

***Unsane*, dir. by Steven Soderbergh** (Bleecker Street, 2018)

Horror has a love-hate relationship with mental health. At the same time that it gives voice to those othered by their struggles with mental-health issues and those who care for them, it also demonises those same parties, turning madness into a threat every bit as unapproachable as any supernatural demon or spirit. It turns mental institutions into prisons and their staffs into gothic villains and mad scientists seeking to manipulate and torture patients for their own sadistic gains. Films that feature such settings pit patients against staff – *One Flew Over the Cuckoo's Nest* (1975), *Shutter Island* (2010), *The Ward* (2010), *Stonehearst Asylum* (2014) – or patients against the world – *Halloween* (1978), *Silence of the Lambs* (1991), *Split* (2016). This is not to mention the many horrific figures who never make it to the hospital but who give audiences a first-hand view of dangerous delusions. The trailer for Steven Soderbergh's 2018 *Unsane* wedges the film right in the middle of this filmic mental-asylum tradition, focusing on a young woman coerced into a restrictive hospital but who may belong there after all. The fear is that she is, in fact, not in control of her mind and its interpretation of the world. The even bigger fear is that she is perfectly well, and that the surrounding world conspires to suppress a sane mind into an 'unsane' one. The biggest fear of all is that we, the audience, can't tell the difference.

In one sense, the film plays right into audience expectations about asylum horror films. Soderberg has been in this setting before, with projects like *Side Effects* (2013) and *The Knick* (2014-15), but these films focused on different sinister angles of mental-health care. In *Unsane*, we briefly see protagonist Sawyer Valentini (Claire Foy) at her new job as a financial consultant in a new city. We witness her strained relationships with others: snapping at a customer, forcing a conversation with her mother, ducking advances from her boss, encouraging a fleeting (failed) sexual encounter with a stranger. She does not ingratiate herself with the audience, coming across as cold, brusque, and self-centred. In this context, we learn that, as a victim of stalking, she struggles with PTSD. Her paranoia has a reasonable origin but comes across as irrational, now living 450 miles from the incident as she does. We don't feel like she's in any real danger, and no one else is alarmed. She goes to see a counsellor, who turns a vague statement – that she doesn't want to live a life of fear – into a suicide concern. Sawyer signs paperwork as a new patient, and that's when things get weird: entrapment, dehumanisation, and gaslighting ensue. Sawyer's voice and credibility are taken away with her clothes and belongings.

As in most horror films, the authorities prove to be useless. Her first call, 911, is disregarded, and the lawyer who her mother speaks to offers little help. The villains of the first half of the film are, undoubtedly, the hospital staff that refuses to acknowledge Sawyer's humanity and that thrives on her vulnerability, as well as several of the other patients who repeatedly harass her. A more ubiquitous villain is the health-insurance and healthcare institutions. The hospital must meet a certain quota of patients, so they entrap those with insurance into their care, most of whom do not need this type of observation. When the insurance company stops paying, they release them. Thus, not only does the system routinely terrorise those with inadequate or no insurance by barring them from the care they need; the film shows them also forcing care on those who don't need it, damaging their civil liberties, physical and mental. This statement on the American healthcare system alters the traditional focus on patients or staff as threat, extending it to the larger groups they represent.

A second disturbing villain emerges once it becomes clear that Sawyer is not paranoid; her mental faculties hold up remarkably well considering the circumstances. She begins to see her stalker, David Strine (Joshua Leonard), among the staff, a claim no-one else believes. Under a false identity, he mixes up her meds, confirms her instability to the doctors, and eventually gets her alone in solitary confinement – just the two of them: staff and patient, stalker and prey. And, because of the anonymity of the system, Strine documents her as 'discharged', ensuring that no-one knows that she's there.

What is most brilliant about this film is not just the statement on the broken American healthcare field (we've seen that before in films like *Saw VI* (2009)). Anxieties about health insurance, capitalist intents, and inhuman human quotas quickly overshadow the old anxieties about mental-health patients as monstrous or the staff as pure evil. Beyond this is the more daring stark reality of the stalker and the harsh, almost visceral, frustration of not being believed about the danger one is in. We've seen stalkers and their victims before. In fact, most horror films include them. But *Unsane* deals specifically with the matter of a woman reporting her abuse and facing disbelief on the part of authorities who control her. Every step of that disbelief can be deadly, from not believing Sawyer that she doesn't need to be locked up, to not believing her that one of the staff members is her stalker, to not believing that locking her up with this man as her superior poses a threat to her mental and, most of all, physical wellbeing.

By putting all these themes side by side, Soderberg shows how both mental health and sexual harassment are judged, discredited, shoved aside, locked up. Both situations

dehumanise the victim or patient through systemic gaslighting. The question must also be raised: did we believe her? Were we, as audience, complicit in this disbelief? The film certainly sets us up to be. Shortly after Sawyer has been locked in with other patients for the night, she bangs on the door, and a man opens it. Both Sawyer and the audience see Strine open the door, and Sawyer punches him. When the camera cuts back to this man, however, it is another staff member whom she has punched, leaving us to believe that these clear images of her stalker are just delusions projected onto other people. We've seen this before in her life outside the hospital, but never such an extreme case of misrecognition. We see that her perception is false with our own eyes, so when we see Strine handing out meds, we assume it's her paranoia getting the best of her again, and we doubt her ability to perceive and assess her own danger. When we see him again, however, he proves his existence by looking her in the eye and flashing a letter addressed to her mother, presumably stolen from her house. This sneaky move proves both that he is real – the other staff members not knowing or caring about her as an individual – and that he has become an even bigger threat, now expanding his stalking to her mother. After this confirmation that it is Strine, our own ability to navigate another's trauma and experience comes into question. Her reactions are normal. We are the ones who can't recognise that until it's become too late, and then we become horrified by her invisibility and our place in putting her there. We have seen what Sawyer sees, and we still have the nerve to demand further proof from the people around her, from those outside what she's seeing. They deny that he is Strine. It is only when Strine reveals himself to be real by producing the letter and then engaging directly with his victim that we believe Sawyer: we believe evidence from the predator, not the victim.

This is a masterful statement on the #MeToo movement and the overwhelming challenges to women who want to come forward to report stalkers, abusers, sexual predators, and rapists.¹ Not being believed leads to not being seen as reliable or rational or sane: is this person delusional? For women in this vulnerable position, this is the real horror. The fact that Soderberg filmed the entire feature with an iPhone further locates it in this political context, as more and more hate and sex crimes are captured on phones, revealing abuses ignored by law enforcement and the media, that were previously left purely to circumstances evidence and 'he said, she said'. Soderberg blames his small budget on the decision to shoot with an iPhone, but he later claimed it offered him freedoms he didn't have with a traditional

¹ Jess Joho also makes this connection to the #MeToo movement in 'The Crown Star Claire Foy Embodies #MeToo in New Thriller *Unsane*', *Mashable*, 27 March 2018 <<https://mashable.com/2018/03/27/steven-soderbergh-unsane-horror-movie-me-too/#zUWDSQQ4piq9>> [accessed 7 October 2018].

camera.² There have been mixed responses to this decision in terms of the quality and colour of the film.³ I would argue that, considering the content of the film and unsettling, unpolished, unglamorised position of the protagonist, the iPhone created the confused sense of reality/unreality that so troubles the audience and that sets this aside from other asylum horror films.

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² Eric Kohn, ‘Steven Soderbergh Says He’s Done Directing Studio Movies and Wants to Only Shoot on iPhones—Sundance 2018’, *IndieWire*, 26 January 2018 <<http://www.indiewire.com/2018/01/steven-soderbergh-interview-sundance-iphone-unsane-1201921769/>> [accessed 7 October 2018].

³ See Charles Bramesco, ‘*Unsane*: How Steven Soderbergh Manages to Thrill with Just an iPhone’, *Guardian*, 21 March 2018 <<https://www.theguardian.com/film/2018/mar/21/unsane-iphone-steven-soderbergh-thriller-shot-camera>> [accessed 7 October 2018]; and Tasha Robinson, ‘Steven Soderbergh’s All-iPhone Movie *Unsane* Makes a Poor Showing for the iPhone 7’, *The Verge*, 23 March 2018 <<https://www.theverge.com/2018/3/23/17156978/unsane-movie-review-iphone-7-steven-soderbergh-claire-foy>> [accessed 7 October 2018].