SOURCES IN THE HISTORY OF PSYCHIATRY, FROM 1800 TO THE PRESENT

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Introduction

In 1951, American anthropologists Margaret Mead and Gregory Bateson released a film called *Trance and Dance in Bali*, based on footage of the ritual Kris dance shot during the 1930s, in the Balinese village of Pangoetan. The dance enacts a conflict between a pestilence-spreading witch, who throws her enemies into a state of trance, and the king's emissary, disguised as a dragon, who revives them. As the villagers drift in and out of the witch's spell, they turn their krisses (carved daggers) against their own breasts, yet mysteriously inflict no wounds. The film ends with close-ups of the local priest restoring the last swooning participants to their ordinary selves, administering holy water, incense, and meat from a sacrificial bird. 'The play is over,' concludes Mead's commentary, over the noise of the temple bells, 'but it will be given again and again, as the Balinese re-enact the struggle between fear and death on the one hand, and life-protecting ritual on the other.'

As the opening credits note, this film, and the fieldwork from which it emerged, was funded by the Committee for Research in Dementia Praecox (Emil Kraepelin's original description for what we now call schizophrenia). The Committee was founded in 1935 by a group of influential American psychiatrists who were concerned by rising rates of schizophrenic diagnosis in the US, a failure on the part of their own profession to find effective treatments, and the economic costs of long-term institutionalisation. But what did a film about Balinese dance have to do with the problem of psychotic illness? Bateson and Mead argued, both in their original grant application to the Committee, and in subsequent publications such as *Balinese Character* (1942) and *Growth and Culture* (1951), that the Balinese often displayed the same flat affect, waxy flexible limbs, and disassociated eyes as catatonic schizophrenics. States of disassociation seemed to permeate Balinese society, from religious trances to eating habits. Through close examination of their footage of village life,

they traced this strange demeanour to the child-rearing style of its women, which was teasing and provocative, but rejected any form of emotional climax. Their controversial claim was that Balinese culture was schizoid, meeting anxiety and desire with laughter or sleep. Bateson worked up these observations into his theory of 'the double bind', in which psychosis was recast as a communicative disorder brought about by contradictory or squashed signals from mother to infant. He and Mead concluded that in Bali these contradictions were experienced collectively in religious ritual, and repeatedly dissolved in the looping, ahistorical drama of the Kris dance. In the West, in contrast, mental crises caused by unfeeling or inconsistent parenting were privatised and hidden from sight. We may reject Mead and Bateson's peculiar brand of orientalism, but as a historical document, *Trance and Dance* stands as important evidence for mid-century theories of the cultural origins of mental illness. It is also a cinematic touchstone for the performance and documentation of un-reason, or the cinema of altered states. The film's ambiguous power lay in the fact that despite being commissioned by a group of psychiatrists, it pointed *away* from psychiatric categories altogether, to a world in which non-psychological under-standings of mind and self held sway.

   I begin with this unlikely example of 'psychiatric' film to challenge your as-sumptions about where the boundaries of our topic might be drawn. Over the course of the twentieth century, films were made by the psychological professions in a wide range of settings. These included footage of asylums and clinics, but also of anthropological fieldwork, monkey laboratories, the staff meetings of ther-apeutic communities, children's homes, and interviews with the unemployed. The history of filmmaking as a psychiatric practice has a particular shape, and its net was cast widest in the middle of the century, in the decades between 1930 and the end of the 1970s. This essay will touch on films made before and after this period, but its main focus will be film sources from the post-war era. This archival 'bulge' can be explained by the coincidence of two historical developments, one material, the other theoretical. Nitrate film stock, used between the 1890s and the 1930s, was highly unstable, and only a very small number of scientific films made during this era survived fire or disintegration. Film became more portable during the 1920s, when the gradual replacement of nitrate film with non-flammable acetate led to the development of smaller, fully mechanised, 16mm cameras and projectors. During the 1930s and forties, these cameras were marketed particularly at academic and amateur researchers who wished to make documentary films 'in the field'. The 16mm camera quickly developed into an essential tool of analysis for many social scientists, a means of capturing human behaviour in new, re-plicable detail.

   The historian Alison Winter has discussed the ways in which a 'rising realist epistemology' became attached to film at this time. The indefatigable cine-camera promised to disclose truths about human nature that the naked eye failed to register. The psychological professions in particular, felt an acute urgency to fix the 'ineffable qualities' of mental states by visual means.[1] As Lorraine Daston and Peter Galison have shown in their seminal account of the rise of mechanical objectivity

as 'epistemic virtue', the camera promised to provide a non-interventionist ac-
count of nature (or human nature), purged of the observer's will or desires.[2] After
the Second World War, a new interest in the environmental and interactionist,
rather than genetic and hereditary, causes of mental illness led psychiatrists to study
the non-clinical settings where madness might originate, as well as their own
experiments in therapeutic community. In terms of psychiatry's history, this was a
period of reinvention and rebellion, in which the foundations of the discipline
eventually came under attack. Film – as emotive force, and analytic tool – was
central to these critiques. The post-war era produced not only an intriguing, if
disparate, collection of film sources for historians of psychiatry to work with, but
also the critical eye upon which we rely for our analyses of visual sources within
the discipline as a whole. The 'flowering' of psychiatric, and anti-psychiatric,
filmmaking arguably came to an end in the 1980s, when genetic and neu-
roscientific models for mental illness gained ascendancy once more, and the pri-
mary causes of mental illness were sought in the brain, rather than in the familial or
social environment.

During the last decade, the use of film technology within 'psy' science has
become a new topic of interest to historians. This is partly a consequence of
greater interdisciplinarity within academia, as well as the ongoing shift towards the
study of practice, rather than disembodied theory, in the history of the natural and
human sciences. We live in a culture saturated with digital media, which has made
us all savvier and more confident viewers (and creators) of the moving image.
Nevertheless, there has been no systematic attempt to catalogue or classify film
sources relevant to psychiatry since the 1970s.[3] Historians seeking an overview of
the topic have needed to be like magpies, drawing their evidence from archives
and websites relating to medicine, anthropology, family research, film history, or
1960s counterculture. If the evidence is scattered, so theoretical reflections on the
relationship between psychiatry and film have not yet been gathered together in
one place. Recent research on this topic has clustered around four areas – war
neuroses, cybernetics, attachment theory, and anti-psychiatry – and scholars have
tended to focus on close analyses of individual films, or the work of single prac-
titioners.[4] Important though this work has been in integrating the history of the
psychological sciences with the methods of media history and visual studies, we
lack more ambitious studies on the epistemological role that film has played in
shaping categories such as schizophrenia, autism, child development, or in-
stitutionalisation. Films made in the service of the 'psy' sciences also have much to
tell us about social history, the history of emotions and the body, and material
culture. My aim in this chapter is to encourage you to draw connections across
these historiographies and to approach film sources with the conviction that they
are constitutive, rather than merely illustrative, of psychiatry's past.

From the earliest neurological films on movement disorders, to the confessional
vlogs of the survivor's movement,[5] film has served many overlapping functions. It
has been used both diagnostically and curatively, as documentary proof, teaching
aid, provocation, and exposé. Some films, like *Trance and Dance in Bali*, or Eric

Duviver's films about psychosis for Sandoz Pharmaceuticals, offered immersive and aesthetic experiences for their viewers which exceeded any interpretive claims. Yet, however they are framed, these films all claim to be indexical, in that they point to something 'out there' that we call mind or madness. For this reason, I have excluded fictional films from our discussion, though I encourage interested readers to follow up references in the notes on this topic.[6] Many feature films about mental illness and its treatment have played an important role in public perceptions of the profession: Anatole Litvak's *The Snake Pit* (1948), Ken Loach's *Family Life* (1971), and Miloš Forman's *One Flew Over the Cuckoo's Nest* (1975) are well known examples. The boundaries between film and fiction are sometimes fuzzy: Loach used real psychiatric patients as extras to enhance his film's authenticity, and Duvivier's films are surrealist concoctions, despite being funded by a psycho–pharmaceutical giant. It is difficult to know to what extent the presence of the camera distorts behaviour, encouraging a fantasised performance of normality, insanity, or even probity on the part of psychiatrists themselves. Nevertheless, my emphasis is on film as disciplinary intervention or method, on the unique ways in which film produces and disseminates knowledge, and how we might approach these documentary films as a distinctive type of historical evidence. Throughout the essay I will be suggesting questions that you can ask of your own sources.

All the films I discuss here were produced by American and western European psychiatrists or their associates. Although I am aware of a small number of post-war mental health documentaries made in the Soviet Union, Czechoslovakia, and Japan, my knowledge ends at these familiar geographical borders – the edges of what has been described as 'the cognitive empire'.[7] The references provide a framework upon which the known canon of film sources in psychiatry might expand, to include audio-visual sources made, for example, in Eastern Europe, China, Africa, and Latin America. It would be fruitful if insights drawn from transnational and postcolonial psychiatry could be brought to bear more fully on the epistemologies of film, and vice versa.

Psychiatry and the epistemological value of film

What kinds of knowledge were psychiatrists in search of when they made or commissioned a film? And how, in turn, might we read film sources in order to broaden our historical understanding of psychiatric practice? Influential discussions of this topic by Sander Gilman and Andreas Killen have grouped photography and film under the general rubric of 'visual culture'.[8] The first issue to think about, then, is how uses of the moving image overlap with, or depart from, uses of the photograph. There are three dimensions of experience that film alone is able to document, in a directly analogical way: movement, time, and relationship (or the 'behavioural field'). We shall look at their importance for one area of psychiatry below. However, film did not simply supplant photography as documentary method at a particular point, despite having distinct analytic advantages for psychiatrists. The moving image always

remained in tension with the still image; whether those stills were quantifiable 'behaviour units' or emblematic moments of psychological transformation or decline. Both photography and film have enabled 'psy' professionals to sidestep problems of verbal description and observer reliability, and to stabilise, and immortalise, patients' expressions, gestures, and gait. Hugh Diamond's mid nineteenth-century psychiatric portraits and the 1938 hospital film *Symptoms of Schizophrenia*, which documents patients' mannerisms and tics, are both specimen collections in this sense. Photography and film are means of exploring the embodiment of mental illness: the relationship between fugitive surface phenomena, and what lies beneath, whether these are hidden physical or psychic structures. This gap between surface and depth, or symptom and cause, is the space in which psychiatric theory operates. In order to have a true epistemological value, still and moving images need to be described and re-described, to be yoked repeatedly to texts, voiceovers, or inter-titles. As historians interested in visual evidence, we must learn to translate between picture and word, and to evaluate the translations of others. However, films are made not only in dialogue with texts, but also with other films and images. It is important to think visually as well as discursively: seeking out aesthetic and formal connections both within psychiatry's filmmaking history and wider cinematic culture.

We should also bear in mind that making a film was an unusual intervention on the part of a psychiatrist or researcher, a privileged form of evidence-gathering that required funding, technical expertise, and an explicit intellectual agenda. We can therefore usually assume that if a film was made in a psychiatric setting, it documents a turning point or controversy in psychiatric practice. Useful questions to ask at an early stage of your research are: what is the status of the psychiatric disorder, or psychiatric treatment, being described in the film, at this historical moment? Is it new or under critique? Why is constructing visual evidence (rather than just written accounts) of this particular symptomatology or treatment important to the filmmaker? Who is the intended audience (and what groups of people ended up seeing it and commenting on it)? What is the observational stance of the clinician, cameraman, and other participants? How might you map these relationships spatially, and what can this tell you about how psychiatric practice was changing at that time and in that place?

In order to think in more detail about the epistemological value of film in psychiatry, I have adapted Scott Curtis's classification of medical films, whose functions he outlines as experimental, documentary, and educational. These functions are dynamic, with individual pieces of footage 'circulating' from one category to another over time.[9] I will draw from examples in the field of infant and child psychiatry, where film and video research has been (and continues to be) extensive. This was an area of enquiry which exploded after the Second World War, when the origins of mental illness began to be sought in the experiences of early childhood. Both psychoanalysts and cyberneticians, like Gregory Bateson, became interested in how babies' everyday interactions with their mothers, particularly mothers' feeding styles, might be constitutive of personality and later pathology. Film provided a way to identify and quantify mothers' fleeting

movements and expressions, from which typologies of good or pathogenic mothering could be constructed. Our opening example, *Trance and Dance in Bali*, was a riot of movement, whose shape and tempo Bateson and Mead mapped onto other observable behaviours, including child-rearing practices. On returning to the US, Bateson inspired many other researchers to study non-verbal communication, particularly within families, and its implications for psychiatry. The camera was used here as a technology of suspicion, an exploratory device which could break behaviour into between 6 and 24 units per second. Frame analysis, or microanalysis as it came to be known, exposed a more complex and disturbing reality than could be perceived in natural conditions. In this case, slow-motion playback of apparently competent mothering revealed a failure to make proper eye contact with their babies, or care that was judged to be mechanical or inconsistent. This was the realm of 'the optical unconscious', or what film critic Hollis Frampton described as 'the monsters cunningly concealed within time'.[10] Infant psychiatry claimed to be a preventative science, which used the camera to identify micro-traumas *as they were being inflicted*, rather than their effects in adolescence or adulthood.

A good example of film's experimental function can be seen in the 1967 film *Mother-Infant Interaction*, made by American child psychologist Sylvia Brody, and now available to download from the US National Library of Medicine website.[11] Brody presents numerous case studies of mothers feeding their babies, descending the typological ladder from the highest, Type I ("highly empathic and in control throughout the feeding") to the most damaging, Type VII ("withdrawn, detached and protected by routine"). This classification scheme was constructed from slow-motion analysis of footage she took in her New York clinic during the 1960s, measuring the quantity and quality of actions such as feeding, cleaning, moving, touching, offering objects, and speaking. Although we do not have access to her unedited film reels, we can reconstruct her methodology from the teaching film (see Fig. 13.1) – in which an ever-present clock splices the action – and her accompanying publications, which describe the translation of this visual evidence into statistical analysis. From these typologies she was able to make prognoses about the children's future propensity to mental illness. 'Movie analysis' of this footage involved a number of investigators watching the reels in slow-motion, ratifying each other's observations, and dividing the action up into behaviour units ('a single event with patent beginning and end').[12] The finished film pre-categorises these mothers for the viewer, but it is likely that Brody also used the uncategorised footage more ambiguously, to test both students' reactions and the validity of her own classification scheme. A close examination of the editing process, and its effects, is central to our analysis of the filmmaker's narrative control.

In Brody's work, and that of many other infant psychologists and psychiatrists, the archival or documentary function of film preceded its experimental or diagnostic use. The first task of many infant psychiatrists was to collect a great quantity of case studies, an extensive library of images of babies' movements at various ages, from which a graph of normal, and deviant, development could later be plotted.

FIGURE 13.1 Composite stills from *Mother-Infant Interaction* (1967). U.S. National Library of Medicine

This method was pioneered by psychologist Arnold Gesell, who created the concept of 'developmental milestones' by filming over 100 babies in the first year of life, and selecting frames which reflected average physical and psychological growth at three months, six months, and so on. These he gathered into an atlas of film stills which he described as 'biopsies' and 'dissections', likening the film camera to the scalpel and the microscope.[13] Post-war infant psychiatrists more concerned with abnormal psychological development, such as Hungarian émigrés Margaret Mahler and René Spitz, cross-examined their own archives of mother-baby interaction (or in Spitz's case, institutionalised babies) in order to identify 'sensitive periods' and 'critical thresholds', rather than plot a smooth temporal curve.[14] These cinematic archives seek to define the borderline between normal and abnormal behaviour within the wider population. The relationship of the individual shown in the film to the illness he or she is exhibiting (a typical, in-conclusive, or ground-breaking case), and the perceived prevalence of this disorder, therefore merits our careful consideration.

The educational function of these studies was more problematic in psychiatry than it was for general medicine, where clinicians created films which taught diagnostic or surgical technique within established disease categories. In the case of

René Spitz and his English contemporary, psychiatric social worker James Robertson, film was a means of shocking both professionals and the public into awareness of a new category of mental illness, and a new category of psychiatric patient. Spitz's film *Grief* (1947), and Robertson's *A Two Year Old Goes to Hospital* (1952) travelled the world during the 1950s, purportedly exhibiting the devastating effects of institutional life and maternal deprivation to doctors, nurses, directors of children's homes, and public health officials. Drawing on psychoanalytic vocabulary, Robertson claimed that film 'pierced the resistance' of adults who worked with children in clinical settings, forcing them to acknowledge a disavowed reality.[15] This turning point in the perception of infant suffering demonstrates that what can be 'seen' in psychiatric practice, and what others can be taught to see, is shaped by theoretical parameters, by what is being looked for. In other words, vision itself is historically constructed.

A final epistemological function of film that is specific to psychiatry is its therapeutic potential. Early psychiatric photographers, such as Hugh Diamond, used carefully curated images of their patients as mediating objects, allowing them to cast a moralising gaze upon their own behaviour (on photography, see Beatriz Pichel's chapter in this volume).[16] Hungarian psychiatrist Leopold Szondi created a pack of cards depicting deviant 'archetypes' to startle his patients into self-awareness.[17] Experimentation with film and video's formal possibilities during the post-war period led to more complex representations of patients' behaviour. Film historian Carmine Grimaldi has shown how, in 1960s San Francisco, radical psychiatrist Harry Wilmer encouraged his patients to create autobiographical videos to 'cultivate objective self-reflection', and to reimagine their relationship with the doctor as a dynamic feedback system.[18] Today, video-feedback continues to be used extensively in the field of infant psychiatry and psychotherapy. Mothers suffering from depression or trauma, for example, are encouraged to watch split-screen footage of their interactions with their babies so as to bring buried emotions to consciousness, and re-model their mothering style.[19]

Films made by psychiatrists capture, incidentally or implicitly, worlds we have lost. In this sense they are documents of social history, preserving physical environments, forms of social relationship and 'atmospherics' which are irretrievably past. Sometimes they provide new information about psychiatry's experimental tools, and patients' unpredictable reactions to them (usually providing a more ambiguous and nuanced account than written descriptions). In the 1952 TV film, *Autism's Lonely Children,* we see US psychiatrist Frank Hewett attempting to train a boy called Marty to speak by using negative and positive reinforcement within a 'teaching booth', a plywood box fitted with portcullis, sweet dispenser, and rotating chairs (Marty tries to bring the experiment to an end by showering Hewett with kisses). This little-known apparatus belongs to a family of 'cubicles of coercion' designed during this era, such as the Skinner Box, Harlow's wire rack, and the Milgram Obedience lab.[20]

The backdrop to a film's action also draws us in as viewers, whether it be furnishings, clothing, modes of expression, or framing devices which give us

glimpses of the world beyond the therapy room. In *Camera Lucida*, Roland Barthes made a distinction between the *studium* – the intentional subject matter of a photograph – and the *punctum*, the poignant detail that escaped the photographer's notice but which gives the image its belated emotional power.[21] It is often the unintentional elements of a film – however tightly controlled its aims might be – which evoke tenderness in us towards the past, and a desire to translate these effects into historical research. These details may have less to do with psychiatric theory, and more to do with the social and material conditions in which it was practiced. Another TV film about autism, *This Year, Next Year, Sometime*, commissioned by British psychiatrist Joshua Bierer in 1953, shows a therapist communicating with a child by blowing long reels of cigarette smoke into the boy's mouth. He blows the smoke back to her, and in this way they have a 'conversation'. Uncontroversial at the time, it is now a moment of piercing historical counterpoint.[22]

Finally, psychiatry is always entangled with politics: through its policing of social and psychological norms, it defines the limits of community. Documentary film tells us a great deal about the utopian and dystopian visions that became bound up with psychiatric practice over the course of the twentieth century. The deadliest example of this was the profession's collusion with the Nazis' T4 extermination programme during the 1930s. Propaganda films such as *Das Erbe* (*The Inheritance*, 1935) and *Opfer der Vergangheit* (*Victims of the Past*, 1937, available intermittently online) played an important role in persuading the German public that the mentally ill were a threat to racial purity and social order.[23] The events of the Second World War and the Holocaust cast a long shadow on psychiatry's self-image during the post-war era. 'Anti-psychiatry' originated with visual exposés of the conditions inside mental hospitals, where patients – often so-called chronic schizophrenics – were herded naked around bare cells, or tied to posts.[24] As the cinematic evidence makes clear, the therapeutic communities and democratically-run asylums that emerged in the US and Europe in the following decades were not just humane alternatives to these warehouse-type asylums; they were experiments in new styles of observation. The objectifying gaze of the authoritarian expert was replaced by a fascination with intricate group dynamics and what R.D. Laing, borrowing from Gregory Bateson, termed 'the behavioural field'.[25] A 1969 film made by sociologists about Maxwell Jones's Dingleton Hospital in Edinburgh, pans back and forth between doctors, nurses, and patients set out in a circle in a series of lengthy meetings. Conflicts and alliances are brought to light and carefully disentangled, and the self-reflexive psychiatrist is shown to be in perpetual confrontation with his own prejudices and idiosyncrasies.[26] Democratic participation bleeds into managed anarchy in Peter Robinson's film, *Asylum* (1971, DVD), a study of Laing's 'psychotic community' in Archway, London. Director, cameraman, therapists, and patient-residents lived together as equals during the filming, in a celebration of both flattened social hierarchies and the collapse of 'critical distance'.[27]

These British experiments in turn inspired Italian radical psychiatrists Franco Basaglia and Giovanni Jervis to use photgraphy and film to press the anti-psychiatric case further, into the realm of political revolution. Their film colla-boration with Marco Bellocchio, *Matti da Slegare* (*Fit to Be Untied*, 1975), tells the story of various social misfits who escape oppressive institutions, but fail to find their place in capitalist society. The logic of psychiatric diagnostics and treatment are replaced here with a critique of the labour market and its measures of physical and psychological competence. Films from this particular era have explicit political and social agendas, but I suggest that every film source you will encounter on this subject is shaped by questions of power, progress and belonging.

Using sources: evidence, ethics, and empathy

We have discussed some of the explicit ways in which psychiatrists have used film to generate new knowledge; let us turn now to the practice of history, and some of the issues that face us when looking at a new film source. Our most basic task (and our first impulse, as readers and writers of texts) is to contextualise the film by looking for written accounts of it within the creator's publications and archival papers, where they exist. Can you find evidence for who made or commissioned the film, and why? Where was it screened? Private papers are more likely to contain information that relate to the messy and contingent process of directing and distributing films than polished, public-facing articles. Who reviewed the film, and in what disciplinary contexts? Did the film have an influence beyond psy-chiatry? What has been its afterlife (is this a 'canonical' film with a considerable historical literature, or is it obscure and uninterpreted?) Often you will discover the existence of a lost film, or evidence of film as clinical or documentary practice, solely through published descriptions and illustrations, from which it is possible to reconstruct a partial account of its significance. And it is of course important to think critically about words and texts within films, whether they are inter-titles, voiceovers, spoken dialogue, or background conversation. In what ways do they anchor the narrative? Do we see more or less when a film is silent? How do sound and images work together, or pull against one another?

Evidence

Films are amongst the most fragmentary and elusive type of evidence that his-torians of psychiatry can use. All types of film and video, not only early nitrate film stock, are subject to decay, destruction, and neglect in ways that textual material and still images are not. This is partly to do with film's bulkiness and material fragility, and partly to do with its dependence on a viewing apparatus. Although in principle you could visit an archive and hold a reel of 16mm film up to the light to look at its individual frames, you cannot experience it as a moving medium without a working projector, and the know-how to use it. Visual media were not highly prized as historical sources in past decades, and many films were thrown

away by archives and libraries when the technology to watch them stopped working or became obsolete. Video, although an important experimental medium for the psychological sciences in the 1960s, 70s, and 80s, was designed to be a reusable technology, not a means of preservation. What has survived, and what you will be able to get your hands on, either physically or online, is mainly down to luck, confidentiality rules, and in some instances, the influence of particular archivists or estates with a moral or intellectual stake in their survival. Rare and undocumented mental health films appear on YouTube from time to time, only to disappear within a matter of weeks. The onus therefore lies with a new generation of critically-informed researchers to persuade institutions to repair and digitise those surviving reels and tapes which promise to broaden our understanding of psychiatric practice. Digitisation programmes are already taking place in well-endowed institutions such as the US National Library of Medicine, which acknowledges a huge public, as well as academic, interest in films about mental illness.[28] There is a clear need for a twenty-first-century version of the Psychological Cinema Register (the first catalogue of experimental psychology and psychiatric research films, created by Adelbert Ford in the 1930s), and I have made a first attempt at the end of this essay.[29] It is also worth noting that even once you have watched and analysed your film source, it is difficult to 'quote' film in a written text. In this essay, I rely on stills to illustrate my argument, and only where I have gained permission to reproduce them (this is much easier if the film is already in the public domain). Your powers of description, or what the Ancient Greeks called *exphrasis*, come into play here: you will need to explain not only how and why the film was constructed, but evoke something of its atmospherics and its play of forms. Examples of how to cite a film are also included below.[30]

Ethics

The making and viewing of historical films about mental illness inevitably present us with ethical problems regarding privacy and consent, particularly in the case of institutional exposés. I have attended several screenings, for example of Bill Morrison's historical montage *Re:Awakenings* (2013, now available online) and Raymond Depardon's asylum study *San Clemente* (1982, DVD), where members of the audience regretted their own complicity as witnesses, bystanders of an intrusion into the most private and defenceless realms of experience. It can often appear that the camera is being used as a 'prod', to use Scott Curtis's term, to extract a performance of irrationality or the uncanny.[31] In *Regarding the Pain of Others* (2003), cultural critic Susan Sontag outlined the ways in which such images might fulfil the audience's psychological needs: 'There is the satisfaction of being able to look at the image without flinching. There is the satisfaction of flinching… To steel oneself against weakness. To make oneself more numb. To acknowledge the existence of the incorrigible.'[32] We must acknowledge the vicarious pleasure, as well as discomfort, to be found in the camera's transgressive power.

To what extent have psychiatrists and filmmakers exploited the vulnerability of their subjects for documentary effect? As viewers, where do we draw the line between disinterested intellectual research and sheer voyeurism? Does it matter, from an ethical point of view, where and with whom, we watch such films (on a laptop at home, under controlled conditions in an archive, as part of a professional audience, or in a public cinema)? And is the question of participan's' consent the only ethical issue at stake here, or must we also weigh up filmmakers' wider moral claims about institutional power? We can assume that in many cases, permission to film was granted on behalf of patients by doctors or other officials, on the basis that those patients did not have the capacity to consent (though there is no correlation between schizophrenia and intellectual impairment, for example), or that participants only had the vaguest sense of how the footage might be used. The very notion of consent in the case of already powerless populations within institutions, is in any case a moot point. The film historian Brian Winston argues that Direct Cinema of the 1960s – which sought to portray American society's gritty underside – did nothing to improve the conditions of the marginalised, but merely exposed their degradation to public view. This he described as 'the tradition of the victim'.[33] Attempts to anonymise subjects often underscore their impotence: patients in *Symptoms in Schizophrenia*, for example, are clumsily disguised in bandit masks and bandages, preventing them from returning the camera's gaze.

The most prominent battle that has taken place over these issues was the 1967 *Wiseman vs Massachusetts* case, in which the state government sought an injunction over the release of Frederick Wiseman's documentary about Bridgewater State Mental Hospital, *Titicut Follies* (1967, DVD). Bridgewater governors claimed that Wiseman had not acquired the necessary release forms, and had shown patients, staff, and the fabric of the institution in the worst possible light. This included a scene in which a patient is force-fed (he later dies and is buried in the hospital grounds) and another where an elderly man, having been humiliated by staff, is hosed down naked in a decrepit cell. Wiseman countered that he had received oral permission from hospital officials and had always claimed full editorial rights over the final product, which he obliquely described as 'reality fictions'.[34] By 1991, when *Titicut Follies* was finally made available to the general public, the families of some patients claimed that the ban on screenings (and the reckoning that might have followed) led to their relatives' unlawful deaths at the hands of hospital personnel. The film's critique of power finally trumped any privacy concerns. In the words of film historians Carolyn Anderson and Thomas Benson: '*Titicut Follies* demonstrated the ethical paradox: good films are sometimes made for bad rules.' [35]

Today, it would be much harder, if not impossible, to make a film like Wiseman's. This is largely because of fear of litigation, declining trust in the accountability of institutions, and an increased awareness of the promiscuity of images. Film is no longer seen as a politically emancipatory technology, as it was in the 1960s and 70s, and laws on consent and mental capacity have been redrawn.[36] However, the question of who ultimately benefits from a greater anxiety about individuals' exposure to the public gaze remains open. A recent report about the

global practice of shackling mental patients in hospitals and their own homes suggests that there is still a need for film exposés produced by journalists and psychiatrists working in unison, as occurred in the decades following the Second World War, as a first push towards legal reform.[37] 'Anti-psychiatric' documentaries of the post-war period, such as *Asylum* or Fernand Deligny's documentary about the wanderings of an autistic boy, *Le Moindre Geste* (1971, DVD) (or even *Trance and Dance in Bali*) can also educate us about the phenomenology of 'altered states' and what is now called neurological difference. Such films advance an ethics grounded in the idea that psychological experience is heterogenous and strange, and cannot always be neatly classified into 'illness' or 'health'.

Empathy

Are films 'indexical'; do they bear the stamp of reality? Documentaries do not of course provide a transparent window onto their subjects' feelings or mental states; like written texts, they are carefully edited constructions which seek to elicit particular reactions in the viewer. The images on the filmstrip may be formed by the indifferent play of light upon chemicals, but the positioning of the camera, and sculpting of the final product, is a highly subjective and prejudicial process. Even the barest forms of clinical footage are interpretive by virtue of what they include or exclude from the frame. An important part of your analysis will involve examining how aesthetic choices such as setting, lighting, camera position, close-ups, music, and depth of field make a film more emotionally effective and intellectually persuasive. Nevertheless, we should not let our critical awareness make us too cynical about film's testimonial power. Moving images do have a unique power to move and disturb us, to make us witness to the action in ways that other media cannot. Film theorists have recently drawn on mirror neuron theory (we experience emotions simply by observing them in others) and 'haptic visuality' (physical sensations can be evoked through watching close-ups of touch and movement) to describe a new empathic, rather than manipulated, film viewer.[38] Historians can use their emotions analytically when they watch films about psychological illness, as a response to the ethical quandaries outlined in the preceding section. This relates also to ideals of objectivity within psychiatric practice, to the status of both the psychiatrist and historian as feeling subjects.[39] We must reflect carefully on how emotions, and empathy, function as documentary content, as clinical strategy, and as viewer effects. Our own curiosity, fear, shame, and disgust can tell us, in refracted fashion, about the director's vision and the film's original reception, as well as something about the history of normal and pathological affect. I have discussed elsewhere how the camera became an arbiter of authenticity in mother-infant psychiatry, capturing at source the composite elements of emotional sincerity and artifice.[40] When I first watched Spitz's 1948 film *Grief*, a study of motherless babies, it was from behind my hands, and I felt physically shaken afterwards; from what we know of its history, many of its early audiences had similar reactions. Spitz claimed that he used the camera as a distancing device, to

protect himself from the strength of his own feelings during observations, although he frequently enters the frame to comfort his subjects, and to look the audience in the eye. Emotions circulate here between patient, doctor and viewer, raw anguish transmuting into professional concern and moral outrage. Audience responses form an integral part of a film's history.[41]

Looking forward

Current psychiatric orthodoxy, with its emphasis on micro-cerebral structures, blood flow, and pharmacology, has banished many of these cinematic visions (and their fascination with tics, posture, relational selves, or political revolution) to obscurity. The discipline now stands on the firm foundation of evidence-based medicine, and in an echo of early twentieth-century psychiatric practice, is realigning itself with neurology.[42] But historical research involves not so much casting off from steady ground (into the murky waters of the past), as a shuttling back and forth between ever-shifting shorelines. The past enriches our understanding of the present and reminds us of what we have jettisoned in the laudable, and often productive, pursuit of scientific truths. Within current psychiatric diagnostics, brain scanning – a combination of still and moving image technologies (fMRI, MEG, PET) – offers patients and their families a new form of 'mediating object' to which social and psychological sufferings can be attached.[43] Private narratives about living with mental illness, and the vicissitudes of psychiatric treatment, are available on online vlogs and mainstream TV.[44] This is an age of increasing loneliness – itself leading to an increase in psychiatric interventions – and psychological homogeneity, underpinned by the mediating presence of digital technology and the affective flattening that is a well-documented side effect of mood-stabilizing medications. The politics of the 'behavioural field' have largely retreated from view within psychiatric practice, with some notable exceptions.[45]

Although the stigma of (milder, if not severe) mental illness is fading, the experience of depression, mania, psychosis, and autism, and most importantly, their social and political meanings, have become increasingly resistant to visualisation, and in effect, invisible to public scrutiny. Learning to watch historical documents like *Grief*, *Titicut Follies*, or *Asylum* carefully, critically, and with compassion, can therefore help us reflect on both the limits of interpretation, and the limits of intervention, in psychiatric practice, as well as the social contexts within which mental illness proliferates.

Funding

Notes

1 Alison Winter, 'Screening Selves: Sciences of Memory and Identity on Film 1930–1960', *History of Psychology*, 7, 4 (2004), pp. 367–401: p. 397.

2 Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2007), p. 187.

3 National Institute of Mental Health, 'Films on Schizophrenia: A Directory', *Schizophrenia Bulletin*, 1, 6 (1972), pp. 66–95; Adolf Nichtenhauser, *Films in Psychology, Psychiatry and Mental Health* (New York: New York Health Education Council, 1953); Adelbert Ford, *Psychological Cinema Register*, 1940–1944.

4 On war neuroses: Winter, 'Screening Selves'; Alison Winter, 'Film and the Construction of Memory in Psychoanalysis', *Science in Context*, 19, 1 (2003), pp. 111–36; Edgar Jones, 'War Neuroses and Arthur Hurst: A Pioneering Medical Film about the Treatment of Psychiatric Battle Casualties', *Journal of Medical and Allied Sciences,* 67, 3 (2012), pp. 345–73; Julie Powell, 'Shock Troupe: Medical Film and the Performance of "Shell Shock" for the British Nation at War', *Social History of Medicine*, 30, 2 (2016), pp. 323–45. On attachment theory and infant observation: R. Duschinsky, M. Greco, and J. Solomon, 'The Politics of Attachment: Lines of Flight with Bowlby, Deleuze and Guattari', *Theory, Culture & Society*, 32, 7–8 (2015), pp. 173–95; R. Duschinsky, and S. Reijman, 'Filming Disorganized Attachment', *Screen*, 57, 4 (2016), pp. 397–413; Katie Joice, 'Mothering in the Frame: Cinematic Microanalysis and the Pathogenic Mother 1945–67', *History of the Human Sciences*, (2020), https://doi.org/10.1177/0952695120924266, accessed 16 Mar. 2021. On cybernetics and family research: Seth Watter, 'Scrutinizing: Film and the Microanalysis of Behaviour', *Grey Room*, 66 (2017), pp. 32–69; Bernard Geoghegan, 'The Family as Machine: Film, Infrastructure and Cybernetic Kinship in Suburban America', *Grey Room*, 66 (2017), pp. 70–101; Deborah Weinstein, *The Pathological Family: Postwar America and the Rise of Family Therapy* (Ithaca, NY: Cornell University Press, 2013). On anti-psychiatry and film: Des O'Rawe, 'The Politics of Observation: Documentary Film and Radical Psychiatry', *Journal of Aesthetics and Culture*, 11, 1 (2019), https://doi.org/10.1080/20004214.2019.1568791, accessed 16 Mar. 2021; Katie Joice, 'Reviewing Laing's "Asylum" in the Age of Neuroscience', http://www.bbk.ac.uk/hiddenpersuaders/blog/reviewing-laings-asylum-in-the-age-of-neuroscience/ (2015), accessed 28 Mar. 2021; David Forgacs, *Italy's Margins: Social Exclusion and Nation Formation Since 1861* (Cambridge: Cambridge University Press, 2014), Ch. 4.

5 For academic analyses of mental health vlogs, see Irina Sangeorzan, Panoraia Andriopoulou, and Maria Livanou, 'Exploring the Experiences of People Vlogging about Severe Mental Illness on YouTube: An Interpretative Phenomenological Analysis', *Journal of Affective Disorders*, 246 (2018), pp. 422–8; Vera Woloshyn and Michael J. Savage, 'Features of YouTube Videos Produced by Individuals Who Self-Identify with Borderline Personality Disorder', *Digital Health*, 6 (2020), pp. 1–11.

6 Glen Gabbard and Kris Gabbard, *Psychiatry at the Cinema* (Chicago, IL: University of Chicago Press, 1995); Ron Roberts, *Real to Reel: Psychiatry at the Cinema* (Ross-on-Wye: PCCS Books, 2011); Martin Halliwell, *Therapeutic Revolutions: Medicine, Psychiatry and American Culture* (New Brunswick, NJ: Rutgers University Press, 2014); Homer B. Petty (ed.), *Mind Reeling: Psychopathology on Film* (Albany, NY: SUNY Press, 2020); Janet Bergstrom (ed.), *Endless Night: Cinema and Psychoanalysis, Parallel Histories* (Berkeley, CA: University of California Press, 1999); Marcia Holmes, 'Brainwashing the Cybernetic Spectator: The Ipcress File, 1960s Cinematic Spectacle and the Sciences of the Mind', *History of the Human Sciences*, 30, 3 (2017), pp. 3–24.

7 On the concept of 'the cognitive empire' see Boaventura de Sousa Santos, *The End of the Cognitive Empire: The Coming of Age of Epistemologies of the South* (Durham, NC: Duke University Press, 2018). On early Russian psychiatry see Ivan Pavlov, *Mechanics of the Brain* (1926), available on Vimeo, and Albert Maysles, *Psychiatry in Russia* (1955), excerpts on YouTube. The Czechoslovakian film *Children Without Love* (1963, Kratky films) is not currently available online, but has been discussed at length by Sarah Marks

in 'Bowlbyism Behind the Iron Curtain' (unpublished paper). Films about Japanese and African psychiatry in the 1960s, *Invisible Barrier: Japan and Psychiatric Patients* (1968) and *Tradition and Progress in African Psychiatry* (1960), are available on request from the US National Library of Medicine. Akira Kurosawa's *I Live in Fear* (1955), a drama about Japanese nuclear anxiety and mental illness, is on BFI DVD.

8 Sander Gilman, *Seeing the Insane* (New York: J. Wiley: Brunner/Mazel Publishers, 1982); Andreas Killen, 'Psychiatry and Its Visual Culture in the Modern Era', in Greg Eghigian (ed.), *The Routledge History of Madness and Mental Health* (London: Routledge, 2017), pp. 172–90.

9 Scott Curtis, 'Between Photography and Film: Early Uses of Medical Cinematography', *REMEDIA* (2016), https://remedianetwork.net/2016/01/19/medicine–in–transit–between–photography–and–film–early–uses–of–medical–cinematography/, accessed 16 Mar. 2021.

10 The term 'optical unconscious' was first used by cultural critic Walter Benjamin in his essay 'A Short History of Photography', in *One-Way Street and Other Writings* (Harmondsworth: Penguin Books, 2009). Hollis Frampton, *On the Camera Arts and Consecutive Matters: The Writings of Hollis Frampton* (Cambridge, MA: MIT Press, 2009), p. 47.

11 Available online at https://collections.nlm.nih.gov/catalog/nlm:nlmuid-9505462-vid, accessed 16 Mar. 2021.

12 Sylvia Brody, *Patterns of Mothering: Maternal Influence during Infancy* (New York: International Universities Press, 1956), p. 242.

13 Arnold Gesell, 'Cinematography and the Study of Child Development', *The American Naturalist*, 80, 793 (1946), pp. 470–5. See also Scott Curtis, '"Tangible as Tissue": Arnold Gesell, Infant Behavior, and Film Analysis', *Science in Context*, 24, 3 (2017), pp. 417–42.

14 See for example, René Spitz, *The First Year of Life* (New York: International Universities Press, 1965).

15 James and Joyce Robertson, *Separation and the Very Young* (London: Free Association Books, 1989), p. 4.

16 Sander Gilman (ed.), *The Face of Madness: Hugh W. Diamond and the Origins of Psychiatric Photography* (New York: Brunner/Mazel, 1976).

17 Lipot Szondi, Ulrich Moses, and Marvin Webb, *The Szondi Test in Diagnosis, Prognosis and Treatment* (Philadelphia, PA: Lippincott, 1959).

18 Carmine Grimaldi, 'Televising Psyche: Therapy, Play and the Seduction of Video', *Representations*, 139, 1 (2017), pp. 95–117: p. 105.

19 See for example Beatrice Beebe, 'Video Feedback with a Depressed Mother and her Infant: A Collaborative Individual and Psychoanalytic Mother-Infant Treatment', *Journal of Infant, Child and Adolescent Psychotherapy*, 2, 3 (2002), pp. 1–55.

20 Frank Hewett (with the National Educational Television and Radio Center), *Autism's Lonely Children* (1952), https://archive.org/details/autismslonelychildren, accessed 16 Mar. 2021. The teaching booth is described in Frank Hewett, 'Teaching Speech to an Autistic Child through Operant Conditioning', *American Journal of Orthopsychiatry*, 35, 5 (1965), pp. 927–36.

21 Roland Barthes, *Camera Lucida* (London: Vintage Books, 2000), pp. 27–59.

22 This film was briefly on YouTube but is no longer available at the time of writing.

23 *Opfer der Vergangheit* is available on YouTube, https://www.youtube.com/watch?v=J9Nwu1P8vGg (alternatively, search under 'Aktion T4'). A clip of *Das Erbe* can be found at https://www.youtube.com/watch?v=PMRc55nHuE4. Links last accessed 16 Mar. 2021. On this topic, see Ulf Schmidt, *Medical Films, Ethics and Euthanasia in Nazi Germany* (Husum: Matthiesen Verlag, 2002).

24 For example, Albert Deutsch, *The Shame of the States* (New York: Harcourt, Brace and Co., 1948) and Albert Q. Maisel's 'Bedlam 1946' in *Life* (6 May 1946).

25 R.D. Laing, *The Divided Self* (London: Penguin, 2010 [1960]).

26 John Mack (1969) [Video] Dingleton Hospital: A series of five films made by the University of Glasgow Television Service on behalf of and with the participation of the University's School of Social Studies.

27 For more on Robinson's *Asylum*, see Joice, 'Reviewing Laing's "Asylum"'; O'Rawe, 'Politics of Observation'.

28 Thanks to Carmine Grimaldi for sharing his experience of using video archives, and to Sarah Eilers from the National Library of Medicine for explaining its preservation policy.

29 For more information on the PCR, see Amanda Maple and Sarah Eilers, 'Psychological Cinema', *Circulating Now* (2019), https://circulatingnow.nlm.nih.gov/2019/08/22/psychological-cinema/, accessed 16 Mar. 2021.

30 This question is discussed in W.J.T. Mitchell, *Picture Theory: Essays on Verbal and Visual Representation* (Chicago, IL: University of Chicago Press, 1995).

31 Curtis uses this concept in the context of Charcot's work on hysteria.

32 Susan Sontag, *Regarding the Pain of Others* (London: Penguin, 2013), p. 34.

33 Brian Winston, 'The Tradition of the Victim in Griersonian Documentary', and Carolyn Anderson and Thomas W. Benson, 'Direct Cinema and the Myth of Informed Consent: The Case of *Titicut Follies*', in Larry Gross, John Stuart Katz, and Jay Ruby (eds), *Image Ethics: The Moral Rights of Subjects in Photographs, Film and Television* (Oxford: Oxford University Press, 1988), pp. 34–57, 58–90.

34 Barry Keith Grant, 'Ethnography in the First Person: Frederick Wiseman's *Titicut Follies*', in Barry Keith Grant and Jeannette Sloniowski (eds), *Documenting the Documentary: Close Readings of Documentary Film and Video* (Detroit, MI: Wayne State University Press, 1998), pp. 238–53: p. 240.

35 Anderson and Benson, 'Direct Cinema'.

36 See the 2005 Mental Capacity Act https://www.legislation.gov.uk/ukpga/2005/9/contents, accessed Feb. 2021; Joel M. Geiderman and Gregory L. Larkin, 'Commercial Filming of Patient Care Activities in Hospital', *Journal of the American Medical Association*, 288, 3 (2002), pp. 373–9.

37 Human Rights Watch, 'Living in Chains', available at https://www.hrw.org/report/2020/10/06/living-chains/shackling-people-psychosocial-disabilities-worldwide (2020), accessed 16 Mar. 2021.

38 Laura Marks, *The Skin of the Film: Intercultural Cinema, Embodiment and the Senses* (Durham, NC: Duke University Press, 2000); Vittorio Gallese and Michele Guerra, *The Empathic Screen: Cinema and Neuroscience*, trans. Frances Anderson (Oxford: Oxford University Press, 2019).

39 For a detailed discussion of these issues see Elizabeth Lunbeck, 'Empathy as a Psychoanalytic Mode of Observation: Between Sentiment and Science' in Lorraine Daston and Elizabeth Lunbeck (eds), *Histories of Scientific Observation* (Chicago, IL: Chicago University Press, 2011); Tyson Retz, *Empathy and History* (New York: Berghahn Books, 2018); Mark Salber Phillips, *On Historical Distance* (New Haven, CT: Yale University Press, 2013).

40 Joice, 'Mothering in the Frame'.

41 Spitz's colleague, Robert Emde, also remarked that reactions of physicians and psychiatrists to the film included 'teary agony', anxiety, laughter, and distraction. Robert N. Emde (ed.), *René A. Spitz: Dialogues from Infancy* (New York: International Universities Press, 1983), pp. 426–7. I have noticed a similar mixture of reactions when showing the footage to audiences today.

42 The first manifesto for this realignment was Bruce H. Price, Raymond D. Adams, and Joseph T. Coyle, 'Neurology and Psychiatry: Closing the Great Divide', *Neurology,* 54, 1 (2000), pp. 8–14.

43 For an anthropological analysis of these visual technologies, see Joseph Dumit, *Picturing Personhood: Brain Scans and Biomedical Identity* (Princeton, NJ: University of Princeton Press, 2004).

44 Recent documentaries about celebrities with mental illness include *What's Wrong with Tony Slattery?* (2019) and *Being Gail Porter* (2020), both BBC.

45 A less scientistic account of psychiatric practice can be found in Tom Burns, *Our Necessary Shadow: The Nature and Meaning of Psychiatry* (London: Penguin, 2013).

Further guidance

Citing a film

Director(s) last name, Initial (where known). (Year). *Title of film in italics*. [Film]. Production or Distribution company (where known). If there is no obvious director, use the name of the producer, writer, or institution where the film was made.

For example: Spitz, R. (1947). *Grief: A Peril in Infancy* [Film]. New York University Film Library.

If the format is a DVD: Wiseman, F. (1967). *Titicut Follies* [DVD]. Zipporah Films.

In-text citation (description or paraphrase of the film's contents): (Spitz, 1947)

In-text citation of image, dialogue, voiceover or inter-titles (direct quote with timestamp): (Spitz, 1947, 02:12 or 02.12:34)

If you wish to include a film still in a print or online publication, it is strongly recommended that you request permission from the copyright holder (in the case of many historical films, your first enquiry should be directed to the archive where the films are now held, such as the US National Library of Medicine).

The film resources which I have encountered during my research are listed below and organised by location. Online availability of some films will inevitably change over time.

Film Collections

National Library of Medicine (Bethesda, Maryland, US).
https://www.nlm.nih.gov/ and https://www.youtube.com/user/NLMNIH
Wholey, C.C. (1923). Case Study of Multiple Personality [Film].
Pierce Clark, L. (1930). *Child Analyses, Psychoanalytic Sanatorium* [Film].
Page, J.D. and Pennsylvania State College (1938). *Symptoms in Schizophrenia* [Film].
Gesell, A. (1939). *Life Begins* [Film].
Bishops Clarkson Memorial Hospital (1943). *Convulsive Shock Therapy in Affective Psychoses* [Film].
Bishops Clarkson Memorial Hospital (1944). *Prefrontal Lobotomy in Chronic Schizophrenia* [Film].
Bishops Clarkson Memorial Hospital (1944). *Narcosynthesis* [Film].
US Navy (1944). *Combat Fatigue* [Film].
Spitz, R. (1947). *Grief: A Peril in Infancy* [Film]. New York University Film Library.
Page, J.D. (1949). *Treatment in Mental Disorders* [Film]. The University of Rochester.
Aubry, J. and Appel, G. (1951). *Maternal Deprivation in Young Children* [Film].
US Navy (1954). *Combat Psychiatry: the Battalion Medical Officer* [Film].
Menninger, W. (1956). *Out of Darkness* [Film]. Columbia Broadcasting System. Documents the therapy of a young woman with schizophrenia.
The Maudsley Hospital (1957). *Approach to Objects by Psychotic Children* [Film]. New York University Film Library.
Brody, S. (1967). *Mother Infant Interaction* [Film]. New York University Film Library.
US Department of Health, Education and Welfare (1969). *Involuntary Hospitalization of the Psychiatric Patient* [Film].

Mental Health Film Board (1974). *Full Circle* [Film]. On group therapy in a psychiatric hospital.
Available on request:
Spitz, R. (1956). *Shaping the Personality* [Film]. New York University Film Library.
Director unknown (1960). *Tradition and Progress in African Psychiatry* [Film].
Director unknown (1968). *Invisible Barrier: Japan and Psychiatric Patients* [Film].

Library of Congress (Washington, US)
https://www.loc.gov/ and https://www.youtube.com/user/LibraryOfCongress
Mead, M. and Bateson, G. (1952). *Trance and Dance in Bali* [Film].

Wellcome Collection (London, UK)
https://wellcomecollection.org/
Spectator Films for the Central Office of Information (1943). *Neuro-Psychiatry* [Film]. Wartime documentary film showing the neuro–psychiatric treatment of neurotic civilians and soldiers.
Speed, F. and Prince, R. (1963). *Were ni! he is a madman: a study of the management of psychiatric disorders by the Youruba of Nigeria* [Film]. Royal Anthropological Institute.
Da Silveira, N. and Le Gallais, P. (undated, 1960s). *Painting in Psychiatry* [Film]. A study of painting therapy for schizophrenia in Brazil.

Prelinger Archives
https://archive.org/details/prelinger
Bateson, G. and Kees, W. (1951). *Communication in Three Families* [Film]. Kinesis Films.
Hewett, F., with the National Educational Television and Radio Center (1952). *Autism's Lonely Children* [Film].

Internet Archive
https://archive.org/
Spitz, R. (1952). *Psychogenic Disease in Infancy* [Film].
Confidential Telepictures, Central Intelligence Agency, and Bercel, N.A. (1955). *Schizophrenic Model Psychosis Induced by LSD 25* [Film].
Anthony, E.J. and the Maudsley Hospital (1960). *Natural History of Psychotic Illness in Childhood* [Film]. New York University Film Library.
Robert Anderson Associates (1961). *The Disordered Mind: Paranoid Schizophrenia* [Film].
Jensen, G.D. (1963). *Development of an Infant Psychosis* [Film]. University of Washington School of Medicine.
McGraw-Hill Films with Smith, H. (1977). *Madness and Medicine* [Film]. An ABC News Close-Up taking a critical look at mental institutions and their treatment programmes.

Eric Duvivier Films for Sandoz Pharmaceuticals
https://www.canal-u.tv/producteurs/cerimes/les_films_realises_par_eric_duvivier/psychologie_psychiatrie
Duvivier, E. (1961). *Images du Monde Schizophrenique* [Film]. ScienceFilm for Sandoz.

Duvivier, E. (1967). *La Femme 100 Tetes* [Film]. ScienceFilm for Sandoz.

Neurovision (a selection of short but historically important early twentieth-century neurological films, including those of Kurt Goldstein).
https://neurovision.org.uk/

Cummings Center for the History of Psychology, University of Akron (Ohio, US)
https://www.uakron.edu/chp/archives/
The Center preserves film footage from the most important psychological experiments of the twentieth century, as well as the original film reels of Arnold Gesell, René Spitz, Sylvia Brody, and Kurt Lewin. However, these are not available to view online.

Planned Environment Therapy Archives, Mulberry Bush Third Space (Gloucestershire, UK) https://mulberrybush.org.uk/the-mulberry-bush-third-space-mb3/archives/
(currently by appointment only)
Mack, J. (1969). *Dingleton Hospital: A series of five films made by the University of Glasgow Television Service on behalf of and with the participation of the University's School of Social Studies* [Video].

United States Holocaust Memorial Museum
https://collections.ushmm.org/search/catalog/irn1003150
Hartmann, C. (1935). *Das Erbe* [Film].

Commercial DVDs
Robertson, J. (1952). *A Two Year Old Goes to Hospital* [DVD]. Concord Media.
Robertson, J. (1967). *Young Children in Brief Separation* [DVD]. Concord Media.
Wiseman, F. (1967). *Titicut Follies* [DVD]. Zipporah Films.
Deligny, F. (1971). *Le Mondre Geste* [DVD]. Editions Montparnasse.
Robinson P. with R.D. Laing (1972). *Asylum* [DVD]. Kino Classics.
Depardon, R. (1982). *San Clemente* [DVD]. Double D Copyright Films.

YouTube (available at the time of writing in Feb. 2021).
Watson, J. (1920). *The Little Albert Experiment* [Film].
Bock-Stieber, G. (1935). *Opfer der Vergangheit.* [Film] Nazi propaganda film, search under 'Aktion T4'.
Maysles, A. (1955). *Psychiatry in Russia* [Film] (excerpts).
Harlow, H. (1959). *Mother Love* [Film].
King, A. (1967). *Warrendale* [Film]. CBC Films documentary about the Warrendale hospital for emotionally disturbed children.
Agosto, S. and Bellocchio, M. (1975). *Matti da Slegare* [Film]. An Italian documentary about the social and political problems surrounding the deinstitutionalisation of the mentally ill.
Deligny, F. and Victor, R. (1975). *Ce Gamin la* [Film]. A study of Deligny's 'anti-institution' for autistic boys in the Pyrenees.

Facebook (available at the time of writing in Feb. 2021).
Morrison, B. (2013). *Re:Awakenings* [Film]. https://www.facebook.com/OVIDtv/videos/re-awakenings-a-short-film-by-bill-morrison/216241493155825/

Vimeo (available at the time of writing in Feb. 2021).
Pavlov, I. (1926). *Mechanics of the Brain* [Film]. https://vimeo.com/20583313

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Gallese, V. and Guerra, M., *The Empathic Screen: Cinema and Neuroscience*, trans. F. Anderson, Oxford: Oxford University Press, 2019.

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Killen, A., 'Psychiatry and its Visual Cultures in the Modern Era', in G. Eghigian (ed.), *The Routledge History of Madness and Mental Health*, Milton Park, Abingdon, Oxon and New York: Routledge, 2017.

O'Rawe, D., 'The Politics of Observation: Documentary Film and Radical Psychiatry', *Journal of Aesthetics and Culture* 11, 2019.

Winter, A., 'Screening Selves: Sciences of Memory and Identity on Film 1930–1960', *History of Psychology* 7, 2004, pp. 367–401.