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the Suitcases Exhibit: a photo documentary



Thumbnail photos: click-on photo to read details

Lost Cases, Recovered Lives: Suitcases from a State Hospital

Excerpts from article in Albany Times Union by Paul Grondahl

Willard State Hospital opened in 1986 as the Willard Asylum for the Insane and closed in 1995. More than 400 suitcases, boxes and trunks filled with personal items which were taken from patients as they were committed had gathered dust for decades in an abandoned building. Tipped off by a staff member who had stumbled upon the suitcases in the hospital attic, New York State Museum curator Craig Williams got his first look in 1995 at the personal effects of individuals whom society had banished. "The objects had great emotional power," said Williams. "It was an amazing sight, like a time capsule." It has taken eight years of research by Williams and two colleagues, Darby Penney, a former Director of the NYS Office of Recipient Affairs, and Dr. Peter Stastny, a psychiatrist at the Bronx Psychiatric Center, to match personal items from the attic with those to whom they belonged. In 1955, at the height of confinement. there were 93,314 patients in 19 psychiatric institutions across New York State. At it's peak in 1958, Willard housed 3,131 patients. Today there are 5,294 patients statewide in 26 psychiatric facilities run by the state, according to the Office of Mental Health. "We don't want people to see the exhibit and have a feeling like it's too bad these horrible things happened in the old days," Penney said. "Times have changed, but it's not much better now for psychiatric patients."

The exhibit, which withholds each person's last name for privacy concerns, includes the story of Madeline C., whose life growing up in

Paris seemed like a fairy tale. Born in 1986 to a wealthy family that owned a liquor company, she was educated at the Sorbonne and came to New York City after World War I. She taught French at exclusive private schools in Manhattan and took graduate courses at Columbia University. Madeline was unemployed during the Depression, lost touch with her family in Paris and went into a tailspin. She became depressed and was sent to the New York Psychiatric Institute by the Emergency Work Bureau because she felt that she could read minds. She was sent to Bellevue Hospital, then Central Islip Psychiatric Center and eventually Willard. "Willard was the last stop," Stastny said. By the 1970's, the damage from a decade of antipsychotic medication had ravaged the once-elegant woman. Her face was frozen into a grimacing mask. She was a victim of tardive dyskinesia, involuntary twitching of tongue and limbs. Group homes would not take Madeline because of her frightening appearance. She was sent to a behavioral ward to attempt to rid her of the symptoms caused by the drugs, with little success. Madeline C. died in a nursing home at age 90 in 1986.

Herman G. was born in 1890 and grew up in Queens. He was diagnosed with severe meningitis as a boy. Treatment at the time was to drill a hole in the skull to relieve the pressure from inflammation. He began experiencing epileptic seizures. Perhaps surgeons had drilled too deep. Herman was committed to the state-run Craig Colony for Epileptics in Livingston County. There, he taught himself to be a photographer. He ran a small photo, documenting fellow patients and medical procedures. He took correspondence courses in photography and invested in equipment. Although his epilepsy subsided, Herman was transferred for unspecified reasons to Willard in 1930 - epilepsy being categorized as a mental illness in that era. He took no photographs during his 35 years there. His camera gear was stuck in the attic. When Herman was nearly 70, after three decades at Willard, there was a discussion about his release. The thought baffled Herman, who asked, "Where am I to go?" He died at Willard in 1965 at the age of 75. "There was no reason for him to be there in the first place," Stastny said of Herman.

Frank C.'s possessions filled a drab green military foot locker. He grew up in Ohio and moved to Brooklyn in the 1930's, where he lived in a succession of rooming houses. A chauffeur and amateur boxer, he enlisted in the Army and was discharged in 1944 after three years. His trunk contained his Army uniform, a basic manual, a soldier's handbook and a formal military portrait. The turning point for Frank, who was African American, came in 1945. After the war, he couldn't seem to hold a job. He felt victimized by racism. He went to a Flatbush diner for breakfast and was upset that he was served on a chipped plate. He went outside and blew up, kicking a garbage can around and shouting. Police arrested him. Although he was never formally charged, Frank was committed to a psychiatric hospital in Brooklyn. His diagnosis was the same as the vast majority of those at Willard: paranoid schizophrenia. Frank was eventually transferred to a Veterans Administration hospital in Pittsburgh, where he died in 1984 at the age of 74.

Lawrence M. born in the Ukraine, served in the Austrian Army in the

1890's and arrived in Manhattan in 1907. He washed windows in Bellevue Hospital and lived in a small apartment there. A heavy drinker, he suffered a head injury and was later diagnosed with mania. He was committed to Bellevue, where he formerly worked and voluntarily lived. He was sent to Willard in 1919 and became withdrawn. He was placed on the grounds crew and assigned to dig graves in the sprawling Willard cemetery. After two decades as a gravedigger, Lawrence wrote a letter to Willard's director seeking release and back pay for the 900 graves he had dug. His request was denied. He went back to digging graves. Lawrence was given a little shack at the cemetery where he spent his days. He'd walk back to the ward at night. He dug more than 1,000 graves before he claimed his own. In all, there are about 6,000 graves at Willard. Lawrence died at Willard in 1969 and was buried there. He was 90 years-old. (Paul Grondahl, [Times Union](#), PDF/Adobe Acrobat)

other online articles about the Suitcases Exhibit

[the Village Voice](#): What they left behind, by Jennifer Gonnerman

[Newsday.com](#): Suitcase exhibit sheds light on patients, by Alicia Chang

The Representation of People with Psychiatric Disabilities in Documentary Film



Thumbnail photos from Frederick Wiseman's 1967 documentary Titicut Follies: click-on to read details

Excerpts from an article by Peter Stastny, M.D. Published in Literature and Medicine, Volume 17, Number 1, 1998

Almost a century ago, on a cold but sunny day at [Craig Colony for Epileptics](#) in rural New York State, Dr. Walter Chase, a pioneer in medical cinematography, positioned 125 blanket-covered patients in front of his camera and waited until one of them started to seize, at which time the blanket was removed, and they were filmed. Thus begins the history of documentary films that feature persons with psychiatric disabilities. It is a history of exploitation, objectification, and even annihilation. It began, along with other medical films, as an effort to document the ephemeral but was rapidly usurped by the virulent movement to destroy anything that is deviant from an exceedingly narrow norm. It is also a history that offers evidence for a gradual empowerment of the individuals behind the labels, evidence of a maturation process that moves from stark dejection, through a broad

critique of medico-psychiatric practices, to a reflection of recovery and full humanity. This progression from objectification and exploitation in the early films to highly personal works of recent making points to a fundamental change of the human image in the course of this century. What began as an external, purportedly objective representation has become a more complex, and therefore more truthful, rendition of the person. As a part of this process, we can discern a transformation of persons with psychiatric disabilities from a shunned, disowned, and abused social group to individuals advocating for themselves. This transformation is far from complete.

The term *persons with psychiatric disabilities* is meant to encompass individuals who think of themselves as suffering from mental illness, as well as those who feel that they have experienced altered states of consciousness, nervous breakdowns, madness, or other types of severe emotional distress. While this term reflects a current trend in self-labeling among activists in the disability rights movement, it does not give voice to the multitude of names applied to themselves and to their peers by individuals who have experienced major psychiatric problems or who have been introduced to the mental health system against their will. *Survivor, recipient, consumer, ex-patient, and user* are some of the other widespread terms. This new polyvocality subverts the traditional psychiatric nomenclature by affirming a right to name personal experiences as one chooses.

There have been a number of publications that address the relationships between mental illness, its treatment and films. For the most part, these works utilize a thematic approach and focus almost exclusively on feature films. As an example, Michael Fleming and Roger Manvell's *Images of Madness* is organized into themes such as Society and Madness, Eros, Murder, War and Drugs, followed by a filmography that does not highlight documentaries. Krin Gabbard and Glen Gabbard apply a similar method in their study of *Psychiatry and the Cinema*. Only the rather dated *Films in Psychiatry, Psychology and Mental Health* by Adolf Nichtenhauser, Marie Coleman, and David Ruhe includes documentaries in its historical analysis of the relationship between madness and film before moving into a series of film reviews. A recent book by Martin Norden, *The Cinema of Isolation*, offers a "history of physical disability in the movies." Norden discerns a historical development in feature films that progresses from an "impoverished image" of persons with physical disabilities to "the mainstream". While the theme of integration ("mainstreaming") is apparent in some of the films that I will cover, it is certainly not predominant. If anything, subjective psychiatric experiences in these films are often seen as notable differences that should not, however, be used to stigmatize or isolate individuals. That Norden does not address psychiatric disabilities in his book is evidence of a tendency within the disability movement to differentiate between visible and non-visible disabilities. But his second omission strides me as a greater loss. By concentrating exclusively on the mythopoetic powers of "the movies," Norden misses the rich trove of documentaries dealing with physical disabilities. This would include compelling works such as *When Billy*

Broke His Head...and Other Tales of Wonder and *Twitch and Shout*, which render the subjective experiences of traumatic brain injury and Tourette's syndrome, respectively. My assumption is that a study of those films, paralleling this one, would reveal a similar development from physical disability as a public spectacle to self-representation and reflection.

Medical Specimens and Soulful Freaks

The first cinematographic renditions of persons deemed mentally ill fall into the tradition of medical/scientific documentation. It was the study of body movement associated with morbid conditions of the brain that prompted medical researchers to resort to film, in the way Eadweard Muybridge had resorted to serial photography in studying human and animal locomotion. Dr. Chase conducted the famous kinematographic experiment mentioned earlier with a group of patients, who in 1905 were thought to be suffering from an untreatable neuropsychiatric condition characterized by sudden, unpredictable, and repetitive discharge of motor activity. In one afternoon Chase was able to record twenty-one grand mal seizures with his camera. This feat of early kinematography became part of a fairly substantial body of work attempting to record and categorize motor behavior associated with neuropsychiatric conditions. Surprisingly, Jean-Martin Charcot and Pierre Janet, the famous French explorers of hysteria, used sequential still photography, rather than film, to record the flamboyant contortions of their patients. In any case, medical kinematographers soon realized that film was only of limited use in their exploration of the origins of these mysterious illnesses, since the resultant typology of movement disorders did not point towards any specific etiologies or treatments. This insight led to a gradual abandonment of film, excepting instances of rare or dramatic neurological presentations to be preserved for educational reasons. In contrast to still photography, which was used extensively for archival purposes, moving images that documented mental conditions began to recede almost as soon as they were inaugurated.

In the years between the world wars, only two films featuring persons with psychiatric disabilities are worth noting, although they are not documentaries. *Kurulla Ippeji (A Page of Madness)* is a 1928 Japanese silent film set in a mental asylum. Its director, Teinosuke Kinugasa, not only made film history by introducing a range of avant-garde techniques, he also employed subjectivity for the first time to depict idiosyncratic emotional and perceptual experiences. He attempted to show what could not be shown in realistic documentaries: the inner workings of madness. In Kinugasa's film, the scenes illustrating the disturbing perceptions of the incarcerated woman, who was committed for killing her child, presage recent attempts at visual rendition of traumatic memories. To achieve his goal of finding adequate representation for extreme mental states, Kinugasa used innovative film techniques, such as in-camera superposition and anamorphic lenses in spectacular and highly effective ways. The result is a complex layering of image-strata and multi-axial distortions enhanced by a disconcerting musical score that approximates the disorienting perceptions commonly

experienced in psychotic states.

Coming from the very different tradition of gothic social commentary, the second noteworthy film is Tod Browning's 1932 *Freaks*, which features adult and child actors who have physical, developmental, and possibly psychiatric disabilities. While the emphasis of *Freaks* is on the visibly aberrant and bizarre, the film provides many opportunities to empathize with the plight of individuals who are no strangers to stigma and self-loathing. It tells the story of Hans, a midget in a traveling circus, who falls in love with Cleopatra, a beautiful, able-bodied trapeze artist. Deviously, Cleopatra agrees to marry Hans as a plot to inherit his fortune. But in a show of massive and ultimately cruel solidarity, Hans and his troupe of "freaks" take bloody revenge on Cleopatra by turning her into the freakiest freak of them all. The exploitation inherent in displaying physically or mentally disabled individuals as such is transcended in *Freaks* by making the conflicting values of rejection and caring explicit. Scenes in which a group of childlike "pinheads" (individuals with exceedingly small heads, also known as microcephali) are shepherded by their matrons in the face of hostile intruders coexist with a scene where a "human torso" slithers through mud brandishing a huge knife in his mouth. The comradeship and joie-de-vivre displayed by the spirited cast in the famous wedding scene, and finally in their fierce retribution, heralds the advocacy organizations formed by people with disabilities some fifty years later.

In these early films Nichols's notion of the "ethical gaze" is most relevant. It is striking how divergent these filmmakers' motives and aims, which constitute the ethical dimension of the gazes, are from one another. Being doctors, the medical cinematographers were essentially driven by a scientific curiosity that seemingly justified all means of exploitation. Kinugasa's intent is related, but vastly more probing. Instead of using real subjects, he employs Butoh actors (a form of Japanese dance-theater) to open a window into the workings of the mind. He thereby avoids the ethical quandary of submitting patients to the camera's scrutiny, while achieving far greater analytic depth. As an accomplished filmmaker beyond the zenith of his career, Browning had considerably more complex motives than his less experienced colleagues. When asked by the producer Irving Thalberg to make a film that will "out-horror *Frankenstein*," Browning returned to the milieu of his childhood: circus side-shows. His intuitive understanding of the actors, who had all been recruited from sideshows across the country, enabled him to depict their humanity and override their deformations. But as a Hollywood director he had to deliver a product that would ultimately rely on baser human instincts to bring home the bacon. Thus, by the middle of the 1930's, a number of possibilities in representing persons with disabilities had been explored: pathographic documentations of persons apparently not in control of their bodily movements and facial expressions; the complexity and interiority of subjective experiences with the help of novel camera and editing techniques; and the social drama of visibly impaired individuals in the full humanity. These possibilities remain part of cinematic repertoire to this day.

Psychiatry Kills

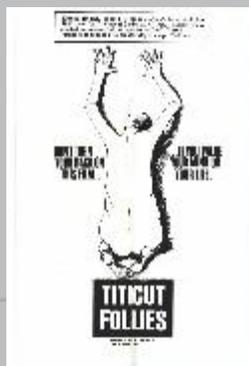
None of these early films had properly prepared the audiences of the time for the gruesome conceptual leap about to be taken by the Nazi propaganda machine in the late 1930s. This episode of film history, all but forgotten were it not for the work of a small but avid group of historians, was evidence of the decision to use films as a major propaganda tool to prepare the populace for the programs the Nazis were about to unleash. The films I am going to mention in this section strictly follow an expository representational method, using Nichols's terminology, in its most manipulative variant. A "clinical-professional" stance provides a thin veneer for a brutal interventional approach, in which the filmmakers' perspectives justify and amplify the government's murderous intentions. While film was used in many areas to promote the Nazi government's views, nowhere was the connection between film and a particular ideological program as intimate as in the case of the extermination of hundreds of thousands of children and adults with psychiatric and neurodevelopmental disabilities. T4, the code name under which this program became known (named after Tiergartenstrasse 4, the Berlin address of its headquarters), was the culmination of a ten-year effort by Adolf Hitler's [inner circle](#) to instill an acceptance of eugenics and [genetic purification](#), even if that meant the killing of scores of "Aryans" who were nevertheless deemed to be unfit, "unworthy eaters." This was no simple task. Between 1935 and 1937 various official and semi-official productions generated at least seven films of five to twenty-five minutes' duration that promoted the sterilization of persons with mental disorders. Their titles are telling: *Straying from the Path*, *Sins of the Fathers*, *Victims of the Past*, etc. In spite of the Nazis' aim to link propaganda and art in film, they used staid and pedestrian cinematic techniques. Their manipulative method is rather transparent, using medium and close-up shots, selecting for contorted and seemingly unmotivated movements, "idiotic" grimaces, at times lingering longer whenever the viewer was expected to notice the bizarre and pathological nature of the displays. Various lighting techniques were also used to emphasize the bizarre and frightening character of the subjects. For example, flickering, low-angle key lights create wild shadows, accentuating the stunned expression of the subjects and attempting to provoke fear in the audience. This use of cheap expressionism was highlighted in Michael Burleigh's authoritative volume on "euthanasia" and "the killing films" in Nazi Germany.

Even though this initial series received accolades from Hitler and his close associates, stronger medicine was felt to be necessary to prepare the public for the mass extermination of disabled individuals. To that end, the Chancellory of the Fuhrer ordered the production of documentary and feature films aimed at illustrating the supposedly useless and burdensome existence of persons with a variety of disabilities who were languishing in German institutions. In 1939 Hitler's Chancellory commissioned the director Hermann Schweninger to produce a feature-length pseudo-documentary about the plight of institutionalized persons and the need to dispose of them. This project

had a number of working titles-*Dasein ohne Leben* (*Existence without Life*) and *Unwertes Leben* (*Unworthy Lives*) [my translations]? and was never released. However, according to Hitler's personal Gerhard Engel, an initial cut of this film was shown to Hitler and some of his closest associates in July 1939, which prompted the decision to proceed with the wholesale extermination of inmates in mental institutions in August 1939. Hitler's [infamous letter](#) authorizing doctors to kill their patients if they saw no hope of recovery was issued a few months later and retroactively sanctioned activities that were orchestrated right after the screening of the footage. Schweninger's script and production schedule reveal the purpose of this undertaking. He filmed in over twenty institutions, searching for "typical, expressive or particularly crass examples of the mentally ill". But this film went beyond showing the apparent "unworthiness" of its subjects. It became a documentation of the [T4 action](#), showing what was actually done under authority of Hitler's letter. In one telling sequence, a reluctant subject of uncertain gender is dragged in front of the camera by two men in white coats. This image comes from a scene in a rough cut of the Schweninger material. In this scene, the two men, most likely doctors, bring the naked person into the room and their heads are immediately cut off by the frame as the camera focuses on the main subject of interest. The ambiguous gender of the person may have been one reason for this shameless display, along with his or her distorted posture. It is not likely that this scene was actually a preparation for the killing of this individual, since the material pertaining to the extermination phase of the program appears to be lost. However, according to Rost, who cites original Nazi sources, "[G]assings of mental patients were filmed through an observation window, doctor closes door, gas gets turned on ...[sic] it seemed as if they gradually fell asleep. Some fell over, others just sunk down...Also gassing in bed". This segment of the project was called "*Erlosung*" ("Relief"). Schweninger and his associates shot about 30,000 feet of thirty-five-millimeter film (twelve hours), creating a number of rough versions. Some of this footage apparently survived the war and was shown to the presiding judge of the U.S. military tribunal against [Nazi doctors](#) in Nurnberg, who declined to show the material to the jury for fear that they "might collapse".

The Nazi rendition of persons with psychiatric disabilities, which supported their genocidal intentions, paralleled a prognostic pessimism that pervaded psychiatry until not long ago. A guarded and even hopeless attitude among psychiatrists was especially prevalent when considering the prognosis of what is not called schizophrenia, originally termed dementia praecox, and ascribed an inherently downhill course. Today there are few, if any, individuals left behind in institutions who exhibit the kind of grimacing, self-mutilations, automatisms, posturing, and other bizarre behavior so prominently displayed in the Nazi films. The understanding of institutionalism, the effects of sedative and antipsychotic drugs, the successes of rehabilitation programs, and the attendant improvements in quality of life and long-term outcome have led to a fundamental revision of this negative outlook in recent years.

In contrast to these Nazi propaganda films, I want to mention one of John Huston's early films, [Let There Be Light](#), produced in 1946 for the U.S. Department of the Army as the third in a trilogy of war documentaries. This forty-minute black-and-white film was shot at a veterans hospital in New York State to show the effects of war on the mind and the apparent successes of psychiatry in curing war veterans. It follows the hospital stay of a cohort of G.I.s who are admitted in various forms of mental anguish, only to be discharged much improved a few weeks later. Huston uses a "tendentious *film noir* treatment" with high contrast and dark shadows when showing the men's suffering, and a progression towards brighter, more even lighting as recovery sets in. This film turns out to be a fairly crude propaganda effort, seeking to demonstrate that psychiatry can cure those who served their country in times of war, not just exterminate those it cannot cure. The first part of the film depicts a number of men exhibiting various elements of mental dysfunction (stuttering, compulsive crying, paralysis, etc.) and undergoing a variety of therapeutic modalities (hypnosis, narcotherapy, etc.). The mechanical presentations of symptoms and cures virtually eliminates the human beings behind these depictions, an approach that was seemingly in line with the army's method of processing people. However, Huston's interpretation of the men as rising from the ravages of war was clearly not welcomed by the commanders-in-chief who kept the film from being released for thirty-five years. Ironically, a similar fate befell Frederic Wiseman's *Titicut Follies*, which is discussed below, for criticizing the institution he was portraying, which was certainly not Huston's intention, at least concerning the Veterans Hospital. In both instances, the violation of patient confidentiality was used as a subterfuge to muzzle unwanted statements about the army in one, and psychiatry in the other, case.



Thumbnail Image:
Click-on to Enlarge

The next phase of documentaries that feature persons deemed mentally ill begins with an analysis of the institutions designed for the care and treatment of such individuals. Starting with Frederic Wiseman's [Titicut Follies](#) (1967), these films were made to challenge the conditions prevalent in such institutions by showing how bad these conditions were and what exactly happened to the inmates. These films also illustrate that little, if anything, was being done about this situation and point to the massive problems endemic to these institutions that were not receiving the attention they deserved.

In *Titicut Follies* what is shown speaks for itself, a brilliant example of an observational approach with an apparently "helpless gaze" (Nichols's term). Wiseman's film was shot at the Bridgewater Institution for the Criminally Insane in Massachusetts and confronts the viewer with various players in the institution's hierarchy: doctors, aides, and inmates. Through the unobtrusive presence of the camera, the viewer becomes a witness to dehumanizing practices such as the strip-search of the new arrivals in the large admissions hall of the hospital, which was filled with dozens of men in various states of dejection and upset. Over and over,

the viewer is tempted to put a halt to this humiliating process, but finds himself thwarted by the unswerving determination of the hospital staff and the immutability of the camera. This method, perfected by Wiseman in his many subsequent films that feature other types of institutions and a variety of specific social settings, is particularly well suited to induce a feeling of helplessness in the viewer, thereby promoting and identification with the films' subjects, in the case of *Titicut Follies*, with mentally ill inmates. What is further notable about Wiseman's film is its editing process. Wiseman's "helpless gaze" subverts the "professional gaze" of the warden and his staff by subjecting the professionals in charge to the same exploitation that the patients are subject to. Wiseman's camera is not complicitous. It mirrors in its helplessness the experience of the captives, who are poor, exploited, and crazy. In spite of its lack of an explicit critical commentary, Wiseman's film was perceived as so damaging to the institution's practices that it became subject to a legal injunction preventing its public screening for over twenty-five years.

Wiseman's approach was elaborated by Richard Cohen in the United States and by Raymond Depardon in France. Cohen's [Hurry Tomorrow](#), produced with limited means in 1987, adds "endangerment" (Nichols's term) and reflexivity to Wiseman's observational method. Cohen obtained access to a hospital ward where he once stayed as a patient, certainly a daring feat that brings a unique perspective to his undertaking. He unflinchingly documents abusive practices and then engages the chief psychiatrist in a direct conversation, which accentuates the depicted events. In the opening scene, which is essentially one long take, a man is dragged by aids into a seclusion room and strapped to a stretcher ("four-point restraint"). The brutality, which is carried out matter-of-factly by the staff, is not explained, and the man is clearly not in a position to resist. This sequence is followed by Cohen's challenging question to the psychiatrist as to the cause of the earlier event, which is dismissed in a snide and patronizing fashion. Like Wiseman, Cohen does not use commentary, but rather lets the events speak for themselves. In contrast to Wiseman, Cohen's editing style is less polemical, leaving long sequences intact and thereby staying in real time for substantial portions of the film.

In a similar vein, the French photographer and filmmaker Raymond Depardon employs a quasi-ethnographic method in his documentations of psychiatric institutions and their practices. His 1982 film *San Clemente* features a Venetian island that was home to a mental institution for over 150 years. Depardon uses a mobile, sensitive camera and long takes without commentary, in true *cinema vérité* fashion. The residents of this beautifully situated institution appear in their full humanity and not as oppressed inmates. Five years later Depardon made *Urgences (Emergencies)*, a film that focuses more explicitly on psychiatric practices rather than on institutional life. It is situated in the interface between patients and the clinic during the admission procedure of an urban psychiatric hospital. In striking contrast to the cattle-prodding antics of the orderlies in *Titicut Follies*, *Urgences* exposes the

more subtle verbal exchanges that characterize modern crisis intervention in psychiatry. While both forms of practice usually have the same results?involuntary commitment?Depardon's film unmasks an ostensibly therapeutic discourse as fundamentally coercive. The critique of psychiatric institutions offered in these films reflects a major undercurrent of psychiatry from the 1960s on. It led to a virtual abolition of long-term internment and to the gradual replacement of institutions by more or less integrated community settings. However, these films went considerably further in questioning certain psychiatric practices than the profession itself, barring few exceptions, has yet been willing to do.

Getting Organized

Going beyond a quasi-objective documentation of institutions and their inmates/patients/subjects, another group of films produced in the last twenty years asserts that something must be changed in the way persons with psychiatric disabilities are treated in our society. These films spell out the reasons for change (which can be gleaned from the Wiseman, Cohen, and Depardon films) and offer various alternatives. In conjunction with the radical reforms that were taking place in the mental health system of Italy in the early seventies, the team of Marco Bellocchio, Silvano Agosti, Sandro Petraglia, and Stefano Rulli produced a two-part, three-hour film, *Nessuno o Tutti?Tre Storie*, and *Matti da Slegare* (*No One or Everyone?Three Stories*, and *Fit to Be Untied*). These are celebratory films that interweave personal stories with background commentary, testimonials, and short, on-camera interviews. *Fit to Be Untied* ends with a "fool's ball" that, in contrast to the chorus line of the opening and closing scenes of *Titicut Follies*, presents the patients as happily enjoying this liberating event, rather than as a series of puppets on the warden's string.

In the United States the tradition of "liberatory" films (Barsam's term), not unlike these earlier Italian examples, which aim to free their protagonists from their oppression, continues into the 1990s in close proximity to the activist movement of former psychiatric patients, also known as consumers, survivors, or ex-patients. One of the first films that has emerged from this movement is *People Say I'm Crazy* (1990), written and co-directed by Jean Campbell of the Wellbeing Project in the Bay Area of California. Using a straightforward documentary style, the film provides insights into the life and work of a peer counselor, himself a former patient, and introduces the viewer to the Oakland Independent Support Center, where homeless persons can benefit from services provided by their peers. Letting people speak for themselves, the film highlights the positive attributes and personal views of the protagonists, rather than focusing on their illnesses or disabilities. It is a film that has made empowerment its *raison d'être*. Not unlike *Titicut Follies*, *People Say I'm Crazy* starts with a performance by a stand-up comedian who identifies himself as a former mental patient. But this is where the similarities end. Here, the patients are clearly in charge.

Another film that came out on the heels of the psychiatric consumer

movement is *Dialogues with Madwomen* (1994) by Allie Light, who discloses that she is one of the self-identified former psychiatric patients starring in this feature-length film. In addition to fairly conventional on-camera interviews that reveal personal stories and lively discussions among the protagonists, Light uses re-enactments to introduce the viewer to those earlier times when the actors were going through altered states of consciousness. By revealing the identity of the filmmaker as one of the actors and by informing the viewer that one of the women in the film was murdered before its completion, a certain reflexivity and immediacy is created, which makes this a moving and engrossing work. *Dialogues with Madwomen* is a film that gives a great deal of room to the articulation of subjective experiences and does not hide its own point of view either.

As an active participant and observer of this revolutionary movement, I too felt compelled to record its impact on film. This ambition led to *Nerve* (Peter Stastny and Stephen Krumbiegel, 1995), a forty-four minute video documentary that focuses on four mental health activists in the United States and Austria. The film uses masked interviews, hard editing, and no commentary. The message remains open-ended, affirming the energy and humanity of the main characters, while acknowledging the difficulty of the questions at hand. At the end of the film, Solveig Wilder, one of the four protagonists, compellingly raises a core dilemma: "How can I be smart and crazy at the same time, sensitive and intuitive at one time, and completely out of touch with reality at another?" Aside from one interview question, which reveals me as the psychiatrist that I am, I chose to keep myself behind the camera, rather than to reflect on my role and my response to the unfolding events. This decision was based on my intent to create an opportunity for the ex-patients to present their perspectives without being encumbered by the relationship to me as psychiatrist/filmmaker. This goal proved to be illusory, since it was precisely the complex relationships to me that made this film possible in the first place. My aim of disappearing behind the camera to escape the inescapable patient-doctor conundrum was just as futile as Wiseman's attempt to avoid political responsibilities in *Titicut Follies*. He paid for his sneakiness with twenty years of litigation, and I paid for my self-deception with a gradual dissolution of partnerships that stemmed from the joint struggle against an unjust system. An activist psychiatrist cannot simply transform himself into an activist filmmaker.

Nerve was followed by *In the House* (Lisa Rinzler and Stastny, 1996), an experimental documentary based on autobiographical stories by teenagers in a psychiatric hospital. Here we used a workshop format to collaborate with these confined youngsters to create visually compelling narratives based on their ideas. The teenagers acted in their segments and were active participants in deciding about filmic approaches. The resulting fifteen-minute film includes three stylistically different vignettes that give voice to authors and stories that all too rarely emerge from the clinical envelope.

The work of French filmmaker Nicholas Philibert has continued this

tradition of humanistic portraits of persons with disabilities. His most recent film, *La Moindre des Choses* (*Every Little Thing*, 1997), which was preceded by *Le Pays des Sourdes* (*The Land of the Deaf*, 1995), features a group of residents of La Borde, a rather progressive psychiatric rehabilitation center. The film shows the participation of residents in the development and staging of a play by Witold Gombrowicz, the great Polish-Argentinian surrealist playwright. Philibert succeeds at portraying the often rather disabled residents with openness and empathy. They are shown as fully accepted contributors to the play and as respected residents of this magical mansion. His is a quasi-ethnographic approach that refrains from an explicit critique of the institutions or treatments that have left many of the residents disfigured by side effects of medications such as tardive dyskinesia, a disorder of involuntary facial and extremity movements. Not unlike Julius Orlowski's comments at the end of *Me and My Brother*, Philibert presents a critique of the filmmaking process by one of the residents in the concluding scenes. Thus *Every Little Thing* incorporates elements of reflexivity but avoids the explicitly political tenor common to many of the other recent films.

The maturation and full humanity of persons with psychiatric disabilities shown in these films is a phenomenon that has left psychiatry scrambling to catch up. Most public mental health systems are by now engaged in a dialogue with consumer representatives at every level, and many autonomous organizations are active around the world. At a time when most of medical care, including mental health, is being transformed into "managed care," the roles played by "recipients" and "customers" of services will undoubtedly gain in their significance. The films that herald and underscore this development are avowedly interventionist. They clearly have an axe to grind, and at times may even be judged as too closely identified with the persons portrayed. However, this overidentification can be understood historically as a response to the many years of confinement, neglect, and alienation experienced by individuals whose humanity was all but extinguished by those so-called therapeutic interventions.

Getting Closer

By now, the interactive or reflexive modes, wherein filmmakers explore their relationships to the subjects and thus become one, if not *the* central subject of the film, have developed into a common, even "cinematically correct" feature of recent documentaries. Exploring the filmmakers' interaction with subjects who are labeled mentally ill is a particularly important advance in our sub-genre of films, since it opens the human relational dimension of representation, subverting the earlier objectifying relationships. Unfortunately, *Me and My Brother* (Robert Frank, 1965-68), the first film that demonstrates this advance, also presents a number of thorny issues concerning exploitation and domination of psychiatrically disabled individuals. This, however, may be precisely its strong point. The famous photographer Robert Frank, known for his poignant series *The Americans*, collaborated with a number of Beat poets on the creation of films that cross the boundary between feature and documentary, *Pull My Daisy* (1963), the first one of these

films, helped put the Beat movement on the cultural map of the United States. *Me and my Brother* is based on the poet Peter Orlovski's plan to free his brother Julius from a notorious New York mental institution. Julius, who had been diagnosed with "catatonic schizophrenia," is a reluctant participant in the unfolding events, which include being forced to watch his brother Peter engage in sex with a male lover. The film follows the traveling Beat circus, including Allen Ginsberg and other luminaries, across the U.S., but Peter fails miserably in trying to transform Julius from a "chronic mental patient" into a devout proponent of Beat catechism. In fact, Julius takes off in the middle of the film and eventually lands in a mental institution on the other side of the country. Robert Frank catches up with him a few years and many electroshock treatments later. This is their only dialogue in the film as captured in the closing sequences of *Me and My Brother*:

Robert Frank: [What do you think] about the camera?

Julius Orlovski: [It is] a reflection of disapproval or disgust or disappointment or unhelpful...ness or unexplaining, unexplain... unexplainability, ability to disclose any real truth that might possibly exist.

Robert Frank: Where does truth exist?

Julius Orlovski: Inside and outside the world; outside the world is, well, I don't know, maybe it's just a theory, an idea or a theory, that's all we can arrive at, a theory or an explanation to the matter whatever you concern yourself with.

Thus Frank succeeds in showing a transformation in Julius, unlike the one intended by his brother Peter for self-aggrandizing purpose. Julius is invited to give feedback about his experience as a film subject, which has caused him great distress, and to speak freely about his philosophical views. This may have been the first instance in film history in which the opinions of a person deemed mentally ill are given credence and respect. In the case of Robert Frank, the exchange with Julius Orlovski was only the beginning of a trying confrontation with mental illness, which a few years later struck home when Frank's son Pablo was hospitalized for "schizophrenia."

Over the years, Frank's work in photography and film became more and more self-reflective, also covering the painful relationship to his son. In *Home Improvements*, a 1987 video tape, Frank shows himself visiting his son in a psychiatric hospital. The chasm between father and son appears insurmountable, and Pablo recoils from his father's advances, which in turn causes the elder Frank to assume a more resigned stance vis-à-vis his son. Robert Frank is not bent towards explaining things in his work. If anything, inexplicability and even bleakness permeate his images, which are often of a striking visual beauty. A signature statement in Frank's work, which comes from his video *Home Improvements*, and featured prominently in his 1995 retrospective at the National Gallery of Art, has an uncanny resonance with Julius Orlovski's statement at the end of *Me and My Brother*: "I am looking outside trying

to look in, trying to tell something that is true but maybe nothing is really true except what's out there and what's out there is always different." Two directions emerge from Robert Frank's filmic exploration of personal relationships to individuals diagnosed as mentally ill: autobiographical films by persons who have themselves experienced "madness" or "altered states"; and films that reflect the intimate involvement and concern of persons who reside in close proximity to such "afflictions," be they family members or friends.

Filmmaker Michel Negroponte became deeply involved with Maggie, the subject of this feature-length documentary *Jupiter's Wife* (1995), which he completed in solo production. It is a very sensitive film that has received considerable acclaim for its directness and visual purity. Maggie, who lives in New York Central Park with her seven dogs, is preoccupied with perceptions not shared by the general public. And yet, Negroponte manages to present her full humanity, including the evolving relationship to himself, not just as a filmmaker, but also as someone genuinely interested in her fate. The film progresses from Negroponte's reflections about Central Park as an important playground of his childhood to his meeting of Maggie, who communes with celestial beings. The rest of the film is as much about the unfolding relationship between Michel and Maggie as it is a whodunit about Maggie's life. The director transcends his role of documentarian and sleuth and becomes a friend and helper, assisting Maggie, toward the end of the film, in acclimating to their newfound apartment. This relational (or "reflexive") dimension in *Jupiter's Wife* may be the first instance where such a reaching across the chasm of stigma, misunderstanding, and alienation is documented. That is what makes this film seminal beyond its cinematic achievements.

There are many examples, particularly in experimental film and video, of filmmakers who use the medium to explore their personal travails. I am aware of three women filmmakers in the United States who openly acknowledge that they have experienced major emotional crises and psychiatric interventions. In their films, these artists work with memories and recreations of these experiences. For example, Casandra Stark Mele's films have been included in a recent anthology of the "Cinema of Transgression," but in distinction to most of the other films and their makers addressed in this anthology, Casandra's (this is her current nom-de-plume) are of a uniquely personal and expressive nature. Madness, spiritual confusion, sleepwalking seizures physical abuse, and self-abuse are topics of Casandra's films, most vividly shown in her early work (e.g., *Dead on My Arm*, 1985). According to Jack Sargent, this film can be described as "a chilling evocation of her internment in a mental institution during her adolescence" and as evoking a "hallucinatory atmosphere." Sargent goes on to say that the film "consists of a series of vignettes depicting Casandra in various psychological states which clearly mark her as the 'other'". My reading of this film is slightly different, in that Casandra succeeds in enacting her experiences with pain and altered states in a particularly dreamy, dissociated fashion and thus achieves a trance-like effect, which I find engaging rather than distancing.

In contrast to the raw and immediate nature of Casandra's work on eight-millimeter film, Nina Fonoroff, who teaches film at the University of Wisconsin, uses a complex lattice of cinematic techniques to convey her personal story in *The Accursed Mazurka* (1994), a forty-five minute film with extensive use of optical printing and other experimental techniques. The film is a highly complex rendition of the director's struggle with depression and her psychiatric hospitalization. The text of this primary narrative is enriched by various levels of personal recollections and associated imagery. Possibly the most accomplished and profound contribution to autobiographical films is Jennifer Reeves's *Chronic* (1996), the seventh in her series of experimental shorts. Like *The Accursed Mazurka*, *Chronic* is replete with hallucinatory and narrative texts that are layered and molded to form a compelling drama. Various levels of subjective experience, from macroscopic images of blood gushing out of tiny vessels, to actors-including the filmmaker in the lead role-reenacting moments of institutional life, are offset by a spirited sound track of "found" music. Ms. Reeves brings together a Surrealist wit, the power of personal experiences, and an immense cinematic talent. The familial, personal, and self-reflective relationships that come to life in these films are manifestations of a deconstruction that has affected the traditional subject-camera-director relationship. Aside from its ramifications for cinema in its entirety, this has a special meaning for the representation of persons with psychiatric disabilities. It indicates that the conventional distance between author and subject can be overcome, at least to a point, without undue risk of harm to either party. However, it is most likely that the benefits continue to be unevenly distributed.

Films in the Future of Psychiatry

This centennial review of the documentary subgenre depicting persons labeled mad reveals a nonlinear progression from utter exploitation to blatant self-reflection. While this parallels a general development in documentary film history, it points more specifically to uneven and incomplete achievements in the domains of personal vulnerability and abject otherness in Western society. The ambivalent relationship towards individuals deemed mad, notable in its extreme of "schizophobic" embrace and violent rejection, is certainly apparent among the examples I have discussed. *A Page of Madness*, with its probing imagination, is the other pole of surface-oriented medical films, and liberatory films such as *People Say I'm Crazy* are an antidote to the venom of Nazi propaganda. Films embodying curiosity and/or repulsion have recently been joined by a third kind of autobiographical, self-exploratory film. This is not to say that these later films do not play out an ambivalent relationship towards madness, just that the introduction of a self-reflective vantage point has made possible an incorporation of this dialectic into the films. The view of history through the scrim of these pictures points to a larger tendency of deteriorating mass movements that give way to individual narratives as an exponentially growing substrate of our society. How these personal stories can be collated to form new perspectives for our future is still unclear.

The confrontation with one's own painful (and sometimes humorous) history in the making of these films. particularly when the filmmaker spends hundreds of hours taking apart and reassembling narrative, sets a new benchmark in the history of films representing persons deemed mad. It challenges the validity of any so-called objective approach by filmmakers who have not been on the inside of these extreme states and who have not had to experience society's medico-legal responses. It is hard to know what that means for the future of this subgenre of films. Clearly, a great deal of work awaits filmmakers willing to confront this thorny problem. There are countless kinds of altered states, ranging from the depths of melancholia to the vagaries of psychosis, that have not yet been rendered from a subjective point of view. However, most individuals who are the midst of such experiences do not have the wherewithal to create a cinematic reflection of the very state they are in. In effect, the autobiographical films mentioned earlier are dealing with memories rather than contemporaneous experiences. Video diaries may come in not only as a way of reducing the memory gap but possibly also as a therapeutic tool. For this to happen, the psychiatric establishment would have to cede control over the persons experiencing altered states and allow the introduction of a subjective camera into the clinical setting. Filmmakers who are truly interested in the views and experiences of persons diagnosed as mentally-ill, while not having earned that distinction themselves, will have to find new forms of collaboration with subjects who are not in a position to make their own films. Examples of such quasi-therapeutic exercises are not rare, as evidenced by video workshops that are beginning to sprout in psychiatric settings, but the real challenge will be to use filmmaking as a way of restoring some measure of authenticity and other positive attributes to experiences that are generally devalued in our society. Around the world there are few places where psychiatry has receded enough to allow other, less restrictive forms of healing to take shape. In such environments the production of films that are directly reflective of these pure experiences may become possible.

If you wish to direct any comments or questions about this article to the author you can contact him directly at Pstastny@attglobal.net

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