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### Realism and Biopolitical Care in *Help* (2021)

One of the most innovative aspects of British television plays from the early 1960s was the liberation of drama from the confines of studios by taking the shooting outdoors and on location despite the less convenient conditions. This meant a detachment from the burdensome mechanics of capturing electronic images in favour of the lightweight 16 mm camera, but innovation did not stop there. James MacTaggart, who worked as the leading producer for BBC's *The Wednesday Play* drama series and was described by Tony Garnett as "extremely innovative, open-minded and ... allowing" (quoted in Wake n.pag.), was strongly convinced that "the time has come to write in terms of the pictures" (Billow 10), and, hence, urged directors to experiment with non-linear storytelling, rapid shot changes, and close-ups without dialogue to ensure narrative fluidity and the emotional immersion of viewers.

The institutional and creative support of BBC and MacTaggart launched the filmmaking careers of Garnett and young director Ken Loach, who shared the belief that films addressing matters of social concern and endorsing public debate should be dissociated from claustrophobic studios, suffocating both for their spatial limitations and for the distant, theatrical, and sanitised atmosphere naturalism catered for. As film historian Mac-murraugh-Kavanagh insightfully opined,

dealing with the issues of abortion or homelessness in the necessarily alienated environment of the studio looked and, more importantly, felt entirely different to dealing with them in the streets where these issues were daily concerns... In the studio, suspended from society, such issues seemed contained; but out in society, suspended from the studio, they became crises." (249)

As the passage claims, truth received in an *ex vivo* environment was worlds apart from the *in vivo* truths of cinematic innovators who resembled reporters on the social front line where they encountered unmanageable situations of human despair and social emergency. Whereas in the first scenario, the dramatic framework of truth seemed unengaging, remote and dull, in the second, social crisis situations became relevant and captivating.

The *in vivo* aesthetic of Garnett and Loach was inspired by television reportage and documentary cinema: both established "genres of the streets." According to Stephen Lacey, amongst the producers of *The Wednesday Play*, Garnett understood most clearly that "the best available languages through which to develop television drama are to be found on television itself, especially news, current affairs and documentary (connoted by 16 mm technology)" (31). Key elements of this documentary language included voice-over narration, sound recorded on location, semi-heard verbal exchanges, improvised dialogues, lack of musical accompaniment, natural lighting, the use of handheld camera

and its shaky images, tightly framed shots, undisciplined *mise-en-scène* and compositions lacking aesthetic perfection, the use of two-shots in the place of shot–reverse shot editing, sudden cuts and longer takes. Throughout the years spent at BBC, Garnett and Loach would employ these techniques as key ingredients of their unique non-fictional style of television docudrama.

John Caughie uses the term “documentary look” to describe the *in vivo* style television plays. He writes:

[the] documentary look is not the perfect vision of an actual world, but operates, as does the dramatic [look], within a specific rhetoric which is not innocent, offering an objective, true social space, but which works within rules and strategies to produce a social space which is also a narrative, fictional space. (27)

Caughie differentiates the distinct poetic system of documentary look with a set of aesthetic devices at its disposal from the dramatic look, a “highly elaborated narrative rhetoric” one, that “centres the narrative: it establishes, within a world of events, scenes, characters, and little narratives, the line and the connections which are to be privileged. It orders the world into a readable hierarchy” (26). According to this assertion, fiction films control viewer participation in the presented visual material strictly by allowing points of identification, marking plot turns and using psychological realism to both signal motivations of characters and help predict or evaluate their behaviour. In addition, the dramatic look renders legible characters’ interactions with their social milieu and vice versa, a process through which the social space stands as the general context of the individualised action. Within this paradigm, the individual and his/her story are still in focus. As opposed to the realism of fiction cinema, docudramas organise the world around, as Caughie claims, “a social space which is more than simply a background, but which, in a sense, constitutes what the documentary drama wishes to be about, the ‘document’ which is to be dramatised” (26). The cinematic language to ensure narrative control over the viewer is certainly not absent in docudramas; however, it brings about a world that can only be read as a palimpsest, a visual fabric where fact and fiction are not clearly differentiated and, as such, serve as a constant source of controversy.

Caughie’s distinction between the documentary look and the dramatic look declines to pit factuality against fictionality, calling attention, instead, to the different degrees of the realist aesthetic at work in telecinematic media. While docudrama lies closer to current affairs reportage, it may, to varying degrees, use a rich repertoire of dramatic techniques, such as scripted dialogues, professional actors, narrative twists, suspense, and shooting in studio. By the same token, social realist cinema, despite its stronger reliance on psychological realism, epic dramatic design, and a tendency to affectively engage viewers, frequently uses on-location shooting, hand-held-camera, and semi-professional actors. Furthermore, it has a dramatic-narrative structure different from either stylistic academicism or the classical Hollywood narration of genre cinema.

Drawing upon Caughie's categories, I propose a classification emphasising the co-presence of factuality and fictionality as poetic attributes while also taking into consideration if these are primary and secondary attributes. As for primary attributes, I differentiate between the documentary analysis of reality (as in docudramas) and the dramatic-narrative analysis of reality (as in social realist films) where "analysis of reality" refers to representational/visual design, or Caughie called "look." Secondary attributes define the degree of factuality and fictionality in the overall poetic discourse, or, put differently, the degree to which primary poetic choices are limited and counterbalanced. Hence the four types are the following: (1–2) the documentary analysis of reality with weak or strong dramatic-narrative control and (3–4) the dramatic-narrative analysis of reality with weak or strong documentary control. A film undertaking (1) the documentary analysis of reality with weak dramatic-narrative control is a vocal, situation-based and snapshot-like representation of a social crisis with great attention to sociographic detail but without appeal to artistic refinement. (2) The documentary analysis of reality with strong dramatic-narrative control reveals more of the characters' affective reactions, characters are more individualised and easier to engage with, and each scene revolves around a verbal dialogue as focaliser. (3) Films offering the dramatic-narrative analysis of reality with strong documentary control are more refined in their narrative choices, storylines are well developed but episodic, rely on psychological realism but verbal exchanges have an authentic feel and the acting style is naturalistic. (4) The dramatic-narrative analysis of reality with weak documentary control enforces strong artistic integrity in the presentation of the social space, regularly uses cinematic clichés, storylines are action-driven, music is widely used for dramatic effect, symbolism and an allegoric mode of address are strong so as to guide audience attention to critical observations. Both the strong narrative-dramatic control of the documentary analysis and the strong documentary control of the narrative-dramatic analysis give filmmakers tools to control how spectators interact with the story-world – identify key character traits, establish causal links between events, recognise thematic motifs and other patterns in the narrative and compare these with personal experience. Whether control is orientation, guidance or supervision determines the degree of interpretational liberty allowed for viewers and equally limits the emancipatory power of films. Agitation as a synonym of making consumable may prove effective in channelling insights about the established order but can equally be criticised for demoting cinema as advertisement for ideology critique. Considering all aspects, realism with strong control mechanisms weakens the spectatorial agency of analysing reality and empowers the filmmaker as the source of critical thinking.

As I have argued in a previous exploration of the work of Garnett and Loach focusing on female social vulnerability, entrapment and the failure of the social and medical professionals to provide them help,<sup>1</sup> television favours Type 1 and 2 representations, whereas social realist cinema prefers the well-defined characters, conflicts, and clearer dramatic arc of Type 3 and 4 representations. I have also found that individual films never fully fit

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<sup>1</sup> Analysed films included the following titles by Garnett and Loach: *Up the Junction* (1965), *Cathy Come Home* (1966), *Poor Cow* (1967), *In Two Minds* (1967), and *Family Life* (1971).

into a single stylistic model, in fact, there is much interaction and overlap between models. Such mixed structures are most frequent in Type 2 and 3 representations, in films with strong narrative or documentary control which also happen to be the film addressing current social problems without being sensationalist or superficial.

Six decades after the launch of *The Wednesday Play*, social realist drama has lost nothing of its edge as the worldwide critical acclaim and significant viewership success of the recently premiered Netflix series *Adolescence* (2024) prove. Hailed for its performances, script, and cinematography, Philip Barantini's direction tackles the influence of the so-called manosphere on male teenagers hooked on social media. The film's single-take presentation of events brings together the sense of immediacy and immersion of the documentary look with the tense dialogues, finely crafted narrative pace and ingenious story-telling of the dramatic look. Given the fiercely competitive current media ecosystem, the immense international success of this film validates the efforts of generations of filmmakers and producers who either at the BBC or, since 1982, at Channel 4 have shown great faith in unorthodox, edgy, and uncomfortable films – both television series and feature film – capturing the social and political climate of their corresponding period. Over the last forty years, marked by television films such as *My Beautiful Laundrette* (Stephen Frears, 1985), *Shallow Grave* (Danny Boyle, 1995), *Secrets and Lies* (Mike Leigh, 1996), *East is East* (Damien O'Donnell, 1999), *This is England* (Shane Meadows, 2006), *Tyrannosaur* (Paddy Considine, 2011), *The Selfish Giant* (Clio Barnard, 2013), and *Greed* (Michael Winterbottom, 2019) and also popular television drama series in the likes of Jamie Brittain's *Skins* (2007–13), Paul Abbott's *Shameless* (2004–13), Ricky Gervais' *Derek* (2012–14), Meadows' *This is England* (2010–15) and Barantini's own *The Responder* (2022) and *Boiling Point* (2023) have not only strengthened the standing of realism in British screen culture but have built up a vast corpus which enables us to study the correspondence between film style and social commentary. In what follows, I engage with a recent and lesser known television film *Help* (2021), directed by Marc Munden, a film that hopefully proves the legitimacy of my previous research on the realist aesthetic. What also connects this film to my previous research corpus is the topic of female care, but while the early films of Garnett and Loach portrayed exclusively women as those seeking help and care professional were predominantly males, the sides are reversed here: the female protagonist is the provider of care and the patients we see her nurse are men.<sup>2</sup> This shift theoretically indicates greater gender equality and increased social agency for women, yet the film's critical take on institutionalised care is equally invested, as I will show, in matters of biopolitics.

Released amidst the COVID-19 pandemic, *Help* is set in Bright Sky Homes, a Liverpool care facility for elderly people where Sarah, a freshly recruited care worker with no prior experience, faces a helpless battle with the fast-spreading disease. In her late twenties, Sarah is not so directly exposed to the health risks, unlike the elderly occupants of the

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<sup>2</sup> In an interview, Munden called the film “a wonderful opportunity to try ... to give something to the care sector and always envisaged it as a love letter to the care sector” (Bowman).

facility many of whom suffer from multiple illnesses, including dementia. In my reading, the theme of forgetting runs through the whole film as a multi-faceted hermeneutic cue not restricted to the memory impairment of occupants of the home. It helps viewers grasp the conflict of institutional and individual care, and, indirectly, puts on the map previous strands of British cinema, the already mentioned work of Ken Loach and Tony Garnett, films widely regarded as agitational and political for their willing engagement with the politics of care.

*Help* fully exploits cinema's capacity to portray abstract societal crisis in character-driven dramatic situations. If there is a single scene to illustrate this point from the film, most viewers would call out the 25-minute long uninterrupted shot filmed by a handheld camera from the middle of the film (42:21–1:06:06). In this segment of cinematographic and acting bravura, Sarah gains first-hand experience about the systemic nature of inequality during a night shift she is required to do solo as her colleagues are either down with the virus or off duty. In the middle of the night, one of the residents, Kenny, starts to display severe respiratory symptoms of the disease. Sarah's telephone calls for help are in vain: the local surgery and the NHS 111 emergency number play pre-recorded messages, and ambulance control openly admits that it would take "some" time to send a car over. She tries a technique called proning, turning the patient on his front, to ease pressure on his windpipe, but she lacks the physical strength to carry out the procedure. In her final desperation, Sarah wakes Tony, a resident in his early forties suffering from early onset Alzheimer, and convinces him to save Kenny's life, which they do.

Munden's stylistic choice and the single-take approach puts the scene firmly on the terrain of realism. Key techniques associated with the documentary look such as the handheld, dynamic camera, the domination of eye-level shots, on-location sound and the lack of a musical score are all present in the scene, yet, exactly because of the exceptional effort shooting long takes requires – advanced planning, coordination and team-work on the part of the filming crew and the absolute concentration of performers – I have serious doubts whether one can regard it as Type 1 documentary realism. Instead, this is a realism that combines the raw stylistic qualities of the documentary look with the more refined dramatic look that, nevertheless, is capable of creating the effect of realism, the feeling of being there. Hence, I regard it a Type 2 representation.

The scene in question draws the spectator into the drama of intensive care gradually. The dominant shot type of the first two minutes is the medium long shot framing the character from a few meters away, looking into Kenny's room through the open door (Image 1). At this stage the camera does not yet cross the threshold and takes up the position of the objective observer of the events from afar. As Sarah rushes off to the staff room to request help by phone, the cameraman follows the nurse from behind and slightly below the eye-level (Image 2). As she makes her first round of unsuccessful calls, the camera slowly approaches her moving through the doorway and framing her in a medium shot (Image 3). Hurrying back to Kenny's room, the apparatus moves in front of her, framing the upper

part of her torso and head in a loose close up (Image 4). As Sarah enters, the cameraman stays close behind her, passing the threshold between the public space of the corridor and the private space of the bedroom (Image 5) that also happens to be the symbolic border between the observatory and the participatory mode of visual representation. From this point on, shallow-focus close-ups dominate the scene, both taking audiences closer to Sarah's face and separating her from the physical environment which appears blurry, opaque, out of focus (Image 6). In addition, rack focus (focus pull) will be frequently used, a technique of adjusting the focus from one character to another, smoothly guiding viewers' attention.<sup>3</sup> The preference of head shots and the interest dedicated to the face not only accentuates emotional weariness but allows emotional identification with the character. If the shallow focus camera making both Sarah's mental panic and isolation from the rest of the world apparent, the use of lighting for dramatic purposes performs a similar effect, especially in parts of the scene when she moves between locations: the ceiling of the corridors connecting parts of the building is fitted with motion sensor lamps, this way she seems to be constantly stepping into and out of darkness.<sup>4</sup> Her spatial isolation and disconnection from the outside world is further emphasised by the labyrinthine and claustrophobic long corridors without any windows.



Images 1–6.

<sup>3</sup> Scenes using focus pull require extreme talent and care to guarantee the maximum sharpness of images, a quality that cannot be fixed in post-production. What makes this technique even more difficult in the present case is that distance between the camera and the characters changes from one part of the set to the next, as such the focal planes also need to be readjusted with a rolling camera. This requires precise planning of every move both the camera and the characters makes.

<sup>4</sup> Borbála László has likened this scene to a purgatory-like situation (László 101). With the constant alteration of darkness and light, the corridor may well be a symbolic space of limbo stretching between the state of being cursed and finding redemption. Constructing such spatial settings with symbolic or overtly religious overtones is not unusual in films about medical care, see for example György Kalmár's analysis of *The Death of Mr. Lazarescu* and *Eden* (Kalmár).

The use of the handheld camera, the distance of framing, tack focus and lighting allows for the psychologically realistic portrayal of the emotionally devastated protagonist. The beginning of the second part of the scene (at around 10 minutes into the long take) is a close-up of Sarah's face shot with a low-key lighting setup (Image 6). The double traumatic realisation that she neither possesses the physical strength to turn the overweight Kenny onto his stomach, nor can she hope for outside help forces the nurse to request help from Tony whom she wakes up at the middle of the night. The introduction of a new character allows viewers to submerge in the drama at another level, through the verbal and physical interaction of the characters. Sarah is very much aware that she is using the man's help in a high health-risk situation, thus there is a sense of urgency to her every move and sentence. Although Tony enjoys more visual presence in this part of the scene, his agency is rather limited, not least because Sarah only expects him to carry out her verbal instructions without delay. When Tony goes into the bathroom to wash his hands and put on protective gear, the camera takes up a position outside the doorway: the over-the-shoulder shot suggest that spectators occupy the optical perspective of Sarah who also stops in front of the door and gives orders from there (Image 7). Moments later both the nurse and the camera enter the room framing in a semi-subjective shot her nervously putting gloves and a face mask on Tony (Image 8). Immersion into the character's affective state is guaranteed by the well-prepared and executed visual choices, as a result of which spectators both see with and act with the character. Towards the end of the scene, after Kenny is successfully turned onto his belly, in the same bathroom Tony is removing the protective gear following step-by-step verbal instructions from Sarah. Although the camera shows only the man's face, it is again the nurse who bears agency as Tony automatically repeats what is being shown and told to him (Image 9). The shot from the doorframe appears for the last time while Tony starts the shower, his faded silhouette is seen in the background and the profile shot of Sarah's face in focus in the foreground of the composition (Image 10). They have the following exchange:

- Thank you for tonight.
- Well, I didn't do anything.
- No, you're me hero. (01:01:54–01:02:04)

At this point, there is a focus pull, bringing the background into clear view and blurring the foreground (Image 11), with Tony saying these words: "Some days I feel OK, you know? Some days I feel like I'm aware, and what I should be. And then some days I don't know where the fuck I am! But if I helped, you know, that's nice" (01:02:12–01:02:33). After another focus pull we see Sarah's facial reaction, capturing it at a moment of affective saturation. She walks away before losing composure and starts to sob inarticulately. The tension that has been building up throughout the scene pours out of the character. Yet, there is more here than Sarah breaking down: her face almost literally breaks apart (Image 12). It is distorted by pain and anger, the untameable tension between the impossibility of physical contact and the impossibility to not feel the deep urge for physical contact: to hug Tiny, to connect with another human. As László asserts, the "character's

bodily change is triggered by mental and psychological process, in the course of which Sarah abandons the official notion of care and embraces the personal impulse of offering help” (101).

Immersion into this intensive affective state where every decision may prove to be a choice between life and death is achieved through the combination of the documentary and the dramatic look, from initial observation to eventual participation, from moving with the character to feeling with her. The documentary look, the image moving around in space framing a single character herself moving back and forth between Kenny’s room and the office gradually transform into the dramatic look where movement occurs only within a static frame (focus pull demonstrated by Image 10 and 11), where the physical isolation and lack of tactility between humans are visually dramatised by the repeated change of focal planes in an image lacking compositional unity between background and foreground.



Images 7–12.

By definition, the single-take scene is a self-contained narrative segment lacking temporal manipulation. Viewers fully share the spatio-temporal reality of the character: they not only see and hear but *see and hear with* her. The reality viewers are drawn into in this case is a nightmare reality, overwhelming, gloomy and extremely consuming. The sound design of the scene – with heavy breathing, the mechanical sound of the hand sanitiser and disposable glove dispenser and the clacking of light tubes – further accentuates the effect of being present in a nightmare, a tormenting place where even time seems to be at a

standstill. On two occasions, approximately 10 minutes apart (at 53:13 and 1:01:47 of the screening time), Tony asks Sarah what time it is: on both instances the girl replies that it is 3:30 in the morning. No progression seems possible as if they were in a time loop. The pre-recorded voice messages playing endlessly in the background creates this very feeling of being in a never-ending nightmare.

The emotionally immersive 25-minute long scene ends with a cut to the following morning with Sarah still wearing the apron she made from garbage bags as protection. As the new shift of caregivers arrive, she declines to accept their explanation of the events of the previous night suggesting that emergency services simply forgot about them. Sarah declares: “No, they haven’t forgot” (01:07:18). I regard her enigmatic comment which she fails to elaborate on as a means to reject easy answers. The film declines closure in the face of an all-consuming affective experience, in fact, it emphasises the impossibility to come to terms with such emotional distress that clearly impacts Sarah’s professional identity as a whole.

The rest of the story proposes to unpack this enigma and rationalise how the terrific events changed her ideas about giving care. *Viewers no longer have to see, hear and feel with but rather think with Sarah* as she grows intellectually and comes to directly challenge certain aspects of her works as a caregiver. *Help* portrays this process with reference to the ethical dimension of care, most importantly the indifference with which institutionalised forms of caregiving treat autonomy and agency and also their tendency to prioritise medical needs over human needs. The latter aspect is already addressed by the final moments of the lengthy scene analysed above, when Sarah sits beside Kenny’s bed and simply holds his hand, performing the most basic form of human sociality that, nevertheless, is probably as comforting as any medication or therapy. In order to rationalise this preconscious gesture, to turn it into the knowledge of a self-aware carer, Sarah would have to question the institutional practices of care that claim to understand the needs of the beneficiaries of help, albeit what they actually know is how to locate the care-seeker within global processes of impersonal medical regimes and forms of biopolitical control. In a heated argument with Steve, she emphasises the distinction between patients and residents (“They’re not patients, they are residents.” 01:15:05–01:15:08), a difference often lost in the biomedical discourse that regards elderly and sick as synonyms. In my understanding, Sarah’s insistence on such a distinction is part of both the process of rationalising her previous instinctual–embodied acts of kindness and making sense of having been abandonment by NHS services. At the end of the path Sarah takes, bitter truths await her about systemic inequalities within the institutional forms of providing help.

The film challenges the capitalist medical-biopolitical regime that establishes priorities between patients and allocates better resources, like intensive care, for patients with greater chances of recovery. Inequality also exists between care providers, as the narrative richly illustrates. The staff of the Liverpoolian facility lacks not only PPE masks and other essential protective equipment at the outbreak of the epidemic but also official

guidelines and advice on health protocols. Steve, the manager of the facility, first acquires dust masks from builder friends after paramedics strongly recommend wearing them, and, later, he orders proper mask (likely from his own salary) from China. The allocation of protective gear dwells on the capitalist logic of supply and demand and the biopolitical version of resource management that strives to save lives (be those of patients' or caregivers') in the most cost-effective manner.

Another important stage in the development of Sarah's identity as carer is that of making the unprofessional decision to run away with Steve before medication (strong sedatives) turns him into a vegetable and deprive him of human dignity. Firmly believing that there are other than biomedical means to deal with his condition, Sarah decides to smuggle the man out of the care home and drive him to a remote and abandoned trailer park by the sea where they self-quarantine for 2 weeks. Unfortunately, they are discovered by the police; Tony is sent back to the institution, while Sarah is arrested. In the police car she begs the police officer not to return the man to Bright Sky Homes and, later, delivers a rather didactic monologue:

– I need your help. Listen to me. He's done 12 days. He's nearly safe... No. No, I quarantined him, I did... No. Just radio in and tell them not to take him back there. Take him somewhere else, please. Please! Are you listening to me? Are you listening to me?

– Please... It's not my department, love.

– No. No. No, it never is, is it? No, never... Never is. Never is. It's always someone else. It's the way this country works now. You know, keep our eyes down to the rest of it. You know, cos if we see people queueing up for food banks and if we see people lying on the streets, if we see disabled people being left to die, we'll feel sorry. We can't cope. We can't cope with Tory. Not us. Not any more. Underlying health conditions. What's in them? When did our lives stop being worth the same? (01:34:14–01:35:26)

With clear political overtones, this verbal outburst, like those in the works of Loach and Garnett discussed above, are intended for the viewers, formulating the awareness-raising messages of the film in the simplistic manner we would expect from Type 4 representations. The main difference, nonetheless, is Sarah looking into the camera during her monologue. By breaking the fourth wall and the codes of realism, the film employs alienating effects and emphasises its own constructed nature. What purpose, we may ask, does this alienating effect serve, apart from offering a mouthpiece for the director's social agenda? What are the benefits of suspending Sarah's presence within the diegetic universe and having an out-of-character Jodie Comer send a loud wake-up call towards the extradiegetic world? Not much. Unless, of course, the employment of uncinematic effects is still pro-cinematic, part of a calculated strategy to create distance from the character. In my understanding, the film plays at presenting Sarah's emotional address as her way of finding closure through verbalising the lessons learnt from the traumatic night shift. Does

this strategy discredit the protagonist's plight? By no means! It only urges viewers not to accept Sarah's truth as the only truth and to consider her intellectual journey through a critical lens. Some might find Sarah less of a responsible carer than an idealist revolutionary, someone falling into the trap of overidentifying with the people she provides care for. Others might regard her to be a sound progressive who is right to claim that ethical care exists only outside the system, even if this 'outside' may actually be created within the system in the form of new practices and alternative forms of care.

*Help*, I contend, builds a richer context for understanding Sarah's motivations to free Tony than the explanations suggested by her verbal tirade quoted above where she mentions the general lack of solidarity and empathy, blindness to inequality, and the soaring number of self-interested, egotist people: the general erosion of values related to care. By contrast, the film identifies capitalist market rationality (the management of gain and loss) at the heart of the concept of institutionalised, professional care. Munden makes a connection between, on the one hand, Sarah's decision to rebuff professional standards in order to save Tony from an aggressive form of pharmacological treatment and, on the other hand, her very personal experience of having been neglected by healthcare services. There is nothing exceptional about this connection as long as we regard it as a means of revealing the personality of a character by showing what experiences lead to what action. This is characterisation, the prevailing technique used by psychological realism in literature and the dramatic arts. But there is more to it in this case: the decision to spare a life from systemic biomedical entrapment on the traumatic impulse of systemic negligence renders legible not the personality of the character but the nature of biopolitical care. Defined by Thomas Lemke, biopolitics "does not produce an extension of politics but rather transforms its core, in that it reformulates concepts of political sovereignty and subjugates them to new forms of political knowledge" (Lemke 33). Along these lines, the film depicts biopolitical care as the fundamental transformation of care both through the elimination of the autonomous anatomical body, as in the case of Tony, and the subjugation of the agency of people to a medical knowledge that declares them useless and expandable, as in the case of Kenny. At the end of the day, it is not the abstract system but its local agent, the care provider, who exercises the power of elimination and subjugation: in fact, the professional integrity of carers is achieved through commitment to these powers. Overall, Sarah undergoes a professional crisis not because she has ever contemplated refusing to take care of a Tony (even when his condition deprived him of human features), or declined to help some elderly residents because others required more attention, but because *it is the very act of taking care that deprives Tony of his freedom and denies residents the right to receive equal help.*

Of the countless questions the film raises through the actions of Sarah, I regard those about biopolitical care to be the most relevant today, even if these often lack definitive answers. The heritage of television drama is obvious in Munden's refusal to impose an instructive reading on viewers. Stylistic and narrative patterns place *Help* on the side of realist social commentary, combining Type 2 and 3 representations that do not didac-

tically explain the meaning of the story but rather structure the process of deciphering meaning. Realism reveals itself as manifold: the visual and narrative design of the gut-wrenching uninterrupted sequence at the middle of the film merges the documentary analysis of a medical emergency situation and the dramatic analysis of human vulnerability into an emotionally overpowering yet engaging experience. *Help* not only verifies findings of previous research that characterise cinematic realism as a style operating through the release and control/refinement of raw impulses but raises the stake and manages this operation in a single take. Well into the 2020s, the teachings of 1960s screen culture still prevail with the new generation of filmmakers required to prove their talents both as agile social critics and stylistic innovators.

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