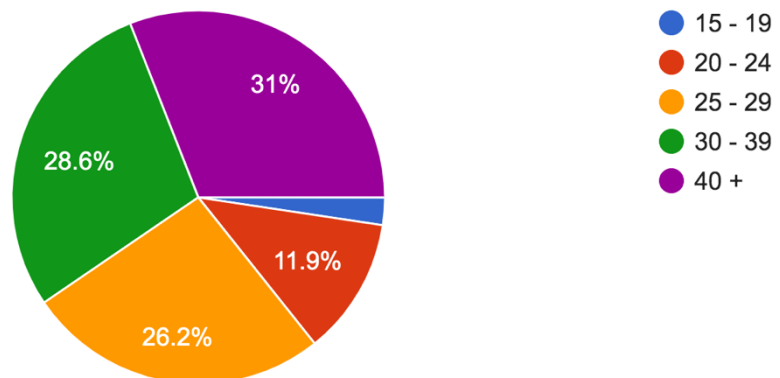


Figure 2 Pie chart of survey responder age groups. The percentage of responders in the 15-19 age group is 2.4%.

Based on this survey, notable behavior and feelings people have experienced while depressed that stood out to me include but are not limited to: self-harm and self-destructive behavior such as cutting and wishing for death, fatigue and exhaustion, extreme loneliness and withdrawal from social circles, anxiety and panic attacks, anhedonia, hopelessness, feeling like nobody understands, feeling like a pathetic burden and being disgusted by their own reflection.

Based on this survey, notable behavior and feelings people have experienced while manic that stood out to me include but aren't limited to: alcohol and drug abuse, grandiosity and omnipotence, not sleeping for days, reckless driving, restlessness, irritability, the best time of their lives, compulsive behavior such as cleaning, elevated self-esteem and creativity, like being high on the best drug 24/7 and an endless stream of thoughts and energy.

While in general a stable period is a positive thing, there seems to be a wide range of attitudes towards ones stability. Notable mentions of peoples experiences while stable include but are not limited to: boredom, not appreciative of a healthy life, continuous sleep tracking, sudden stability brought on anxiety, loss of identity, fearful of next episode, extreme caution, able to function, satisfaction that life is normal, routines work, practicing self-care, nostalgia of manic episodes, medication flattening mood, gratefulness and feelings of survival. Mixed emotions regarding stable periods seem to be quite common and in some cases contradict each other.

All of these experiences are exactly what I felt was important to bring into the screenplay, whether it be through speech, image or sound. Due to the nature of the film's focus being on the personal experience of bipolar, I felt that the most appropriate way to add voice-over to the film would be using a script which best resembles a personal journal or inner monologue.

3.3 Screenplay

The answers received from the survey allowed me, to the best of my abilities, to get inside the head of someone with bipolar and helped me create the fictional character of Alex. Creating a fictional character allowed me the freedom to determine the proper flow and chronology for the film in regards to the changes between periods of depression, mania and stability in a person's life.

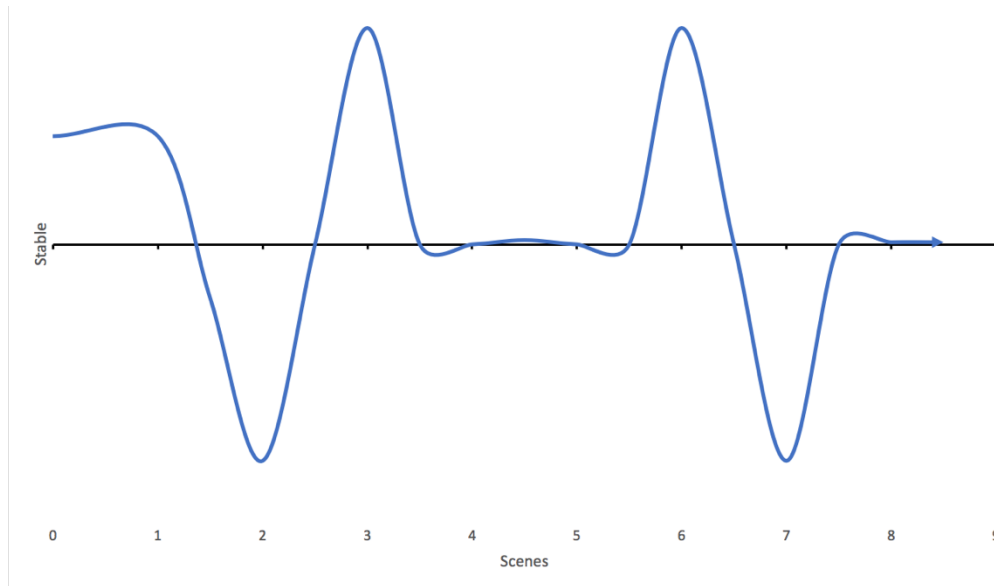


Figure 3 A visualization of Alex's mood changes scene-by-scene. The blue line being above the stable baseline indicates mania, while the blue line being below the stable baseline indicates depression. Note that scenes 4 and 5 were combined in the final version thus bringing the total scene count down by one.

In addition to gaining insight into the medical condition itself and the experiences it brings, another purpose of my research was to find out what sort of concrete examples or metaphors I could use in the film to properly represent the experience of living with the disorder.

One concrete description of mania that spawned an idea for the centerpiece of the film is this anonymous quote:

Mania is like watching nine different television channels at the same time and understanding everything.

This particular quote birthed the idea of Alex watching their own life and suffering through several different television screens in an empty space that psychologically represents their subconscious, later referred to as The Hall. I followed this same train of thought in analyzing which themes I could convey to the audience through voice-over, which ones would be more tied to cinematography and which to enhance using sound design.

In the following sections I will briefly break down what we see on screen along with the emotional themes of each scene.

3.3.1 Segment 1 – Hypomania

Alex is dancing in a club, enjoying a night out, something they've been doing way too much of recently. They realize they've been partying too much but aren't worried at all. They're living with false sense of security, as if nothing is wrong and nothing bad can happen from partying too much. This is an introductory scene that focuses on the joy a hypomanic episode can bring, while also touching on the fact that it may not be recognizable at all.

3.3.2 Segment 2 – Depression 1

Alex is sitting alone in their home, completely exhausted and depressed. The room is a total mess and a small monitor in the corner displays static noise. Alex closes their eyes and upon opening them, finds themselves sitting in The Hall with four monitors in front of them. In those monitors they see themselves and a curtain falls over them. The curtain begins to tighten around Alex and they begin to panic until they can no longer move. Alex has given up and succumbs to their anxiety. Back in The Hall, Alex opens their hand revealing a pill. The scene focuses heavily on feelings of loneliness, fatigue, anxiety and the physical feeling of being depressed. The tightening curtain is a metaphor for panic attacks which are more common in people with bipolar.



Figure 4 Unable to take care of themselves, Alex's home is messy and littered with clothes, cigarette butts, alcohol bottles and more. (Screenshot, *Euphoric Self-Destruction*)

3.3.3 Segment 3 – Mania 1

As soon as their hand opens, revealing the pill, Alex is feeling overjoyed and completely ecstatic as they watch their life through the monitors. Alex cleans, drinks and uses drugs excessively, parties, plays music, paints, takes pregnancy tests and drives around until their mind overloads and all that remains is static noise. All of this reckless behavior goes on a loop and speeds up, representing a total loss of control and freezes on static noise. This behavior is typical during a manic episode. There are only five lines of monologue in this scene to allow the images to speak for themselves.



Figure 5 The behavior of a manic person often includes binge drinking and risky behavior. One key element of the mania scenes was oversaturation of color. (Screenshot, *Euphoric Self-Destruction*)

3.3.4 Segment 4 – Diagnosis and Stability 1

Alex has received their diagnosis of bipolar disorder and is learning to live with it. They spend their time at home, researching and learning about their illness, medication and routines. B-roll includes shots of a river, waterfall and trees in winter. The thematic focuses of this scene are an overwhelming amount of information, a loss of identity, the monotony of being stable, frustration with inadequate health care and bitterness about not being able to dictate the terms of their life. This anger and frustration leads to Alex being fed up, breaking their pillbox and discontinuing all treatment. This scene concludes the first sequence or cycle of bipolar episodes.

3.3.5 Segment 5 – Mania 2

On screen we see rapidly moving shapes, lights and changing colors, almost like a painting done with light. The relationship between imagery and

monologue is the opposite of what scene 3 is, in that this scene we have much more monologue while what we see on screen is more constant. Alex sees life as being beautiful, fun and amazing while their monologue tells us that they've once again lost control of themselves. This portrays a strong contrast between the personal experience of the false beauty of mania and the truth about mania being a very destructive state of mind.



Figure 6 This scene allows the viewer to focus on the monologue while trying to make sense of the everchanging colors and shapes in the film. Floater-like shapes move in the image, enforcing the idea that we may be metaphorically seeing the world through Alex's eyes. (Screenshot, *Euphoric Self-Destruction*)

3.3.6 Segment 6 – Depression 2

Alex fearfully tries to find their way out of a ruined industrial building. They find themselves surrounded by broken mirrors (Figure 7), one of which shows them all of the suffering they've endured because of their illness. Alex is overcome with self-hatred, suicidal idealizations, feelings of worthlessness and the more mental suffering that comes with severe depression. After taking a hard look at

themselves in a small piece of a mirror, they finally realize that their illness is no joke, they need to seek help and they can't do this alone.



Figure 7 (Screenshot, *Euphoric Self-Destruction*)

3.3.7 Segment 7 – Stability 2

Alex has made their way out of the hellish dungeon that their life had become and finds themselves outdoors on the ruins of an old platform, finally able to breathe fresh air. On the platform are the chair and monitors from scenes 2 and 3, acting as the subconscious temptation to just give in to their illness. Alex opens their hand to discover a pill and decides to choose life, not illness, and walks away from the monitors towards their future. The monologue focuses on acceptance of their illness, the importance of self-care and treatment, the fragile stability of their mind and the gratefulness that this is something they can learn to live with.

4 The Cinematography, Motifs and Mise-en-scène

In this section I present some moments from *Euphoric Self-Destruction* in which certain aspects of cinematography, such as mobile framing and aspect ratio, played central roles in the film. I also explain what a motif is and provide examples of their use in *Euphoric Self-Destruction* and touch on the mise-en-scène of one simple shot that ties all of these elements together.

4.1 Cinematography

The cinematography of the film has a heavy focus on emotional metaphors based on people's experiences during different periods. Some scenes, particularly the first mania scene, focuses on behavior that an ill person might engage in while other scenes such as Alex's panic attack, or The Curtain, are more metaphoric.

The Curtain (part of Segment 2 in the film) was the first scene shot for the proof of concept demo of the film. By this time it was already established that we would be shooting the depression scenes using an aspect ratio of 4:3 to close Alex in, isolate them from the rest of the world and give the shots a claustrophobic feeling. In the end we decided to use 4:3 for the majority of the film but that luckily didn't take away from the anxiety portrayed in this scene.

Another contributing factor to the claustrophobia and anxiety presented in The Curtain scene is that sixteen out of eighteen shots are medium close-ups or closer. The remaining two are full shots (seen in Figure 9) closer to the beginning of the scene whose functions are to establish that Alex is now in a different setting and that the curtain does indeed fall over them. The camera was handheld which allowed mobile framing and the freedom for any pans, tilts or dutch angles, which can increase the disorienting effect achieved through fast cut editing.



Figure 8 (Screenshot, *Euphoric Self-Destruction*)



Figure 9 (Screenshot, *Euphoric Self-Destruction*)



Figure 10 (Screenshot, *Euphoric Self-Destruction*)

Sometimes during production happy accidents happen and we found one of these while shooting the second depression scene. During the take in Figure 11, I noticed that the crack in the mirror runs perfectly across our actor Emilia's throat. Immediately I jumped on the opportunity to use that imagery as an additional way to portray the misery Alex is feeling. This was completely unplanned and I wanted to use this fortunate event to our advantage, so I instructed the director of photography Mari Silvennoinen to keep the crack across Emilia's throat in the following medium close-up take (Figure 12). This was easily achievable as the camera was once again handheld which is convenient for mobile framing. This led to a very conscious decision of using graphical matching in the edit to create a seamless cut between the two shots.



Figure 11 (Screenshot, *Euphoric Self-Destruction*)



Figure 12 Note the composition of the shot with the crack in the mirror going across Alex's throat. (Screenshot, *Euphoric Self-Destruction*)

One of the most significant changes in the film happens when we get to the last scene. Up until this point the entire film has been in the 4:3 aspect ratio but this scene is 16:9. The purpose of this change was to convey a sense of relief and give the viewer, and Alex, room to breathe as they reflect on their newfound acceptance of their illness, perseverance and will to live.

As I mentioned earlier in this section, the 4:3 aspect ratio was used for the depression scenes to isolate Alex and give the film a claustrophobic feeling. This effect is not desirable during the mania scenes so it was a risk using this aspect ratio for those scenes. That is where the proof of concept demo came in handy, affirming that if shot with a wide enough field of view, the mania scenes wouldn't feel closed in.



Figure 13 The widest shot (Screenshot, *Euphoric Self-Destruction*).

4.2 Motifs

According to Bordwell & Thompson (2013, 63), “a motif is any significant repeated element that contributes to the overall form. It may be an object, a color, a place, a person, a sound, or even a character trait.” Based on this, a motif can be quite literally anything found in a film but what makes a motif truly

stand out is how relevant it is to the form of the film and how it fits in tying all of elements of the film together.

For a motif to be effective, it must have a function and be repeated. Repetition will tell the viewer that a certain element such as a video monitor, a motif that I used in *Euphoric Self-Destruction*, is important to the overall form of the film. While it is a key factor, “there should be some changes, or variations, however small” (Bordwell & Thompson 2013, 66). According to the principles laid out by Bordwell & Thompson, motifs should change even just slightly to catch the viewers’ attention and reinforce the idea that the motif serves a greater purpose than just being an object present in a film. Variations of the video monitor motif in *Euphoric Self-Destruction* are as simple as the monitor having power on and later power off. Motifs play an especially important role in the film as they keep us attached to Alex while moving the story forward and in some instances are based on the reality of bipolar disorder.



Figure 14 Several motifs are present in this shot such as the monitor, static and a mirror. (Screenshot, *Euphoric Self-Destruction*).

These monitors are the centerpiece motif in *Euphoric Self-Destruction*, as they are shown in a total of five settings throughout four scenes with nearly each instance having a slight variation.

Variations of the video monitor motif:

- Depression 1 – single monitor with static noise
- Depression 1 – four monitors with static noise fading to curtain
- Mania 1 – four monitors with static noise fading to POV sequence
- Stable 1 – single monitor with static noise
- Stable 2 – four monitors powered off

Each variation of the monitors serves its own purpose or appears in certain circumstances relating to Alex's life and mindset. The single monitor with static is present during times when Alex is conflicted, when their world is grey and monotonous, when something clearly is off. Alex's attention turns to the monitor at moments when they are ready to give up and give into their illness, which was initially thought to be major depressive disorder, but turned out to really be bipolar disorder. The stack of four monitors we see in The Hall function as a gateway into the experiences during anxiety ridden depression and full throttle mania as Alex succumbs to the overwhelming power their illness has over them. At the end of the film we see the stack of four monitors but they are powered completely off, letting us know that Alex is leaving that part of their life behind, accepting their illness as always being present and moving forward with their life.

With bipolar disorder there is one thing that is repeated very often: medication. While this is part of someone's treatment and a way for them to live as stable as possible, it's a constant reminder that they need to stay aware of their wellbeing. Like the monitor motif, the medication motif is also repeated and has several variations in the film:

- Depression 1 – single pill in Alex's hand
- Stable 1 – referenced in monologue
- Stable 1 – empty medication blister packs

- Stable 1 – pills falling onto table
- Stable 1 – being placed into pillbox
- Stable 2 – single pill in Alex's hand

Its first appearance is the last shot of the first depression scene (Figure 15) with the pill seemingly being the trigger of Alex's first manic period and the following variation of the monitor motif. I feel like this kind of relationship between motifs really weaves everything together both informatively and emotionally while showing that things might not always be as they seem.



Figure 15 The first instance of the medication motif (Screenshot, *Euphoric Self-Destruction*).

The amount of times medication is mentioned or shown in the first stable scene is directly inspired by how medication is and is reinforced as the primary form of treatment for bipolar. These instances represent it being a not-so-simple item in a sea of information, the reality that many people have to constantly try new ones to find one that works and that in some cases a pillbox is required due to sheer amount taken daily by some. This motif is more grounded in reality and

provides the viewer with more clinical information while the monitor motif provides direct insight into Alex's state of mind. At the end of the scene Alex snaps their pillbox, thus triggering their second depression and manic periods from which medication is completely absent. At the end of the film Alex has embraced all treatment options, takes their medication and has chosen life over illness. While these two are the main motifs of the film, *Euphoric Self-Destruction* is full of other motifs such as the color pink, contradictions and reflections, which I briefly touch on in section 4.3.

4.3 Mise-en-scène

The term *mise-en-scène*, meaning “putting into the scene” in its original French, originated from theater direction but over time has been applied to film direction as well. The main components of this are setting, lighting, costume and makeup and staging and performance. (Bordwell & Thompson 2013, 113.) In short it is *what* a filmmaker wants the audience to see while the cinematography is *how* they want the audience to see it.



Figure 16 (Screenshot, *Euphoric Self-Destruction*).

To demonstrate the relationship between mise-en-scène and cinematography, I will use an example from the first depression scene in *Euphoric Self-Destruction*, in which the setting is seen in Figure 16. It is a fairly simple set in which Alex opens their eyes, finds themselves in The Hall and sees the four monitors for the first time. Note that this is also the first time the audience sees all four monitors.

The last shot before we see The Hall is an extreme close-up of Alex's eye closing in their home. The natural continuance of this would be to show their eye opening, which is what we did, but we took it even further. We used the shot in Figure 17 to tie cinematography, mise-en-scène and motifs together.



Figure 17 The first time we see all four monitors. (Screenshot, *Euphoric Self-Destruction*).

In this shot, we see two motifs: the monitors and a reflection. This is the second instance, and first variation, of these motifs. The reflection motif is first seen in the very first shot of the film in the form of a disco ball, while the monitor is seen in Alex's home. This time it has the variation of being a total of four monitors

and not just one. The purpose of them being shown through the reflection on Alex's pupil is to tell the viewer that these monitors are a part of Alex and their story while foreshadowing their repetition later in the film. Later variations of the reflection motif are seen in the first stable scene and the second depression scene in the form of mirrors followed by the waters reflection the final scene.

This shot, while very simple and minimal, holds immense value in allowing the viewer to see things from Alex's point of view while still staying distanced before being sucked into the emotional rollercoaster.

5 Conclusion

Working on *Euphoric Self-Destruction* was one of the most intense periods of my life; from reading every single answer given on my survey to brutally cutting out lines of monologue from the final version, every second of those hundreds of hours of work mattered and ultimately led to the completion of the film. A guest at the film's premiere came up to me and said that they have a family member with bipolar and the film helped them understand the illness just a little bit more. To me that is the most important goal of this film: helping people understand what this illness makes others feel like, to show the world what their minds are like.

As I learned more and more about bipolar, I realized that repetition is something that dominates the lives of someone living with it, especially when it comes to medication. It is recommended that someone with medication take it at roughly the same time every day, so in a way their life contains repeating elements that allow them to continue forward. A motif in a film works in a similar way, showing itself to the audience for them to digest and take one step further into the story. Motifs were familiar in concept but not as in depth as the principles laid out by Bordwell & Thompson. Variation was something that felt natural and necessary when creating these important moments of subtle representation. After reading more about motifs, I was pleased that I had intuitively experimented with repetition and variation without even knowing about the relationship between

the two. At some points during the film's production I wondered if some of the motifs appear too often or are pointed out too much but in the end their variation makes their appearances more prominent at some points while being more muted at others. Overall I learned that the specific elements I focused on them can be a very effective way of providing hints at what is going on with a character emotionally or foreshadowing what is going to happen next.

I feel that this experience will enhance and strengthen my ability to tie film elements together early on in production. Breaking down people's experiences into a screenplay format and picking out what can be represented using sound, images, props, colors and action was a difficult and time-consuming process but it has taught me to pay attention to little details and figure out what can be portrayed in film using the different methods available.

Making *Euphoric Self-Destruction* was a crash course on how to make a film that carries massive emotional weight but eventually becomes a beautiful piece of art which speaks for itself and others. Overall I feel like I achieved this goal while also properly portraying bipolar disorder.

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