

**The Hidden Faces of World War One:
Representing Disfigurement in Film**

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the degree of Doctor of Philosophy**

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ABSTRACT

This study uses a creative-critical-archival approach to construct the first British, feature-length screenplay depicting the experiences of facially-injured World War One servicemen: *The Battalion of Dandelions*. This screenplay is an historical war drama, written in the form of a shooting script and informed by archival, filmic and theoretical studies. Its narrative is inspired by research into the experiences of a small number of the 60,500 British servicemen who suffered facial injuries during World War One.

Facial injury was viewed as one of the strongest symbolic manifestations of the ‘horror’ of the Great War. A century later, this study has been conducted in the context of a British World War One film genre that has, thus far, omitted facial injury as a primary subject, and a film culture that has repeatedly reinforced disfigurement as belonging to an aesthetic of horror. *The Battalion of Dandelions* challenges this using cinematic devices, including shot scale, focus and sound, chosen in order to encourage audience members to slow down their perceptions and reconsider their responses to techniques used to signal monstrosity.

Elements of trauma theory and haptic cinema are also included in *The Battalion of Dandelions* to encourage a stronger connection between character and viewer. *Hiroshima mon amour* (1959) and *A Quiet Place* (2018) are particularly strong studies in the deployment of narrative and cinematic devices to represent the unrepresentable and elicit empathy from the viewer.

The deep-rooted existence of visual prejudice is beginning to be challenged within our society. This thesis offers an original contribution to knowledge by outlining how film can play a significant part in supporting a humanised aesthetic of disfigurement, whilst filling a gap within British film culture concerning the commemoration of the facially-injured servicemen of World War One.

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INTRODUCTION

The principal concern of this thesis is to use a three angled, creative-critical-archival method to construct the first British, feature-length screenplay depicting the experiences of facially-injured World War One servicemen. Specifically, this thesis aims to interpret archival material regarding the disfigured serviceman of the Great War, in order to create an historical narrative that attempts to shape aesthetic results through the careful application of cinematic techniques informed by film theory. This objective has been pursued in the context of a British World War One film genre that has, thus far, omitted facial injury as a primary subject, and a film culture that has repeatedly reinforced visual ‘abnormality’ as an aesthetic of monstrosity.

Facial injury during World War One holds a prominent place in both military and medical history. The weapon technologies of the previous centuries converged during the Great War, resulting in a large number of casualties and fatalities on both sides. 8.7 million British men served between 1914-1918, of which around 700,000 died and 2.2 million were wounded.¹ Of the wounded, approximately 41,000 men had a limb amputated, but around 60,500 suffered facial injuries.²

Queen Mary’s Hospital, World War One’s major centre for maxillo-facial and plastic surgery, was founded in Sidcup in 1917 in response to this influx of facial cases, and by 1921 it had treated over 5,000 servicemen.³ The hospital’s work, led by New Zealand surgeon Harold Gillies, was at the forefront of pioneering developments in plastic surgery, and the experimental procedures endured by its patients paved the way for modern day reconstructive methods.

¹ ‘Some British Army statistics of the Great War’, *The Long, Long Trail* <<http://www.1914-1918.net/faq.htm>> [accessed 3 July 2017].

² Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London: Reaktion Books, 1996) p. 33.

³ *The Gillies Archives* <<http://gilliesarchives.org.uk>> [accessed 20 November 2014].

In-depth research has been conducted into the facially-injured servicemen of World War One within art, photography and digital media, by researchers like Dr Suzannah Biernoff in her book *Portraits of Violence: War and the Aesthetics of Disfigurement*, but analysis of the subject within film culture is largely neglected.⁴ This is likely due to the lack of feature-films depicting World War One facial injury as a primary subject, of which Britain has produced none.

Since the late 19th century, film has acted as one of society's main forms of mass communication for storytelling and informing viewers on both small-scale and worldwide historical events. Over the last century, countries have used narrative war films to commemorate the sacrifices of their nation's servicemen, but also to acquaint audience members with the impact of conflict on individual people, communities, medicine, politics and the economy. In the war genre, focus has primarily been afforded to the subjects of military strategy, trench warfare and the home front. Casualties of war have taken a secondary position, as evidenced in an exploration of the focal subjects of the IMDb's list of highest rated war feature films.⁵

The most prolific era in Britain for World War One films was between the end of the Great War and the beginning of the Second World War. From 1919 to 1939, the British film industry produced more than thirty feature-length films. Despite the facially-injured servicemen's impact on military and medical history, none of these pictures depicted them as primary subjects. This pattern continued over the next eighty years, not aided by a decrease in World War One films produced as television became the primary format for narrative

⁴ Suzannah Biernoff, *Portraits of Violence: War and the Aesthetics of Disfigurement* (Michigan: The University of Michigan Press, 2017).

⁵ 'Feature Film, Rating Count at least 25,000, War (Sorted by IMDb Rating Descending)', IMDb <https://www.imdb.com/search/title/?genres=war&sort=user_rating,desc&title_type=feature&num_votes=25000,&pf_rd_m=A2FGELUUNOQJNL&pf_rd_p=5aab685f-35eb-40f3-95f7-c53f09d542c3&pf_rd_r=JM5BR4JZTQHQVHX3QXPP&pf_rd_s=right-6&pf_rd_t=15506&pf_rd_i=top&ref_=chttp_gnr_20> [accessed 25 September 2019].

exploration of the Great War in Britain, in popular drama series like *Upstairs Downstairs* (1971-1975) and *Downton Abbey* (2010-2015).⁶

Facially injured characters may be featured momentarily as instruments of shock in tracking shots across battlefields or hospital wards in British war films, but even when named characters make it to the forefront of a scene, their principal use does not change. A recent example of this can be found in the 2016 British-American World War Two thriller, *Allied*. The facially-injured character, Guy Sangster (Matthew Goode), has two minutes and three seconds of screen time in the feature-length film, but the injured side of his face is only visible for five seconds of this. Without context or warning, Sangster suddenly turns his head to reveal his disfigurement, but once the surprise element of his mutilated face has been exhausted, which takes only seconds, the injury is regarded as posing no further advantage to the image, and is removed from frame.⁷

When a facial injury is written into the narrative, but shock is not the desired effect, many films remove the challenge of attempting to soften the image of disfigurement by concealing it. One method is to hide the injury beneath the cover of bandages for the duration of a character's time on screen, a technique employed in American Vietnam War film *Birdy* (1984) and British World War One film *Testament of Youth* (2014).⁸ *Birdy* is a filmic adaptation of William Wharton's novel of the same name, where a man named Birdy (Matthew Modine) – who is seemingly traumatised into silence by his experiences at war – ends up in the same hospital as his friend Al (Nicolas Cage), who has suffered a facial injury. The primary human features of Al's face – eyes, nose and mouth – remain seemingly untouched, and the

⁶ Michael Paris, 'Film/Cinema (Great Britain), *International Encyclopaedia of the First World War* <https://encyclopedia.1914-1918-online.net/article/filmcinema_great_britain> [accessed 26 Aug 2019]; *Upstairs, Downstairs*, ITV (UK: London Weekend Television, 1971-1975); *Downton Abbey*, ITV (UK: Carnival Film & Television, 2010-2015).

⁷ Steven Knight, *Allied*, dir. by Robert Zemeckis (UK: GK Films, 2016).

⁸ Jack Behr, Sandy Kroopf, *Birdy*, dir. by Alan Parker (USA: TriStar Pictures, 1984); Juliette Towhidi, *Testament of Youth*, dir. by James Kent (UK: Lionsgate, 2014).

portion of injured skin on the left side of his head remains bandaged throughout. As such, rather than tackling the representation of facial injury on-screen, Al's facial injury is seemingly utilised simply as a mechanism to conveniently place him in hospital, and to allow him to claim some understanding of how the primary protagonist – Birdy's – differences drive his desire to hide from the world.

Similarly, in *Testament of Youth* – an adaptation of Great War nurse Vera Brittain's memoirs – a young, facially disfigured soldier named Victor (Colin Morgan) remains bandaged throughout his scenes in hospital, his injury and blindness capitalised upon to raise the poignancy of his scenes with Vera (Alicia Vikander) through pity, rather than exploring how the damage has contributed to Victor's own vulnerable state. In each case, the implications of injury that Al and Victor's bandages portray appear to suffice, in the directors' minds, for the requirements of the narrative, while a visual acknowledgement of disfigurement itself is considered an unnecessary challenge.

Within the historical criticism surrounding the depiction of facial casualties, such as in Francesca Kubicki's essay 'Recreated Faces: Facial Disfigurement, Plastic Surgery, Photography and the Great War', the unifying argument has been that facial injury was viewed as one of the strongest symbolic manifestations of the 'horror of war' during World War One.⁹ The fact that a subject gap still remains in British film regarding these servicemen suggests that facial disfigurement is still primarily viewed as an aesthetic of horror.

Unlike Britain, France has produced two feature-films in the last two decades – *La Chambre des officiers* (2001) and *Au revoir là-haut* (2017) – that depict their disfigured World War One servicemen as primary subjects. *La Chambre des officiers* in particular challenges the

⁹ Francesca Kubicki, 'Recreated Faces: Facial Disfigurement, Plastic Surgery, Photography and the Great War', *Photography and Culture*, 2.2 (2009), 183-194 (p.184).

established monstrous portrayal of facial ‘abnormality’ by using specific cinematic devices to create a humanised aesthetic of warfare disfigurement (explored in Chapter Two).¹⁰

The genre of my screenplay, entitled *The Battalion of Dandelions*, is an historical war drama exploring themes of trauma, dehumanisation, isolation, masculinity and brotherhood. An important aim of this screenplay is to challenge conventional aesthetics of disfigurement by applying techniques proposed in film theory, and evidenced in past films like *La Chambre des officiers*, in order to affect aesthetic impact. *The Battalion of Dandelions* is written in the form of a shooting script in order to specify how scenes should be shot and edited using cinematic components, such as shot scale, exposure, focus and lighting.

The Battalion of Dandelions opens in 1917 and follows the experiences of several disfigured servicemen while receiving treatment at Queen Mary’s Hospital and during their reintegration into British, post-war society. This narrative spans a total of three years and is a quest narrative on two levels. The protagonists must overcome the significant pain and risks attributed to facial reconstruction in order to achieve a physical transformation, and they must also overcome social prejudices regarding facial injury in order to reach a psychological state of peace. The narrative is designed to lead the viewer along these points of transformation, using progressive dialogue and carefully placed inciting incidents that drive the plot forward until the quests are either abandoned or completed.

The critical component of this thesis is divided into three chapters, the findings of which have informed *The Battalion of Dandelions*. These chapters explore three overarching research questions:

¹⁰ François Dupeyron, *La Chambre des officiers*, dir. by François Dupeyron (France: France 2 Cinéma, 2001); Albert Dupontel, Pierre Lemaitre, *Au revoir là-haut*, dir. by Albert Dupontel (France: Stadenn Prod, 2017).

How does archival research intersect with the process of character, scene and narrative construction?

- Chapter One explores methods of source-criticism in relation to selective narrative techniques in order to discern the relationship between archival research and the creative process. In particular it addresses how these methods influenced the selection, interpretation and application of a body of archival material to *The Battalion of Dandelions* – materials that were derived from institutions including The Gillies Archives at the Royal College of Surgeons (RCS), The Liddle Collection at Leeds University and The Gillies Archives of The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS).

How can specific cinematic techniques be used to encourage a humanised, or monstrous aesthetic of disfigurement in film?

- Chapter Two attempts to identify how shooting techniques, employed to affect aspects such as lighting, focus and sound, have been used in film to create either an abject or comfortable aesthetic of disfigurement. This study focuses on films within two primary genres: horror, which has historically endorsed disfigurement as an aesthetic of monstrosity, and drama, which has produced landmark films in support of an alternative, humanised aesthetic of disfigurement, including *The Elephant Man* (1980).¹¹

To what degree can narrative and visual methods be applied to film in order to enhance viewer empathy towards character trauma?

¹¹ Eric Bergren, Christopher DeVore, David Lynch, *The Elephant Man*, dir. by David Lynch (UK: Brooksfilm, 1980).

- Chapter Three considers theories that relate to the question of how film can enhance the narrative and visual impact of trauma. This chapter does so through the concentrated analysis of two strong filmic studies on the subject – *Hiroshima mon amour* and *A Quiet Place*. Included in this study is an exploration of how techniques in haptic cinema can be applied to create images and sounds that conjure more effective sensory and emotional connections between audience members and character trauma.

The archival, conceptual and theoretical findings derived from these chapters, which follow my screenplay, had both narrative and directorial impact on its construction.

The title *The Battalion of Dandelions* was devised to represent the notion that, though the human body may be damaged, it can endure, as the dandelion stem withstands the wind when its head is blown apart. This metaphor was devised whilst researching the traumas and victories that a number of facially-injured servicemen lived through during and after the First World War. As such, this thesis is written with the intent that the ‘hidden faces’ of my title will finally begin to be uncovered in British film, not as secondary considerations, but as primary subjects for commemoration, beginning with *The Battalion of Dandelions*.

THE BATTALION OF DANDELIONS

by
Siân Liddle

CARD:

AUGUST 1917

1 INT. QUEEN'S HOSPITAL - WARD 31 - NIGHT

(SCENE IN WALT'S POV. The centre of his vision is in focus, but the edges of the frame are blurred. The RAISED SOUND OF RINGING continues throughout the scene.)

WALTER (WALT) CHANTRELL (23) opens his left eye sharply. Walt is staring up at the ceiling of the hut, but quickly looks down at his left hand, strapped to the bed. He balls his hand into a fist and pulls at the strap.

WALT
(trying to talk)
Rasping

CLARA (O.S.)
(faint)
Lieutenant Chantrell.

FADE TO BLACK.

2 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

(SCENE IN WALT'S POV.)

Walt opens his left eye slowly. There is the RAISED SOUND OF WALT'S BREATHING as he stares at the ceiling of the hut, alongside the FAINT SOUND OF MEN IN CONVERSATION.

WALT
(trying to talk)
Rasping

CLARA (O.S.)
Don't try to talk.

Walt looks to the voice and sees NURSE CLARA WILLIAMS - 28, pretty in a homely way - at his right side.

CLARA (cont'd)
Just nod if you're in pain.

Walt nods slightly. Clara begins to undo the straps around his wrists.

CLARA (cont'd)
Don't touch your face. The bandages protect it from most things, but not pressure. I'll be right back.

(Accompanied by METALLIC AUDIO SHOCK.) Clara moves from Walt's line of view to reveal SECOND LIEUTENANT JAMES YORK - 18, neat moustache and slicked back hair - sitting in the bed next to Walt. James is missing his left eye, with an indentation that goes over the top of his nose. He is wearing a blue jacket with white lapels and a red tie.

Walt's breathing accelerates as he slowly raises his head to see the rest of the patients in the room. Some men have bandages across their faces, while others have their facial injuries on show. All of the men in the ward are wearing the same patient uniforms as James.

A RINGING SOUND GROWS as Walt's head drops back and he pulls desperately at the bindings.

FADE TO BLACK.

3 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

(SCENE IN WALT'S POV UNTIL DIRECTED.)

Walt opens his left eye to see Clara administering morphine into him. His breathing starts to accelerate again, but she puts a calming hand on his arm.

CLARA
Focus on your breathing, Lieutenant.
In... and out. In... and out.

Walt breathes with her words and she smiles, warmly.

CLARA (cont'd)
There you are.

MAJOR GILLIES - 35, a New Zealand surgeon with a positive disposition - walks into Walt's line of view.

GILLIES

Welcome to Queen's Hospital,
Lieutenant.

Gillies sits down on the side of Walt's bed.

GILLIES (cont'd)

You've had quite a blow, Sonny, but
nothing we can't repair.

WALT

(trying to talk)
Rasping

GILLIES

Don't strain yourself. Most of the
damage is to the right half of your
face, including your mouth I'm afraid.

Gillies looks to Clara and she passes him a chalkboard, chalk
and cloth, which he presents to Walt.

GILLIES (cont'd)

You can use these to communicate for
now.

Walt hesitates, then takes the items from Gillies.

GILLIES (cont'd)

I will visit you every afternoon, and
Nurse Williams will introduce you to
the hospital tomorrow.

Gillies pats Walt's hand reassuringly.

GILLIES (cont'd)

By the time I'm finished with you,
you'll have a face as good as any.

Gillies stands and Clara follows him to the door of the ward.
Walt looks down at the blackboard in his hands.

FREDDIE (O.S.)

Don't bother asking for a mirror.

(OUT OF WALT'S POV for remainder of scene.)

Walt is sitting up slightly in bed with bandages across the right half of his face. He is wearing a white shirt and is covered by a sheet up to his chest.

Walt looks to his left and CAPTAIN FREDDIE WAKE - 32, tall and well built - comes slowly into frame, sitting on the edge of the bed next to him with a cigarette and matchbox in his hands. Freddie's face and hands are severely burned, and his hair is in the process of growing back.

FREDDIE (cont'd)

Major banned them, on account of the men topping themselves.

Freddie strikes a match and lights the cigarette in his hand, then takes a drag.

EXTREME CLOSE ON the burning end of the cigarette.

Freddie stands.

FREDDIE (cont'd)

Welcome to the Battalion of Gargoyles, Lieutenant.

Freddie walks away to the doors of the hut.

JAMES (O.S.)

Don't pay any mind to Freddie.

Walt turns back to James, who is focusing on the tower of cards he is building.

JAMES (cont'd)

Used to be a lawyer, and even Major Gillies can't cure perpetual pessimism.

James finishes placing a card, then looks to Walt.

JAMES (cont'd)
Second Lieutenant James York, Second
Warwickshire Brigade.

Walt writes 'WALTER CHANTRELL, FORESTERS' on his board. James holds out his hand and Walt tentatively shakes it.

JAMES (cont'd)
Nice to meet you, Walt. The residents take some getting used to, but the beds are a fair sight comfier than a trench floor.

PATIENT #1 (O.S.)
(shouts)
James!

James and Walt look to the door to see PATIENT #1 with a bandage across his nose. He is holding a football under his arm.

PATIENT #1 (cont'd)
Call the match.

James salutes to Walt, then stands and runs to the door. Walt watches him go, then raises a hand to his face.

CLOSE ON Walt's finger brushing across the bandages. The RAISED SOUND OF SKIN AGAINST FABRIC merges into the sound of rain in the next scene.

4 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

There is the sound of rain hitting hard against the window.

CLOSE ON a feeding tube - a creamy liquid is moving through it.

CLOSE ON Walt's left eye, flinching and surrounded by sweat. He is making a strangled, gurgling sound.

CLARA (O.S.)
Don't fight it.

Walt is raised slightly in bed, now wearing the same patient uniform as everyone else.

The right half of his face remains bandaged as Clara feeds him through a tube that is inserted into his throat. Walt starts to choke.

CLARA (cont'd)
You're alright.

CLOSE ON Walt's right hand shaking, then slowly releasing the bed sheet.

The end of the tube has come out of Walt's mouth and Clara puts it onto the tray beside her as Walt coughs. She lifts up a glass of water and puts it to Walt's lips. He drinks, slowly, then lays his head back.

CLARA (cont'd)
The more you relax, the easier it will be.

Clara dabs away the water that has spilled down Walt's chin.

CLARA (cont'd)
Your body has been starved for ten days, Lieutenant. It needs nourishment.

Walt turns his face away from her.

CLARA (cont'd)
We'll try again later.

Clara stands and walks away with the tray.

Walt reaches over and takes a pencil and piece of foolscap folio from his side table. The words 'Dearest Ruth' are already written at the top. Walt places the paper against his blackboard and lowers the pencil to the page. He writes 'You may have heard word from Ian', but his hand begins to shake as he writes 'Ian', making him drop the pencil. Walt clenches his hand into a fist and holds it with the other. Closing his eye as if in pain, he lays his head back against the pillow.

CUT TO BLACK.

IAN (V.O.)
Does it hurt?

5 INT. QUEEN'S HOSPITAL - WARD 31 - NIGHT

Walt wakes in bed with his face still bandaged, breathing heavily. His arms are bound to the bed again.

IAN (O.S.)

It looks like it hurts.

Walt turns his head to see SERGEANT IAN PRESCOTT - 22 - standing a few feet from him. His infantry uniform is covered in dirt and blood. The rest of the hut is full of sleeping men.

IAN (cont'd)

Do you remember when it hurt the most?

Walt makes a desperate moaning sound and shakes his head.

Ian is staring sadly at Walt. A bullet hole slowly forms in the middle of his forehead as he speaks.

IAN (cont'd)

I do.

There is the sound of a gunshot cutting into the next scene.

BACK TO:

6 INT. QUEEN'S HOSPITAL - WARD 31 - NIGHT

Walt wakes in bed with his face still bandaged. He is breathing heavily, with sweat running down his face. His eye darts about, but Ian is no longer there, just patients sleeping in their beds. Walt's expression changes from fear to exhaustion, and his breathing slows as he stares up at the ceiling.

7 EXT. QUEEN'S HOSPITAL - GROUNDS - DAY

Walt is being pushed in a wheelchair by Clara, out of Ward 31 and onto the grass. Walt's face is still bandaged as before and his blackboard is in his lap.

CLARA

(indicating to huts)

These are the British wards.

(MORE)

CLARA (cont'd)
From the far end you have the
Australians, New Zealanders and
Canadians. The theatre block is in the
centre.

Walt looks uncomfortably at the wards and the men walking
around them, many with their disfigurements on show. Clara
pushes the wheelchair in the direction of Frogmal House.

CLARA (cont'd)
Queen's is only a few months old, so
we're still making improvements.

8 INT. QUEEN'S HOSPITAL - FROGMAL HOUSE - ENTRANCE HALL - DAY

Clara and Walt enter. Walt looks up at the grandeur of the
hall, which has a staircase and aristocratic portraits along
one wall. Some nurses and disfigured men are walking through.

CLARA
(smiling proudly)
Welcome, to Frogmal House.

NURSE #1 (O.S.)
Nurse Williams?

Clara turns to a young, concerned looking nurse and engages in
conversation with her.

A RINGING SOUND GROWS as Walt stares up at a portrait on the
wall.

CLOSE ON portrait of a man from the early Victorian era wearing
a black hat. The paint on his hat appears to moisten and run
red, then drip down the man's face.

The wall of portraits all begin to melt in this way, distorting
the features of the aristocrats.

The ringing is at its loudest as Walt stares up at the
portraits with intense focus.

EXTREME CLOSE ON a drop of red paint on the portrait of the man
in the hat as it pools on the frame and then slowly drips.

The ringing stops abruptly as Clara moves Walt's wheelchair, jolting him out of his trance. The paintings are as they once were on the wall, neat and dry.

9 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - OFFICERS' ROOM - DAY

Walt and Clara enter. There are armchairs, desks, a fireplace and a wall of bookshelves, filled halfway up with books. VICTOR TERRY - 20, deaf, a bandage over the bottom half of his face that covers his mouth and chin - is sitting in one corner reading a book. (Victor has permanent contracture of the right hand.)

CLARA

This is the officers' sitting room.
You're welcome to come here whenever
you want somewhere quiet /to-

FREDDIE (O.S)

(loudly)
/Bugger!

Freddie and James are sitting at one of the tables, playing poker. James has a pile of matches in front of him and joins the remaining matches from the centre of the table to his own.

CLARA

(to Walt)
When I say quiet, I mean only when
Captain Wake is under anaesthesia.

Freddie collects the cards. James looks up at Walt and Clara.

JAMES

Hand, Walt?

Walt looks at Clara, unsure. She nods once to him in encouragement and Walt stands from the chair, weakly. Clara holds his arm to help him to the table where James is separating the matches. Freddie is shuffling the deck, but his eyes move to Clara.

FREDDIE

Nurse Williams.

CLARA

Captain.

FREDDIE

I heard that one of your brothers was
conscripted to the navy.

CLARA

A merchant ship.

FREDDIE

Out of the line of fire.

CLARA

How many merchant ships did you sink,
Captain?

Freddie hesitates, awkwardly. James sits forward.

JAMES

Is your husband still in Belgium?

CLARA

Yes. His leave was postponed.

FREDDIE

Thinking he was coming home to you,
and then not.

(holds Clara's gaze)

I thought our fates were cruel.

Clara becomes uncomfortable and breaks eye contact with
Freddie. She looks down at Walt and smiles.

CLARA

I'll leave you to it.

Clara walks away and Freddie stares after her, still shuffling
the deck in his hands.

10 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - OFFICERS' ROOM - DAY

CAMERA CLOSE ON fire, angled through it so that the flames
appear to flicker across James and Freddie's disfigured faces
in the distance.

Victor is still sitting in the corner of the room, reading. James, Walt and Freddie are sitting at the card table, each holding a hand. Freddie is smoking. In the centre of the table are a line of four face up cards and a reasonable pile of matches. James has the most matches in his pile, Walt has the second most, and Freddie is left with only four. Walt is staring at James, listening intently.

JAMES

Fromelles was a bloody massacre.

James turns a king over from the deck and places it beside the other four cards in the centre of the table.

(As James places the card down, there is the SOUND OF A SHELL EXPLOSION cutting into the next scene.

FLASHBACK TO:

11 EXT. FROMELLES - SALLY PORTS - EVENING

Soldiers are being shelled as they file out of sally ports into No Man's Land.

James runs through the sally port, looking determined. He narrowly avoids a falling shell which blows two other men into the air. He advances alongside hundreds of other soldiers who have avoided the shells, but then the SOUND OF MACHINE GUNS OPENING FIRE breaks out and men around him begin falling. He runs faster and there is the RAISED SOUND OF HIS BREATHING from exertion as men continue to be mowed down around him. As James looks back over his right shoulder, a bullet hits the left side of his face.

BACK TO:

12 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - OFFICERS' ROOM - DAY

Freddie checks by tapping the table twice.

JAMES

If I hadn't looked back when I did,
that bullet would've gone straight
through my forehead. I had a guardian
angel that day.

FREDDIE

I think he needs more training.

James puts four matchsticks in and Freddie sighs. Walt looks
down at his cards, then matches James' bet. Freddie throws his
hand down onto the table.

FREDDIE (cont'd)

Fold.

James smiles and lays his hand down, face up. Walt looks down
at James' hand, then lays down his own. James chuckles and bows
his head.

JAMES

Well played, Lieutenant.

13 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

EXTREME CLOSE ON Walt's injured right upper lip, and the bare
skin above it. This area of skin is in focus, red and black,
but the palate inside Walt's mouth is out of focus. There is
the RAISED SOUND OF WALT'S BREATHING as a bandage is slowly
laid over his skin.

Gillies is sitting on the edge of Walt's bed, concentrating
on laying the bandage back over the side of Walt's mouth.

EXTREME CLOSE ON Walt's wincing left eye.

Gillies leans back.

GILLIES

We'll reassess in a month, but I think
it will be March before we can begin
reconstruction.

Walt frowns up at Gillies.

GILLIES (cont'd)
 Patience, remember? It may take more
 than one operation before speech
 returns, and that is only the
 beginning.

NURSE #2 appears at Walt's bedside.

NURSE #2
 I'm sorry to interrupt, Major.

GILLIES
 Yes?

NURSE #2
 Lieutenant Chantrell's wife is here.

14 EXT. QUEEN'S HOSPITAL - WARD 31 - DAY

RUTH CHANTRELL - 22, deaf, wearing simple, slightly frayed
 clothing and a wedding band - is sitting at a small table
 outside Ward 31, looking nervously around her. (As Ian's twin
 sister she has similarities in appearance.)

There are men with bandaged faces talking in deck chairs, while
 others are lying on the grass with their disfigurements on
 show.

Walt walks around the corner with his face freshly bandaged and
 freezes when his eye meets Ruth's. She stands and sadly scans
 his bandaged face.

Ruth walks quickly forward and Walt catches her as she puts her
 arms around him in an embrace. Walt pulls her tightly against
 him, closing his eye. After a moment, Ruth pulls back and
 raises her hands to his face, but he pulls away from her touch.

(SUBTITLES ON SCREEN during all sign language scenes.)

RUTH
 (signs)
 Does it hurt?

WALT

(signs)
Not really.

RUTH

(signs)
Liar.

Walt smiles weakly at Ruth, then indicates for her to sit down again. They both take a seat at the small table.

WALT

(signs)
How did you get here?

RUTH

(signs)
Mrs Roberts brought me. I had to see
you.

Walt sighs and looks down at the table. Ruth scans his face with concern, then uses her hand to gently raise his chin to look at her.

RUTH (cont'd)

(signs)
What happened?

WALT

(signs)
They say I was too close to a shell
when it hit.

(BEAT)
I think Ian got hurt too.

Ruth turns her head from him and looks out at the grounds, her eyes becoming wet. Walt's expression turns fearful and he uses his hand to gently guide her face back to him, looking into her eyes, questioningly.

RUTH

(signs slowly)
Ian is dead.

Walt's hand slowly drops from her chin as he stares at her, taking the information in. Ruth struggles to hold back her tears.

RUTH (cont'd)

(signs)

They said it was quick.

Walt stands abruptly and walks away from her. Ruth stands to follow but stops as he barrels away.

Victor is sitting beneath a tree a few metres away, watching the scene, curiously.

15 EXT. QUEEN'S HOSPITAL - GROUNDS - DAY

Walt is walking quickly across the grounds with his arms crossed over his body and his head down. Freddie is standing with two other injured men. He sees Walt walking and looks curious.

There is a RAISED RINGING SOUND as Walt leans back against a tree and lowers himself to the ground. His hands are shaking violently as he presses them together.

EXTREME CLOSE ON the sweat running down Walt's cheek. The sweat is sharp, while his skin is out of focus. The RAISED SOUND OF WALT'S BREATHING can be heard against the ringing.

FLASHBACK TO:

16 EXT. NO MAN'S LAND - DAY

(All flashback scenes are unfocused at the edges with hollow audio.)

WALT'S POV - Ian is tangled up in barbed wire, dead with a blood stained leg and a bullet hole in his head.

BACK TO:

17 EXT. QUEEN'S HOSPITAL - GROUNDS - DAY

CLOSE ON Walt's face, his eye squeezed shut as he runs his shaking hands through his hair. His breathing is accelerated.

FREDDIE (O.S.)

British common law holds a long list
of offences.

The RINGING SOUND STOPS ABRUPTLY as Walt jumps and looks up. Freddie is leaning against the side of the tree, casually staring out at the grounds and smoking.

FREDDIE (cont'd)

Arson. Theft. Sedition. When it comes
I recite every one.

Freddie takes a drag of his cigarette and breathes out the smoke.

FREDDIE (cont'd)

With every breath I move one more down
the list, until the shaking stops.

(BEAT)

And it does always stop.

Freddie drops and stands on the cigarette, and puts his hands in his pockets.

FREDDIE (cont'd)

Use what you know, Lieutenant.

Freddie walks away. Walt looks down at his shaking hands and closes his eye, taking a deep, shaking breath.

CARD:

APRIL 1918

18 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - DINING HALL - DAY

Freddie, James and Walt are sitting with a group of other men at one of the long tables. Walt's face is bandaged and he has his blackboard and chalk on the table in front of him.

He is reading a newspaper. Freddie is eating, and James is looking longingly at Freddie's food.

FREDDIE

(to James)

Stop watching me eat.

JAMES

I'm starving.

FREDDIE

You're getting cut open today.

JAMES

I'd rather have food.

FREDDIE

And I'd rather have the knife, but none of us get what we want.

Clara enters, looking around for someone. She spots Freddie and walks over to him, looking cautious. James sees her first.

JAMES

(quietly)

What have you done?

Freddie looks up as Clara reaches them.

CLARA

May I speak with you, Captain?

Freddie puts his spoon down.

FREDDIE

Walt, make sure he doesn't touch my food.

Freddie stands and walks to the side of the room with Clara.

JAMES

I wonder if he was this charming before he joined the sizzle brigade.

Walt scoffs, still looking at his paper. James looks across at the other people eating.

JAMES (cont'd)

I miss France.

Walt looks up from his paper at James.

JAMES (cont'd)

I miss the rum.

Walt smiles as James meets his eye.

JAMES (cont'd)

I even miss the madness of it all,
sometimes.

James' expression becomes serious.

JAMES (cont'd)

I'm going back, after this operation.

Walt frowns and lowers his paper.

JAMES (cont'd)

Don't tell Freddie, he wouldn't
understand.

Walt picks up his chalk from the table and writes on his blackboard. He holds it up to reveal the words, 'I don't.'
James considers Walt for a moment.

JAMES (cont'd)

York men don't die in bed, Walt, and
those that do don't make it into the
family crypt. I don't want to spend
eternity being pissed on by cats under
my mother's apple tree.

James lightens his expression but Walt's remains serious. James sighs.

JAMES (cont'd)

Lighten up, Walt. Maybe if I'm lucky
they'll bomb-

FLASHBACK TO:

19 EXT. NO MAN'S LAND - DAY

Walt's POV as he dives to the ground and a bomb hits nearby, throwing the earth up.

CUT TO BLACK. SILENCE.

BACK TO:

20 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - DINING HALL - DAY

EXTREME CLOSE ON Walt's left eye, darting about in panic.

JAMES (O.S.)

(echoey)

Walt?

Walt is crouched beneath the table. James is kneeling down in front of him with one hand on the table top, considering Walt with concern. Walt shakes his head slightly to communicate his uncertainty, and James looks up at the room.

JAMES (cont'd)

Dropped an eye.

James looks back down at Walt and holds his hand out to him. Walt slowly takes it and James helps him to his feet, then pats him discreetly on the back before walking back around to his side of the table. Walt sits down again, his attention returning to the present.

CLARA (O.S.)

(imploringly)

Captain!

Walt and James turn to see Freddie walking away from Clara, looking annoyed. He sits back down at the table.

FREDDIE

What are we talking about?

James hesitates, considering Freddie.

JAMES

Surgery.

FREDDIE

(to Walt)

It bloody hurts.

Freddie continues eating his food. James and Walt share a wary look.

21 INT. QUEEN'S HOSPITAL - SURGICAL THEATRE - DAY

Walt walks into the operating theatre wearing a gown. The right half of his face is still bandaged. There are doctors and nurses around him, dressed for surgery.

GILLIES (O.S.)

Walter.

Walt looks to see Gillies in his white surgeon's attire, indicating to the table. Walt nods once, looking nervous, then climbs onto it.

CLOSE ON the left side of Walt's face on the operating table as the bandages are removed from the right. An anaesthetist puts a mask over his face and Walt jerks slightly as he struggles to breath.

WALT'S POV - His vision becomes hazy and his left eye closes.

22 EXT. WALT'S STREET - DAY

Walt is sitting on the curb outside his house, no longer injured. The street is empty and the large field opposite is flooded in sunlight. Ian sits down next to him, but Walt doesn't look his way. Ian smiles nostalgically and points to an area of the field.

IAN

I broke your slingshot over there, do
you remember?

Walt sighs and looks down at his hands, frustration showing on his face.

IAN (cont'd)
Ruth wanted one so badly, but there
are some games that girls just can't/
play.

WALT
(bitterly)
/How could you leave her?

Ian hesitates and Walt finally looks up at him.

IAN
I would never leave her.

WALT
But you did.

There is the sound of a group of fighter planes approaching.
Walt looks up. When he looks back down Ian is standing beside
him, holding a gun up to his own forehead. Walt stands,
cautiously.

WALT (cont'd)
I could have pulled you out.

IAN
No... you couldn't.

FLASHBACK TO:

23 EXT. NO MAN'S LAND - DAY

Ian is dead, tangled up in barbed wire with a gunshot hole in
his forehead. The blood from his wound drips onto the gun that
lays on the ground in front of him.

BACK TO:

24 EXT. WALT'S STREET - DAY

Ian is still standing with the gun to his forehead. The fighter
planes fly loudly overhead and the wind begins to blow around
them. The men have to raise their voices to be heard over the
sound.

WALT

What were you doing at the wire?

Ian cocks the gun.

WALT (cont'd)

(angrily)

You should have trusted me!

CLOSE ON Ian's face.

IAN

I did.

Ian pulls the trigger.

CUT TO BLACK.

25 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

WALT'S POV as he slowly opens his eye. There is the RAISED SOUND OF HIS ACCELERATED BREATHING. The image of the ceiling is blurred and overexposed. His vision slowly focuses.

FREDDIE (O.S.)

He wakes.

Freddie is sitting in bed, reading. James is also lying in bed with a bandage around his wound, looking pale. The right side of Walt's face is bandaged and his arms are once again strapped to the bed as he looks to James, then moans in pain at the movement.

JAMES

(to Walt)

Welcome back.

WALT

(just audible)

Thanks.

James' right eye widens and Freddie lowers his book in surprise.

FREDDIE

Say that again.

Walt looks confused before realisation crosses his face. (All of Walt's speech is rough, slow and only just audible.)

WALT

Thanks.

James laughs weakly and Freddie smiles as he stands to unbind Walt's arms from the bed.

WALT (cont'd)

I - can - talk.

FREDDIE

Just about.

Walt smiles and his eye becomes wet with emotion as he looks to James, who is smiling back at him.

WALT

I - can - talk!

26 INT. QUEENS'S HOSPITAL - WARD 31 - DAY

EXTREME CLOSE ON the flame of a flickering candle.

Walt's face is still bandaged down to the bottom of his right cheek, but his mouth is now exposed with the scars of recent surgery. Gillies is sitting on the side of Walt's bed.

GILLIES

Smile for me.

Walt smiles but only the left side of his mouth lifts up. Gillies leans forward to look more closely at Walt's mouth.

GILLIES (cont'd)

There is still some muscle damage, but we will work towards repairing that later. We need to give your skin a chance to heal.

Gillies straightens.

GILLIES (cont'd)

Some of the damage to your palate
could not yet be rectified, but you
will have no need for the blackboard
anymore.

Walt nods. (His speech is still slow and slightly slurred
because of the remaining damage to his palate.)

WALT

Can - I - see?

GILLIES

Focus on what we have achieved today
and leave the rest for me to worry
about.

Walt looks disappointed, but nods. Gillies looks to James.

GILLIES (cont'd)

How are you, York?

James gives him a weary thumbs up.

GILLIES (cont'd)

Good man.

27 EXT. QUEEN'S HOSPITAL - WARD 31 - DAY

James and Walt are sitting in wheelchairs with bandaged faces
next to the tennis court, where four men are playing. Walt is
watching the game, but James is staring down at the grass,
slightly overgrown and dotted with dandelions. (Walt's voice is
still slow and slightly slurred.)

JAMES

Freddie's wrong, you know.

WALT

Hmm?

JAMES

We're not gargoyles, we're dandelions.

WALT

How's that?

James leans slowly down and picks a dandelion.

JAMES

Someone picks us out, and with one
blow...

Walt looks to James as he blows the dandelion and seeds fly off. James holds what's left up, turning it in the sun.

JAMES (cont'd)

But we're still here.

CLOSE ON the dandelion stem in the sunlight.

JAMES (O.S.) (cont'd)

Even when there's nothing left but the
stem.

The tennis ball falls beside Walt.

WALT

Can't we be something a bit more
sporting?

James laughs, weakly, as Walt throws the ball back to the waiting players.

JAMES

You make it terribly hard to be
poetic.

Walt smiles.

WALT

I've got a poem for you.

(sings)

Private Perks went a-marching into
Flanders,
With a smile, his funny smile.

JAMES

That's not a poem.

WALT

(sings)
 He was lov'd by the privates and
 commanders,
 For his smile, his sunny smile.

Walt looks to James and waits. James sighs.

JAMES

When a throng of Boches came along,
 With a mighty swing...

CLOSE ON a dandelion beside them, swaying in the breeze as they sing.

JAMES (O.S.) (cont'd)

(sings)
 Perks yell'd out, "This
 little bunch is mine,
 Keep your heads down boys
 and sing"...

WALT (O.S.)

(sings)
 Perks yell'd out, "This
 little bunch is mine,
 Keep your heads down boys
 and sing"...

28 INT. QUEENS'S HOSPITAL - WARD 31 - DAY

In the corner bed closest to the door, Victor is doing a jigsaw puzzle of a beautiful English landscape, which includes a patch of dandelions.

Nurse #1 and NURSE #2 are walking from bed to bed. Walt and James are lying in their beds, while Freddie is sitting on the edge of his, repairing a hole in his jacket. James' eyes are drooping, as if he is about to fall asleep.

Clara walks up to Walt.

CLARA

Good morning, Lieutenant.

Clara gently takes up Walt's left wrist.

FREDDIE

(cautiously)
 Nurse Williams.

Clara is holding Walt's wrist and checking her pocket watch.

CLARA

(curtly)
Captain.

FREDDIE

I was wondering if you might replenish
my stock of cigarettes?

CLARA

Haven't you heard of rations?

FREDDIE

You could always steal some.

Clara scoffs.

CLARA

I'm sure that people are still
prosecuted for theft, even in wartime.

FREDDIE

Should you be caught, I would take
your case pro bono.

Clara betrays a smile, then looks up from her pocket watch to
Walt.

CLARA

How are you feeling?

WALT

Delicate.

CLARA

That's to be expected. Let me know if
anything-

James starts fitting. Walt, Freddie and Clara look sharply his
way, then Clara rushes to his bedside. She tilts his head up as
Nurse #1 runs over and tries to hold James down.

FREDDIE

(anxiously)
Williams?

Nurse #2 approaches and Clara turns to her.

CLARA

Fetch a doctor.

Nurse #2 nods and runs towards the doors. Walt watches with a fearful expression.

James slows, then stops fitting and begins breathing normally.

WALT (O.S.)

What happened?

Clara hesitates.

FREDDIE

Infection.

29 INT. QUEENS'S HOSPITAL - WARD 31 - DAY

EXTREME CLOSE ON the sweat running down James' forehead.

James is lying in bed with his arms bound down. He is staring out with unseeing eyes and mumbling incoherently.

JAMES

(mumbling)

Drum fire... stay low, stay... don't
let them see...

Freddie is sitting in his bed reading a newspaper. James becomes restless.

JAMES (cont'd)

Take it... take the shot...

James suddenly pulls against the straps violently.

JAMES (cont'd)

(shouts)

Take your shot, you bastards!

Freddie moves to James' side and pushes his shoulders down.

FREDDIE

James-

JAMES

(shouts)
Put the light out!

FREDDIE

I have, James. It's out.

James frowns at Freddie in confusion.

JAMES

They didn't see?

FREDDIE

No.

James settles and lays his head back, but his eyes continue to flicker about without focus. Freddie sits down on the edge of Walt's empty bed.

JAMES

They itch, and they itch...

Freddie stares sadly at James.

JAMES (cont'd)

Burn them out, but don't let them see.

FREDDIE

I won't.

JAMES

You can't let them-

FREDDIE

I won't, I promise.

James suddenly meets Freddie's eyes with desperate focus.

JAMES

I can't die.

Freddie is taken off guard, but he quickly composes himself.

FREDDIE

You're not dying. You're just tired,
that's all.

JAMES

Tired.

FREDDIE

You've been on watch too long.

James nods slightly to himself as his eye leaves Freddie's.

JAMES

Terrible liar.

Freddie laughs, but his eyes have become wet.

FREDDIE

You're a pessimist.

JAMES

I know.

James' eye meets Freddie's again.

JAMES (cont'd)

(seriously)

I know.

Freddie stares back at James, sadly. James turns his head to the open window as his eyelid begins to droop. The sun is shining brightly across the grounds.

JAMES (cont'd)

Don't let them take it.

(BEAT)

Never stop...

James' eye closes.

FREDDIE

James?

JAMES

Itching...

James' breathing slows, then stops. Freddie's jaw tightens and he closes his eyes as he tries to remain composed. He suddenly stands and punches the wall.

EXTREME CLOSE ON the wood that has splintered from impact. Dust jumps and swirls through the beam of sunlight from the window.

30 INT. QUEEN'S HOSPITAL - WARD 31 - NIGHT

Walt is sitting up in bed, his face still bandaged, staring sadly at James' empty bed. Freddie's bed is also empty.

31 EXT. QUEEN'S HOSPITAL - WALKWAY - NIGHT

Walt walks outside and rests a hand against one of the walkway posts. He lowers his head sadly.

FREDDIE (O.S.)

They tell us about death when we're boys.

Walt looks up in surprise at Freddie, who is leaning back against the hut wall and staring out at the grounds. His right hand is bandaged.

FREDDIE (cont'd)

But not how it mocks us.

Walt leans back against the walkway post.

FREDDIE (cont'd)

(bitterly)

I used to be admired for who I was,
and I should have died that way.

(BEAT)

James York should have died on the
battlefield.

Walt watches sadly as Freddie stands and walks off down the walkway. Walt looks back to the ward door, then notices the reflection of the moon in a window. He has the look of an idea.

32 INT. QUEEN'S HOSPITAL - WARD 31 - NIGHT

Walt is holding a lit candle in his right hand. He steps in front of a window and opens it so that he can see his reflection in the glass.

Behind him is darkness and the left, uninjured side of his face is in shadow as he lifts the candle to illuminate the bandages on the right side of his face. Walt starts unwinding them with his left hand, then closes his eye as he lets them drop.

(REST OF SCENE IN WALT'S POV - Sound of his drumming heartbeat can be heard which becomes faster as his eyes well up, making the image gradually more distorted.)

Walt sharply opens his eye and sees his reflection in the glass using the flickering light of the candle. His right eye is gone, and the crater runs into the right side of his nose and down his cheek, injured by shrapnel and disfigured in texture and colour. The upper right side of his lip has a defined surgical scar.

Walt raises a shaking hand to his face.

IAN (V.O.)
(desperately)
I can't.

FLASHBACK TO:

33 EXT. NO MAN'S LAND - SHELL CRATER - DAY

There are battlefield sounds of gunfire and explosions. Ian is lying in a shell crater with the fabric from Walt's torn shirt tied around his left leg, the fabric gradually staining with blood. Walt is crouched next to him.

WALT
If we crawl back to the trench-

IAN
Walt, I can't!

An explosion hits nearby and dirt is thrown into the crater, pelting the men with clods of mud.

BACK TO:

34 INT. QUEEN'S HOSPITAL - WARD 31 - NIGHT

Walt staggers back from his reflection, taken off-guard by the memory.

FLASHBACK TO:

35 EXT. NO MAN'S LAND - SHELL CRATER - DAY

Walt spits the dirt out of his mouth.

WALT

Now!

IAN

I just need-

WALT

That is an order, Sergeant!

Ian stares up at Walt, pained. Walt holds his hand out to Ian.

WALT (cont'd)

Trust me.

BACK TO:

36 EXT. QUEEN'S HOSPITAL - WALKWAY - NIGHT

(Low-key lighting during walkway scenes.)

Walt staggers outside, taking sharp breaths. He runs his hands through his hair, his eye unseeing and wild.

FLASHBACK TO:

37 EXT. NO MAN'S LAND - SHELL CRATER - DAY

Ian's hand comes up and grasps Walt's.

BACK TO:

38 EXT. QUEEN'S HOSPITAL - WALKWAY - NIGHT

Walt is shaking his head, desperately. His eye is wet with despair.

FLASHBACK TO:

39 EXT. NO MAN'S LAND - DAY

CLOSE ON Ian's bloody hand in the barbed wire.

CLOSE ON Ian's face, his eyes open but empty of life, and a dripping bullet hole in his forehead.

IAN (V.O.)

You.

BACK TO:

40 EXT. QUEEN'S HOSPITAL - WALKWAY - NIGHT

Walt is staring at the ground, frozen apart from the shaking of his hands. A tear falls down his face as he looks slowly up to see Ian, standing a distance away in the dark grounds, staring back at him.

IAN

(calmly)

You were why.

Ian looks up and Walt follows his eyeline to a plank of wood that is part of the walkway roof. He looks back down but Ian is gone. Walt nods to himself in bleak acceptance.

41 EXT. QUEEN'S HOSPITAL - WALKWAY - NIGHT

CLOSE ON Walt's nightshirt being flung around the plank of wood on the roof of the walkway.

Walt is standing on a stool, staring up at the looped shirt as he ties it into a noose. The left, uninjured side of his face is underexposed.

Walt is taking steady breaths as he holds the bottom of the noose and slowly loops it around his neck, closing his eye. He takes a deep, shaking breath, but the sound of the ward door opening makes him open his eye.

Victor, a bandage still over the bottom half of his face, is standing in the doorway wearing his nightshirt. He slowly takes a step outside and closes the ward door behind him.

Walt quickly tightens the noose around his neck. At the same time, Victor reveals the knife in his left hand and lifts it up to his own neck. Walt freezes and stares down at him, confused. Victor doesn't move, holding his stare.

Walt lifts a foot out from the chair and Victor presses the knife down slightly. Walt stops again, looking frustrated. Victor shrugs at him and then nods for Walt to continue.

Walt looks conflicted, then closes his eye tightly. He takes three short breaths, then holds the final one.

LONG SHOT as Walt slips the noose from his neck, steps down and drops to his knees in one fluid movement. He lowers his face to the ground and runs his hands through his hair as he starts to weep.

Victor lowers the knife and returns it to his pocket, then walks forward and sits down next to Walt, facing out into the grounds. He puts one hand on Walt's shoulder as Walt continues to sob.

42 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

Walt is sitting up in his bed with his face bandaged, writing 'MRS RUTH CHANTRELL' on an envelope. Freddie is lying in his bed, reading. Walt looks up and sees Clara.

WALT

Nurse?

Clara approaches Walt, who is holding out the envelope to her.

WALT (cont'd)

Would you put this with the post for me?

Clara takes the letter and looks at the name, then moves to go, but Walt touches her arm and she looks back at him. He nods to the corner of the room.

WALT (cont'd)

Who is he?

Clara looks to the corner where Victor is drawing on his blackboard.

NURSE #1

Sergeant Victor Terry. Boche left him deaf and mute, poor lamb. I wouldn't wish it on anyone but the Kaiser.

Clara walks away and Walt stares at Victor, curiously.

43 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

Victor is sitting, drawing pictures of mountains on his blackboard. Walt sits down on the empty bed next to him, holding a tray containing different things: a glass, a spoon, a fork, and a plate. Victor looks up at him, unsure. Walt picks up the glass and signs and mouths 'glass'. Victor still frowns. Walt picks up the spoon and signs and mouths 'spoon'. Victor considers Walt for a moment, then puts down his blackboard and copies Walt's sign for 'spoon' (he still has contracture of the right hand). Walt nods, then points at the glass and signs 'glass' again.

CLOSE ON Victor's hands copying Walt's in sign.

CARD:

October 1918

44 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - SITTING ROOM - DAY

(WHOLE SCENE IN SILENCE, representing Victor's experience.)

The room is full of men playing cards or chess. Their mouths are moving in talk and laughter, but there is no sound.

In the corner of the room Victor is sitting watching PATIENT #2 - who has burns - playing the piano in equal silence.

CLOSE ON Victor's hands in his lap. The fingers on his left hand are playing against his leg like a piano. His right hand is still contracted but is moving with the left.

Victor is staring at the piano, wistfully. Behind him there is rain beating against the window.

45 INT. QUEEN'S HOSPITAL - TOYMAKER'S SHOP - DAY

There is the sound of rain beating against the windows. The room has groups of men sitting together, making toys. Freddie is sitting on a wooden chair, holding a nearly finished doll with only one eye and a wonky mouth. He is in a circle of other men around a pile of straw. A MEDICAL OFFICER in military uniform walks up behind him.

MEDICAL OFFICER

(exasperated)

Wake.

Freddie looks up at him.

FREDDIE

I know what you're going to say.

MEDICAL OFFICER

Your doll needs two eyes.

FREDDIE

I beg to differ.

MEDICAL OFFICER

I thought you might.

FREDDIE

We should be preparing children for the realities of life. One day they might meet a man with one eye, or an oddly shaped mouth.

Freddie looks back down at the doll.

FREDDIE (cont'd)

Come to think of it, I should probably
pull off one of these legs.

The medical officer sighs in exasperation. Clara enters, lowering her wet umbrella, and the medical officer walks over to her. She looks unwell, and Freddie watches with concern as she discusses something with the officer.

46 INT. QUEEN'S HOSPITAL - DENTAL WORKSHOP - DAY

There is the sound of heavy rain against the windows. Within the hut are two lines of tables, six men at each, some with bandages on their faces and others with their disfigurements on show.

Walt's face is no longer bandaged and he is wearing an apron and working intently on a pair of dentures at his small work station. The right side of his face is still severely disfigured, but shows some healing scars from surgery.

There is the low hum of conversation.

A DENTAL CORPS OFFICER in military uniform walks up behind Walt.

DENTAL CORPS OFFICER

Lighter fingers, Chantrell.

The Dental officer continues down the line.

PATIENT #4

Ian?

Walt looks up at the name and his eye searches the room. The men are continuing with their work in light conversation and Walt looks back down at the dentures he is holding. They are now jagged, broken and stained with blood. Walt drops them in horror and jumps up from his seat. The dentures are suddenly back to normal.

DENTAL CORPS OFFICER

Chantrell?

Walt looks up to see the men in the room looking at him curiously. He tries to speak, but nothing comes out.

47 EXT. QUEEN'S HOSPITAL - TOYMAKER'S SHOP - DAY

It is raining. Clara is walking away from a hut with her umbrella. Freddie runs up to her.

FREDDIE
Nurse Williams?

Clara turns to him and he goes underneath the umbrella with her.

FREDDIE (cont'd)
You're back.

CLARA
This morning.

Freddie hesitates for a moment.

FREDDIE
I was sorry to hear about your
husband.

CLARA
I don't need your sympathy, Captain.

FREDDIE
I'd still like to give it.

Clara's expression softens.

CLARA
Thank you.

Clara looks down, trying to compose herself. Freddie looks conflicted.

CLOSE ON Freddie's hand, slowing moving forward and taking Clara's. She closes her hand into his and Freddie runs his thumb over her skin, comfortingly.

Clara closes her eyes and they stand together for a moment.

CLOSE ON Clara's hand as she removes it from Freddie's.

She walks away with the umbrella, leaving Freddie in the rain.

48 EXT. QUEEN'S HOSPITAL - GROUNDS - DAY

(SCENE IN SILENCE UNTIL DIRECTED, representing Victor's experience.)

There is a 6-a-side football game being played by patients on the grass, one of whom is Freddie. The grass is still wet so water sprays up every time they kick the ball.

Victor is sitting on a deck chair, watching the match. Walt sits down in the chair next to him.

WALT

(signs)

It happened again.

Victor looks at him questioningly.

WALT (cont'd)

(signs)

They may be fixing my face but I'm
losing my mind.

Victor has a look of understanding. Walt puts his head back and shakes it in frustration. Victor puts a hand on Walt's arm so he looks his way.

VICTOR

(signs)

You need to talk to her.

Walt considers Victor's words, then something takes his attention to the match and Victor looks to see that Freddie has been tackled by another player. Both are tangled on the ground.

NURSE #3, in her 50s, is walking across the grass with two younger nurses. She yells something to the men that makes them all laugh, including Walt, but we cannot hear it.

Victor looks at the men's happy faces, then down at his contracted right hand. He grasps it with his left, rubbing the skin on his fingers, soothingly.

(SOUND RETURNS TO SCENE.)

Walt turns to Victor and sees him staring at his hands. Walt taps his arm, making Victor look up.

WALT

(signs)

Fancy a bet? Three farthings says
Freddie gets tackled twice more before
half-time.

Victor puts his hand out to Walt. They shake on it and look back to the match as Freddie is tackled by a man with no nose.

49 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

Walt is sitting up in bed, his face bare and his skin slightly more healed but still lacking in structure (his speech is much clearer now). Gillies is sitting on the side of his bed, holding up a diagram of the 'tubed pedicle' procedure.

GILLIES

It's called a tubed pedicle. We will cut a portion of skin three and a half inches wide from your chest, just below your left shoulder, and then tube it, reducing the chances of infection whilst retaining blood flow.

Gillies points to all areas affected as he speaks.

GILLIES (cont'd)

One end will remain attached to your chest as an anchor, while the other will be fixed to the areas of your face where we aim to replace skin. Mainly your nose and cheek.

WALT

Will I be able to move my head?

GILLIES

Movement will be limited for around three weeks. We need to give the transplant time to take.

Walt nods, but his expression is unsure.

GILLIES (cont'd)

But, if all goes to plan, much of your face's previous structure will be restored.

WALT

When do we begin?

GILLIES

As soon as possible, but I must warn you that this method is experimental, with multiple surgeries and very gradual results.

WALT

But there will be results?

GILLIES

If all goes well. You must prepare yourself for a considerable amount of discomfort though.

WALT

All due respect Major, I haven't been comfortable since 1914.

Gillies looks seriously at Walt.

GILLIES

I am talking about pain, Walter.

Walt nods in understanding.

WALT

I can handle it.

50 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

CLOSE ON Walt's eye as he wakes. His pupil slowly shrinks as it looks around.

(REST OF SCENE IN WALT'S POV UNTIL DIRECTED.)

Walt turns his head to see Freddie sitting up in bed, reading a newspaper.

WALT (O.S.)
(weakly)
Freddie?

Freddie turns to his name and puts the paper down.

FREDDIE
Afternoon.

WALT (O.S.)
How is it?

FREDDIE
Still not as handsome as me.

Walt moves to get up, but falls back down, making a pained sound.

FREDDIE (cont'd)
Give yourself a rest, Chantrell.

Freddie walks over and unbinds Walt's arms from the bed.

WALT (O.S.)
You were right before.

FREDDIE
About what?

WALT (O.S.)
It does bloody hurt.

Freddie laughs.

FREDDIE
I'll fetch a nurse.

Freddie goes. Walt lifts his hand and lowers it under his mattress. He pulls out a metal soup spoon. Walt looks back up at the ceiling and takes a deep breath, then raises the spoon to see his distorted reflection in the metal. He sees the tubed pedicle of skin leading from his nose, over his right cheek, to just below his right shoulder. Walt stares at himself in horror and slowly puts his hand to the pedicle, then lowers the spoon.

MEDIUM BIRD'S EYE SHOT including Walt's face and just below his shoulders, so that the whole tubed pedicle is in view.

WALT

(to himself)

Three weeks.

(closes eye)

Just three weeks.

51 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - SITTING ROOM - DAY

Walt and Victor are sitting at a chess table. Victor's face is bandaged and Walt still has his tubed pedicle attached. On the table next to them Freddie is building a tower of cards. The rest of the room is full of men playing board games or sitting reading. In the corner of the room PATIENT #3, who has bandages over the left side of his face, is playing 'If you were the only girl in the world' and singing.

PATIENT #3

(singing)

If you were the only girl in the
world,

And I were the only boy,

Nothing else would matter in the world
today,

We would go on lovin' in the same old
way.

As Patient #3 is about to continue singing, PATIENT #4, who has an eye missing, interrupts and sings a different version of the song to the piano player's continuing tune.

PATIENT #4

If you were the only Boche in the
trench,
And I had the only bomb,
Nothing else would matter in the world
today,
I would blow you into eternity.

Most of the men in the room laugh.

Walt moves his neck uncomfortably as he stares down at the chess pieces. He is unconsciously shaking his leg, which is sticking out from beneath the table. He sighs in frustration.

Walt moves a piece, hitting it down hard on the chessboard and making the other pieces wobble.

WALT

(signs)

Now put me out of my misery.

The smooth tune of 'Keep the Home Fires Burning' begins as Victor stares at Walt, questioningly.

WALT (cont'd)

(signs)

I may be pitiful, but it's another
sleepless night that'll kill me, not
losing to you at chess.

Victor shrugs and moves his rook into checkmate as Freddie's tower falls down on the table next to them. Walt looks over and Victor follows his stare.

WALT (cont'd)

You need to start differently.

FREDDIE

What I need is my own door with
several locks.

Freddie starts rebuilding, focusing on the cards as he converses.

WALT

A better foundation and it won't fall.

FREDDIE

You're putting me off.

WALT

That's the wrong-

FREDDIE

If you finish that sentence I swear to your trunk I will tell Vic you cheat at gin.

WALT

You'd need a blackboard.

Freddie points at Walt.

FREDDIE

(signs to Vic)

Cheat.

Victor looks at Walt with his eyebrows raised. Walt feigns innocence.

FREDDIE (cont'd)

(to Walt)

I'm a lawyer, I pay attention.

Victor jokingly shakes his head at Walt, like he's admonishing a child. Clara approaches Freddie's table, cautiously.

CLARA

Captain.

Freddie looks up from his cards to smile easily at Clara.

FREDDIE

Nurse Williams.

CLARA

May I speak with you outside?

Freddie suddenly looks suspicious.

FREDDIE

About my treatment?

CLARA

No.

FREDDIE

Then no.

Victor is returning the chess pieces to their original places but Walt is watching Freddie, curiously. Freddie continues building his tower.

CLARA

(quietly)

Freddie-

FREDDIE

You know my answer.

Clara hesitates, looking conflicted.

CLARA

She's brought your children.

Freddie looks up at Clara in alarm.

FREDDIE

What?

WALT

(surprised)

You have children?

Freddie hesitates.

CLARA

They're asking for you.

Freddie stands up, his chair flying back.

FREDDIE

What the bloody hell is she thinking, bringing them here?

CLARA

(calmly)

Freddie.

FREDDIE

She can't just...

Clara steps forward and puts a calming hand on Freddie's arm.

CLARA

What do you want me to do?

The anger leaves Freddie's face and he stares down at her, lost.

52 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - SIDE ROOM - DAY

CLOSE ON Freddie's face. He is standing on the opposite side of the room to the door, facing away from it. He is in focus, but the background is blurry. The door opens behind him and the blurred figures of Freddie's wife, EVELYN WAKE, 26, and his two children ROBBIE, 7, and ESMÉ, 5, enter the room, with Clara following behind.

EVELYN

Freddie?

FREDDIE

You shouldn't have brought the children here.

EVELYN

You wouldn't see me. I thought you might see them.

Evelyn is wearing an expensive black dress and fur coat, standing with the children who are hanging on to her skirt. The children's clothes are smart and more mature than their years.

FREDDIE

Before I turn around you need to understand that I was wounded. I don't look the same as I once did.

EVELYN

I've seen some of the men here, Freddie. It will take some time to get used to, but a few scars will not stop us from-

FREDDIE

It's more than a few scars.

CLOSE ON Freddie's nervous face.

FREDDIE (cont'd)

When our ship was hit at Jutland I wasn't injured by shrapnel, I was caught in the fire. Someone knocked me overboard into the water and a rowboat from another ship pulled me out.

Evelyn looks shocked, taking in his words. Freddie takes a deep, calming breath.

FREDDIE (cont'd)

(tentatively)

Robbie, Esmé, are you there?

Robbie looks up at Evelyn, nervously.

EVELYN

Answer your father.

ROBBIE

Yes, Daddy.

FREDDIE

Daddy's going to look a little different, but there's no need to be afraid, alright?

Freddie hesitates, then slowly turns around. He is wearing gloves to cover the skin on his hands. Evelyn puts a hand to her mouth in alarm on seeing him. Beside her, Robbie and Esmé are hanging on to her skirt, staring at him with frightened faces. He forces a smile down at them.

FREDDIE (cont'd)

You've both grown so big.

He crouches down and puts his arms out.

FREDDIE (cont'd)

Let me see you.

Robbie gets upset and looks up at his mother. Freddie struggles to keep his composure.

FREDDIE (cont'd)
Come here, Robbie.

Robbie looks back at Freddie.

ROBBIE
You're not my Daddy.

FREDDIE
Robbie-

ROBBIE
(shouts)
You're not my Daddy!

Robbie runs from the room.

EVELYN
(calls)
Robbie!

Clara holds her hand up to Evelyn.

CLARA
I'll go.

Clara exits the room. Freddie looks devastated and slowly stands again.

EVELYN
You should have told me.

FREDDIE
I didn't know how.

EVELYN
Can they fix it?

Freddie hesitates.

FREDDIE
There's only so much they can do with injuries like mine.

Esmé's fearful look becomes curious as Freddie speaks. Evelyn shakes her head.

EVELYN

This is too much.

ESMÉ

Daddy?

Freddie and Evelyn look down at Esmé as she steps forward towards him with curious eyes. Freddie crouches down again, cautiously, and Esmé reaches up and touches his cheek. Freddie closes his eyes and puts his hand on hers. Her expression becomes accusatory.

ESMÉ (cont'd)

Daddy, you missed my play, and Robbie tore my dress and he wouldn't say sorry.

Freddie laughs and opens his eyes.

FREDDIE

I'm sorry, darling, I've been a little poorly.

ESMÉ

You look funny.

FREDDIE

I do, don't I?

Evelyn steps forward and pulls Esmé away from Freddie, picking her up. Freddie frowns and stands.

EVELYN

We have to go.

FREDDIE

Please, Evelyn.

EVELYN

I can't...

Evelyn winces and looks down at her daughter.

ESMÉ

Why are you sad, Mummy?

FREDDIE

What can I say to make you stay?

EVELYN

Say that it isn't forever.

Evelyn looks back up at Freddie.

EVELYN (cont'd)

That they can make you look like my
Freddie again.

Freddie struggles to answer. Evelyn looks pained and briefly puts her face into her daughter's hair, then turns and walks towards the door with Esmé in her arms.

FREDDIE

(loudly)

Evelyn.

Evelyn stops at the door but doesn't look back at him. Esmé is staring innocently at Freddie over her mother's shoulder. His expression is bleak.

FREDDIE (cont'd)

Will you be there, when I come home?

Evelyn hesitates, then opens the door without response.

ESMÉ

Daddy?

Evelyn carries Esmé out of the room, leaving Freddie looking devastated.

53 INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - SITTING ROOM - DAY

Walt is sitting in a chair by the window, staring out wearily. Victor is sitting in the chair opposite, but he is looking at the piano on the other side of the room. Victor suddenly stands, walks over to the piano, and sits down on the stool.

CAMERA PANS around Victor. SOUND FADES TO SILENCE as the camera stops behind his ear, entering into his silent perspective.

VICTOR'S SILENT POV as he stares down at his hands over the keys. His right hand is still contracted, but he presses gently down on a key with his left hand, as if testing it. It emits no sound for him.

Walt looks over at the sound of the single note being played and sees Victor sitting at the piano. He looks surprised to see him there.

VICTOR'S SILENT POV as he attempts to shake his right hand loose, but it simply returns to its original contracted state. He presses his fingers into a tighter fist in frustration, then gently loosens them and plays on with just his left hand.

Walt is still looking at Victor as he listens to him playing a beautiful and complicated melody with one hand. Other men also turn to look at the piano.

There is the growing sound of voices from the doors to the room, interrupting the reverie. Patient #1 suddenly bursts in, catching Victor's eye and causing him to stop playing.

PATIENT #1

The armistice has been signed.

There is silence in the room as the men take in his words.

PATIENT #1 (cont'd)

It's over.

Celebration breaks out in the room. Victor looks at Walt.

WALT

(signs to Victor)

The war is over.

Clara appears, pushing through the celebrating group and rushing straight towards Walt. He looks at her anxious expression with confusion.

CLARA

I need you to come. Now.

54 EXT. SIDCUP - PARK - DAY

There are people celebrating in the street, drinking and laughing. There are two men, one with a tambourine and the other with a violin, playing music in front of a dancing crowd on a street corner. Freddie walks slowly up to a blue bench and runs his hand over the top. He looks around the park at the plain coloured benches, then kicks the blue bench hard in the centre, breaking some of the wood.

FLASHBACK TO:

55 EXT. OCEAN - BATTLESHIP - NIGHT

A torpedo hits the deck, blasting the wood and causing it to fly up.

The hatch opens and Freddie, uninjured, climbs out wearing British Naval Captain service dress.

NAVAL OFFICER

(shouts)

Captain!

Freddie turns to the call.

PAN OUT to see the ocean full of ships, many with billowing clouds of black smoke rising from them.

BACK TO:

56 EXT. SIDCUP - PARK - DAY

Freddie continues tearing the bench apart in anger. People nearby look at him and quickly move away.

The RAISED SOUND OF THE TAMBOURINE in the celebrating crowd blends into the sound of the sea being shelled in the next scene.

FLASHBACK TO:

57 EXT. OCEAN - BATTLESHIP - NIGHT

Shells are hitting the ocean and spraying up water to cover the rushing men onboard the ship.

FREDDIE

(shouts)

To arms!

Another explosion hits the boat and Freddie is knocked back. Through the smoke he sees dead men and one man flailing in pain, with his legs blown off. He stares in horror, then drags himself up as another shell hits and engulfs him in flames.

WALT (V.O.)

(echoey)

Freddie!

BACK TO:

58 EXT. SIDCUP - PARK - DAY

Walt reaches Freddie, but Freddie pushes him away and continues to destroy the bench.

FREDDIE

They want to paint benches for the gargoyles? Don't want to sit with the freaks and think we'll thank them for it?

(looks to crowd and shouts)

Well they can choke on their pity!

Victor gets Freddie by the arms and pulls him from the bench, causing him to stumble back. Freddie breaks from Victor and goes to charge forward again, but Walt stands in front of him and holds his hand up.

WALT

Enough!

Freddie takes a slow step back and his expression breaks as he crumbles to the ground. Walt's expression softens as he crouches in front of Freddie.

LONG SHOT through the celebrating crowd. In the distance Freddie is kneeling on the ground, staring down in devastation. Walt is crouched in front of him, while Victor puts a hand on Freddie's shoulder, comfortingly.

CARD:

October 1919

59 INT. TIN NOSE SHOP - WORKSHOP - DAY

EXTREME CLOSE ON Walt's right cheek. A paintbrush brushes across his skin, leaving a trail of oil behind it.

EXTREME CLOSE ON Walt's right eyebrow. A finger smooths vaseline over the hairs.

60 INT. CROWTON ASSOCIATES - RECEPTION - DAY

Freddie is sitting on a chair wearing upper-middle-class clothing, with his face uncovered. His skin is still leathery in appearance but less discoloured. There is a clock on the opposite wall, ticking clearly in the silence. A murmuring begins nearby and Freddie looks across to see TWO WOMEN at the counter, whispering. He looks back at the clock and straightens his back.

61 INT. TIN NOSE SHOP - WORKSHOP - DAY

Walt - wearing working-class clothing - is lying in a reclined chair with oil over his face and vaseline on his eyebrows. There is a smooth concave where his right eye once was, which is marginally lower than his left, and the right side of his top lip is pulled up ever so slightly. The right side of his nose is slightly flatter than the left, but the main shape is there. There are also faint operating scars across his skin.

MAN #1 approaches Walt in white clothing with a pot of plaster of Paris, which he is mixing with a paintbrush.

Victor - wearing middle-class clothing - is sitting on a stool nearby, wearing his own painted copper mask on the bottom half of his face, watching the process. MAN #2, who is also wearing white, approaches with a piece of tissue paper.

MAN #2

Close your eye, please.

EXTREME CLOSE ON Walt's left eye as it closes. A piece of tissue paper is placed over it.

62 INT. CROWTON ASSOCIATES - RECEPTION - DAY

A SUITED MAN enters through a nearby door

SUITED MAN

Mr Wake?

FREDDIE

Yes.

Freddie stands and the suited man winces on seeing him.

FREDDIE (cont'd)

(lightly)

Don't worry, it isn't catching.

The man hesitates, then turns back to the door.

SUITED MAN

Follow me, please.

63 INT. TIN NOSE SHOP - WORKSHOP - DAY

Man #1 quickly brushes a film of plaster over the right side of Walt's face.

EXTREME CLOSE ON Walt's right cheek as the already thin film of plaster is followed by a large dollop falling onto the skin.

64 INT. CROWTON ASSOCIATES - OFFICE - DAY

The practice partner, MR MATTHEWS - 57, with a moustache and a refined appearance - is looking through Freddie's papers.

MR MATTHEWS

Your victory in the Lambert case was an exceptional feat, Mr Wake.

FREDDIE

We worked hard for it.

MR MATTHEWS

I'm surprised that Dimbleby is not fighting to reclaim you.

FREDDIE

It is a purely financial issue.

Mr Matthews nods and lays Freddie's papers onto the table.

MR MATTHEWS

You are clearly a talented man, Mr Wake, and talent cannot be overestimated at times such as these. A clerk position has recently become available and I would be happy to offer you the post.

Freddie's expression becomes cautious.

FREDDIE

A clerk?

MR MATTHEWS

I'm sure that you'll enjoy some time out of the fray. Back into the roots of the work.

Freddie hesitates, then sits forward in his chair.

FREDDIE

Sir, I have a 96% success rate and, of the losses that I have sustained, none have resulted in the death penalty.

MR MATTHEWS

I am well aware of your impressive record.

FREDDIE

I am a barrister, Mr Matthews, not an assistant.

Mr Matthews sighs.

MR MATTHEWS

(sincerely)

I don't relish this, Wake, but you know the job. The hard fact is that people want to be represented by a face that can persuade a jury.

Freddie scoffs and sits back.

MR MATTHEWS (cont'd)

That doesn't mean that you can't be a part of the process.

Freddie suddenly looks tired and rubs his eyes as he thinks. Finally, he raises his head and nods in submission.

FREDDIE

I'll take it.

65 INT. TIN NOSE SHOP - WORKSHOP - DAY

(Do not see the disfigured side of Walt's face during this scene.)

CLOSE ON the right side of Walt's face, in profile, with dry plaster on it. The plaster mask is slowly lifted from the skin and the shell steams faintly as it is removed.

Man #1 is lifting the mask away from Walt's face, who is still sitting in the reclined chair. Man #2 steps forward and takes the tissue paper from Walt's eye, then sponges the oil from his skin as Victor watches. Walt opens his eye.

WALT

Is it done?

MAN #2 (O.S.)

For today.

Man #2 pulls a lever to straighten the chair. Victor hands Walt his bandage and Walt begins to wind it around the upper right side of his face, using a mirror in front of the chair.

MAN #1

You'll need to come in for two more appointments before it's finished, to ensure that the colour and fit are correct. Did you bring your portrait photo?

WALT

Yes.

Walt ties his bandage and then takes a small photo out of his pocket and hands it to Man #1, who looks at it.

MAN #1

Good.

Man #1 puts the photo down on the table.

CLOSE ON the photo, showing Walt's face before the war, unblemished.

66 INT. PUB - DAY

Walt and Victor are sitting at a table. Walt's face is bandaged and Victor's is covered by his mask. Walt has a half drunk pint of beer in front of him.

WALT

(signs)

Three years in a dug out underground
and I felt more stifled in that
plaster.

Victor dips his head in agreement. A BARMAID comes over to the table and takes away Walt's empty plate, making a point of not looking at either of them.

WALT (cont'd)

Thank you.

The barmaid hurries off. Victor looks to the side and catches the eyes of a group of men at the bar, who are staring at them. He nervously looks down. Walt sees this and looks across to the same place. He stares the men down for a moment, then looks back to Victor.

WALT (cont'd)

(signs)

How is it, being home?

VICTOR

(signs)

London is busier than I remember. With everyone coming back, there's not much work left in the city.

WALT

(signs)

And your family?

VICTOR

(signs)

They do their best. Having conversations through chalk boards can be a little trying.

Walt nods in understanding, then has the look of an idea.

WALT

(signs)

You could come to Nottingham.

Victor frowns at Walt, surprised by his offer.

WALT (cont'd)

(signs)

There are always jobs for farmhands.

VICTOR

(signs)

And you don't want to be alone with your wife. You have to tell her, Walt.

WALT

(signs)
He's gone. Knowing how won't make her
feel any better.

VICTOR

(signs)
But it might help you to say it.

WALT

(signs)
I've told you.

VICTOR

(signs)
I'm not your wife.

WALT

(signs)
Then why do you fuss like one?

Victor's eyes smile.

WALT (cont'd)

(signs)
Come on, I need some air that doesn't
smell of beer and sweat.

67 EXT. EVELYN'S PARENTS' HOUSE - STREET - DAY

Freddie is leaning against a lamp post, smoking. He is staring
at a semi-detached house on the opposite side of the street.

Evelyn exits the house opposite Freddie. She sees him and
quickly looks away, continuing down the street. He stands from
the lamp post, flicks away his cigarette, and catches up with
her.

FREDDIE

You can't ignore me forever.

(BEAT)

I did my duty, Evelyn.

EVELYN

I've never disputed that.

FREDDIE

Would you rather I'd died?

EVELYN

Of course not.

FREDDIE

Then why are you staying with your
parents instead of with your husband,
where you belong?

Evelyn turns sharply to Freddie, forcing him to halt suddenly.

EVELYN

(loudly)

You know why!

Freddie is taken off guard by her anger. Evelyn looks around at
the empty street, then lowers her voice.

EVELYN (cont'd)

Robbie wakes up every night, screaming
about the monster with the burning
face, and I am the one who has to tell
him that that monster is his father.

FREDDIE

If you let me see him he wouldn't be
afraid anymore. If you came/ home-

EVELYN

/Their lives would become a circus of
taunts and whispers.

Freddie looks wounded and Evelyn sighs, her expression
softening.

EVELYN (cont'd)

You cannot help what happened to you
Freddie, I know that, but you can help
how much it affects them.

Freddie shakes his head, looking frustrated.

FREDDIE

You cannot leave me, you are my wife.

Evelyn turns and walks away from him.

FREDDIE (cont'd)

(bitterly)

This has nothing to do with the children, this is about you. About your shame.

Evelyn stops. She pauses a moment before speaking.

EVELYN

We have always been a marriage of convenience, Freddie.

(BEAT)

It is now convenient that we live apart.

Evelyn continues down the street, leaving Freddie staring after her.

68 INT. TRAIN - DAY

Freddie is sitting down, smoking and staring out of the window. A three year old boy is sitting on his mother's knee in a nearby seat, staring inquisitively at Freddie. Freddie turns his head and catches the boy's eye. He smiles and the boy smiles back, then nuzzles into his mother, shyly. His mother looks around and sees Freddie. Shock crosses her face and she looks quickly down, tightening her grip on her son. Freddie turns back to the window. The ticket collector walks down the aisle and the mother waves him close and whispers in his ear, making him look at Freddie. He straightens and approaches Freddie's chair.

TICKET COLLECTOR

Excuse me, Sir?

Freddie looks around at him, then reaches into his pocket and pulls out his ticket, holding it out to the man. The ticket collector looks down at the ticket, uncomfortably, then back up at Freddie.

TICKET COLLECTOR (cont'd)

I'm afraid I'm going to have to ask you to move seats.

Freddie looks confused.

TICKET COLLECTOR (cont'd)
There are a number of children in this
carriage, Sir.

Freddie looks at the mother with the child on her knee, and
then around at the other people who are staring at him.

TICKET COLLECTOR (cont'd)
Sir.

Freddie stands and the ticket collector takes his elbow, but
Freddie pulls away sharply.

FREDDIE
I can walk myself.

Freddie looks back at the rest of the carriage.

FREDDIE (cont'd)
Next time there's a war on I'll be
sure to stay at home and let the
bastards come.

A couple of the women gasp and everyone looks away from
Freddie, uncomfortably. He turns and walks away.

69 EXT. WALT'S STREET - EVENING

Victor and Walt are carrying satchels as they walk through a
gate and up to the front door of Walt's house. Victor is
wearing his mask and Walt's face is bandaged.

Walt opens the unlocked door enough to reach his hands in to
the lit candle on a shelf just inside. Victor watches with
interest as Walt cups his hands over the flame, dimming the
light. He releases his hands and then repeats the process twice
more before the door is fully opened by Ruth - wearing a
threadbare dress.

Ruth's face lights up as she sees Walt and she throws her arms
around him. He holds her for a moment before pulling back.

Ruth looks him over with a relieved smile, then notices Victor.

WALT

(signs)

This is my friend, Victor.

Ruth nods her head to him, shyly.

VICTOR

(signs)

A pleasure to meet you.

Ruth looks surprised.

WALT

(signs)

He's deaf, too.

Ruth looks back to Victor with a bright smile.

RUTH

(signs)

Please, come in.

Ruth stands to the side so that the men can walk into the house.

70 INT. FREDDIE'S HOUSE - LIVING ROOM - EVENING

Freddie walks into the room with a glass bottle in his hand. His suit is dishevelled and he is clearly drunk. He looks up at the array of black and white family photos across one wall and considers them for a moment. Freddie suddenly throws his bottle at the wall, angrily, smashing it against his university graduation photo and shattering the glass of the frame.

CLOSE ON the photo of Freddie surrounded by shattered glass as the red wine drips down the image of Freddie's unblemished face.

71 INT. WALT'S HOUSE - LIVING ROOM - EVENING

Victor and Walt are sitting in chairs in front of the fire. Ruth enters with mugs of tea and gives them to the men. Walt smiles at her in thanks.

VICTOR

(signs)
Thank you.

Ruth sits on a blanket on the floor beside the fireplace, facing the men.

RUTH

(signs to Victor)
I'm sorry about the state of the house. If Walt had sent word that you were both coming, I would have been more prepared.

WALT

(signs)
I wanted it to be a surprise.

RUTH

(signs)
I don't mind if you go hungry, but a guest is different.

VICTOR

(signs)
It's alright, I'm not much of an eater anymore.

Ruth lowers her eyes to Victor's mask, then quickly looks to Walt.

RUTH

(signs to Walt)
You'll have to make up the sofa.

WALT

(signs)
He can stay in the box room.

RUTH

(signs)
That room is full.

WALT

(signs)
With what?

Ruth hesitates.

RUTH

(signs)
Ian's things.

Walt's expression becomes guarded and he looks down at his tea.
Ruth turns to Victor, apologetically.

RUTH (cont'd)

(signs)
My brother loved to fish and all of
his things came here after our father
died last year. It's full of tackle
and trophies, I'm afraid.

VICTOR

(signs)
The sofa is fine. Luxury after a
trench floor.

Ruth smiles at him, appreciatively, then stands.

RUTH

(signs)
I'll find you a blanket and a pillow.

WALT

(signs)
He can have my pillow.

Ruth frowns at Walt, questioningly.

WALT (cont'd)

(signs)
I prefer the floor, with my back.

Ruth smiles, but it is unsure.

RUTH

(signs)
Don't be foolish, you can't sleep on
the floor.

WALT

(signs)
I prefer it.

Ruth's eyes betray disappointment, but she quickly puts on a friendly expression to Victor.

RUTH

(signs)
If you'll excuse me, I'm quite tired.

Victor nods to her in thanks.

RUTH (cont'd)

(signs)
Goodnight.

Ruth walks out of the room.

Victor looks at Walt.

VICTOR

(signs)
Since when do you have a bad back?

Walt waves off his comment.

WALT

(signs)
Drink your tea.

Victor picks up his mug of tea and considers it with concern. Walt has a look of realisation and smiles. He taps Victor on the arm to get his attention.

WALT (cont'd)

(signs)
We'll buy some straws tomorrow.

Walt picks up his own tea and takes a smug sip.

72 INT. WALT'S HOUSE - BEDROOM - NIGHT

EXTREME CLOSE ON Walt's left eye. There is the RAISED SOUND OF HIS BREATHING. A drop of sweat runs down the skin at the edge of his eye and he blinks.

IAN (V.O.)
(desperately)
Walt?

FLASHBACK TO:

73 EXT. NO MAN'S LAND - DAY

There is the sound of gunfire. Walt is pulling himself through cut wire. Ian is waiting for his turn behind him, looking sickly. Both men are out of breath. The wire catches on Walt's clothes but he makes it through to the other side. Walt turns back to Ian.

WALT
Ready?

Ian nods and moves forward slightly.

SOLDIER (O.S.)
(calls)
Help!

Ian and Walt look to the sound and see a soldier a distance away, on his back. He is holding his bloody arm and his right foot is missing.

SOLDIER (cont'd)
(calls)
Please!

Ian turns to Walt.

WALT
I'll come back for him.

IAN
It'll be too late by then.

WALT

We need to get your leg seen to.

SOLDIER (O.S.)

(calls)

Please!

IAN

We can't just leave him!

Walt holds his hand out through the wire.

WALT

Take my hand.

Ian hesitates.

WALT (cont'd)

Take my hand, Ian!

BACK TO:

74 INT. WALT'S HOUSE - BEDROOM - NIGHT

Walt is lying on the floor, a bandage over the disfigured side of his face. Ruth is in the double bed next to him, fast asleep.

Walt's breathing is irregular and he is sweating and staring at the ceiling with an unfocused eye. He twitches, sharply.

FLASHBACK TO:

75 EXT. NO MAN'S LAND - DAY

Walt stares pleadingly at Ian on the other side of the wire, his hand still outstretched.

IAN

I'm sorry.

Ian turns and kneels up onto one knee, so that he can crawl faster while dragging his wounded leg behind him.

WALT
(shouts)
Ian!

Walt opens the wire and tries to crawl back through, but it catches against his clothes again and slows him down. He hears a whistling and looks up to see a shell falling where the injured man is. He looks back down at Ian in fear.

WALT (cont'd)
(shouts)
Ian!

BACK TO:

76 INT. WALT'S HOUSE - BEDROOM - NIGHT

Walt sits up with a sharp gasp, sweat soaking his night clothes.

77 INT. WALT'S HOUSE - KITCHEN - DAY

Walt is drinking a mug of tea at the table. Ruth walks in and puts her arms around him. Walt stands, breaking her embrace, and takes his mug to the sink. Ruth looks hurt but composes herself as Walt turns back to her.

RUTH
(signs)
Do you want some breakfast?

Walt shakes his head and puts his jacket on.

RUTH (cont'd)
(signs)
Where are you going?

WALT
(signs)
Fishing.

Ruth walks towards Walt again, but he quickly kisses her on the forehead and walks around her to the door.

Ruth watches him pick up the fishing rod and a satchel from beside the door and walk out.

78 EXT. QUEEN'S HOSPITAL - GROUNDS - DAY

Freddie walks across the grounds, looking around nostalgically. A group of disfigured men playing football wave over at him and he holds his hand up to them. He stops by a nurse and asks her something, and she nods in the direction of Frogmal House.

79 INT. QUEEN'S HOSPITAL - FROGMAL HOUSE - HALLWAY - DAY

There are disfigured men and nurses milling through the hallway. Freddie walks in with searching eyes and sees Clara being handed a letter. She goes into a large cupboard.

80 INT. QUEEN'S HOSPITAL - FROGMAL HOUSE - CLEANING CUPBOARD - DAY

Freddie walks in and sees Clara holding an open envelope and a white feather in her hand. She looks up at him in surprise. Freddie looks down at the feather with confused eyes, then closes the door behind him.

CLARA

What are you-

FREDDIE

(angrily)

Who sent that?

Clara hesitates.

FREDDIE (cont'd)

Williams, who sent it?

CLARA

I don't know. What are you doing here?

Freddie takes the feather from her.

FREDDIE

No one has any business sending you these.

Freddie breaks the feather up and puts it in the bin by his feet.

CLARA

Captain-

FREDDIE

Can't you call me Freddie?

CLARA

Are you here for a review?

FREDDIE

Yes.

CLARA

Then you're still a patient, and as a married patient we certainly shouldn't be in here alone.

FREDDIE

We've been alone before.

CLARA

Not in a three foot cleaning cupboard.

Freddie smiles.

CLARA (cont'd)

How are your family?

Freddie's smile falters.

CLARA (cont'd)

I'm sorry, I shouldn't have-

FREDDIE

It's a fair question, I just don't know the answer.

Clara looks sympathetic.

FREDDIE (cont'd)

When are you off-duty?

Clara sighs and Freddie takes a slow step toward her.

CLARA

Don't.

FREDDIE

Clara...

Clara puts a hand up to stop his approach and Freddie halts.

CLARA

Enough. You don't want me, Freddie,
you just want to prove to yourself
that you can still have someone, and
it's not fair.

Freddie's expression becomes serious.

FREDDIE

Do you know what it's like out there?

Clara frowns, unsure of this new direction.

FREDDIE (cont'd)

I'm not Freddie Wake anymore, I'm not
Captain Wake, I'm just an unwelcome
reminder of a war that everyone is
trying to forget.

CLARA

Hiding here isn't going to solve that.

FREDDIE

It's not Queen's that I've come for.

Freddie raises one of his hands and brushes his fingers down
her cheek.

FREDDIE (cont'd)

I've come because the only time that I
feel like a man is when you're looking
at me.

Clara's expression softens, then her eyes lower to the bucket
by Freddie's feet, containing the shredded feather.

CLARA

Don't you want to know why they sent it?

FREDDIE

It was a mistake.

CLARA

It was for Albert.

Freddie is taken off guard and lowers his hand from Clara's face.

CLARA (cont'd)

I do know what it's like out there, Captain, because I am a deserter's wife.

Freddie hesitates.

CLARA (cont'd)

You don't have to say anything. You can just go.

Freddie considers Clara for a moment, then reaches out to take her hands in his.

FREDDIE

I have seen strong men buckle. I don't believe that they should die for it.

Clara's expression softens.

FREDDIE (cont'd)

You aren't just the cure for a bruised ego, Clara. You're real. This is real.

CLOSE ON Freddie's hands gently squeezing Clara's.

Clara looks down at their hands, her expression conflicted, then back up at Freddie as he speaks.

FREDDIE (cont'd)

You won't scare me away. How could you when all I do is think about you?

Freddie slowly leans in to kiss her.

CLARA

Not everything can be won with sweet words, Freddie.

Freddie retreats slightly and Clara looks up at him, sadly.

CLARA (cont'd)

I have often thought about you, too. I have wondered...

CLOSE ON Clara's hands sliding out of Freddie's.

CLARA (cont'd)

It has been nice to see you again, Captain, and I do hope you find what you're looking for.

Clara walks around Freddie and out of the door.

81 EXT. WALT'S HOUSE - GARDEN - DAY

Ruth is washing clothes on a washboard. Victor walks out into the garden and sees that the fence is broken. He looks across the broken planks. Ruth wipes her brow with her arm and sees Victor at the fence. He turns and meets her eye as she stands with one of Walt's soaking vests.

VICTOR

(signs)

Do you have a hammer?

82 EXT. WALT'S HOUSE - GARDEN - DAY

Victor is mending the fence with a new piece of wood, a hammer and old nails. Ruth walks out with a cup of water with a straw in it. Victor takes it and nods in thanks to her. She smiles back at him and then goes back to her washboard.

Victor hesitates, then carefully removes his mask. Ruth glances up at him, discreetly.

(Victor's face slightly overexposed by sunlight.)

The skin below Victor's nose and over his chin is scarred and uneven, with a dough like appearance. His mouth has no lips and is only a long, crooked split in the skin.

Victor drinks through the straw while Ruth watches him, curiously, then she lowers her eyes back to her work.

83 EXT. LAKE. DAY

There is the gentle sound of birdsong and disturbed water.

EXTREME CLOSE ON Walt's right cheek, covered in shaving foam. A razor runs slowly down his cheek, revealing a line of disfigured skin. (SELECTIVE FOCUS: Shaving foam is blurred while skin remains sharp.)

EXTREME CLOSE ON Walt's left eye. It blinks.

EXTREME CLOSE ON Walt's right cheek. He slowly pulls the razor down and it slices into his skin. He pulls the razor away and blood trickles down, bleeding into the shaving foam.

LONG SHOT from behind Walt, who is standing naked in the lake, the water up to his waist. Just in view on the lake's edge are his clothes, his satchel and three dead fish. Walt submerges himself in the water.

84 INT. WALT'S HOUSE - KITCHEN - EVENING

There are candles scattered around the room and Ruth is standing at the stove, boiling water. Her back is to the door. Walt enters with his fishing gear and his face re-bandaged. He cups his hands around one of the candle flames to dim the light as a signal of his entrance. Ruth turns to him and smiles, but it doesn't meet her eyes.

RUTH

(signs)

Good catch?

Walt opens his satchel and takes out three fish, putting them on the table between them. Ruth looks them over.

RUTH (cont'd)

(signs)

I'll start dinner.

Ruth takes the fish and begins preparing them. Walt watches her until she looks up at him. He quickly drops his eye and walks out of the room. Ruth slowly lowers her eyes to the fish and puts down her knife.

85 INT. WALT'S HOUSE - BEDROOM - EVENING

Walt starts undressing, his face still bandaged. Ruth walks in and he freezes. She goes to put her hands to his face but Walt pulls away.

RUTH

(signs)

Let me see. Please.

Walt looks fearful, but doesn't move as Ruth slowly raises her hands again and unwinds the bandages from the right side of his face. They drop to reveal his disfigured appearance.

CAMERA FIXED on the process of Ruth's reaction as she stares at his skin, first with sadness, then with affection.

Ruth gently touches her fingertips to Walt's right cheek. He flinches at her touch.

Ruth moves in slowly and kisses him. He kisses her back and then deepens the kiss. Suddenly Walt pulls back and turns away from her.

Ruth walks up to his back and slowly signs against his skin.

RUTH (cont'd)

(signs)

Come home.

Walt closes his eye sadly as Ruth walks away.

CARD:

DECEMBER 1919

86 EXT. VILLAGE HALL - DAY

(SCENE IN SILENCE UNTIL DIRECTED, representing Victor's experience.)

CLOSE ON a puddle, rippling slightly from the breeze. There is the reflection of Victor's form as he walks by.

The street is shiny and covered in puddles from recent rain. Victor is walking down the pavement wearing his mask and carrying a full paper bag. He drops the bag in a puddle and leans down to pick it up, then notices his reflection. Victor crouches down to look at his masked face in the puddle and touches his finger to the reflection of his painted mouth, distorting the image with ripples.

There is the far off, echoey sound of a little girl shrieking and Victor looks up to see one girl being chased by another. His eyes are full of shock as he slowly stands again, staring at the children. There is the sound of the girl shrieking again, and Victor staggers back in disbelief.

87 EXT. VILLAGE HALL - DAY

(SCENE IN SILENCE UNTIL DIRECTED, representing Ruth's experience.)

Ruth is walking down the street when she sees Victor standing by the village hall window, staring in with his contracted hand on the windowsill. She considers him curiously, then walks up behind him.

Ruth puts her hand on Victor's shoulder and he turns in surprise. She looks up at him, concerned.

RUTH

(signs)

Are you alright?

VICTOR

(signs)

I was listening.

Ruth looks confused. Victor points through the window to the three violinists playing. Ruth looks back to Victor.

RUTH

(signs)
You can hear?

Victor nods, a smile in his eyes.

VICTOR

(signs)
Just.

Ruth looks envious.

RUTH

(signs)
What's it like?

Victor takes Ruth's hand and runs his finger along the back of her skin to a rhythm. Ruth closes her eyes to focus on his touch. Victor closes his eyes too and they stand silently together as he plays out the tune on her skin.

The far off, high pitched and echoey sound of violins builds as we enter Victor's experience of sound.

88 INT. TIN NOSE SHOP - WORKSHOP - DAY

Man #1 fits Walt's finished mask onto the right side of his face. It has a painted eye and is fixed on with glasses. Walt stares at himself in the mirror.

MAN #1

Real hair isn't sustainable, so the
eyelashes are made of metallic foil,
but they look just as realistic.

Walt considers his reflection, then nods slightly in acceptance.

WALT

Thank you.

89 INT. TIN NOSE SHOP - HALLWAY - DAY

Walt walks out of the room and into the hallway where a man wearing bandages stops him; it is Patient #3.

PATIENT #3

As I live and breath, they've done you
a service, Chantrell.

Walt laughs and shakes Patient #3's hand.

WALT

They finally let you out then?

PATIENT #3

Ten surgeries later and I'm still in
for a bloody mask.

Walt scoffs and tilts his head in agreement.

PATIENT #3 (cont'd)

Are you back off North?

WALT

I'm staying the night at Freddie's and
then back home in the morning.

Patient #3 goes into his pocket and pulls out some money.

PATIENT #3

Give him this from me.

Walt takes the money from him.

PATIENT #3 (cont'd)

A drink for his send off.

Walt looks confused.

WALT

Send off?

90 INT. FREDDIE'S HOUSE - HALLWAY - DAY

There is a loud knock at the front door. Freddie comes down the stairs, weary eyed, and opens the door to see Walt on the other side (he is wearing his mask).

WALT

What the bloody hell are you playing at?

Walt pushes past the confused looking Freddie and into the house.

FREDDIE

(sarcastically)

Please, come in.

Freddie closes the door as Walt turns on him.

WALT

After all the surgeries?

Freddie still looks confused.

FREDDIE

I'm sorry, are you yelling at the right gargoyle?

WALT

You're re-enlisting? Our war is over, Freddie.

Freddie sighs and beckons Walt through.

FREDDIE

Let me make you a drink.

Walt stands firm.

WALT

You've always been a glutton for punishment, but this is insane even for you.

FREDDIE

Maybe I miss the sea air.

WALT

Bull-

FREDDIE

(interrupts)

I'm not going back Walt, alright? I had a few drinks the other night and started spouting off. There was nothing serious in it.

Walt looks unsure of what to say next.

FREDDIE (cont'd)

It is touching to know how much you care though.

WALT

I think I will take that drink.

Walt walks past Freddie.

FREDDIE

Storming in here, begging me to stay.

WALT

To drown you with myself.

Walt makes the movement as if to throw the drink over Freddie, but stops short. Freddie laughs.

91 INT. FREDDIE'S HOUSE - LIVING ROOM - EVENING

The fire is burning. Freddie and Walt are sitting in armchairs, each with a half empty glass of brandy.

FREDDIE

It would have been better if they'd taken an arm.

WALT

Hmm?

FREDDIE

If the Boche had taken an arm rather than all this skin.

WALT

All that skin gives you a higher pension.

FREDDIE

Don't get me started on the bloody pensions. I mean that with one arm I could still have done my job. My real job.

WALT

What if you needed to shoot a gun?

FREDDIE

Since the war ended the need hasn't arisen much.

WALT

I couldn't live if I couldn't shoot.

Freddie rolls his eyes.

FREDDIE

Country people.

Freddie downs the rest of his drink.

WALT

When I first joined up I didn't miss a single shot, till my friend heard that they were going to make me a sniper.

Ian is suddenly standing in the room in Sergeant uniform, facing Walt.

IAN

The first man that needs to be shot.

Freddie can't see or hear Ian, but Walt is staring at him, uncomfortably.

WALT

So I had to start missing.

IAN

And you hated it. Even though every time it meant that you were letting someone live, you hated it. What does that make you?

FREDDIE

A man who likes winning.

Walt looks at Freddie in surprise, but Freddie's demeanor is casual, as if Walt has asked the question. Ian is no longer in the room.

FREDDIE (cont'd)

It doesn't mean that you liked killing.

Walt's eyes lower in thought as Freddie stands and walks across to a glass decanter. He refills his brandy.

FREDDIE (cont'd)

The winter air has given Evelyn a refined coldness.

WALT

She still won't let you see them?

FREDDIE

No, but she's happy enough to take my money.

WALT

You have legal custody, don't you?

FREDDIE

I don't want to take them from her. That isn't the point.

Freddie moves forward with the decanter and refills Walt's glass.

WALT

You just have to make her believe that you intend to take them. If you make a thief believe he'll get ten more years unless he confesses, what will he do?

FREDDIE

Rather devious.

WALT

Well, that is one of the flaws. It probably won't warm her to coming home.

Freddie swirls his drink and looks down at it.

FREDDIE

I don't find that so important anymore.

Freddie returns the decanter to the table and moves back to his chair with his drink.

WALT

You don't miss her?

FREDDIE

I miss my children, I miss my job as it was, and I miss society for my sins, but no... I don't miss her.

WALT

Divorce has become -

FREDDIE

It would affect the children's prospects.

WALT

So you're out of moves.

FREDDIE

It seems that way, yes.

Freddie takes a sip of his drink.

FREDDIE (cont'd)

How's Nottingham?

WALT

Quiet.

FREDDIE

Bored already?

WALT

I was happy for the change of scenery,
yes.

Freddie nods.

FREDDIE

How about a longer change?

Walt eyes him, curiously. Freddie gives him a wink and takes another sip of his drink.

92 INT. FREDDIE'S HOUSE - HALLWAY - DAY

Freddie opens the front door to find Walt, Ruth and Victor standing on the other side, with fresh snow lining the street behind them. They are wearing plain and inexpensive coats, and the men are wearing their masks and holding suitcases.

FREDDIE

Welcome!

Freddie steps back to let them enter. Ruth looks about nervously while Walt and Victor embrace Freddie.

FREDDIE (cont'd)

(signs to Victor)

Merry Christmas!

WALT

(to Freddie)

He can hear now.

Freddie looks disappointed.

FREDDIE

Then why did I bloody well learn it?

WALT

(speaking and signing)

This is my wife, Ruth.

RUTH
(signs to Freddie)
Merry Christmas. That was very good.

Freddie looks pleased.

FREDDIE
I like her.

Freddie shakes Ruth's hand and indicates for them to go through.

93 INT. FREDDIE'S HOUSE - LIVING ROOM - DAY

Victor and Ruth are decorating a small tree with tinsel while Freddie is sitting watching them, drinking sherry.

Walt enters the room with a bowl of chestnuts.

WALT
Christmas doesn't start until these are roasted. Light the fire.

Freddie stands and begins the process of lighting the fire.

FREDDIE
I'm afraid I have to go out for a couple of hours this evening, but make yourselves at home.

Walt looks suspicious.

WALT
Where do you have to go?

FREDDIE
I was offered a ticket that I couldn't turn down.

Ruth catches Victor's attention around the back of the tree, out of Walt and Freddie's view.

RUTH
(sign)
Do you like roasted chestnuts?

Victor nods.

RUTH (cont'd)

(signs)

Do you like burnt chestnuts?

Victor's eyes smile and Ruth smiles back at him. She goes back to decorating the tree while his gaze lingers on her.

94 EXT. THEATRE - EVENING

Freddie is standing in an alley to the side of the theatre, leaning against the wall and smoking. He is staring out at the street in nervous expectation. Clara comes around the corner in a blue pastel coat and dress. When she sees him she stops, nervously.

CLARA

Captain Wake.

Freddie stands up from the wall and smiles at Clara. He drops his spent cigarette and stands on it.

FREDDIE

You came.

Clara approaches him.

CLARA

Against my better judgment.

Clara looks up at the building while Freddie looks her over.

CLARA (cont'd)

I never saw you as a theatre man.

FREDDIE

I have many layers. You saw most of them while you were patching me up.

Clara betrays a smile and Freddie holds his arm out for her to link. She hesitates, but takes it.

95 INT. FREDDIE'S HOUSE - BEDROOM - EVENING

The window is open. Walt goes to sit down on the bed, but the clattering sound of boxes falling from a cart outside makes him jump and duck behind it instead. There is a knock on the door and Walt looks up to see Ruth standing in the doorway, staring at him with concern. Walt quickly stands and straightens his clothes.

RUTH

(signs)
What's wrong?

WALT

(signs)
Nothing.

Walt walks up to the window and shuts it, then turns back to Ruth.

RUTH

(signs)
When will you tell me what-

Walt turns and closes the curtains, making a point of not looking at her. Ruth walks up to him and pulls his arm to make him face her.

RUTH (cont'd)

(signs)
Don't you dare do that.

Walt looks ashamed.

WALT

(signs)
I don't want to talk about it.

RUTH

(signs)
And if I need to?

WALT

(signs)
Enough.

Ruth shakes her head at him, mournfully.

RUTH

(signs)

I can't live this way anymore.

WALT

(signs)

Then leave me.

RUTH

(signs beseechingly)

Why are you acting like this?

Walt tears off his mask and throws it to the ground.

WALT

(signs sharply)

Look at me!

Ruth stares back at him, sadly.

WALT (cont'd)

(signs)

I know what the children in the village call me. How the women talk about the deformed children that I would shame you with.

RUTH

(signs)

They are fools.

WALT

(signs sharply)

I cannot hold you because I cannot understand why you would want me to. Unless you're happy to finally have a husband as broken as-

Walt stops himself, regret immediately flooding his face. Ruth stares back at him with sad eyes.

RUTH

(signs)

As broken as myself?

WALT

(signs)

I didn't mean that.

Walt takes a step towards her but this time Ruth steps back from him with her hand up. He stops. She stares at him for a moment then, with the sting of betrayal in her eyes, turns and walks out of the room.

96 INT. THEATRE - BOX - EVENING

Clara and Freddie enter the box closest to the stage, turned so that the seats below cannot see inside. Clara stares down at the scenery in wonder.

CLARA

Are you sure this is alright?

FREDDIE

I got the manager out of a difficult spot a few years ago. This is his belated thank you.

Clara leans out of the box to look down at the people in the stalls while Freddie sits down in one of the seats, watching her carefully.

FREDDIE (cont'd)

Do you remember the day we met?

CLARA

I believe you were lying in a bed.

FREDDIE

It was snowing, like today.

CLARA

Ah, yes.

Clara turns to Freddie with a wry smile, leaning back against the edge of the box.

FREDDIE

The first thing that I did was complain to a nurse that my blanket was too thin, so she opened the window as wide as it would go and said-

CLARA

Try nature's blanket instead.

Freddie smiles and nods.

CLARA (cont'd)

I was tired.

FREDDIE

You were frustrating. You're still frustrating.

Clara's expression softens with her smile.

FREDDIE (cont'd)

Why did you come?

CLARA

There are only so many letters a woman can receive from a man before she goes mad, and I have clearly done just that.

Freddie laughs, and Clara's expression becomes serious.

CLARA (cont'd)

I wanted to see you, and found myself caring less every day for the reasons I shouldn't.

Freddie smiles, victoriously. Clara walks forward and sits down next to him.

CLARA (cont'd)

You haven't won anything, Captain. It's just a show, not a promise.

Freddie nods, but his expression remains smug.

FREDDIE

Of course.

Clara shakes her head at his expression, but betrays a wry smile as the lights dim and the audience below them begin to quieten. Clara looks to the stage while Freddie's gaze remains on her. Music begins to play and the curtains open to reveal a mountain scene.

CLOSE ON Freddie's burnt hand on the arm of his chair. He tentatively moves it to rest on Clara's, entwining his fingers in hers.

97 INT. FREDDIE'S HOUSE - LIVING ROOM - EVENING

Ruth is sitting alone in the room, staring out of the window. She has obviously been crying. Victor walks in and sees Ruth's face. He approaches her with concerned eyes and crouches down in front of her.

VICTOR

(signs)

What happened?

Ruth shakes her head at him. Victor looks seriously at her.

VICTOR (cont'd)

(signs)

Tell me.

Ruth hesitates.

RUTH

(signs)

Before you, I'd only spoken to three people in my life. Now two of those people are dead, and one is somewhere that I cannot reach.

Victor frowns.

VICTOR

(signs)

I'll talk to him.

Ruth shakes her head.

RUTH

(signs)

It won't make a difference.

Victor's eyes are sympathetic and Ruth smiles at him, sadly.

RUTH (cont'd)

(signs)

Would you play for me?

Victor looks confused, then Ruth holds her hand out to him. He has a look of understanding and slowly moves to sit next to her.

CLOSE ON Ruth's hand as Victor takes it and begins to tap out a rhythm with his fingers.

Ruth smiles peacefully and closes her eyes.

CLOSE ON Ruth and Victor's hands as he continues to play.

98 INT. FREDDIE'S HOUSE - BEDROOM - EVENING

CAMERA ON REFLECTION IN MIRROR: Walt is standing in front of a floor length mirror. He stares at his reflection, considering the sight of his own face.

Ian's reflection is suddenly in the mirror, standing a few feet behind him, staring silently at Walt.

Walt darts his fist out towards the mirror, smashing it.

CLOSE ON the distorted image of Walt's face in the now broken mirror.

99 EXT. STREET - EVENING

Clara and Freddie are walking down the street.

CLARA

I saw a couple of the masks from
Wandsworth.

FREDDIE

Walt and Vic both wear one.

CLARA

But you don't.

FREDDIE

I considered it, my first week home.
The stares burn hot out here.

CLARA

It's a lot of discomfort for someone
else's benefit.

FREDDIE

I don't think they wear them for other
people.

Clara raises her head to look at Freddie.

FREDDIE (cont'd)

Sometimes it's nice to feel normal.

Clara's expression becomes thoughtful and they walk together
silently for a moment.

CLARA

What do you remember about the day you
were injured?

FREDDIE

Everything up to the moment I hit the
water. I was in and out after that.

Clara frowns. Freddie looks at her.

FREDDIE (cont'd)

What?

CLARA

I just... can't imagine.

FREDDIE

You're beautiful when you frown.

Clara laughs and Freddie smiles.

FREDDIE (cont'd)
And when you laugh.

CLARA
Freddie, you're much more charming
when you're not trying to be charming.

Freddie considers her words with a frown of his own as she stops at a door.

CLARA (cont'd)
This is me.

Clara unlocks the door and opens it, then turns back to Freddie.

Freddie measures her for a moment, then looks around to check the street. It is empty.

CLARA (cont'd)
What are you doing?

Freddie turns back to her and takes a deep breath.

FREDDIE
I'm a self-destructive person.

Clara raises her eyebrows and tilts her head in agreement.

FREDDIE (cont'd)
I'm irritable and volatile and
incredibly selfish, but you know all
of that already.

CLARA
Freddie-

FREDDIE
(interrupts)
And because of that, I can be sure
that you have all the facts before I
kiss you.

Clara is taken off guard.

FREDDIE (cont'd)
Unless you ask me not to.

CLARA
You've never struck me as the kind of
man who asks permission, Captain.

FREDDIE
I do with you.

Clara doesn't say anything. Freddie smiles and she smiles back, then he moves forward and kisses her. They part briefly as she draws him into the house. Freddie kisses her again and pushes her back against the hallway wall, using his left arm to close the front door.

100 INT. FREDDIE'S HOUSE - BEDROOM - EVENING

Walt is sitting on the floor beside his bed, with his head in his hands. Victor walks in, purposefully. Walt looks up at the sound.

VICTOR
(signs)
You have to tell her the truth about
Ian.

WALT
Are you mad?

Walt stands.

VICTOR
(signs)
It was Ian's decision to shoot the
gun.

WALT
And my fault that he had to make the
choice. She'll hate me.

VICTOR
(signs sharply)
And what do you have from her now?

Walt struggles to respond.

VICTOR (cont'd)

(signs)

You're losing her. If you don't tell her now, she'll hate you either way.

101 INT. FREDDIE'S HOUSE - LIVING ROOM - NIGHT

(WHOLE SCENE IN SILENCE, representing Ruth's experience.)

Ruth is sitting by the window, staring out at the people walking by, wrapped up in coats and talking merrily. She watches them, enviously.

The light in the room dims and raises and Ruth turns to see Walt standing in the doorway by a candle, with a guilty expression.

WALT

(signs)

I'm sorry.

Ruth looks back out of the window and sees Victor pass by. She looks back at Walt, questioningly.

WALT (cont'd)

(signs)

I asked him to give us some time.

Walt walks to the chair opposite Ruth's and sits down. He stares down at his hands, anxiously. Ruth watches him, frowning at his expression. He finally looks back up at her. (The candle in the window is shining on the disfigured side of his face.)

WALT (cont'd)

(signs)

I was there when Ian died.

Ruth's eyes widen in surprise.

WALT (cont'd)

(signs)

The memories came back slowly.

(MORE)

WALT (cont'd)
I wasn't sure if they were real at
first, but now I know what's true.

Ruth waits, watching him with nervous eyes.

WALT (cont'd)
(signs)
Ian was injured. He wanted to wait in
a shell crater, but I made him move
for the trench. On the way he tried to
save another soldier but... he was
caught in a shell blast.

Ruth stares at Walt with a bewildered expression. Walt
struggles to continue, but finally raises his hands.

WALT (cont'd)
(signs)
He was in so much pain.

FLASHBACK TO:

102 EXT. NO MAN'S LAND - DAY

(Opens with same unfocused edges and hollow audio as previous
flashbacks, but within seconds image becomes fully focused and
audio is clear. All subsequent flashbacks are in this style.)

Walt falls to his knees in front of Ian. The wire is tangled
around him, slicing into skin all over his body as he bleeds
heavily. Walt puts a shaking hand to his arm. Ian opens his
eyes, struggling to breath. Walt tries to pull some of the wire
away but Ian groans in agony. Walt stops, looking lost.

IAN
(struggling to speak)
Please.

Walt is shaking as he stares at Ian's bleeding skin.

WALT
I'll get help, we'll get you out.

IAN
End it.

Walt looks up, unwillingly, into Ian's eyes. Ian stares back with a pained expression, a tear running down his cheek.

IAN (cont'd)

Please.

WALT

No.

Ian coughs up blood, and the movement makes him groan out again in pain. Walt closes his eyes and lowers his head at the sound. Ian stares down at Walt, desperately.

IAN

Walt...

With a shaking hand Walt takes his pistol out. Another tear falls down Ian's face as Walt looks up at him, shakily raising the gun to his friend's head. Ian smiles at him and nods slightly in thanks, then closes his eyes.

CLOSE ON Walt's shaking finger on the trigger as he begins to pull it.

BACK TO:

103 INT. FREDDIE'S HOUSE - LIVING ROOM - NIGHT

(WHOLE SCENE IN SILENCE, representing Ruth's experience.)

Ruth stands sharply and turns away from Walt, shaking her head in denial. Walt stands after her.

WALT

(see mouthing)

Ruth.

Walt touches her shoulder but she pulls away. He moves in front of her and puts his hands on her arms, trying to get her to look at him, but she closes her eyes, tears falling down her face.

WALT (cont'd)

(see mouthing)

I had to.

(MORE)

WALT (cont'd)

(BEAT)

Please, look at me.

Walt shakes her and she finally opens her eyes to him. He looks mournfully down at her and releases her arms.

WALT (cont'd)

(signs)

I had to take the pain away.

Ruth's eyes lower as she takes his words in.

WALT (cont'd)

(signs)

Say something /please.

RUTH

(signs)

/Let me go.

Walt stares down at her, broken, then slowly moves to the side. Ruth walks out of the room. Walt's frame crumbles to the chair.

104 EXT. STREET - NIGHT

Victor is walking down the street. A group of three men, GAV, MUGGER #1 and MUGGER #2, come out of an alley towards him.

GAV

Look boys, it's the elephant man.

Victor speeds up and doesn't make eye contact. The three men walk behind him.

GAV (cont'd)

You got something to say, freak?

MUGGER #2

I don't think he wants to talk to us,
Gav.

Gav runs around Victor and stands in front of him. Victor tries to continue walking, but he is pushed back.

GAV

Give us all your coin, and that face
doesn't have to get any more mangled
than it already is.

Victor hesitates, then slowly takes out his wallet and throws
it on the ground. He tries to start walking again but is pushed
back.

GAV (cont'd)

And the watch.

Victor shakes his head. The three men step closer to Victor.

GAV (cont'd)

I'm sorry, I didn't quite hear you.

The other men laugh mockingly. Victor looks Gav steadily in the
eyes, then punches him in the face. Mugger #1 hits Victor in
the stomach, then pushes him up against the wall, putting his
arm to Victor's neck. The men converge on him and Gav wipes his
bleeding nose.

GAV (cont'd)

You should've given me the watch.

105 EXT. STREET - NIGHT

Freddie is walking down the street, looking pleased with
himself. He turns the corner and sees three men standing around
Victor. Victor is on the floor with his face down and his mask
is on the ground a few feet away from him. Mugger #2 kicks him
in the stomach while Gav holds Victor's watch and looks through
his wallet.

FREDDIE

(calls)

Hey!

Freddie starts towards them. The three men turn to see him.

GAV

The monsters are crawling out of the
drains tonight, boys!

The other two men laugh. Freddie reaches Gav and Gav goes to hit him but Freddie ducks and punches him hard in the face. A tooth shoots out of Gav's mouth as he falls to the floor, unconscious. Victor pulls Mugger #2's leg from under him, making him fall over, while Mugger #1 starts for Freddie. He punches Freddie in the face, but when he goes for his second hit Freddie, whose mouth is now bleeding, dodges and punches him in the stomach. When Mugger #1 buckles over, Freddie knees him in the head, making him fall to the ground. Freddie turns around to see Mugger #2 running away down the alleyway.

Freddie's breathing is heavy and his fists are still clenched as he turns to where Victor was lying.

FREDDIE

Vic?

Victor isn't there anymore. Freddie looks around but can't see him.

FREDDIE (cont'd)

(calls)

Victor?

Freddie steps forward and hears a crunch, then looks down.

CLOSE ON Freddie's foot lifting off Victor's watch, which now has a broken face.

106 INT. FREDDIE'S HOUSE - LIVING ROOM - NIGHT

Victor walks slowly into the room, carrying his broken mask. He is hunched slightly, with his left arm wrapped around his stomach. He winces as he straightens himself up to put his mask on top of Freddie's piano, then he sits down on the stool and opens the lid. He cautiously plays one note, then attempts to shake his right hand loose, but it simply returns to its original state. He takes a deep breath and then shakes his hand again to loosen his fingers and presses them directly down onto the keys. A chord plays out.

Victor stares at his right hand in surprise as his fingers stop shaking against the keys. He slowly lowers his left hand to the ivory, and begins to play.

His right hand remains relaxed as his fingers run smoothly and professionally across the keys, playing Beethoven's 'Moonlight Sonata'.

Walt walks in and leans against the doorway behind Victor (he cannot see his injuries). He watches Victor play with a sad and nostalgic expression.

Suddenly Victor's hands begin to slow against the tune, and he goes limp.

WALT

Vic?

LONG SHOT from outside the window as Victor slides his hands from the piano keys and falls off the stool and onto the ground, unconscious.

107 INT. HOSPITAL - WAITING ROOM - NIGHT

Walt is sitting with his head in his hands. His leg is shaking, anxiously. Freddie walks in and Walt looks sharply up at the door.

FREDDIE

I've sent word to his family.

WALT

Who did this?

FREDDIE

Three leeches that hang around Copper Street. The bobby I spoke to had a fair idea.

The doctor comes through the doors and both Freddie and Walt look to him. Walt stands.

WALT

How is he?

DOCTOR

Are you family?

FREDDIE

Brothers.

The doctor looks sceptical, but continues.

DOCTOR

Your brother has sustained a serious head injury. I suspect a brain heamorrhage.

Walt and Freddie look devastated.

DOCTOR (cont'd)

Bruising to the side of his head indicates that he suffered a substantial blow.

Freddie turns away from the doctor, angrily.

WALT

Is he going to wake up?

DOCTOR

There's a chance, if we continue treatment.

Freddie turns back to the doctor.

FREDDIE

Do whatever you need to do, just keep him alive.

The doctor hesitates.

DOCTOR

I would suggest that there may be a more compassionate course of action.

WALT

What?

DOCTOR

Sometimes such injuries act as blessings in disguise. Mr Terry will not have experienced any pain, and could be left to pass away peacefully.

FREDDIE

And why the hell would we do that?

DOCTOR

There are occasions when peace in passing outweighs quality of life.

Walt moves angrily forward and pushes the doctor up against the wall.

FREDDIE

Walt!

Freddie pulls Walt off the doctor and pushes him back. The doctor looks slightly shaken as Freddie turns back to him.

FREDDIE (cont'd)

You fix him. You do whatever it takes, but you make sure that he wakes up.

The doctor exits. Freddie turns to Walt.

FREDDIE (cont'd)

Unless you've become a trained surgeon during the last year, we need him.

WALT

In his opinion Vic's better off dead.

FREDDIE

You're not naive, Walt. To men like him we're just symbols /of

WALT

(shouts)

/I am not a symbol, I am a man!

Freddie is taken off guard by Walt's outburst. Walt softens and his expression becomes fragile.

WALT (cont'd)

We are men.

(BEAT)

Aren't we?

Freddie stares sadly at Walt but doesn't answer. Walt looks devastated by Freddie's silence and storms towards the door.

FREDDIE
(guiltily)
Walt...

Walt exits and Freddie steps back, looking frustrated, then slams his palm angrily against the wall.

108 INT. HOSPITAL - WARD - NIGHT

EXTREME CLOSE ON Ruth's fingers stroking across Victor's disfigured skin. There is the RAISED SOUND OF SKIN BRUSHING AGAINST SKIN.

Ruth is sitting at Victor's bedside, affectionately stroking his lower cheek. He is unconscious and has a tube running into his mouth. She looks down and sees his right hand lying on the bed, no longer contracted. Ruth gently moves her free hand into his.

CLOSE ON Ruth's hand as it begins tapping out a tune on Victor's.

109 EXT. STREET - NIGHT

Walt is walking down the street. He stops at a corner and leans around the building. The road name 'Copper Street' can be seen on the wall. There is a group of three men about forty metres away, sitting and standing around a wall, drinking. They are Gav, Mugger #1 and Mugger #2, with bruises on their faces. The wall has a Lord Kitchener 'Your Country Needs You' poster on it.

Walt moves back around the corner, away from sight. He pulls a gun out of his back pocket and takes a deep breath. (The initials F.W. are on the barrel of the gun.)

Ian is suddenly beside Walt.

IAN
This won't change anything.

WALT
(frustrated)
Why won't you leave me?

IAN
Because you're afraid.

Walt's expression softens as he looks at Ian.

IAN (cont'd)
And you don't want to be alone.

Walt's jaw tightens.

CLOSE on Walt's hand, tightening its grip on the gun. The reflection of Walt's face is distorted in the metal.

WALT
I am alone.

Ian is no longer next to Walt as he raises the gun and steps around the corner.

Freddie appears in front him, out of breath. (They are in the shadows of the building and can't be seen by the three men.)

FREDDIE
You overshot the house by seven streets.

WALT
Move out of my way.

FREDDIE
You're not a murderer, Walt.

WALT
Of course I am. That's what they trained me to be.

FREDDIE
War is different.

WALT

You're right. Most of the Huns I killed were honourable enough. These are animals.

Freddie moves forward slightly and Walt takes a step back.

WALT (cont'd)

I told you Freddie, I'm a great shot.

Walt tightens his grip on the gun.

WALT (cont'd)

I won't miss again.

Freddie shakes his head.

FREDDIE

I won't let you throw away your life for this.

WALT

What life? You said it yourself, we're nothing now.

Freddie looks guilty.

FREDDIE

I was wrong at the hospital. I should have answered you.

WALT

Gargoyles, you called us.

FREDDIE

I was angry.

WALT

You were right.

FREDDIE

No, I wasn't. What makes us men is wanting to kill them for hurting someone that we love, but what makes us good men is *not* pulling the trigger.

Walt's eye moves to something behind Freddie and his expression becomes bleak.

WALT

I had to pull the trigger.

Ian is standing behind Freddie, staring sadly at Walt. Walt's eye becomes wet with emotion.

WALT (cont'd)

(to Ian)

But I can't regret it.

FREDDIE

(unsure)

Walt?

CLOSE ON Walt's face.

WALT

Because it made him smile.

Ian smiles thankfully at Walt.

FREDDIE

What would James say?

Walt's eye flicks back to Freddie.

FREDDIE (cont'd)

Or Vic?

Walt looks down at the gun in his hand, with a shamed expression.

FREDDIE (cont'd)

He needs us.

Walt nods, sadly, and Freddie has a look of relief.

Suddenly Walt moves the gun sharply over Freddie's shoulder.

FREDDIE (cont'd)

(shouts)

No!

Walt pulls the trigger.

FLASHBACK TO:

110 EXT. NO MAN'S LAND - DAY

(The gunshot from the previous scene echoes into this one.)

LONG SHOT of Ian in the barbed wire and Walt's gun going off as he shoots him, then drops the gun and falls back onto the ground.

BACK TO:

111 EXT. STREET - NIGHT

Walt lowers the gun and Freddie turns to look at where Walt has just shot. The three men are running away in different directions.

CLOSE ON the Lord Kitchener poster on the wall, with a bullet in his cheek.

The sound of military drums rises, beating out like a heartbeat.

112 INT. HOSPITAL - WARD - NIGHT

(WHOLE SCENE IN SILENCE, representing Ruth's experience.)

CLOSE ON Ruth's hand on Victor's. She is tapping to the even rhythm of the drums from the last scene, mirroring Victor's heartbeat.

Ruth is sitting at Victor's bedside with her head on his chest and her eyes closed. She slowly opens her wet eyes.

CLOSE ON Victor's hand as Ruth's tapping slows, then stops.

(Ruth is in focus but the distant image of the ward door is blurred.)

Ruth slowly raises her head and allows the tears to fall down her face as she stares down at Victor, shaking slightly in shock. Walt and Freddie enter the ward and walk towards Victor's bed, both slowing as they come into focus and take in Ruth's expression.

Walt rushes to the bedside and kneels on the ground next to Victor, shaking him and talking to him desperately, but the scene remains silent. Ruth stands and turns to see Freddie staring with bleak acceptance at the scene in front of him. Two nurses rush over and try to pull Walt away as a doctor checks Victor's vital signs, then lifts up the sheet.

BIRD'S EYE VIEW of Victor's peaceful face as the white sheet is pulled up over it.

113 EXT. PARK - DAY

There are children playing in the park and adults talking and laughing. Walt is sitting on a bench with his mask off, watching the people go about their daily lives. Ruth approaches and sits down next to him. They sit together in silence for a moment.

Walt looks to Ruth and she turns to meet his eye. His expression is lost.

WALT

(signs)

What do I do now?

Ruth stares searchingly into Walt's eyes.

RUTH

(signs)

You come home.

WALT

(signs cautiously)

You still want me to?

Ruth hesitates, then leans forward and gently kisses his disfigured cheek. She pulls back slightly.

RUTH

(signs)

Our life has become a graveyard. I
don't want to live by the dead
anymore.

Walt stares into her eyes, relief flooding his tired face.

WALT

(signs)

I never stopped loving you.

Ruth smiles and cups his face with one of her hands, then kisses him, gently. As the kiss breaks Walt smiles, then lowers his face into Ruth's shoulder and holds her. Ruth holds him back, stroking his hair and staring out at the happy people in the park.

114 EXT. FREDDIE'S HOUSE - STREET - DAY

Freddie is walking along the street in a suit, carrying a briefcase. His eyes are on the pavement, but when he looks up at his house he freezes. Clara is sitting on his front step. She stands cautiously as Freddie starts walking towards her. Freddie drops his briefcase and takes Clara in his arms. He closes his eyes and lowers his forehead to hers.

CLARA

(quietly)

I'm so sorry.

Freddie takes a deep breath, then opens his eyes and stares into hers. He strokes a finger down her cheek.

FREDDIE

Stay.

Clara nods and Freddie smiles, sadly, then kisses her. She kisses him back.

115 INT. TRAIN - DAY

Walt is in a train carriage with his mask on, staring out of the window.

Walt is in focus but the carriage behind him is blurry. The reflection of the passing scenery runs across Walt's face as he stares out. The train stops and the sign 'Sidcup' can be read backwards in the reflection.

116 INT. CHURCH - DAY

The church is full of people in their fine Sunday clothes, drinking tea. Evelyn is standing with a PRIEST and TWO OLDER WOMEN, chatting pleasantly. Esmé and Robbie are sitting with a group of other children, making paper chains at the front of the church.

The older women look up at something with shocked expressions.

FREDDIE (O.S.)

Evelyn?

Evelyn turns to see Freddie standing behind her, also wearing smart clothes but carrying a satchel. Although she remains composed, Evelyn's eyes betray her panic. The priest also turns, but doesn't show any discomfort, holding his hand out to Freddie.

PRIEST

The lost lamb has finally returned.

Freddie smiles and shakes the priest's hand.

FREDDIE

I must apologise for my absence.

PRIEST

No apology necessary. Evelyn has told us how difficult you have found the transition.

FREDDIE

Has she?

Freddie looks to Evelyn, who is forcing a smile while avoiding his eyes.

FREDDIE (cont'd)

May I borrow my wife, for a moment?

PRIEST

Of course.

Freddie looks to the two, uncomfortable women in front of him.

FREDDIE

I'm sorry for the interruption,
ladies. I won't keep her long.

Freddie indicates for Evelyn to step to one side with him. She hesitates, then moves away from the group. Evelyn retains her pleasant expression for the rest of the room, even though her words are harsh.

EVELYN

What are you thinking, coming here?

FREDDIE

I was perfectly polite.

EVELYN

You know that it is not your manners
that are the problem, Freddie.

FREDDIE

I want to know if you're going to let
me see my children.

EVELYN

I can't keep having this same
conversation with you.

Freddie nods.

FREDDIE

Then we won't.

Freddie and Evelyn stop and Evelyn's expression breaks from its forced pleasantness, taken off guard by Freddie's submission.

EVELYN

Good.

FREDDIE

Good.

Evelyn considers Freddie suspiciously, then nods and turns away from him.

FREDDIE (cont'd)

I advise that you find an excellent lawyer before the end of the week.

Evelyn turns back to Freddie, slowly.

FREDDIE (cont'd)

I have legal custody over our children, and the best case record in London. If you will not permit me to see them under your care, then I will take them under mine.

Evelyn becomes cautious.

EVELYN

Freddie-

FREDDIE

Make your choice, darling.

Evelyn stares at him for a moment, measuring his resolve, then steps to one side.

EVELYN

They're at the front.

Freddie takes a step forward, but Evelyn stops him with one hand.

EVELYN (cont'd)

(quietly)

We aren't coming back.

FREDDIE

As long as I can see them, your life is your own.

Freddie walks away from Evelyn and towards the front of the church. He sits down next to Esmé, who looks up at him and immediately smiles.

ESMÉ

Daddy came!

She turns to Robbie.

ESMÉ (cont'd)

Look Robbie, Daddy is here!

Esmé links her arm in Freddie's as Robbie looks cautiously up at his father.

FREDDIE

I brought something for you both.

Freddie goes into his satchel and pulls out two handmade dolls (like the dolls he was making at Queen's). One is a girl in a dress, which he gives to Esmé, and the other is a soldier, which he gives to Robbie. Esmé immediately jumps up and starts taking her doll for a walk around the church.

ROBBIE

(quietly)

Thank you.

Freddie smiles at him, nervously. Robbie keeps his eyes on the doll.

FREDDIE

You did a grand job, looking after
your mother and sister.

Robbie runs his fingers over the peaked Captain's hat on his doll.

FREDDIE (cont'd)

He isn't just any Captain, you know.
You can pull one of his legs off and
he won't make a sound.

Robbie looks up at Freddie, unsure of whether he should.

FREDDIE (cont'd)

Go on.

Robbie looks back down at the doll and yanks his right leg, but it doesn't move.

FREDDIE (cont'd)

You've got to give it more welly than that.

Robbie frowns in focus and yanks the leg even harder, and it tears off in his hands. Freddie makes a pained sound and takes the doll from Robbie's hands. He pretends it's talking in his ear, then passes it back down to Robbie.

FREDDIE (cont'd)

He says ouch.

Robbie giggles and starts tugging on the left leg, while Freddie watches him with a smile of his own.

117 EXT. QUEEN'S HOSPITAL - GROUNDS - DAY

There are men playing sports, sitting on the grass or lying in deck chairs. They all have facial injuries either on show or under bandages. Walt is sitting at a table with Gillies.

CLOSE ON Walt's bare face - camera lingers for a moment before Walt speaks (evenly lit to produce the clearest impression of his skin).

WALT

He talked about coming back here after Christmas, to thank you.

Gillies nods, sadly.

GILLIES

I'm sorry that I will never get to hear him play again. Deaf and one-handed, he was still the best pianist here.

Walt nods in agreement.

WALT

I wanted to thank you, too, for trying to fix me.

Gillies frowns at Walt.

GILLIES

Trying? Walter, I am not ashamed to say that I am a proud man. Far too proud to send anyone out of those doors without considering them a personal achievement.

Walt looks sceptical.

GILLIES (cont'd)

An eye does not make a face, Sonny, and a face does not make a man.

Gillies picks up his tea and raises it to Walt. Walt smiles slightly, then clinks his cup against Gillies'.

GILLIES (cont'd)

To Victor.

WALT

Victor.

Both men take a sip of their tea, then make disgusted face.

GILLIES

Awful stuff.

Walt laughs.

118 INT. QUEEN'S HOSPITAL - WARD 31 - DAY

Walt enters carrying a satchel. An ORDERLY is the only person there and he is on his way out.

ORDERLY

Staying for lunch, Chantrell?

WALT

I'll be over in a minute.

The orderly nods to him and exits, and Walt is left alone in the ward. He walks over to his old bed and sits down, looking around the room.

The ward is suddenly full of its old residents. Freddie and James are sitting at one of the walkway tables, playing cards, and Victor is sitting in his old bed reading a book. Clara is laughing with a patient as she takes his temperature and Gillies is checking a man's facial wound.

James looks up at Walt.

JAMES

Hand, Walt?

Walt smiles at him, nostalgically.

The room is suddenly empty again and Walt is alone. He stands and walks towards the door, then stops in the doorway to take one last look into the ward.

WALT

At ease, lads.

Walt closes the door.

CUT TO BLACK.

THE END

WRITING HISTORY: ARCHIVES AND THE SEQUENCE PARADIGM

Introduction

In his book, *Return to Essentials: Some Reflections on the Present State of Historical Study*, Sir Geoffrey Elton argues that only a proper understanding of how and why archival material is created can prevent misjudgement and misuse on the part of the reader, arguing that ‘it is the task of the specialist training imposed on the budding historian to bring about that understanding.’¹ Elton is one of many historians who have attempted to forge a hierarchical distinction between the accuracy of the historian and the narrative art of the creative writer in producing compelling histories.

However, there are historians who recognise the correlation between these two practices. Hayden White argues in *Tropics of Discourse: Essays in Cultural Criticism* that, ‘in general there has been a reluctance to consider historical narratives as what they most manifestly are: verbal fictions, the contents of which are as much *invented* as *found*’.² The suggestion that the historian engages in creative methods in the completion of their historical works reaffirms the notion of an interconnection between the disciplines. This chapter will act as a model of how the creative writer can conversely use methods of source-criticism created by, and intended for, the historian to form the narrative of a screenplay.

This chapter will discuss the archival materials that underpin the narrative of *The Battalion of Dandelions*. In particular, it will explain the structural paradigms that were employed to form the screenplay’s plot outline, and indicate how Leopold von

¹ G. R Elton, *Return to Essentials: Some Reflections on the Present State of Historical Study* (Cambridge: Cambridge University Press, 1991), p. 57.

² Hayden White, *Tropics of Discourse: Essays in Cultural Criticism* (Baltimore: Johns Hopkins University Press, 1978), p. 82.

Ranke's methods of source-criticism influenced the selection, interpretation and application of archival material to these paradigms. The arguments of historians, such as Richard J. Evans and R.G. Collingwood, will also be considered in order to further address the relationship between the historian and the creative writer in their methods of interpreting historical sources.

The research presented was collected and compiled from a number of archives and required the consideration of a range of materials, including patient case notes, medical articles, newspaper articles, prosthetics, artwork, short films, published memoirs and unpublished personal accounts. Throughout this chapter, the findings from these materials are explored in relation to their impact on narrative elements within *The Battalion of Dandelions*, including setting, character development and dramatic tension.

The Sequence Paradigm: Breaking and Building the Narrative Spine

In his c. 335BC text *Poetics*, Aristotle argued that all dramatic work 'must have a beginning, a middle, and an end'.³ This statement initiated the establishment of a three-act narrative model that many creative writers still adopt as a structural tool today. These three acts are commonly labelled setup, conflict and resolution, and Syd Field outlines the necessary components of each act in *Screenplay: The Foundations of Screenwriting*.⁴

³ Aristotle, *Poetics* (c. 335BC).

⁴ Syd Field, *Screenplay: The Foundations of Screenwriting* (New York: Dell Publishing, 1979).

Act I ‘establishes character, launches the dramatic premise, illustrates the situation, and creates the relationships between the main character and the other characters.’ In Act II, ‘the main character encounters obstacle after obstacle that keeps him/her from achieving his/her dramatic need.’ Finally, Act III ‘*resolves* the story’, in that the protagonist’s dramatic need is either achieved, or abandoned.⁵ A three-act outline allows the writer to ensure that these acts contain the necessary dramatic elements to lead the viewer along an unfolding narrative, and can be applied to all forms of dramatic writing in any medium or media.

In 1979, Field outlined a three-act paradigm specifically for screenwriting, which takes into account the temporal construct of the screenplay in a way that the traditional three-act model does not. It achieves this by measuring act duration in pages, where one page equates to one minute of screen time. Field offers the example of a two-hour screenplay to explain his model of division, in which Act I and Act III are approximately twenty to thirty pages long, and Act II is approximately sixty.⁶ In his book, Field lists the specific elements that would exist within these acts: ‘endings, beginnings, scenes, Plot Points, shots, special effects, locations, music, and sequences.’ Combined with ‘the dramatic thrust of action and character’, these elements unify to form ‘the totality known as the screenplay.’⁷

According to Field, one element within this list acts as ‘the skeleton, or backbone, of your script and, like the nature of structure itself, holds everything together.’⁸ This element is the sequence, a series of scenes that combine to create a narrative unit containing its own defined beginning, middle and end. Field does not suggest that the writer conform to any specific number of sequences to plot their

⁵ Field, *Screenplay*, pp. 23-26.

⁶ Field, *Screenplay*, p. 23.

⁷ Field, *Screenplay*, pp. 183-184.

⁸ Field, *Screenplay*, pp. 183-184.

screenplay, as he maintains that ‘Your story will tell you how many sequences you need.’⁹

However, what if the application of a specified number of sequences could help the writer to structure their narrative in a way that did not restrict the story, but allowed greater control over the positioning of plot points and the application of dramatic pacing? If Field’s paradigm defines a set number of pages within each act for a two-hour screenplay, then a set number of sequences within which to divide these pages could only assist in mapping out and managing narrative elements. Frank Daniel proposes a method to this end called the sequence paradigm of screenwriting, in which he suggests that a two-hour screenplay be divided into eight sequences.

The creative process for *The Battalion of Dandelions* consisted of nine drafts, and the first five of these drafts used an Aristotelian structural approach. However, the sixth draft involved a significant plot modification where two characters were combined into one. In the original outline, Walter had both a sister and a wife, but it became clear that the practical and emotional influence of these characters on the narrative could be achieved more efficiently in one entity. This decision required a substantial re-write in my sixth draft, and the Aristotelian, three-part outline that I had originally created proved inefficient for the purposes of assisting me in this. If the outline of *The Battalion of Dandelions* had been broken down into sequences rather than acts, I would have had a more detailed and therefore practical framework for identifying and managing the events within the narrative that would be most impacted by this change. This is when I decided to re-write my outline – for the purposes of future drafts – using Daniel’s sequence paradigm.

⁹ Field, *Screenplay*, pp. 183-184.

Paul Joseph Gulino dedicates his 2004 book, *Screenwriting: The Sequence Approach*, to analysing Daniel's method, and explains the division of sequences within the traditional three-act structure as follows: Act I; 2 sequences, Act II; 4 sequences, Act III; 2 sequences. Each sequence is eight to fifteen minutes long and, as Gulino states, possesses 'its own protagonist, tension, rising action, and resolution – just like a film as a whole.'¹⁰ This structure is demonstrated in my final sequence outline, included below.

Battalion of Dandelions Sequence Outline

Seq.	Description	Primary Setting
	ACT I	
A	1917. Walt wakes in hospital with a facial injury and amnesia; he meets patients James and Freddie; Ruth informs him that her brother Ian died. <i>Unifying Aspect: Location. Protagonist: Walt. Primary Objective: To remember what happened to Ian.</i>	Queen's Hospital
	<i>Point of attack: Ian's death is a mystery.</i>	
B	Walt and James each undergo surgery; James dies; Walt remembers killing Ian; he tries to commit suicide; Victor stops him. <i>Unifying Aspects: Event (surgery) and Dramatic Tension. Protagonist: Walt. Primary Objective: To find a way to relieve his emotional pain.</i>	Queen's Hospital

¹⁰ Paul Joseph Gulino, *Screenwriting: The Sequence Approach* (New York: Continuum International Publishing Group Ltd, 2004), p. 2.

	<i>Predicament: Walt experiences symptoms of PTSD; he must try to come to terms with the past.</i>	
	ACT II	
	(Main tension: Will Walt's PTSD escalate?)	
C	1918. Walt has an experimental surgery; Freddie is disowned by his wife. <i>Unifying Aspect: Event (surgery) and Dramatic Tension. Protagonists: Walt and Freddie. Primary Objective: To achieve facial reconstruction.</i>	Queen's Hospital
D	1919. Walt leaves hospital; he struggles to return to normality with Ruth; Victor finds a friend in Ruth; Freddie experiences visual prejudice. <i>Unifying Aspect: Dramatic Tension. Protagonists: Walt, Victor and Freddie. Primary Objective: To re-integrate into society.</i>	Unnamed Town & London
	<i>First Culmination: Ruth confronts Walt about his emotional distance, but he still cannot bring himself to tell her how Ian died.</i>	
E	Freddie finds out Clara's husband was a deserter; Victor's hearing comes back; Walt gets a copper mask to cover his disfigurement and reconnects with Freddie. <i>Unifying Aspect: Dramatic Tension. Protagonists: Walt, Victor and Freddie. Primary Objective: To manage social prejudice.</i>	Unnamed Town & London
F	Walt, Victor and Ruth go to Freddie's for Christmas; Freddie takes Clara to the theatre; Victor persuades Walt to tell Ruth the truth about Ian; Victor is attacked.	London

	<i>Unifying Aspect:</i> Event (attack) and Dramatic Tension. <i>Protagonists:</i> Walt, Victor and Freddie. <i>Primary Objective:</i> To mend relationships.	
	<i>Second Culmination:</i> Walt reveals the truth to Ruth. Victor has life threatening injuries.	
	ACT III	
G	The primary tension has been resolved in that Walt has finally told Ruth the truth about Ian, shifting the tension to whether Victor will survive. Walt threatens to kill Victor’s attackers; Freddie and Walt have an honest conversation about disfigurement. Ruth is at Victor’s bedside when he dies. <i>Unifying Aspect:</i> Dramatic Tension. <i>Protagonist:</i> Walt. <i>Objective:</i> To accept the things that can’t be changed.	London
H	Freddie gives his wife an ultimatum about their children; Ruth and Walt talk about the future. <i>Unifying Aspect:</i> Dramatic Tension. <i>Protagonists:</i> Walt and Freddie. <i>Objective:</i> To find a way to move forward.	London
	<i>Resolution:</i> Walt revisits Queen’s Hospital and finds closure.	Queen’s Hospital

Each sequence contains a unifying aspect, at least one protagonist and an objective, and follows its own dramatic arc: tension, rising action, resolution. These sequences may seem to possess the same narrative requirements as a stand-alone short film, but there is one distinct difference. As Gulino explains, unlike in a short film, ‘the

conflicts and issues raised in a sequence are only partially resolved within the sequence, and when they are resolved, the resolution often opens up new issues, which in turn become the subject of subsequent sequences.’ Consider Sequence B of *The Battalion of Dandelions*:

- Tension: James’ premature death as a result of reconstructive surgery – prompts Walt to look at his disfigured face for the first time.
- Rising Action: Walt experiences fragmented flashbacks of Ian’s death – re-surfacing of his psychological trauma drives him to attempt suicide.
- Resolution: Victor intervenes – Walt lives.

The question of whether Walt will commit suicide in this sequence is resolved, but other conflicts raised remain only *partially* resolved. In Sequence A and Sequence B, Walt has exhibited symptoms of shell shock, including amnesia, tremors and disjointed flashbacks. Alongside being a symptom, Walt’s amnesia also acts as a psychological defence against the emotional distress of his memories, but this defence is broken when James dies and Walt finally sees his disfigured face. The flashbacks that he then experiences are no longer disjointed, and force him towards a consciousness of his trauma that he is unable to cope with. The issues that arise from this – enhanced trauma symptoms, acute guilt, his marital breakdown – follow Walt into subsequent sequences, driving his character arc forward.

The narrative purpose of this arc is to take the character on a course of transformation, away from what they want and towards a recognition of what they need.

Character transformation is traditionally based on either motive or requirement, which is usually clarified in a character's opening sequence. The character pursues their desires as the sequences progress, but what a person desires is not necessarily what they *require* to achieve fulfilment.

Devising a character arc demands a consideration of what each person consciously *wants* in comparison to what they unconsciously *need*, and how the relationship between these two ideas will progress in the screenplay. Gulino explains that, 'Quite often, the character arc of the protagonist is what defines the theme of the picture, contained in the truth the character doesn't realise until after his or her transformation.'¹¹ From desire to acknowledgment, Walt's character arc defines the primary theme of my own screenplay: acceptance.

Walt has two key desires in *Battalion of Dandelions*: to hide his disfigurement from society through a copper mask, and to hide his part in Ian's death from his wife through emotional detachment. His transformation occurs in Sequence G, after he has told Ruth the truth and Victor dies. Walt realises that, while he *wanted* to hide, what he *needed* was to find closure through acceptance, not from others but from himself. This realisation is the culmination of Walt's character arc, and the closing resolution of the narrative.

Although Walt is the primary protagonist, Victor and Freddie also act as protagonists within sequences of *The Battalion of Dandelions*. When a sequence is not addressing the primary plot, it contains a subplot that offers the opportunity for the screenwriter to periodically cut away from the main conflict of the story. These subplots provide their own dramatic tensions while delaying the primary resolution, like Victor's relationship with Ruth, or Freddie's conflict with his wife. Each contributes another

¹¹ Gulino, *Screenwriting*, p. 33.

layer of dramatic intrigue to carry the viewer's attention throughout the full two-hour period.

Gulino describes the sequence paradigm as an audience-focused technique, which encourages the writer to concentrate on the viewer's experience of the story and what might be done to improve it. It does this by giving the writer 'the clarity to understand and manipulate dramatic tension to maximum effect, playing off the viewer's expectations and controlling its hopes and fears'.¹² Events and conflicts are divided into distinct sequences for the writer to plot and develop, keeping in mind the target of retaining viewer engagement throughout.

A strong method of holding the viewer's attention is to challenge their expectations by implementing chronological disruptions, such as flashbacks (discussed further in Chapter Three), to unsettle the linear narrative. The sequence paradigm offers a clarity of plot structure that enables the writer to confidently implement such disruptions without becoming disoriented within their own narrative.

Historical Truth: Interpretation and Imagination

Leopold von Ranke is commonly considered to be the father of modern historical scholarship due to his formulation of historical methods of source-criticism, which have guided the basic training of historians since the nineteenth century. In Richard J. Evans' 1997 book, *In Defence of History*, he summarises the 'basic Rankean spadework of investigating the provenance of documents', which is 'enquiring about the motives of

¹² Andrew W. Marlowe, 'Foreword' in *Screenwriting: The Sequence Approach*, pp. xiii-xiv.

those who wrote them, the circumstances in which they were written, and the ways in which they relate to other documents on the same subject.’¹³ Questioning documents before committing to the information that they supply is how the historian can attempt to avoid misjudgement and misuse: the creative writer can use Ranke’s principles to the same ends.

To construct my historical narrative I needed archival material, a selection of which I required in the area of World War One medical history, specifically facial reconstruction. The Royal College of Surgeons (RCS) in London has accumulated a large collection of institutional and deposited archives over the past two centuries, illustrating the development of medicine and surgery from as far back as the 16th century. The Gillies Archives is an important part of this collection, as it contains the largest surviving selection of medical case notes from Queen’s Hospital, documenting the treatment of 2,308 British servicemen between 1917 and 1925.

The Gillies Archives is where my research began, and it was the first collection of material to which I applied Ranke’s principles of source-criticism. My aim was to understand how and why these records came into being *before* attempting to interpret their contents by considering the material on three levels: author motive, historical circumstances, and relation to subject area.

All of the case notes in the Gillies Archives were written, or dictated, by surgeons who were required to keep up-to-date records of their patients’ courses of care and responses to treatment. As professionals in their field, one motive for maintaining such detailed medical records would have been to educate both their contemporaries and future surgeons on new methods of reconstructive surgery. A surgeon could not falsify a course of treatment without the likelihood of it being discovered, as patients

¹³ Richard J. Evans, *In Defence of History* (London: Granta Books, 1997), p. 19.

were treated at different stages by multiple medical professionals and their case notes were used to administer secondary care. Within these case notes, only the surgeon's comments on the success of facial reconstruction from a visual standpoint can be considered subjective, and the photos that accompany the majority offer sufficient evidence that surgeons did not exaggerate unduly in their observations.

However, there may also have been more personal motives for their vigilant record keeping, driven by the unique circumstances in which the surgeons at Queen's were working. During the First World War, thousands of servicemen were returning home with facial injuries, providing surgeons with an unprecedented number of casualties on whom to experiment and develop new methods of reconstruction. These exceptional circumstances motivated intense professional rivalry between surgeons, and Gillies commented in his 1958 book, *The Principles of Art and Plastic Surgery*, that: 'With our artistic efforts constantly on exhibition about the wards [we] jealously compared our work with that of our colleagues. It was obvious that this promoted stimulating competition.'¹⁴

The case of the tubed pedicle flap method is evidence of this heightened competition, and of how plastic surgery was advancing across countries at a quickening rate. The tubed pedicle was considered one of the great surgical developments of World War One because it could be used in skin grafts to create a tube of living tissue that retained a strong blood supply by remaining attached at either end, dramatically reducing chances of infection.¹⁵ Gillies claimed to be the first to develop this method on burns patient Willie Vicarage in November 1917 (stages of tubed pedicle flap pictured in Figures A and B).

¹⁴ Harold Gillies, David Ralph Millard, *The Principles of Art and Plastic Surgery* (Oxford: Butterworth, 1958), p. 38.

¹⁵ Murray C. Meikle, *Reconstructing Faces: The Art and Wartime Surgery of Gillies, Pickerill, McIndoe and Mowlem* (Dunedin: Otago University Press, 2013), p. 81.

Figure A**Figure B**

Unbeknownst to Gillies, the tubed pedicle flap had actually been invented independently by two other surgeons before him – Russian ophthalmologist Vladimir Filatov on 9th September 1916, and German dentist Hugo Ganzer in March 1917.¹⁶ Detailed medical notes and photographs were documented proof when it came to

¹⁶ Anthony F. Wallace, 'History of Plastic Surgery', *Journal of the Royal Society of Medicine*, 71 (1978), 834-838, (p. 837); Paolo Santoni-Rugiu, Philip J. Sykes, *A History of Plastic Surgery* (New York: Springer, 2007), p. 96.

controversy over the origins of methods like the tubed pedicle flap, so it is highly likely that a surgeon's motives for maintaining detailed records were also influenced by a desire to protect their own professional interests.

The final consideration in my process of source-criticism was to determine how the records within the Gillies Archives related to other documents on the same subject. Queen's was World War One's major centre for maxillo-facial and plastic surgery, meaning that the hospital's case notes contain an unparalleled quantity and quality of information on the developments of plastic surgery in Britain over the pivotal war and inter-war years. Dr Andrew Bamji, who discovered the lost records that comprise The Gillies Archives in 1993, describes them as 'probably the most important and complete collection of facial surgery records of their age in the world.'¹⁷

My findings were that neither the authors' motives, nor the historical circumstances during which they wrote, discounted the likelihood of the Gillies Archives being a reliable source for my research purposes. Applying Ranke's principles ensured that I was more informed before approaching this material, which proved useful when attempting to identify important details from a large volume of records. For example, had I not already considered the competitive motives of the surgeon, I may not have interpreted their influence on the treatment of Second Lieutenant Henry Ralph Lumley (Figure C), and James' fate in *The Battalion of Dandelions* would not have possessed the same bitter edge.

¹⁷ Dr Andrew Bamji, 'The Archives', *The Gillies Archives* <<http://www.gilliesarchives.org.uk>> [accessed 23 Jan 2019].

Figure C

(Healed condition before treatment)

Lumley was admitted to Queen's Hospital fifteen months after sustaining severe burns as a result of a plane crash, burning out his left eye and leaving the right practically blind. There came a point in Lumley's reconstructive treatment where Gillies had to decide 'whether to give this unfortunate airman a further year's rest or whether to carry on with the procedure, knowing that the latter might not succeed.' Gillies initially claimed that his reason for moving forward with the procedure was that the young man was contemplating suicide: '[Lumley was] bitterly disappointed and exceedingly depressed at the thought of having to wait another long period, and it was feared that he would not wait so long'. However, Gillies did not only choose to move forward with Lumley's surgery sooner than advised, he also chose to attempt the 'single replacement method', which carried far higher risks than gradual reconstruction, but with more presentable results.¹⁸

Although the operation initially appeared successful, 'Both the chest area and the denuded face became infected' and 'metastatic abscesses occurred in various

¹⁸ Harold Gillies, *Plastic Surgery of the Face Based on Selected Cases of War Injuries of the Face Including Burns, with Original Illustrations* (London: Oxford University Press, 1920), p. 364.

regions’, leading to Lumley’s death twenty-four days after the operation, at the age of 25.¹⁹ At this point, Gillies admits, ‘the author feels that his desire to obtain a perfect result somewhat over-rode his surgical judgment of the general condition of the patient.’²⁰ It is here that the question is raised of how a seasoned and compassionate surgeon like Gillies could allow aesthetic perfection to supersede considerations of human life. My preliminary source-criticism provided a possible answer – the environment of intense professional competition.

James’ death in *The Battalion of Dandelions* was inspired by Lumley’s case. It is a key dramatic moment that acts as a turning point in the primary protagonist, Walt’s, character arc, but it is also a sobering picture of the dangerous positions that servicemen were placed in during the surgeon’s constant quest for new methods that would produce improved aesthetic results. The scenes that build up to James’ death were constructed using archival material; Queen’s patient Private G’s case file showed that he had a similar facial injury to James and, after his second operation, developed pneumonia. Signs of his declining condition included ‘frequent fits’ and a raised temperature, two of the symptoms that were mirrored in James’ diminishing health.

It is important to comment here that *The Battalion of Dandelions* is not a biographical film, but a fictional narrative built from archival material pertaining to a number of World War One servicemen’s lived experiences. There were both ethical and creative reasons for this: ethically, none of the patients treated at Queen’s were alive to give permission for their medical history to be shared for filmic purposes, and creatively, I was unable to locate sufficient material to produce detailed descriptions of

¹⁹ Gillies’ Archives, The Royal College of Surgeons of England, MS0513/1/1/22, ‘British Patient Files – Lilley, S to Mahoney, E’, 1915-c 1925.

²⁰ Gillies, *Plastic Surgery of the Face*, p. 364.

the life events of multiple servicemen whose lives interweaved, as my desired narrative scope demanded.

The Battalion of Dandelions, then, is the result of historical fact combined with imagination, but its fictional elements do not offset its potential to make a transformative contribution to the viewer's understanding of history. James' death was constructed using medical notes from World War One, and therefore contains truths that represent lived experiences. The application of imagination does not detract from this.

Elton characterises the application of imagination as a defining difference between the working process of the creative writer and the historian, elevating the historian's work in regard to its dedication to historical events: 'The student, and especially the producer, of literature, be it prose or verse, is engaged in putting forward constructions informed by his imagination and free will; the historian is not allowed to invent convenient detail to make a convincing story and, confronted by his evidence, has very little free will.'²¹

However, in his 1946 essay 'The Historical Imagination', R.G. Collingwood identifies engagement with imagination as one of the most prominent *similarities* in the relationship between these two specialisms:

Each of them makes it his business to construct a picture which is partly a narrative of events, partly a description of situations, exhibition of motives, analysis of characters. Each aims at making his picture a coherent whole [...]. The novel and the history must both of them make sense; nothing is admissible in either except what is necessary, and the judge of this necessity is in both cases the imagination. Both the novel and the

²¹ Elton, *Return to Essentials*, pp. 62.

history are self-explanatory, self-justifying, the product of an autonomous or self-authorizing activity; and in both cases this activity is the *a priori* imagination.²²

James' death in my screenplay was both historically and creatively necessary to serve the plot. Historically, my narrative needed to represent the fact that risks accompanied every procedure, especially in regard to post-surgery infection, and pneumonia appeared multiple times as a contributing factor to death after surgery. Creatively, imagination demanded that James play a different part in Walt's story to Victor or Freddie. A trigger event large enough to instigate Walt's emotional deterioration was necessary to continue to move the plot forwards, and James' character was a supporting crutch to Walt's composure that would serve the narrative most effectively by departing from it early on. The archives supported the likelihood and nature of his death, but it required imagination to interpret how his loss would impact the progression of the narrative.

In his book, Evans draws attention to the fact that 'Archives are the product of the chance survival of some documents and the corresponding chance loss or deliberate destruction of others.'²³ What this means is that archives do not provide an even coverage of history, so it follows that, during historical research, the historian must often be forced into the realms of contextual interpretation. Interpretation demands imagination, so each time an historian interprets a meaning from archival material, or uses existing archival information to piece together and explain an unrecorded portion of history, they demonstrate that the work of the historian can be as fictive as the work of the creative writer. This does not mean that their work cannot contain levels of truth,

²² R.G. Collingwood, *The Idea of History* (Oxford: Oxford University Press, 1946), pp. 245-246.

²³ Evans, *In Defence of History*, p. 87.

but the same acknowledgment must equally be afforded to the work of the creative writer.

Collingwood additionally wrote on the *differences* between the work of the creative writer and the historian. He argued that ‘The novelist has a single task only: to construct a coherent picture, one that makes sense. The historian has a double task: he has both to do this, and to construct a picture of things as they really were and of events as they really happened. This further necessity imposes upon him obedience to three rules of method, from which the novelist or artist in general is free.’²⁴ The creative writer whose narrative is not based in an historical period, or constructed using archival material, may well be free from the following three rules, but I will outline how I, as a screenwriter, was bound in a similar way to the historian:

- 1) ‘First, his picture must be localized in space and time.’ – *The Battalion of Dandelions*’ aim was to explore the experiences of the disfigured servicemen of World War One in Britain, and so was tied to a specific place and time period.
- 2) ‘Secondly, all history must be consistent with itself.’ – Every aspect of *The Battalion of Dandelions* had to stand in relation to the topographical features of Queen’s Hospital and the chronology of World War One and developments in plastic surgery.
- 3) ‘Thirdly, and most important, the historian’s picture stands in a peculiar relation to something called evidence.’ – All of the character constructs and events that occurred within my narrative were created in consideration of archival evidence, and can be justified by an appeal to that evidence.²⁵

²⁴ Collingwood, ‘The Historical Imagination’, p. 246.

²⁵ Collingwood, ‘The Historical Imagination’, p. 246.

The methods of the creative writer and the historian can, of course, differ, and it cannot be denied that the historian is considerably more constricted in their writing by the dictation of historical evidence. However, these specialisms can also often intersect, and when building a narrative from archival evidence the creative writer must abide by many of the rules that the historian also follows. One such rule is being careful to construct a fair depiction when representing historical figures.

Major Gillies is the only character in *The Battalion of Dandelions* that is based on a real person – Queen’s lead surgeon, Sir Harold Gillies. An important secondary character in Walt’s story arc, Gillies’ character not only acted as a representation of the man himself in *The Battalion of Dandelions*, but also as a useful narrative tool. He only appears in two sequences of *The Battalion of Dandelions*, but each time that he enters a scene he brings with him a change in dramatic tension, facilitating an organic narrative shift from the question of Walt’s past to the question of his present.

Although I had intended to create a narrative composed of entirely fictional characters, findings during my archival research resulted in a deep fascination with Gillies, and the vital part he played in the founding and success of Queen’s Hospital. I decided that he had to be recognised within my narrative, and the considerable amount of archival material on his character, coupled with his tertiary status within my story, meant that his inclusion did not present the same ethical or creative issues as biographical representations for the protagonists.

Descriptions like the following, by fellow Queen’s surgeon Sir Archibald H. McIndoe, allowed me to begin to understand the depth of Gillies’ character, and his exceptional talent:

A dynamic if unorthodox teacher, he impresses by paradox, invective, cajolery, and teasing raillery. He is an indifferent public speaker, an incorrigible practical joker, an amateur artist of moderate capacity [...] and the best plastic surgeon in any country. In return his hosts of friends praise him for his achievements, damn and curse him for his unpredictability, his incurable lateness, and fiendish sense of humour.²⁶

Pat Barker has written multiple novels that blend historical figures with fictional characters, such as Wilfred Owen and Siegfried Sassoon in her *Regeneration* trilogy, and Henry Tonks in her *Life Class* trilogy.²⁷ During an interview with Rob Nixon, Barker makes an important point regarding the creative writer's responsibility to retain a constant awareness of misrepresentation when including an historical figure in their narrative.

Barker argues that, 'if you use the actual name you have the historian's responsibility to be fair. [...] You can't say something terrible about Sassoon which is not true – [...] You couldn't because you're using the man's name. If you'd called Rivers "Bridges" and Sassoon "Smith," you could say anything you liked.'²⁸ The anonymity of a fictional character *inspired* by history brings with it a higher level of creative license for the writer, but, in using Gillies' real name, I had to remain aware of representing a fair impression of his character. The primary method of achieving this is to follow the guidance of archival material, and avoid any divergence from what the majority of records suggest about a person's character.

²⁶ Sir Archibald H. McIndoe, 'Sir H. D. Gillies, C.B.E., F.R.C.S.', *British Journal of Plastic Surgery*, 2.2 (1949), 75-77 (p. 76).

²⁷ Pat Barker, *Regeneration* (New York: Viking Press, 1991); Pat Barker, *The Eye in the Door* (New York: Viking Press, 1993); Pat Barker, *The Ghost Road* (New York: Viking Press, 1995); Pat Barker, *Life Class* (London: Hamish Hamilton, 2007); Pat Barker, *Toby's Room* (London: Penguin Books, 2012); Pat Barker, *Noonday* (London: Penguin Books, 2015).

²⁸ Rob Nixon, 'An Interview with Pat Barker', *Project Muse*, 45.1 (2004), vi-21.

Gillies' reputation as an exceptional and positive-minded surgeon, who often affectionately called his patients 'Sonny', are what history remembers, and they are the qualities that I attempted to convey in my representation of Gillies in *The Battalion of Dandelions*.²⁹ His dialogue may be constructed using imagination, but it can still be historically true to the man's character.

Andreas Boldt argues in his essay, 'Ranke: Objectivity and History', that the 'power of great novels is not that they are fiction; it is that they are true', and suggests that the reason authors' novels, sometimes centuries old, continue to be read, 'is not because the names and places are necessarily true, but the story itself is. And the truth in their fiction makes their novels more powerful than any other book.'³⁰ Fact is sewn within the fiction of my narrative, and although it is not meant to be biographical, as a representation of facial injury and trauma during World War One, it is intended to contain truth. This truth is what gives *The Battalion of Dandelions* the potential to make a transformative contribution to audience members' understanding of the disfigured servicemen's place within Great War history, which was one of my primary motivations for pursuing this thesis.

Historians embark upon their research in an effort to shed new light on past events, or expose a completely untold portion of history. The experiences of facially-injured Great War servicemen have remain overlooked after more than a century in our nation's film culture. Theirs is a story of sacrifice, pain and perseverance that needs to be uncovered, and visual anxiety within society regarding disfigurement should not limit their potential for commemoration to written formats alone. This assertion is what

²⁹ 'Great War Stories 1 – Harold Gillies and Henry Pickerill', *NZ on Screen* <<https://www.nzonscreen.com/title/great-war-stories-gillies-pickerill-2014/quotes>> [accessed 03 March 2019].

³⁰ Andreas Boldt, 'Ranke: Objectivity and History', *Rethinking History: The Journal of Theory and Practice*, 18.4 (2014), 457-474 (p. 463).

drove me to tell their stories through a screenplay containing shooting methods that challenge conventional monstrous aesthetics of disfigurement (discussed further in Chapter Two).

The Archives: Approaching and Applying History

In order to construct the narrative arcs of my four primary characters – Walt, Freddie, James and Victor – I needed material from the archives that delved deeper into the mental and emotional state of facially-injured patients at Queen’s. The Liddle Collection, compiled by Dr Peter Liddle, contains a collection of six essays written by facial patients during their treatment at the hospital. Each patient wrote detailed accounts of their experiences since the war began, providing diverse outlooks on both war and facial injury. The essays that showed the most distinct contrasts in perspective were those of Private Wordsworth and Private McGowan.³¹

Private Wordsworth enlisted voluntarily on 24th January 1916, and served with the 8th battalion of the Yorkshire and Lancashire regiment. Five months after enlisting he was posted at the Somme, and on 1st July he suffered the ‘loss of [his] left eye combined with a g[h]astly disfigurement.’ In his essay, Wordsworth insists that his wartime experiences were ‘of an unpleasant nature’, and describes his facial wound as ‘one of the worst afflictions that can befall any person’.³²

³¹ The Liddle Collection, University of Leeds, LIDDLE/WW1/GA/WOU/34, ‘6 Mss Essays by Patients with Facial Injuries in Sidcup Hospital’, 1922.

³² LC, U of L, LIDDLE/WW1/GA/WOU/34, ‘6 Mss Essays’, Private Wordsworth – Essay 2, pp. 7-8.

Private McGowan enlisted slightly later than Wordsworth, on 24th May 1916, but served 17 months longer with the 1/6 battalion of the Black Watch. After almost two years of service, McGowan was posted to Cambrai where he ‘was struck sideways on the face with an explosive bullet’. He was taken prisoner by the enemy and dispatched to a German dressing station where he was ‘thrown on a heap of stones that was [his] bed’, then sent to a prisoner of war camp where he ‘nearly died of hunger.’³³

Despite his distressing experiences, unlike Wordsworth, McGowan’s account exudes positivity. He writes about ‘the great things that have happened since 1914’ being ‘like some great phenomenon’, and states that he was ‘proud to think that [he] was wounded fighting’.³⁴ The content of these essays proves that human reactions to potentially traumatic experiences can be highly diverse. In his essay, McGowan suggested that ‘soldiering’ was only enjoyable ‘to those who adapted [to] it in the proper manner’, and this comment moved me to question how a person’s ability to cope with challenging circumstances in civilian life might indicate towards their chances of adjusting to life at war.³⁵

New narrative possibilities in the form of backstories began to arise for my characters, exploring the idea of civilian disposition impacting wartime outlook. While James was a professional soldier from a military family, raised to idolise army life, Victor was a socially insecure professional pianist. He was in no way suited, or able to adapt, to a soldier’s life, so while James perceived his injury as a mark of honour, for Victor it was another sacrifice that he had not volunteered to make. There are hints within the narrative to these backstories, but they were primarily constructed to help

³³ LC, U of L, LIDDLE/WW1/GA/WOU/34, ‘6 Mss Essays’, Private McGowan – Essay 1.

³⁴ LC, U of L, LIDDLE/WW1/GA/WOU/34, ‘6 Mss Essays’, Private McGowan – Essay 1, pp. 8-9.

³⁵ LC, U of L, LIDDLE/WW1/GA/WOU/34, ‘6 Mss Essays’, McGowan, p. 9.

me, as a writer, flesh out my characters, and gauge how they might react to different circumstances in order to form their diverging character arcs.

These conflicts of opinion regarding injury do not need to be resolved within the narrative, because it is the presence of opposing views and experiences that give characters and storylines a greater sense of realism in film. Some men enjoyed the war while others lamented their part in it, just as some came home with solely physical wounds while others returned with symptoms of serious psychological damage.

In the February of 1915, the term ‘shell shock’ was first coined in an edition of the British medical journal *The Lancet*.³⁶ Shell shock had initially been devised to give a name to the physical trauma caused by shells at the front, but the additional importance of psychological trauma quickly became clear to medical professionals, and shell shock soon became synonymous with traumatic neurosis.³⁷ Both Walt and Victor present symptoms of shell shock in *The Battalion of Dandelions*. While I will discuss trauma theory in film in Chapter 3 of this thesis, at present I will focus on how archival evidence of trauma contributed to character constructs within my narrative.

Major William Brown, a British psychologist who commanded the ‘Not Yet Diagnosed Nervous’ (NYDN) centre for the Fourth Army on the Somme between November 1916 and February 1918, advised that shell shock was capable of generating forms of considerable physical dysfunction.³⁸ The medical film *War Neuroses*, made by Major Arthur Hurst between 1917-18, supports this assertion.³⁹ It documents the

³⁶ Charles S. Myers, ‘A Contribution to the Study of Shell Shock’, *The Lancet*, 185:4772 (1915), 316-320.

³⁷ S. Alexander, ‘The Shock of War: The First Catastrophic Conflict of the 20th Century Gave Rise to Shell Shock. The Diagnosis Remains Controversial to this Day’, *Smithsonian*, 41.5 (2010), 58-66.

³⁸ ‘Not Yet Diagnosed Nervous’ was a medical term for suspected shell shock during World War One; William Brown, ‘The Treatment of Cases of Shell Shock in an Advanced Neurological Centre’, *The Lancet*, 192: 4955 (1918), 197-200.

³⁹ ‘*War Neuroses* Version B Reel 1 (1917-1918)’, *YouTube* <<https://www.youtube.com/watch?v=lrRU37beCJ4>> [accessed 13 August 2018]; ‘*War Neuroses* Version B Reel 2 (1917-1918)’, *YouTube* <<https://www.youtube.com/watch?v=HYW5WaJrK4>> [accessed 13 August 2018].

movement disorders suffered by patients at the Royal Victoria Hospital in Netley as a result of combat trauma. I used this film as a source from which to determine how Walt and Victor's physical symptoms would materialise in *The Battalion of Dandelions*.

War Neuroses includes depictions of twenty-one servicemen with different movement disorders, including lateral tremors of the head, facial spasms and hysterical gaits. The text that precedes the clip of Private Preston, aged 19, explains that he is suffering from 'Amnesia, word blindness and word deadness, except to the word "bombs."' When the clip begins, Preston is shown hardly responding to the doctor sitting in front of him, until his trigger word is said. Preston immediately moves from his docile sitting position to a hyperaware state, hiding beneath his bed. He gradually reappears, nervously surveying the room, and it is clear from his glassy expression that he is still detached from his present surroundings.

Walt's shell shock symptoms included a periodical tremor and amnesia from my initial draft outline. The addition of a word trigger came after viewing Hurst's film, because of the dramatic possibilities that it presented. In Sequence B of *The Battalion of Dandelions*, the first time that Walt hears the word 'bomb' after his injury, he experiences a sensory overload of fear and loses his connection with reality. The idea that one word could have the power to derail a film's protagonist at any moment provides a conflict of potential regression each time Walt appears to be moving forward from his past. It also provides the dramatic question of whether Walt will ever overcome his instinctive reaction. This uncertainty acts as one of the threads that ties my sequences together as, no matter how much time passes, Walt is still haunted by the possibility of being reduced to that same state of vulnerability. As for many servicemen, some symptoms of Walt's shell shock are never resolved, at least within the time frame of my narrative.

Victor's contracture of the hand as a physical symptom of shell shock was inspired by the clip of an unnamed serviceman, who is described in Hurst's film as having a 'Hysterical contracture of [the] hand persisting 35 months after [the] wound near [his] elbow.' The clip shows three fingers of the patient's hand, excluding his thumb and index finger, curled in and clasped tightly to his palm. Victor's efforts in *The Battalion of Dandelions* to shake the stiffness out of his hand mirror the attempts by the unnamed serviceman in Hurst's video, whose fingers always twitch sharply before returning to their contracted state.

It was not until I saw this clip that I envisioned what would become some of the defining elements of Victor's story arc. In my original sequence outline, Victor's primary conflict was adapting to deafness, but I began to consider how contracture of the hand could be combined with a new facet of Victor's character to create moments of dramatic impact. This is when his musical past began to weave itself into my narrative, supporting the gentle and artistic qualities that existed in Victor's original character outline.

Scene 50, where viewers realise that Victor is a professional pianist, is designed to add a new dimension to his mental and physical damage. No longer able to hear music owing to his injuries, or to play owing to his contracted hand, Victor becomes more than a disfigured serviceman. He becomes a talented man bereft of an intrinsic part of his identity and his means of earning a living.

My next narrative challenge was to determine how, or if, Victor's physical symptoms would be resolved, and for possible answers I looked to articles from World War One newspapers.⁴⁰ I chose to focus my research on articles from *The Daily Mirror* and *The Daily Express* in particular because, although they were both popular daily

⁴⁰ 'The Best British Newspaper Archive on the Web', *ukpressonline* <www.ukpressonline.co.uk>.

newspapers of the time aimed at lower-middle or working-class households, they held different political ties and content commitments.

The *Daily Mirror* had a strong relationship with Labour and the trades union movement during the Great War, dividing its content between war updates, advertisements, human interest articles and short stories. The *Daily Express*, on the other hand, was primarily aimed at Conservative households, committing a much higher percentage of its content to war related information, such as servicemen's stories, updates on casualties, and advertisements for enlisting in the forces.⁴¹ Despite their political differences, both papers would have shared an obligation to remain patriotic during wartime.

Reporting on the realities of shell shock could have been damaging for both public morale and enlistment, but both papers found a way to treat the condition as a serious potential consequence of warfare *without* raising public alarm, most noticeably by placing information about shell shock within advertisements for cures. Such remedies included the widely advertised 'Phosferine', a tonic medicine that claimed to be the serviceman's 'only effective check' to shell shock, 'a novel treatment of baths with continuously flowing water', and a revolving wheel that claimed to cure shell shock by bringing 'before the eye a constant succession of different colours'.⁴²

There was another claimed cure for shell shock that could not be sold, but often occurred purely by accident for the sufferer. In the June 20th 1916 edition of *The Daily Express*, there was an article about Private McNulty from the Inniskilling Fusiliers, who had lost his speech owing to shell shock. After two months of electrical treatment he

⁴¹ 'Popular Newspapers During World War I – Brief Portrait of the Papers', *AMPLTD* <http://www.ampltd.co.uk/digital_guides/popular_newspapers_of_world_war_one_parts_1_to_3/Brief-Portrait-of-the-Papers.aspx> [accessed 01 February 2018].

⁴² Sergeant J.Y. Bryant Royal Field Artillery British Expeditionary Force', *The Daily Mirror*, Oct 20, 1915, p. 15; 'Baths for Shell Shock: Soldiers Cured by Flowing Water', *Daily Express*, September 15, 1916, p. 5; 'Revolving Wheel to Cure Shell Shock', *The Daily Mirror*, April 7, 1916, p. 4.

had been declared incurable, but during his journey home on a steam train on which ‘a quantity of galvanised iron was being shipped, [...] one bundle dropped with a tremendous clatter. McNulty uttered a wild exclamation and, to his amazement, found his speech restored in consequence of the unusual noise. In a few minutes he was able to converse freely with his fellow passengers.’⁴³

A Canadian Medical Service officer provided an explanation for such sudden recoveries in the August 27th 1917 edition of *The Daily Express*: ‘There’s nothing miraculous about it. Shell shock or some other severe form of shock has thrown their functional apparatus out of gear, and it is quite a common occurrence for a counter-shock to set the stunned or paralysed nerve operating again.’⁴⁴ Sigmund Freud, a prominent psychoanalyst during World War One, supported return to shock as a therapeutic method for traumatic neuroses by arguing that the forced retrospective of traumatic events within dreams aided psychological recovery.

Freud considered dreams to be ‘the most trustworthy method of investigating deep mental processes.’ He argued that, under the dominance of the pleasure principle, dreams were the hallucinatory manner in which people achieved wish-fulfilment, but this theory was complicated by the fact that it was ‘not in the service of that principle that the dreams of patients suffering from traumatic neuroses lead them back with such regularity to the situation in which the trauma occurred.’

Freud’s answer to this challenge to the validity of the pleasure principle was that ‘the function of dreaming, like so much else, is upset in [traumatic neurosis] and diverted from its purposes’. In this instance it is ‘helping to carry out another task, which must be accomplished before the dominance of the pleasure principle can even

⁴³ ‘Speech Restored by Noise’, *Daily Express*, June 20, 1916, p.5.

⁴⁴ ‘Curatory Shocks’, *Daily Express*, August 27, 1917, p. 2.

begin. These dreams are endeavouring to master the stimulus retrospectively, by developing the anxiety whose omission was the cause of the traumatic neurosis.⁴⁵ If, as Freud suggests, the omission of anxiety towards a traumatic event is a key component of traumatic neuroses, then it stands to reason that revisiting shock would aid psychological recovery.

In line with Freud's theory, stories continued to appear in World War One papers about men who had been counter-shocked into being cured. These stories influenced Scene 103 in *The Battalion of Dandelions*, where Victor sits at Freddie's piano after his attack. The shock of his beating is so severe that, for the first time in the film, Victor realises that his usually contracted fingers are extended. The dramatic impact of a positive development within negative circumstances reaches its climax when Victor finally manages to play the piano to his old proficiency, the final act before his death. Members of the audience are made witnesses to a moment of great poignancy as a man who has been rendered voiceless, only able to express himself through silent signing, is suddenly re-gifted with a form of lyrical expression that reconnects him with his pre-trauma identity.

Physical disorders were not the only symptoms of trauma that could be cured by counter-shock. There were also instances where servicemen with amnesia could find their memory returned after an emotional collision with something unexpected. In 1918, Rebecca West published her first novel entitled *Return of the Soldier*, in which a shell-shocked soldier, Chris, returns home with severe amnesia. The narrative ends with Chris being reminded of the trauma of losing his two-year old son, a forced recollection so distressing that it instigates a counter-shock that returns his memories to him.⁴⁶

⁴⁵ Sigmund Freud, *The Freud Reader*, ed. by Peter Gray (London: Vintage, 1995), p. 598, p. 609; The Pleasure Principle is Freud's theory that people instinctively satisfy their biological and psychological needs by seeking pleasure and avoiding pain.

⁴⁶ Rebecca West, *Return of the Soldier* (London: The Century Company, 1918).

Trauma is a common trope in World War One literature and film, but while many narratives afford shell-shock the power of permanency, West's novel suggests that its symptoms can be cured. However, as Chris's amnesia is also protecting him from recollecting highly distressing memories, returning to the danger of the front and confronting the reality of his loveless marriage to the superficial Kitty, West's novel raises the question of whether the remedy is always better than the symptom. One defining example of this is when Chris' doctor, whose life is healing people of their illnesses, admits: 'It's my profession to bring people from various outlying districts of the mind to the normal. There seems to be a general feeling it's the place where they ought to be. Sometimes I don't see the urgency myself.'⁴⁷ The greatest tragedy of West's novel turns out to be, not Chris' amnesia, but his return to memory, as he is afflicted with the burden of his recollections and made fit to resume his war duties.

Ian's appearance in Walt's dreams, alongside fragmented flashbacks, represent his mind's attempt to recover what was lost, but it is not until Walt experiences the counter-shock of seeing his disfigured face for the first time that his amnesia is partially cured. The tragedy of this cure, as in West's novel, is that Walt was more emotionally stable before his recollection. Unlike Chris, Walt's memories remain confused. He recalls Ian committing suicide rather than the reality of the event, which was that he fired the gun himself as an act of mercy towards a man he loved.

Brotherhood is an important theme in *The Battalion of Dandelions*, as it was during the Great War itself. Men were forced to form bonds in violent and often desperate circumstances in order to survive, not only physically, but also mentally. Walt's act of shooting Ian, who was not only his brother-in-law but also his brother-in-arms, forces the viewer to confront one of the most uncomfortable realities of war: the

⁴⁷ West, *Return of the Soldier*, p. 168.

human body could be reduced to a state where dying was considered a greater mercy than living.

Whilst *Return of the Soldier* uses counter-shock as a resolution to the narrative, I applied it in the first act of *The Battalion of Dandelions* – when Walt sees his reflection – as a means of creating an early dramatic climax that could then be developed. Audience members are led to believe that they know the truth of Ian’s death in Act I to allow for a dramatic twist in Act III. Rather than following a smooth, linear curve, Walt’s narrative arc takes on sharp angles that reflect the disjointed and unpredictable nature of trauma (further discussed in Chapter 3), and the difficult question faced by each of the main characters of whether it is better to be alive but disfigured, or dead but physically intact – if only in people’s memories.

The prejudices my characters experience as they re-enter society are drawn from archival accounts that demonstrate intolerance towards disfigured servicemen based on their appearances – a strong example of which can be found in Ward Muir’s 1918 book, *The Happy Hospital*. Muir, who was an orderly at the 3rd London General Hospital during World War One, makes multiple derogatory references towards servicemen with facial injuries, describing in one instance how, ‘To talk to a lad who, six months ago, was probably a wholesome and pleasing specimen of English youth, and is now a gargoyle, and a broken gargoyle at that [...] is something of an ordeal’. Rather than a casualty of war, he classifies the disfigured serviceman as a visual torment for common society, akin to a grotesque monster.⁴⁸

Muir’s language repeatedly dehumanises the disfigured serviceman, but his prejudiced outlook was conditioned by the society in which he was living. Beatriz Pichel reasons in her essay, ‘Broken Faces: Reconstructive Surgery During and After

⁴⁸ Ward Muir, *The Happy Hospital* (London: Simpkin, Marshall, Hamilton, Kent & Co, 1918), p. 144.

the Great War’, that the cultural preference of viewing amputation over disfigurement during World War One rested on the fact that ‘disfigured faces had a stronger connection to the violence of war than [...] the loss of limbs, which were already well-known in a civilian context.’⁴⁹ By 1914, amputation had existed for thousands of years, but before the Great War, severe facial injury on the field had been a death sentence.⁵⁰ During World War One, developments in weaponry were met by advancements in medical care on the front, saving the lives of an unprecedented number of facially-injured servicemen, and presenting British society with an entirely unfamiliar type of war casualty.⁵¹

There are accounts from descendants of Queen’s patients, collected in the archives of Dr Andrew Bamji, that relay the prejudices and acts of discrimination that some servicemen experienced as they attempted to reintegrate themselves into British society. These ranged from an inability to gain employment, to severe verbal abuse.⁵² Facial patient Harold Twinn’s granddaughter relates that, when her grandfather and his wife had a child, ‘people crowded around the pram, expecting the baby to have inherited his father’s deformities’, as many believed that a wounded man had the same chances of producing a disfigured child as one with a genetic condition.⁵³

In her essay ‘Medical Archives and Digital Culture’, Suzannah Biernoff argues that such public aversion to facial disfigurement ‘was then (and still is) characterized by visual anxiety’, evident in the ‘relative invisibility of disfigured servicemen in the

⁴⁹ Beatriz Pichel, ‘Broken Faces: Reconstructive Surgery During and After the Great War’, *Endeavour*, 34.1 (2010), 25-29 (p. 26).

⁵⁰ John R. Kirkup, *A History of Limb Amputation* (London: Springer, 2006), p.6.

⁵¹ ‘How do You Fix a Face That’s Been Blown off by Shrapnel?’, *BBC* <<http://www.bbc.co.uk/guides/zxw42hv>> [accessed 10 October 2015].

⁵² ‘Queen’s Hospital Sidcup: Patients with Follow-Up’, Interviews conducted by Dr Andrew Bamji [accessed 20 July 2017].

⁵³ ‘Queen’s Hospital Sidcup: Patients with Follow-Up – Harold Twinn’, Bamji [accessed 20 July 2017].

press and propaganda' of World War One.⁵⁴ Although there is evidence of newspaper articles reporting on facial patients at hospitals like Queen's, their disfigured faces are almost always either omitted from print, or covered over with bandages or masks.

Francesca Kubicki suggests that anxiety regarding the disfigured face was based, in great part, on the injury's location on the body. In her essay, 'Recreated Faces: Facial Disfigurement, Plastic Surgery, Photography and the Great War', Kubicki argues that the face is 'a crucial part of our identity, a visual representation of the self', and that the foremost aim of reconstructive surgery was to attempt to 'restore the young soldiers' identities as men', thereby 'recreating a man's place in society and his humanity'.⁵⁵

In *Totality and Infinity: An Essay on Exteriority*, French philosopher Emmanuel Levinas builds a theory of ethics based upon the face, arguing that an encounter with the face is an encounter with the Other's whole person. He believed that the face-to-face encounter transcended commonly recognised forms of communication, such as speech or facial expressions, as 'Meaning is the face of the Other' itself, 'and all recourse to words takes place already within the primordial face to face of language.' This intangible language, conjured by the wholeness of the face, is man's gateway from being viewed as an object to a subject, as it possesses a mark of holiness that expresses 'the dimension of height and divinity from which [man] descends'. As such, Levinas posits that the face conjures a sense of moral obligation between humans, which commands an ethical response.

However, if we consider Levinas' theory in relation to a face that has been disfigured, it could be argued that the presence of disfigurement disrupts the face-to-

⁵⁴ Suzannah Biernoff, 'Medical Archives and Digital Culture', *Photographies*, 5.2 (2012), 179-202 (p. 188).

⁵⁵ Francesca Kubicki, 'Recreated Faces: Facial Disfigurement, Plastic Surgery, Photography and the Great War', *Photography and Culture*, 2.2 (2009), 183-194 (pp. 193-194).

face encounter by damaging the wholeness of the face and concentrating our attention on the disfigured surface. This, in turn, breaks the divine command to act ethically, potentially explaining why so many servicemen experienced morally unjust discrimination after facial injury.⁵⁶

Facial injury was viewed as one of the strongest symbolic manifestations of the ‘horror of war’ during World War One, and there was not only a culture of dehumanisation towards the disfigured serviceman, but also one of emasculation.⁵⁷ This is most evident in the distribution of pensions for injured World War One servicemen, which Joanna Burke explains in her book *Dismembering the Male*: ‘What was being compensated was ‘loss of amenity’, not ‘loss of working capacity’.’ Each part of a man’s body was allocated a moral weighting based on the degree to which it prevented a man from ‘being’ a man, rather than ‘acting’ as one. As a result, men who had ‘suffered severe facial disfigurement were said to have a 100 per cent disability (worth a pension of 27s. 6d.)’, and were forced into a position where, by accepting their pensions, they were also accepting their emasculated status.⁵⁸

As a character, Freddie represents the many disfigured servicemen who fought back against a barrage of prejudices after the war, as they attempted to regain some semblance of normality in their lives. Walter Ashworth had been a tailor before the conflict began, and had been assured that he could return to his job when the war ended. The scene in which Freddie attempts to return to his previous level of employment, but is instead offered a junior position due to his injuries, was inspired by the account that Ashworth’s daughter gave of when he returned home to reclaim his promised position:

⁵⁶ Emmanuel Levinas, *Totality and Infinity: An Essay on Exteriority* (Berlin: Kluwer Academic Publishers, 1991), p.206, p. 262.

⁵⁷ Francesca Kubicki, ‘Recreated Faces’, p.184.

⁵⁸ Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London: Reaktion Books, 1996), p. 65.

‘they had not expected him to have facial scars and so refused to let him work in front of shop as a tailor, and relegated him to the back of shop where he was demoted to simple jobs.’⁵⁹

Ashworth experienced prejudice in every area of his life. He lost his professional position and, ‘after being wounded, his fiancée called the engagement off.’ Ashworth could have allowed these events to leave him resigned and isolated, but instead moved forward with his life, to now be described by his granddaughter as having been ‘an extremely popular man, very dapper’, who ‘always carried himself proudly and without embarrassment and socialised a great deal.’

A substantial amount of material exists in the archives that reflects the medically perilous, or socially destructive aspects of life as a disfigured serviceman during World War One, but many men overcame these challenges to lead personally and professionally successful lives. Trauma and conflict are useful for developing inciting incidents and dramatic climaxes within a screenplay, but such elements are ineffective if not accompanied by an ebb and flow in dramatic tone. To avoid creating a one-dimensional narrative, positive elements of progression, or moments that represent some level of comfortable familiarity, must also be acknowledged for their place within the story.

Queen’s Hospital was a medical institution that understood that recovery was based on a number of factors, alongside medical health. It was equipped to offer a variety of activities both recreational and in terms of professional development for its patients, including farm work, tennis courts and dentistry workshops. Postcards from the hospital depict a rural setting with a relaxed, domesticated atmosphere, in direct

⁵⁹ ‘Queen’s Hospital Sidcup: Patients with Follow-Up – Walter Ashworth’, Bamji [accessed 20 July 2017].

contrast to the circumstances many men would have experienced at the front (see Figures D-G).⁶⁰

Figure D



Figure E



⁶⁰ BAPRAS/G/26/65, The Gillies Archives, The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS); BAPRAS/G/26/58, The Gillies Archives, BAPRAS; BAPRAS/G/26/84, The Gillies Archives, BAPRAS; BAPRAS/G/26/41, The Gillies Archives, BAPRAS.

Figure F**Figure G**

Scenes of comfort and frivolity existed alongside trauma through humour and comradeship, because Queen's was an institution where servicemen could heal more than just their physical wounds. The on-site opportunities at Queen's gave its patients the chance to re-build their sense of inner-value and learn new skills, such as dentistry and photography, which would afford them greater opportunities to support themselves and their families outside of hospital.

Setting is not only the visual backdrop of a screenplay, it plays an active part in the tone of the story as characters react not only to each other, but also to their surroundings. Queen's was an environment where men could reconnect with a normality that had been lost to conflict. It was a place where, even though their medical treatment could include high levels of risk and discomfort, recreational time offered opportunities for self-progression and camaraderie.

Recognition of the different tones of the disfigured servicemen's experiences was how I took my narrative from a two-dimensional story, inspired by events in history, to a three-dimensional exploration of the complexities of the human experience: the question of whether to live or die, the responsibility that one person takes for another's wellbeing and what it means to kill another human being, whether it be as a professional requirement or an act of compassion.

Conclusion

During the drafting process of *The Battalion of Dandelions* I utilised two different structural methods, developing my screenplay's plot outline from a three-act paradigm to a sequence paradigm containing eight sequences. Ultimately, the superior method in mapping out and managing narrative elements for my feature-length film was the sequence paradigm, due to the fact that it afforded me a clearer outline in which to manage narrative elements such as character development and dramatic pacing.

The archives provided me with a variety of different historical materials with which to create this narrative, but it was through the application of Ranke's methods of

source-criticism that I was able to select and interpret these materials to greatest effect. I have argued within this chapter that, though the methods of the creative writer and the historian can differ in the levels of their freedom of interpretation, they can also heavily intersect in how they construct historical narratives using archival evidence. In particular, this chapter has attempted to support the assertion that the creative writer can, and should, apply methods of source-criticism created for use by the historian in order to avoid misjudgement and misuse of materials when employing archives to create an historical narrative.

My sequence outline was in a continuous state of transformation during my archival research as new findings created possibilities for every narrative element, from character tensions to conflict resolutions. Historian or creative writer, the way that a person interprets archival materials is subjective and, as a result, each narrative gives its own unique imprint to events within history. The process of research outlined in this chapter resulted in the selection and application of archival material to a screenplay that will act as the first imprint on the narrative of the British facially-injured servicemen of World War One in film.

MONSTER TO MAN: THE AESTHETICS OF FACIAL DISFIGUREMENT

Introduction

In *Saving Face: Disfigurement and the Politics of Appearance*, Heather Laine Talley explores the singular importance of the face in human physiology and society. She describes how the face ‘mediates each of our “five senses” or methods of perception’, while simultaneously acting as ‘a means of communication, a marker of identity and personhood, a signifier of social status, and a form of capital.’⁶¹ People are defined and valued by their facial appearance, and disfigurement undermines this value because of stigmas relating to those ‘whose appearance is at odds with dominant conventions of attractiveness.’⁶² Talley suggests that ‘It is not the face that needs fixing, but rather it is “the society” that deems the face abject that needs fixing. Such “solutions” are not uncommon, but the path for accomplishing this sort of solution is not altogether clear.’⁶³

The Battalion of Dandelions is written as a shooting script and constructed as an experiment in how cinematic techniques can affect the representation of disfigurement in film. This chapter will explore how devices such as camera angles, lighting and exposure have been used in order to encourage specific emotive reactions from the viewer in films featuring a disfigured character, and how lessons drawn from these examples informed the techniques used in my screenplay.

The first forty scenes of *The Battalion of Dandelions* employ techniques that I have identified from the horror genre as promoting the monstrous aesthetic, while the remaining scenes feature devices recognised in films within the drama genre for their

⁶¹ Heather Laine Talley, *Saving Face: Disfigurement and the Politics of Appearance* (New York: New York University Press, 2014), p. 13.

⁶² Talley, *Saving Face*, p. 14.

⁶³ Talley, *Saving Face*, p. 44.

humanising effects. The desired result of this experiment in representation is firstly to encourage audience members to slow down their perceptions and reconsider their responses to techniques used to signal monstrosity, and secondly to incite empathy using devices that permit intimate access to the interior spaces of characters that are outwardly disfigured, such as point of view shots.

The Monstrous Face: Aesthetics of Horror

Man, this guy is so burned, he's cooked! A fucking Big Mac, overdone! You know what I mean? And, it's a miracle that he's still alive. If it was me, I'd prefer to be dead. No way I'd want to be this freak. He's a monster, man!

(Orderly about Cropsy in *The Burning*, 1981)⁶⁴

There is a difference between the horror that invites curiosity and that which promotes disgust. In *Powers of Horror: An Essay on Abjection*, Julia Kristeva uses the term 'abject' to refer to the human reaction of horrified revulsion. Kristeva argues that it is 'not lack of cleanliness or health that causes abjection but what disturbs identity, system, order; what does not respect borders, positions, rules.'⁶⁵ When the eyes are presented with such a challenge to convention, the mind's initial reaction may be fascination and desire but, with the innate overwhelming apprehension of abjection, 'desire turns aside; sickened, it rejects.'⁶⁶

⁶⁴ Peter Lawrence, Bob Weinstein, *The Burning*, dir. by Tony Maylam (US: Miramax, 1981).

⁶⁵ *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), p. 4.

⁶⁶ Kristeva, *Powers of Horror*, p. 1; Joseph Stefano, *Psycho*, dir. by Alfred Hitchcock (US: Shamley Productions, 1960).

The first quarter of my screenplay contains cinematic techniques that are intended to promote feelings of abjection towards characters with facial disfigurement. These techniques have been inspired predominantly by a number of films within the horror genre, an emotive genre that, as Thomas M. Sipos identifies in *Horror Film Aesthetics*, is ‘defined by its intent to scare.’⁶⁷

Other genres strive to emotionally stir audiences, but only horror and comedy solicit audiences primarily by promising a specific consistent emotional effect: fear and mirth, respectively. And while other genres depict frightening incidents, only horror spotlights the fearsome, making fear its *raison d’être*. Horror is difficult to peg because it’s an emotive genre, a terrifying blob that absorbs new story conventions from every historical/societal shift. Horror always finds a new scary mask to resonate current concerns, finding the dark side to every wish [...].⁶⁸

The horror genre has absorbed shifting anxieties across the generations, but it is apparent that appearances that deviate from the social norm have remained an enduring source of visual anxiety. *Mystery of the Wax Museum* (1933), *Eyes Without A Face* (1960), *Friday the 13th* (1980) and *28 Days Later* (2002) are only a small selection of horror films from across the generations that have used facial disfigurement as a visual shorthand for monstrosity, but are strong representations of iconic films from different social and political periods that utilise the visually ‘abnormal’ face as a conduit for horror.⁶⁹ These films are not mentioned to provide some sort of

⁶⁷ Thomas M. Sipos, *Horror Film Aesthetics: Creating the Visual Language of Fear* (North Carolina: MacFarland & Company Inc., 2010), p. 5.

⁶⁸ Sipos, *Horror Film Aesthetics*, p. 6.

⁶⁹ Carl Erickson, Don Mullaly, *Mystery of the Wax Museum*, dir. by Michael Curtiz (US: Warner Bros., 1933); Pierre Boileau, Pierre Gascar, Thomas Narcejac, Jean Redon, Claude Sautet, *Eyes Without A Face*, dir. by Georges Franju (France: Champs-Élysées Productions, 1960); Victor Miller, *Friday the 13th*, dir. by Sean S. Cunningham (US: Paramount Pictures, 1980); Alex Garland, *28 Days Later*, dir. by Danny Boyle (UK: DNA Films, 2002).

representative selection, but to give a sense of the range of ways disfigurement has been portrayed in the horror genre.

Each of these films combines period specific anxieties with a facially disfigured antagonist to elicit heightened fear from their audiences. *Mystery of the Wax Museum* features a mad master sculptor, and was released two years after failed artist Adolf Hitler, feared for his aggressive policies, came to power in Germany. *Eyes Without A Face* follows the desperate attempts of a father to graft the faces of his victims onto that of his disfigured daughter, and reflects enduring anxieties regarding loss of identity within French society following Nazi occupation during World War Two. *Friday the 13th* features multiple murders during sexually charged scenes, and was produced at the end of the period known as the ‘sexual revolution’ (1960’s-1980’s), when conflict still raged between those who supported the spread of sexual liberation and those who desired to suppress it. *28 Days Later* was released a year after the events of 9/11, at the dawn of the current ‘war on terrorism’ era, and through its post-apocalyptic setting exploits anxieties within contemporary society regarding the hidden threat that infiltrates and destroys from within.

The ‘disfigured monster’ horror trope appears to have derived from the fear conjured by the perceived ‘otherness’ of disfigurement within society. In *Hollywood from Vietnam to Reagan... and Beyond*, Robin Wood describes the basic formula of the horror film being ‘normality is threatened by the monster.’ He uses the term ‘normality’ to mean ‘conformity to the dominant social norms’, and presents the figure of the monster as ‘the actual dramatization of the dual concept of the repressed/the Other’.⁷⁰

⁷⁰ Robin Wood, *Hollywood from Vietnam to Reagan... and Beyond: A Revised and Expanded Edition of the Classic Text* (New York; Columbia University Press, 2003), p. 68, p. 71.

With these definitions in place, Wood suggests that ‘the true subject of the horror genre is the struggle for recognition of all that our civilization represses or oppresses, its re-emergence dramatized, as in our nightmares, as an object of horror [...] and the happy ending (when it exists) typically signifying the restoration of repression.’ Wood offers the example of sexuality to support this theory, referring to our society’s strong history of demanding ‘the repression of bisexuality [...] and the oppression of homosexuals [...]. What escapes repression has to be dealt with by oppression.’⁷¹ The horror genre has offered insights into this aspect of our culture through films where horror is driven by sexual disgust, including monsters that represent the return of the repressed, in films like *Splice* (2009), or punishment for sexual wantonness, as in *Friday the 13th*.⁷²

Our society has historically employed a similar approach to disfigurement as sexuality in this regard. It has demanded both the repression of monstrous behaviour (e.g. violence or criminality) and, as if there were an inherent connection between the two, supported the oppression of what it considers to be the visually monstrous. For example, between 1867-1974, a number of American cities, including San Francisco and Chicago, put into place ordinances known informally as ‘ugly laws’, which fined people categorised as ‘diseased, maimed, mutilated or in any way deformed so as to be an unsightly or disgusting object’ for appearing in public.⁷³

The disfigured monster aesthetic appears to have been shaped in direct response to such prejudices within our culture, and is evident in the very first horror film produced – a silent short called *Le Manoir du diable* (1896) – which features a hunching

⁷¹ Wood, *Hollywood from Vietnam to Reagan*, p. 64, p. 68.

⁷² Antoinette Terry Bryant, Vincenzo Natali, Doug Taylor, *Splice*, dir. by Vincenzo Natali (USA: Gaumont, 2009).

⁷³ Susan M. Schweik, *The Ugly Laws: Disability in Public* (New York: New York University, 2009), pp. 291-296.

creature with the anatomy of a man, but the movements of an ape.⁷⁴ Such subtle ‘abnormality’ of form as a method of visual discomfort quickly developed over the following decades into striking disfigurements, most notably in the characters of actor and make-up artist Lon Chaney (Sr.).

During the silent era of film, Chaney became known as ‘The Man of a Thousand Faces’, and between 1922 to 1927 alone portrayed four disfigured horror characters: The Ape Man in *A Blind Bargain* (1922), Quasimodo in *The Hunchback of Notre Dame* (1923), The Phantom in *The Phantom of the Opera* (1925) and Professor Edward C. Burke in *London After Midnight* (1927). The period during which these films were produced – in the decade immediately following the end of World War One – is significant when considering the influence that facially-injured servicemen might have had on representations of visual difference.

In ‘Monsters, Masks & Military Mutilation’, Scarlett Butler considers the impact of World War One facial injury on early horror and concludes that, although films like *Phantom of the Opera* do not ‘directly confront or acknowledge the influence of the First World War on their thematic content’, she would argue that they do ‘represent a sideways confrontation of disfigurement.’⁷⁵ Butler comments that ‘What is often noted about Chaney’s Phantom is that his appearance resembled that of facially disfigured veterans’, primarily due to the fact that ‘When his face is revealed the audience sees that Erik’s bulbous eyes sit in dark pits, his cheeks are sunken, his mouth full of jagged teeth and his nose turned up so that his nostrils resemble that of a skull.’

⁷⁴ Georges Méliès, *Le Manoir du diable*, dir. by Georges Méliès (France: Georges Méliès, 1896).

⁷⁵ Scarlett Butler, ‘Monsters, Masks & Military Mutilation: The Influence of the First World War on Horror Cinema’, *Retrospect Journal* <<https://retrospectjournal.com/2018/11/01/monsters-masks-military-mutilation-the-influence-of-the-first-world-war-on-early-horror-cinema/>> [accessed 17 September 2019].

Butler also notes that ‘In particular, the use of a mask to hide the face is reminiscent of the coping strategies initially adopted to conceal facial wounds.’⁷⁶

Beatriz Pichel states, in ‘Broken Faces: Reconstructive Surgery During and After the Great War’, that while amputees could be afforded prosthetic limbs that gave the appearance of wholeness, prosthetics for facial injuries ‘were altogether different as a mask would only hide an individual's true identity’, which could be unnerving rather than comforting.⁷⁷ The painted mask that Chaney’s Phantom wears is highly reminiscent of those produced by artists like sculptor Lieutenant Derwent Wood, who created painted copper masks for disfigured servicemen who were attempting to re-integrate themselves back into British society during and after the First World War.⁷⁸ In Chaney’s *The Phantom of the Opera*, the mask is not employed in this way for its ability to spare the discomfort of the viewer, but for its unsettling effects and shocking potential.

The unmasking of the monster is a commonly used shock technique in horror, and features as such in Chaney’s film when the cover of the Phantom’s mask is abruptly stripped away to reveal his face beneath. Walt’s unmasking in Scene 29 of *The Battalion of Dandelions* exploits the cover of his bandages to the same effect, but contains three additional aspects designed to enhance discomfort in the viewer in the moment that Walt’s injured features are revealed: point of view perspective, shadow and candlelight. These techniques were influenced by an in-depth analysis of two films in particular within the body horror sub-genre that use facial injuries to elicit fear and

⁷⁶ Butler, ‘Monsters, Masks & Military Mutilation’, [accessed 17 September 2019].

⁷⁷ Beatriz Pichel, ‘Broken Faces: Reconstructive Surgery During and After the Great War’, *Endeavour*, 34.1 (2010), 25-29 (p. 26).

⁷⁸ ‘Sculptor Who Makes New Faces For Disfigured Soldiers: Old Appearance Restored’, *The Daily Mirror*, April 6th 1916, pp. 6-7.

revulsion from the viewer: *The Burning* (1981) and *A Nightmare on Elm Street* (1984).⁷⁹

In his book, *The Horror Genre: From Beelzebub to Blair Witch*, Paul Wells defines body horror as ‘the explicit display of the decay, dissolution and destruction of the body, foregrounding bodily processes and functions under threat, allied to new physiological configurations and redefinitions of anatomical forms’.⁸⁰ Xavier Aldana offers a looser definition of the sub-genre in *Body Gothic: Corporeal Transgression in Contemporary Literature and Horror Film*. He describes body horror as one of the most ‘ill-defined terms in gothic and horror studies’, but that it is generally understood that if a text or film ‘generates fear from abnormal states of corporeality, or from an attack upon the body, we might find ourselves in front of an instance of body horror.’⁸¹

Body horror can be recognised in film many years before the term was coined in 1986, in classic horrors such as *The Fly* (1958) and *Eraserhead* (1977). However, the 1980s was a defining decade for the body horror sub-genre, during which such iconic films as *The Evil Dead* (1981), *The Thing* (1982) and *Hellraiser* (1987) were produced. Two films that contributed to this defining decade for body horror, specifically in the category of facial destruction, were *The Burning* and *A Nightmare on Elm Street*.⁸²

In Scene 29 of my screenplay, Walt is grieving the death of his friend and questioning the purpose of his existence after injury. It is in this emotionally distressed state that he decides to find a way to see his face for the first time since arriving at

⁷⁹ Wes Craven, *A Nightmare on Elm Street*, dir. by Wes Craven (US: New Line Cinema, 1984).

⁸⁰ Paul Wells, *The Horror Genre: From Beelzebub to Blair Witch* (London: Wallflower Press, 2000), p. 114.

⁸¹ Xavier Aldana Reyes, *Body Gothic: Corporeal Transgression in Contemporary Literature and Horror Film*, (Cardiff: University of Wales Press, 2014), p. 52.

⁸² James Clavell, *The Fly*, dir. by Kurt Neumann (US: Regal Films, 1958); David Lynch, *Eraserhead*, dir. by David Lynch (US: American Film Institute, 1977); Sam Raimi, *The Evil Dead*, dir. by Sam Raimi (US: Renaissance Pictures, 1981); Bill Lancaster, *The Thing*, dir. by John Carpenter (US: Universal Pictures, 1982); Clive Barker, *Hellraiser*, dir. Clive Barker (UK: Cinemarque Entertainment BV, 1987).

Queen's. Below is an extract from this scene, followed by a detailed deconstruction of the horror techniques used against Walt's skin to heighten anxiety in the viewer.

INT. QUEEN'S HOSPITAL - WARD 31 - NIGHT

Walt is holding a lit candle in his right hand. He steps in front of a window and opens it so that he can see his reflection in the glass. Behind him is darkness and the left, uninjured side of his face is in shadow as he lifts the candle to illuminate the bandages on the right side of his face. Walt starts unwinding them with his left hand, then closes his eye as he lets them drop.

(REST OF SCENE IN WALT'S POV - Sound of his drumming heartbeat can be heard which becomes faster as his eyes well up, making the image gradually more distorted.)

Walt sharply opens his eye and sees his reflection in the glass using the flickering light of the candle. His right eye is gone, and the crater runs into the right side of his nose and down his cheek. His skin is mutilated by shrapnel, disfigured in texture and colour, and the upper right side of his lip has a defined surgical scar. Walt raises a shaking hand to his face.

This unmasking moment is designed to evoke a contradiction of emotions in viewers, between curiosity and discomfort, regarding what they will see beneath Walt's bandages, conjuring notions of Kristeva's theory of abjection which acknowledges a strong correlation between interest and rejection.⁸³ Julian Hanich's ideas on the functions of disgust can also be considered during this scene as, in his article 'Dis/liking disgust: the revulsion experience at the movies', Hanich perceives that '[...] the

⁸³ Kristeva, *Powers of Horror*, p. 1.

disgusted viewer balances on a thin line: she tends to be fascinated and nauseated, to probe the object and to shun it, to look and to look away'.⁸⁴ It can be speculated that audience members might walk along this same line when presented with Walt's disfigurement in my screenplay, as one part of them regards visual difference with fascination, while the other desires to look away from a sight that breaks the borders of aesthetic convention.

In Scene 29 of *The Battalion of Dandelions*, viewers are forced to experience Walt's rising panic in both image and sound through his point of view. The manner in which a point of view shot is implemented determines whether it encourages comfortable intimacy between viewer and characters or arouses feelings of powerlessness, as evidenced in *The Burning*. This horror features the tyrannical gamekeeper Cropsy (Lou David), severely disfigured by a revenge prank gone wrong. *The Burning* periodically enters Cropsy's perspective as he stalks his victims, and the viewer becomes an unwilling witness to his malicious acts – made all the more uncomfortable by an unfocused frame and the sound of his deep, drumming heartbeat.

In my screenplay, the viewer may experience the same sense of unwillingness to be trapped in Walt's perspective, particularly when they are rendered powerless to the waning focus of his vision as Walt's emotions begin to distort the already 'abnormal' image of his injured skin in the window. The monstrous aesthetic of disfigurement is supported in this shot by both the negative connotations of Walt's tears and the rising tempo of his heartbeat as he stares at his reflection, implicating facial injury as a source of high anxiety.

⁸⁴ Julian Hanich, 'Dis/liking disgust: the revulsion experience at the movies', *New Review of Film and Television Studies*, 7.3 (2009) 293-309 (p. 298).

Another important aspect of this scene is the manipulation of shadow and light. Shadow can have a strong masking effect, and by blanketing the uninjured, 'normal' side of Walt's face in shadow, the viewer's focus is drawn to the side that is illuminated by candlelight, ready to be unmasked. The candle was an important source of light in this scene, because placing an element that has dangerous connotations around or against a character has the power to transfer those same associations onto the subject. The candle's flame used against Walt's face, with fire's violent and threatening connotations, can heighten the viewer's sense of unease, though they may not recognise the flame's influence on their response.

A Nightmare on Elm Street features Freddie Krueger (Robert Englund), a monster who was a child-murderer in life and burned to death by a group of parents for his crimes. Krueger is a character that has become particularly synonymous with both the horror genre and the facially disfigured monster, contributing significantly to enduring perceptions of a relationship between interior and exterior monstrosity. This horror contains the motif of the colour red, found in Krueger's clothing, the blood he draws from his victims, flames and his discoloured skin. The colour red is commonly associated with rage and danger, and *A Nightmare on Elm Street* exploits these connotations to heighten instinctive feelings of fear from audience members when Krueger is on screen.

The motif of the colour red was included in the first forty scenes of *The Battalion of Dandelions* for similar results, in sources such as blood, the focal dripping portrait in Scene 6 and, most frequently, in fire. Rather than employing a distanced representation of this element, which can evoke a sense of warmth, the camera is instructed to film the crackling and chaotic image of candlelight, or the burning end of

a cigarette, close up, angled with the disfigured face in the background to exploit the negatively influential power of the motif.

Another common horror technique to elicit fear from the viewer is the audio shock. In *Film: A Sound Art*, Michel Chion describes audio shocks as ‘sound explosions’ that are used in film to create emphasis, punctuating scenes in order to move the viewer:⁸⁵

For example, in John McTiernan’s *Predator*, each time the editing gives us the point of view of the extraterrestrial hunter, we hear right at the cut a brief sound like the crack of a whip. This device is an accepted technique today, whereby a sound has no diegetic source or musical status, and whose only function is to underline and make us feel the whoosh of a pan, the energy of a gesture, or the “punch” of a cut.⁸⁶

In *The Burning*, the viewer’s first sight of Cropsy is through a cabin window, and is accompanied by an audio shock as his face appears from shadow into frame. Due to the brevity of this shot, audience members are still left with an unclear understanding of Cropsy’s appearance, but for the fact that the sight of his injured face carried an unsettling impact. One of the questions that my screenplay attempts to investigate is whether such reactions are based solely on appearance, or are also dependent upon shooting techniques, including the assaultive application of sound. Walt and the viewer’s first sight of a disfigured face in my screenplay is James’ in Scene 1:

(Accompanied by metallic AUDIO SHOCK.) SECOND LIEUTENANT JAMES YORK - 18, neat moustache and slicked back hair - cuts sharply into frame, sitting in the bed next to Walt.

⁸⁵ Michel Chion, *Film: A Sound Art* (New York: Columbia University Press, 2009), p. 131.

⁸⁶ Chion, *Film: A Sound Art*, p. 131.

James is missing his left eye, with a crater that goes over the top of his nose.

This shot occurs while the viewer is in the confines of Walt's point of view, and the impact of the sharp metallic sound, akin to the noise created during the act of sharpening a bayonet, is intended to work as a shock to the system. The viewer may equate their fear or unease in this moment to the first sight of James' disfigured face, rather than acknowledging the heavy influence of sound. However, a point of comparison can soon be made as the viewer's first view of Freddie is conducted with an entirely opposing technique: omitting the audio shock, out of point of view and with slow camera movements.

Walt looks to his left and CAPTAIN FREDDIE WAKE - 32, tall and well built - comes slowly into frame, sitting on the edge of the bed next to him with a cigarette and matchbox in his hands. Freddie's face and hands are severely burned, and his hair is in the process of growing back.

James and Freddie's injuries differ in nature, one the result of a shrapnel wound and the other severe burns, but both represent an 'abnormality' that crosses the boundaries of conventional appearance. As such, both fit within the terms of Kristeva's notion of abjection. Scene 1 is the first occasion in which the emotive reactions from viewers, in response to the appearance of disfigurement with and without the effects of horror devices, can be compared. The influence of shooting techniques in the creation of the monstrous aesthetic can be judged as a result of this comparison, through the degree of abjection or empathy experienced by viewers in each shot.

Another method of representation within horror, which I chose not to duplicate in my screenplay, is the unrealistic depiction of damaged skin. Krueger's injured skin

possesses an unnaturally moist quality, while Cropsy presents an equally unrealistic aesthetic – even if his skin grafts had not taken, after five years of burns therapy his face would not have the same freshly damaged tone of white and red colours. In both cases, the intention is clearly to evoke heightened disgust from the viewer.

Using devices against the injured face, from camera angles to lighting, is different from altering the natural appearance of injury itself. To alter the appearance of my characters' disfigurements away from archival evidence, in order to make them appear more shocking, would have been contrary to my aims. The objective of the first forty scenes of my screenplay is to experiment with the impact of shooting techniques on viewer anxiety towards the injured face, in comparison to instinctive reactions to the untouched image of disfigured skin, but these reactions would not be credible if the injuries themselves were not realistic to begin with. My protagonists' appearances are based upon substantiated photographs and descriptions of World War One facial wounds. If audience members are disgusted by the unmanipulated image of a face in *The Battalion of Dandelions*, it will not be due to sensationalist make-up methods.

The shooting methods employed in the first quarter of my screenplay directly confront how horror techniques, used in the representation of Great War facial injury, can perpetuate an aesthetic of monstrosity that supports Kristevan notions of abjection. When the shift occurs in Scene 41 of my screenplay towards supporting a humanised aesthetic of disfigurement, the question of whether the viewer's anxiety originates from the conflict-scarred face alone, or implemented horror devices, can begin to be judged in greater detail.

The Face of Man: Aesthetics of Humanity

I am not an elephant! I am not an animal! I am a human being! I am a man!

(John Merrick in *The Elephant Man*, 1980)⁸⁷

I chose Scene 41 as the transitional scene towards humanising techniques in my screenplay because it is the time jump scene directly after Walt has experienced a significant moment of character development. His initial interactions with Victor, who manages to silently persuade him not to commit suicide, give Walt a new driving purpose as he is able to provide the deaf serviceman with a means of communication. This is a turning point for his character that is reflected through a change in shooting techniques. As the horror aspect of Walt's appearance begins to drain from his own consciousness, so too does the screenplay begin to divert to a more humanising representation of facial injury using techniques inspired by films within drama sub-genres, including the biopic.

In *Whose Lives Are they Anyway?*, Dennis Bingham argues that 'we watch biopics so as to plumb that mystery of humanness, the inability completely to know another person, and the absolute importance of knowing them and ourselves.'⁸⁸ The 1999 biopic *Man on the Moon* opens with performer Andy Kaufman (Jim Carrey), the subject of the film, alone on screen.⁸⁹ Andy talks directly to members of the audience regarding his opinions on the film that they are about to see:

⁸⁷ Eric Bergren, Christopher DeVore, David Lynch, *The Elephant Man*, dir. by David Lynch (UK: Brooksfilm, 1980).

⁸⁸ Dennis Bingham, *Whose Lives Are they Anyway?: The Biopic as Contemporary Film Genre* (New Jersey: Rutgers University Press, 2010), p. 378.

⁸⁹ Scott Alexander, Larry Karaszewski, *Man on the Moon*, dir. by Milos Forman (US: Universal Pictures, 1999).

ANDY

I do not even like it. All of the most important things in my life are changed around and mixed up for dramatic purposes. So, I decided to cut out all of the baloney. Now, the movie is much shorter. In fact, this is the end of the movie. Thank you very much.

(BEAT)

I am not fooling. Goodbye. Go.

Andy moves over to a phonograph and plays the closing music, prompting the film's actual credits to start rolling on screen. When these credits end, Andy closes the phonograph, the music abruptly stops and the screen cuts to black. It remains so for thirteen seconds before Andy leans back into left frame, curiously, and his whole persona changes.

ANDY

Wow, you're still here, ok! I hope you're not upset. I did that to get rid of those folks who just wouldn't understand me, and don't even wanna try.

The trailer for *Man on the Moon* establishes it as 'the story of the man, the myth, the misunderstanding', and this opening sequence epitomises what is one of the defining

tropes of the biopic genre – the importance of attempting to understand another person.⁹⁰

In ‘Living Stories: Performance and the Contemporary Biopic’, Bingham categorises the biopic as dwelling ‘in a liminal space between fiction and actuality, if not history.’ It is on the borderline where ‘the actual is put into the form of drama’.⁹¹ The process of dramatising the essence of actual events, rather than producing a strict factual retelling, gives writers the opportunity to gauge the elements of a figure’s life that will amplify viewer empathy, in order to make that figure more accessible.

Within the limited number of films that depict the experiences of facially disfigured historical figures, *The Elephant Man* (1980) stands out as a particularly interesting study due to its humanising narrative and shooting techniques. Directed by David Lynch, this biopic is based upon the life of Victorian freak show performer Joseph ‘John’ Merrick. Merrick was known as the Elephant Man because of his deformed face and body, most likely caused by Proteus Syndrome, ‘a condition which involves atypical growth of the bones, skin, head and a variety of other symptoms.’⁹²

Lynch did not want to create an entirely factual film because he understood that some life events needed to be compressed or exaggerated for dramatic effect, and viewed the film ‘as a fable rather than as a simple biography’.⁹³ This was beneficial considering that the historical source for the screenplay, *The Elephant Man and Other Reminiscences* by Frederick Treves, was later proven to be, at times, factually inaccurate. Treves, both the author of this book and the surgeon who befriended

⁹⁰ ‘*Man on the Moon* Official Trailer #1 – Jim Carrey Movie (1999) HD’, *YouTube* <<https://www.youtube.com/watch?v=pCcQB-iT7LY>> [accessed 2 July 2019].

⁹¹ Dennis Bingham, ‘Living Stories: Performance in the Contemporary Biopic’, in *Genre and Performance: Film and Television*, ed. by Christine Cornea (Manchester: Manchester University Press, 2010), pp. 76-95 (p. 77).

⁹² ‘What is Proteus?’, *Proteus Syndrome Foundation UK* <<http://www.proteus-syndrome.org.uk/sections.php?name=Proteus>> [accessed 15 January 2017].

⁹³ Oliver, *The Elephant Man – One of Us*, p. 23.

Merrick, included such inaccuracies as calling Merrick ‘John’ instead of Joseph, and portraying the showman who exhibited Merrick as a tyrant who beat him (when anecdotal evidence suggests otherwise).⁹⁴

Known for his surrealist approach to artistic work, Lynch’s first feature, *Eraserhead* (1977), indicated his fascination with the juxtaposition between the monstrous body and the vulnerable interior. He carried his experimental approach towards the depiction of the disfigured form forwards into his second feature, *The Elephant Man*, including the technique of shooting in black and white. Jonathan Sanger, producer of *The Elephant Man*, explains that the concept behind shooting severe disfigurement in this style was that ‘what might look to some repulsive or awful in colour, would be fascinating in black and white.’⁹⁵

Lynch and the producers of the film wanted to create a serious drama that in no way translated as horror, and removing colour was designed to soften the level of aversion at the sight of John Merrick (John Hurt). I did consider the potential advantages of shooting in black and white for my own screenplay, but ultimately decided that, if I am attempting to discover how cinematic devices can be used as a method of softening visual aversion to disfigurement, the element of colour must be considered within that challenge.

The Elephant Man is shot in wide frame, generally leaving space between the subject and the frame lines to avoid a claustrophobic atmosphere. I intend for *The Battalion of Dandelions* to be shot in wide frame for comparable results, but only from Scene 41 onwards, as the question of how this shift affects a viewer’s experience of the film can provoke interesting comparisons.

⁹⁴ Frederick Treves, *The Elephant Man and Other Reminiscences* (London: Cassell & Company Ltd, 1923); Oliver, *The Elephant Man – One of Us*, pp. 37-40.

⁹⁵ Bergren, DeVore, Lynch, ‘The Elephant Man Revealed’, *The Elephant Man* (1980).

Lynch made a number of directorial decisions like this within *The Elephant Man* that could be interpreted as techniques to lower visual shock and encourage empathy towards Merrick's character, such as the first scene in which his appearance is revealed to the audience. This scene occurs after Dr Treves (Anthony Hopkins) requests a private viewing of 'The Elephant Man'. However, when Merrick is ordered to turn around and his full form is revealed, the details of his face remain poorly lit. While Treves' eyes remained fixed on Merrick, we are only afforded two, very brief shots of him in the dim light before returning to Treves' reaction. Rather than revulsion, his expression is one of awe, and by cutting sharply between this and Merrick's disfigured form, an association is fostered between image and reaction. Therefore, the execution of this scene is not in the style of a monster reveal, but uses character reaction to offscreen space to elicit mystery and promote curiosity in the viewer, rather than apprehension.

When Ruth sees Walt's face for the first time in Scene 82 of *The Battalion of Dandelions*, the camera lingers on her reaction after he removes his bandages in a similar method of visual association.

Walt looks fearful, but doesn't move as Ruth slowly raises her hands again and unwinds the bandages from the right side of his face. They drop to reveal his disfigured appearance.

CAMERA FIXED on the process of Ruth's reaction as she stares at his skin, first with sadness, then with affection.

Unlike in *The Elephant Man*, we are already familiar with Walt's disfigurement by the time this scene begins, but Ruth is the first character whose initial reaction we

are able to watch in detail *after* our own. As the viewer is forced to remain fixed on Ruth's face, they might be led to consider the relationship between her emotions and their own as she exhibits instinctive compassion rather than fear or disgust.

There is a developing process of recognition of Merrick from monster to man within *The Elephant Man*, and from commodity to friend. At the beginning of the film, Merrick's owner at the freak show commands him like an animal, and even Dr Treves uses the term 'it' in reference to him. Costuming and set décor is a large part of supporting the development of character in film, and as Merrick begins to be treated more like a man than an animal, his clothing and surroundings change to support the shift in his self-confidence and sense of self-worth

Initially, Merrick covers his whole form in a long black cloak and his head with a white cloth bag. His surroundings are either dirty at the show or clinical in Dr Treves' office. During this time, Merrick is oppressed and isolated. Even the seemingly compassionate Dr Treves presents Merrick to other physicians, in front of the man himself, using the dehumanising words, 'at no time have I met with such a perverted or degraded *version* of a human being'.

When Treves recognises that Merrick can actually speak and has considerable intellect, there is a change in behaviour towards him and how he is spoken about, which is accompanied by a shift in clothing and décor. Merrick begins wearing gentlemen's clothing and living in a room with sketches and sculptures that represent his artistic spirit. The normality of his surroundings contrast with his 'abnormal' features but, as the viewer has travelled with Merrick through his character development, a familiarity has been conjured that might supersede the discomfort of this image. His endearing personality has humanised his appearance, an effect made more substantial because of its contrast with the animalistic depiction of Merrick at the beginning of the film.

The first half of *The Battalion of Dandelions* is set in Queen's hospital, where every patient wears the uniform of a blue jacket with white lapels and a red tie. This clothing does not conjure the same sense of incivility in the men who wear it as that of Merrick's attire at the beginning of *The Elephant Man*, but it does possess negative overtones. This uniform was worn by injured servicemen in hospitals across the country during the Great War and, as such, was recognised as a visual indicator of the invalid.⁹⁶

Clothing is a means for people to express their individuality, or at least communicate details about their position within society, including their class or occupation. Much like military attire, the hospital uniform removed all such visual indicators of character and reduced men to a singular identity. However, while military uniform was generally associated with honour during World War One, the blue jacket and red tie of the hospital wards signified fragility.

In Scene 57 and Scene 58 of *The Battalion of Dandelions*, viewers see Walt, Freddie and Victor in their own clothing for the first time. Up to this point, the primary visual differences between these three men was the nature of their injuries, but their re-integration into society is accompanied by a reclaiming of the clothes that represent some semblance of their identities before the war. This shift assists in the humanising process of these characters because they become more aesthetically distinctive, and gain a certain amount of autonomy from the collective classification of 'war casualty' upheld by hospital attire.

The first time that we see Merrick's face in the light in *The Elephant Man*, Lynch uses a frontal, full shot, placing his form fully within the height of the frame at the most comfortable viewing angle. The soft lighting in this shot, coupled with the

⁹⁶ The Gillies Archives, The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS).

distance from his form, means that our view of Merrick's face is clear but lacking in texture. Although his face is affected by his medical condition, the lighting causes his skin to appear smooth, making his eyes, nose and mouth – the universal features of the conventional face – appear more defined. In his eyes we can see both his vulnerability and humanity, which appeal to the viewer's sense of compassion as powerfully as words.

Manipulating the exposure of an image can have similarly softening results, removing harsh texture and encouraging the viewer to focus predominantly on the shape of the face and its more prominent, familiar features, such as the eyes. During Victor's unmasking in Scene 79, I specified an outdoor setting to take advantage of the natural overexposure that sunlight can provide.

Victor hesitates, then carefully removes his mask. Ruth glances up at him, discreetly.

(Victor's face slightly overexposed by sunlight.)

The skin below Victor's nose and over his chin is scarred and uneven, with a dough like appearance. His mouth has no lips and is only a long, crooked split in the skin.

The intended aesthetic result of this overexposure is a tempering of the texture and colour of Victor's disfigurement in order to lesson notions of shock or disgust, particularly as his is arguably the most structurally damaged of all the protagonists' faces. When the full image and colour of Victor's face is revealed in later scenes, it is potentially less shocking because of the earlier impression that the viewer has been given. A similar technique is used in the French war drama *La Chambre des officiers* (2001), when its protagonist Adrien Fournier's (Éric Caravaca) wounded face is finally revealed. In this shot the right, severely disfigured side of his face is underexposed,

dulling the colour of his injury and allowing the audience to become accustomed primarily to its difference in form, before combating the sharp pigments that can exist in facial wounds.⁹⁷

La Chambre des officiers is a film based upon Marc Dugain's novel of the same name, which centres around the supposed experiences of one of Dugain's own ancestors, who suffered a severe facial injury during the Great War.⁹⁸ In the film, Fournier – a lieutenant and engineer in the French army – is hit by a shell on his first day of duty and spends the rest of the war in a maxillo-facial unit in France, receiving reconstructive treatment.

The film sustains our connection to Fournier's character after injury by employing cinematic devices that enhance viewer empathy. A lengthy period in Fournier's perspective creates an intimacy between character and viewer that does not conjure the same discomfort as the point of view shots in *The Burning* because, due to his weakened state, Fournier is as powerless as the viewer in controlling what he sees. The intended result appears to be a raised familiarity with Fournier's frustrations, and therefore heightened empathy for his character.

Victor's point of view shots in *The Battalion of Dandelions* possess a similar intimacy (for example in Scene 50), but Victor's vulnerability stems primarily from having been rendered deaf.

VICTOR'S SILENT POV as he stares down at his hands over the keys. His right hand is still contracted, but he presses gently down on a key with his left hand, as if testing it. It emits no sound for him.

⁹⁷ François Dupeyron, *La Chambre des officiers*, dir. by François Dupeyron (France: France 2 Cinéma, 2001).

⁹⁸ Marc Dugain, *La Chambre des officiers* (Paris: JC Lattès, 1998).

[...]

VICTOR'S SILENT POV as he attempts to shake his right hand loose, but it simply returns to its original contracted state. He presses his fingers into a tighter fist in frustration, then gently loosens them and plays on with just his left hand.

Members of the audience are offered a poignant insight into not only Victor's visual point of view in this scene, but also his auditory perspective. In silence, facial expressions and physical movements, such as Victor's frustrated clenching of his contracted fist, are as integral to the translation of thoughts and emotions as words. The intention is that, by entering Victor's perspective and sharing in his vulnerability, audience members will connect with him on a human level that will influence the perception of his character as a whole.

The lighting during the hospital scenes in *La Chambre des officiers* is dim, and there is a constant yellow tinge to the image because of the building's dependence on sunlight and candles, adding an aged feel to the film that complements its historical *misè-en-scène*. Within this setting, all of the characters are generally afforded equal lighting. The common rule throughout the latter section of my screenplay is to extend a similar equality of representation, through balanced lighting, between injured patients and uninjured nurses and doctors.

In the final scene of *La Chambre des officiers*, when Fournier is once again part of the outside world, he casually says to a woman that he has just met 'I am a monster', and when she naturally replies, 'You're not a monster', he is taken aback by her sure statement and asks her to repeat it again and again. Her complete ease in his presence, communicated through both words and gaze, could be interpreted as a representation of what the viewer's position should now be at the culmination of the narrative.

This scene symbolises the end of a journey to visual acceptance that is mirrored in a portion of Merrick's dialogue during one of the final scenes of *The Elephant Man*, when he says to Dr Treves:

Merrick

Mr Treves, don't worry about me,
my friend. I am happy every hour
of the day. My life is full
because I know that I am loved.
I have gained myself.

Lucy Grealy published *Autobiography of a Face* in 1994, a memoir that tells her story of gaining and living with a facial disfigurement after cancer of the jaw, and wrote about the impact this had on her identity: 'There was only one fact of me, my face, my ugliness. This singularity of meaning – *I was my face*, I was ugliness'.⁹⁹ Merrick's words 'I have gained myself' symbolise a person who no longer feels defined by his appearance, and now possesses the power to decide who he is as a human being.

In Scene 114 of *The Battalion of Dandelions*, Gillies is sitting with Walt in the grounds of Frognaal house and assures him, 'An eye does not make a face, Sonny, and a face does not make a man.' Walt has been through a process of discovery throughout the screenplay, from considering himself akin to a 'gargoyle' to finding some semblance of peace with his injuries and actions in the war. It is in this penultimate scene that I have attempted to convey an impression of the acceptance that Walt has gained in himself through a lingering shot on his bare face, which is 'evenly lit to produce the clearest impression of his skin'. There are no bandages or masks to hide

⁹⁹ Lucy Grealy, *Autobiography of a Face* (New York: Harper Collins, 1994), p.7.

behind or overexposure to temper the texture of Walt's skin, there is only the man himself.

Conclusion

While horror has commonly utilised shooting techniques to frame the disfigured face as a conduit of fear, certain films within the drama genre have used similar devices to more humanising aesthetic effect. The methods that I have drawn from existing films has developed *The Battalion of Dandelions* into a shooting script that experiments with the impact of filmic devices on the emotive responses of viewers to disfigurement, whether in support of feelings of abjection or empathy.

Cinematic devices that I identified for their potential to enhance notions of fear or disgust at the sight of the injured face included audio shocks, shadow and negative motifs, while a contrasting, more comforting effect can be conjured through the use of wide frame, frontal shots and overexposure. Every device that is used to empathetic effect in *The Battalion of Dandelions* bridges the gap between character and viewer, particularly in regard to shooting techniques, like Victor's point of view perspective, which permits the viewer intimate access into the interior spaces of an outwardly disfigured character.

La Chambre des officiers and *The Elephant Man* were nominated for, and won, a number of accolades from various award bodies after their releases, despite the fact that, in *The Elephant Man's* case, the script had initially been rejected by numerous film studios who had asserted that 'no one wants to see a film about a monster like

this'.¹⁰⁰ The recognition that these films received from academies and audiences alike make them landmark pictures in how film can shift public perceptions of disfigurement away from Kristevan notions of abjection and towards a humanised aesthetic founded upon viewer empathy.

When Heather Laine Talley suggests that 'It is not the face that needs fixing', but rather the socially accepted concept of disfigurement as inherently abject, I believe that one of the strongest resources we have in altering this widespread notion is the communicative power of film.¹⁰¹ If viewers are encouraged to reconsider their responses to disfigurement by recognising the significant shift in shooting techniques during the former and latter half of my screenplay, it is an example of how the monstrous aesthetic that has been perpetuated by the horror genre for over a century may begin to be challenged.

¹⁰⁰ 'The Officer's Ward Awards', *IMDb* <https://www.imdb.com/title/tt0273148/awards?ref_=tt_ql_op_1> [accessed 11 July 2019]; 'David Lynch Elephant Man Interview', *YouTube* <<https://www.youtube.com/watch?v=O6AoMU7Tsfs>> [accessed 11 July 2019]; 'The Elephant Man Awards', *IMDb* <<https://www.imdb.com/title/tt0080678/awards>> [accessed 11 July 2019].

¹⁰¹ Talley, *Saving Face*, p. 44.

TOUCHING TRAUMA: CONFLICT, MEMORY AND HAPTIC CINEMA

Introduction

In ‘Postmodernism as Mourning Work’, while writing on the topic of trauma in film, contemporary film historian Thomas Elsaesser posed the question of ‘how to represent the unrepresentable, or how – in Samuel Beckett’s words – to name the unnameable.’¹⁰² When charged with addressing the trauma of the 1945 dropping of the atomic bomb in film, *Hiroshima mon amour*’s director, Alain Resnais, answered this question by saying, ‘of course, what has to be filmed is the impossibility of filming it.’¹⁰³

This chapter will discuss how two films have negotiated the issue of representing trauma in the context of a loved one’s death during a period of conflict: *Hiroshima mon amour* (1959) and *A Quiet Place* (2018).¹⁰⁴ Although they are sixty years apart in production, I have chosen to carry out an in-depth analysis of these two films because they both present themes of conflict, love and sacrifice that are parallel to my own screenplay. They both contain narrative elements that respond to methods within trauma theory, such as the idea of ‘belatedness’, and other models within the category of memory studies. They also both contain examples of haptic cinema, which is based on a sensory theory that experiments with areas such as focus, exposure and extreme close-ups to create textured images that encourage the viewer’s eyes to act as organs of touch. This can inspire a more intimate relationship between character and viewer, which can help to bridge the gap between the screen and the physical body.

¹⁰² Thomas Elsaesser, ‘Postmodernism as Mourning Work’, *Screen*, 42.2 (2001), 193-201 (195).

¹⁰³ Alain Resnais interview with François Chalais (1961).

¹⁰⁴ Marguerite Duras, *Hiroshima mon amour*, dir. by Alain Resnais (France: Pathé Films, 1959); Scott Beck, John Krasinski, Bryan Woods, *A Quiet Place*, dir. by John Krasinski (USA: Platinum Dunes, 2018).

I will explore the following questions within this chapter: how these films use narrative and cinematic devices to address the issue of representing the unrepresentable; how a narrative film can better convey the incommunicable nature of trauma than a documentary; how methods within trauma and haptic theory have informed the composition of my own screenplay. These questions will be considered with reference to the work of prominent film and trauma scholars, including Cathy Caruth and Laura U. Marks, in order to illustrate how existing studies have influenced my research.

The Trauma of War: Suffering and Forgetting in *Hiroshima mon amour*

For my part I struggled with all my might, every day, against the horror of no longer understanding at all the reason for remembering.

(SHE to HE: *Hiroshima mon amour*)

Hiroshima mon amour is a 1959 anti-war film written by screenwriter and novelist Marguerite Duras and set in Hiroshima fourteen years after the dropping of the atomic bomb. On the face of it, *Hiroshima mon amour* is a love story, an ordinary occurrence between a married French actress and a Japanese man. Beneath the surface, it is a trauma narrative, engaging with the relationship between ‘knowing’ and trauma, and the question of how to speak about the unspeakable. It is, in essence, a disjointed narrative about the need to, versus the impossibility of, communicating trauma.

Originally commissioned to be a short documentary, Resnais realised that the film that needed to be made was not the one that the producers had in mind, with the atomic bomb as the protagonist: ‘On the contrary we should shoot a classic love story

in which the atomic bomb would be more of a background, a backdrop behind the characters, in the distance, like a kind of landscape.’¹⁰⁵ This chapter will argue that the incommunicable nature of the traumas of August 6th 1945 are conveyed with greater effect in *Hiroshima mon amour* by establishing them as a backdrop to the primary narrative, than if Resnais had attempted to produce a documentary of the event.

This is partly because of what a documentary purports to achieve; viewers expect a summarised retelling of events that are both historically accurate, and will leave them with a detailed understanding of the period. However, the necessary process of omission that exists in documentary production, and the impossibility of representing, or even understanding, every individual trauma that was manifested as a result of the atrocity, means that no documentary on Hiroshima could communicate the complete story. The only way to remain faithful to the incommunicable nature of the traumatic event would be to acknowledge that you cannot represent the unrepresentable, and that is exactly what Resnais acknowledges through *Hiroshima mon amour*.

I will explain this argument further by analysing the first conversation between Emmanuelle Riva and Eiji Okada (in the film neither lover’s name is revealed, so within this chapter I will refer to the characters by the actors who played them: Riva and Okada). This scene is set firmly in Hiroshima, 1959, where Riva insists ‘I saw everything. Everything.’ She talks about what ‘History tells’, and as she does so we are given visual shots of her evidence.

SHE

Four times at the museum in
Hiroshima. I looked at the

¹⁰⁵ Resnais interview with Chalais (1961).

people. I myself looked thoughtfully at the iron. The burned iron. [...] Anonymous heads of hair that the women of Hiroshima, when they awoke in the morning, discovered had fallen out. [...] I saw the newsreels. I saw them.¹⁰⁶

Despite Riva's insistence, Okada continues to deny her knowledge: 'You saw nothing. Nothing.' Riva views and talks about the trauma of the atomic bomb in Hiroshima as a totality. She talks about 'the people' and 'the women of Hiroshima' as a whole, and as a result fails to recognise the experiences of individuals, like her Japanese lover. Her knowledge is derived from museum archives, which have gone through a process of organised omission in order to present a summarised view of Hiroshima's history, and Okada's negation of Riva's knowledge can be interpreted as Resnais and Duras' negation of archival accumulation as an effective method of representing trauma. It could also be taken to represent their recognition of the limits of their own project.

Kyo Maclear suggests in her piece, 'The Limits of Vision: Hiroshima mon amour and the subversion of Representation', that Okada's doubt is 'a powerful reminder of [the film's] own ethical limits: no matter how much visual information [Resnais] packed into the film, *Hiroshima mon amour* could not ultimately answer the enormous question of what the atomic bombs had meant to the world.'¹⁰⁷ Resnais' decision to produce a narrative film, rather than a documentary, emphasises what he

¹⁰⁶ All dialogue quoted from *Hiroshima mon amour* is based upon English subtitles.

¹⁰⁷ Kyo Maclear, 'The Limits of Vision: Hiroshima mon amour and the subversion of Representation', in *Witness and Memory: The Discourse of Trauma*, ed. by Ana Douglass and Thomas A. Vogler (London: Routledge, 2003), pp. 233-248 (239).

maintained to be the strongest method of overcoming the issue of ‘representing the unrepresentable’, which was through ‘indirectness’.

Trauma scholar Cathy Caruth suggests in her book, *Unclaimed Experience: Trauma, Narrative and History*, ‘that the interest of *Hiroshima mon amour* lies in how it explores the possibility of a faithful history in the very indirectness of this telling.’ She argues that, in their refusal to make a documentary, ‘it is through the fictional story, not about Hiroshima but taking place at its site, that Resnais and Duras believe such historical specificity is conveyed.’¹⁰⁸

The concept of indirectness became a great consideration within *The Battalion of Dandelions*, as I attempted to avoid the pitfall of representing trauma as a totality. My aim quickly became to point indirectly towards the traumas of my characters rather than attempt to represent them frontally. This was achieved, in part, by writing a screenplay set during the post-service lives of facially-injured servicemen, rather than at the time of the traumatic events of warfare. By pointing towards the trauma of 1945 in the background of a 1959 setting, Resnais indirectly informs the viewer of the traumatic repercussions of the atomic bomb. By hinting at the psychological trauma of warfare in the background of a setting which focuses on physical injury, I have attempted to achieve a similar indirectness regarding the traumatic repercussions of World War One. I also adopted two filmic methods of indication that Resnais applied in his own film, flashbacks and haptic cinema.

Revisiting distressing events is a common symptom of psychological trauma, and flashbacks have frequently been used as a storytelling device when indicating trauma in film, including *Hiroshima mon amour*. Film scholar Maureen Turim writes

¹⁰⁸ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History* (Baltimore: Johns Hopkins University Press, 1996), p. 27.

about the application of flashbacks to signal trauma in her paper ‘The trauma of history: flashbacks upon flashbacks’, referring to films concerning the Holocaust to argue that ‘the frequency of the flashback trope [is] a way of signalling and exploring the return of traumas connected to the Holocaust both to survivors within the narrative and by extension for the viewing audience.’¹⁰⁹ She notes that these flashbacks are often ‘abrupt, fragmentary, and repetitive’ in order to signal disruption and ‘inscribe in narratives a shattering of complacency.’¹¹⁰

While they are sitting together in a café, Okada begins asking Riva questions about her past. Riva tells of how her German lover was killed on the day of liberation and how she suffered confinement for the shame that her affair brought upon the family. In one moment, we are in Hiroshima in 1959, and in the next we are transported through a flashback to Nevers in 1945. Here, we become witnesses to her suffering:

SHE

Hands become useless in a
cellar. They claw and scratch at
the walls until they bleed. It's
all one can do to feel better,
and to remember.

Flashbacks frequently interrupt the main narrative of Resnais’ film, transporting the viewer from one location to another and creating a vision of temporality that is free from the constraints of conventional chronology. These flashbacks appear within the narrative to disrupt and dominate the present with a fragmentary effect that, as Turim suggests, disturbs the viewer’s sense of security regarding the direction of the narrative.

¹⁰⁹ Maureen Turim, ‘The trauma of history: flashbacks upon flashbacks’, *Screen*, 42.2 (2001), 205-210.

¹¹⁰ Turim, ‘The trauma of history’, *Screen*, p. 207.

We are able to watch Riva's memories but have no power over their order or duration, and as she speaks with Okada it begins to feel less like Riva is voluntarily conjuring up her memories, and more like they are pushing themselves upon her as she belatedly opens the mental floodgates to a fourteen-year-old trauma. The powerlessness on the part of the viewer is mirrored by Riva's own inability to control her memories, creating a shared feeling of uneasiness that links the viewer with the onscreen character.

Within trauma studies, trauma is considered by a number of theorists to be a subcategory within the wider subject of memory studies, and it is studied by some scholars, such as Caruth, as a compulsive form of remembering. The theory of 'belatedness' is put forward by Caruth during her exploration of trauma and absences in memory. She begins her argument for the concept by citing neurologist and psychoanalyst Sigmund Freud's *Beyond the Pleasure Principle*.¹¹¹ In this essay, Freud questions 'the peculiar and sometimes uncanny way in which catastrophic events seem to repeat themselves for those who have passed through them', and suggests that:

[T]he wound of the mind – the breach in the mind's experience of time, self, and the word – is not like the wounds of the body, a simple and healable event, but rather an event that [...] is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor.¹¹²

Caruth draws from Freud's words to aid her suggestion that the pathology of a traumatic event 'is not assimilated or experienced fully at the time, but only *belatedly*,

¹¹¹ Sigmund Freud, *Beyond the Pleasure Principle* (1920).

¹¹² Caruth, *Unclaimed Experience*, p. 2-4.

in its repeated *possession* of the one who experiences it.’¹¹³ Victims only begin to fully witness their trauma after the event, when memory belatedly facilitates the remembering and re-experiencing of the overwhelming moment, which means that trauma must also be apparent in the *absence* of memory; succeeding the event but preceding recollection, or succeeding recollection, breaking into consciousness even as the subject is in the process of forgetting.

In *Hiroshima mon amour*, Riva will have been carrying the trauma of her lover’s death with her since it occurred, whether she was consciously aware of it or not. It is only belatedly, in the act of telling Okada her story, that she can begin to fully assimilate the experience. During this conversation, which contains multiple flashbacks for members of the audience, Riva speaks in the present, rather than the past tense. This signals towards her need to totally commit to her memories in order to remember, and the fact that her past experiences still hold a very present trauma. Riva’s temporality unravels even further as she answers Okada as if *he* were her lost German lover:

HE

Do you scream?

SHE

No, I don’t scream, at the beginning. I call your name softly. I call your name anyway, even if you’re dead.

¹¹³ Cathy Caruth, ‘Introduction’, in *Trauma: Explorations in Memory*, ed. by Cathy Caruth (Baltimore: John Hopkins University Press, 1995), pp. 3-12 (4).

This act does not seem to be an attempt by Riva to replace the man that she lost, but rather to create a solid anchor in the present for a death that she has never been able to fully realise, and is only belatedly beginning to comprehend.

Further evidence of this can be found in a previous scene when Riva is watching her Japanese lover sleep, and the images of his hand and face flash momentarily into those of her deceased German lover. Caruth argues that, in this moment, ‘the woman’s seeing is not the erasure of a death that was once known’, it does not represent the replacement of the body of the dead with the body of the living, but instead represents ‘the continual reappearance of a death she has not quite grasped’ and anxiously wants to hold on to.¹¹⁴

In *The Battalion of Dandelions*, it is two years after Ian’s death that Walt openly discusses, for the first time, how his brother-in-law died. As he does so, members of the audience are afforded a flashback of the event, finally learning, at the same time as Walt’s wife, what really happened to Ian. In Scene 100, after his revelation, Walt experiences a physical exhaustion that can occur when belatedly revisiting traumatic memories as his ‘frame crumbles to the chair’, because he is not only remembering what he saw that day, but also what he felt.

It is important to recognise the root cause of Walt’s shell shock in my film – Ian being thrown into British barbed wire by a shell blast, then asking Walt to ‘end it’ by shooting him in the head. This memory is repressed by Walt at the beginning of the film, but his trauma is indicated through Ian’s reoccurring presence in his dreams, frequent flashbacks and the fact that he sees Ian’s face in some of the men that he encounters. As with Riva, rather than witnessing a hallucination, the viewer is witnessing the power of Walt’s imagination. He is knowingly projecting Ian’s face onto

¹¹⁴ Caruth, *Unclaimed Experience*, p. 37.

other people in order to grasp the memories of a friend whose death has been repressed by his mind. This is because, by bringing Ian into the present, Walt may be able to piece together the parts of his friend's death that he is yet to recollect, or understand.

A telling addition to the weight of Riva's trauma in *Hiroshima mon amour* is that, although her memories cause her pain, she pulls at them with desperate necessity. Although her subconscious may be repressing, or beginning to slowly forget the details of her past, Riva consciously struggles 'with all my might, every day, against the horror of no longer understanding at all the reason for remembering.' She calls out mournfully to her dead lover, 'Oh! It's horrible. I'm beginning to remember you less clearly [...] Look how I'm forgetting you... Look how I've forgotten you', because to forget is, to Riva, the most unforgivable betrayal.

Both the recollection and the absence of memory regarding Ian's death pose their own traumas for Walt in *The Battalion of Dandelions*. He grasps for knowledge of Ian's death but, once he remembers it, fears both its presence and its absence, because there is a pain in remembering but a betrayal in forgetting. When he finally recollects the true events of the day, an equal betrayal in Walt's mind is to share Ian's request of a mercy killing, because to do so is to risk misinterpretation from Ruth, a person who was not present at the event. By sharing his memories Walt is not only risking having accusations aimed towards himself, he is also risking the betrayal of Ian's good name. In his mind alone the actions of both men remain unsullied by external judgment, an equal consideration for Riva in *Hiroshima mon amour* as she laments sharing her story with Okada: 'SHE: I told our story. I was unfaithful to you tonight with this stranger.'

Caruth describes Riva's feeling of betrayal as a 'deeply ethical dilemma' based upon 'the unremitting problem of *how not to betray the past*.'¹¹⁵ Riva's memories are

¹¹⁵ Caruth, *Unclaimed Experience*, p. 27.

presented to Okada and members of the audience in a disrupted, disordered fashion, as she herself struggles to comprehend her lover's death. So how could Okada? Just as it was impossible for Riva to *know* Hiroshima, Okada cannot *know* the specificity of Riva's trauma, especially when she herself does not fully understand it. Telling, therefore, becomes for Riva a form of forgetting, in that her memories are no longer hers alone. They have been shared with another who could not possibly value them as she does.

In the 1996 book *The Persistence of History*, Elsaesser writes about the relationship between memory and history in his chapter, 'Subject positions, speaking positions: from *Holocaust*, *Our Hitler*, and *Heimat* to *Shoah* and *Schindler's List*'. He notes that, 'While memory, especially when contrasted with history, has gained value, history has become the very signifier of the inauthentic, merely designating what is left when the site of memory has been vacated by the living.' The 'acts of re-telling, remembering [and] repeating' have taken over, making memory the primary source of authenticity for narrating events and communicating trauma.¹¹⁶

One primary issue can be identified concerning this shift, when the shared historical narrative is lost to the individual memory, which is that memory is fallible; it can present inaccurate versions of events that the owner does not recognise as false. Riva's recollections to Okada in *Hiroshima mon amour* become the authentic history of events for both Okada and the viewer, even though Riva's dreamlike state and the disjointed nature of her memories could give the impression of unreliability. However, it could also be argued that Riva's fragmented memories are, in themselves, a far more authentic representation of her trauma than organised archives could ever depict.

¹¹⁶ Thomas Elsaesser, 'Subject positions, speaking positions: from *Holocaust*, *Our Hitler*, and *Heimat* to *Shoah* and *Schindler's List*', in *The Persistence of History*, ed. by Vivian Sobchack (New York and London: Routledge, 1996), pp. 145-186 (p. 146).

In *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History*, Shoshana Felman and Dori Laub discuss the use of memory to communicate trauma in film. They argue that it is the historical inaccuracies within testimonies that carry historical truth, because trauma is indicated through inconsistencies in memory. They present an example to support this assertion in the form of an Auschwitz survivor who testified to an uprising at the camp where she ‘saw four chimneys going up in flames, exploding.’ Historians later claimed that the woman’s testimony must be discredited because, historically, only one chimney exploded at Auschwitz, but Felman and Laub argue that the inaccuracy of the woman’s words afford her testimony historical truth.¹¹⁷

The woman was testifying [...] not to the number of chimneys blown up, but to something else, more radical, more crucial: the reality of an unimaginable occurrence. One chimney blown up in Auschwitz was as incredible as four. The number mattered less than the fact of the occurrence. The event itself was almost inconceivable. The woman testified to an event that broke the all compelling frame of Auschwitz [...]. She testified to the breakage of a framework. That was historical truth.¹¹⁸

As a result of this argument, I began to consider the testimonies of actual World War One servicemen as the primary source of truth for *The Battalion of Dandelions* regarding the trauma of facial injury, despite how historical notes may contradict them. The best way to indicate trauma would be to communicate my narrative not from a solely historical perspective, but also from a personal one, where an unimaginable occurrence is depicted through the fallible memory of the mind rather than the accurate yet detached form of the photograph or doctor’s notes.

¹¹⁷ Shoshana Felman, Dori Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (Florence: Taylor and Francis, 2013), p. 59

¹¹⁸ Felman, Laub, *Testimony*, p. 60.

The application of disruptive devices, such as flashbacks, is an effective method of indicating the potentially disorienting effects of trauma on the memory in film. The 2016 mystery thriller *The Girl on the Train* uses flashbacks containing inaccurate events in order to leave the viewer feeling disorientated and unnerved when they realise that they have been misled.¹¹⁹ Throughout this film, the viewer is made witness to Rachel Watson's (Emily Blunt) periodic flashbacks where she remembers, through the fog of alcoholism, the inappropriate past behaviour that led her to lose her husband to another woman. It is not until the end of the film that the viewer realises that these are false memories, instigated by her ex-husband, supported by her alcoholism and accepted in her mind as a mechanism to protect her from the violent memories of his abuse. The film offers the viewer no stylistic differences between the false and true memories, so viewers who habitually trust images on screen find themselves as surprised as Rachel when the truth is revealed. The purpose and result of this can be a stronger connection between members of the audience and character, through their shared experience of deception.

Flashbacks, subsequently recognised to be inaccurate, are used within my own screenplay to unnerve members of the audience. While flashbacks display the knowledge that Walt reaches for, they initially present him with false memories, telling him that Ian committed suicide. The violent trauma of the moment coupled with the physical trauma of his facial injury have forced his mind into a self-protective amnesia.

There are two stylistic differences between the final flashbacks in *The Battalion of Dandelions* – from Scene 99 onwards – and those previously presented to the viewer. While Walt is still attempting to come to terms with his memories they are slightly unfocused at the edges, possessing hollow audio that creates an echoing effect.

¹¹⁹ Erin Cressida Wilson, *The Girl on the Train*, dir. by Tate Taylor (US: Universal Pictures, 2016).

However, when he finally reveals the truth to Ruth, his clarity of memory results in a clarity of image and sound in his flashbacks. The viewer has accompanied Walt throughout his physical and mental struggles since injury, which can make them feel more connected to the character. However, the stylistically uncomfortable elements in Walt's initial flashbacks may make the viewer more wary of character memory. Such elements encourage the viewer to focus more on what they see and hear, and draw them further into the world of the film. When these elements are removed in the final set of flashbacks, the viewer can take this as a sign that they can now trust the images in front of them.

The disordered, non-linear memory of the mind is known to present frequent inaccuracies, but it is not the only form of memory that can offer a link to traumatic experiences. There is also what Laura U. Marks refers to as, 'the memory of the senses'. Marks explains that, 'As an object decays it often changes texture and emits odours' that engage with memory, and 'memory generates sensations in the body'. Thus, when an image is broken down to become discernible only by texture or sound, 'insofar as it engages with memory at all, [it] engages the memory of the senses', which 'often remember when nobody else does.'¹²⁰

In her book *The Skin of the Film*, Marks suggests that images, like memories, are multisensory, which is why film possesses the ability to represent the 'unrepresentable' senses, including smell, taste and touch. According to Marks, all of these senses work together to form the embodied cinematic experience, and some filmmakers have attempted to enhance this sensory experience through a method that has come to be known as haptic cinema.¹²¹

¹²⁰ Laura U. Marks, *The Skin of the Film: Intercultural Cinema, Embodiment, and the Senses* (Durham: Duke University Press, 2000), p. 110.

¹²¹ Marks, *The Skin of the Film*, p. xvi, p. 71.

Austrian art historian Alois Riegl (1858-1905) was the first to use the term ‘haptic’ with regard to an image, by underlining the distinction between ‘haptic’ and ‘optical’ modes of representation.¹²² He used the word ‘optical’ to refer to pieces of art that only connected with the viewer’s eye, and ‘haptic’ for art that also engaged with the viewer’s sense of touch. An example of a haptic image is Egyptian art due to its surface-oriented approach, where the viewer’s eyes are encouraged to act as organs of touch, as well as sight.¹²³

The term ‘haptic cinema’ first appeared in 1990, in film theorist Noël Burch’s book *Building a Haptic Space*. He used the term in reference to the tactile quality of pictures in early cinema, and the effect of their spatial composition on the viewer’s sense of touch, as well as sight.¹²⁴ Since then, more film theorists have borrowed the term ‘haptic’ from Riegl in order to explore how film, as an audio-visual medium, can evoke a sense of touch between viewer and image. A prominent theorist in this area, is Marks.

In her book, Marks writes that ‘vision itself can be tactile, as though one were touching a film with one’s eyes: I term this *haptic visuality*.’¹²⁵ Optical and haptic visuality have distinct differences. Optic visuality offers distanced representation, allowing the viewer’s eyes to perceive distinct forms. Haptic visuality, ‘tends to move over the surface of its object [...] not to distinguish form so much as to discern texture. It is more inclined to move than to focus, more inclined to graze than to gaze.’¹²⁶ Marks suggests that, in order to be defined as haptic, an image must ‘invite a look that moves

¹²² In classical Greek ‘haptic’ means ‘to fasten’.

¹²³ Mohammad Bagher Ghahramani, Hamed Mazaherian, Emad Moaddab, Marzieh Piravi Vanak, Alireza Sayyad, ‘Audience Embodiment in Haptic Space of Film’, *European Online Journal of Natural and Social Sciences*, 3.4 (2014), 55-65.

¹²⁴ Noël Burch, *Building a Haptic Space* (California: University of California Press, 1990).

¹²⁵ Marks, *The Skin of the Film*, p. xi.

¹²⁶ Marks, *The Skin of the Film*, p. 162.

on the surface plane of the screen for some time before the viewer realizes what she or he is beholding.’

The ambiguous nature of the haptic image is important because it marks the distinct difference between optical and haptic visuality on the viewer’s experience. Distanced representation allows immediate identification of objects within a scene, giving the viewer a clear central point of focus and allowing them to remain detached from the image. The ambiguous nature of the haptic image, however, forces the viewer to contemplate the image as a whole, and encourages their eyes to act as organs of touch in order to identify exactly what they are looking at. This enhanced focus on the part of the viewer is more likely to inspire an intimate relationship between members of the audience and the subject.

Haptic visuality is usually achieved by the filmmaker in one of two ways: by creating an image that ‘resolve[s] into figuration only gradually, if at all’, or by creating ‘an image of such detail, sometimes through miniaturism, that [it] evades a distanced view, instead pulling the viewer in close.’¹²⁷ What Marks is describing in each of these cases is an ambiguous image. Both *Hiroshima mon amour* and *The English Patient* (1996) attempt to address the same primary themes of war and trauma as my own screenplay, and both open with ambiguous, haptic images.¹²⁸

The English Patient opens with an undefined image that has a textured appearance between that of sand and skin. The viewer is not sure at what distance they are viewing the image from until a paint brush lowers down into the frame, and they realise that they have been looking at a close-up section of a piece of watercolour artwork. After a few strokes with the paintbrush the image transitions, fading into a

¹²⁷ Marks, *The Skin of the Film*, pp. 162-163.

¹²⁸ Anthony Minghella, *The English Patient*, dir. by Anthony Minghella (UK: Miramax, 1996).

new haptic image that forces the eyes into further investigation. This time the camera is moving across an image with a much softer texture, but with a higher contrast between light and shadowed areas. The mind moves from one meaning to another as it scans across the ambiguous space, seeing skin, then bodies, then a blanket within the image, before the shadow of a plane from above leads the eye to recognise what it is actually looking at: a bird's eye perspective of sand dunes in a desert.

In the first two minutes of *The English Patient* the viewer is stripped of their sense of surety and proportion, and coerced into using their eyes as organs of touch. When the viewer's eyes are guided from the watercolour and into the second image, their mind is still calculating at the same distance as the first, which means that they are more likely to mistakenly contemplate the dunes as a magnified image. When they realise that it is the desert, they are left with both the reality of the image, and the meanings that they have already conjured up.

Unlike *The English Patient*, *Hiroshima mon amour* is a black and white film, so the viewer already lacks the assistance of colour in identifying ambiguous objects. The haptic image that opens *Hiroshima mon amour* presents a variety of conflicts for the viewer's senses, because it has the texture of sand but the movement of limbs. The presence of a hand points towards the nature of the objects, but whether these limbs are all arms, and how many people are involved, is not clear due to the magnified scope. While the viewer is still in contemplation the image transitions, fading into the same mess of limbs but, this time, with a different texture.

The skin now appears to have the same rough and crinkled surface as an elephant's trunk, and the shimmer of either glitter or dusted gold. This strange mix of limbs and textures speaks to our sense of touch more forcefully than if the image had been immediately presented using distanced representation, as the viewer continues to

attempt to determine meaning by running their eyes over the various surfaces on screen. The next image provides them with the answer, which is two people in an embrace, their skin now clean and smooth. Image and meaning have been unified, but the preceding period of intimate focus has encouraged a lasting sense of connection between the viewer and the subjects, Riva and Okada.

By using haptic images, *The English Patient* and *Hiroshima mon amour* aim to inspire a discomfort in the viewer that mirrors, in many ways, the course that the films take into the ambiguous and uncomfortable subject of trauma. This is a method that I employed at multiple points within *The Battalion of Dandelions*, and I will expand upon two examples of haptic cinema from Scene 80 and Scene 83.

Scene 83 of *The Battalion of Dandelions* presents the less technical haptic method of the two scenes, which is created using an element that naturally distorts the image: water. It fills the screen in the form of a puddle, creating the rippling, indistinct reflection of Victor's form that members of the audience will have to work to identify before the aid of distanced representation. The haptic image created in Scene 80 is much more complex, and highly dependent upon cinematic devices to generate ambiguity. It does, however, have more potential in regard to achieving my aim of bridging the gap between the screen and the physical body using haptic cinema.

EXT. LAKE. DAY

There is the gentle sound of birdsong and disturbed water.

EXTREME CLOSE ON Walt's right cheek, covered in shaving foam. A razor runs slowly down his cheek, revealing a line of disfigured skin. (SELECTIVE FOCUS: Shaving foam is blurred while skin remains sharp.)

EXTREME CLOSE ON Walt's left eye. It blinks.

EXTREME CLOSE ON Walt's right cheek. He slowly pulls the razor down and it slices into his skin. He pulls the razor away and blood trickles down, bleeding into the shaving foam.

Distanced representation of the first image in this scene would have told the viewer that they were seeing Walt's cheek, half covered in shaving foam. They would also have seen his clothes, the trees, and a number of other identifiable objects around the lake in which he was standing. By opening with an extreme close-up of Walt's cheek, I was able to ensure that the viewer's contemplation was focused solely on one thing, even if they did not initially comprehend what they were seeing. My rationale for focusing on shaving within this image was to emphasise skin as a modifiable, delicate object, inviting members of the audiences to respond to it both in a haptic and embodied manner, as the viewer is reminded of the vulnerability of their own skin to injury or decay.

Shot distance was the first filmic device that I used to this effect. An extreme close-up magnifies the image so that only a small section of Walt's cheek fills the frame. Extreme close-ups are often used in film to heighten the viewer's warmth for a character by drawing them in to a point of intimacy, but also to transform the mundane into the bizarre. Skin has a very different appearance close up, revealing the follicles and imperfections that cannot be seen from a distance, and making a sight that viewers usually consider familiar, unfamiliar. Next, I considered focus. Instead of creating texture by blurring the whole image, I applied selective focus. The eye is drawn to all of the natural textures of the skin in sharp focus, while the foam is unfocused to the

point of appearing as a soft mass of white. This enhances the importance of the skin through its prominent contrast to the foam in both detail and colour.

It is not until the razor is pulled slowly down Walt's cheek that members of the audience can be sure of what they are looking at. If they have allowed their eyes to act as organs of touch, their senses should be focused intimately enough that they can hear the scrape of the razor, see the bend of the skin and feel the delicacy of their own skin as the razor slices a cut through Walt's cheek. Specifying speed of movement in this shot might also make the image more textural because, by slowing the slice of the razor, the viewer actually witnesses the tearing of human skin with as much detail as they might witness meat being sliced at the butchers. This image has the potential to elicit a physical reaction from members of the audience, such as a wince or shiver, that can begin to bridge the gap between character and viewer.

Marks explains that the ideal relationship between viewer and image is one of mutuality. In order to be successful, haptic visuality requires an active viewer who is willing to lose themselves, and their sense of proportion, in the image.¹²⁹ Although I have explained the reactions that haptic images are *intended* to elicit from the viewer, a filmmaker has to accept that sometimes the viewer is not inclined to be seduced by such images and, rather than perceiving them with all of their senses, will retain a detached suspicion rather than intrigued contemplation. This is the issue of viewer participation within haptic visuality, but there is another method within haptic cinema that might be used to seduce the disinclined viewer towards a more intimate use of their senses. This is referred to as 'haptic aurality'.

¹²⁹ Marks, *The Skin of the Film*, pp. 184-185.

Touching Sound: Family and Trauma in *A Quiet Place*

I could've carried him. He was so heavy, wasn't he? I can still feel the weight in my arms. Small but so heavy. And my hands were free.

(Evelyn to Lee: *A Quiet Place*)

A Quiet Place is a 2018 horror film written by Scott Beck, John Krasinski and Bryan Woods, and directed by Krasinski. The film centres around the Abbotts, a family who must live in silence after their world is overcome by creatures who hunt by sound. Themes of family and trauma are interwoven in the narrative, mirroring themes within my own screenplay, but it is the film's use of sound and silence that make it a particularly strong study in haptic cinema: specifically, haptic aurality.

Film scholar Lisa Coulthard argues in 'Haptic Aurality: Listening to the Films of Michael Haneke' that 'Sound is above all else, tactile and corporeal', citing noise induced hearing damage as evidence of sound's tactility. She suggests that, in film:¹³⁰

Sound [...] not only communicates physical presence, sensuousness or feeling, but actually moves outward to quite literally move the body of the spectator, sometimes in aggressive and assaultive ways (as in Gasper Noé's use of nausea-inducing infrasound in *Irreversible*) and sometimes in thought provoking, contemplative and ethically implicated ways (as in the films of Haneke).¹³¹

French composer Michel Chion gives an example of the haptic capabilities of an assaultive sound in his 2009 book *Film: A Sound Art*, referencing the 1978 remake of

¹³⁰ Lisa Coulthard, 'Haptic Aurality: Listening to the Films of Michael Haneke', *Film-Philosophy*, 16.1 (2012), 16-29 (p. 18).

¹³¹ Coulthard, 'Haptic Aurality', p. 18.

Invasion of the Bodysnatchers.¹³² He recalls a night-time scene in San Francisco where ‘a sort of vegetal object opens up and with a discreet noise gives birth to a fully grown adult form, still wet and undefined.’:

This real and precise sound, so clear in its high registers and so tactile, is heard as though we are touching it, the way contact with the skin of a peach can make one shudder. [...] a *rendering* with such material texture and presence, so physically piercing in the high treble, so haptic – in other words, so tactile, something so sensorial that it modifies the perception of the world of the film, so that it’s more immediate and so that there’s no distance possible.¹³³

The purpose of my research into haptic cinema was to find a way to build a stronger relationship between the viewer and my characters, in an effort to encourage more empathy towards their traumas. The tactility that is presented in the theory of haptic auralty offers a new method of achieving this, so I began to look at trauma films that used all the capabilities of modern cinema to present sound as a primary character, and this research led me to *A Quiet Place*.

When Krasinski began rewriting the original screenplay for *A Quiet Place*, by Beck and Woods, he ‘knew that sound would not only be a main character but that it would be *the* character, it’s actually the thing that frames the entire movie together’. Members of the audience gradually learn which sounds are dangerous, and which aren’t, by whether the sound has an aggressive or contemplative effect on their senses. One particularly aggressive example of sound in *A Quiet Place* is the audio shock

¹³² W.D. Richter, *Invasion of the Bodysnatchers*, dir. by Philip Kaufman (USA: Solofilm, 1978).

¹³³ Michel Chion, *Film: A Sound Art* (New York: Columbia University Press, 2009), p. 118.

(previously discussed in Chapter Two) that occurs at the closing of the first bridge scene.¹³⁴

The immediate trauma for The Abbott family is the death of their youngest child, which takes place in the first scenes of *A Quiet Place*, carded as ‘Day 89’. Parents Lee (John Krasinski) and Evelyn (Emily Blunt) are scavenging with their deaf daughter, Regan (Millicent Simmonds), and their two sons, Marcus (Noah Jupe) and Beau (Cade Woodward). While crossing a bridge, Beau activates a noisy toy space shuttle and is killed by one of the creatures. In the moment that the creature’s body experiences physical impact with Beau’s, the viewer hears a harrowing screech with no diegetic source. Like chalk on a blackboard, this sensory rupture is designed to give members of the audience their own sense of physical impact.

This impact is felt again in *A Quiet Place* during the lamp smashing scene, when Marcus accidentally knocks over a lamp. Krasinski explains his concept for this scene by commenting that ‘This is that old theory of loading a gun at the beginning of the scene to build tension, and this lantern will obviously become a huge part of the scene in that it is the first major noise you hear.’¹³⁵ Emerging from the silence, achieved by the characters’ cautious actions and a break in the musical score, the smash of glass has an assaultive quality that has the potential to make the viewer physically jump in their seat.

In my own screenplay, an assaultive ringing sound hits the viewer during Walt’s panic attacks. Some of these scenes follow the same peaceful silence as in Krasinski’s lamp scene, and therefore offer the same potential for making the viewer physically

¹³⁴ ‘John Krasinski Breaks Down A Quiet Place’s Lantern Scene’, *Vanity Fair Video*, <<https://video.vanityfair.com/watch/john-krasinski-breaks-down-a-quiet-place-s-lantern-scene>> [accessed 20 April 2018].

¹³⁵ ‘John Krasinski Breaks Down A Quiet Place’s Lantern Scene’, *Vanity Fair Video* [accessed 20 April 2018].

jump. As Chion suggests, such ruptures move the viewer to commit renewed attention to the screen, reaffirming the physical connection between viewer and image, and giving further evidence to the tactility of sound.¹³⁶

Not all assaultive sounds are unexpected, some are pre-empted by members of the audience. However, these sounds can still cause a shock to the senses when emerging from prolonged silence, such as the wrenching screams in *A Quiet Place*. An old man in the woods is the only other character that we meet in this film, aside from the monsters and the Abbott family, but we join him when he appears to have found his partner dead in the woods, mauled by one of the creatures. Sound, and the danger of making it, has brought about her death, so when Lee puts his finger to his lips to urge the man into silence, we see the moment that the old man breaks.

Krasinski explains that, 'it's not just that he wants to die because she's gone, it's this idea that I can't process this anymore, of how horrible this is to me. No-one can survive through this mentally, let alone physically.'¹³⁷ He has no other way to articulate his trauma but by screaming. As we have become accustomed to the silence of their world, even though we can pre-empt his scream, the sound still has enough impact to make the viewer physically tense. Lee's similar act of suicide at the end of the film is, in essence, to save his children from one of the creatures. However, the gut-wrenching sound of his scream also comes across as a powerful release from the silence of his own traumas. The emotive power of this sound has an assaultive quality, from which the senses naturally recoil, returning our focus to the image and reminding us of how mentally and physically engrossed we are in the world of the film.

¹³⁶ Chion, *Film: A Sound Art*, p. 131.

¹³⁷ 'John Krasinski Breaks Down A Quiet Place's Lantern Scene', *Vanity Fair Video* [accessed 20 April 2018].

The seemingly safer, more contemplative examples of sound in *A Quiet Place*, are achieved through the Abbots' active need to avoid making any noise. Because of this, the natural sounds of the body and the environment become sharper, giving a focus to the drip of water, the sigh of the wind, and the shake of a breath that is not often afforded in film. The supervising sound editors for *A Quiet Place*, Erik Aadahl and Ethan Van der Ryn, used these sounds to enhance the sensory relationship between viewer and film, reasoning that by 'setting up the sound of the winds through the empty streets, and the normal everyday sounds that establish the environment and that feel real to people [...] we can start to gently be sucked into this world, as if we were there with them.'¹³⁸ A new, closer proximity is created through this focused listening, making members of the audience feel as observed as the characters that they themselves are watching.

The film possesses a narrative necessity for silence, which can have the effect of disarming a viewer. Chion writes about silence's ability to 'expose our faculty of hearing: as if a giant ear were turned toward us ready to pick up the tiniest sounds we make. We are no longer just listening to the film; we are being listened to by it.'¹³⁹ He references the films of director David Lynch as examples of this sense of being listened to:

If a director such as David Lynch has been often characterized as noisy (a remark frequently made about *Wild at Heart* and *Twin Peaks: Fire Walk with Me*), it is not because he is always bombarding us with sound but rather because in these two films he deliberately sets up violent contrasts in sound intensities. Lynch's characters often

¹³⁸ Bryan Bishop, 'How the creators of *A Quiet Place* made silence so terrifying', *The Verge*, <<https://www.theverge.com/2018/4/19/17253262/a-quiet-place-sound-design-eric-aadahl-ethan-van-der-ryan-interview>> [accessed 20 April 2018].

¹³⁹ Chion, *Film: A Sound Art*, p. 148.

speak as though they were being listened to by others, [...] which is, in fact, the case since they are listened to by us. But that also means that they seem to be observing us listening to them.¹⁴⁰

Aadahl and Van der Ryn, recognised the potential in Krasinski's script to experiment with minimal and focused sound. They aimed to create a film that was not driven by excessive noise or intense musical scores, but by 'negative space, the quiets, and the shades of quietness, and ultimately, the silence.' The film became a space where the slightest noise had the psychoacoustic effect of drawing the viewer forward and making them active participants in the film. As a viewer, you feel more connected to the characters you are watching, because you're as conscious of your own silence as theirs.¹⁴¹

The acute connection that is built up between members of the audience and the film in *A Quiet Place* is enhanced by everyday sounds that play off the body. In a scene where Lee is in the bathroom, we experience the sounds of water splashing against his skin and a towel scratching across his beard. This focus on the body encourages a touch-like reaction from the viewer because it conjures memories of sounds that we all experience in everyday life, and yet do not necessarily pay attention to. They are also more sensorial and palpably sharp because they are preceded and proceeded by silence.

Coulthard writes that it is 'In silence we find the loudest call to listen and strongest imperative to interrogate, contemplate and resonate', and this is certainly the case in *A Quiet Place*, where the ear is constantly forced to search for a purpose, to feel

¹⁴⁰ Chion, *Film: A Sound Art*, p. 149; David Lynch, *Wild at Heart*, dir. by David Lynch (USA: Propaganda Films, 1990); Robert Engels, David Lynch, *Twin Peaks: Fire Walk with Me*, dir. by David Lynch (USA: New Line Cinema, 1992).

¹⁴¹ Bryan, 'How the creators of *A Quiet Place* made silence so terrifying', *The Verge*, [accessed 20 April 2018].

for the sound of silence.¹⁴² A sensory connection is created between viewer and film that makes the faintest sound of a heartbeat resonate for the viewer like the thumping of a drum, and enables ambient noises that are often overlooked to hold renewed importance for the viewer.

Chion argues that ambient noises, such as breathing, scratching and buzzing, are tactile sounds that create auditory sensations, nuancing viewers' experiences of the micropresent by building a sensorial environment.¹⁴³ Ambient noises draw the viewer into a film because they demand touch-like focus to discern, and I attempted to focus on such noises to experiment with the relationship between bodily and natural sounds.

My intention is to create ambiguous sounds in *The Battalion of Dandelions* by breaking down the boundaries between the body and nature, with combinations such as breathing against the wind, footsteps against a heartbeat and the cracking of knuckles against the cracking of twigs. In *Skin of the Film*, Marks suggests that we might call such moments when sounds 'present themselves to us undifferentiated' as 'haptic hearing', a hearing that we experience 'before we make the choice of which sounds are most important to attend to.' People tend to listen for certain sounds in certain settings, so to be faced with indistinct sounds that seem to merge nature with the body creates an ambiguity for the listener. This encourages them to contemplate and focus on sound in the same manner as the haptic image invites us to focus on touch.

We notice the presence of ambient noises even more acutely when they are lost, and during the periods that we are transported into the consuming silence of Regan's auditory perspective in *A Quiet Place*, the viewer becomes even more aware of their own listening. I replicated this method within my own screenplay through Victor and

¹⁴² Coulthard, 'Haptic Aurality', p. 19.

¹⁴³ Chion, *Film: A Sound Art*, p. 120, pp. 129-130.

Ruth's auditory perspectives, both of whom are deaf. Krasinski explained how they approached easing members of the audience into Regan's perspective in *A Quiet Place*:

You'll see that she's wearing a hearing aid throughout the whole movie, and when you see the hearing aid from behind we start to take sound out and go into her perspective. [...] You actually give the audience the perspective of what it is to be deaf in her world, so you have all these crazy things happening around her with the family, with the creatures, and all these other tense moments, and yet when we cut to her perspective like this we pulled sound out of the movie.¹⁴⁴

In *The Battalion of Dandelions*, Victor has lost his mouth and jaw to injury, and also has severe hearing damage which has left him temporarily deaf. During multiple scenes we enter his auditory perspective, and in Scene 50 this shift is achieved using a similar film direction to Krasinski. The camera pans around Victor, and sound is pulled out of the scene as we come to rest behind his ear:

INT. QUEEN'S HOSPITAL - FROGNAL HOUSE - SITTING ROOM - DAY
Walt is sitting in a chair by the window, staring out wearily. Victor is sitting in the chair opposite, but he is looking at the piano on the other side of the room. Victor suddenly stands, walks over to the piano, and sits down on the stool.

CAMERA PANS around Victor. SOUND FADES TO SILENCE as the camera stops behind his ear, entering into his silent perspective.

¹⁴⁴ 'John Krasinski Breaks Down A Quiet Place's Lantern Scene', *Vanity Fair Video* [accessed 20 April 2018].

By transporting the viewer into Victor's auditory perspective, as *A Quiet Place* does with Regan, a consuming silence ensues that, rather than seducing the listener into haptic participation, demands it. Haptic aurality is harder to ignore for the disinclined viewer than visuality because, while you can close your eyes to an image, you cannot close your ears to both sound *and* silence.

Without the warning signs of sound, the viewer is at once as vulnerable as Victor, and it is through this shared vulnerability that a sense of closeness and empathy can occur. It was my intention that this empathy would extend to all areas of Victor's character, including his disfigurement. Where once Victor may have seemed unrelatable, by entering his auditory perspective we perceive his traumas which, for a few moments at least, become the most significant subjects in the film. This is important because *The Battalion of Dandelions* aims to build a bond between the viewer and characters that are considered socially 'abnormal' due to their disfigurements, or disabilities. *A Quiet Place* presents a similar aim with its desire to guide members of the audience towards appreciating what it is like to exist in the world of a deaf person.

In films like *A Quiet Place*, sound and silence possess a wider relevance to the theme of trauma. The role of silence as safety and sound as danger can be interpreted as symbolic of the family's struggles to communicate after the trauma of Beau, because to discuss his death is far more painful than remaining quiet. However, silence on the subject has led to a family unit that is fragmented by lack of communication, and a daughter who believes that her father no longer loves her because he blames her for his son's death.

It is clear, during their interactions in the film, that Regan carries guilt for what happened to her brother, and believes that Lee resents her for giving Beau the toy space shuttle that led to his death. However, Lee's work on Regan's cochlear implants, and

his wider care for her safety, prove to the viewer that he does still love his daughter. Sadly, Regan continues to live under her misapprehension, because Lee does not communicate his love in words through sign.

The need to remain quiet means that the family converse using American sign language, their knowledge of which can be attributed to their daughter's deafness. There are only two conversations in the film in which the characters converse verbally, which are also the only two conversations in which the trauma of Beau's death is openly discussed. Just as ambient sounds have greater impact after silence, verbal dialogue resonates louder after so many conversations in sign language, meaning that the subject matter of Beau's death takes on a greater weight through its verbal delivery. Both conversations about the family's trauma happen on the last day of the narrative, 'Day 473', when fatal events are reaching their climax. The first consists of only seven lines between Lee and his son Marcus, under the safety of a noisy waterfall. The subject of this conversation is Regan:

MARCUS

Do you blame her for what
happened?

LEE

No.

MARCUS

Because she blames herself.

LEE

It was no one's fault.

MARCUS

You still love her, right?

LEE

Of course I do.

MARCUS

You should tell her.

Communication is once again brought to the forefront by the family's inability to discuss their trauma.

This inability also has a fracturing effect within my own film, most evident in the crumbling relationship between Walt and his wife, Ruth. He cannot bring himself to tell her that he killed her brother, even though it was an act of mercy. As a result, their relationship becomes disconnected and Ruth's deafness comes to symbolise more than a disability. It also comes to symbolise Walt's inability to verbalise his trauma, and his belief that Ruth would be deaf to understanding his reason for shooting Ian, even if he could verbalise it.

Chion talks about the power of silence in relation to a number of films, but his reference to the films by Jaques Tati are particularly relevant to the position of silence within *A Quiet Place*, and my own film. Chion suggests that Tati's films contain characters 'who cannot easily communicate their emotions: a father doesn't know how to talk to his son in *Mon oncle* (1958), an elder couple no longer speak to each other in *Monsieur Hulot's Holiday* (1953), and [...] in *Playtime*, it is, as I've said, the silence between humans who have difficulty communicating through language.' According to Chion, the silence within each of these films 'participates in a symbolic framework and

a story', just as the silence within my own screenplay participates by representing the difficulties of speaking about the unspeakable.¹⁴⁵

The careful silence regarding the true weight of Beau's death on the family in *A Quiet Place* is finally broken by the mother, Evelyn. The viewer is afforded a flashback to the first bridge scene, just before Evelyn wakes up in a sound-proof bunker. She is with Lee and her newborn boy, but instead of talking about the baby, Evelyn begins talking about her deceased son, as if breaking through the silence of an already half-done conversation. Even when Lee asks her to resume the silence that has kept them alive throughout the film, for the first time, she cannot:

EVELYN

I could've carried him. He was so heavy, wasn't he? I can still... I can still feel the weight in my arms. Small but so heavy. And my hands were free. I was carrying my bag, but my hands were free.

LEE

You have to stop.

EVELYN

So I could've carried him. I should've carried him.

(BEAT)

Who are we if we can't protect them?

¹⁴⁵ Chion, *Film: A Sound Art*, pp. 147-148; Jacques Tati, *Mon oncle*, dir. by Jacques Tati (France: Specta Films, 1958); Pierre Aubert, Jacques Lagrange, Henri Marquet, Jacques Tati, *Le Vacances de Monsieur Hulot*, dir. by Jacques Tati (France: Discina Film, 1953); Art Buchwald, Jacques Lagrange, Jacques Tati, *Playtime*, dir. by Jacques Tati (France, Specta Films, 1967).

This conversation confirms previous suggestions put forward by both visual and audio storytelling devices concerning the weight of the family's trauma. After the time jump at the first bridge scene, gentle, contented music accompanies the image as the heavily pregnant Evelyn hangs her unborn child's mobile. However, when the scene cuts to Lee, looking through an old box of Beau's things, the same piece of music alters to take on a mournful tone, emphasising for the first time the family's enduring loss, 383 days later. The order of these images implies to the viewer that their choice to have another child may be a consequence of the death of their youngest son, possibly as an attempt to recalibrate their lives. This suspicion is supported when Beau is the first thought in Evelyn's mind after giving birth to her new son.

It is as if the pain of birthing this child into the world has allowed her to finally face the pain of speaking about Beau's death, and the weight of her mournful words resonate even louder because of the fact that they are emerging from extended silence. Sound editor Aadahl made the argument that cinemas are 'almost like a temple, in a way, that's protected from exterior sound. Normally that environment is used to just fill up the theatre with sound. But with quiet, it's just as effective for creating that insulated, pristine environment.' It is because of this environment that Evelyn's words are able to connect with such force and intimacy with the viewer, and the family's trauma is able to reach out from the screen with such high-impact, sensory results.

Conclusion

There are limits within film regarding the representation of trauma, but methods of narrative disruption, such as flashbacks and haptic cinema, can at least assist in its indication. In regard to haptic cinema, in particular, *Hiroshima mon amour* emphasises the influence of an ambiguous image in engaging the viewer and immersing them in the film's world, while *A Quiet Place* stresses the power of sound and silence as catalysts of viewer immersion and mastery – capable of both drawing the viewer in and leaving them in complete isolation.

Hiroshima mon amour offers an answer to the question of how to represent the 'unrepresentable': to attempt to gesture towards the effects of trauma through methods such as chronological disruption, rather than represent it directly. The latter can often result in the depiction of trauma as a totality which is, in itself, a betrayal of trauma. I believe that, by applying the methods discussed within this chapter to *The Battalion of Dandelions*, I have improved the potential within my own film of connecting viewer empathy with character trauma.

Unlike the atrocity of Hiroshima that haunts *Hiroshima mon amour*, the conflict within *A Quiet Place* is a fictional one, but one of the primary similarities that links these films is their inclusion of trauma as a result of the death of a loved one. By presenting trauma as a backdrop to the primary narrative, both films attempt to indicate rather than represent trauma, and guide rather than push the viewer to an appreciation of how it might affect the sufferer. The narrative choices, cinematic devices and haptic methods that I have used within my own screenplay have all been applied in order to produce similar results, including a respect for the complexities of trauma.

CONCLUSION

Since the late 19th century, film has acted as one of society's primary forms of mass communication for storytelling and informing audiences. The established prejudice towards visual difference is starting to be questioned within our society, and this thesis offers an original contribution to knowledge by outlining how film can support this change by promoting a humanised aesthetic of disfigurement. *The Battalion of Dandelions* is an example of how this objective might be realised, as it calls on specific filmic techniques and theories to fill the gap within British film culture concerning the commemoration of the facially-injured servicemen of World War One.

The prejudiced perceptions and discriminatory treatment that these servicemen encountered after leaving hospital was likely driven by anxiety inflamed by unfamiliarity with severe injuries to the face. The face is a decisive part of our status within society, but an 'abnormal' appearance disturbs identity and – in line with Kristeva's use of the term – is generally rejected as a source of feelings of abjection. Such responses to visual difference have been perpetuated by the disfigured monster within the horror genre.

The Battalion of Dandelions challenges audience members to reconsider to what degree their feelings of abjection towards the injured face in film is influenced by horror devices, by confronting them with both monstrous and humanised aesthetics of disfigurement in a single screenplay. When the shift in shooting techniques occurs in Scene 41 – from methods including audio shocks and negative motifs to wide frame and overexposure – the viewer may begin to recognise a similar shift in their emotive responses, and question the primary origins of their visual anxiety.

Experimenting with aesthetics of disfigurement was not the only way that I used cinematic techniques to influence the narrative impact of my screenplay. Investing in the exploration of the subject of trauma on screen transformed *The Battalion of Dandelions* from a conventional, linear narrative inspired by events in history to a three-dimensional story that travels through the complexities of human experience. My findings suggest that the application of specific stylistic techniques that disturb the image – such as hollow audio and blurred focus – are strong emotive tools when attempting to represent the unrepresentable, and enhance the viewer’s ability to relate to characters who have endured traumatic experiences.

Haptic cinema has proved an effective method in inciting greater empathy between audience members and characters. Vision and hearing can be, in themselves, tactile, and the filmmaker can encourage the use of these senses as organs of touch by using ambiguous images and sounds that encourage greater focus on the part of the viewer. The texture of an image softened through changes in focus, or rendered bizarre through extreme close-up shots, requires an intimacy of attention to decipher the object in question. When the unwilling viewer will not be tempted by the haptic image, haptic aurality can also be employed to manipulate sound and silence for their sensuous, assaultive or unnerving effects.

The temporal construct of the screenplay is addressed by Field’s Aristotelian three-act paradigm for screenwriting, but Daniel’s sequence paradigm is a superior structural tool in regard to what it offers the writer in terms of control over the mapping and management of narrative elements. The writing of *The Battalion of Dandelions* involved nine drafts, and for the purposes of a screenplay that not only aims to affect the viewer through its narrative, but also carefully considered directorial decisions, the sequence paradigm is a more practical referencing framework for significant edits.

The narrative of *The Battalion of Dandelions* is the result of historical documentation combined with imagination, but its fictitious elements do not offset the lived experiences – derived from interviews and unpublished memoirs – that have influenced its construction. The findings within this thesis, including archival interpretations and theoretical conclusions, have not only contributed to the composition of this screenplay, but also to the wider subject of facial disfigurement and its representation within our film culture. It has been made clear in my research that there is a considerable distance to go in regard to altering monstrous perceptions of visual difference, but that film can play an important part in affecting this change.

In future research I would consider the gendering of facial disfigurement in film, both in terms of disfigured characters and those who look upon them. Barbara Creed analyses the role of women in horror in her book, *The Monstrous Feminine*, as she challenges patriarchal constructions which either predominantly feature the ‘monstrous feminine’ as victims, or link them to mothering functions. The presence of disfigured women in film is a rare occurrence, and when they are featured – as in the 1941 thriller *A Woman’s Face* or the 1960 horror *Eyes Without A Face* – unlike their male counterparts they are often presented as victims of fate, rather than inherently monstrous.¹⁴⁶

The 2019 film *Dirty God* presents Jade, a female acid attack victim, as its protagonist. Though distressed by her injury’s negative effects upon her daily life and sense of self, Jade develops a defiance that, unlike common representations of female disfigurement, paints her as a challenger rather than a victim of fate. In addition, the film’s director, Sacha Polak, uses filmic techniques utilised within my

¹⁴⁶ Barbara Creed, *The Monstrous Feminine: Film, Feminism, Psychoanalysis* (New York: Routledge, 1993); Donald Ogden Stewart, *A Woman’s Face*, dir. by George Cukor (US: Metro-Goldwyn-Mayer, 1941).

own screenplay to soften the appearance facial injury – including deriving light from natural sources and offering intimate, close-up camera shots of Jade’s skin – to ensure that visual difference is not sensationalised, but rather delicately studied for both its natural appearance, and its effects upon Jade’s status as both a mother and a member of society.

In *Dirty God*, Jade reveals that it was an ex-partner who carried out the acid attack on her. It is due to the societal value that is placed upon the female face that acid attacks are perpetrated – most frequently by men – as a form of violent revenge upon women. With this in mind, it is not only the function of facially injured women as characters that might be analysed in relation to their male counterparts in film, but also the depicted origins of their injuries – whether accidental or intentional – and how personal and social impact can vary dependent upon these origins. As such, the question of gender and facial disfigurement in film is evidently one that demands further consideration.¹⁴⁷

This thesis has addressed questions regarding how archival research intersects with the process of character, scene and narrative construction, how specific cinematic techniques can be used to encourage a humanised, or monstrous aesthetic of disfigurement, and to what degree narrative and visual methods can be applied to film to enhance viewer empathy towards character trauma. Its findings have culminated in the creation of the first British feature-length screenplay to present an historical narrative focusing upon the experiences of facially-injured World War One servicemen. The contribution that these servicemen made to both military and medical history may have been commemorated in film decades ago had the monstrous stereotype of disfigurement been addressed earlier in film. However, the deep-rooted existence of

¹⁴⁷ Sacha Polak, Susanne Farrell, *Dirty God*, dir. by Sacha Polak (UK: EMU Films, 2019).

visual prejudice is beginning to be challenged within our society, and this thesis plays a creative and critical part in contributing to this change.

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