



The Calculus of Mental Illness

THEATRE AND MOVIE REVIEW



By Ed Rudin, MD

Proof on stage and *A Beautiful Mind* on screen deal with mental illness in award-winning mathematicians. One gives the outsider's view of mental illness; the other, the mentally ill person's view of outsiders.

Proof, presented at the Sacramento Community Center as part of the Broadway Series, is a spellbinding mystery on many levels. Why do sisters make such different choices about how they react to their brilliant and ailing father? What are the far flung consequences of those choices - and how far are they flung?

Who developed the mathematical proof that had for so long eluded solution? The brilliant, but moody and demanding father, demented for years before his recent death? The unschooled mathematician daughter, who had dropped out of life to be with and care for her father? The math nerd, adoring student of the professor, now studying the professor's papers? Which human strengths are genetic and immutable; which milieu-determined and malleable?

John Lee Beatty cleverly designed a set that slices the mystery differently. A narrow strip outside the professor-father's house is where overt family interactions and interactions with the graduate student occur - a canvas for the conscious interactions. Just inside the doorway to this outside strip is an occasionally lighted interior where father sometimes appears and where transitions to the unseen rest of the house and the upstairs or to the overt outside occur - a kind of pre-conscious. Two upstairs windows are rarely lit and cannot be seen into. We can only guess what happens there. The student studies his master's work behind one, is led by one daughter to her bedroom behind the other. This unseen part of our house suggests a rarely illuminated secret unconscious.

Playwright David Auburn earned the Pulitzer Prize for Drama for *Proof*. He presents the extended influence of mental illness: how and how much it affects the lives of others. To do that, the mentally ill person must be credible enough to motivate the story, lovable enough for anyone to care, but so unpredictable as to be a nuisance. Robert Foxworth did all that well, moving the story forward while struggling with his disordered thinking. His scenes alone were as riveting as those with his conflicted live-in care-giver and daughter, played by Chelsea Altman.

The play is so well crafted that each line is important. When an actor, carried away by the frenzy of internal and external tensions, fails to be heard, the audience is cheated. That happened too often with Chelsea Altman, difficult role notwithstanding. She must wrestle with her devotion to and identification with her father, her aching for another life, and her powerful hate and envy of her sister. Mostly she did this intelligently and movingly, except for the moments when her frenzy obscured her lines. Tash Lawrence as her Pollyanna sister, was clear and bell-like in her distancing, but fell short in portraying the complexity of her character.

A Beautiful Mind is a beautiful film. The Princeton campus is comely and the CIA and DOD situation rooms are ominously frigid and complex. A trusting child's glowing face, a

roommate's raffish charm and the hero's scarce smile and sparkling eye, even his rare laugh, are happily beautiful. The greatest beauty, though, comes from the awakening to the harrowing truth that somewhere along the way consensually validated reality has become schizophrenic self-validated reality. Then the beauty derives from the fuzzy borders between the reality of genius, of schizophrenia and of social consensus.

Ron Howard tells and directs his masterful story through the eyes of the schizoid, down-home graduate student who learns his craft during the CIA-FBI glory days of the Cold War. When, we wondered, did the schizoid become schizophrenic?

When did his paranoid ideation get ahead of paranoid public policy? When did this love-hungry, junior professor, obsessed with his social impotence and his mathematical omniscience, find his intrusive thoughts no longer ego-syntonic with Cold War paranoia? When and why did it fail? When and how did he recover?

Russell Crowe portrayed his struggle with psychotic thought with such anguish and terror when he felt himself at the bottom, and such focus and energy when he felt himself at the top, that whatever his age and circumstances from graduate school days through marriage and fatherhood, to belated Nobel Laureate days, he co-opted us.

The director bet that the audience would understand and believe the complex spy-counterspy plot that develops. Thanks to Crowe and the writers, it works. The trick for Crowe was to keep the viewer seeing all of life through the eyes of the troubled genius who seeks peace through love, even delusional love.

Together these two works of theater art define the calculus of mental illness, deeply internal and broadly external. They remind all who deal with any ill person, mentally or physically, to consider how the illness affects the patient's perceptions of the world and how the world perceives and responds to the patient's illness.

Afterthought.

During my psychiatric residency I was making sick-call rounds when the head nurse asked me to see Mr. Thomas. It was a hot August morning in a string of unusually warm days with little cooling during the night. Mr. Thomas was an old-timer who strolled the inner perimeter of the hospital grounds several times a day, rain or shine, hot or cold. He always wore long sleeves and long trousers, wrapped tight with twine at ankles and wrists. He had told me that this protected him from winds and breezes that were imperceptible to others but would ignite the embers of troubling thoughts, voices and visions that afflicted him unless he protected himself.

This morning Mr. Thomas complained that a stronger than usual force kept him from rising from his bed. He reported no physical weakness, pain or tenderness. He moved his legs unimpeded and without pain or rigidity. His temperature, pulse and respirations were normal. He was his usual stoic, uncomplaining self, but for his inability to comply with the rising expectation.

He was supine in bed as I palpated his neck and shoulders. When I raised his arms and head, sure enough there was some resistance. His pajamas (also bound with twine at wrist and ankle) were sticking to his bed and, as I tugged he became more fearful. He objected to my challenging the powers that controlled him. While comforting him I palpated - several chocolate candy bars!

He had been hoarding candy bars in his bed and during this unusually warm night they had melted, fusing to his pajamas and his bed linens. We carefully and reassuringly separated him from his candy bars, leaving his anklets and bracelets for him to deal with ritualistically.

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