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Brains for Hire: Exploring the Role of Psychiatric Consultancy in *The Aviator*

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Introduction: The Accuracy Fallacy

Within 24-hours of taking a call from Leonardo DiCaprio's personal assistant – Dr Jeffrey M. Schwartz, MD., an expert in Obsessive Compulsive Disorder (OCD), found himself in the Hollywood superstar's living room. At the end of their conversation, it was agreed that Schwartz, a Research Psychiatrist from the University of Los Angeles California (UCLA), would take a role as psychiatric consultant to DiCaprio to advise him on how to craft his performance of notorious Hollywood director and aviator Howard Hughes. Over a number of weeks and lengthy pre-production meetings Schwartz and DiCaprio extensively reviewed the first draft of John Logan's script for *The Aviator* (Martin Scorsese, 2004). Specifically, DiCaprio sought Schwartz's insight into the most effective ways to bring the symptoms and experiences of OCD to life on screen. As part of this arrangement it was also agreed that one of the film's production researchers would attend a session of Dr Schwartz's weekly OCD support group to make notes about the members' lived experiences with the disorder. Due to the rich insights from Schwartz and the members of his group, the production then also employed the consultancy services of Edward (assumed name), one of the group's members, to provide a lived experience perspective alongside Schwartz's clinical research expertise.

Scholarly accounts and analyses of psychiatric expertise and its use in film productions are extremely thin on the ground. There is, however, a large body of scholarship that focuses upon the topic of media representations of mental illness. Through the majority of this work there are some consistencies and trends that warrant reconsideration and critical appraisal. First, the overwhelming majority of such texts have been written by research psychiatrists and psychiatric academics. Consequently, the dominant critical rhetoric on representations of mental illness in media and film tends to be overly focussed upon notions of “inaccurate” portrayals and “stigmatising” stereotypes being perpetuated by the mass media (cf. Wahl [2006]; Wedding and Boyd [1999]; Byrne [2000]; Stuart [2006]; Roberts [2011]; and Nairn, Coverdale and Coverdale [2011]). This may not come as much of a surprise, given that the professional backgrounds of the majority of these writers is in the discipline of psychiatry and thus clinical expertise is likely to lead to a focus on the minutiae of symptomology and the representation of their profession in media imagery. However, what is surprising is the frequency with which these texts make broad claims about “media effects”.

A small number of media studies scholars (cf. Philo [1996], Blackman and Walkerdine [2001], Cross [2004, 2010], and Harper [2005, 2009]) have challenged these over-simplified assertions whilst acknowledging the important need for advanced and nuanced study of the wider impacts and repercussions of mental health stigma perpetuated through the media. For instance, Stephen Harper (2005: 479) points out that much of this psychiatry-based research seems to overlook the fact that ‘the public does not always accept media disparagement of the mentally ill’ and audience responses to such imagery and stereotyping is almost certain to be varied and influenced by a wide range of demographic characteristics, such as age,

gender, race and ethnicity, lived experiences of mental ill health, occupation, education, and more.

Another curiosity of this preoccupation with the perceived inaccurate portrayals of mental illness stems from a claim made by Emeritus Professor of Psychiatry Stephen Hyler in 1988. In *Comprehensive Psychiatry*, Hyler proclaimed that, in his estimation and experience of film and television depictions of mental illnesses, 'a surprisingly large number of such portrayals are reasonably accurate.' (1988: 205). Much, but by no means all, of these psychiatric forays into media representations of mental illness commonly overlook this point of view and seem to persist in the insistence that most media depictions are egregiously wide of the mark and therefore socially harmful. Even in cases of films that did employ psychiatric experts as consultants there remains disagreement about the quality and convincing nature of the resultant depictions. For instance, the production team of *A Beautiful Mind* (Howard: 2001) employed the services of Dr Marianne Gillow, MD to act as a psychological consultant and gave a special thanks in the credits to Psychiatry and Neurology Professor Max Fink, MD for his advice. This inclusion of psychiatric expertise was one factor that led to Ben Green (2007) describing the film as 'reasonably realistic' and Peter Remington (2010: 161) stating that the film offered 'a tidy representation of schizophrenia'. However, this did not prevent Russell Crowe's performance of the film's schizophrenic protagonist and the film's depiction of medication and psychiatric treatment being sternly criticised by several other psychiatric writers. To take just one example, Ron Roberts (2011: 42) criticises *A Beautiful Mind* for its 'litany of lies and half-truths' and for 'promulgating psychiatric propaganda' (ibid: 54).

Wedding, Boyd and Niemiec (2010: 2) state that ‘a mental health consultant may be used with certain films...particularly involving fine tuning the screenplay and helping the director and actors understand psychological phenomena; we believe mental health consultants should be sought out for every film portraying a psychological condition...Unfortunately, such consultants are sorely underutilized in cinema’ (original italics). Whilst increased inclusion of psychiatric consultants would be welcomed by many, the disagreement among authors and experts in the fields of psychiatry about what constitutes “accuracy” and which portrayals satisfactorily match such criteria highlights the limited use that such scrutiny can have both during the input of consultants as well as in subsequent critiques of the texts they help to inform. Thus, a critical and qualitative investigation is needed to further explore and understand how psychiatric expertise is put to use in the context of film production and preparation. This chapter offers new critical insights and analysis into the role of psychiatric film consultancy, drawn from qualitative interviews with both Schwartz and Edward exploring their experiences in helping to craft DiCaprio’s portrayal of Howard Hughes.

Understanding Symptomology and “Finding the Right Feeling”

What spurred DiCaprio into seeking psychiatric consultation for the role in the first place was a baffling segment of the screenplay that left the Hollywood star perplexed. Over a section of almost an entire page, in which Hughes inspects in excruciating detail the steering wheel for a plane his company is building, Hughes’s lines only read: “Show me all the blueprints”. The five-word phrase is repeated more than a dozen times in succession. This is one of the story’s key plot points, in which the severity of Hughes’s OCD begins to take over him and become apparent to

others around him, including the audience. In Schwartz's recollections of his first meeting with DiCaprio he said:

That line "Show me the blueprints", that was the initial thing that [DiCaprio] wanted my advice on... In the first ten minutes of me meeting him, that's what he wanted to know about. "What do I do with this?", [DiCaprio] said that himself. You know, here was a script just saying, "show me the blueprints" many times in a row, and he was kind of going "as an actor, what am I supposed to do with that?" (Schwartz Part 1, 14:46-15:55)

DiCaprio's uncertainty about how to approach the repetitive dialogue spoke to a need to have an appreciation and understanding of the minutiae of OCD's impact on the mind and the brain, and how in the midst of severe episodes these symptoms and mental rituals can become all-consuming to their subject. To guide DiCaprio on his approach bringing the dialogue to life Schwartz explained that:

There would be two things going on, in a person with OCD, when they're saying the same thing again and again. Those two things would be basically some version of counting...where you would have some like magical number, like you have to say [it] a certain number of times and then, that gets coupled with a certain rhythm and a certain accentuation of the way the words come out. (Schwartz Part 2: 1:03:08-1:06:27)

Thus, DiCaprio's performance of the scene heavily leaned on the sense of rhythmical delivery and numerical repetition. His verbal delivery actually repeats the phrase "show me all the blueprints" significantly more than the thirteen times it is written in the script, accelerating and decelerating the delivery, at times coupling and

overlapping the end and beginning of one repetition into another and in others distinctly separating the iterations with enunciated staccato. This is embellished with fluctuations in voice volume also, and extra depth and dimension is added by emphasising Hughes's attempts to break the cycle of phrase repetition by inserting new phrases and mannerisms to try to disrupt the downward spiral. These latter techniques, such as pausing and coughing to try and reset the mental cycle or trying to reintroduce the looped phrase with a new framing – such as Hughes stopping, clearing his throat and then saying “I want to get this done right so show me all the blueprints” – in an attempt to authoritatively deliver the troublesome line were additions suggested by both Schwartz and Edward. The key aspect to both consultants' suggestions was to focus on how a person with OCD would at a moment like this by trying to find “the right feeling” (a common phrase that many people with OCD as well as clinicians use to colloquially describe the unexplainable trigger that finally satisfies and ends the cycle of OCD-related anxiety). In this case, it was emphasised by both consultants that the attempt to find the “right feeling” would be through variation in the verbal delivery, a form of experimentation with the stuck phraseology in order to discover and fulfil a mental sensation that ends the cycle.

A similar approach was suggested by Edward for a scene in which Hughes compulsively washes his hands in a restroom. For this, Edward reiterated to DiCaprio the importance of the fact that, in his experience, Hughes would likely feel it imperative to wash his hands until it “felt right”, no matter how long that might take or how much consequential damage would be done to the skin on his hands. This was a recommendation stemmed from Edward's own personal lived experience of similar washing and hygiene routines based on a particular set of OCD triggers and symptoms that were connected to anxieties of contamination (something Edward

insists was key to his selection from the OCD support group above other members with lived experience of OCD to consult with DiCaprio). So too, Edward emphasised how precarious these rituals and routines can be, and how quickly they can become unsettled and thus need repeating. In his own words:

[I said to DiCaprio] If you're washing your hands in the bathroom...and you go to dry them, and some water fell on your foot... [a person with OCD would think] "Oh shit! My hands aren't clean [I've] got to rewash them". Or, if you wash them and it didn't feel right, you know, there would have to be a certain feeling there, and if that feeling wasn't there you'd continue to wash until you get that feeling, but you can't explain what that feeling is, it just has to be the right feeling. (Edward Part 1: 1:03:37-1:05:01)

Indeed, this sense of “finding the right feeling” became a key component explored in a short info-film that was produced as a DVD extra for *The Aviator*. The short film, titled *The Affliction of Howard Hughes*, features excerpts of DiCaprio giving press interviews to promote the film in which he talks about the research that he did into Hughes’s illness and the work he did with Dr Schwartz. As well as these promotional materials, there are numerous talking head interviews with Dr Schwartz, Edward (silhouetted out in order to maintain his anonymity), and several other members of Schwartz’s OCD group at UCLA to provide factual information about the condition. The inclusion of this film in the DVD extras came as a form of compromise to some suggestions made by Schwartz and Edward – to be discussed further in a later section of this chapter – and served as one of many “authenticating artefacts” used in the film’s marketing to emphasise to viewers the sincerity, credibility and authenticity of the film’s representation of mental illness.

“Authenticating Artefacts”

Though critical arguments based around the perceived authenticity of representations of mental illness are, as outlined earlier, often quite limited, that is not to say that the issue of accuracy and authenticity does not have currency in popular discourse. Many film productions – especially those, like *The Aviator*, which are based on real events or life stories – go to great lengths in their production and promotional strategies to emphasise the inclusion of what I call “authenticating artefacts”. These artefacts, which can take many forms, serve to legitimise the credibility of the film’s story by connecting the film’s characterisation and narration to relevant external artefacts or expertise that divert away from the film’s narrative conceits and liberties in storytelling.

In many cases, certainly within the biopic genre, these authenticating artefacts may be historical or biographical, such as highlighting the fact that the film is based on a real person’s memoir or (auto)biography. There are numerous examples of biopics whose main subject experiences mental ill health – as well as a large range of other texts – that deploy this strategy, such as *Girl, Interrupted* (Mangold: 1999), an adaptation of Susanna Kaysen’s autobiography; *Prozac Nation* (Skjoldbjærg: 2001), based on Elizabeth Wurtzel’s memoir; or *Beautiful Boy* (van Groeningen: 2018), developed from David Sheff’s book of the same name recounting his own Son’s troubles with drug addiction. In other cases, biographical films will commonly show archival footage or photographs of the real-life subjects within the film or at the end in the final credits as a means of emphasising the physical likeness that the film’s stars may have to their historical counterpart. As Dennis Bingham (2010: 82) points out, this has almost become de rigueur for the genre and compels the

audience into comparison. Some actors may also get the opportunity to meet the person they are portraying, such as Jamie Foxx taking piano lessons with Ray Charles¹ as preparation for *Ray* (Hackford: 2004) or Eddie Redmayne meeting with Stephen Hawking before shooting *The Theory of Everything* (Marsh: 2014). Regardless of the specific form, these authenticators commonly constitute valuable promotional opportunities for studios, production companies and distributors to capitalise on the popularity of cinema's connection to "reality" that seems so desirable in cinema culture. This perceived connection between cinema and reality tends to fare especially well during film awards season. As Robert Rosenstone (2012: 101) notes, despite a seemingly poor reputation as a genre in public attention, a significant majority of Best Picture and Best Actor/Actress Academy Awards (Oscars) have gone to biopics over the last 45+ years compared to other genres, in large part because of their apparent "worthiness" generated from a supposed connection to "real life".

When it comes to films (whether biographical or not) that have a significant focus on narratives of mental illness, the deployment and emphasis of authenticating artefacts continues to be an important feature. For instance, *The Three Faces of Eve* (Johnson: 1957), opens with the film's narrator, real-life journalist Alistair Cooke, giving a direct address to the audience. Cooke proclaims that Eve's (Joanne Woodward) story presents a "true" account of Multiple Personality Disorder (MPD) that is made even more remarkable due to the large body of medical research that underpins the film. Cooke insists that the film does not resort to sensationalism and has not taken any creative liberties with the narrative, instead remarking that 'the

¹ Foxx himself was already a proficient piano player, having received a music scholarship to attend university. However, the meetings and play-along sessions with Charles were emphasised in the film's promotion as a way for Foxx to get close-up insight into the idiosyncratic mannerisms and style of Charles as he played and performed.

truth itself is fabulous enough'. The medical research that Cooke refers to here is the authenticating artefact on which the film is based; a book of the same name by psychiatrists Corbett H. Thigpen, MD and Hervey M. Cleckley, MD about their experiences treating a patient with MPD. An extra dimension of legitimacy is added here in that Cooke, a well-known real-life journalist and broadcaster, not depicting a character or absent narrator but instead an omniscient narrator with real-life credibility, further codifies the film's content as ostensibly authentic as a result of his professional status. For a broadcaster of this stature to endorse and reify the medical research of Thigpen and Cleckley further enhances the sense of trustworthiness in the film's presentation of MPD.

Despite this emphasis on the psychiatric expertise reinforcing the film's credentials, Dr Schwartz himself, when discussing the pervasive clichés of mental illness in the cinema, bemoaned the overly common presence of multiple personalities as a narrative trope and cinematic symptom presented for dramatic effect. Schwartz stated that, when he praised *The Aviator* as one of the best portrayals of mental illness in cinema at the premiere, one of the film's producers raised *The Three Faces of Eve* as part of that conversation. This was something Schwartz dismissed, stating:

As far as [MPD in cinema] is concerned, I'm not going to waste my time, quite candidly. None of those films [depicting MPD] can possibly [compete with The Aviator] because, you know, multiple personality is such a bizarre thing and of all the things "psychiatric" that have been overdone in cinema, that's pretty clearly at the top...[when] it is not actually a well described syndrome. It's a very controversial mishmash of diagnostic entities. (Schwartz Part 1: 39:49-44:02)

In an effort to avoid many of the perceived clichés of mental illness found elsewhere in cinema, Schwartz not only participated in extensive pre-production processes – such as vetting John Logan’s screenplay and consulting with DiCaprio about particular mannerisms, symptoms and underlying thought processes experienced by many people with OCD – but also needed to frame his explanations by relating to other film representations. In their initial meetings Schwartz discussed the performances of ‘neurotic conflict’ and personality disorders by actors such as Robert De Niro in *Taxi Driver* (Scorsese: 1976) and *Raging Bull* (Scorsese: 1980) and Catherine Deneuve in *Belle De Jour* (Buñuel: 1967). In doing so, and in primarily relating to Scorsese films, Schwartz was also presenting something of an authenticating artefact of his own by showing DiCaprio and Scorsese that he had a level of cinema literacy, and as such would be able to bridge the gap between his clinical psychiatric expertise and their cinematic production expertise.

Schwartz insisted to DiCaprio and Scorsese that these other film examples could be useful touchstones for crafting DiCaprio’s performance of the more severe aspects of Hughes’s condition. However, Schwartz also impressed upon them how *The Aviator* would benefit further as a result of being about a real-life subject who (retrospectively) had a real diagnosis. Thus, there was a blend of intertextual and clinical referents that could be drawn on to inform and refine the performance of Hughes’s OCD. In Schwartz’s own words:

I told [DiCaprio] that I thought [Taxi Driver] was an extremely good portrayal of what probably could be understood as paranoid schizophrenia, although it wasn’t [specifically] a portrayal of paranoid schizophrenia in the sense that it was a fictional character...now, we’re portraying a real person with a real

diagnosis, so I mean, I think we're going to do considerably better than that in terms of portraying a psychiatric illness. And [DiCaprio] definitely got excited by that. So when I was framing what I was wanting to do with him, in terms of...using the portrayal of Travis Bickle, not as a kind of jumping off point in terms of what we're going to do because it's a different diagnosis, but saying "look, this is quite a realistic portrayal for a fictional character in a film that's not really about psychiatric disorder per se, and now with Hughes, it's a real person, with a real psychiatric disorder, and I'm an expert in that disorder, we're going to take this to the next level." (Schwartz Part 1: 40:27-42:39)

This is an important factor that criticisms from psychiatric writers when they discuss accuracy and authenticity in cinematic representation do not seem to account for in their critiques. In order for Dr Schwartz to fully get his points across and translate his clinical expertise into a form that effectively facilitates artistic expression, it was vital for Schwartz not just to recite and explain the intricacies of neurological and psychiatric knowledge to the performers and director but to make this information tangible for the creatives in the production by connecting that knowledge to film discourse. As David Kirby (2010: 8) explains in his account of scientific consultants working in Hollywood, 'the goal for...consultants is to let filmmakers negotiate...accuracy within their own context of narrative, genre, and audiences.' Thus, expectations from external critics within the psychiatric discipline (or elsewhere outside of Film and Media Studies and film production circles) about accuracy in representation is immediately diminished by the internal process of consulting, which inherently requires the traversing of clinical and artistic boundaries to effectively communicate knowledge in a meaningful way that enhances performance and representation.

The Role(s) of Psychiatric Consultant

Initially, the input of psychiatric consultation in the film came in pre-production meetings between Dr Schwartz, DiCaprio and Scorsese and his personal researcher Marianne Bower, in Los Angeles. As a group, they went through the whole script and discussed the intricacies of OCD symptomology and experiences as they arose. At this early stage, Schwartz said that what they were primarily reviewing was the descriptions of OCD in the stage directions and dialogue:

The corrections that were made [to the script] were all finer points of wording.

The finer points of wording [...] about the way a person with OCD would actually think about what was going on [in that moment].

One alteration that Schwartz felt was needed came in a scene where Hughes, usually very private and secretive about his OCD, confides to his lover Katharine Hepburn (Cate Blanchett) that he has experiences that he knows are irrational. Schwartz explained that in the first version of the script he felt the writing suggested that Hughes heard voices and that this needed to be addressed:

We have no evidence to think that Hughes heard voices, and people with OCD do not hear voices. If they're hearing voices, then that throws the diagnosis into question [...] [The script] was written originally in a way too suggestive of a hallucination rather than a thought that was so bothersome that it felt like it was real without actually being a sensory hallucination; that I fixed. (Schwartz Part 2: 1:06:43-1:09:13)

This statement exemplifies just how minor the imprecisions within writing can be for characterisations of mental ill health to feature incongruous symptomology.

However, an illustration of just how difficult it can be for all parties involved in the process of psychiatric consultancy – in this case, Schwartz, DiCaprio, Scorsese and Barrow – to come to the same wavelength about such details is exhibited in the director's commentary on the film's DVD, in which Scorsese claims:

It was a long process. It's difficult to describe because people think "Oh, [DiCaprio] got it from a doctor, he got it from a guy who really had OCD", no, it's not that simple. It's based on what John Logan wrote, and Logan was able to layer it into the script in such a way that it withstood the scrutiny of the doctor(s) and the people who actually have OCD. It really withstood that, plus they helped us add to it. And when we added to it, we also realised that we were adding maybe too much, so we'd shoot, then do a version which had more, then less and that sort of thing.

In Schwartz's estimation, the original draft of the script was reasonably well-informed and sensitive to the symptoms and experiences of OCD. However, as the previous extract from our interview shows, there were imprecisions and anomalies that needed adjusting. This was also true in Edward's view. As he explained:

I spoke to [DiCaprio's] Personal Assistant [...] and she handed me a script. She said "We would like you to read through the script" [...] so I was just reading the script, and things just didn't sound right, in the script. I don't remember exactly what didn't sound right, but they just didn't sound right. I don't know how to explain it. [...] I spoke to [DiCaprio] and it ended up they

gave me the wrong script. They gave me the first draft of the script. (Edward Part 1: 19:38-21:52)

Therefore, contrary to Scorsese's repeated claims that Logan's original script was approved by the consultants, both Schwartz and Edward independently expressed their view that aspects of the script's description of OCD could be refined to enhance the portrayal.

Once the cast and crew had flown out to their studio in Montreal, Canada, Schwartz's involvement was reduced to occasional phone calls to double check details or quick queries. However, it was at this stage of production that Edward's involvement became more pronounced. Edward was invited to Montreal for almost a week to help in the final preparations for DiCaprio's filming. However, despite having greater involvement at different points in the pre-production process – and both consultants having various different tasks based on their clinical and lived expertise – both Dr Schwartz and Edward were also tasked with some similar responsibilities.

In both consultants' experiences there was a request from Scorsese, DiCaprio and Bower for them to "act out" moments of the script featuring Hughes having manifestations of OCD symptoms or an episode of obsessive thoughts leading to extreme compulsive behaviour. In Schwartz's case, the acting out was part vetting the screenplay and attempting to illustrate how the words on the page may look and sound when expressed by a person with OCD. Schwartz gave indications of the types of cadences typical in his experience of treating and working with patients who have excessive verbal repetition as a core symptom. These vignette performances were recorded by Bower to be referred back to in later stages of pre-production and filming.

Edward's experience of acting out scenes from the script were much nearer to the beginning of filming and involved the setting up of props and blocking. This approach was beneficial for two reasons. Firstly, it gave DiCaprio a sense of how a person with contamination obsessions and hygiene-focussed compulsive behaviours would likely behave in and embody the specific spaces the scenes would take place in. Second, this was a more technical driven approach to figure out the placement of lighting, camera positions and the blocking of other actors present in the scene based on the ritualistic behaviours acted out by Edward. For instance, Edward spoke at length about his views on a key scene in which Hughes, attending a movie premiere, is washing his hands in a bathroom when another guest with polio (visible by his walking with the aid of crutches) asks Hughes to hand him a towel; something Hughes is unable to do on account of his contamination anxiety. In his reflections on this, Edward said:

We practiced that scene in the bathroom, and he asked me "well why wouldn't you hand the guy the towel?" I said, "because with my contamination issues, it's my hands; [I worry about] my hands being exposed [...] it's not like the polio is going to jump on you or anything like that, you know? But still, just the idea of reaching over there [is too much]". (Edward Part 1: 28:27-29:25)

Following this insight from Edward, the cinematography of this scene – as well as a number of other bathroom scenes throughout the film – places great emphasis upon Hughes's hands. They are often closely framed and lingered upon as they are meticulously washed. When the towel is requested by the other guest, Scorsese's direction features a two-shot of the men in the mirror as they wash at the basins. As Hughes glances to his side towards the stack of clean towels the camera quickly

cuts to a medium-close up of the towels and then another quick cut to a low angle shot from what Scorsese refers to in the DVD commentary as the “POV of the towel, looking back at him”, emphasising the irrational but powerful anxiety this moment causes Hughes; the towel almost intimidating and mocking Hughes by returning his gaze.

In a similar scene later in the film, Hughes scrubs his hands vigorously with his personal bar of abrasive soap. Exacerbated by the stress of having just been humiliated by Juan Tripp (Alec Baldwin), Hughes’s greatest rival in the aviation industry, he cleans his hands to the point that he draws blood. After wiping the blood from his hand and discarding the towel Hughes discovers a bloody spot on his shirt, which he then tries to wash out. The physical awkwardness of DiCaprio’s movement emphasises the extremity of the compulsive behaviour and stubbornness of Hughes in his pursuit of total cleanliness, as he almost raises the shirt to his neck in an attempt to hunch over the basin and wash out the spot. These movements were taken from rehearsed recordings of Edward’s acting out of the scene pre-filming. Once dry, Hughes approaches the door as a close up of his hand is shown, followed by an over the shoulder POV shot showing Hughes looking at the doorknob. Hughes slowly reaches out, his hand closely framed again as it trembles, before defeatedly putting his hand back by his side as he cannot bear to touch the knob. His anxiety is only worsened when he realises that he has already soiled all the towels in the room and so cannot leave. Overwhelmed, he leans against the wall by the door until somebody enters the room and he is able to duck out without being seen or touching the door. The physical performance of this OCD episode was influenced directly by Edward’s input, as well as Schwartz’s initial discussions of the screenplay. Edward explained to me that this concern about directly touching doorknobs was a prominent

aspect of his own experience with OCD and that in his first meeting with DiCaprio he showed him his personal washing ritual:

I said, "Do you want me to show you?" and he said "Sure". So, we went into the bathroom and I went through the compulsions I had for obsessions [...] I went through my washing ritual [and] when I was done washing my hands I opened the door with a towel or a rag because I didn't want to touch the doorknob. Then I took the rag and threw it behind the door. That was one of the first things that we went over. (Edward Part 1: 22:02-24:01)

As a result of Schwartz and Edward's input, the production team came up with a comprehensive chart of Hughes's known OCD symptoms to be consulted during filming. This information was partially gathered from Schwartz and DiCaprio viewing archival footage of Hughes in public life to observe any moments where he exhibited tics that Schwartz felt would be linked to his OCD (such as his habitual tugging of his left trouser leg); the various notes and opinions given from the script vetting of both Schwartz and Edward; and Edward's demonstration of his washing rituals and associated obsessions and compulsions. Scorsese elaborated in the DVD commentary on using the chart:

As [Hughes] gets older, in certain sequences...certainly in [DiCaprio's] perception of how to play the scene and also the different levels of manifestation of these obsessions, we had to have a chart of what manifestations could occur in the particular scene at that time in his life. Even though we shot out of continuity, we could always refer to the chart and play around with ideas [for what symptom/tic to use] – whether it was a nervous

coughing or, the thing we noticed from footage of Hughes, he kept touching his pant leg this way – and when to introduce that.

Scorsese also said, whilst maintaining his view that the original script was approved by the consultants:

We sort of had a chart of the whole movie and which aspect of OCD would be manifested in [a] scene; the one that's in the script, which passed the tests of all the experts, [or] we can add this, plus we can add a touch of that “left pant leg”, he was always doing that. How many times shall we do that, and when we do it, when's the first time we should really see it? If it's the first time, should it be a little less, should it be something you hardly notice? ...Then we layer it in throughout the picture. So, we had a chart based on the research with Dr Schwartz and [Edward] but, again, this is pretty well based upon what John [Logan] had in that script already.

What is important here in these excerpts from Scorsese's commentary is the sense that much of the process of developing the sense of growing severity in Hughes's symptoms was done through the film's editing. Whilst this is unsurprising, considering the frequency with which feature films are shot out of continuity, what is perhaps surprising is that neither Schwartz nor Edward were involved in the editing in any way. Therefore, this highlights another area where the motivations and agendas of psychiatric consultants and filmmaking creative staff can lose synchronisation in the balancing of “accuracy” and storytelling for entertainment purposes. Whilst Schwartz and Edward's input, in both their views, were treated respectfully and appreciatively, they ultimately, and inevitably, relinquished control of how that information was put to use in the post-production stages.

Outcomes/Conclusion

Despite not having any bearing on the postproduction process – which Scorsese insists is where the majority of the composition of Hughes’s OCD characterisation was achieved – Edward, and Dr Schwartz especially, found themselves re-enlisted in their consultancy roles to assist in the film’s marketing. It is in these moments that both Edward and Schwartz serve as “authenticating artefacts” for the film’s portrayal of OCD. One of the compromises that needed to be made between Schwartz and Edward’s input and the film’s creative prerogatives came in discussion of the film’s omission of the actual term “OCD”. As it is, at no point in the film is the phrase Obsessive Compulsive Disorder used or referred to. Whilst that might seem problematic to some, Schwartz acknowledges that it is completely realistic that the film not mention the name of Hughes’s disorder because, in the period in which Hughes lived, the disorder was practically unknown compared to today. However, both Schwartz and Edward spoke to Scorsese and the producers at Miramax to request that, either at the beginning or end of the film, a digital on-screen graphic (DOG) appear on screen to explain that Howard Hughes suffered from what is now known to be OCD. These requests were not granted. Instead, a compromise was reached whereby Dr Schwartz and Edward would participate in the making of a short info-film to feature in the DVD extras, which would directly address and explore the disorder. As such, this exemplifies the way that the insights of both consultants were only acted upon when the creative agents in the film production felt this contributed to the overall creative vision of the project. No graphic was included to contextualise Hughes’s disorder because this was not seen as befitting to the creative style of the film.

Kirby (2010: 9) explains that film studios 'prominently feature their consultant's scientific expertise in publicity material. By hiring scientists, studios borrow their expertise to claim legitimacy for the science on screen.' This is a strategy we also see in this instance with the psychiatric consultancy services, in which *The Aviator* covers all bases by not only employing and broadcasting its inclusion of Dr Schwartz's clinical and professional expertise but also Edward's lived experience of OCD as a means of further authenticating the film's depiction of the illness.

The DVD extras also included a recording of a round table discussion between Dr Schwartz, Scorsese, DiCaprio and Terry Moore (Hughes's ex-wife). In this recording, which preceded an advanced screening of the film for select Academy members in Hollywood, not only did DiCaprio pay tribute to Schwartz's expertise and contribution, but also went as far as to say that in working with Schwartz he had retrained his brain to revisit and recentre neurological compulsions that he himself experienced as a child. In doing so, DiCaprio discursively aligned himself to Hughes and his condition, emphasising a sense of shared experience between himself and his character in a manner similar to that which Bingham (2010: 93) recognises in film criticism and reception as descriptions of actors "channelling" specific real-life characters that they portray, evocating a sense of spiritual connection within the portrayal as opposed to a sense of sheer mimicry or impersonation.

There is also a sense of mutual benefit in the participation in psychiatric consultancy. Though both consultants had to make do with information about OCD being included in the DVD extras – which themselves perhaps only really came into being because of their value to the film's promotion and Miramax's aspirations for awards recognition – there is no doubt that both consultants reaped benefits from this experience also, a factor that is rarely acknowledged within psychiatric

scholarship considering mental health expertise and media representation. On a professional level, Dr Schwartz benefitted from DiCaprio's mentions in interviews that he had read Schwartz's book *Brain Lock* (1997) before meeting Schwartz and was then able to include a testimonial from DiCaprio on the cover of his next book *You Are Not Your Brain* (2011). Indeed, a later edition of *Brain Lock* released in 2017 began with a foreword based on an anecdote of one of Howard Hughes's compulsions. Schwartz was also able to include publicity stills from the film premiere on his personal website and has embedded a YouTube video of one of the DVD extras info-films on the site also, representing a reciprocal benefit whereby the film benefits from his clinical expertise whilst his professional endeavours are boosted by the enhanced visibility and publicity attached to the film's status. This culminated in Schwartz being invited to address the United Nations (UN) in 2008 to discuss advances in the use of mindful awareness as a means to treat OCD and other mental health issues. In doing so, Schwartz recounted a similar anecdote to that of DiCaprio in the info-film, in which he claimed to experience compulsive behaviours as a result of the work he had done with Schwartz in preparing to play Hughes.

For Edward, who had no professional stake in this process but instead one directly based on lived experience, the primary benefit was perhaps an unexpected one. In his own words:

After I got back from Montreal, going through the script, discussing all the scenes, I became a lot better with my OCD. My OCD was really in check...Since Montreal I've been pretty damn good. What I got out of it was that I felt a lot better and I think I made a big improvement [with OCD].

In participating in consultation on the film, Edward felt an improvement in his wellbeing and a decrease in the severity of his obsessions and compulsions. Both Schwartz and Edward were therefore able to reap benefit from the process of consulting on film production beyond monetary compensation. This adds extra dimension and complexity to evaluating the role and input of psychiatric expertise and opens up additional avenues for critical exploration. As Stephen Crawford and Henri Colt (2011: 30) state, 'through fiction and true-life stories, medical movies depict larger-than-life characters and situations that entertain, educate, infuriate, and illuminate us about the human condition.' This is certainly true with Howard Hughes and DiCaprio's performance of the eccentric billionaire. By employing varied psychiatric expertise, the characterisation and representation of Hughes had greater dimension and attention to detail than it might have otherwise. However, in ways that would be hard to fathom without further qualitative exploration of the role of psychiatric consultant, the benefits of such expert contributions that extend outside the frame – such as Dr Schwartz being able to capitalise on the increased public attention in his work to advocate for meaningful changes in treatment to a broader audience and for Edward to experience improvement in his personal wellbeing as a result of using his difficult experiences to benefit the film's portrayal of OCD – might go unrecognised as a form of social good that emerges from the process of psychiatric film consultancy.

Note

This interview research was carried out in 2014 with the ethical approval of the University of East Anglia's Research Office.

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