



Utrecht University

The representation of NGRI patients

Bachelor thesis on the use of voice in the representation of NGRI patients in Louis Theroux's documentary *By Reason of Insanity*

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Studiejaar: 2018-2019, blok 4
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Inleverdatum: 24/01/2019

Abstract

In this research I drew upon the rhetoric approach of documentary scholar Bill Nichols on *voice*, to answer the following research question: "How does the first episode of the two-part documentary series *Louis Theroux: By Reason of Insanity* use voice in its representation of NGRI patients?"

According to Nichols, every documentary has its own voice with which it tries to convince the audience of its perspective. It does so through the use of the categories *invention, arrangement, style, memory* and *delivery*. These categories refer to different cinematic aspects, such as proofs, narrative, aesthetic and stylistic elements, non-verbal communication and popular memory. *Memory* has not been examined in this research because this refers back to the viewer and their memories. It was not possible to analyze this within this research.

In the documentary *By Reason of Insanity*, Louis Theroux visits a psychiatric facility and interviews various mentally ill patients as well as their psychiatrists. Previous research has shown that mental illness is often negatively associated with violence and crime. However, based on my research, it can be concluded that Theroux abandons this and portrays mentally ill patients and their treatment in a positive light. Although the documentary ends on a positive note, this only occurs gradually. The documentary starts out with a cautious view towards the patients. This changes progressively throughout the documentary towards a more trusting and positive perspective.

However, based on this research, it seems as if Nichols has overlooked a few things that could be relevant to examine in relation to voice. Nichols' theory does not seem to take into account that voice can be taken literal, for example a voice-over, but can also be recognized in the form of the filmmaker, if he or she is present on screen. It could also be argued that the background of the filmmaker influences the audience perception to a certain extend. In the case of Theroux, his British accent could spark prejudgments from the audience.

Future research could apply other theories and examine if the results, in terms of representation and perspective, show something else than the results shown by this research. Other documentaries by Theroux could also be examined, as well as the production process that occurs behind the camera.

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1. Introduction

According to the Bureau of Justice Statistics in the United States, more than half of those incarcerated suffer from a mental illness. The Bureau states that those with a mental illness, as well as society, would benefit more from getting treated for their illness than from being incarcerated.¹ This ongoing debate, especially in the United States, about the imprisonment of criminals who suffer from a mental illness is controversial and shows that this is a difficult but important subject.²

The two-part documentary series *Louis Theroux: By Reason of Insanity*, from now on referred to as *By Reason of Insanity*, released by the BBC in 2015, focuses on this subject.³ In this documentary, Louis Theroux, a well-known British documentary maker and journalist, visits a psychiatric facility in Ohio (United States), and interviews not-guilty-by-reason-of-insanity (NGRI) patients and their psychologists, on the subjects of mental illness and the crimes committed. NGRI refers to defendants who committed a crime, but who have a mental illness for which they need treatment. Therefore, they are sentenced on the grounds of being “not guilty by reason of insanity” (NGRI), and receive treatment instead of a prison sentence.

In general, every documentary has its own *voice* by which it communicates its perspective of the world, according to documentary scholar Bill Nichols.⁴ Elements of a voice are for example music and editing. Nichols applies a rhetoric approach to examine documentaries and to gain more insight into their voice and what elements they use to communicate with the audience. It is important to examine media and the voice and representation they show, because media play a big role in how audiences perceive the world.⁵ In the case of *By Reason of Insanity*, the way in which NGRI patients are portrayed in the documentary can influence the perception of the audience on this subject. In addition, the Dutch audience of this documentary consisted of a significant amount of viewers.⁶ Viewers

¹ Richard Williams, “Addressing mental health in the justice system”, *National Conference of State Legislatures*, published August, 2015, <http://www.ncsl.org/research/civil-and-criminal-justice/addressing-mental-health-in-the-justice-system.aspx>.

² Allen J. Francis, “Prison or treatment for the mentally ill”, *Psychology Today*, published on March 10, 2015, <https://www.psychologytoday.com/us/blog/saving-normal/201303/prison-or-treatment-the-mentally-ill>.

³ Jamie Pickup, dir., *Louis Theroux: By Reason of Insanity*, Season 1, episode 1, “Part 1”, aired March 22, 2015, on the BBC, https://www.imdb.com/title/tt4546868/?ref_=ttep_ep_tt.

⁴ Bill Nichols, *Introduction to documentary*, (Indiana: Indiana University Press, 2017).

⁵ Elfriede Fürsich, “Media and the representation of Others”, *International social science journal* 61.199 (2010): 113-130.

⁶ According to Stichting KijkOnderzoek, an organization responsible for keeping track of the viewing behavior of Dutch audiences, *By Reason of Insanity* had 320.000 viewers during the first broadcast. This represented 4.8% of the total amount of television viewers at that moment. Within seven days, the program was broadcast another time and had 66.000 viewers, which at that time represented 16.2% of the total amount of viewers.

See attachment 1 for the table.

SKO, “Over SKO”, accessed on October 10, 2018, <https://kijkonderzoek.nl/over-sko-info>.

who thus also saw, by watching the documentary even if they were not aware of it, the voice used by Theroux and his production team to reflect their own perspective on this matter.

In my research I will follow Nichols and his rhetoric approach to analyze the representation of NGRI patients in the documentary *By Reason of Insanity*. Therefore, the research question will be the following: "How does the first episode of the two-part documentary series *Louis Theroux: By Reason of Insanity* use voice in its representation of NGRI patients?". To make this question more comprehensible, it has been divided into four sub-questions, which will be further discussed in the method section.

Previous research on Louis Theroux and his documentaries has examined his interview strategies, conversation patterns and unconventional representations of social issues.⁷ With my research, I hope to contribute to the previous research and the academic field of documentary studies by examining Theroux's documentary on different cinematic aspects related to voice and by forming a conclusion on how these aspects are used to convey a certain perspective.

⁷ Robert Jones, "Topic Management in the Interviews of Louis Theroux", *Innervate: Leading Undergraduate Work in English Studies* Vol 1. (2008-2009): 154 – 166.
Bethany Klein, "Entertaining ideas: Social issues in entertainment television", *Media, Culture & Society* 33.6 (2011): 905-921.

2. Theoretical framework

2.1. Voice

Bill Nichols is one of the most important scholars within documentary studies and many scholars draw upon his theory on documentary and voice. In line with these earlier scholars, he is also the primary scholar drawn upon in the present research. In this section, Nichols' theory on voice will be explained, as well as other theories on voice in documentary.

2.1.1. Voice according to Nichols

According to Nichols, there has never been a permanent definition of "documentary". He states that a permanent definition is not an essential issue and that it is more important that, when a film is considered to be a documentary, it contributes to a debate.⁸ However, as a general definition, Nichols suggests that documentaries are about reality, they are about real people, and they tell stories that happened.⁹ Within the genre of documentary, Nichols distinguishes three main forms of voices, which are the poetic, the narrative, and the rhetorical voice.¹⁰ Although my research will focus on the rhetorical voice, it is important to understand how this voice is different from the other two.

When a poetic voice is present, the documentary focuses on aesthetic elements such as light and rhythm by means of which it tries to convey what the world would look like if one would focus on light, color and movement instead of for example a narrative.¹¹

The narrative voice concentrates on the story, and often has a clear structure consisting of a beginning, a middle and an end. Each part has its own function. The beginning introduces the characters and the current situation. In the middle a problem occurs and the main character has to try to solve this problem. In the end, it is revealed if the main character succeeds. As can be derived from this structure, the narrative voice tells its story through the main character, and is therefore *character driven*. It centers around the wants or needs of the main character which he or she tries to pursue¹².

Lastly, the rhetoric voice, which goal is to ask questions and to persuade the audience of certain answers for these questions. According to Nichols, there are five ways in which a documentary can communicate and try to achieve this. These are *invention*,

⁸ Nichols, *Introduction to documentary*, 5.

⁹ *Ibid.*, 23.

¹⁰ *Ibid.*, 55.

¹¹ *Ibid.*, 56.

¹² *Ibid.*, 56, 57.

*arrangement, style, delivery and memory.*¹³ Because the analysis will draw upon these categories, these will be further discussed in the method section.

2.1.2. Other perspectives on voice in documentary

Documentary filmmaker Trish FitzSimons reflects on Nichols' work, and states that there are a few problems with his theory on voice in documentaries. First of all, Nichols focuses on cinema as a way to distribute documentaries even though platforms such as television and the World Wide Web have become big distributors as well. The opportunities television and the online community provide should be examined alongside cinema. Second, the voice of the filmmaker is not always more important than the one of the subject. And third, voice cannot be seen as an overall term for the production. The process of reaching this voice should also be taken into account, according to FitzSimons.¹⁴

Because Nichols' theory falls short, FitzSimons suggest another voice, the *choric voice*. With this she refers to the power of a choir, in which different voices sing the same song. The focus is on the collective instead of the individual voice. In terms of filmmaking, this translates to an ensemble collecting different individual voices and mending them into one meaningful overall voice.¹⁵ The individual voices can be either subjects, audiences or broadcasters, but also voices from within institutions, for example production houses. However, the filmmaker has to make it possible for others to give feedback and let their voices be heard. Not all filmmakers want this, but if they do this can lead to a collaboration between both the individual perspective of the filmmaker, as well as the perspectives of others.¹⁶

The voice of a documentary can also be taken literal. Media scholar Stella Bruzzi refers to Nichols who has stated that the best way for a filmmaker to convey their argument and perspective is through the use of a voice-over. The voice-over has to be objective so the truth stays unaltered. Bruzzi argues, however, that this does not necessarily have to be the case. A voice-over can also be a good tool to convey a subjective standpoint. Bruzzi subsequently refers to Jeffrey Youdelman who supports her viewpoint. Youdelman states that he supports filmmakers who use commentary and take responsibility of their own opinion, instead of following the common thought about voice-overs in documentaries, which is that these undermine the voices of their subjects.¹⁷

¹³ Nichols, *Introduction to documentary*, 58.

¹⁴ Trish FitzSimons, "Braided Channels: A Genealogy of the Voice of Documentary", *Studies in Documentary Film* 3:2 (2009): 133, <https://doi.org/10.1386/sdf.3.2.131/1>.

¹⁵ *Ibid.*, 137.

¹⁶ *Ibid.*, 139 – 141.

¹⁷ Stella Bruzzi, *New Documentary* (Abingdon: Routledge, 2006), 50-53.

In contrast to a voice-over, voice can also be recognized in the presence of the filmmaker. Film and media scholar Leger Grindon refers to Nichols, by explaining that Nichols categorizes types of interviews in modes. This categorization is based on the level of participation by the subject. Grindon does not agree with this way of classification and suggests five new categories, one of which addresses the filmmakers' presence and the way in which he or she interviews the subjects. This is something that Nichols does not focus on.¹⁸

As these perspectives on voice in documentary differ from Nichols' viewpoint, these will be reflected upon in the conclusion, in relation to the analysis results.

2.2. Representation of mental illness and criminals in media

In this section, research will be discussed on the subject of the representation of mental illness and crime in media. It should be noted that much of the research on representation that will be mentioned, has been done from within the field of psychology, while my research is done from within the field of media studies.

In the documentary *By Reason of Insanity*, the representations of mental illness and crime intersect. To comprehend the analysis result of my research, it is important to gain some insight into the existing portrayals of these two types of representation. This can subsequently help to understand how *By Reason of Insanity* situates itself within this context.

On the subject of representation of mental illness, psychologist Otto Wahl states that these media representations are negative and inaccurate. He argues that the way in which media portray certain social groups can have a great impact on how this group is seen by the public. In the case of mental health and mentally ill patients, this creates problems because the public takes on the same negative and inaccurate view as portrayed in the media.¹⁹ Media scholar Simon Cross adds that one of the existing stereotypes is that people with a mental illness are often seen as dangerous and are also represented in this way. Representations such as these cause a separation between groups, and when patients return to society, they are still seen as different. Cross states that these depictions are problematic because they are not necessarily a correct representation of reality.²⁰ Health communication and media effects scholar Elaine M. Sieff also recognizes this potentially inaccurate portrayal of reality. She gives examples of research that examined media, such as news items and fictional programs, and concludes that media often depict people with a

¹⁸ Leger Grindon, "Q & A: poetics of the documentary film interview", *The Velvet Light Trap* 60.1 (2007): 6,7. <https://doi.org/10.1353/vlt.2007.0014>

¹⁹ Otto F. Wahl, "Mass media images of mental illness: A review of the literature", *Journal of Community Psychology* 20.4 (1992): 343-352.

²⁰ Simon Cross, "Visualizing madness: Mental illness and public representation." *Television & New Media* 5, no. 3 (2004): 197-216.

mental illness as violent. Sieff also states that, while more research has been done in terms of examining the correctness of representation, very little research has been done on how media construct ideas surrounding mental illness in relation to violence and which tools they use to do so.²¹

Inaccurate representations may uphold the existing stereotypes of people with a mental illness as violent. Film scholar Richard Dyer recognizes stereotypes as ideas about social groups that the majority agrees upon. However, at the same time, people get their ideas from those same stereotypes.²² By maintaining the same representations, the stereotypes will also stay unaltered which creates a friction between reality and the way people think about reality.

When examining the representation of crime in media, social sciences scholar Chris Greer and criminology scholar Yvonne Jewkes observed that media can create an “us” versus “them” feeling. This can cause groups to be seen as different from mainstream society. They label this as the representation of *otherness*. By doing so, the media can have a large impact on how the people they represent are seen by the public.²³

When searching for other academic research that analyzes the way of representing crime, it was noticeable that most research found, touched upon the subject of ethnicity in combination with crime. Media and psychology scholar Mary Beth Oliver, refers to an analysis of reality-based programs, and states that these are often seen as problematic because they seem to be racially-biased. These programs seem to relate violence and danger to African American suspects. Reality-based programs are in contrast to fiction-based programs, which do not seem to over-represent African Americans in relation to crime.²⁴ Much other research focused on statistics. For example, criminology scholar James Garofalo, notices an unbalanced relationship between the amount of crime portrayed and the actual amount of crime that occurs.²⁵

An example of where the two representations of mental illness and crime overlap, is the research conducted by mental health scholars Brian McKenna, Katey Thom and Alexander I.F. Simpson. They analyzed the press and how journalists bring the news to the public when it comes to crimes committed by a NGRI offender in contrast to articles about the same types of crime committed by someone who did not have a mental illness. They

²¹ Elaine Sieff, "Media frames of mental illnesses: The potential impact of negative frames", *Journal of Mental Health* 12.3 (2003): 263.

²² Richard Dyer, "The Role of Stereotypes" in *The matter of images: Essays on representations* (London and New York: Routledge, 2013), 14.

²³ Chris Greer and Yvonne Jewkes, "Extremes of otherness: Media images of social exclusion", *Social Justice* 32, no. 1 (99) (2005).

²⁴ Mary Beth Oliver, "African American men as "criminal and dangerous": Implications of media portrayals of crime on the "criminalization" of African American men", *Journal of African American Studies* 7.2 (2003): 5, 6.

²⁵ James Garofalo, "NCCD research review: Crime and the mass media: A selective review of research", *Journal of research in crime and delinquency* 18.2 (1981): 323.

observed that, in the case of the former, more personal information had been released and the titles were more prominently visible. Subsequently the mentally ill offenders were seen as dangerous, more so than the criminal offenders, and the mental health system was blamed of failing.²⁶

In the conclusion, these theories will be linked to the results of the analysis, to identify how *By Reason of Insanity* situates itself within this framework.

²⁶ Brian McKenna, Katey Thom, and Alexander I.F. Simpson, "Media coverage of homicide involving mentally disordered offenders: a matched comparison study", *International Journal of Forensic Mental Health* 6, no. 1 (2007): 57-63.

3. Method

In this research only the first episode of the two episodes of *By Reason of Insanity* has been examined. The choice to only examine one episode instead of two was made because this was more realizable within the span of this research. Subsequently, it seemed more logical to examine episode one, since this is the first episode in the series and introduces us to the subject and the documentary itself. In addition, it appears that both episodes have the same structure which means that one episode can probably give enough insight in regards to the research question.

This research has been conducted using a rhetoric analysis, from the field of documentary studies, as described by Nichols. By analyzing the documentary through this theory, it will become clear how the documentary uses aspects of filmmaking to provide a perspective on this subject matter to the audience. Nichols uses five categories within a rhetoric analysis. These are: invention, arrangement, style, memory and delivery.

Invention refers to the proof that has been given in favor or against a certain argument. Two types of proofs can be distinguished, in-artistic and artistic proofs. In-artistic proofs are based on facts, for example DNA. The artistic proofs however use rhetoric techniques to prove their point and to convince the audience of their perspective. Nichols refers to Aristotle, who identified three types of artistic proofs. These are *ethos*, *pathos* and *logos*. Each try to convince the audience of their perspective in their own way. Ethos, ethical proof, tries to assure the audience that the characters or filmmaker can be trusted and are reliable. Pathos, emotional proof, tries to influence the audience on an emotional level. Such proof tries to get the audience into a certain mood in which they are more prone to go with the argument presented. Lastly, logos, convincing proof, uses reasoning and logic to convince the audience of their point of view. Although facts can also be involved, one decides which side they are on based on their own beliefs and values.²⁷ If one side presents itself in such a way that they match the values and beliefs of their audience, the audience is more likely to side with them.

Arrangement examines the structure of the narrative. According to Nichols, a classical arrangement consists of two main characteristics. The first is to lay out the different pro and cons of an argument, and to explain what is factual and what remains uncertain. This can be used for giving a balanced view of an argument or for convincing the audience to one side. The second characteristic focuses on the variation and interaction of facts and emotion. By

²⁷ Nichols, *Introduction to documentary*, 58-64.

using or to appeal to emotions when presenting a fact, the audience will become more immersed into the story being told.²⁸

Style refers to the aesthetic and stylistic elements, for example to the camera angle which is used. Nichols refers to film text books for a more elaborate explanation.²⁹ An example of such a text book is *Film Art: An Introduction* by David Bordwell and Kristin Thompson. They address the mise-en-scene, the cinematography, the editing and the sound.³⁰ Mise-en-scene refers to what can be seen in the frame. This is decided by the filmmaker and can contain different elements such as lighting, setting, costumes and how characters move and behave.³¹ Cinematography refers to *how* something is filmed. This can consist of three factors, which are the photographic aspects, the framing and the duration of the shot.³² During the editing the sequence of shots is decided and which shots are used or thrown away. Transitions can be used to explain a relation between different shots.³³ Lastly, sound is discussed. Sound is a very important and powerful tool and can influence the way in which shots can be interpreted. A vital distinction within sound is the difference between diegetic and non-diegetic sound. Diegetic sound refers to the sounds that originate from within the story world, whereas non-diegetic sounds come from outside the story world.³⁴ For example, a character walks and footsteps can be heard (diegetic) but there is also music, which the characters in the story world cannot hear, to add to the tension of the scene (non-diegetic).

Memory looks at the way in which people memorize and organize their memories. Remembering can be done in different ways. First, because film provides a visual representation, it can be remembered in the way that it was presented. Second, audiences can also use memory to combine information they received later on in the film to understand things they saw earlier.³⁵

Lastly, delivery needs to be distinguished, which relates to non-verbal communication. Non-verbal communication includes intonation, facial expressions and gestures. This type of communication is particularly important and visible when interviews take place in a documentary.³⁶

In the analysis of the first episode of *By Reason of Insanity*, these five categories have been examined, with the exception of memory. Memory was not taken into account,

²⁸ Nichols, *Introduction to documentary*, 64-66.

²⁹ *Ibid.*, 66, 67.

³⁰ David Bordwell and Kristin Thompson, *Film Art: An Introduction* (New York: McGraw-Hill, 2010).

³¹ *Ibid.*, 118.

³² *Ibid.*, 167.

³³ *Ibid.*, 223, 224.

³⁴ *Ibid.*, 270.

³⁵ Nichols, *Introduction to documentary*, 67.

³⁶ *Ibid.*, 67, 68.

because this refers back to the viewer and their memories, which were not possible to analyze within this research.

The categories have been further investigated by means of a sequence analysis of the documentary. The sequence analysis has been made on the basis of Raymond Bellour, who analyzed a sequence of the film *The Birds* to determine the meaning between consecutive shots.³⁷ A similar analysis has been made of *By Reason of Insanity*, which will help to give an overview of the structure and techniques used in the documentary. Because of the limited time for this research, not all the elements of the mise-en-scene and cinematography as described above were examined in the sequence analysis. The elements which were chosen to be examined were expected to be the most relevant for this research. In the analysis there will be references to scenes which can be found in the sequence analysis in the appendix.

In addition, the structure in which the categories were analyzed is based on the order in which Nichols presents them as mentioned earlier. However, invention has been analyzed last, because this relies on the analysis of the other categories to subsequently identify the evidence presented. Furthermore, when analyzing the interviews, the structure is based on the order in which the patients are introduced.

On the basis of this method, four sub-questions have been composed to make the research question more comprehensible. The sub-questions are:

- 1) How is *arrangement* used in the documentary *By Reason of Insanity*?
- 2) How is *style* used in the documentary *By Reason of Insanity*?
- 3) How is *delivery* used in the documentary *By Reason of Insanity*?
- 4) How is *invention* used in the documentary *By Reason of Insanity*?

³⁷ Raymond Bellour, "System of a fragment (on *The Birds*)", in *The analysis of film*, ed. Constance Penley, (Indiana: Indiana University Press, 2000), 28-68.

4. Analysis

4.1. Arrangement

When examining the narrative structure, the documentary seems apprehensive at first about the patients inside the facility. This may reflect the opinion of the audience as well as Theroux himself. However, as the documentary progresses and Theroux and the audience get to know the patients better, the patients are shown in a more “humane” light. The documentary ends by showing a hopeful perspective on the treatment of mentally ill patients and by showing that the patients make progress in their treatment. This narrative can be recognized because of the following structure.

The documentary opens by showing shots of high fences, warning signs and a patient getting shackled. Meanwhile, a voice-over of Theroux can be heard in which he introduces the documentary and the psychiatric facility he visits. Subsequently, small segments of interviews with patients are shown in which they seem unsympathetic and “crazy”. For example, one patient says he hears voices, and another patient says he does not feel guilty about his crimes. These shots and segments suggest that Theroux will visit dangerous and violent criminals.

Throughout the documentary, five different patients are interviewed. The narrative of the interviews shows a change in perspective. The first time Theroux interviews each patient, he asks them about their crimes. Later on, the interviews also touch upon more personal subjects such as family and their future. However, this develops as the documentary progresses. In the following paragraphs, the narrative will be described for every patient, based on the order in which they were introduced.

The first patient, Jonathan, who killed his father, is introduced in scene 2. Their conversation ends by Theroux saying he wants to see Jonathan show more grief. This is followed by a shot of Jonathan looking at Theroux, in which it is hard to see any emotions. This shows Jonathan in a negative light, as it shows him as someone without any feelings. However, as the documentary progresses, this perspective about Jonathan changes. In scene 9, Jonathan expresses that he is happy to talk to Theroux, because Theroux is not someone from the medical staff. He continues by reflecting on an earlier conversation between them in which Theroux asked him if he loved his father. He says he reflected on the question and that he thinks they grew more distant when his illness became more noticeable. Now, he is able to miss his father. Theroux answers by contemplating if this means that indeed Jonathan did love his father. The following shot shows Jonathan reflecting on this. Here, Jonathan is portrayed as someone who thinks and contemplates about personal questions. Later on, in scene 16, Jonathan has an appointment with two clinicians who will

review him and decide if it is possible for him to get a higher movement level. These levels refer to the things the patients are or are not allowed to do. If a level is higher, more things are allowed. After this appointment, Theroux asks Dr. Rukseniene, Jonathan's psychiatrist, whether she is proud of Jonathan and if she thinks he has a good heart. She confirms both, after which Jonathan thanks Theroux for asking this question. This interaction shows Jonathan as someone who is trying to improve and someone who does have emotions.

Eric is the second patients, who is first introduced in scene 4, when he is handing out stuffed animals. In this case, however, Theroux does not talk about Eric's crime. Near the end of the documentary, a newspaper article is shown. Theroux's voice-over tells the viewer that a patient who was allowed on a weekend pass, stopped taking his medication and killed two strangers. It turns out this was Eric. Subsequently Theroux interviews Eric and Eric's social worker. They talk about Eric trying to get a higher movement level. However, the medial team felt Eric was not ready yet and that they wanted to wait a year. In reaction to this news, Eric had a verbal incident in which he had expressed his frustration. Eric's social worker explains that having to wait a year is a very long time. This makes Eric's reaction seem relatively reasonable, because the audience may feel empathetic towards Eric. People can probably relate to that feeling and that time span. Theroux also asks about Eric's plans for the future and what he would tell people on the outside who might be frightened of him getting released. Eric answers by saying that right now it does not matter what he says but that his actions are more important. In addition, he tells Theroux that he does not feel guilty about his crime, because, even though it happened, it was his illness that made him do it. Although Eric showing no remorse can place him in a negative light, this interview also shows that Eric is aware of his illness and aware of the outside world. It shows that Eric is trying to let his actions speak and show people that he is not a violent person.

In scene 5, Theroux introduces Cory. Cory talks about his crime and tells that he thought that by assaulting a police officer and appearing on the news the next day, on Martin Luther King Jr. Day, Obama would get elected. Theroux starts to chuckle when he hears this story and asks a clinician whether that idea seems logical. She does not answer. Both the reaction by Theroux himself, as well as the clinician seems unsympathetic. However, when Cory admits that in hindsight, it does not make sense, the clinician does answer and says she agrees. By showing this conversation in this sequence, it looks as if Theroux and the clinician embarrass Cory and his way of thinking. This makes them seem unsympathetic, and makes Cory seem crazy for his way of thinking. However, later on in scene 11, Cory has a conversation with his psychiatrist. He tells them he still hears voices, but that he does not do what the voices tell him to do if he thinks it is a bad idea. While this scene shows that Cory needs treatment for his mental illness, it also shows that he makes progress by being aware of the voices and of what is real and what is not. In the next scene, Theroux sits down with

Cory, who expresses his desire for a second chance and to try and make a difference in the world. This confirms that Cory has good intentions and is trying to overcome his mental illness.

In scene 7, one of the patients, William, who was caught speeding and who thought the Russian Air Force was watching him, is allowed to leave the facility. This narrative itself already shows the treatment and the patient in a positive light. However, William also expresses some anxiety about leaving the facility. This makes him more relatable because this shows he is not a cold hearted criminal, but someone who deals with an illness and also has fears.

The fifth patients is Judith, who is first introduced in scene 8. She stabbed a woman to death in a bus, but does not believe she committed the crime. In addition, she does not believe she has a mental illness and believes the clinicians do not try to help her. During a conversation, in scene 10, Judith says "...I told her [her sister] about the BBC being here. I think it's very exciting. I'm glad to have the chance to dispel some of the myths about mental illness, even though I say I'm not mentally ill."³⁸ A voice-over of Theroux follows in which he explains that by denying that she has a mental illness, Judith is stalled in her treatment and may have to stay in the facility for the maximum term of her sentence, which is eight years. These interviews seem to portray Judith in a negative light. By thinking she is not mentally ill, while showing signs of a mental illness, Judith seems "crazy" and the treatment seems to fall short. While the narratives of the other patients are positive, Judith's narrative seems to be an exception.

The documentary closes with Theroux playing basketball with some of the patients, while a voice-over of Theroux can be heard in which he concludes with:

...I'd come to see it as a place of hope, tempered by an awareness of the limits of what medicine and caring can do. Here, the most humane impulses to help and to heal exist in a tension with a fear of risking more lives and more crime.³⁹

These concluding sentences summarize the documentaries perspective. They confirm the shift in perspective, from an apprehensive to a positive perspective on the mental health system and the patients themselves.

³⁸ Pickup, "Part 1", minute 31.24 – 31.39.

³⁹ Ibid., minute 57.46 – 58.09.

4.2. Style

4.2.1. Mise-en-scene

The documentary opens by showing high fences, signs that warn for danger and things that are not allowed. On top of this, police cars are shown as well as camera footage, which indicate that everyone is being watched at all times. This implies that the patients inside are dangerous and violent. However, later on in the documentary, more of the facility's surroundings are shown. Based on the sequence of the shots, for example in scene 6, it is suggested that the facility is located in a city and not for example in a secluded area.



Figure 1: scene 1



Figure 2: scene 1



Figure 3: scene 6



Figure 4: scene 6

In figures 1 -4 it becomes visible how the mise-en-scene changes from showing a dangerous environment to a safer environment located in the city.⁴⁰

What also adds to a positive feeling is the change of setting. This is the case in scene 13, which builds up to scene 14. In scene 13, Theroux visits William in a hotel room in which he has lived for a month. In scene 14, William leaves the hotel and goes to live with his mother. These two scenes show that it is possible for patients to recover and to return to society.

In terms of the lighting most shots are bright. A lot of shots make use of fluorescent light, which seems to imply something artificial and unfriendly. However, there are also many

⁴⁰ Figure 1: Pickup, "Part 1", minute 00.00.

Figure 2: Pickup, "Part 1", minute 00.06.

Figure 3: Pickup, "Part 1", minute 14.53.

Figure 4: Pickup, "Part 1", minute 14.55.

shots which use natural light coming through the windows. This usage is probably also due to the way the facility was built, and maybe has less to do with the decisions made by the team behind the documentary. Nonetheless, this influences the overall feeling of the documentary. Because the colors and lighting used are mostly rich and bright, this gives a more positive feeling to the documentary and the way in which the NGRI patients are viewed.

4.2.2. Framing

The earlier mentioned figurative images in the beginning of the documentary suggest a dangerous environment and dangerous criminals. However, later on in the documentary close-ups of flowers, a toy, inspirational quotes and handmade decorations are shown. These suggest a peaceful and comfortable environment and a change in perspective of the documentary.

What is noticeable about the framing of conversations is that in most cases, when Theroux interviews a patient, the camera shows a closer shot of Theroux than the shot shown of the patient. For example, this is done in scene 5 where Theroux interviews Cory for the first time. The camera is placed next to Theroux, whereas Cory stands across from him, facing Theroux and the camera straight-on. The shots of Theroux are closer, and consist of more close-ups and shots from the chest-up, whereas those of Cory are from further away and mostly from the waist up. This implies a certain distance towards Cory. Both from Theroux, as well as the perspective this conveys to the audience. Later on in the documentary, the shots seem to become more balanced. An example of this is scene 12 in which Theroux and Cory sit next to each other on Cory's bed. This already shows a closer relationship than earlier when they were standing across from each other. The shots of both Theroux and Cory are shown from up close and consist of a number of close-ups. This implies that both Theroux as well as the audience are getting to know Cory better and are more comfortable getting closer to him.



Figure 5: scene 5



Figure 6: scene 5



Figure 7: scene 12



Figure 8: scene 12

In figures 5-8 it becomes visible how the framing of Cory transitions from medium shots to close-ups, whereas Theroux's shots continue to be close-ups.⁴¹

In the scenes in which a patient has a conversation with a clinician, the framing of the shots does not show a significant difference. In most cases, the shots of both the clinician as well as the patient are shown from the same distance. An example of this is scene 6 in which Jonathan and Dr. Rukseniene converse.



Figure 9: scene 6



Figure 10: scene 6

In figures 9 and 10 it becomes clear how the framing of Dr. Rukseniene and Jonathan is almost identical.⁴²

⁴¹ Figure 5: Pickup, "Part 1", minute 11.53.

Figure 6: Pickup, "Part 1", minute 11.56.

Figure 7: Pickup, "Part 1", minute 38.49.

Figure 8: Pickup, "Part 1", minute 38.45.

⁴² Figure 9: Pickup, "Part 1", minute 15.59.

Figure 10: Pickup, "Part 1", minute 16.01.

The camera angle does not show a significant difference between the shots of either Theroux, the clinicians, the patients or the objects. Many are from a straight-on angle, and show the person or object from the same height as the height of the camera. A high angle shot, with the camera looking down at someone or at an object, was used in the case of someone, either a clinician or a patient, sitting down or an object being placed lower than the camera. Assuming that this was either done because of practical reasons or because something happened in-action, nothing significant can be concluded about the camera-angles being used.

4.2.3. Sound

Sound in this case includes non-diegetic music, diegetic sound and voice-overs. The documentary uses non-diegetic music at the beginning when Theroux introduces the documentary and the psychiatric facility he visits. The music that can be heard is mysterious and obscure. This underlines the tone of not knowing what to expect of the patients inside and feeling guarded. Later on, the music is particularly used during transitions between scenes and to create a more fluent transition between non-diegetic music and dialogue. The music used here is calm and serene piano music, which contributes to a quiet and peaceful mood. An example is the transition between scene 13 and 14, in which William leaves the hotel and visits his mother's house. The piano music covers the transition between these two scenes, and lingers under the dialogue at the start of scene 14.

In terms of diegetic sound, nothing particular is noticeable. The sounds from within the story world can be heard, such as the interviews and background noises.

Voice-overs are also applied, but are limited to Theroux's voice. He introduces the documentary, and subsequently, like the non-diegetic music, the voice-overs are especially used during transitions between scenes. During the transitions he mostly introduces the patient or clinician he interviews next, for example in scene 2, in which Theroux introduces Jonathan by saying: "...We were meeting Jonathan. A forensic patient who committed a violent crime against a family member seven years earlier."⁴³ Voice-overs are also used to reflect on a conversation Theroux just had, for example at the end of scene 10. Here Theroux reflects on what the consequences can be for Judith as long as she does not recognize that she is mentally ill. In addition, at the end of the documentary Theroux reflects on his visit to the psychiatric facility. In this reflection, as mentioned earlier, Theroux's implied positive perspective on the patients and the mental health system can be recognized.

⁴³ Pickup, "Part 1", minute 01.38.

4.3. Delivery

In terms of the non-verbal communication, referring to how something is said and the intonation used, Theroux often softens his voice when he asks a patient something more personal and less factual. An example of this occurs in scene 2. At a certain point, Theroux asks Jonathan about the time he had realized he had done something terrible, and what emotions he felt when he realized it. When asking these questions, Theroux's voice is softer and quieter. This is in contrast to when he asks question about for example Jonathan's mental illness. By changing the intonation, Theroux seems more empathic and thoughtful.

Regarding facial expressions, Theroux mostly keeps a neutral face when interacting with someone. He often can be seen nodding, as if to encourage the other to continue talking. An example can be seen during scene 5. When Cory explains what crime he had committed, Theroux frequently nods to encourage Cory to keep talking. However, in the same scene a very notable moment occurs. This is one of the few times in which Theroux "breaks character" and shows his own emotions where normally he would voice them. After Cory tells him that he thought that by getting shot by the police Obama would get elected, Theroux starts to chuckle. By showing his own emotions in this particular way, Theroux becomes less compassionate and it almost seems as if he ridicules Cory.



Figure 11: scene 5



Figure 12: scene 7

In figures 11 and 12 the difference in Theroux's facial expression can be seen. In figure 11, Theroux laughs as a response to Cory, whereas figure 12 shows Theroux's "usual" expression.⁴⁴

In most cases, when Theroux interviews someone, either a patient or a clinician, their posture is the same, meaning that they are either both standing or both sitting down. This can be connected to signaling an equal position between them. Additionally, during the interviews, Theroux often uses his hands to emphasize something when he talks. However, the gestures he makes do not seem to be implying something.

⁴⁴ Figure 11: Pickup, "Part 1", minute 13.28.
Figure 12: Pickup, "Part 1", minute 18.07.

4.4. Invention

In the documentary there is no use of in-artistic proof. However, artistic proof is used in different instances. An ethical proof to convince the audience that the filmmakers can be trusted and are trying to give a balanced view of NGRI patients, is that in the documentary different people are given the chance to voice their opinion. Not only Theroux, but also the patients and the clinicians. This shows that Theroux does not only take his own opinion into account, but also makes room for other perspectives. Theroux seems to have a positive perspective on the mental health system and the progress of the patients. However, the people who do not share this viewpoint are not shown in this documentary. So while the documentary may seem to give a balanced view by giving the people connected to the mental health system a chance to share their opinion, the documentary may be more biased than it seems at first glance.

This relates to *logos*, a convincing proof. The documentary tries to convince the audience of its positive perspective. This is done by showing clinicians who are proud of their patients and who are doing everything they can to help the patients. In addition, the patients themselves are shown while they are trying to progress in their treatment and by showing that they succeed in this. One patient, Judith, does not progress, which adds to a more negative perspective. However, her story could still add to the perspective the documentary tries to convey by using emotional proof.

To be able to convince the audience, emotional proof is used by responding to the emotions of the audience. In Judith's case, this is done by showing her story even though she does not progress in her treatment. Because her story is tragic, the audience may show compassion and might also become more prone to the stories of the other patients who are more successful in their treatment. Another way in which emotional proof is used, is by showing something personal of the patients. This happens on different occasions. For example in scene 12, in which Theroux and Cory look at pictures of Cory's family and talk about his childhood. Another example is scene 9 in which Theroux and Jonathan have a conversation about whether Jonathan loved his father. By showing such conversations, the audience can relate with the patients and create a positive feeling towards them.

5. Conclusion

To examine the way in which voice is used in the representation of NGRI patients in the documentary *By Reason of Insanity*, this documentary has been analyzed on the basis of Nichols' rhetoric voice. To answer the research question "How does the first episode of the two-part documentary series *Louis Theroux: By Reason of Insanity* use voice in its representation of NGRI patients?", it can be concluded that voice is used to try to convince the audience of its positive perspective on mentally ill patients and their treatment. This can be derived from the analysis of the categories *arrangement, style, delivery and invention*. At first the documentary showed a somewhat apprehensive view, but this changed into a more positive view throughout the documentary and changed the way in which it showed its subjects in all categories.

What can be concluded about arrangement is that the narrative of the documentary as a whole, as well as each individual story of the patients, progresses as the documentary goes on. For example, when Theroux first meets a patient the subject of conversation is distant. However, as Theroux gets to know the patient better, the interviews become more personal and show the patients in a more humane light.

In terms of style, the beginning of the documentary showed shots of fences and danger signs, and patients are shown from a greater distance than Theroux himself. These images add to a negative representation. However, these change towards more hopeful signs, such as inspirational quotes, and more shots of the patients up close. Additionally, the sounds in the documentary show the same progression. Where first the non-diegetic sounds are sinister, they later become more soothing. In terms of Theroux's voice-overs, these convey Theroux's own, subjective standpoint. Thus, they are applied in a way that Bruzzi and Youdelman, as described in chapter two, would support, as opposed to Nichols' preference for an objective standpoint.

In regards to delivery there seems to be some friction in the way in which Theroux shows his own emotions. In most of the documentary Theroux keeps a neutral face and tells the patients, clinicians and the audience what he thinks or feels. Furthermore, when Theroux talks to a patient about something personal, he softens his voice. However, in scene 6 a striking moment occurs in which Theroux laughs at Cory's way of reasoning. This makes Theroux seem unsympathetic in regards to Cory, almost as if he mocks Cory.

Lastly, invention. Not only Theroux, but also patients and clinicians get to voice their opinion. However, opponents of the way in which the mental health system works are not shown. Therefore, the documentary tries to convince the audience of its own perspective on this subject matter. To this end, the documentary follows patients with positive stories. By

following Judith, who does not make progress and whose story is tragic, the hope is to appeal to the audience's emotions and who therefore are thought to become more sensitive to the documentary's perspective.

Based on the results of this research, it can be concluded that this episode of the documentary does not fit within the established framework as discussed in chapter two. Chapter two showed that the existing representations of mental illness and crime often refer to each other and make it seem as if the two relate. The way in which this represents both sides adds to a feeling of "us" versus "them" and a feeling of otherness. Central to *By Reason of Insanity* is a subject that involves mental illness and crime. However, it does not necessarily show the two as being related to each other. Meaning that even though the mentally ill patients have committed violent crimes, the documentary itself does not show them as violent. On the contrary, it tries to show the mentally ill patients as people who try to make progress in their treatment and improve themselves. This documentary thus seems to be an exception by showing a positive representation of this subject.

However, based on this research, it seems as if Nichols has overlooked a few things that could be relevant to examine in relation to voice. As also touched upon in chapter two, by referring to Grindon, not all documentaries use voice in a literal way by using voice-overs. Many documentaries also work with a presenter who can be seen onscreen, as is also the case in *By Reason of Insanity*. While this research has drawn upon Nichols' theory, it seems as if this theory has overlooked other possible forms of voice. Nichols' theory does not seem to take into account that, when a filmmaker or interviewer is visible on screen, the voice is visible in the form of the filmmaker or interviewer themselves.

In relation to the filmmaker, it could be argued that the background of the filmmaker influences how the audience perceives their voice. Yet, Nichols' theory does not seem to touch upon this subject. In the case of *By Reason of Insanity*, Theroux is a British documentary maker who investigates an American psychiatric facility. This difference in background could have an influence on how the audience perceives Theroux and his point of view. For example, the audience could have prejudgments based on his British accent.

Furthermore, this research is limited and therefore future research could focus on other aspects to add to the academic field of documentary and representation. First of all, this research showed that *By Reason of Insanity* portrays the mental health care system in a positive light. However, it remains unclear if this perspective applies to the system in general, or just for the system in this particular facility or country (the United States). In relation to Theroux's documentaries, future research can focus on comparing different documentaries by Theroux, to get a better overall view of how he represents people and subjects in his documentaries. Additionally, as explained in chapter two, FitzSimons stated that voice examines the final product of a production, but does not look at the process of reaching this

product. Thus, nothing is known about the process and what occurred behind the camera. For example, it is not known to what extent Theroux set up or planned certain events and interviews, or if they all happened naturally. However, what happened behind the camera could have a large influence on how things appear on camera, and is therefore relevant to examine. In relation to the production process, more should become known about Theroux's process of making the documentary and reaching out to (potential) interviewees and collaborators, to be able to examine if the choric voice, which FitzSimons speaks of, could be applied to Theroux's documentary. Lastly, this research has drawn upon Nichols' theory on voice. However, if it were based on another theory the conclusion may have been different. This is something that future research could focus on, by using other theories to research representation in documentaries.

Regardless of such limitations my research is one of the few which have focused on voice in Theroux's documentaries. By doing so, this study was able to conclude that this documentary has used the aspects of voice to convey a more positive view than the usual stereotypical negative view of NGRI patients and the mental health system.

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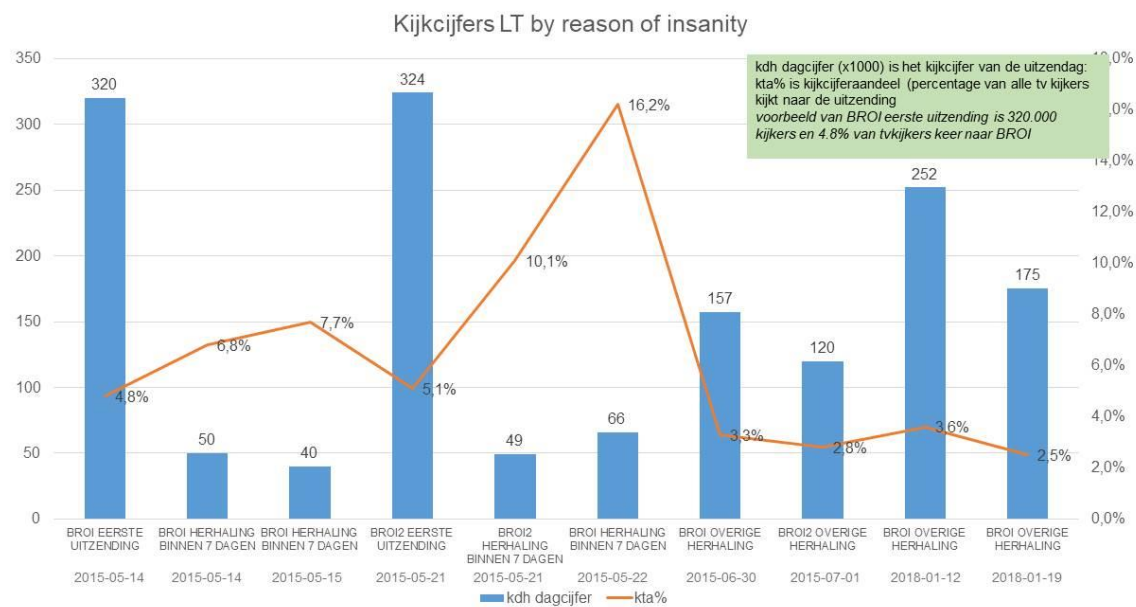
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Appendix

Attachment 1: Table Stichting KijkOnderzoek



Source: Private mail conversation with Stichting KijkOnderzoek

Attachment 2: Sequence analysis

Abbreviations:

T = Louis Theroux

Framing:

EL = extreme long shot
 L = long shot
 ML = medium long shot
 M = medium shot
 MC = medium close up
 C = close – up
 EX = extreme close up

Lighting

NL = natural light
 FL = fluorescent light

Camera angle

SO = straight-on angle
 H = high angle
 L = low angle

Sound

D = diegetic sound
 ND = non-diegetic sound
 A voice-over is also non-diegetic, but will be named separately

Scene + time	Event	Mise-en-scene	Framing	Camera angle	Sound
1. 00:00	1.1 Building with high fences and big sign “Authorized personnel only” 1.2 Big sign “NO deadly weapons, NO dangerous ordnance, NO drugs of abuse, NO intoxicating liquids 1.3. Security camera seen through fence 1.. T walks towards camera 1.5. T walks past camera 1.6. T walks into building 1.7. Someone opens door for T, they walk inside 1.8. T and “other person” walk through hallway 1.9 Someone’s feet get shackled 1.10. T stands on the side, while officers put handcuffs on patient 1.11. Row of patients 1.12. Patient takes pills 1.13 T talks to patient	1.1. Daylight, high fences 1.2. Daylight 1.3. Darker outside, camera focuses from security camera to fence 1.4. Bright daylight, T in everyday clothes 1.5. Camera monitor, blue color spectrum 1.6. Camera monitor, blue color spectrum 1.7. T in daily clothes, other person in dark green uniform, FL 1.8. FL, brick walls 1.9. FL 1.10. FL, T in daily clothing, two officers in uniform, patient in a t-shirt, narrow hallway 1.11. FL, light hallway, faces of patients darker 1.12. Light shines onto patient’s face	1.1 L 1.2 C 1.3 C 1.4 L 1.5. L 1.6 L 1.7 M 1.8 MC 1.9 C 1.10 M 1.11 MC 1.12 M 1.13 MC 1.14 M 1.15 ML 1.16 L	1.1 SO 1.2 SO 1.3 SO 1.4 SO 1.5 H 1.6 H 1.7 SO 1.8 SO 1.9 H 1.10 –1.27 SO 1.28. TITLE	1.1 ND 1.2 ND 1.3 ND 1.4 - 1.12 Voice-over T 1.13 D + ND 1.14. D + ND 1.15 Voice-over T + ND 1.16. Voice-over T + ND 1.17. D 1.18 – 1.22 D + ND 1.23 – 1.27 Voice-over T + ND 1.28. ND

	<p>1.14 Patient answers 1.15. T walks in hallway 1.16. People walking in hallway 1.17. T listens to someone off screen 1.18 Patient talks 1.19. Clinician looks at papers 1.20. Patient talks 1.21. Clinician listens 1.22. Patient talks 1.23 T listens 1.24. Someone nodding 1.25 Multiple people sitting at table 1.26. Patient walking in hallway 1.27. Patient waving from car 1.29. TITLE</p>	<p>1.13 – 1.26. FL 1.27. NL 1.28. TITLE</p>	<p>1.17. MC 1.18 MC 1.19 MC 1.20 MC 1.21. C 1.22. MC 1.23. M 1.24. MC 1.25. L 1.26. L 1.27. L 1.28. TITLE</p>		
2. 01:19	<p>2.1 T walks toward building 2.2 T enters building 2.3. Dr. Borack opens door for T 2.4. Borack and T walk through building 2.5. Borack knocks on Jonathan's door, Jonathan opens door. 2.6 Borack and T enter 2.7. T interviews Jonathan 2.8. Borack listens 2.9. T asks questions about Jonathan's crime 2.10. Jonathan answers 2.11. T interviews Jonathan 2.12. T listens 2.13. Jonathan talks about his illness and the thoughts he had 2.14. T nods 2.15. Jonathan continues 2.16. T asks question about Jonathan's crime 2.17. Jonathan explains how he committed the crime 2.18. T listens 2.19. Jonathan continues 2.20 T listens 2.21. Jonathan continues</p>	<p>2.1. Police car in front of building, NL 2.2 NL 2.3. FL 2.4. FL, T in everyday clothes, Borack in white shirt 2.5. Dark hallway, light through the window, Jonathan dark silhouette 2.6. Slightly dark room, light shines through window 2.7 – 2.47 Slightly dark room, some florescent and NL, white walls</p>	<p>2.1. M 2.2. L 2.3. M 2.4. ML 2.5. M 2.6. M 2.7. MC 2.8. MC 2.9. MC 2.10 MC 2.11. M 2.12.- 2.16. MC 2.17. M 2.18. MC 2.19. MC 2.20. C 2.21. MC 2.22. MC 2.23. MC 2.24. M 2.25. MC, camera pans to M of Jonathan</p>	<p>2.1. – 2.30 SO 2.31. H 2.32 – 2.44. SO 2.45. H 2.46. SO 2.47. SO</p>	<p>2.1. - 2.5. D + voice-over T 2.6. – 2.46. D 2.47. ND</p>

	<p>2.22. Borack listens 2.23. T asks when Jonathan realized he had done something terrible 2.24. Jonathan answers 2.25 T asks how he felt when he realized that, Jonathan answers 2.26. T listens 2.27. Jonathan continues 2.28. Jonathan continues 2.29. T asks Borack about Jonathan's progress 2.30. T listens 2.31. Borack answers 2.32. T asks about Jonathan's diagnoses 2.33. T asks Borack a question, Borack answers 2.34. T asks a question 2.35. Borack listens 2.36. T asks a question about the illness 2.37. Borack answers 2.38. T listens 2.39. Borack continues 2.40 Jonathan listens 2.41. T asks Jonathan about his family 2.42. Jonathan answers 2.43. T asks if Jonathan loved his father, Jonathan answers 2.44. T asks question about Jonathan not showing any visible emotions 2.45. Borack answers 2.46. T says he is not suggesting the emotions are not there, but that they are less visible than one might wish 2.47. Jonathan looks at T</p>		<p>2.26. MC 2.27. M 2.28. MC 2.29. MC, camera pans to Dr. Borack and Jonathan 2.30. MC 2.31. ML 2.32. MC 2.33. MC, camera pans to Borack 2.34. - 2.39. MC 2.40. M 2.41. MC 2.42. M 2.43. MC, camera pans to M of Jonathan 2.44. MC 2.45. M 2.46. C 2.47. MC</p>		
3. 06:39	<p>3.1. T walks through hallway 3.2. Camera moves through door, past security 3.3. Hands with sponge in pot 3.4. Handmade pots, someone sits in the background 3.5. T sits and listens 3.6. Patients sitting on chairs and reading 3.7. Patient reading out loud</p>	<p>3.1. NL through windows, narrow hallway, light colors 3.2. NL through windows, large green doors, security in uniform 3.3. – 3.5. NL 3.6. NL, patients in everyday clothes 3.7. NL</p>	<p>3.1. MC 3.2. LS 3.3. C 3.4. L 3.5. M 3.6. ML 3.7. M</p>	<p>3.1. - 3.8. SO 3.9. H 3.10. SO 3.11. H 3.12. H 3.13. SO 3.14. H</p>	<p>3.1. ND 3.2. ND 3.3. ND + voice-over T 3.4. ND + voice-over T 3.5. D + ND 3.6. D + ND 3.7. D + ND</p>

	<p>3.8. Woman nodding 3.9. Open door with sign “therapy” 3.10. Cory standing in front of counter 3.11. Pills being placed on counter 3.12. Cory reading names of medication, woman watching 3.13. Cory opening pill bottle 3.14. Pill bottle 3.15. Cory talking to person behind the counter 3.16. Cory talking and opening pill bottle 3.17. People walking through hallway 3.18. People walking through hallway 3.19. Someone playing a game 3.20 Piece moved across the board 3.21. Someone in the kitchen 3.22. Food in the kitchen 3.23. T stands in hallway, someone walks past with trolley full of books</p>	<p>3.8. NL through window 3.9. NL 3.10. FL, white walls 3.11. FL, orange bottles 3.12. FL, papers stuck on wall, first aid kit 3.13. FL, white walls, turquoise colored chairs, pamphlets in background 3.14. FL, orange bottles 3.15. FL 3.16. FL, turquoise colored chairs in background, white walls 3.17. FL, white- turquoise walls and stairs, people in everyday clothes 3.18. FL, white-turquoise walls and stairs, people in everyday clothes 3.19. FL, black-white checkerboard, red pieces, turquoise walls 3.20. FL, black-white checkerboard, red piece 3.21. FL, boxes, paper stuck on wall, wrapping paper, kitchen appliances 3.22. FL, food in wrapping paper 3.23. T stands against brick walls</p>	<p>3.8. MC 3.9. L 3.10. M 3.11. C 3.12. MC 3.13. M 3.14. C 3.15. MC 3.16. M 3.17. L 3.18. ML 3.19. MC 3.20. C 3.21. M 3.22. C 3.23. L</p>	<p>3.15. SO 3.16. SO 3.17. SO 3.18. SO 3.19. L 3.20. SO 3.21. SO 3.22. H 3.23. SO</p>	<p>3.8. ND 3.9. ND + voice-over T 3.10. ND + voice-over T 3.11. ND + voice-over T 3.12. - 3.16. D + ND 3.17. ND + voice-over T 3.18. ND + voice-over T 3.19. ND + voice-over T 3.20. ND + voice-over T 3.21. D + voice-over T 3.22. ND + voice-over T 3.23. D + voice-over T + ND</p>
<p>4. 07:27</p>	<p>4.1. T greets Eric 4.2. Eric walks around with trolley, T follows him 4.3. T asks what is in the bags, Eric shows him 4.4. Stuffed animal 4.5. Eric talks to T 4.6. T asks about the stuff in the bags 4.7. T squeezes toy 4.8. Eric talks to T 4.9. T listening 4.10. Eric continues talking 4.11. T asks Eric a question 4.12. Eric answers 4.13. T follows Eric through hallway 4.14. T and Eric behind desk 4.15. Eric grabs box 4.16. Eric puts stuff in the box</p>	<p>4.1. FL, brick walls, painting on the walls, heavy white closed doors, plants in background, Eric in everyday clothes, wears a hat 4.2. FL, brick walls, heavy white, closed doors, bulletin board on wall 4.3. Colorful painted sheet on brick wall, bright orange-red stuffed animal 4.4. Bright orange-red stuffed animal 4.5. Colorful painted sheet on brick wall 4.6. Colorful painted sheet on brick wall, bright orange stress toy 4.7. Bright orange stress toy, colorful painted sheet on brick wall, 4.8. White door in background, colorful painted sheet on brick wall</p>	<p>4.1. M 4.2. ML 4.3. M 4.4. EC 4.5. M 4.6. MC 4.7. C 4.8. MC 4.9. MC 4.10. MC 4.11. M 4.12. M 4.13. ML 4.14. ML 4.15. C 4.16. C</p>	<p>4.1. SO 4.2. SO 4.3. SO 4.4. H 4.5. - 4.14. SO 4.15. H 4.16. H 4.17. H 4.18. - 4.22. SO</p>	<p>4.1. D + voice-over T + ND 4.2. D + ND 4.3. – 4.21. D 4.22. D + ND</p>

	<p>4.17. Eric puts box back under table 4.18. T and Eric talk and walk through hallway, T asks about the level that Eric is on 4.19. T and Eric talk and walk through hallway, Eric pushes trolley, T asks about going outside 4.20. T and Eric talk and walk through hallway 4.21. T and Eric greet each other 4.22. Eric leaves through door, woman closes door behind him</p>	<p>4.9. Colorful painted sheet on brick wall 4.10. White door in background, colorful painted sheet on brick wall 4.11. . Colorful painted sheet on brick wall 4.12. White door in background, colorful painted sheet on brick wall 4.13. Narrow, white hallway, bright FL 4.14. FL in hall, darker behind desk, computers, chairs, 4.15. Dark corner, dark blue box 4.16. Dark blue box, various bright colored toys, FL on desk 4.17. FL in hall, lots of paper work on desks 4.18. Brick walls, wooden bench, plants, FL, white doors 4.19. Brick walls, FL, black doors and windows, painting on walls, plants 4.20. Brick walls, FL, black doors and windows, painting on walls, plants 4.21. Brick walls, painting on wall, white door, plants 4.22. White, heavy-looking, door, FL, plants, painting on brick wall</p>	<p>4.17. M 4.18. MC 4.19. M 4.20. MC 4.21. ML 4.22. L</p>		
5. 09:53	<p>5.1. Building from outside, American flags in front of building, geese walk on grass 5.2. T walks through hallway 5.3. Sign "Unit K" 5.4. T follows psychologist 5.5. Cory stands up and follows psychologist 5.6. T, Cory and psychologist enter room 5.7. Cory listens, looks down 5.8. Psychologist talking 5.9. T listens 5.10. Psychologist continues talking 5.11. Cory listens and answers question about leaving 5.12. T listens 5.13. Cory continues talking</p>	<p>5.1. NL, white building, bright green grass 5.2. Dark hallway, FL, white walls 5.3. Black sign on white wall 5.4. Dark sitting area, FL where Cory is sitting, decoration on walls, bright blue computer screen 5.5. Cory in dark corner, blue computer screen, bulletin board on wall, turquoise chairs 5.6. FL, narrow hallway, white walls 5.7. FL, bulletin board in background, white wall, Cory's face a bit dark, looking down 5.8. Psychologist in more light, white walls 5.9. Sitting against wall, face in light, FL 5.10. White walls, FL</p>	<p>5.1. EL 5.2. L 5.3. EC 5.4. M 5.5. MC 5.6. ML 5.7. MC 5.8. MC 5.9. MC 5.10. MC 5.11. MC 5.12. C 5.13. MC 5.14. M 5.15. MC</p>	<p>5.1. SO 5.2. SO 5.3. SO 5.4. SO 5.5. H 5.6. - 5.17. SO 5.18.H to SO 5.19. H 5.20. - 5.35. SO 5.36. L 5.37.-5.42. SO</p>	<p>5.1. ND 5.2. ND + voice-over T 5.3. ND + voice-over T 5.4. D + ND 5.5. D + ND + voice-over T 5.6. D + ND 5.7. - 5.21. D 5.22. D + voice-over T 5.23. Voice-over T 5.24. - 5.42. D</p>

<p>5.14. Psychologist listens and nods 5.15. T listens 5.16. Psychologist talks, asks if Cory could see himself leaving 5.17. Cory listens 5.18. Cory's hands are shaking, answers psychologist 5.19. Cory's hands are shaking 5.20. Cory listens 5.21. Cory and T leave the room 5.22. Cory shows T his room 5.23. Nurse Sheryl 5.24. T asks Cory about his crime 5.25. T asks what happened 5.26. Cory answers 5.27. T listens and nods 5.28. Cory continues, says he thought a conspiracy was happening and he had to commit suicide, police came 5.29. T listens and nods 5.30. Cory continues, he hit the police and got shot in his legs 5.31. T listens 5.32. Cory continues, he was on the news and though he influenced the outcome of the elections 5.33. T asks question 5.34. Cory answers, T laughs and asks Sheryl if there is some sort of logic in Cory's thinking, Sheryl doesn't answer 5.35. T looks at Martin Luther King Jr. poster 5.36. Martin Luther King Jr. poster, "Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that." 5.37. Martin Luther King Jr. poster 5.38. T listens and nods head 5.39. Cory talks 5.40. T says he doesn't think Cory's actions made a difference for the elections, Cory agrees, Sheryl agrees</p>	<p>5.11. FL, bulletin board in background, white wall 5.12. Sitting against wall 5.13. FL, bulletin board in background, white wall 5.14. Desk, papers, computer and phone on desk, FL 5.15. Leaning against wall, bulletin board, chair and bin in background 5.16. Leaning on desk, computer on desk, FL 5.17. Bulletin board and chairs 5.18. Hands shaking, chair and bulletin board in background 5.19. Dark clothing, hands shaking 5.20. Chair and bulletin board in background 5.21. Decorations on door, bulletin board, FL 5.22. FL, posters on orange wall 5.23. Orange-white walls 5.24. FL, wardrobe, orange and white walls, poster on wall, bulletin board, shoes on floor 5.25. FL, wardrobe, orange walls, poster on wall 5.26. Bulletin board, shoes on floor, white wall 5.27. FL, wardrobe, orange walls, poster on wall 5.28. White walls, bulletin boards on wall, shoes on floor, bed, window 5.29. FL, wardrobe, orange walls, poster on wall 5.30. White walls, bulletin boards on wall, shoes on floor, bed, window 5.31. FL, wardrobe, orange walls, poster on wall 5.32. White walls, bulletin boards on wall 5.33. FL, wardrobe, orange walls, poster on wall, bed, desk and chair, window 5.34. Orange-white walls, bulletin boards on wall, poster on wall, shoes on floor, bed,</p>	<p>5.16. MC 5.17. MC 5.18. C to MC 5.19. C 5.20. MC 5.21. M 5.22. ML 5.23. M 5.24. MC to M 5.25. MC 5.26. M 5.27. C 5.28. MC to M 5.29. C 5.30. M 5.31. MC 5.32. MC 5.33. MC 5.34. M to MC to M 5.35. M 5.36. EC 5.37. C 5.38. C 5.39. M 5.40. MC to M 5.41. MC to M 5.42. MC to M</p>		
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	<p>5.41. T ask question, Cory answers 5.42. T asks question about hitting the police, Cory answers, and says he feels awful about it</p>	<p>window, desk with chair 5.35. Orange wall, Martin Luther King Jr. poster, FL 5.36. Text Martin Luther King Jr. poster, orange wall 5.37. Martin Luther King Jr. poster, orange wall 5.38. FL, wardrobe, orange walls, poster on wall 5.39. White walls, bulletin boards on wall, shoes on floor, bed, window 5.40. – 5.42. Orange-white walls, bulletin boards on wall, poster on wall, shoes on floor, bed, window, desk with chair</p>			
6. 14:47	<p>6.1. Building from outside 6.2. City skyline, sun comes up 6.3. Tree branches, in the background highway 6.4. T driving in car 6.5. Grass field, geese flying away, in the background a building and flags 6.6. Jonathan walks into room full of clinicians 6.7. Jonathan's psychiatrist Dr. Rukseniene talks 6.8. Jonathan listens 6.9. Dr. Borack listens, Dr Rukseniene talks, Jonathan listens 6.10. T listening 6.11. Jonathan listening 6.12. Dr. Borack listens 6.13. Dr. Rukseniene talking about what Jonathan is allowed to do within level 5 6.14. Jonathan listens and answers question 6.15. Jonathan gets up 6.16. Jonathan leaves and closes the door 6.17. T asks Dr. Rukseniene how she thinks it went 6.18. Dr. Borack answers. 6.19. T listens to Dr. Rukseniene 6.20. Dr. Rukseniene talks about how she thinks Jonathan is doing 6.21. T listening</p>	<p>6.1. Dark outside, light coming from inside the building, some light on the horizon 6.2. Bright orange sun, black skyline, clouds 6.3. Green tree branches, in the background cars driving on highway 6.4. Sunlight shines on T's face 6.5. Sunlight, buildings in background, green grass field , geese flying away 6.6. Light coming from outside through windows, sitting area, television, carpet on floor. Room with cupboards, bulletin board, table and chairs 6.7. Papers binders, telephone on desk, FL 6.8. Green shirt, grey wall 6.9. Papers binders, telephone on desk, FL, bulletin board in background 6.10. Bulletin board with various papers on it, grey walls, cupboards and coffee pot in background 6.11. Green shirt, grey wall, electronic device in background 6.12. Borack in white shirt sitting behind computer, bulletin board in background 6.13. Computer, papers, phone on desk 6.14. - 6.15. Green shirt, grey wall, electronic</p>	<p>6.1. EL 6.2. EL 6.3. C 6.4. MC 6.5. EL 6.6. L 6.7. MC 6.8. MC 6.9. M 6.10. MC 6.11. MC 6.12. M 6.13. MC 6.14. MC 6.15. M 6.16. ML 6.17. MC to M 6.18. M 6.19. C 6.20. M 6.21. MC 6.22. M 6.23. M 6.24. MC 6.25. MC</p>	<p>6.1. SO 6.2. SO 6.3. H 6.4. SO 6.5. SO 6.6. SO 6.7. H 6.8. SO 6.9. H 6.10. SO 6.11. SO 6.12. H 6.13. H 6.14. H 6.15. SO 6.16. SO 6.17. SO to H 6.18. H 6.19. SO 6.20. H 6.21. SO 6.22. H 6.23. H 6.24. SO 6.25. SO</p>	<p>6.1. D + ND 6.2. D + ND 6.3. ND 6.4. ND 6.5. ND 6.6. ND + D + voice-over T 6.7. ND + voice-over T + D 6.8. Voice-over T + ND 6.9. ND + D 6.10. – 6.25. D</p>

	<p>6.22. Dr. Rukseniene continues 6.23. Dr. Borack and Dr. Rukseniene talk 6.24. T listening 6.25. Dr. Rukseniene continues</p>	<p>device in background, cupboards 6.16. Closet, grey walls, brown door, bulletin board with papers on it 6.17. Bulletin board with various papers on it, grey walls, closet, table with chairs around it 6.18. Bulletin board, computer, papers on desk 6.19. Grey wall, bulletin board, cupboards and coffeepot in background 6.20. Papers on desk, chair 6.21. Grey wall, bulletin board, cupboards and coffeepot in background 6.22. Papers on desk, chair 6.23. Bulletin board, computer, grey wall 6.24. Grey wall, bulletin board, cupboards and coffeepot in background 6.25. Papers on desk, chair</p>			
7. 17:10	<p>7.1. T walks through hallway, seen through glass, people sitting around tables 7.2. People standing in line 7.3. Someone hands over cutlery folded in napkin to someone else 7.4. Plate with food on counter 7.5. T sitting at table, next to someone eating 7.6. Someone eating 7.7. Birds flying 7.8. Bird cage 7.9. William walks towards camera, with guitar and a piece of paper in his hands. He is approved for conditional release 7.10. Conversation between T and William 7.11. William talks to T about his former job 7.12. Conversation between William and T continues 7.13. Clinicians in hallway 7.14. William talks about his diagnoses 7.15. T nods 7.16. William talks about his crime 7.17. T asks question</p>	<p>7.1. NL shines through windows, white-green walls, brown door, brown tables with green chairs 7.2. Grey hallway, FL 7.3. Cutlery in napkin 7.4. Blue plate with food 7.5. NL from outside, light room 7.6. NL from outside, light room 7.7. Brown birdcage, brown bird, NL 7.8. Brown birdcage, brown bird, NL, plants 7.9. White walls, brown doors, chairs with green chairs, NL 7.10. Large room with sitting area, NL through windows 7.11. – 7.12. White walls, brown doors, chairs with green chairs, NL 7.13. Hallway, FL 7.14. – 7.21. White walls, brown doors, chairs with green chairs 7.22. Grey desk, NL 7.23. Grey desk, NL, small brown paper bag,</p>	<p>7.1. L 7.2. ML 7.3. C 7.4. C 7.5. M 7.6. M 7.7. EC 7.8. C 7.9. L 7.10. MC to M 7.11. MC 7.12. MC 7.13. ML 7.14. M 7.15. - 7.19. MC 7.20. C to MC 7.21. ML 7.22. M to MC 7.23. M 7.24. C 7.26. M 7.27. MC</p>	<p>7.1. - 7.22. SO 7.23. H 7.24. SO 7.25. SO 7.26. SO 7.27. H 7.28.- 7.55. SO</p>	<p>7.1. ND 7.2. ND + D 7.3. - 7.6. ND 7.7. ND + D 7.8. ND + D + voice-over T 7.9. ND + voice-over T + D 7.10. - 7.42. D 7.43. - 7.46. D + ND 7.47. ND 7.48. ND + D 7.49. - 7.55. D</p>

<p>7.18. William answers 7.19. T listens 7.20. William continues, points to his head, laughs, and continues his conversation with T 7.21. T looks at William 7.22. Dr. Rukseniene behind counter, asks William if he is ready 7.23. Clinician hands over bag with instructions and medicine to William 7.24. Pill bottles 7.25. T listens 7.26. Clinician underlines things on the instructions and hands them to William 7.27. William looks 7.28. Clinician hands over bag of pills 7.29. Conversation between clinician and William, Williams says he want to talk to Dr. Rukseniene 7.30. Dr. Rukseniene listens to William 7.31. William tells Dr. Rukseniene he feels low 7.32. William talks to Dr. Rukseniene 7.33. Dr. Rukseniene listens, William continues 7.34. Dr. Rukseniene listens 7.35. William continues 7.36. T listens 7.37. Dr. Rukseniene asks questions 7.38. William scratches his neck 7.39. Dr. Rukseniene asks what happens if William does not take his medicine, William answers 7.40. William continues 7.41. T listens 7.42. Dr. Rukseniene and William look at each other 7.43. Clinician asks if William is ready. William follows. Other people wave William goodbye 7.44. Someone wishes William good luck, they shake hands. Williams walks towards door 7.45. Someone greets William 7.46. William answers and waves 7.47. T watches 7.48. William walks through hallway, other people</p>	<p>papers, table and chairs in background 7.24. Green box, orange pill bottles 7.25. White walls, brown doors, chairs with green chairs, light from outside 7.26. Counter with brown bag, orange pill bottles, green box, papers. 7.27. White walls, tables with green chairs 7.28. Transparent plastic bag with pills, orange pill bottle 7.29. Counter with brown bag 7.30. Counter with papers 7.31. Counter with papers, white walls, brown doors, tables with green chairs 7.32. Counter with papers, white walls, brown doors, tables with green chairs 7.33. Blue walls, room somewhat dark 7.34. Blue walls, room somewhat dark 7.35. White walls, brown doors, tables with green chairs 7.36. White walls, brown doors, tables with green chairs, light from outside 7.37. Blue walls, room somewhat dark 7.38. Room somewhat dark 7.39. Blue walls, room somewhat dark, papers on counter, tables with green chairs 7.40. White walls, brown doors, tables with green chairs 7.41. White walls, brown doors, tables with green chairs, light from outside 7.42. White walls, brown doors, tables with green chairs, counter, room somewhat dark 7.43. Counter, trolley with bags on top, light coming from outside through windows 7.44. Trolley with bags on top, wooden doors, guitar case 7.45. Blue doors 7.46. White walls, very light hallway, paper bags 7.47. White-blue hallway, bright light</p>	<p>7.28. C 7.29. - 7.37. MC 7.38. C 7.39. - 7.42. MC 7.43. M to ML 7.44. M to ML 7.45. ML 7.46. M 7.47. M 7.48. ML 7.49. - 7.53. MC 7.54. C to MC 7.55. MC</p>		
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	<p>follow him 7.49. T asks Dr. Rukseniene how she thought it went with William, she answers 7.50. T looks 7.51. Dr Rukseniene continues 7.52. T listens 7.53. Dr. Rukseniene continues 7.54. T asks another if she would withhold William's approval to leave, if she would have seen any signs of mood instability. Dr. Rukseniene answers 7.55. T asks if it crossed her mind to withhold the approval, Dr. Rukseniene hesitates and says "Obviously I was thinking about it."</p>	<p>7.48. White-blue hallway, light through window 7.49. White-blue walls, light in the foreground, darker in the background, light through windows 7.50. White wall 7.51. White-blue walls, light through window shines on face 7.52. White wall, phone, green chair, checkerboard 7.53.- 7.55. White-blue walls, light through window shines on face</p>			
8. 23:14	<p>8.1. Window, bushes outside 8.2. Main entrance, seen through mirror 8.3. Checkerboard 8.4. T plays card game with Judith, they sit at a table 8.5. T looks at his cards 8.6. T places card on the table, Judith picks cards from deck 8.7. Judith places cards on table 8.8. T places four cards on table 8.9. Judith asks if T can shuffle 8.10. T shuffles 8.11. Judith talks about shuffling, T shuffles 8.12. Someone sitting in a chair, talking on the phone 8.13. Judith and T talk about playing bridge 8.14. Judith divides cards 8.15. T asks about Judith's crime, she answers that they said she stabbed a woman on a bus 8.16. T listens 8.17. Judith continues 8.18. T asks if she says she did not commit this crime, Judith says "yes" 8.19. T asks about Judith's diagnosis, Judith answers 8.20. T asks another question 8.21. Judith answers 8.22. T asks if she thinks she has schizophrenia,</p>	<p>8.1. Dark from inside, NL from outside. The window and outside are visible 8.2. Dark inside, light from outside through windows 8.3. Black-white checkerboard with red and black pieces, chair, table 8.4. Playing cards, large area with ping pong table and turquoise chairs, FL, white walls, brown doors 8.5. Looking down , playing cards 8.6. Placing cards on table, deck of cards 8.7. Playing cards, placing them on table 8.8. Playing cards on table 8.9. Playing cards on table, in the background large area, FL 8.10. Shuffling cards 8.11. Shuffling cards, FL 8.12. Hallway, turquoise chair, white walls, brown doors 8.13. Shuffling cards, FL, white walls, brown doors 8.14. Cards on table, get divided, turquoise chairs in background 8.15. Turquoise chair, white walls, brown doors</p>	<p>8.1. C 8.2. EC 8.3. C 8.4. MC 8.5. MC 8.6. C 8.7. M 8.8. C 8.9. M 8.10. C 8.11. MC 8.12. L 8.13. M 8.14. C to MC 8.15. MC 8.16. MC 8.17. M 8.18. MC to M 8.19. MC to M 8.20. M 8.21. M 8.22. MC to M 8.23. M 8.24. MC to M 8.25. MC</p>	<p>8.1. - 8.5. SO 8.6. H 8.7. SO 8.8. H 8.9. SO 8.10. H 8.11. SO 8.12. SO 8.13. SO 8.14. H 8.15.- 8.25. SO 8.26. H 8.27. SO</p>	<p>8.1. ND 8.2. ND 8.3. ND + D 8.4. ND + D 8.5. ND 8.6. ND + voice-over T 8.7. ND + voice-over T 8.8. ND + D 8.9. ND + D 8.10. - 8.25. D 8.26. ND + D 8.27. ND</p>

	<p>Judith says she does not think so 8.23. T asks Judith questions about what level she is on 8.24. T asks if she likes it here (in the psychiatric facility), Judith answers that she does not 8.25. T asks if she believes the treatment team are trying to help her, Judith answers 'no' 8.26. T shuffles cards 8.27. Someone sitting on a table with newspapers, in the background T and Judith play cards</p>	<p>8.16. White wall, brown door 8.17. – 8.22. Turquoise chair, white walls, brown doors, FL 8.23. Turquoise chair, white walls, brown doors, playing cards on table 8.24. – 8.25. Turquoise chair, white walls, brown doors 8.26. Shuffling cards 8.27. Turquoise chairs, white walls, brown doors, FL, newspapers on table, someone in orange t-shirt</p>	<p>8.26. C 8.27. L</p>		
9. 25.58	<p>9.1. Heart with the text "Welcome to unit J" 9.2. Videogame 9.3. Fingers pushing buttons 9.4. Two people looking at the game 9.5. Room with chairs, someone walking through the area 9.6. T walks towards Jonathan, they greet each other 9.7. T, Jonathan and someone else enter another room 9.8. T and Jonathan stand in front of vending machines, Jonathan get a drink from a vending machine 9.9. Jonathan watches as T walks towards vending machine 9.10. T gets a drink from a vending machine 9.11. Jonathan talks to T 9.12. T asks Jonathan to see his badge, Jonathan shows photo with old picture 9.13. T looks at the badge 9.14. Jonathan continues talking 9.15. Badge 9.16. Jonathan continues 9.17. T listens 9.18 Jonathan continues 9.19. T and Jonathan walk down some stairs, towards table 9.20. Picture of Jonathan's family</p>	<p>9.1. Red-yellow hearts with flowers and text on it 9.2. Video game 9.3. Blue-red video game 9.4. White t-shirt, hair wax in hair 9.5. Turquoise chair, white walls, brown doors, FL 9.6. Large area, white walls 9.7. Dark hallway, door opens towards room with more light 9.8. - 9.10. Black vending machines, FL, brown doors 9.11. Brown doors, drink, badge 9.12. Green badge with picture 9.13. Large area with tables and chairs, NL 9.14. FL 9.15. Green badge with picture 9.16. FL 9.17. Large area with tables and chairs, NL 9.18. FL 9.19. Large area with tables and chairs, NL through windows, stairs 9.20. Family picture 9.21. Picture 9.22. Newspaper article, black and white 9.23. Tables and chairs, large windows, NL 9.24. NL, drinks on table</p>	<p>9.1. C 9.2. C 9.3. C 9.4. MC 9.5. L 9.6. M 9.7. ML 9.8. M 9.9. ML 9.10. M 9.11. M 9.12. MC to C 9.13. MC 9.14. MC 9.15. C 9.16. MC 9.17. MC 9.18. MC 9.19. ML 9.20. C 9.21. C 9.22. EC 9.23. L 9.24. MC to M 9.25. MC 9.26. MC 9.27. MC to M</p>	<p>9.1. SO 9.2. H 9.3. - 9.11. SO 9.12. H 9.13. SO 9.14. SO 9.15. H 9.16. SO 9.17. SO 9.18. SO 9.19. H 9.20. SO 9.21. SO 9.22. SO 9.23. H 9.24.- 9.40. SO</p>	<p>9.1. ND 9.2. ND + D 9.3. ND + D 9.4. ND + D 9.5. ND + voice-over T 9.6. ND + voice-over T + D 9.7. - 9.18. D 9.19. – 9.23. ND + voice-over T 9.24. ND + D 9.25. - 9.39. D 9.40. D + ND</p>

	<p>9.21. Picture of a young Jonathan and his father 9.22. Newspaper article on the death of Jonathan's father 9.23. T and Jonathan sit down at the table 9.24. T asks when Jonathan noticed something was wrong with his thinking, Jonathan answers that his therapy helped 9.25. T listens 9. 26. Jonathan says it was hard to accept what he had done, and that he had false beliefs 9.27. T asks if Jonathan now would be able to recognize when things would start going wrong again, Jonathan answers 'yes' 9.28. T listens 9.29. Jonathan continues 9.30.T listens 9.31. Jonathan continues when and how he would recognize if a certain event is unlikely to be true, and that this is probably due to his mental illness 9.32. Area with tables and chairs, T and Jonathan sitting at one of them 9.33. Jonathan tells T he likes to talk to someone who is not part of the medical staff 9.34. T listens 9.35. Jonathan answers that T asks questions he probably would not have thought about before, for example if he loved his father 9.36. T listens and nods 9.37. Jonathan nods, T asks question, Jonathan answers 9.38. T asks another question, Jonathan thinks about it 9.39. T looks at Jonathan 9.40. Jonathan thinking</p>	<p>9.25. NL 9.26. NL 9.27. NL, drinks on table 9.28. NL, decorations on wall 9.29. NL 9.30. NL, drink on table, decorations on wall 9.31. NL, drinks on table 9.32. Dark inside, light through windows 9.33. NL, drinks on table 9.34. NL, drinks on table, decorations on wall 9.35. NL, drinks on table 9.36. NL, decorations in background 9.37. NL, drinks on table 9.38. NL, drinks on table 9.39. NL 9.40. NL, drinks on table</p>	<p>9.28. C 9.29. MC 9.30. M 9.31. M 9.32. L 9.33. M 9.34. M 9.35. M 9.36. C 9.37. M to C to M 9.38. MC to M 9.39. C 9.40. M</p>		
10. 30:50	<p>10.1 T walking through hallway 10.2. Area with tables and chairs, Judith sits at one of the tables, someone walks around 10.3. Judith looks at newspapers</p>	<p>10.1. Hallway, decorations on wall 10.2. Large area, dark, turquoise chair, white walls, brown doors, Judith at table, someone walking</p>	<p>10.1. L 10.2. L 10.3. M 10.4. M</p>	<p>10.1. SO 10.2. SO 10.3. SO 10.4. SO to H</p>	<p>10.1. ND 10.2. ND+ voice-over T 10.3. ND+ voice-over T 10.4. ND+ voice-over T + D</p>

	<p>10.4. T and Dr. Rukseniene walk towards Judith, they greet each other</p> <p>10.5. T and Dr. Rukseniene sit down</p> <p>10.6. Area with tables and chairs. T, Dr. Rukseniene and Judith sitting at table</p> <p>10.7. Judith talks to Dr. Rukseniene</p> <p>10.8. T listens</p> <p>10.9. Judith continues talking, Dr. Rukseniene looks at T</p> <p>10.10. Dr. Rukseniene looks at Judith</p> <p>10.11. T talks to Judith</p> <p>10.12. Dr. Rukseniene looks at Judith, Judith looks at T</p> <p>10.13. T asks if they agree to disagree about whether Judith is mentally ill or not. They nod and answer.</p> <p>10.14. T listens, Judith says she is the real Jesus Christ</p> <p>10.15. T asks question</p> <p>10.16. Judith answers, T replies and asks Dr. Rukseniene a question, Dr. Rukseniene answers and looks at Judith</p> <p>10.17. T listens</p> <p>10.18. Someone walking around in the area</p> <p>10.19. Dr. Rukseniene talks to Judith</p> <p>10.20. T listens</p> <p>10.21. T and Dr. Rukseniene enter another room</p> <p>10.22. T asks a question, Dr. Rukseniene answers</p> <p>10.23. T says "...you have to honor your sense of what reality is, but also her sense of what her reality is..."</p> <p>10.24. Dr. Rukseniene listens</p> <p>10.25. T continues, Dr Rukseniene replies</p> <p>10.26. Dr. Rukseniene continues</p> <p>10.27. Area with tables and chairs, Judith sits at table playing cards, two people in the background</p> <p>10.28. Judith shuffles cards</p>	<p>10.3. Newspapers on table, FL</p> <p>10.4. Chairs, newspapers on table, people walking around, NL</p> <p>10.5. NL</p> <p>10.6. Large area, NL through roof window</p> <p>10.7. Papers and documents on table, NL from above, Dr. Rukseniene in fairly formal clothes</p> <p>10.8. T in darker corner</p> <p>10.9. Papers and documents on table, NL from above</p> <p>10.10. Darker shadow on face</p> <p>10.11. Darker in background</p> <p>10.12. Papers and documents on table, NL from above</p> <p>10.13. T in darker corner, in background a lot of light through roof window</p> <p>10.14. NL</p> <p>10.15. NL</p> <p>10.16. NL, papers and documents on table</p> <p>10.17. NL, darker in background</p> <p>10.18. Tables with turquoise chairs, NL, ping pong table</p> <p>10.19. Papers and documents on table, NL</p> <p>10.20. NL, table and chairs in background</p> <p>10.21. FL, bulletin board, table with computers</p> <p>10.22.- 10.26. FL, whiteboard and cupboards in background, tables with paperwork and computers</p> <p>10.27. Dark area, Judith is visible sitting at table, newspapers, FL, NL</p>	<p>10.5. M</p> <p>10.6. L</p> <p>10.7. - 10.13. M</p> <p>10.14. MC</p> <p>10.15. MC</p> <p>10.16. MC</p> <p>10.17. M</p> <p>10.18. M</p> <p>10.19. L</p> <p>10.20. M</p> <p>10.21. M</p> <p>10.22. ML</p> <p>10.23. - 10.26. MC</p> <p>10.27. L</p> <p>10.28. M</p>	<p>10.5. H</p> <p>10.6. - 10.28. SO</p>	<p>10.5. ND + D</p> <p>10.6. D</p> <p>10.7. - 10.26. D</p> <p>10.27. Voice-over T</p> <p>10.28. Voice-over T</p>
11. 35:01	<p>11.1. American flag fluttering in the wind</p> <p>11.2. Piece of paper with prices of food</p> <p>11.3. Jonathan enters price in cash register</p>	<p>11.1. Blue sky, American flag</p> <p>11.2. Paper with text on it</p> <p>11.3. Cash register, money</p>	<p>11.1. C</p> <p>11.2. C</p> <p>11.3. C</p>	<p>11.1. L</p> <p>11.2.- 11.6. SO</p>	<p>11.1. - 11.4. ND</p> <p>11.5. D</p> <p>11.6. D</p>

<p>11.4. Jonathan behind counter and helps people who order something 11.5. Woman playing the piano, man playing hand drums, people sitting at tables and listening 11.6. Man listening 11.7. Mixer 11.8. T cooking food on stove 11.9. Someone sprinkling burritos with cheese 11.10. People wrapping the burritos 11.11. T watches them wrapping the burritos 11.12. someone places bowl with burritos on counter 11.13. Cory eats and holds up his thumb 11.14. T looks at Cory 11.15. People sitting at tables and eating 11.16. Cory shakes hand with clinician 11.17. T follows Cory and clinician through hallway into room 11.18. Cory talks to two clinicians, T watches 11.19. Clinician talks to Cory 11.20. T listens 11.21. Cory talks 11.22. Clinician asks question about paranoid thinking, Cory answers 11.23. Cory's hands shake 11.24. Cory talks about seeing things in the air, moves his hands in the air, snaps his fingers 11.25. Clinician asks about it, Cory answers 11.26. Cory answers question about hearing voices 11.27. Clinician listens to Cory and writes things down 11.28. Conversation between Cory and clinician continues 11.29. Hand holding pen, paper on the table 11.30. Cory shakes both clinician's hands 11.31. Door closes 11.32. T asks how Cory would score compared to other patients, clinicians answer he is doing very well 11.33. T listens 11.34. Clinician nods and answers</p>	<p>11.4. Food counter, FL 11.5. Piano, hand drum, video games, people watching 11.6. FL 11.7. Mixer 11.8. FL, stove, food in pan 11.9. FL, burritos on table 11.10. FL, blue gloves, food on table 11.11. People with aprons on, food on table, FL 11.12. Food on counter 11.13. Table, food, red plates and cups 11.14. Red-white table cloth, FL 11.15. Red-white table cloths, clock on wall 11.16. Decorations on wall, FL 11.17. Light hallway 11.18. Large table, whiteboard, printer 11.19. FL 11.20. FL 11.21. FL, whiteboard 11.22. Clinician dressed in casual dark grey t-shirt 11.23. Bracelets 11.24. FL, whiteboard 11.25. Whiteboard, clinician in white coat 11.26. FL 11.27. Paperwork on table, T sits in background 11.28. Clinician in white t-shirt 11.29. FL, white paper with writings on it 11.30. Shakes hands, FL 11.31. Brown door 11.32. FL, blue-white wall, paperwork on table, whiteboard 11.33. FL, blue-white wall 11.34. Clinician in white t-shirt 11.35. Clinician in white t-shirt 11.36. FL, blue-white wall, paperwork on table, whiteboard</p>	<p>11.4. L 11.5. M to L 11.6. C 11.7. C 11.8. M 11.9. C 11.10. C 11.11. ML 11.12. C 11.13. M 11.14. M 11.15. L 11.16. M 11.17. M 11.18. L 11.19. C 11.20. M 11.21. MC 11.22. MC 11.23. C 11.24. - 11.27. MC 11.28. M 11.29. C 11.30. ML 11.31. ML 11.32. MC to M 11.33. MC 11.34. MC 11.35. M 11.36. MC</p>	<p>11.7. H 11.8. SO 11.9. H 11.10. H 11.11. SO 11.12. H 11.13. H 11.14. - 11.28. SO 11.29. H 11.30. SO 11.31. SO 11.32. SO to H 11.33. - 11.36. SO</p>	<p>11.7. - 11.12. ND + D 11.13. Voice-over T + D 11.14. D 11.15. - 11.18. Voice-over T + D 11.19. - 11.35. D 11.36. D + ND</p>
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	11.35. Clinician says he is slightly concerned about Cory hearing voices, but that Cory very clearly states that he does not do what the voices tell him to do if it is a bad idea 11.36. T asks question, clinicians answer				
12. 38:02	12.1. Fish in tank 12.2. T talks to Cory 12.3. Cory agrees, holds up his thumbs, T and Cory fist bump 12.4. T and Cory sit on Cory's bed 12.5. Picture of Cory's dad 12.6. T asks Cory question 12.7. Another picture of Cory's dad 12.8. Cory looks at pictures 12.9. Picture of Cory's mom, page gets turned, picture of Cory as a baby and his mom 12.10. Picture of Cory as a baby and his mom 12.11. T asks Cory a question 12.12. Picture of three boys 12.13. Picture of Cory 12.14. T asks Cory when he first realized he might have mental health problems, Cory answers 12.15. Picture of two boys and a girl 12.16. Cory talks to T 12.17. Picture of Cory's mom and dad 12.18. T listens 12.19. Cory talks about the future 12.20. T listens 12.21. Cory continues 12.22. Text on Martin Luther King Jr. poster 12.23. Martin Luther King Jr. poster	12.1. Water, green grass, fish 12.2. Martin Luther King Jr. poster in background 12.3. Bed, books on table 12.4. Blue wall, FL, poster on wall 12.5. Black and white picture 12.6. Clothes in background, FL, posters on wall 12.7. Black and white picture 12.8. Clothes in background, FL, posters on wall 12.9. Picture with orange glow, another picture with a lot of colors 12.10. Picture with a lot of colors 12.11. Clothes in background, FL, posters on wall 12.12. Dark picture of three children 12.13. Picture with sunlight 12.14. Clothes in background, FL, posters on wall 12.15. Picture 12.16. Clothes in background, FL, posters on wall 12.17. Picture with orange glow 12.18. – 12.21. Clothes in background, FL, posters on wall, bed 12.22. Text on poster 12.23. Martin Luther King Jr. poster	12.1. C 12.2. MC 12.3. M 12.4. L 12.5. C 12.6. C 12.7. C 12.8. MC 12.9. C 12.10. EC 12.11. C 12.12. C 12.13. C 12.14. MC 12.15. C 12.16. MC 12.17. C 12.18. MC 12.19. M 12.20. MC 12.21. M 12.22. EC 12.23. EC	12.1. SO 12.2. SO 12.3. H 12.4. SO 12.5. H 12.6. SO 12.7. H 12.8. SO 12.9. H 12.10. H 12.11. SO 12.12. H 12.13. H 12.14. SO 12.15. H 12.16. SO 12.17. H 12.18. - 12.21. SO 12.22. L 12.23. SO	12.1. ND 12.2. – 12.13. ND + D 12.14. - 12.21. D 12.22. ND 12.23. ND
13. 40:03	13.1. Sunflower 13.2. Car drives towards camera, through countryside 13.3. T drives car on highway 13.4. From inside the car, looking outside, grass,	13.1. Sunflower, NL 13.2. Nature, NL, car on road, houses in background 13.3. Sunlight, cars on highway 13.4. Sunlight, nature, trees	13.1. EC 13.2. EL 13.3. L 13.4. EL 13.5. ML	13.1. - 13.11. SO 13.12. H 13.13. SO 13.14. H	13.1. ND 13.2. ND 13.3. ND+ voice-over T 13.4. ND+ voice-over T 13.5. ND+ voice-over T + D

<p>houses, trees 13.5. T follows Williams's mother Beverly through hall inside hotel, past various doors. She knocks on door, Williams opens the door and invites them in 13.6. T asks about William's medication. Beverly opens door. William's dad Bill is standing in the door opening 13.7. Beverly hold door open. Bill wants to leave 13.8. Bill walks in and greets T. Beverly closes door 13.9. Bill talks to T 13.10. T asks Bill how he thinks William is doing. Bill answers. Beverly opens door. 13.11. William holds medicine 13.12. William talks to Brian (who delivered his medicine) 13.13. William takes medicine 13.14. T asks about delivery of the medicine 13.15. Williams drinks water 13.16. T asks Brian about the service of delivering medicine. Beverly looks at medicine 13.17. T listens 13.18. William nods 13.19. William greets Brian, T watches 13.20. Parking lot with parked cars, seen from inside the room through window 13.21. William talks to Beverly, his left arm is shaking 13.22. T asks question, William answers 13.23. Williams left arm is shaking 13.24. William looks at Beverly 13.25. T looks at them 13.26. William talks to T, Beverly listens 13.27. T and William talk 13.28. T, William and Beverly talk about William previously being hospitalized 13.29. T asks Beverly how she remembers it, Beverly answers and gets emotional 13.30. William looks at Beverly 13.31. Beverly continues 13.32. T listens</p>	<p>13.5. Dark hallway with doors on both sides, FL, light from inside room 13.6. NL, FL, television, kitchen appliances 13.7. Door open, kitchen, FL, NL 13.8. FL, NL 13.9. Standing in NL 13.10. NL, television, door open 13.11. Yellow medicine box, NL 13.12. NL, FL, drinks on counter 13.13. NL, FL 13.14. White walls, television, NL 13.15. NL, cups on counter, FL 13.16. White walls, television, NL, FL 13.17. White walls, television, NL 13.18. Light through windows, bed, painting, lamp, phone on nightstand 13.19. Bed, painting, television 13.20. Window, parked cars, buildings, tree, daylight 13.21. NL, painting, FL 13.22. NL, FL 13.23. Hand shaking 13.24. NL, painting, FL 13.25. NL, television 13.26. NL, painting, FL 13.27. - 13.29. NL, television, painting, FL 13.30. NL, painting 13.31. NL, FL 13.32. NL, television 13.33. NL, FL 13.34. NL 13.35. NL, FL 13.36. NL, FL 13.37. NL, television 13.38. NL, FL, painting 13.39. NL, FL 13.40. NL, television</p>	<p>13.6. M 13.7. ML 13.8. ML to M 13.9. M 13.10. MC 13.11. C 13.12. M 13.13. C 13.14. MC 13.15. ML 13.16. MC to ML 13.17. MC 13.18. M 13.19. MC 13.20. EL 13.21. M 13.22. MC 13.23. C 13.24. - 13.28. MC 13.29. MC to M 13.30. MC 13.31. M 13.32. MC 13.33. ML 13.34. M 13.35. MC 13.36. ML 13.37. MC 13.38. ML to M 13.39. MC 13.40. MC</p>	<p>13.15. - 13.19. SO 13.20. H 13.21. SO 13.22. SO 13.23. H 13.24. - 13.32. SO 13.33. H 13.34. H 13.35. SO 13.36. SO to H 13.37. H 13.38. SO 13.39. H to SO 13.40. SO</p>	<p>13.6. - 13.39. D 13.40. ND</p>
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	<p>13.33. Beverly continues, William sits on a chair 13.34. William listens and holds his hands together 13.35. Beverly continues, William looks down and listens 13.36. Beverly continues 13.37. T listens 13.38. Beverly continues, William stands up and adds to her story 13.39. T asks another question, William answers 13.40. T listens</p>				
14. 44:49	<p>14.1. Buildings, trees, seen from inside a driving car 14.2. Williams closes car door, T and Beverly stand next to the car 14.3. House with a tree and American flag in front 14.4. T, William and Beverly look at a diary 14.5. Handwritten text and various pictures 14.6. Family picture, November 1984 14.7. Family picture 14.8. Picture of William 14.9. Book with school picture 14.10. Picture of William 14.11. Another picture of William 14.12. T reads from diary 14.13. Beverly nods, talks to T 14.14. William talks about Evangelism on television 14.15. T asks about this relation to Williams mental illness, William answers, his arm is shaking 14.16. Box of Bill's pastor tapes 14.17. William puts tape in VCR player 14.18. Fragment of William preaching 14.19. T stands next to television, listens to William 14.20. William sits on couch and talks about the fragment 14.21. Fragment continues on television 14.22. William watches the television 14.23. Fragment continues on television 14.24. Fragment continues 14.25. T watches the television 14.26. Fragment continues</p>	<p>14.1. Buildings, trees 14.2. White car in front of garage 14.3. House, big tree in front 14.4. Stairs, closet, lamp, paintings on the wall 14.5. Book with written text and pictures 14.6. Family picture with text of when it was taken 14.7. Family picture 14.8. Picture of William 14.9. Book with picture of William and written text 14.10. Picture of William 14.11. Picture of William and written text 14.12. Decorations spread across the room, NL through window, bookcase 14.13. Decorations spread across the room, NL through window, bookcase 14.14. White wall and door, painting on wall, stairs 14.15. Stairs, bookcase, framed pictures 14.16. Colorful box 14.17. Colorful box, VHS tape record, blue light coming from the TV shines on Williams face 14.18. Little bit blurred screen, blue background, bright red blazer 14.19. Stone wall, decorations, fragment on TV, little bit blurred screen, blue background,</p>	<p>14.1. EL 14.2. ML 14.3. EL 14.4. L 14.5. C 14.6. C 14.7. EC 14.8. - 14.11. C 14.12. MC 14.13. MC 14.14. M 14.15. MC 14.16. C 14.17. L 14.18. EC 14.19. M 14.20. L 14.21. C 14.22. M 14.23. C 14.24. EC 14.25. M 14.26. EC 14.27. EC 14.28. M 14.29. MC 14.30. MC 14.31. M 14.32. ML</p>	<p>14.1. SO 14.2. SO 14.3. SO 14.4. - 14.11. H 14.12. - 14.16. SO 14.17. H 14.18. SO 14.19. SO 14.20. H 14.21. SO 14.22. H 14.23. - 14.32. SO</p>	<p>14.1. ND 14.2. - 14.7. ND + D 14.8. - 14.10. ND 14.11. D 14.24. - 14.28. D + ND 14.29. ND 14.30. - 14.32. D + ND</p>

	<p>14.27. Fragment continues 14.28. William talks about fragment, Beverly listens 14.29. T listens and nods 14.30. William and Beverly watch the television 14.31. William and Beverly continue watching the fragment shown on the television 14.32. William and Beverly continue watching</p>	<p>bright red blazer 14.20. Couch, cushions, round table, light from outside 14.21. Little bit blurred screen, blue background, bright red blazer 14.22. Light from screen shines on William's face 14.23. – 14.24. Little bit blurred screen, blue background, bright red blazer 14.25. Stone wall, decorations, painting on wall 14.26. - 14.27. Little bit blurred screen, blue background, bright red blazer 14.28. Stairs and decorations in background, red chair, FL 14.29. Table with red chairs, candle, FL 14.30. Couch, red cushion 14.31. NL from outside, television plays 14.32. Couch, red cushions, table, FL</p>			
15. 47:16	<p>15.1. Overlook over city, little lights are on 15.2. American flag fluttering in the wind, above are clouds and sunshine 15.3. Police car drives towards building 15.4. Social worker, Cathy, opens door with keys, T follows inside 15.5. Cathy and T walk through door with sign "K2" 15.6. Newspaper article about mental patient 15.7. Newspaper article about mental patient, Eric, who was release but subsequently shot someone 15.8. Cathy knocks on Eric's door, she and T walk inside 15.9. T follows Eric inside his room 15.10. Eric looks at T 15.11. T talks to Eric about their earlier meeting and about his movement lever, Eric answers 15.12. T asks about the case being sensitive 15.13. Eric nods 15.14. T continues</p>	<p>15.1. Dark, some lights can be seen, skyline of city, some sun in the sky 15.2. Dark clouds, sky, American flag fluttering 15.3. Blue sky with clouds, building, police car drives in front 15.4. Large white doors are opened, FL 15.5. Large white door being opened, FL 15.6. Black and white newspaper article 15.7. Black and white newspaper article with picture 15.8. Brown door, FL, dark room 15.9. Clothes and shoes laying around, NL from outside 15.10. Decorations on wall, bed 15.11. Pink curtain, FL, decorations on wall, bed, bedside table, books 15.12. Pink curtain, FL 15.13. Decorations on wall, bed, books</p>	<p>15.1. EL 15.2. C 15.3. EL 15.4. M 15.5. ML 15.6. EC 15.7. C 15.8. M 15.9. ML 15.10. M 15.11. MC to M 15.12. MC 15.13. M 15.14. MC 15.15. MC 15.16. M 15.17. MC 15.18. M 15.19. MC</p>	<p>15.1. H 15.2. L 15.3. - 15.37. SO</p>	<p>15.1. ND 15.2. ND + D 15.3. ND 15.4. ND+ D + voice-over T 15.5. ND+ D + voice-over T 15.6. ND+ voice-over T 15.7. ND+ voice-over T 15.8. ND+ D + voice-over T 15.9. ND+ D + voice-over T 15.10. - 15.37. D</p>

	<p>15.15. Cathy nods 15.16. Cathy answers, T and Eric listen 15.17. T listens 15.18. Cathy talks to Eric 15.19. Eric talks about how he feels 15.20. T asks about Eric's illness, Eric answers 15.21. T listens and nods 15.22. Cathy talks to Eric, Eric listens 15.23. T listens 15.24. Eric talks about pursuing level 4, and a recent incident 15.25. T asks about the incident, Cathy answers 15.26. T asks Eric about his future 15.27. Eric answers 15.28. T asks about getting out, Eric answers he has not given up on this idea 15.29. T asks Eric about what he would want to tell people on the outside who know about his crimes 15.30. Eric answers that right now it probably does not matter what he says but what matters is what he does 15.31. T asks if Eric feels guilty, Eric says 'no' because although he did it, he was not in his right mind 15.32. T greets Eric 15.33. T and Cathy leave 15.34. T asks Cathy about Eric's anger, Cathy answers that he was frustrated that he had to wait a year to apply for a higher movement level 15.35. T asks about Eric's crime 25 years ago, Cathy answers 15.36. T listens and nods 15.37. Cathy continues</p>	<p>15.14. Pink curtain, FL 15.15. Decorations on wall, NL from outside, blinds in front of windows 15.16. Pink curtain, FL, decorations on wall, bed, NL from outside, bedside table, books 15.17. Pink curtain, FL 15.18. Decorations on wall, bed, NL from outside, bedside table, books 15.19. Pink curtain, decorations on wall 15.20. Pink curtain, FL, decorations on wall, bed, bedside table, books 15.21. Pink curtain, FL 15.22. Decorations on wall, NL from outside, blinds in front of windows, bed bedside table 15.23. Pink curtain, FL 15.24. Decorations on wall, NL from outside, blinds in front of windows, bed bedside table 15.25. Pink curtain, FL, Decorations on wall, NL from outside, blinds in front of windows, bed bedside table 15.26. Pink curtain, FL 15.27. Decorations on wall, bed, bedside table, books 15.28. Pink curtain, FL, decorations on wall, bed, bedside table, books 15.29. Pink curtain, FL 15.30. Decorations on wall, bed, bedside table, books 15.31. Pink curtain, FL, decorations on wall, bed 15.32. Pink curtain, FL, decorations on wall, bed, bedside table, books 15.33. Pink curtain, brown door, FL 15.34. Brick wall, white floor, FL, plants 15.35. Brick wall, white floor, FL, plants, someone walking in background 15.36. Brick wall</p>	<p>15.20. MC to ML 15.21. MC 15.22. M 15.23. MC 15.24. M to MC 15.25. MC to M 15.26. MC 15.27. M 15.28. MC to ML 15.29. MC 15.30. ML to MC 15.31. MC to M 15.32. M 15.33. ML 15.34. - 15.37. MC</p>		
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		15.37. Brick wall, white floor, FL, plants			
16. 53:38	<p>16.1 Sign on wall with paper butterflies on it, "Spread your wings and learn to fly"</p> <p>16.2. Flowers</p> <p>16.3. Building with American flags in front</p> <p>16.4. Jonathan shakes hands with clinician, T stands in background and greets Jonathan</p> <p>16.5. Jonathan nods</p> <p>16.6. Jonathan in conversation with two clinicians</p> <p>16.7. T listens</p> <p>16.8. Clinician ask about level 5 and what Jonathan would do if he would get level 5</p> <p>16.9. Jonathan answers</p> <p>16.10. Clinician writing</p> <p>16.11. Jonathan continues</p> <p>16.12. Clinician asks about triggers</p> <p>16.13. Other clinician looks at Jonathan</p> <p>16.14. Jonathan answers, clinician writes things down and asks another question</p> <p>16.15. Other clinician looks at Jonathan, T listens</p> <p>16.16. Jonathan answers</p> <p>16.17. T listens</p> <p>16.18. Jonathan listens and stands up</p> <p>16.19. Clinician closes door behind Jonathan, Jonathan walks away</p> <p>16.20. Clinicians talk about how their conversation with Jonathan went</p> <p>16.21. Forensic review team response sheet</p> <p>16.22. Clinicians continue</p> <p>16.23. T asks if this still needs to go to court</p> <p>16.24. Clinician nods</p> <p>16.25. T asks another question, clinician answers</p> <p>16.26. Risk assessment papers</p> <p>16.27. T asks question about being not guilty by reason of insanity</p> <p>16.28. Clinician answers that people who are declared not guilty by reason of insanity, do not walk away. They are under the thumb of the court</p>	<p>16.1. Pink paper with text and colorful handmade butterflies hangs on the wall</p> <p>16.2. Sunlight, red-yellow flowers</p> <p>16.3. Blue sky, white building, flags and trees in front</p> <p>16.4. Dark room, some light from outside, table and chairs</p> <p>16.5. Light brown piano in background, Jonathan wears white shirt</p> <p>16.6. Piano in background, table with paperwork</p> <p>16.7. NL from outside through window, blinders in front of window</p> <p>16.8. Piano in background, table with paperwork</p> <p>16.9. Piano in background, Jonathan wears a white shirt</p> <p>16.10. White wall</p> <p>16.11. Piano in background, Jonathan wears a white shirt</p> <p>16.12. Brown doors in background</p> <p>16.13. Brown doors in background, white wall</p> <p>16.14. Brown doors, piano in background, Jonathan wears a white shirt</p> <p>16.15. NL through window, blinders in front of window</p> <p>16.16. Piano in background, Jonathan wears a white shirt</p> <p>16.17. NL through window, blinders in front of window, brown door, white wall</p> <p>16.18. Piano in background, Jonathan wears a white shirt</p> <p>16.19. Brown doors with glass in them</p> <p>16.20. Piano in background, table with paperwork</p> <p>16.21. Paperwork with notes</p> <p>16.22. Piano in background, table with</p>	<p>16.1. C</p> <p>16.2. EC</p> <p>16.3. EL</p> <p>16.4. ML</p> <p>16.5. M</p> <p>16.6. L</p> <p>16.7. MC</p> <p>16.8. L</p> <p>16.9. MC</p> <p>16.10. M</p> <p>16.11. MC</p> <p>16.12. MC</p> <p>16.13. MC</p> <p>16.14. M</p> <p>16.15. MC</p> <p>16.16. M</p> <p>16.17. MC</p> <p>16.18. MC</p> <p>16.19. ML</p> <p>16.20. ML</p> <p>16.21. EC</p> <p>16.22. ML</p> <p>16.23. MC</p> <p>16.24. MC</p> <p>16.25. MC to ML</p> <p>16.26. EC</p> <p>16.27. MC</p> <p>16.28. ML</p> <p>16.29. MC</p> <p>16.30. M</p> <p>16.31. MC to M</p> <p>16.32. MC</p> <p>16.33. M</p> <p>16.34. MC to M</p> <p>16.35. MC</p> <p>16.36. M</p> <p>16.37. C</p>	<p>16.1. SO</p> <p>16.2. H</p> <p>16.3. SO</p> <p>16.4. SO</p> <p>16.5. H</p> <p>16.6. - 16.19. SO</p> <p>16.20. H</p> <p>16.21. H</p> <p>16.22. H</p> <p>16.23. SO</p> <p>16.24. SO</p> <p>16.25. SO to H</p> <p>16.26. H</p> <p>16.27. SO</p> <p>16.28. H</p> <p>16.29. - 16.37. SO</p> <p>16.38. L</p> <p>16.39. - 16.42. SO</p> <p>16.43. L</p> <p>16.44. SO</p> <p>16.45. SO</p> <p>16.46. SO</p> <p>16.47. H</p>	<p>16.1. ND</p> <p>16.2. ND</p> <p>16.3. ND + D</p> <p>16.4. ND+ D + voice-over T</p> <p>16.5. ND+ D + voice-over T</p> <p>16.6. ND+ voice-over T</p> <p>16.7. ND+ voice-over T + D</p> <p>16.8. – 16.35. D</p> <p>16.36. Voice-over T</p> <p>16.37. Voice-over T + ND</p> <p>16.38. ND + D</p> <p>18.39. - 16.40. ND + D + voice-over T</p> <p>16.41. ND + D</p> <p>16.42. ND + D</p> <p>16.43. ND + voice-over T</p> <p>16.44. ND + voice-over T</p> <p>16.45. ND + D + voice-over T</p> <p>16.46. ND+ D</p> <p>16.47. ND + D</p>

	<p>16.28. T listens 16.30. T walks towards desk, starts talking with Jonathan and Dr. Rukseniene 16.31. T asks Dr. Rukseniene if she was interested in how it went 16.32. T listens 16.33. Jonathan and Dr. Rukseniene listen to T 16.34. T asks why Dr. Rukseniene is proud of Jonathan, she answers 'absolutely' 16.35. T asks Jonathan what he thinks about that. Jonathan says he finds it encouraging and thanks T 16.36. Dr Rukseniene looks at Jonathan 16.37. Family picture of Jonathan's family 16.38. Basketball shot through hoop 16.39. Jonathan throws basketball 16.40. T plays basketball with patients 16.41. T throws basketball and scores 16.42. T gives patient a high five 16.43. T and three patients walk through hallway 16.44. T and three patients walk through hallway 16.45. Building with American flags in front, geese walking on grass 16.46. Cars driving over bridge 16.47. Bridge over river, surrounded by trees</p>	<p>paperwork 16.23. White wall, NL through windows with blinders in front 16.24. Brown door, white wall 16.25. White wall, NL through windows with blinders in front, piano in background, table with paperwork 16.26. Paperwork with notes 16.27. White wall, NL through windows with blinders in front 16.28. Piano in background, table with paperwork 16.29. White wall, NL through windows with blinders in front 16.30. Dark area, counter, FL, NL through windows 16.31. Counter, glass windows, chairs, plants, FL 16.32. Dark area in the background 16.33. Counter, glass windows, chairs, plants, FL 16.34. Counter, plants, chair, dark area in the background, glass windows, FL 16.35. Counter, NL through windows 16.36. Counter, glass windows, chairs, plants, FL 16.37. Family picture 16.38. Basketball shot through hoop 16.39. - 16.41. Blue-yellow-white wall, gym hall, playing basketball 16.42. Blue-yellow-white wall, gym hall 16.43. White-blue hallway, NL through numerous windows 16.44. White-blue hallway 16.45. Blue sky, white building with flags in front, geese on grass 16.46. - 16.47. Water, bridge, cards, buildings, trees</p>	<p>16.38. C 16.39. MC 16.40. L 16.41. L 16.42. L 16.43. L 16.44. MC 16.45. EL 16.46. EL 16.47. EL</p>		
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17. 58:15	17.1. Clinician opens door for T 17.2. T walks through hallway 17.3. Patient praying 17.4. T watches patient praying 17.5. Patient talks about his illness 17.6. T opens door and walks through, seen from surveillance camera 17.7. Door closes 17.8. People inside, seen through glass 17.9. T asks question 17.10 Patient answers 17.11. T listens 17.12. Patient continues 17.13. END CREDITS	17.1. Black door opened, brick wall, plants 17.2. Blue-white hallway 17.3. Bed, blue t-shirt 17.4. Blue-white walls, someone on the floor, T leaning against wall 17.5. Glass window 17.6. Camera monitor, blue color spectrum 17.7. White door closes, brick wall 17.8. Dark contour of people 17.9. White wall, green chairs, NL 17.10. Dark room, FL from hallway 17.11. White wall, white cupboard 17.12. Dark room, FL from hallway 17.13. END CREDITS	17.1. MC 17.2. L 17.3. C 17.4. ML 17.5. MC 17.6. L 17.7. EC 17.8. MC 17.9. MC 17.10. M 17.11. MC 17.12. M 17.13. END CREDITS	17.1. SO 17.2. L 17.3. SO 17.4. SO 17.5. SO 17.6. H 17.7. - 17.12. SO 17.13. END CREDITS	17.1. ND+ D + voice-over T ("Next week, ...") 17.2. ND+ voice-over T 17.3. ND+ voice-over T 17.4. ND+ voice-over T 17.5. ND+ D 17.6. ND+ D + voice-over T 17.7. ND+ D + voice-over T 17.8. ND + voice-over T 17.9. - 17.12. ND + D 17.13. END CREDITS, ND
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Attachment 3: Verklaring Intellectueel Eigendom

Verklaring Intellectueel Eigendom

De Universiteit Utrecht definieert plagiaat als volgt:

Plagiaat is het overnemen van stukken, gedachten, redeneringen van anderen en deze laten doorgaan voor eigen werk.

De volgende zaken worden in elk geval als plagiaat aangemerkt:

- het knippen en plakken van tekst van digitale bronnen zoals encyclopedieën of digitale tijdschriften zonder aanhalingstekens en verwijzing;
- het knippen en plakken van teksten van het internet zonder aanhalingstekens en verwijzing;
- het overnemen van gedrukt materiaal zoals boeken, tijdschriften of encyclopedieën zonder aanhalingstekens of verwijzing;
- het opnemen van een vertaling van teksten van anderen zonder aanhalingstekens en verwijzing (zogenaamd "vertaalplagiaat");
- het parafraseren van teksten van anderen zonder verwijzing. Een parafraze mag nooit bestaan uit louter vervangen van enkele woorden door synoniemen;
- het overnemen van beeld-, geluids- of testmateriaal van anderen zonder verwijzing en zodoende laten doorgaan voor eigen werk;
- het overnemen van werk van andere studenten en dit laten doorgaan voor eigen werk. Indien dit gebeurt met toestemming van de andere student is de laatste medeplichtig aan plagiaat;
- het indienen van werkstukken die verworven zijn van een commerciële instelling (zoals een internetsite met uittreksels of papers) of die al dan niet tegen betaling door iemand anders zijn geschreven.

Ik heb bovenstaande definitie van plagiaat zorgvuldig gelezen en verklaar hierbij dat ik mij in het aangehechte BA-eindwerkstuk niet schuldig gemaakt heb aan plagiaat.

Tevens verklaar ik dat dit werkstuk niet ingeleverd is/zal worden voor een andere cursus, in de huidige of in aangepaste vorm.

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Plaats: Utrecht
Datum: 22/01/2019
Handtekening: 