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# Poor form: contagion, image, and the dialectics of emptiness in Kiyoshi Kurosawa's *Cure*

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## Abstract

Kiyoshi Kurosawa's hypnosis-thriller *Cure* (1997) is, despite its title, a film concerned less with disease or its treatment than the invisible, unpredictable processes through which the contagious passes from body to body, from subject to subject. How can cinema center the invisible? How might it represent the formless as such? This essay draws from contemporary film criticism, particularly studies of affect and recent work on the relationship between cinema, narrative, and medicine, to explore the ways *Cure* evokes a "sense" of illness that suffuses its every frame. In order to effectively render the kind of anticipatory, empty world that remains endlessly vulnerable to parasite, virus, and infection, I argue, Kurosawa deploys a set of formal strategies that draw our attention time and again to the flat and mutable surfaces of the cinematic image, to its own uncanny effects on the bodies it screens. *Cure* figures contagion not as a problem not merely of space—of proximity, bodily contact, invasion—nor of time—the inevitable onset of disease, the fruitless search for its end—but equally of form and feeling. The film provocatively couples the physical body with the cinematic screen: both bearers of trace and emotion, media whose own specificity reveals itself only fleetingly, under duress, and most of all in moments of queasy, anxious dread.

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Kiyoshi Kurosawa's 1997 film *Cure* is, at least on its surface, a criminal-medical thriller about a series of grotesque, inexplicable murders, each instigated by the eerie mind-control abilities of a young psychology student, Mamiya, who seems to infect everyone who crosses his path. In *Cure*, bodies—and in particular pathologized, sick, unstable bodies—are vectors and vessels: they become the sites around which other objects are endlessly repositioned, the carriers of a psychical and physical force much larger than themselves. I am interested, in this essay, in considering contagion as a spatial and formal phenomenon in *Cure* as a way of gesturing towards larger questions about cinematic representation, the circulation of meaning, and the porosity and mutability of the cinematic screen. This is not an attempt to evade culturally and historically specific questions that place *Cure* in its national context, in the context of questions about Japanese identity and subjectivity in the 1990s, for example, as well as the rich cinema of the hydrogen bomb and its effects.<sup>1</sup>

But this essay aims primarily to understand the way that these concerns have given rise to a unique formal strategy, a strategy of contagion—one predicated on fissure, affect, and transfer, in lieu of cohesion, emotion,<sup>2</sup> and continuity. This "poor form" emphasizes the space between lack and wholeness, the visible and the invisible, or the imaginary and the real, and might lead us towards new ways of thinking the social, visual, and discursive relationships between disease and cinema.

*Cure* defies both genre categorization and straightforward plot synopsis; I will attempt the latter here, though the former—the film's uneasy teetering between detective mystery, medical drama, and psychological thriller—is significant in that it can help us understand the anxiously imbricated networks of interrogation, classification, and intersubjectivity that on some level lie at the center of these otherwise vastly different modes of storytelling, and that make contagion an intriguingly cinematic phenomenon. I will then engage a close

reading of several scenes that evoke the way *Cure* both visually and narratively represents its forms of contagion. The story is on one level straightforward: a series of seemingly random, violent murders are taking place in and around Tokyo, and a detective, Takabe, with a predictably fraught “home life” (his wife is mentally ill, and although her illness is never specified, its primary symptom is memory loss: she turns on the washing machine with nothing in it, gets lost on her way home from the grocery store, lovingly lays out uncooked meat for her husband) is intent on finding the perpetrator. His search soon brings him into contact with a haunted, enigmatic, and apparently amnesiac young man, Mamiya, whom we quickly discover is using an obscure form of mesmerism and hypnosis to compel the people he encounters to kill. The central problem, then, becomes not of revealing *who* is committing the crime or even, really, *why*, but *how* he can be contained: how to stop him from infecting others. Detective Takabe, as we might expect, becomes increasingly obsessed by the details of the case and, eventually, contaminated; but equally—and most importantly—so does the film itself, which has been disjointed and arrhythmic from the start, losing its footing and sense of direction alongside its characters, accelerating and decelerating wildly, drained of the subjects at its center as the mysterious and invisible disease takes the reins. What begins as a set of symptoms—misrecognition, disorientation, unease—evolves into a formless panic, a loss of control, a splintering that renders resolution impossible. As Takabe, his work partner Sakuma (who eventually succumbs to Mamiya’s hypnotic charms), his wife (who does too), and Mamiya himself are slowly emptied of their insides, the film, correspondingly, becomes pure surface—poor, unsatisfying, pure form.

In his 2008 essay *Contagion and the Necessary Accident*, Bill Albertini traces the narratives of emergence and enclosure that accompany epidemics and contagious diseases in the public sphere. Invested though these narratives may be in making disease concrete, visible, and isolable, they are nevertheless motivated by a parallel, equally vital fantasy: that of inevitable, recurring failure, of evasion and excess. Albertini writes that “outbreak narratives...[are] chock full of fascinating narrative holes—spaces that signal leftover anxieties incapable

of being allayed by the outbreak narrative’s teleology of containment.”<sup>3</sup> For Albertini, and many others who have written about the visuality and teleology of viruses and contagious diseases on screen, the quarantining impulse—the desire to contain that which, once unleashed, will spread without our permission or control—is at the heart of these kinds of “contagious stories,” so to speak. What is particularly salient about *Cure* is the way that what appears, on the surface, to be a fractal or networked story—both within the narrative, as the detectives struggle to understand the relationship between Mamiya and his victims (and their victims), and in terms of the film’s omniscient, multi-pronged plot, that brings us at different times into Takabe’s professional life,



Fig. 1

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his personal life, and Mamiya's nightmarish, leaky world—turns out to be concerned primarily with the flows and spaces in between these characters, the passage from one to the next and back again—the lines rather than the dots, as it were. The anti-directionality of the network, and of the “infection,” is important here. In the film, we are shown endless scenes of hallways, passages, movement—and yet, as in a dream, the characters persistently appear and disappear, here and there, robbed of before and after. Take, for example, our first introduction to Mamiya in *Cure*, on a beach (See Fig.1).

The shot-reverse-shot allows him to appear as if by magic, although the film wryly undercuts its own visual trickery by showing us, seconds later, that Mamiya himself has no idea where or who he is. He wanders, confused, towards a stranger, whom he will eventually hypnotize into murdering his wife. “I don't know who I am,” he proclaims, and then immediately collapses. His blankness is his disease and, as we will later discover, the source of his power. Mamiya's spectral, eerie ability to appear with no sense of a past—“tell me about yourself,” he begs of his victims, before he fuses his mind to theirs—is itself a play on cinema's ability to present us with a moment divorced from its past and its future; the metonymic implications of the cinematic image are laid bare in the construction of a character whose defining trait is his inability to extend intelligibly beyond the confines of the image, either in the sense of a remembered history or a possible future, and thus points incessantly to a constant and unstable *now*. Amnesia, like contagion, names something that is *necessarily* invisible, necessarily lost; it is a process, not an entity. Here, as throughout the film, form and content align precisely in their refusal to signify neatly: both Mamiya and the image insist on their own blankness, their own openness. Contagion is thus reframed not as the passage of some invisible entity from one stable body to the next but, taking from Albertini, a revelatory exploitation of the holes and empty spaces that hide within our wholeness, our materiality, and that keep the body endlessly vulnerable, endlessly in wait.

In defining what I designate as contagion's “dialectic of emptiness,” it is worth noting the empty signifiers that float through the film, creating a dynamic of repetition and meaninglessness that

is richly evocative of the uncontrollable spread of disease, or at least of the fears it invokes. Each of the murdered victims is found with an X—perhaps the most recognizable symbol of anonymity and erasure—carved across their body, a grotesque surgery performed after the murder. Mamiya discovers his name from a tag inscribed on his jacket. The film's title, which is in English (and was released thus in Japan, despite otherwise being entirely in Japanese, which only adds to its function as pure signifier)—*Cure*—is also a relative term, a catch-all for an infinitely variable set of specificities, a potentiality, a process, and an end. In “Bad Networks: From Virus to Cancer in Post-Cyberpunk Narrative,” Christopher Kilgore writes, of viruses:

As a schema, then, the virus quickly accreted characteristic functional qualities—it reproduces by exploiting existing organisms' cells; it moves from organism to organism; it remains imperceptible, though not undetectable... it occupies an ambivalent ontological category, the hitherto “excluded middle” between the categories life and nonlife.<sup>4</sup>

It is precisely in this invisible, moving “excluded middle” that the story of *Cure* is set. Contagion—the transmission of *something* formless and invisible from one open subject to another, a transmission that is contingent on physical proximity and narrative continuity but irreducible to any pattern or shape—becomes the film's governing principle, both narratively and formally. In emphasizing contact, repetition, transition, and openness, *Cure* allows us to rethink the ways in which filmic media signifies, suffuses—or infects—both viewer and image with meaning, makes us vulnerable, and resists delineation. In *Cure*, the image lingers ripe at the point of contact between subject and object, revealing open spaces in each, waiting to be filled. And it is important to recognize that it is not just emptiness or anti-directionality that constitutes contagion but also, equally, contact, closeness: the bridging of that necessary gap between self and object.

In a scene that occurs approximately halfway through the film, we see Mamiya's “process”

of hypnosis in full force, as Mamiya himself experiences something of a personal revelation. After—and again inexplicably—jumping from a two-story building, the injured Mamiya is found by a police officer, whom he quickly coerces into killing his partner. As a “witness” to this murder, he is brought to the hospital, where he meets his next victim: a young doctor (See Fig.2).

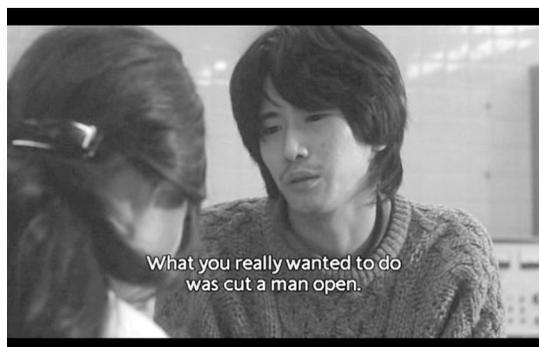


Fig. 2

After cuttingly identifying her deepest insecurities and most grotesque desires, Mamiya offers the young doctor, by way of unsatisfying explanation (and the film is rife with unsatisfying explanations) for his own behavior: “all the things that used to be inside me are outside.” This is an important point of entry into the film’s understanding of “emptiness”—interiority here is not *vanished* so much as it is *displaced*, projected or dispersed outward beyond the body, spreading, like the water she numbly spills on the ground in this scene, unstopably, slowly, nowhere, wherever it pleases, as the camera lingers, transfixed. And of course there is an irony here, in a film that is markedly not bloodless—Mamiya’s literal insides, his blood and guts, as it were, are still very much inside of him, and it is this very fleshiness that will be his undoing in the film’s final moments, as Takabe shoots him to death (only to somehow acquire his powers of manipulation).

And so what *is* inside? Subjectivity, perhaps, the memories all the characters appear to be rapidly losing, desires, emotions (Takabe describes himself as “showing none”), imagination: the invisible actions that constitute the subject as such, as something more than a body. “What you really wanted,” he instructs the doctor as she grows increasingly uncomfortable, “was to cut a man open.” This is the film’s most overt articulation of its

own desires: to somehow cause a tear in the screen’s own endless wholeness, to peel back the image, to make it as susceptible as human flesh.

The relationship between skin, cinema, and surface is an important and complex one. Laura U. Marks, in *The Skin of the Film: Intercultural Cinema, Embodiment, and the Senses*, offers strategies for reading film through its materiality, prioritizing a haptic relationship over an optical one; she suggests that the film’s “skin” might be less a screen than “a membrane that brings its audience into contact with the material forms of memory.”<sup>5</sup> Marks’ skin-like cinema, a cinema with a kind of human surface, is necessarily both passive and active, a bearer of traces and a possible site of contact and contagion. *Cure* traffics exclusively in that contact, in the transformations it incurs and the memories that it materializes. Here we can think, then, about contagion in spatial terms—as requiring not only a minimal difference but a minimal *distance*—that characterizes Mamiya as both a contagious body and the embodiment of contagion: formed through closeness, leaving traces that are not quite as substantial as evidence, passing from space to space unimpeded, leaving us only with symptoms (before committing murder his victims, dazed, draw Xs on the surfaces they encounter) and effects—too early, too late. The symptom is an index, the visible trace left by the invisible ailment, but it is also an omen of what is yet to come. Its duplicitous<sup>6</sup> temporality is an important model for understanding the forms of time that are at play in *Cure*, and how the collapse of time and image—and their failure to account fully for the self, to stabilize it—replicate the process of contagion, the body’s terrifying openness to invasion, the shadow-world that sustains the visible.

In her seminal work *Screening the Body*, Lisa Cartwright turns to Foucault’s histories of health and its institutionalization to tease out the relationship between the medical gaze, the cinematic gaze, and the body’s beginnings and ends—both materially and in terms of the division between life and death:

Foucault has described the penetration of the medical gaze into the interior of the body in the practice of pathological anatomy as ‘the technique of the corpse.’ He notes that the opening up of the body in autopsy in hopes of exposing to sight

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the seat of disease ultimately failed to render pathology fully visible but led the physician instead to traces of the disease mapped upon organs and surfaces.<sup>7</sup>

The carving up of dead bodies in *Cure* is also presented to us as a meaningless, baseless, unmotivated act, one that serves only to confirm the deadness of the corpse and remind us of its fragility. This too is a kind of latency, a difference between surgery and autopsy, a search for form in the formless void of death.

And even the attempt to ‘penetrate’ the live body through other forms of looking is fruitless in this film. Mamiya, eventually (if briefly) “caught,” is finally brought into the interrogation room by Takabe: this scene particularly demonstrates the

film’s self-conscious play with image and looking, and its anxieties about containment (See Fig.3).

Takabe begins by showing Mamiya photographs of his victims; he claims not to recognize them. He then shows Mamiya a polaroid of himself; his reaction is equally blank, and only upon holding the photograph up to his own reflection in the mirror does he admit a resemblance. Mamiya is framed and reframed here, both in a criminal and a visual sense: he recognizes his own image, but, he says, he “does not know” the man in the picture. He is being interrogated, not medically assessed—the film moves, importantly, between police spaces and medical ones, though the obvious connection being made here between criminality and pathology is somewhat less important than the fact that they start to become indistinguishable from one another. But there is a kind of diagnosis at play: he is being reminded of his body, his body made strange through imaging and discourse: he is being told both *who* and *what* he is. The hermetically sealed space of the interrogation room, the window, the Polaroid – he is unable to fill these clinical, documentary, foreclosed spaces, but they cannot quite contain him, either. As I mentioned earlier: in *Mamiya* we have a character who, like spreading water or the sound it makes, resists form, bends and shapes to its container—like disease; like an image, resisting linearity, cause or effect.

This is one of several moments when the connection between Mamiya and the cinematic screen, the flattened and contained image, is made visually explicit. Another occurs in *Mamiya*’s locked hospital room, somewhere between sickroom and jail cell, when Takabe comes to visit him in search of further answers. The room is dimly lit and sparse, save for a small room to the side with a bathtub and sink, which is brightly lit; it has no door, and its wide entryway, combined with the stark light contrast, gives it the same visual texture as a screen, an image projected against the wall (See Fig.4).

Throughout the scene, Mamiya moves easily back and forth between this space (rendered even more uncanny by its slightly-too-small size, its ceiling barely above his head) and the more clearly three-dimensional space of the room, until eventually a frustrated Takabe enters the space as



Fig. 3



Fig. 4

well, only to find nothing. The screen-room here becomes a site of desire, a site of memory, and a space that separates bodies from one another. In connecting, as Kurosawa does in these two scenes, the practice of looking, the shape and textures of the screen-image, and the movement of bodies across these spaces, the film brings us back to Marks' assertion that cinema requires a kind of haptic awareness, as well as Albertini's suggestion that our pleasure, in watching films about contagious disease, is an "ambivalent pleasure produced not through the containment offered by intact borders but by way of the exploration of borderlessness."<sup>8</sup> The fantasy and fear provoked by this movement in and out of the image is analogous to the shuddering affect of contagion: the body extends beyond itself, mutable, fluid, vulnerable on all sides. Albertini writes: the outbreak narrative "pulses with anxiety over the porous body in part because it locates the porous body within a complex system over which the epidemiological gaze struggles to establish control."<sup>9</sup> In the film's final moments, which foreground the experience of looking-nowhere—the camera lingers in empty rooms, flickers across time, and eye-lines fail to meet—the radically destabilized gaze that has been encroaching on the film bit by bit has finally come to swallow it whole.

In Raymond Bellour's "From Hypnosis to Animals," first published in *Le corps du cinema* in 2009, he considers the ways that the "strange reality"

engendered by scenes of hypnosis on screen (rather than "hypnotic images" themselves) oscillates between the literal and the metaphoric, positioning the spectator between the first and third person. These scenes alert us to an "influence operating from body to body...that multiplies its most somatic effects many times over in the human organism."<sup>10</sup> Bellour goes on to suggest that clairvoyants and hypnotists, much like animals, "are instructed by their instinct concerning what is able to cure them."<sup>11</sup> For Bellour, the "cure" is a kind of felt, magnetic, and unknown force, rather than an authoritative or objective prescription. Hypnosis and cure here, as in *Cure*, are more about a transcorporeal, uncontrollable exchange of "influence," then, than the wielding of power over one body by another. Like microbes, we (both the film and its spectators) move quietly from body to body, from moment to moment, inhabiting one and then the other with only the vaguest, most dreamlike of instincts to guide us.

Sickness makes the body's form—its parts, its mechanisms—into its content, forces us to reckon with our unknown insides. How is it possible that a film about contagion might invoke its own rupture, might invoke a necessary formlessness or emptiness? How can it "make visible" the gaps and stops in time that make lived experience and memory decidedly non-linear, contingent, and immaterial? The empty center—that is, the space, whether bodily, auditory, or geographical, that contains nothing but the looming possibility of intrusion and transmission, the subject-less gaze, the movement without destination, the accident, the leak, the spill—becomes the visual and narrative motif that holds the film together. In prioritizing the unseen, the excavated, and the meaningless, *Cure* suggests that the mechanisms of contagion are uncannily close to those of the cinematic image, blurring past, present and future, made legible only in and through the body. Kurosawa's film holds us at a perpetual distance, breathlessly daring us—like the taunting, elusive Mamiya himself—to come just a little closer.

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Notes

1 Mitsuyo Wada-Marciano, Kit Hughes, Steve Jones, among others, have provided thorough critiques of Kiyoshi Kurosawa's oeuvre in the context of, respectively, J-Horror, new media, the digital/analog shift of the 1990s, technological acceleration in Japan, and postwar Japanese apocalyptic narratives.

2 In both psychoanalysis and theories of affect (particularly in the work of Lawrence Grossberg and Brian Massumi), the distinction between affect and emotion, while somewhat blurry, emerges from the latter's having a subject (a speaker, an "I" or a first-person perspective) whereas the former does not require a subject, and can be observed rather than experienced (Ngai 2005, 24).

3 Bill Albertini, "Contagion and the Necessary Accident," *Discourse* 30, no. 3 (2008), 443.

4 Christopher Kilgore, "Bad Networks: From Virus to Cancer in Post-Cyberpunk Narrative," *Journal of Modern Literature* 40, no. 2 (2017), 167.

5 Laura U. Marks, *The Skin of the Film: Intercultural Cinema, Embodiment, and the Senses* (Durham, NC: Duke University Press, 2000), 243.

6 In *Bodies in Suspense* (2017), Alanna Thain posits "duplicity" in the suspense film not only as a form of social, performative deceit but as one predicated upon doubling, replay, and a folding of time that casts doubt on both past and present (25); the uncertainties it generates for both the image and the subject are useful for my reading of the symptom as it appears (and as a guiding methodology) in *Cure*, which both seems to accrue meaning and vehemently undermine it (hinting at something, signifying nothing).

7 Lisa Cartwright, *Screening the Body: Tracing Medicine's Visual Culture* (Minneapolis: University of Minnesota Press, 1995), xiii.

8 Albertini 446.

9 *Ibid.*, 449.

10 Raymond Bellour, "From Hypnosis to Animals," trans. Alistair Fox, *Cinema Journal* 53, no. 3 (Spring 2014), 13.

11 *Ibid.*, 18.