

## **MINING THE PREMISE – MANAGING THE FRUSTRATED EXPECTATION**

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Scenes don't "direct themselves". It is not enough to cast actors, give them their blocking, say "action" and record the recitation of dialogue. There are mechanisms embedded in the structure of a comedic scene. In order to bring the scene to life a director must understand its mechanisms, and set them in motion. The "Dr. Ross Diagnosis" scene from *50/50*, will serve as a good example for examining those mechanisms.

The mechanisms are:

### **The Premise and The Expectation**

A premise is an assumption - an understanding that precedes an action or encounter. This assumption carries with it certain expectations. Those expectations are based on our shared understanding of how the world works, or is supposed to work.

Some expectations involve physics. For example, we expect the law of gravity to always govern the movement of people and objects. If it doesn't, our expectation is frustrated in a surprising way. Other expectations are social. They pertain to the customs, manners, rituals, occasions and obligations of interpersonal relationships. Whatever the cause of our expectations, when they are frustrated in a surprising, we often respond with laughter.

In the screenplay *50/50* the premise underlying Adam's visit to Dr. Ross is that he will get an explanation as to the cause of his back pain. In addition, he expects that he will get this explanation in a manner consistent with our common understanding of how a doctor is supposed to behave. The encounter takes the form of a scene set in Dr. Ross' office.

### **The Scene**

A scene is the enactment of a premise. A comic scene involves the enactment of a premise that has been set to fail.

In a comedy the audience views the action from an objective perspective and perceives the inevitability of failure before the character does. Observing a character in dogged pursuit of a goal doomed to failure makes us laugh.

### **The Comic Premise**

In comedy the premise is usually so fundamental, that it doesn't need to be stated. Often this understanding is so basic that the characters are unconscious of their expectations until those expectations are thwarted. In fact, the inherent

expectations of the premise are so commonly understood that a character may feel inhibited from acknowledging a violated expectation. Such an acknowledgement would require a breaking of form or breach of etiquette on the part of the frustrated character. The maker of a comedy takes a simple premise and rigs it to fail through the introduction of an unpredictable or eccentric element.

### **Identifying the Comic Premise**

In the “Diagnosis” scene the doctor – who we assume to be a dispassionate medical professional – appears reluctant to deliver the diagnosis directly to his patient. He avoids using the word “cancer”. Pushed by Adam, the word ultimately emerges, buried in a long explanation, late in the scene.

Observing this we might infer the comic premise: *Adam has an appointment with a cancer doctor who hates to say “cancer”*. Such an appointment is built to fail. The information will get transferred, but not in the right way. The failure is one of social expectation. It’s a comic failure, and thus a comic premise.

The doctor’s behavior is “wrong” ...it’s “off” ...it’s “eccentric” ...it’s “out of whack” ...it’s out of balance. This “wrongness”, this incongruity or inversion, could be described as a gap between what is and what ought to be. The gap in the diagnosis scene is the distance between what we expect of a doctor and what Dr. Ross delivers.

The audience, because of its objective position, perceives this gap before the characters do. Adam and the doctor are not aware that they are fighting over expected behavior. They are inside the joke and therefore can’t see it. Adam is pursuing his objective, which is to learn his diagnosis, while the doctor pursues his, which is to cure his patient’s cancer without naming it. Dr. Ross wants to set Adam on a course of treatment, without having to engage with him on an emotional level. These two characters are in conflict. Dr. Ross’ want is in deep conflict with Adam’s need. As Vorhaus says, “the deeper the conflict...the more interesting the premise.”

### **Expectations**

From Adam’s point of view there is an expectation that he will be told his diagnosis immediately and directly. This doctor’s behavior frustrates that expectation. The failure on the doctor’s part to meet Adam’s obvious and reasonable expectation so surprises Adam that he is too shocked to call the doctor out on his behavior.

Adam eventually manages to pry out the information that he has cancer. This triggers a secondary expectation that this sobering diagnosis will be followed quickly by words of comfort and encouragement from the doctor. Dr. Ross frustrates this second expectation as well. Rather than offering genuine hope or even formulaic reassurance, he avoids this most basic human obligation by sending Adam to someone else for solace.

### **The Comedy Director’s Approach**

How does a director use this knowledge in approaching the scene?

The comic premise holds the key to unlocking the funny from this situation. It recognizes an unstated incongruity or inversion. The director must leverage the comic premise and allow it to tell its story.

If we approach this scene for its content as information it is a total downer! Adam finds out he has cancer and gets no comfort. How can this be comedy? How can it possibly play as funny?

To answer this question we must remember all the way back to the “Joke Telling Exercise” with which we began our exploration of the comedic scene. No matter how skillfully or awkwardly we may have told our jokes, no one was so naïve as to assume that the information “an Irishman walked into a bar” was what was being conveyed! No one approached the telling as if it were a mere transfer of information. Everyone understood that they were setting up a joke, preparing a misunderstanding, laying a trap that would be sprung in the punch line. The joke teller’s job was to set up an expectation that would be frustrated in the punch line.

The same approach is required when directing a comedic scene. In a comic scene it is not enough for information to be exchanged: for the scene to work expectations must be set up and frustrated.

### **Beginning – First Things First – Set the Premise and Establish Expectations**

To set the beginning of the “Diagnosis Scene” the director must make choices that swiftly and economically, establish the premise that Adam is waiting for information – important information – his diagnosis.

### **The Power of Choice**

The principal tool in the director’s kit is the Power of Choice. The director exercises the power of choice in every aspect of storytelling. Tackling the beginning of this scene the director must make choices involving *mise en scene* and behavior. The director gets to choose the environment, arrange its furnishings, and stage the actor in the environment. We refer to those activities as *mise en scene*, a French term loosely translated as “setting the scene”, but one that has resonance beyond the English equivalent.

The director’s choice in regards to staging – the placement of Adam in the environment – will inevitably guide the actor’s choice of behavior. There is no one “right way” to begin this scene. There are many possible ways. I encourage directors to use rehearsal to experiment and explore different choices. But first we have to ask what criteria should the director use to decide which choices, among many, are preferable. Those criteria are: how clearly, economically and indelibly does the way we begin the scene establish the premise and set up a desired expectation? In this example, we must judge the choices of *mise en scene* and

behavior according to how well they establish the premise that Adam is waiting for his diagnosis, and what he expects it to be.

### **The Trap of the Obvious Choice**

The majority of student directors I've watched approach this scene set up an office, add props and set dressing associated with the medical profession, and stage Adam seated in a chair in front of the doctor's desk. Certainly this suggests that Adam is waiting. These directors assume their work is done – no further exploration necessary. But they are making a mistake - the mistake of assuming that the purpose of staging is to give the audience information. This staging is little more than a blunt signifier, like a title card, an establishing shot, or a sign on a public restroom. Adopted for convenience and without examination, this staging might send the "right" message to the audience (Adam is waiting for a doctor) but the "wrong" message to the actor. Let's examine the possible implications of this simple, seemingly innocuous choice.

Waiting is, by definition, a powerless act. One person's time is in the control of another person – the second person is in control of the present moment. A fact of this scene, which cannot be altered, is that Adam is waiting for the doctor. Adam finds himself in a powerless position. Few people enjoy being in a powerless position, but what they do when placed in such a position varies from person to person. Some may, indeed, passively accept their condition. It's worth remembering, however, that we seldom pay money to watch stories about people who are abjectly passive.

What alternatives does Adam have to sitting passively in the patient's chair and waiting? They are not infinite in number, but there are quite a few. It is the purpose of rehearsal to explore alternative behaviors and experience their implications. After an exploration the actor and director are in a better position to make an informed choice. Also, they will have excavated a trove of possible alternative behaviors. There are two values to having this trove. The most obvious is that, if the first choice fails in practice, the director has other alternatives at hand to substitute. This allows the director to be an agile improviser on set.

The second, less apparent value is to the actor. Having thought up and physically tried alternative choices, the actor has installed in his character's mind a databank of possible but rejected behaviors. This gives the character greater dimension. It makes the character more lifelike, because, when in life we decide to do something, that decision is a product of having rejected alternatives. The character has thus accrued the type of life experience that real people have. A complacent and compliant actor who merely sits in the patient's chair because the director staged him there knows only that Adam automatically takes the path of least resistance. And that is all the experience his Adam will have as well.

Let's say, however, that the director and actor explore alternative activities such as reading the doctor's diploma on the wall, studying an x-ray or image on a light box

behind the doctor's desk, looking out the window, adjusting the Venetian blinds. They may yet decide upon the activity "to sit in the patient's chair". But they will have done so as a matter of active choice. The director and actor will know why they made this choice and rejected the alternatives – and so will the character.

I call these rejected, alternative behaviors, *pentimenti*. "*Pentimenti*", an Italian word, is the plural of *pentimento*, a term used by experts who study paintings. It is defined as a visible trace of an earlier painting beneath a layer of paint on a canvas. These are the traces of decisions made and altered by the painter in the progress of getting to a finished work of art. Those *pentimenti* show faintly through, and contribute to the work's texture and dimension. I believe that, through rehearsal exploration and the collecting of *pentimenti*, directors can give actors' performances greater texture and dimension.

### **The Trap of the Losing Choice**

Let's go back to our director who has chosen to go with the first choice that came to mind (i.e. seat the actor in the patient's chair in order to illustrate for the audience the information that Adam is waiting for a doctor). As we have seen, this approach – however quick and convenient - leaves the actor with only a thin, surface experience of the character's circumstance. In addition, it has rendered the character, as well as the actor, powerless.

By adopting this passive approach to storytelling the director has primed the actor to continue making choices in the same key – choices that are grounded in defeat and expressed in cliché. In the actor's mind it is a short logical step from "I am being made to wait" to "I am bored." Thus it is likely that whatever behavior the actor adopts while waiting will be chosen to manifest boredom.

What's wrong with that? Waiting often is boring. Aren't we directors encouraged to consult reality, reference our own experience, and tell the truth? Certainly, but there are many truths to choose from. Again, the director is advised not to trust the first truth that comes to mind.

When a person accepts boredom, it is a choice. Often we find activities to overcome boredom. The ones mentioned earlier - reading the doctor's diploma, studying an x-ray or image on a light box behind the doctor's desk, looking out the window, adjusting the blinds to let in light – could be marshaled in just such an effort. So could the activity suggested in the screenplay's stage directions: "Adam leafs through a pamphlet on incontinence." But without exploration and a director's encouragement to "play to win", the odds are that the passive actor – primed for cliché – will stare at the diploma idly, or flip through the pamphlet and toss it away as a demonstration of its failure to successfully kill time.

### **Playing to Win**

How could these activities be winning choices? How could they possibly defeat boredom and powerlessness? Let's say, upon closely examining the diploma, Adam

learns that Dr. Ross graduated from Harvard Medical School with honors and special distinction. That discovery might give Adam renewed confidence that the doctor is about to cure his back pain! Or, perhaps the pamphlet as part of the treatment for incontinence shows a picture of an elderly man examining a Depends diaper . Adam might laugh – an involuntary expression of the superiority felt by the young and healthy toward the indignities of the old and infirm. These choices would counteract the powerlessness inherent in the circumstance of waiting. They would keep Adam in a winning frame of mind despite the fact that, in some measure, his time and fate are in the doctor’s hands.

Why is this important? Why should we be eager to resist the choice that shows the audience that Adam is losing? After all, isn’t he losing? He’s about to be told he has cancer! How much more of a loser could he be? That is exactly why the director and the actor must channel their efforts into preventing Adam from losing, or at least from losing too soon.

The writer has dealt a hand that guarantees Adam’s losing at the end of the scene. He will leave the office with cancer and without consolation or hope. Therefore, at the beginning he must have plenty of both. Otherwise, he has nothing to lose! There is nothing at stake. There is nowhere for the scene to go. If Adam is “down” in the beginning and “down” at the end the scene nothing has happened. There is no emotional change – no emotional event has occurred. In that instance, nothing has happened except that a discouraged Adam gets specific information that validates his discouragement.

A scene in which nothing happens except the transfer of information is called an “expository scene”. Raw exposition is to be avoided in any dramatic form. Information should always be artfully woven into and dispensed through a scene that is driven by action and emotional stakes. Sometimes, in intricate, plot- driven dramatic forms, an expository scene might have to be tolerated...but never in a comedy!

True, in this scene we will learn that Adam has cancer, but we must do so in a way that makes us respond with laughter rather than tears.

No one said this would be easy.

Before we discuss the mechanics of mining laughs out of a dire diagnosis, let’s consider how the director sets this scene in motion and keeps it moving until it reaches its end. This will necessitate an understanding of the type of motion required.

## **YAY/BOO**

The universal human activity of storytelling is built on a shockingly simple, binary principle. It involves action and reaction, proposition and denial, assertion and rebuttal. It consists of forces in conflicting, contrary, repetitive movement. It is progress and regress; it is predictable and not, primarily, dependent on surprise.

Rarely does an audience agree to be told a story with no inkling of the nature of its outcome. In a romantic comedy we assume the quarrelsome couple will be united. In a thriller we expect the salvation of those in jeopardy. It is, however, the exciting, back and forth motion of the action that keeps us engaged. The audience enters into the story by connecting with a character, and following him through the alternating delivery of good news and bad news. We cheer the character's success: "Yay!", and lament his failure: "Boo!" The pleasure comes from riding along with the character through stomach-churning ups and downs of action and emotion - sudden twists and turns much like those on an amusement park attraction.

### **The Seesaw**

To understand how this simple principle applies to our scene we only need imagine two people in a playground riding on a teeter-totter. The excitement of being engaged in this activity comes from the sudden altering of direction that occurs to player #1 through the violent action of player #2. Player #1 sits on the board and is thrust upward into the air by Player #2's sudden application of weight. Player #1's upward momentum, being limited by the force of gravity, then pushes down on the board, sending Player #2 flying into the air. And so forth.

Notice that I used the adjectives "sudden" and "violent". While it is possible to play a gentle, more controlled version of this game, it is less amusing for any but the most timid player, and certainly less fun for a spectator to watch. Let's take the deconstruction of this game even further. Let's imagine Player #1 and Player #2 astride the board, each with two feet on the ground. This would create a condition of equilibrium and stasis. No surprise, no jeopardy, not exciting to play, nothing for a spectator to watch. Another "no fun" version might be played by two children who were afraid of the game and, therefore, not committed to taking the thrilling ride it was designed to give. These kids have legs too short to reach the ground, so they cannot achieve balance sitting at either end. Instead they both sit nearer together, close to the central fulcrum of the seesaw to prevent extreme movement from occurring. The game is now safe. It is also ruined.

I've demonstrated how to play and how to spoil a game of seesaw. By similar means a scene can be made or marred. For a two-person scene to work -- that is, for it to "play" -- the two characters must be positioned at extreme opposite ends, and each must be committed to the disequilibrium of the other. The closer they are positioned together toward the center, the less movement is possible. That lessening of movement in seesaw can be equated to a lessening of stakes in a scene.

### **Turning Information Into Comedy**

For the diagnosis scene in *50/50* to play funny Dr. Ross and Adam must sit on opposite ends of the metaphorical seesaw, as far apart as possible. They can't safely ride the fulcrum, gingerly and sensitively feeling each other out. They must have diametrically opposite expectations and objectives, and they must be committed to

putting weight behind their objectives in an action likely to keep their opponent off balance and out of control.

How does the director achieve this metaphorical distance between the characters? One begins by looking for opposites. Whatever the proposition, its opposite is the thing at the farthest remove. The director's task is to set the seesaw in motion by identifying opposites and unleashing their opposing force. We begin this process by setting our characters at one another with conflicting objectives and antithetical expectations.

### **Managing the Expectations -- Telephone**

In our diagnosis scene the actor playing Adam knows he is going to find out he has cancer. He knows he is going to get bad news. Although he could certainly justify his character's having an expectation of bad news (in result terms: the choice to be worried) this would neither serve the storytelling binary, nor help set up the comedy.

Hollywood studios ran schools to teach their contract players the tricks of the trade. One trick, called "telephone", went like this: *When you go to answer the telephone, if it's bad news answer happy, if it's good news answer sad.* There's sound method in this gimmick. By making a simple oppositional choice the actor keeps himself from anticipating the outcome of the scene. It also creates distance between where the character starts and where he will end up upon receiving the news. It gives the character somewhere to go.

The YAY/BOO principle reinforces this preference for optimism on Adam's part because, while the emotional starting point of the scene may be a matter of choice, the end point is not. We know that the scene ends with Adam finally feeling the full weight of a cancer diagnosis. If he starts the scene anticipating that news the catastrophe is deprived of some of its impact. Used as a rule of thumb, the YAY/BOO principle directs us to begin the scene in the opposite state from where we know it will end.

Choosing a positive expectation for Adam works hand in glove with our "play to win" approach to acting and directing. Adam's intention in going to the doctor is to get an explanation for the cause of his back pain. "Play to Win" acting dictates that he approach the scene with an expectation of receiving that explanation. The more ready and eager he is to receive an immediate explanation, the more frustrated he will be when it's not promptly forthcoming. That frustrated expectation sets the seesaw in motion. The play to win approach also dictates that Adam presume a diagnosis will be followed by the promise of a cure. The frustration of that second expectation will be another jolt to the seesaw arm, throwing him further off balance and out of control. Despite this repeated frustration, Adam must never give up. That is, he must never give up until the scene is over.

Now let's look at what Adam's "play to win" choice does to his opponent. The doctor enters with full knowledge that he has bad news to deliver (Boo). There is no way



that Dr. Ross can relish this present duty. If he enters the office and encounters Adam gloomily expecting the worst, the doctor's job has been made easier. Adam is ready for bad news. While still unpleasant, the obstacle the doctor faces is relatively little. Small obstacle = small conflict = small dramatic action. No pain, no gain...no pain, no funny.

Our doctor must play to win as well. No matter how much Adam presses for a straightforward diagnosis and hopeful prognosis, Dr. Ross must never stop inventing new evasions. He must be committed to his aversion to saying the word "cancer", and his intention to move his patient on to treatment without allowing Adam to give vent to his feelings. The director must help both actors find sanguine choices in pursuit of their objectives, even in the face of repeated frustration.

This is challenging for the actor. The mistake actors tend to make is one of indicating. It's difficult for them to resist the temptation to tell the audience how they are feeling by showing frustration. But the minute frustration wins, the scene is over. It is the job of the director and the actors to discover the choices that keep the scene alive until its written conclusion.

The actors must harness their characters' "indomitable will" (Vorhaus' term) in pursuit of their objectives. The fact that this stubborn will keeps them stuck in a futile back and forth will be funny to the audience. They will appear to be stuck in a machine that controls their behavior, and deprives them of free will and common sense. ("Comedy", someone said, "is the relaxation of common sense.") They will appear to be trapped in a game.

For a scene to be comedic rather than dramatic the audience must somehow sense the play structure involved. They must experience the seesaw. The audience must stand far enough outside the action so that what feels dramatic to the participants, looks formulaic to the objective observer. It must appear as an inevitable, unending dance - a perpetual roundelay in the human comedy. If Adam and Dr. Ross appear to be trapped in a game, stuck on a seesaw of miscommunication, their encounter - however tragic in content - will seem funny in context.