



Research article

The Unconscious as Cinematographic Form: A Psychoanalytic Reading of *Inception*

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Abstract

Freud's "unconscious," a lauded seminal psychological contribution, has transitioned into an efficacious narrative device in cinema, evolving into a paradigmatic relationship. This article scrutinizes *Inception* (2010), a quintessential psychoanalytical film written and directed by Christopher Nolan. It explicates the director's linkage to psychoanalysis and reveals how he demystifies the unconscious through its utilization both as a cinematic form and thematic device, manifested in discernible dream layers. It is ascertained that these layers perform a bifunctional role as cinematic and narrative elements. Intriguingly, this multifaceted structure extends to character development as well, exploiting the complexities of the characters' pathologies. Since the filmic structure leverages the pathologies exhibited by the characters, they constitute secondary data for the analysis. The pathologies are aligned with the mental disorder classifications *the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR[™])* (American Psychiatric Association, 2013). Pertinent character data are analysed in the Statistical Package for the Social Sciences (SPSS). The findings, subsequently subjected to psychoanalytic film analysis, enrich a deeper understanding and fuller appreciation of the representation of the unconscious in the cinematic domain.

Keywords: Christopher Nolan, *Inception*, Psychoanalysis, Unconscious, Film Criticism.



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1. Introduction

The unconscious, the cornerstone of psychoanalytic theory, is deeply rooted in the comprehensive psychological framework developed by Sigmund Freud, encapsulating a diverse array of therapeutic methods and techniques. The genesis of the concept is traced back to antiquity, where it was employed to signify the antithesis of consciousness. The research shows that its association

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with biological and socio-cultural dimensions has also been extensively examined in the oeuvre of eminent philosophers and thinkers, including Aristotle, Plato, Hippocrates, Descartes, Leibniz, and Nietzsche (Geçtan, 2010, Nasio, 2006, Tuğcu et al., 2010).

Historically, the unconscious was intertwined with mystical phenomena until it transitioned into clinical research in the 1850s, an epoch that witnessed the advent of descriptive psychiatry. Kraepelin, Breuer, Liébault, Charcot, and Bernheim posited consciousness could be modulated by external stimuli and that cognitive processes could transpire independently of conscious awareness (Basch, 1989). Freud (1955) drew upon the prevailing psychological, philosophical, and medical ideas of his era, as well as his own empirical observations of childhood complexes. He formulated psychoanalysis as a comprehensive theory of the human mind, with the unconscious as its core and cornerstone (Craib, 1998). Freud actualized psychic components by interpreting the consciousness via the unconscious and biology. He posited that the unconscious could be inferred from one's neurotic symptoms, slips, disorders, and dreams.

The primary objective of psychoanalysis, according to Freud, was to bring the unconscious content to consciousness via methods such as hypnosis, suggestion, association, and transference. Freud's association of the concept with biological processes was partially influenced by the contemporary scientific discovery and understanding of endocrine glands and their secretions (Basch, 1989, pp. 217-218). However, his theories were shaped by his own innovative thinking and observations. Freud envisaged the unconscious not as a figurative notion, but as a tangible, unpredictable determinant of behaviour, standing in sharp stark contrast to consciousness. Psychoanalysis became equated with the unconscious, rendering it more concrete and accessible. The concept signified the primary genesis of the inner world, the repository of repressed infantile wishes and desires awaiting immediate gratification (Brenner, 1998). It encapsulated the totality of the individual's psychosomatic energy and functioned as a conduit for experience.

Freud (1927) proposed a personality structure shaped by the id, ego, and superego systems. The id, the centre of pleasures and desires, has irrational and potentially dangerous demands. Sensing danger, the ego gradually emerges from the id's object identifications. Perceiving reality in three dimensions, the ego develops practical designs and defences to balance the id (Craib, 1998, p. 58-59). In the event of unfulfilled needs, the id can resort to primary process thinking which entails the construction of a mental representation of the object to satiate. The superego, "the moral aspect of the personality," punishes non-compliance with norms, and values with guilt, remorse, and restlessness (Altınbaş, 2017, p. 10). However, Freud argued that one side of the personality remains primitive, driving unconscious behaviour throughout the lifespan. This constant facet retains the infantile, instinctual, and primal nature.

The dynamic interplay among the id, ego, and superego systems and their influence on the perception of reality, forms the crux of the theory. Complexes and disorders are contextual manifestations of the id's "primary expression" (Anlı, 2018, p. 8). When the ego is overloaded, it triggers hysteria, a condition characterized by excessive or uncontrollable emotion. In a neurotic individual, the ego, in its attempt to maintain control, suppresses reality, leading to a distorted perception. However, a psychotic individual, dominated by the id, completely denies reality. This denial is not merely a suppression or distortion, but a total rejection of reality (Girginer, 2019, p. 15).

Freud's systematic elucidation of the unconscious, both as a methodological instrument and a therapeutic strategy, instigated a paradigm shift in the comprehension of the psyche. This shift was not a minor adjustment, but a profound transformation that has reverberated through Western intellectual history, comparable to "the influences of Darwin and Marx" (Mitchell, 2000, p. 5). The concept, metaphorically depicted as the "black box" of the human psyche, has been at the forefront of extensive discourse across various disciplines, including sociology, philosophy, literature, and art.

The profound influence of the unconscious on psychoanalysis and its subsequent impact on cinema forms a significant narrative in the discourse of film studies. The unconscious has been significantly expanded upon by Freud's and his successors' works in the realm of psychoanalysis and subsequent refinement of the concept. These progressive developments have endowed cinema with a robust narrative tool, specifically, the concept of the unconscious itself. Over time, the interplay between the unconscious and cinema has matured into a paradigmatic characteristic.

The analogy drawn between the medium of cinema and the phenomenon of dreaming has long been postulated to have played a pivotal role in facilitating a transition toward a psychoanalytical perspective (Diken and Laustsen, 2010; Edgar-Hunt, 2009; Fiorelli, 2016; Mayne, 1993; Stowell, 1992; Zangwill, 2007). As spectators immerse themselves in the dream-like obscurity of cinematic world replicas, they overlook the abstraction mechanism (cinematography), interpret the content as independent realities, and fulfil their desire as devoid of risk, akin to a dream. This process underscores the power of cinema as a medium to create immersive experiences that blur the boundaries between reality and illusion, thereby echoing the dynamics of the unconscious mind as conceptualized in psychoanalytic theory.

In a related vein, cinema has been imbued with the requisite resources and apparatus to insinuate and fortify individualism, thereby exemplifying the pervasive influence of the unconscious in the formation of narrative structures. This evolution is partly a response to the dissolution of sociocultural affiliation and ethical values that characterized the 20th century. Consequently, the objectives of psychoanalysis, such as making the unconscious material conscious, attaining a healthier level of adaptation and learning to love oneself through the exploration of the inner world traction in the creative processes within cinema (Tura, 2005, Geçtan, 2010, Nasio, 2006). This integration has considerably underscored the potential of cinema as a medium for psychological exploration and commentary.

The initial foray of cinema into the realm of the unconscious was realised through the medium of dreams, which subsequently expanded to encompass other forms of representation. Cinematic pioneers such as Marie-Georges-Jean Méliès, David W. Griffith, Friedrich C. A. Lang and Friedrich W. Plumpe utilised nightmares, dreams, and symbols to express unconscious thoughts and remorse of conscience in their works, including *The Evil Tenant*, *Avenging Conscience*, *Destiny*, and *The Last Man*. Furthermore, cinema has also explored the subject of mental illnesses. Films like *Maniac Barber*, *The Escaped Lunatic and Maniac Chase*, *The Kleptomaniac* and *Dr. Dippy's Sanatorium*, and *The Criminal Hypnotist* have not only reinforced their predecessors, but they also contributed to the formation of a psychiatric repertoire (Kotan, 2022).

With the advent of technological advancements and the narrative of psychological transformation, psychoanalytic themes have been increasingly emphasised in a stylistic manner in cinema. Contemporary directors continue exploring the unconscious, incorporating themes such as mental disorders, dreams, and perceptual disturbances into their works across various platforms. Directors such as David K. Lynch, Darren Aronofsky, Gaspar Noé, Lars von Trier, Alejandro G. Iñárritu, Terrence F. Malick, Denis Villeneuve, Apichatpong Weerasethakul, Raymond Murphy, Sam Esmail, and Charlton Brooker have made significant contributions to the cinematic depth of these concepts. The exploration of lucid dreaming and subjective reality in cinema has also gained momentum, with films like *The Truman Show*, *Vanilla Sky*, *Eternal Sunshine of the Spotless Mind*, *The Science of Sleep*, *Inception*, *Lucy*, *Paprika*, and *Waking Life* leading the way in this genre. S. Kubrick, D. Fincher, R. Howard, Lars von Trier, and D. Aronofsky have provocatively addressed personality disorders in their works, including *A Clockwork Orange*, *The Shining*, *Fight Club*, *Gone Girl*, *A Beautiful Mind*, *Antichrist*, *Nymphomaniac: Part I*, *Nymphomaniac: Part II*, and *Black Swan*.

Inception (Dir. Nolan, 2010), the primary focus of this article, is a science-fiction film featuring psychologically convincing and realistic characters. The film's extraordinary subject matter based on "manipulation via dream machine" is, in a sense, rather reflective of the futuristic designs that current artificial intelligence technologies are approaching. *Inception* conforms heavily to psychoanalytic readings as it uses the unconscious as a cinematographic form, and depicts it within the ordinary and the dream paradox. It makes such psychoanalytic themes as infantile needs, unconscious guilt, and remorse engage in cinematography. This article aims to research the unconscious as a cinematographic form and psychoanalytic imagery technique in *Inception* and discuss its procedural implications as a method in film criticism.

2. Methodology

The study aims to explore the unconscious as a cinematographic form in *Inception* with the objective of illuminating the filmic dimensions of the concept in psychoanalytic terms. Psychoanalysis identifies the various strata of the mind, the unconscious processes, and the symbolic manifestations of dreams. It offers fruitful insights for comprehending behaviour, subject formation, and creative/artistic processes. It has also been integral to cinema studies with varying theories and methods and provided a basic theoretical framework for film analysis since the 1970s (Akser, 2012). It provides an effective framework for *Inception*, too. The characters' traumas are situated in the unconscious which is depicted as a domain of emotions and conflicting judgement mechanisms.

The methodology is comprised of three steps: It identifies the manifest and latent content, interpretes the cinematography, and evaluates of the film's efficacy in transmitting the unconscious dimension. The manifest content is regarded as the overt narrative and visual references, and the latent one as the repressed meaning and inferences (Cox and Levine, 2018). The interpretation of dreams is based in Freud's theory, which posits that dreams are the expression of unconscious desires censored by the conscious mind. Freud (1956) differentiated between "typical dreams" instigated by infantile conflicts and "individual dreams" associated with personal history. He proposed that dreams possess a layered structure of the triad of experience and mood parallel to infantile needs in psychological time (Mitchell, p. 151). This framework is

utilized to analyse the film's depiction of the unconscious, the conscious, and the liminal states between them.

Secondary data sets have also been generated and utilized in this study. The unconscious, portrayed as a domain of emotions and conflicting judgement mechanisms, primarily conditions the psychological context of the characters. It is a perilous domain that harbours the cause and solution pairs of the problems and necessitates hazardous contact to its content. Those who linger in the unconscious for extended periods encounter such issues as dissociation, aggression, obsession, and incoherent affect. These are considered defences or defence strategies in psychoanalysis, and symptoms in psychiatry, rather than diseases in themselves. Thus, the decipherment of the unconscious requires psychiatric analyses of these symptoms, too.

Given that psychiatry considers the systems surrounding the individual and suggests consciousness, the characters are analysed within Nolan's universe of psychologically credible and realistic characters. The pathologies these characters exhibit align with the mental disorder classifications outlined in *DSM-5 TR™* (American Psychiatric Association, 2013). Characters and symptoms are treated as continuous variables and are converted to values. "0" signifies non-existent or impermanent symptoms in characters while "1" indicates the permanent ones. Processing them via the Pearson correlation technique in SPSS software yields 294 pieces of character data. The reliability of the data is assessed using Cronbach's Alpha, a coefficient that measures reliability and consistency, expressed as a number between 0 and 1 (Appendix). Cronbach's Alpha, a measure frequently employed in psychometrics, gauges the internal consistency of a test, or the extent to which all items in a test measure the same concept. A value greater than 0.7 is indicative of a reliable scale, suggesting that the items are closely related (UVA Library website). The reliability value of the analyses conducted in this study is 0.940, which suggests the scale is reliable, exhibits high internal consistency, and the items are closely related.

3. *Inception*: Characters and Synopsis

Dominick Cobb (Leonardo DiCaprio) is a master of manipulation whose team designs artificial dreams and steals ideas from the mind. Wanted for his alleged role in the suicide of his wife Mal (Marion Cotillard), he flees the United States, leaving his daughter Phillipa (Claire Geare) and son James (Magnus Nolan), behind. His team consists of Arthur (Joseph Gordon-Levitt), who is responsible for strategy, Eames (Tom Hardy), who handles image imitation, Ariadne (Ellen Page), who oversees architecture, and Yusuf (Dileep Rao), who manages sedative drugs. Saito (Ken Watanabe), a Japanese businessman, seeks to gain a competitive edge by disrupting the monopoly of an energy giant. He commissions Cobb to implant the idea of dismantling the company into the mind of Robert Michael Fischer (Cillian Murphy), the sole heir to rival Fischer-Morrow.

The film opens with Cobb awakening on a beach and being brought to Saito. In the subsequent scene, Saito escapes from Cobb's dream trap. Impressed by Cobb's abilities, Saito proposes that Cobb implant the idea of "dismantling the company" into the mind of his business rival's heir, R. Fischer, in exchange for a safe return to his home country. Cobb assembles a team of specialists, and the team travels to Sydney, initiating the operation. In the first layer, Fischer is informed that

his father has a secret stored in a safe. Unable to retrieve any information, the team descends to the lower layer. Yusuf disrupts the barriers and begins to fall in his minibus. The fall serves as a “kick,” and the accompanying music signals the need to expedite the operation ahead of schedule. In the second layer, Fischer is exposed to physical anomalies and convinced that he is in his uncle’s dream, leading him to the third layer. Mal infiltrates the third level and shoots Fischer, causing him to fall into limbo. Cobb and Ariadne are forced to descend into limbo as well. Here, Cobb admits his culpability in his wife’s death: He was the one who implanted the idea that her reality was a dream. His well-intentioned but reckless words to escape limbo led his wife to disbelieve in the real world, resulting in her suicide. Saito also perishes and descends into limbo. Cobb instructs Ariadne to maintain Fischer in limbo. Fischer eventually confronts his father and is overcome with joy at the design elements (a weathervane, a tender father on his deathbed, and a bedside photo of a happy father and son). Eames, recognizing that the idea that Fischer is loved by his father and should forge his own path has been successfully implanted, detonates the base while Arthur detonates the elevator. And when the minibus plunges into the water in the first layer, the synchronized “kicks” return them to the first layer and subsequently to reality. Meanwhile, Cobb bids farewell to Mal in limbo and locates the aged Saito. They depart from limbo and awaken on the airplane. Upon Cobb’s return to his home country, he spins his totem to verify reality. He joyfully approaches his children, whom he sees face-to-face. As he moves out of the frame, the camera focuses on the totem, which exhibits a momentary wobble.

4. *Inception*: Analyses and Findings

The film *Inception* provides a fertile ground for psychoanalytic interpretation, given its exploration of themes such as the unconscious, dreams, temporality, impulses, infantile trauma, guilt, defence mechanisms, and the unique narrative of extracting ideas from the mind. It employs the concept of the unconscious in a cinematographic context; characters articulate the structure, objectives, mission, and goals of dreams, envisioning psychological transformations within the same spatial framework.

The direct utilization of the unconscious primarily shapes the psychological milieu of the characters. Specifically, Cobb and Mal, whose grasp on reality has been compromised following a fifty-year stint in limbo, exhibit patterns characteristic of borderline personality disorder (BDP), including “identity disorganisation, transient psychotic dissolution, paranoid episodes, and alienation from self/truth” (Sivri, p. 23). In order to comprehend BPD, it is imperative to first understand the universal relations of these symptoms. Analyses conducted to ascertain the relationship between its symptoms as defined by *DSM-5* and the general population have yielded the following data sets:

Brd1 → Brd5 $r = 1$, $p < 0.001$	Data Set 1: “Intense fear of abandonment.” “Frantic efforts to avoid real or imagined separation or rejection” (APA, 2013, p. 663)
Brd7 → Ant2, Nrs1 $r = 0.75$, $p < 0.05$	Data Set 2: “A persistent sense of emptiness.” “Grandiose sense of self-importance, lying, verbal abuse, exploitation of others for personal gain or pleasure, lack of honesty or remorse; grandiosity” (p. 645).

Brd6 → Ant2, Nrs1 $r = 0.65, p < 0.005$	Data Set 3: "Affective instability due to a marked reactivity of mood" "Inappropriate, intense, or poorly controlled anger" (p. 663).
Brd4 → Brd8, Nrs6, Ant4 $r = 0.65, p < 0.05$	Data Set 4: "Impulsivity in at least two areas that are potentially self-damaging:" ""Affective instability due to a marked reactivity of mood" "Inappropriate, intense, or poorly controlled anger" (p. 663).
Brd9 → Nrs1, 4, 7, Obs2 $r = 0.75 p < 0.05$	"Transient, stress-related paranoid ideation or severe dissociative symptoms:" "Grandiosity; excessive need for admiration; inability to cooperate with others" (p. 645)

As evidenced in the initial data set, "fear of abandonment" and "frantic efforts to avoid real or imagined separation/rejection" exhibit a positive linear correlation ($r = 1, p < 0.001$). This correlation manifests tangibly within the film's narrative. Despite her detachment from reality, Mal is consistent in her actions. The contradictory states do indeed coexist without conflict in her unconscious, which operates under distinct judgement mechanisms. Her impulses are not destructive to her object. But the fact that her psychological object (Cobb) would not return to limbo results in a sense of an imaginary abandonment equivalent to the real one. The delusions are driven by her desire to return to limbo, leading frantic efforts. Cobb's fear of abandonment originates from his wife's suicide and is further complicated by guilt. He is still in love with his wife, who "lives in him as a harmful thought, haunting his dreams" (Sunal and Keleş, 2023)

Instead of accepting the harsh reality of death, Cobb seeks solace in the memories he has constructed in his imagination, attempting to alleviate his guilt and regret in his unconscious. He is terrified of losing the image that exists solely in his mind. As Cobb puts it, they are the "moments he regrets" which he has turned into dreams so he could re-experience and change them. Thus, his fear is rooted in the level of imaginary abandonment. He associates his repressed guilt with Mal's image, leading to a psychological dilemma. In his unconscious, he loses control, with Mal infiltrating his dreams and sabotaging his operations. However, the same unconscious also serves as the source of resolution for his psychological issues. The cinematography concretely perpetuates his dilemma in a psychoanalytic manner, illustrating his innocence in the conscious realm while maintaining his guilt in the unconscious.

In the second data set, a correlation is observed between the "persistent sense of emptiness" and the "grandiose sense of self-importance" and "exploitation of others for personal gain or pleasure" ($r = 0.75, p < 0.05$). Both characters exhibit a pervasive sense of emptiness. Mal has capitulated to this emptiness, with her sole desire to awaken back in limbo serving as the only fulfilment for her ego. Her conspiracy against her husband can be interpreted as a manifestation of exploitation. Cobb experiences a similar emptiness, but it is intertwined with grandiosity. He perceives himself as superior in his profession, collaborating with distinguished individuals and organizations such as Miles, Ariadne, Saito, and Cobol Engineering. Despite the absence of explicit ethical scrutiny, it is evident that his work is predicated on manipulation, theft, deception, and dishonesty. He readily resorts to stealing secrets, implanting ideas, lying and concealing the truth for his own advantage.

The third data set elucidates the relationship between affective instability and “intense, poorly controlled anger” ($r = 0.65$, $p < 0.05$). Affective instability is present in both characters, albeit at different chronological points, and can be traced cinematographically. The characters rely on reference systems within the unconscious. Mal relies on distorted derivatives of reality in limbo and Cobb, on dreams constructed from memories. Their emotional landscapes have become inconsistent as they have delved deeper into the unconscious. While Mal rejects reality, Cobb is perpetually in a state of doubt and hesitation, as evidenced by his frequent use of the totem.

Mal harbours anger towards the idea implanted in her mind against her will and struggles to manage it. Her situation is rendered tragic by the fact that it was Cobb who convinced her to believe in limbo (and implanted the idea) in the first place. Channelling all her anger towards him, Mal summons her husband to a hotel one final time and commits suicide. Cobb becomes both the instigator and victim of anger. He suppresses the pain into his unconscious. He is innocent in consciousness but remains guilty in the unconscious. This causes the second data set to relate to the first, resulting in the characters’ emotional state constantly fluctuating. The reality in the unconscious is not the reality itself but the versions that Cobb desires.

Yet Cobb cannot reap the benefits he hopes for because the impulses intensify their effect in the unconscious depths. Although not completely detached from reality, the states of irritability and aggression characterize his unconscious. The psychological conflicts are the successors of the impulsivity and psychotic breakdowns that are evident in the following data sets. In the fourth data set, impulsivity is correlated with affective instability and inappropriate, intense, or “poorly controlled anger, and transient, stress-related paranoid ideation or severe dissociative” symptoms with “grandiosity”, “excessive need for admiration”, and “lack of empathy” ($r = 0.65$, 0.75 , respectively, $p < 0.05$). As Mal and Cobb experience dissociation, they feel unable to empathize and their marriage ends tragically.

The data sets verify that borderline symptoms have positive associations with the universe. In the universe, the fear of and frantic efforts to avoid abandonment entail each other; emptiness and dissatisfaction lead to grandiosity, lack of empathy, and exploitation while affective instability and impulsivity lead to difficulties in anger management. These findings facilitate the understanding of the characters’ layout in the unconscious layers. Psychoanalysis, in parallel to the psychiatric layout, asserts that the origins of illnesses reside in the unconscious (Freud, 1927). Therefore, psychoanalytic lens is another imperative for examining the psychic economy of the cinematic representations of unconscious layers.

Inception is predicated on a script calculus that incorporates psychoanalysis as a methodology. First of all, it employs the terms “dream” and “unconscious” 112 and 33 times respectively, each time as psychoanalytic constructs. Furthermore, the structural attributes and functions of the unconscious are visualised through dreamscapes. The film’s psychoanalytic manifesto is articulated through Cobb and his team’s explication of the structure, purpose, mission, and goals of the dreams and the unconscious. The absence of distortion in the dream sequences explicitly signifies the unconscious in the daily flow and dreams as expressions of conscious thoughts.

Freud posited that unconscious desires are fulfilled in typical dreams influenced by infantile traumas. The third level, where Fischer confronts his father, exemplifies this structure.

Fischer's infantile discontent and Oedipal complexes are distorted; his desire for love, approval, and to succeed his father is manipulated, offering a "fake" sense of satisfaction. Cobb's resolution of his guilt in limbo further substantiates the thesis of the unconscious origin of desires. The encounters take place in the deepest parts of the unconscious and under the influence of psychological time. As the team delves deeper into the emotional strata of the unconscious, time acquires the (sexual) energy of drives, accelerates, and transforms into psychological time. The film signifies temporal transformation through five levels, each corresponding to a certain dimension of psychological time dilation. The first level represents real time while the others represent dream time levels, depicted with unique compositions. In a two-level dream, 1t unit of real time equates exponentially to 11t in the first level and 121t in the second. In a three-level dream, the difference expands to 21t, 441t, 9261t, and ∞ t in limbo. The flow of time in limbo is far faster. A character (Arthur) puts it as the "vast, inexpressible void beyond the last outpost of meaning." Bowie (2007) echoes Arthur's definition by characterizing limbo as "the unstructured dream space [in which there is nothing of itself but] the raw and infinite unconscious" (p. 5). Cobb and Mal's attempts to "make sense of the void by imposing structures on limbo" result in the distortion of their perception of time and consciousness (Koluaçık & Cantas, 2022). After returning to the real world, Mal cannot tolerate the normal flow of time and commits suicide in the hope of converting it into psychological time. The choice of her wedding anniversary as the date of her suicide indicates her intense hope for such transformation. Cobb's own assertion that the mind "perceives and constructs reality simultaneously in a dream" elucidates the operation of the unconscious: In the singularity of time, thought and action become one inseparable unit.

Inception portrays the perplexing manifestations of time and space in the unconscious during many other encounters. Fischer's combination is another fitting example. In the first level where Cobb tries to convince Fischer that his father keeps a secret will in a safe, Fischer is clearly unaware of the combination and utters random numbers. In this area proximal to the conscious, he doubts if he will ever receive his father's love and approval. He has employed the mechanism of repression to prevent the unconscious content from reaching the consciousness. Cobb manipulates this content, i.e. trauma, condensed in the weathervane, encoded in the safe, and confined in the guarded room. The base, room, and safe explicitly shown in the relevant sequences indicate that the trauma is frozen in dream spacetime against re-emergence. Therefore, Cobb needs to design "a password that Fischer will create" in order to "access the safe where Fischer conceals his unconscious secrets" (*Inception* Wiki.) In the first level, Cobb inscribes this number on a napkin and hands it to Eames; in the second, it is carved on hotel room numbers; in the third, it serves as a code combination. Cobb knows that an idea can become an emotional concept only in deeper level because it is driven by emotion, and not reason, and that different judgement mechanisms operate there. Furthermore, given the fact that time and space is distorted by emotion is foreshadowed via images floating in the air, the unconscious is fictionalized to infiltrate the narrative as an unintermitted form.

The film maintains the psychoanalytic imagery in the action scenes, too. Yusuf crashes the minibus through the barriers in the first dream level and plunges into free fall. The film depicts this fall in slow motion, while other concurrent actions are displayed in normal motion. The fall serves as a visual reference to the distortion of time in other levels. This reference is reminded by frequent intercutting sequences. The action scenes that defy the laws of physics do become

coherent only when the zero-gravity caused by the fall affects the lower level. Moreover, earthquakes occur in limbo as the elevator on the second level and the base in the third level are detonated. The electroshock administered to Fischer produces numerous lightning and thunder in limbo. The rain in the first level transforms into the flood in the second, and the cataclysm in limbo.

Inception utilizes (non-)diegetic sound and music as cinematic tools to represent the unconscious, creating a unique auditory landscape that parallels the narrative's exploration of dreams, reality, and psychological states. In many scenes, but particularly in the free fall sequences of the minibus, the non-diegetic sound world emerges as an extension of the unconscious. The song "I Have No Regrets" (Piaf, 1961) announces the imminent kick and the moment when the team is roused from sleep -like the finger snap that terminates hypnosis. The lyrics urge Cobb to overcome his guilt and return to reality. The fact that the duration of the film is 2h23m in reference to that of the song (2m23s) can be interpreted as films are akin to dreams and one should wake up when they are over. Cobb confides to Ariadne that when one wakes up, s/he retains nothing but a feeling of strangeness. This feeling is transferred to the audience in the final scene, when Cobb's totem keeps spinning and the scene abruptly cuts to black. The audience's curiosity is replaced by such a strangeness, and the cinematic form of the unconscious is thus sustained until the last sequence.

The unconscious is marked by a particular emphasis on defence mechanism, essentially an adaptive response pattern employed to manage the influx of data, but pathological if overused (Bilge, 2018, McWilliams, 2020). It is known that the nervous system cannot perceive and process all data instantly because a person, in average, emits an average of " 10^7 bits/sec of sensory data, and is exposed to 10^9 bits/sec and can consciously record 10^1 - 10^2 bits/sec" (Korkmaz and Mahiroğlu, p. 94). This portrayal aligns with psychoanalytic theory, which associates defence mechanism with disorders. The theory posits that the unconscious continues to operate and resist threats even during sleep. This concept is vividly illustrated in the film, where armed guards, unconsciously activated, are programmed to eliminate infiltrating images, thereby safeguarding one's privacy and integrity. The fact that the characters are rendered unconscious due to drugs, coupled with Cobb's provision of unconscious protection counselling and Fischer's well-trained unconscious, further substantiates this perspective.

Defence mechanisms are manifested at the individual level, too. Suffering from depression and pathological grief, Cobb attempts to manage his guilt by projecting his psychological object into his unconscious. The scenes in which he encounters his deceased wife visualize the shadow of the object falling on the ego," and given that the ego is "the precipitate of abandoned object cathexes," those that remain un-abandoned inflict damage on the ego (Freud, 1917, p. 83). Cobb incorporates Mal, effectively taking her into himself to hide and control. But his unconscious fantasy of unity through absorption is detrimental. In his state of despair, he assimilates her to his ego structure, and his introspection becomes "a passive acceptance of his fantasies" (Kohut, 1958, p. 60). Both Cobb and Mal inherit infantile omnipotence, confuse thought with action, and upon awakening, seek to rectify their mistake as if rewriting a spelling error (Geçtan, 2010, p. 88). Cobb makes magical and intense efforts rooted literally in his unconscious (McWilliams, 2011, p. 155).

5. Conclusion

Christopher Nolan's "*Inception*" (2010), the main subject of this study, stands out as a prominent production that employs the unconscious as a cinematographic form and integrates its themes within a psychoanalytic framework. It demonstrates how the unconscious, the main focus of the study, shapes cinematography as a form.

The film's introduction provides an extensive exposition of the structure of the unconscious. Cobb, elucidating the physical layers to the audience, acts as the guide to the unconscious. He constructs the unconscious as a physical form and aligns the layers within the Freudian psychoanalysis of psychosexual development. The deepest layer refers to early life experiences that can motivate the characters and manipulate or distort Oedipal fixations within the story universe. This proves a hypnotic treatment in psychoanalysis, too, albeit with a different intention by Cobb: not to heal the target, but to exploit him.

Throughout the film, the unconscious is portrayed as an emotional realm. This portrayal is a significant indication that the film also renders the unconscious a thematic device. Mental issues, psychological transformations, and bitter confessions occur within the unconscious space. The concept is engaged in cinematography through lucid dream techniques such as manipulable time, space, and action. Nolan also has his characters state that the unconscious is an emotional pattern, thereby articulating the unconscious through character dialogues as well as cinematography. For this reason, the causal relationships in the film can be understood by diving into the unconscious depths woven from emotions.

The pathological sources of the causal relationships depicted in the film bear significant associations with the criteria for personality disorders in the *DSM-5-TR™* (APA, 2013). The characters' behaviours, emotional responses, and interpersonal dynamics mapped onto *DSM-5-TR™* framework provide a deeper understanding of the psychological states. The film's portrayal of defence mechanisms, repression, and the unconscious aligns with the descriptions of symptoms and behaviours associated with specific disorders. This alignment underscores the exploration of the unconscious mind and its impact on behaviour, further highlighting the relevance and applicability of the psychoanalytic theory in understanding cinematic narratives.

The cinematography transforms intricate vertical relations in mind into psychoanalytic manifestations. The mind is spatially oriented as the physical areas based on topographical systems, i.e., unconscious, preconscious, and conscious. This division is so profound that dreams are piled on top of dreams, blurring the line between fantasy and reality, and ultimately causing a breakdown. The unconscious traversed by the characters is not a metaphor. It is exactly what it seems to be: It is the demystified agent of behaviours, and a therapeutic technique and treatment method. Characters can return to their daily lives only after resolving their problems here. The film itself, which has the premise that human beings can be understood by descending into the unconscious, is ultimately understood by descending into the filmic layers of unconscious. In this context, *Inception* tends to continue the understanding of the unconscious, which entered the clinic at the turn of the 20th century and was demystified by Freud.

All in all, *Inception* utilizes psychoanalytic theory to depict the unconscious, exploring defence mechanisms, the distortion of time and space, and the interplay between dreams and reality. It

demonstrates how these elements influence the characters' psychological states, leaving an impression of the pervasive role of the unconscious in shaping perceptions and experiences. The demystification of the unconscious through cinematographic elements and characters' manifestos and its use as a form suggests that the psychoanalytic dimensions of cinema should be further explored, and new avenues can be opened to understand the interaction between consciousness and unconscious in film narratives.

Declaration of Conflicts of Interests

The authors declared no potential conflicts of interest.

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APPENDIX

Appendix A. The *DSM-5-TR™* (2013) symptoms and codes used in the analysis.

"Narcissistic Personality Disorder (301.81): Five or more of the following symptoms, in addition to "grandiosity, need for admiration, and lack of empathy": (Nrs1) Has a grandiose sense of self-importance, exaggerates achievements and talents. (Nrs2) Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love. (Nrs3) Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people. (Nrs4) Requires excessive admiration. (Nrs5) Has a sense of entitlement, expects favorable treatment or automatic compliance. (Nrs6) Exploits others for personal gain. (Nrs7) Lacks empathy, is unwilling to recognize or identify with the feelings and needs of others. (Nrs8) Is often envious of others or believes that others are envious of him or her. (Nrs9) Shows arrogant, haughty behaviors or attitudes. Borderline Personality Disorder (301.83): Five or more of the following symptoms, in addition to "a pattern of instability in interpersonal relationships, self-image, and affect": (Brd1) Frantically avoids real or imagined abandonment. (Brd2) Has a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation. (Brd3) Has identity disturbance, such as a markedly and persistently unstable self-image or sense of self. (Brd4) Impulsivity in at least two areas that are potentially self-damaging, such as spending, sex, substance use, reckless driving, and binge eating. (Brd5) Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior. (Brd6) Affective instability due to a marked reactivity of mood, such as intense episodic dysphoria, irritability, or anxiety. (Brd7) Chronic feelings of emptiness. (Brd8) Inappropriate, intense anger or difficulty controlling anger. (Brd9) Transient, stress-related paranoid ideation or severe dissociative symptoms. Antisocial Personality Disorder (301.7): Three or more of the following symptoms, in addition to "a pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years": (Ant1) Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest. (Ant2) Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure. (Ant3) Impulsivity or failure to plan ahead. (Ant4) Irritability and aggressiveness, as indicated by repeated physical fights or assaults. (Ant5) Reckless disregard for safety of self or others. Obsessive-Compulsive Personality Disorder (301.4): Four or more of the following symptoms, in addition to "a pervasive pattern of preoccupation with orderliness,

perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency": (Obs1) Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost. (Obs2) Shows perfectionism that interferes with task completion, such as being unable to complete a project because his or her own overly strict standards are not met. (Obs3) Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships. (Obs4) Is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values. (Obs5) Is unable to discard worn-out or worthless objects even when they have no sentimental value. (Obs6) Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things. Schizoid Personality Disorder (301.20): Four or more of the following symptoms, in addition to "a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings": (Szd1) Neither desires nor enjoys close relationships, including being part of a family. (Szd2) Almost always chooses solitary activities. (Szd3) Has little, if any, interest in having sexual experiences with another person. (Szd4) Takes pleasure in few, if any, activities. (Szd5) Lacks close friends or confidants other than first-degree relatives. (Szd6) Appears indifferent to the praise or criticism of others. (Szd7) Shows emotional coldness, detachment, or flattened affectivity. Paranoid Personality Disorder (301.0): Four or more of the following symptoms, in addition to "a pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent": (Prn1) Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her. (Prn2) Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates. (Prn3) Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her. (Prn4) Reads hidden demeaning or threatening meanings into benign remarks or events. (Prn5) Persistently bears grudges, is unforgiving of insults, injuries, or slights. (Prn6) Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack. (Prn7) Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner" (APA, 2013: pp. 738-776)

Appendix B. SPSS Pearson one-way measurement results (schizotypal, avoidant, and dependent personality disorders and five symptoms from others have been eliminated)

	Schizoid P.D.							Borderline P.D.							Paranoid P.D.							Antisocial P.D.					Narcissistic P.D.								Obsessive-Compulsive P.D.						
	SZD-1	SZD-2	SZD-3	SZD-4	SZD-5	SZD-6	SZD-7	BRD-1	BRD-2	BRD-3	BRD-4	BRD-5	BRD-6	BRD-7	BRD-8	BRD-9	PRN-1	PRN-2	PRN-3	PRN-4	PRN-5	PRN-6	PRN-7	ANT-1	ANT-2	ANT-3	ANT-4	ANT-5	NAR-1	NAR-2	NAR-3	NAR-4	NAR-5	NAR-6	NAR-7	NAR-8	Obs-1	Obs-2	Obs-3	Obs-4	Obs-5
	0.500	1**	0.447	0.293	0.488	0.488	0.058	0.000	0.133	0.241	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
Schizoid P.D.	SZD-1	0.500	1**	0.447	0.293	0.488	0.488	0.058	0.000	0.133	0.241	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268	
	SZD-2	0.447	0.500	0.75*	0.488	0.293	0.293	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	SZD-3	0.293	0.488	0.600	0.75*	0.488	0.293	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	SZD-4	0.447	0.75*	0.447	0.600	0.75*	0.488	0.293	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268	
	SZD-5	0.488	0.293	0.600	0.75*	0.488	0.293	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	SZD-6	0.488	0.293	0.488	0.293	0.600	0.75*	0.488	0.293	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268
	SZD-7	0.058	0.000	0.058	0.000	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
Antisocial P.D.	ANT-1	0.067	0.447	0.447	0.067	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447	0.067	0.447	0.447		
	ANT-2	0.447	0.600	0.75*	0.438	0.293	0.293	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	ANT-3	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	ANT-4	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	ANT-5	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	ANT-6	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	ANT-7	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
Narcissistic P.D.	NAR-1	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	NAR-2	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	NAR-3	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	NAR-4	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	NAR-5	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	NAR-6	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	NAR-7	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
Obsessive-Compulsive P.D.	Obs-1	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	Obs-2	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	Obs-3	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	Obs-4	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		
	Obs-5	0.447	0.438	0.293	0.600	0.75*	0.438	0.058	0.000	0.110	0.110	0.110	0.241	0.438	0.362	0.241	0.362	0.058	0.241	0.438	0.012	0.438	0.133	0.133	0.133	0.058	0.110	0.268	0.438	0.133	0.268	0.241	0.110	0.268	0.438	0.268	0.438	0.110	0.268		

		Borderline P.D									Paranoid P.D							Schizoid P.D						Antisocial P.D					Narcissistic P.D						Obsessive-Compulsive P.D																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		BRD-1	BRD-2	BRD-3	BRD-4	BRD-5	BRD-6	BRD-7	BRD-8	BRD-9	PRN-1	PRN-2	PRN-3	PRN-4	PRN-5	PRN-6	PRN-7	SZD-1	SZD-2	SZD-3	SZD-4	SZD-5	SZD-6	ANT-1	ANT-2	ANT-3	ANT-4	ANT-5	NAR-1	NAR-2	NAR-3	NAR-4	NAR-5	NAR-6	NAR-7	NAR-8	ORS-1	ORS-2	ORS-3	ORS-4	ORS-5	ORS-6																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Borderline P.D	BRD-1		0.143	0.488	0.218	1**	0.218	0.293	0.143	0.488																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					</

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