

Episodes of depression: Existential feelings and embodiment in ‘Sharp Objects’

David Evan Richard

NECSUS 8 (1), Spring 2019: 211–229

URL: <https://necsus-ejms.org/episodes-of-depression-existential-feelings-and-embodiment-in-sharp-objects/>

Keywords: depression, embodiment, Emotions, existential feelings, film-phenomenology, Sharp Objects

Introduction

This article suggests that the HBO recent limited television series *Sharp Objects* (created by Marti Noxon, 2018) invites spectators to temporarily inhabit the world of the depressed. Based on the novel by Gillian Flynn, *Sharp Objects* is directed by Jean-Marc Vallée, whose previous *Big Little Lies* (HBO, 2017-) similarly examined trauma. But while *Big Little Lies* asks its viewers to peer beyond its high-wattage cast and lustrous décor to see what dirty secrets lie beneath its glittering surface, *Sharp Objects* festers in plain sight. Camille Preaker (Amy Adams) is a mediocre journalist in St Louis who is sent to her hometown of Wind Gap, Missouri to investigate a string of murders of young girls. Camille arrives at her childhood home laden with baggage: some is the bottles of vodka that she constantly drinks, but mostly it is emotional baggage that weighs her down. Haunted by the memory of the death of her sister Marian (Lulu Wilson), Camille’s emotional, psychological, and physical health gradually deteriorates, exacerbated by her contact with her prickly mother Adora (Patricia Clarkson).

Although not explicitly diagnosed, Camille demonstrates many of the symptoms of depression, defined by the American Psychiatric Association as a persistent or recurring ‘presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function’.[1] Camille’s irritable demeanour, her difficulty

sleeping (besides her alcohol-fuelled blackouts), and her intrusively recurrent memories also indicate that she may be suffering from post-traumatic stress disorder. Indeed, the series gradually reveals that Camille may well be suffering from the lingering trauma of her sister's death, caused by Adora's Munchausen syndrome by proxy, a disorder that compels an individual to induce illness in others (typically children) for attention, control, or their own emotional satisfaction.[2] But depression can have environmental causes, including trauma, and '[adverse] childhood experiences ... constitute[s] a set of potent risk factors' for depression.[3] Camille suffers a toxic cocktail of emotional and physical pain that she masks with a stony façade. But Camille's silence regarding her emotional trauma sharply contrasts her skin that is covered in scarred words that she has cut into her flesh. As she explains in the novel, 'my skin, you see, screams'.[4] This reveals one of the challenges presented by the novel's adaptation: narrated through a first-person perspective, the novel gives readers immediate insight into Camille's thoughts as she reflects on her relationships with Wind Gap, her family, and her body. For instance, Camille gives readers a sense of her depression, describing how her body feels thin and insignificant as if 'a warm gust of wind could exhale my way and I'd be disappeared forever, not even a sliver of fingernail left behind'.[5] So too does she explain her drinking, saying that '[there] was nothing I wanted to do more than be unconscious again, wrapped in black, gone away'.[6] However, while the television series does not verbalise much of Camille's inner torment, her emotional pain is nonetheless communicated through Adams's physical performance. But what particularly interests me is how the aesthetic and narrational strategies of the television series can quite literally 'give a sense' of Camille's depression.

Unlike other mental illnesses like psychosis or psychopathy, the experience of depression has not been the focus of much work in screen studies. Those that do examine depression on screen tend to follow a psychoanalytic approach – influenced by Julia Kristeva's work on melancholia – or adopt Gilles Deleuze and Félix Guattari's (film-)philosophy.[7] But in its emphasis on fantasy and the unconscious, psychoanalysis insufficiently accounts for the biochemical and physical dimensions of depression, while Deleuze's philosophy – albeit concerned with affect – nonetheless 'neglects the *embodied situation* of the spectator', as phenomenological film theorist Vivian Sobchack attests.[8] Following Jens Eder's work on 'existential feelings' in film, this article builds on the phenomenological philosophy of Matthew Ratcliffe and Thomas Fuchs who acknowledge that depression fundamentally alters the

relationship between the depressed subject and their experience of the world. As Ratcliffe explains, depression alters ‘the *structure* of perceiving, feeling, believing, and remembering, attributable to a disturbance of “world”’.[9]

Phenomenology – a philosophy and critical methodology that rigorously describes and interprets experience as it is consciously embodied – therefore offers an appropriate tool to examine the *structured experience of depression*. In what follows, I first clarify the complications depression holds for its clinical diagnosis before rehearsing how phenomenology promotes embodied understanding of the ‘existential feeling’ of the condition. I then augment this research by submitting *Sharp Objects* to its own phenomenological analysis. As Sobchack has influentially claimed, the ‘film experience is a system of communication based on bodily perception and expression. It entails the visible, audible, and kinetic aspects of sensible experience to make sense visibly, audibly, and kinetically’.[10] I contend that *Sharp Objects* too visibly, audibly, and kinetically expresses core structures of embodied depressed experience – ‘corporealisation’, ‘detunement’, and ‘desynchronization’ – through its colour palette, woozy cinematography, discordant sound design, and arrhythmic editing.[11] In doing so, I do not suggest that a phenomenology of depression is the only means of understanding the condition, nor devalue cognitive approaches that foreground depression’s emotional experience(s) such as sadness, ennui, angst, or boredom.[12] But in shining a light on the embodied structures that ground depressed experience – and modulate the relationship between the depressed subject and their world – this article seeks to contribute to a holistic understanding of a condition that includes bodily feeling and cognitive responses. That is, attending to its sensual and affective dimensions offers the opportunity to more thoroughly ‘make sense’ of depression as an embodied experience.

Depression’s ‘texture’

Depression resists easy definition and description as it is a heterogenous and complex condition, including disruptive mood dysregulation disorder, dysthymia (prolonged depressive disorder episode), substance/medication-induced depression, and major depressive disorder.[13] Depression may manifest with different ‘features’ such as melancholia, anxiety, psychosis, or mixed/atypical features. So too are the causes for depression multivariate

and unclear, including environmental and genetic causes. Furthermore, diagnosis is complicated, as unlike other illnesses like cancer or organ disease that can be effectively screened, depression lacks a clear bodily location. As Alain Ehrenberg puts it, it is impossible for psychiatry to ‘read with certainty the characteristics of mental disorder ... the way other branches of medicine read morbid signs in patients’ bodies, blood, or urine’, and that psychiatrists are consistently faced with the seemingly unsolvable question of ‘how does one objectivize the subjective?’[14]

The diagnostic drive to classify depression has been criticised for excluding its subjective dimensions that distinguish it as a lived experience. For instance, sociologist Damien Ridge argues that neurobiological approaches simply explain depression without sufficiently attending to its phenomenological complexity, and that understanding depression necessitates an approach that is sensitive to its subjective dimensions, to better understand its ‘formation, texture and experience’.[15] Better understanding the ‘texture’ of depression is important for, as Fuchs notes, physical symptoms – pain, nausea, anhedonia, and dysaesthesia (unpleasant haptic sensations) – are often *more* common than emotional depressive responses (such as sadness, guilt, or despair). Fuchs thus conceives depression primarily as a ‘bodily disturbance’ despite its classification as a mental illness.[16]

The body *feels different* in experiences of depression. First, the body ‘feels different’ in its perceptive grasp *of the world*. Things look more grey and less clear; the world seems drained of its vitality, appears rough, thin, and fleeting, or heavy, thick, and interminable. But the body also objectively ‘feels different’ *in the world*. That is, when healthy, the body is largely lived through as a vehicle to accomplish an agent’s intentional goals. But the body’s objectivity emerges in times of fatigue, or in the uncanny numbness of a ‘dead leg’ (clinically known as paresthesia) that resists – at least temporarily – being prodded. Depression might be conceived as a form of existential paresthesia. Rather than transparently mediating the self and the world, in episodes of depression the body becomes something that is endured: lifeless, inert, and heavy, evident in *Sharp Objects* in the way that Camille drags herself from her crummy car, or seems to blankly stare at shadows dancing on her ceiling. This is why Ratcliffe attests that while experiences of depression may be heterogenous, they are nonetheless united in a core ‘change in the overall structure of experience’ that other symptoms – such as bodily feelings, estrangement from the world and others, and the foreclosure of possibility – are to be understood.[17]

But what does Ratcliffe mean by ‘the overall structure of experience’? Ratcliffe usefully conceives ‘existential feelings’ to explain the core experiential structure that differs from other kinds of felt experiences like emotion, mood, and affect. Emotions are intentional, in that they are directed towards something and include cognitive judgements that result in affective stimulation and behavioural motivation.[18] Moods, rather, are generally thought of as being non-intentional in character. One might find oneself in a particular mood without any clear reason and be ‘in a mood’ for an uncertain amount of time. Pervasive and diffuse, moods permeate and inflect all experience.[19] Everything is irritating if one is in a ‘bad’ mood: simple tasks seem a burden while sounds seem louder and more intrusive, while caring looks and cheerful words – rather than soothing – rub the wrong way.

Moods also more subtly shape experience. Ratcliffe describes moods as a phenomenological ‘background sense of belonging to the world’ that provides the context for the possibility of intentionally directed experience.[20] In doing so, moods should not be dismissed as being merely ‘weaker’ or less complex forms of emotion; rather, they should be valued as a core affective state that opens us to (or, in the case of depression, closes us from) the world’s significance and possibilities. As Ratcliffe points out, moods are “ways of finding oneself in the world”... they are what we might call “pre-intentional”, meaning that they determine the kinds of intentional states we are capable of having, amounting to a “shape” that all experience takes on’.[21] Ratcliffe offers the term ‘existential feelings’ to more precisely describe how bodily feeling provides the ‘phenomenological context’ of our lives.[22] Eder puts it nicely when he says that unlike moods, existential feelings may be

brief and intense, and they may have reasons and not just causes. Moreover, moods do not necessarily involve a bodily felt relationship to the world as a whole. In this crucial respect, existential feelings can be described much more precisely than moods. [23]

For instance, the feeling of being in good health is not necessarily tied to a ‘mood’ as the word is typically used, but rather describes the feeling of the vitality of a body that optimistically inhabits a world that brims with potential. So too do other existential feelings emerge from time to time in our experience of the world: feelings of illness, estrangement, or harmony.

Most of the time we are unaware of existential feelings as, when ordinarily functioning, they are transparently *lived through*, and enmesh us in the world and attune us to its significance as a shared space of possibility. Rather, our

awareness of them tends to emerge in moments of sickness or estrangement (or return to good health from illness). Depression offers one such example, manifesting as a diminishment of possibility: the world and others seem out of reach or estranged, while the body – exhausted of its vitality – feels incapable of action, heavy and deadened. So too do the ordinary rhythms of time seem changed during experiences of depression, with hours, days, months, years slipping by, or perhaps the depressed feeling ‘stuck’ in the past. Seemingly foreclosed to the existential possibilities offered by the world and others in it, depressed subjects not only feel ‘out of touch’, but also – quite literally – ‘out of time’.

As these symptoms manifest in response to a change in ‘the overall structure of experience’, depressed subjects may find it difficult to describe their feelings, groping for metaphors to convey a sense of the experience of depression, such as Camille’s earlier description of the black cloak of depression. However, metaphoric language can be misleading or give an incomplete idea about the texture of the sufferer’s depression. Ratcliffe therefore suggests that non-linguistic forms of art such as music and painting might better express depression.[24] To this I would add screen media, and here I suggest that the formal structure of *Sharp Objects* sensuously and imaginatively invites spectators to share in Camille’s ‘episodes’ of depression. In doing so, the series gives embodied insight into depression as not only a mental disorder, but as a phenomenological experience.

Following Sobchack, screen scholars have explored the spectator’s embodied experience including synaesthesia and cinematic touch.[25] Further, cognitive approaches investigate emotional and imaginative engagement with screen characters,[26] and how screen narratives more generally weave ‘atmosphere’ and ‘mood’ to provoke more complex cognitive evaluations and narrative involvement.[27] Eder has posited that screen media can represent, express, and evoke existential feelings.[28] First, screen texts can *represent* the effects of existential feelings by presenting characters that are suffering depression. But representation alone does not satisfactorily give insight into the experience of depression, as the potential insufficiencies of language might prevent the depressed character from putting into words how they really think or feel. Further, characters – like Camille – might not even be aware that they are depressed, or not acknowledge it as such.

Eder goes on to suggest that screen narratives can more powerfully and comprehensively invite spectators into the experience of depression by *ex-*

pressing existential feelings. Analysing how screen narratives can express existential feelings includes attending to the non-verbal and gestural performance of characters, but also how an artwork's style uses audio-visual cues to synaesthetically convey the depressed subject's 'specific felt patterns of interaction with [their] environment'. [29] Then, by effectively immersing spectators in the 'world' of the depressed, screen narratives can *evoke* or elicit similar existential feelings, albeit in a partial and temporally finite way. That is not to assume that spectators are passively absorbed. As cognitive film theorist Carl Plantinga has written regarding cinematic mood, an 'art mood' that is generated by a fictive work's form may or *may not* elicit a congruent mood in the spectator, but, rather, should be viewed as a *potential elicitor* of human moods. As he suggests, cinematic art moods 'have the tendency to draw together cognition, judgment, memory, and associations based on prior experience'. [30] Thus, the aesthetic texture of the work is first grasped by the spectator who synthesises it with their own experience (fleshing out memories, imaginings, anticipations, and judgements) to guide us towards an embodied understanding of existential feelings.

Although Ilka Kangas claims that depression is 'incomprehensible' for those who do not suffer from the condition, [31] screen narratives offer a clear opportunity to entangle spectators in the depressed subject's existential feelings. Audiovisual and kinetic, screen narratives affectively appeal to the spectator's body and they attune us to the spaces of possibility offered by the world (or, perhaps, make us feel its lack). Furthermore, editing makes us feel the fluctuating rhythms of time. If 'comprehension' comes from the Latin root *prehendere*, to seize, screen narratives certainly do invite us to 'comprehend' depression by feeling the textures as the grounds for embodied understanding.

The body's 'congealment'

Depression's 'texture' is in part attributable to what Fuchs refers to as the body's 'corporealisation'. Rather than living through the body with lightness and freedom, in depression the body's materiality thickens and feels heavy and resistant. Following Eder, *Sharp Objects* represents the body's 'corporealisation' through dialogue that refers to how Camille's body is unhealthily materialised. For instance, when Camille calls her boss Frank Curry (Miguel Sandoval), his wife Arlene (Barbara Eve Harris) senses that her toxic family

life is ‘squeezing in’ on her, offering a compassionate correlate to Curry’s gruff advice that ‘life is pressure: grow up!’.

But how *Sharp Objects* represents Camille’s ‘corporealisation’ is made obvious through her actions and gestures. Camille moves through Wind Gap with despondent resignation, telegraphing how she is unhappy being back in her home town in general, and her childhood home in particular. But Adams’ tight control of her body leads spectators to also feel that Camille is simply ‘not at home’ in her own skin. For instance, Camille’s movements as she lurches from her car or skulks around the corners of Adora’s Victorian house, or how she collapses on her bed, give the sense that every movement is an exhausting ordeal. Small gestures bear the signs of Camille’s discomfort: the way she rolls her neck as if in tension, how she pulls and picks at the sleeve of her heavy clothes, or, conversely, the fluidity with which she throws back shots of bourbon, texture Adams’ performance of a woman struggling within the confines of her body. Camille’s ‘corporealisation’ also clearly materialises on her face. Adams is adept at using her face as a mirror to reflect the diverse emotional complexity of her characters, and in *Sharp Objects* her face is still, lips drawn and eyes weary: a blank mask that works to conceal the emotional turbulence that lies within. But there are moments when Camille’s façade cracks that offer powerful emotional connections for spectators. For instance, we sense her vulnerability and desire as her face trembles in relief when she allows John Keene (Taylor John Smith), wrongfully accused of the murders, to caress and kiss her scarred skin, one of the few moments that powerfully interrupts Camille’s dysaesthesia. Or when she breaks down on the phone to Curry and tells him that when she’s ‘home’ in Wind Gap she ‘feels like a bad person’, her body crumpling around the words like she is vomiting them from within.

Camille’s withdrawal illustrates how the ‘depressive body lacks expression and offers no clue for the other’s empathic perception’ in what Fuchs describes as a ‘congealment’ of expression.[32] Indeed, Adora complains about Camille’s inability to emotionally connect with others. In the episode ‘Closer’, Adora tells Camille that she inherited her biological father’s cold temperament, and that the way in that ‘[Camille] can’t get close’ is the reason why Adora does not love her. Her ‘cold’ blankness might also distance spectators from Camille by preventing them from empathetically feeling their way into her emotional state of mind, as the face’s innate expressivity provokes affective responses from spectators and emotional contagion as Plantinga has claimed.[33]

Earlier I noted that the novel uses first-person narration to give the reader a clear sense of what Camille is thinking and feeling to foster empathetic engagement. For instance, she is able to describe the ‘corporealisation’ of her body as her skin seems to take on a life of its own. As she says, ‘I was raw. I felt swollen with potential tears, like a water balloon filled to burst. Begging for a pin prick’, and elsewhere she says that her skin was ‘buzzing, like someone’s turned on a switch’.[34] But while the novel literally spells this out for the reader, the television series nonetheless *expresses* Camille’s corporealised tactile sensitivity. This in part is achieved through its cinematography that presses in on Camille. Her body is often filmed in flickering candlelight or the dim light of decrepit spaces; furthermore, the air of Wind Gap itself seems humid and thick, lending the image a sweaty intimacy in a way that more than makes up for Camille’s supposed ‘coldness’ or impassive expressivity.

The intimate cinematography is enhanced by textural sound, a sonic haze of sound as birds of prey hoot over the grinding of both cicadas and the score, giving a frenzied sense of disorientation. Furthermore, the series frequently and evocatively employs sonic close-ups. At one point a knife slices a juicy apple with a wet *thwack*; at another, the fluorescent lights in Wind Gap’s crummy bar crackle and hum. One of the most powerful moments of acoustic close-up and textural sound occurs in the episode ‘Ripe’ and clearly sensitises spectators to the tactile experience of Camille’s skin. And, tellingly, this moment involves Adora’s touch, when she leans in and says that Camille ‘smells ripe’. Adora’s disturbingly intimate admission is confronting as we know that Camille has just had a sexual encounter with Richard Willis (Chris Messina), a visiting detective from Kansas. But the way in which the sequence is filmed may intensify the audience’s discomfort. Filmed in an obtrusive close-up, Camille’s face trembles as she waits for Adora’s words, perhaps hoping for words of comfort that she craves. But as Adora raises her hand to Camille she flinches away, and an acoustic close-up accompanies Adora’s fingers as she strokes Camille’s hair and runs a sharp, lacquered fingernail down her cheek. Evoking a rusty nail being dragged over sandpaper, the sound may cause an involuntary flinch in the spectator, mirroring Camille’s repulsion from her mother’s touch. Thus, through the sequence’s cinematography and tactile sound, the series invites its audience to share Camille’s skin for this moment, and we feel how touch, in *Sharp Objects*, is not necessarily an intimate gesture, but one that can sting.

Fuchs maintains that the ‘corporealisation’ that typifies experiences of depression blocks intersubjective understanding as the depressed individual’s expression congeals to prevent intercorporeal understanding. Unlike in the bodies of the depressed, the healthy body resonates to the other’s body language, akin to a ‘felt mirror’ that ‘gradually becomes a medium for empathy and the nonverbal understanding of others’.[35] But this analysis of *Sharp Objects* has shown that the physical performances in the series, intimate cinematography, and textural sound invites a ‘corporealisation’ of kind in the spectator’s body. In doing so, the series itself becomes a ‘felt mirror’ as spectators reach toward a tactile understanding of depression’s ‘texture’.

An out of tune ‘resonance box’

Fuchs explains that beyond ‘corporealisation’ there is a ‘more subtle loss of transparency’ that involves the ‘bodily resonance or affectability that mediates our experience of emotions and atmospheres’ that provides the basis for the ‘affective attunement with others’.[36] As Svenaeus explains, the lived body is capable ‘of being *affected* by the world in getting tuned ... by acting as a kind of *resonance* box for moods’.[37] When we walk into a room, for instance, we often describe it as having a particular atmosphere despite not quite knowing why. Fuchs attributes this to an atmospheric affective charge that permeates an environment that is ‘picked up’ by the body. As he puts it, the ‘*affective space* is essentially felt through the medium of the *body* which widens, tightens, weakens, trembles, shakes, etc., in correspondence to the affects and atmospheres that we experience’.[38] Fuchs suggests that depression is a failure of attunement – a ‘detunement’ – of the lived body with its environment.[39] Svenaeus clarifies: ‘[i]f the lived body is unable to pick up these atmospheric traits we will have difficulties developing a rich, or even normal, being-in-the-world, and since the self attains its meaning and identity out of its being-in-the-world, it will suffer heavily from this basic deficiency of the lived body’.[40]

How does ‘detunement’ cause bodily suffering? First, it further ensures the body’s ‘corporealisation’ as ‘detunement’ blocks interaffective and intersubjective participation with others so that ‘the lived body ... shrinks to the boundaries of the material body’.[41] Rather than its complete *failure*, the body’s attunement might be *faulty* or ‘out of tune’ during depression. The

depressed individual is more likely to 'pick up' melancholic feelings, or perhaps pessimistically misinterpret environmental affective charges and the behaviours of others. *Sharp Objects* is an apposite case study to examine the experience of depression's 'detunement', for, to modify Svenaeus's metaphor, what else is television but a 'resonance box' that affectively attunes (or detunes) us to mood and atmosphere through its aesthetic form? Writing about film mood, Robert Sinnerbrink explains that '[it] is not the narrative content per se but rather the aesthetic dimensions of the image – its giving of life and expression to human figures, spaces and material things – that are essential to the experience of *Stimmung*'.^[42] For instance, *Wind Gap* is often filmed in a bleary light that makes the streets, sky, and faces on the street appear hard and uninviting. Light is often filtered with an amber hue, particularly in interior scenes that employ muted light sources such as candles and neon signs. This gives the air a thick sense of weight that conveys the heaviness of the humid Southern climate, but also more specifically gives a sickly feeling to the town and its inhabitants, as if they are trapped in a bell jar that is filled with poisonous gas. This interpretation is supported by the novel when Camille muses on how depression is often synaesthetically described through colour metaphor. Although depression is frequently known as having 'the blues', for Camille depression is 'urine yellow ... [w]ashed out, exhausted miles of piss'.^[43]

Unlike the novel, the series shifts focalisation to other characters such as Adora, Chief Vickery (Matt Craven), or Detective Willis. These sequences are not filmed in such an expressive manner; nonetheless, something seems persistently 'off' about *Wind Gap*. The series is littered with shots of its rundown (and empty) streets, its menacing forest, and its meth-addled citizens. In combination with the series' frequent focalisation around Camille's perspective, it is difficult to untangle Camille's psychological perspective from the rest of the town. Even spaces of wealth – like Adora's house – are rendered strange and uninviting, and particularly so for Camille. Just as Camille does not feel 'at home' in her body, she certainly does not feel 'at home' here. The novel describes the house as 'an elaborate Victorian ... full of cubbyholes and nooks that disguise hidden lust and sticky emotions'.^[44] The adaptation manages to keep the Gothic feeling of the house as it looms on its sprawling plot, covered with windows that at night gleam like teeth. Inside the rooms are vast, filled with the haunted presence of Camille's dead sister, while the walls groan with music as Camille's strange stepfather, Alan (Henry Czerny), blares his record player. Underneath its ornate wallpaper and macabre ivory

floor, the house seems to radiate sickness. Indeed, the sense of the uncanny is amplified by the presence of a dollhouse, owned by Camille's half-sister Amma (Eliza Scanlen). Sitting in the parlour, the dollhouse is an exact replica of the house down to its own 'ivory' floor. Camille's attention is often drawn to the dollhouse, its continual presence giving the sense that she herself is living within the confines of a dollhouse, with no agency and a sealed fate.

The filming of the dollhouse intersects with one key way in which screen narratives attune or detune spectators: through sound. As Fuchs contends, moods "'tune" body, self, and environment to a common chord', like a musical harmony.[45] It is little wonder then that screen narratives often use the affective character of its score and other sounds to weave a sense of mood that resonates with spectators. Just as the previous section of this article suggested that the series' textural sound sensitises spectators to Camille's skin, at other times the score expresses Camille's 'detunement'. The episode 'Falling' begins with Camille approaching Amma's dollhouse. The camera cuts to Camille's point of view as she peers at the dollhouse, and – almost imperceptively – catches a flash of a figure in white walking through its miniature hallway. As the dollhouse lights spookily turn on, an astonished Camille bends closer to get a better look. At this moment, a low vibrating score is heard on the soundtrack. The music is more felt than heard: a rhythmic whirring, grinding, and pulsing that presses on the eardrum and turns the stomach. The camera then cuts to a shot inside the dollhouse, watching Camille's eyes search the dollhouse through its windows, before a figure – a miniature Adora – frighteningly appears, and Camille wakes in fright. Thus *Sharp Objects* not only uses colour and bleary cinematography to express Camille's embodied experience, but also more literally employs discordant music and arrhythmic sounds to 'detune' spectators and to put us ill at ease. In doing so, the series certainly acts as a kind of 'resonance box' that invites us to viscerally share in the embodied experience of depression.

Out of time

Mental illness – just like physical illness – interrupts the life's timeline. However, depression also involves a more fundamental interruption of the experience of time. Fuchs suggests that depression affects the core structures of subjective temporality: implicit and explicit time. Implicit, or lived time, re-

fers to the basic continuity of consciousness, or ‘the movement of life itself’.[46] Explicit, or experienced time, is when changes to this temporal flow are made overt, such as actively searching memory, or imagining future possibilities. Episodes of depression involve a palpable ‘desynchronisation’: time seemingly dilates, slows, and is felt as a painful burden on depressed subjects who are seemingly stuck in the past or unable to imagine a brighter future. Time also seems to lose its temporal depth, with past, present, and future congealing into an undifferentiated mass. Fuchs explains that depressed patients can also have fragmented experiences of time, called ‘stuttering’, or have moments of ‘time ecstasies’ of the past that interrupt the temporal flow.[47] This desynchronisation from subjective time is matched with one from social time, and falling ‘out of sync’ with others means that the depressed individual also falls ‘out of touch’, losing their ability to be affectively attuned to others and the world.

Camille evocatively illustrates Fuchs’s description of the depressed as a ‘living anachronism’,[48] flooded with memories upon her return to Wind Gap. Camille spends her first night in a seedy motel where she pours herself a bath (and several drinks). As she looks around the grimy tiles her eyes pause on the hinge on the closed toilet seat. There are then two quick cuts: a close-up of cleaning chemicals on a trolley, and an extreme close-up of a drop of thick blood. These shots have no context – their significance is not established until later in the series when it is revealed that her roommate from rehab, Alice (Sydney Sweeney), commits suicide – but the way that they intrude on Camille’s present evoke the ‘time ecstasies’ of memory. This is a typical function of memory, what Paul Ricoeur might call the ‘evocation’ of memory that unexpectedly emerges, a felt imprint or a ‘mnestic trace’ of the past.[49] But *Sharp Objects* also expresses how Camille suffers a pathological relationship with memory as the ‘ghosts’ of Marian and Alice frequently materialise in Camille’s present. Sometimes these figures are ‘acknowledged’ by Camille, such as seeing their images in a mirror that quickly vanish. However, at other times these figures are seemingly just ‘there’: Marian sitting on a chair on the landing, a glimpse of Alice standing in the corner of a room. These figures weave Camille’s traumatic past with the present, and thus alludes to how Camille’s psyche – along with her skin – is scarred, and how she is unable to ‘move on’ or escape from her traumatic past.

Perhaps *Sharp Objects* fundamentally expresses depression’s ‘desynchronisation’ through its narrative structure. Indeed, as a television series, *Sharp Objects* mimics the nature of depression as a chronic condition that emerges

in temporally-bounded 'episodes'. But the series' complicated narrative structure also disturbs the linear unfolding of time. Extended flashbacks interrupt the narrative to gradually reveal more of Camille's backstory, and often do so without warning. The impressive opening sequence immediately serves to disturb the spectator's rhythmic sense of time. The series opens with a travelling shot of Wind Gap as a young Camille (Sophia Lillis) roller-skates with Marian through streets plastered with political posters that indicate a time period of the 1990s. The sequence is accompanied by a girl dreamily singing that suits the sisters' youthful pleasure as they skate, smile, and touch fingers. But the music changes as the girls sneak back into their house: the vocals drop away and the bass is amplified so it is viscerally felt in the stomach as churning dread. As the girls sneak up the stairs birds of prey also shriek on the soundtrack, and they enter a room that immediately feels 'out of place'. The room is actually Camille's home in St Louis and it is cluttered with contemporary detritus, such as computers and a poster of Barack Obama. The girls sneak through the apartment to a crumpled person asleep in the bed – the adult Camille – before poking her in the hand with a pin.

Through its capacity to disorientate, detune, and also 'desynchronise', the opening sequence immediately places the spectator ill at ease, evoking a sense of anxiety and dread that is never truly relinquished. Even the series ending does not give the spectator a clear sense of closure. The final seconds of the series involve Camille discovering that the 'ivory' floor of Amma's dollhouse is made from the dead girls' teeth. Turning to the doorway, Camille sees Amma who whispers 'don't tell mama' and the series cuts to the credits. Then, two mid-credit sequences show flashbacks of Amma strangling a victim and being seen by a neighbourhood boy at the edge of the forest. But this ending does not satisfy as many questions are left unanswered: what happens to Amma? Did Adora know about Amma's actions? Will Camille ever be happy? But solving these problems would be too comforting, too unrealistic. Just like its disorientating opening sequence, flashbacks, and subjective imagery, the series' ambiguous and stilted ending shores up its desire to invite spectators into the world of the depressed by leaving them unsettled and anxious for Camille's future.

Conclusion

Fuchs argues that the subject uses narrative to develop a coherent sense of self in their experience of time. As he explains, properly synthesising implicit, explicit, and intersubjective experiences of time ‘requires an *extended, personal, or narrative self* which gains a reflective relationship to itself and is thus in the position, on the one hand, to project itself into the future, and on the other, to appropriate its own life story in the form of autobiographical narratives’.[50] In doing so, Fuchs aligns with philosophers such as Ricoeur and Peter Goldie who argue that personal identity develops through one’s emplotment in the narrative structure of the ‘story’ of life. Indeed, Goldie posits that emotions too have a narrative structure that synthesises different elements of an emotional experience (perceptions, cognitive evaluations, bodily feeling, and behavioural responses) into ‘structured episodes’ that ‘interweave and interact with each other’ and constitute part of the individual’s larger life narrative.[51] Depression, then, can be conceived as a failure of this capacity to narrativise life, because emotional episodes – such as despair – are never properly ‘resolved’ and insufficiently incorporated into an autobiographical understanding of the self. As I earlier discussed, depression forecloses the subject to future possibility that creates ‘a self-narrative that is past-orientated, pre-occupied with a life history riddled with failure’.[52]

Narrative therapy helps heal depressed individuals by integrating episodes of depression into a more cohesive narrative understanding of self-identity.[53] But appreciating narratives of depression necessitates not only careful attention to their content but also to their narrative structure for, as Ratcliffe makes clear, ‘existential feeling also shapes narrative *form*’.[54] Experiences of depression greatly affect the subject’s relationship to their body and world and even to language itself, evident in Jennifer Church’s claim that depression’s blunting of affect ‘disconnects’ language from thought, becoming ‘empty sounds, shapes, marks ... [i]n losing inferential structure, they lose their depth; in losing their depth, they lose their referents; and in losing their referents, they cease to function as thoughts at all’.[55] Camille, in the novel, conveys this perceived ‘disconnection’ between her thoughts and language, describing how her compulsion to write – first on paper, then into her skin – arose from her feeling that words and thoughts were somehow not ‘real’ unless they were permanently marked. ‘I’d see the words hanging in midair’, she writes, ‘and anxiety coiled up in me as they began to fade, like jet exhaust’,

and that cutting these words into her skin made her feel 'safe. It was proof ... The truth, stinging, on my skin, in a freakish shorthand.'[56]

The novel emphasises Camille's twisted relationship with language when words that she has sliced into her skin – such as 'dirty', 'bad', 'wicked' – spontaneously pulse and burn in concert with her emotional state. But transformed into an audio-visual form, the television series necessarily changes how it expresses this embodied relation. At times, words will appear unexpectedly – 'dirty' written on the boot of a car, 'queasy' on the sign of a store – to almost subliminally alert spectators to Camille's emotional point of view. But as I have argued in this article, *Sharp Objects* comprehensively expresses Camille's 'existential feelings' of depression. Its lighting and cinematography – along with Adams' nuanced performance – invites us to feel our way into Camille's 'corporealisation', while discordant sound and music alert us to her 'detunement' from the world. So too does the series' erratic editing direct us to share in how Camille feels 'out of sync' with the world and 'out of time', stuck in the past with a bleak future. In doing so, *Sharp Objects* provides a compelling example of how screen media may act as a 'resonance box' of mood and emotion. Resonating with spectators, screen narratives offer the opportunity for an intercorporeal understanding of depression, providing lived insight into depression as not only a mental illness but as an embodied experience.

Author

David Evan Richard researches and teaches film studies at The University of Queensland, Australia. He has published articles on film and phenomenology, adaptation, and television aesthetics in *Adaptation*, *Cinephile*, and *Senses of Cinema*. His book *Film Phenomenology and Adaptation: Sensuous Elaboration* is forthcoming with Amsterdam University Press in 2019.

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Notes

- [1] DSM-5 2013, p. 155.
- [2] Feldman 2004, pp. 121-148.
- [3] DSM-5 2013, p. 166.
- [4] Flynn 2006, p. 76.
- [5] Ibid., p. 121.

- [6] Ibid., p. 51.
- [7] Kristeva 1987; Shaviro 2012.
- [8] Sobchack, 1992, p. 31.
- [9] Ratcliffe 2015, p. 19.
- [10] Sobchack 1992, p. 9.
- [11] These structures of experience are not unique to depressed individuals but – in different inflections – ground all experience. Awareness of them also fluctuates in times of other physical or mental illnesses, such as schizophrenia.
- [12] Rolls 2018.
- [13] *DSM-5* 2013, pp. 155-188.
- [14] Ehrenberg 2010, p. 13.
- [15] Ridge 2018, p. 145.
- [16] Fuchs 2014, p. 234.
- [17] Ratcliffe 2015, p. 14.
- [18] Goldie 2002.
- [19] Fuchs 2013a, pp. 617-618.
- [20] Ratcliffe 2015, p. 41.
- [21] Ibid., p. 35.
- [22] Ibid., p. 85.
- [23] Eder 2016, p. 78.
- [24] Ratcliffe 2015, p. 2.
- [25] Barker 2009.
- [26] Smith 1995.
- [27] Plantinga 2012; Sinnerbrink 2012.
- [28] Eder 2016.
- [29] Ibid., p. 83.
- [30] Plantinga 2012, p. 469.
- [31] Kangas 2001, p. 86.
- [32] Fuchs 2014, p. 243.
- [33] Plantinga 1999, p. 240.
- [34] Flynn 2006, pp. 51, 7.
- [35] Fuchs 2005, p. 98.
- [36] Ibid., p. 100.
- [37] Svenaeus 2014, p. 13.
- [38] Fuchs 2013a, p. 613.
- [39] Fuchs 2014, p. 236.
- [40] Svenaeus 2014, p. 15.

- [41] Fuchs 2014, p. 232.
- [42] Sinnerbrink 2012, p. 149.
- [43] Flynn 2006, p. 80.
- [44] Ibid., p. 28.
- [45] Fuchs 2013a, p. 619.
- [46] Fuchs 2013b, p. 77.
- [47] Ibid., p. 86.
- [48] Fuchs 2001, p. 184.
- [49] Ricoeur 2004, pp. 26-27.
- [50] Fuchs 2013b, p. 80.
- [51] Goldie 2002, p. 13.
- [52] Ratcliffe 2015, p. 154.
- [53] Kangas 2001.
- [54] Ratcliffe 2015, p. 151.
- [55] Church 2003, p. 182.
- [56] Flynn 2006, pp. 77-79.