The history of cinema reveals a fascination with psychopathology. No matter the psychological classification, in the main, cinema has willingly portrayed these psychic dimensions, symptoms, and perversions. The stages of the history of psychopathology onscreen accord with general public perceptions and misperceptions of mental illness. Early cinema treated what was called at the time insanity, rather than specific ailments, as a cause for bizarre behavior and criminality. The late 1920s and 1930s, with the introduction of sound, gave voice to horrific crimes of so-considered demonic madmen. In the postwar period, however, public sentiment leaned toward a more clinical, diagnostic view of mental incapacity. The new era of therapy, of psychoanalyzing everyday life, of psychosuggestive advertising, of personality, IQ, and Rorschach tests—all transformed and informed the public about the dimensions, distinctions, and degrees of mental abilities and disabilities. By the late 1960s and throughout the 1970s, psychopathology in mass media became categorizable into discrete patterns of recognizable misbehavior with nomenclature now understood by police, jurors, judges, teachers, editors,
and anchormen. Universities required psychology majors to learn the differences among types of symptoms of abnormal psychology and the theories about their etiologies. The stigma of seeking therapy gradually ebbed away and a more accepting mass media turned to narratives of social responsibility for persons with mental illness. Of course, a simultaneous dissolution of mandatory institutionalization, either through exposure of corrupt management and horrific conditions or through removing state legislative economic support, produced an influx of mentally impaired people on urban streets. In contemporary cinema, shifts in attitudes toward afflicted people have now created a need for new social problem films, ones dealing with a variety of abuses and disorientations of the self. New awareness of disorder has become common parlance, so much so that news media, talk shows, and successful television comedy and dramatic series focus upon protagonists with anxiety and obsessive-compulsive behavior (Monk), manic-depressive bipolarity (Homeland), and even homicidal sociopathy (Dexter). Cinema continually expands its depictions of mental illness, almost as though with each new disorder, a film waits to be made. In the main, cinema holds up a mirror, no matter how dark or cracked, to reflect the public's continual fascination with these typifications—still regarded by many as pathologies.

Much of the silent era treatment of mental illness accords with Oliver Sacks’s concept of the asylum:

Finally, coming back to the original meaning of asylum, these hospitals provided control and protection for patients, both from their own (perhaps suicidal or homicidal) impulses and from ridicule, isolation, aggression, or abuse so often visited upon them in the outside world. Asylums offered a life with its own special protections and limitations, a simplified and narrowed life perhaps, but with this protective structure, the freedom to be as mad as one liked and, for some patients at least, to live through their psychoses and emerge from their depths as saner and stabler people. (2)

The popular view of the asylum as the residence for the marginal figures of society, the insane, befit their Victorian and oppressive structures. These hospitals provided shelter, mostly for society, from the inmates who suffered social diseases, syphilis in particular, and mental dysfunctions, paranoia being quite common. Professional interest in insanity certainly reached its initial stage in the nineteenth century with the founding
of the *American Journal of Insanity* in 1844, whose organization, by the end of the century, would change its name to the American Medico-Psychological Association (1892), then to the American Psychiatric Association (1921) (Freedheim 32). While skeptics had predicted that moving pictures would cause nervous problems among their audiences, several asylums, including the Nebraska State Institute for the Insane, installed minitheaters in order to soothe patients “without the exciting effects of other forms of diversion” (Keil and Singer 29). Insanity appears in significant silent films, especially among those revealing the interiors of institutions for madness through visual hallucinations: Robert Wiene’s *The Cabinet of Dr. Caligari* (1919), Benjamin Christensen’s *Häxan* (1922), Roland West’s *The Monster* (1925), and Teinosuke Kinugasa’s *Kurutta ippeji* (*A Page of Madness*, 1926). Modernist art movements enhanced the sense of delirium experienced by residents of the asylums, ranging from expressionist mise-en-scène to surrealistic psychosexual imagery. Milos Forman’s *Amadeus* (1984), based on Peter Shaffer’s 1979 play, employs the concept of the voiceover narrator, Antonio Salieri (F. Murray Abraham), being the resident of an eighteenth-century asylum driven to murderous thoughts out of envy. Often forgotten about this tale of musical rivalry is that Alexander Pushkin first wrote a short play, *Mozart and Salieri* (1830), which begins with Salieri’s demented soliloquy against justice and the heavens for anointing Mozart with artistic genius:

Where, where is justice, when the sacred gift,
When deathless genius comes not to reward
Perfervid love and utter self-denial,
And toils and strivings and beseeching prayers,
But puts her halo round a lack-wit’s skull,
A frivolous idler’s brow? . . . O Mozart, Mozart! (Clark 430)

Forman’s film begins with Salieri’s failed suicide and his shout of “Mozart!” the source of his severe melancholy. Pushkin’s play concludes with Salieri unrepentant about his crime, but also adds his own mad elevation to a kind of suspect greatness:

So villainy and genius are two things
That never go together? That’s not true;
Think but of Buonarotti . . . Or was that
A tale of the dull, stupid crowd—and he
Who built the Vatican was not a murderer? (436)
Forman's film concludes in a somewhat similar fashion, with Salieri showing no regret for his murderous intent, but elevating himself to being the patron saint of all mediocrities as an attendant wheels him past dismally treated residents in irons or sitting amongst straw and dung. Mental institutions proved to be a perpetual subject of cinema; among the numerous films with all or portions set in asylums, excluding more contemporary horror films, are these: *Spellbound* (1945); *Bedlam* (1946); *The Snake Pit* (1948); *Harvey* (1950); *The Three Faces of Eve* (1957); *David and Lisa* (1962); *Captain Newman, M. D.* (1963); *Lilith* (1964); *King of Hearts* (1966); *One Flew over the Cuckoo's Nest* (1975); *Girl Interrupted* (1999); *Spider* (2002); *Gothika* (2003); *The Jacket* (2005); *Asylum* (2005); and *Shutter Island* (2010).

Three months before the release of *The Cabinet of Dr. Caligari*, Robert Reinert released in Munich *Nerves* (1919), whose aesthetic reflects the processes of nervous conditions spreading throughout the social classes: “Digressive and fragmentary, Reinert’s film follows a group of people whose nerves have been shattered by war and revolution; traumatized and racked with guilt, they exist on the edge of madness. The film’s own perplexing narrative structure imitates the liminal mental states it portrays, ranging from despondency to suicide, from agitation to delirium, from mental breakdowns to hallucinations of a harmonious life in nature” (Kaes 39). Key aesthetics for early cinema of madness required the perceptual experience of madness to be conveyed onto the screen. A fine example remains the hallucinations and misperceptions that drive a jealous husband to the brink of madness in Arthur Robison’s *Warning Shadows* (1923). Physicians and alienists often viewed criminality as symptomatic of extreme mental derangement: “As a symptom instead of a disease, the homicidal impulse became identified with two distinct mental conditions. In constitutional psychopathic states, a name given to the conditions brought about by a degenerating nervous system, the homicidal impulse, and impulses in general, were believed to be stigmata of degeneracy. In dementia praecox, alienists saw the homicidal impulse as evidence of the emotional indifference, deterioration of the will, and the impulsive as well as purposeless behaviors that were often destructive and dangerous” (Colaizzi 84). Anthony Asquith’s *A Cottage on Dartmoor* (1929) relies upon the prison escape of a love-obsessed, emotionally unstable man (Uno Henning). Louis Feuillade’s crime serials suggest transgressive acts among the underworld gangs of *Les vampires* (1915–16), particularly the vicious, sadistic Apache Irma Vep (Musidora). Silent horror films mix the macabre with touches of insanity; cases in point include
John Barrymore’s film version of his sensational stage production of *Dr. Jekyll and Mr. Hyde* (1920); Lon Chaney’s remarkable performance in *The Phantom of the Opera* (1925); and Jean Epstein’s dark, disorienting film of Luis Buñuel’s adaptation of Edgar Allan Poe’s *The Fall of the House of Usher* (1928). The dual personalities of many of these early films can be attributed to Robert Louis Stevenson’s tale of Jekyll and Hyde, as well as to Morton Prince’s detailed study *The Dissociation of Personality* (1908), which dealt with descriptions of dual behavioral personality.

Duality certainly became a visual trope for Dada and surrealist cinema. In *Anémic Cinéma* (1926), Dadaist Marcel Duchamp created “rotoreliefs,” spinning conical-within-conical figures that were interspersed with spinning French phrases filled with puns and dual meanings. Significantly, Duchamp concluded this six-minute film with a copyright signed by Rrose Sélavy, or *eros c’est la vie*, his gender-split alter ego as a woman, of whom Man Ray took several portraits. Of course, such dual personality intrigued Luis Buñuel and Salvador Dali and influenced their *Un chien andalou* (1929), which also flirts with psychosexual fixation, fetishism, and sadism as the underpinnings for surrealism. Specifically, Dali and Buñuel reveal this duality as an expression of film aesthetics, with “dislocations and disruptions of space and of narrative continuity” presented in a way that seems to be matter-of-fact reality: “In their script the young woman’s lack of surprise as she turns around and sees the absent cyclist—whose frills, box, and collar she has just arranged on the bed—standing in another corner of the room” (Finkelstein 85). It is the subverting of cinematic conventions, along with the almost slapstick, silent film aesthetic, that contribute to the disturbing images that thwart the viewer’s expectations, but in an “unassuming way” (85). Buñuel in particular was fascinated with the cinema of Harry Landon and other silent comedians. Consequently, during the first showings of *Un chien andalou* at Studio 28, it featured “on a double bill with a Harold Lloyd comedy” (Adamowicz 72). In this way, the Surrealism of Dali and Buñuel eschews techniques of modernist films in order to reveal the banal workings of the popular psyche, best represented by the nonchalance in the face of a mad and chaotic world characterized by silent comedy, particularly Lloyd and Keaton.

By the 1930s, psychopathy, often associated with dangerous scientific experimentation and criminality, became commonplace in the era of great horror films. If, as Jack Shadoian has claimed, the rise of 1930s gangster films was “a paradigm of the American dream,” then, also during this same period, the rise of horror films was a paradigm of the American nightmare, the abhorrent psyche that repels as it compels audience
attention (3). Horror subject matter involves the grotesque, the deformed, the demented, and the pathological; the worst fears of the institutions for the insane become realities in these films. Angela M. Smith shows a close relationship in 1930s horror films between medical science, often of the brain, and disability, a societal fear of the other, the ab-normal:

Their formulaic tropes and plots focus on characters/monsters who are clearly bodily, cognitively, or psychologically deformed or impaired; they engage the ethical dilemmas of scientific and medical “advances”; they explicitly mobilize the power dynamics of the medical gaze; and they repeatedly trouble any easy distinction between health professionals and the problematic bodies that they survey, interpret, diagnose, and seek to fix. To that extent, they indicate a popular anxiety about the powers wielded by medical men, a concern that eschews faith in eugenic principles and their proponents and, using the visual rhetoric of disability, transfigures doctors into monsters and monster-makers. (165)

Often, mad scientists have figures of physical disability surround them, as the classical horror films allegorize the physical with the mental instability of the mad doctor. In *The Island of Lost Souls* (1932), demented Dr. Moreau (Charles Laughton) uses biological-anthropomorphous surgeries to transform animals into humans. Of course, James Whale’s *Frankenstein* films associate the not-so-good doctor with a kind of mental pathology, displayed admirably by Colin Clive’s frenetic, campy exclamation, “It’s alive!” Frankenstein’s hunchbacked assistant Fritz represents a clearly allegorical physical marker for the not-so-good doctor’s mental state. Of course, the numerous cinematic retellings of the mentally and emotionally disturbed doctor have been part of film history since Edison Studio’s 1910 adaptation, but so too has the mad concept of reanimation and creating human life from base materials. In Michael Curtiz’s *Doctor X* (1932), Dr. Wells (Preston Foster) attempts to create artificial flesh by using a scalpel to remove body parts after first murdering his victims, making the crime scenes appear as though a mad cannibal now terrorizes New York City. Megalomanical Dr. Fu Manchu, based upon Sax Rohmer’s novels, began his cinematic criminal career in the 1923 British serial *The Mystery of Dr. Fu Manchu*, and debuted in the United States with Warner Oland as the infamous doctor in *The Mysterious Dr. Fu Manchu* (1929), *The Return of Dr. Fu Manchu* (1930), and *The Dragon’s Daughter* (1931).
Perhaps the most well-known remains Boris Karloff’s insidiously mad and evil portrayal in Charles Brabin’s *The Mask of Fu Manchu* (1932). Experimenting with invisibility by using the drug “monocane,” Dr. Jack Griffin (Claude Rains) in *The Invisible Man* (1933) becomes increasingly madder and madder, eventually becoming an outrageous murderer who derails a train and thereby kills hundreds of passengers. In *Night of Terror* (1933), mad scientist Dr. Arthur Hornsby (George Meeker), in reality the homicidal maniac, fakes his own death, only to return to exterminate all of his relatives in order to secure his uncle’s fortune. The ending cannot be discussed, since the crazed doctor warns the audience that he will haunt them if they reveal the plot to a single soul. As campy as these films appear in retrospect, their significance still lies in how they depict not so much gothic terror, but rather societal phobias about the demented and deranged, in short, the mentally afflicted.

By the 1940s, the mad criminal morphs into figures with much deeper and more explicit psychopathological syndromes and symptoms, particularly in film noir. In *Raw Deal* (1948), mob boss and sadistic pyromaniac Rick Coyle (Raymond Burr) spends his birthday playing poker and losing to an equally vicious henchman Fantail (John Ireland). Rick achieves a kind of sexual fulfillment watching a flaming dessert, until he receives bad news. Then, in retaliation for his girlfriend accidentally spilling her drink on his jacket, he hurls the flaming contents of the saucepan on her (off-screen). She screams, returns on camera, covering her face as she flees the room. Similarly, in *The Big Heat* (1953) misogynistically sadistic Vince Stone (Lee Marvin), upon concluding that his girlfriend Debby Marsh (Gloria Grahame) has betrayed him to police sergeant Dave Bannion (Glenn Ford), hurls a pot of scalding coffee in her face (off-screen). In *Kiss of Death* (1947), searching for the perceived police informant Rizzo, sadistic killer Tom Udo (Richard Widmark) interrogates Rizzo’s wheelchair-using mother (Mildred Dunnock). She lies that Rizzo will return later that night, Udo discovers that his clothes are gone and harangues Ma Rizzo with his maniacal laughter, “Squealers. Both of yous.” Taking a standing lamp’s electrical cord, Udo straps Ma Rizzo into her wheelchair, then pushes her out the apartment door and down the stairs (on-screen)! Much of this psychopathic display of violence derives from the egomaniacal, often sadistic gangsters of the 1930s, among them Edward G. Robinson’s narcissistic death scene at the end of *Little Caesar* (1931). In *White Heat* (1949), oedipally challenged, sociopathic armed robber Cody Jarrett (James Cagney, veteran of 1930s gangster films), tries to escape from the police, led by undercover gang
infiltrator Vic Pardo (Edmond O’Brien), by running through a field of gas storage tanks. Climbing the spiral stairs to the top of one of the gas tanks, Cody taunts the police, only to be hit by three of Vic’s rifle shots. Wheeling and laughing, Cody fires his pistol into the tank and as flames shoot up, he shouts, “Made it, Ma, top of the world!” Then, explosive fireballs end the film. While these famous male psychopaths certainly represent a strain in film noir, female sociopaths—femmes fatales—also abound in this genre and mete out cruel murder primarily to men: among them, serial murderess Brigid O’Shaughnessy (Mary Astor) of *The Maltese Falcon* (1941); mariticial Phyllis Dietrichson (Barbara Stanwyck) of *Double Indemnity* (1944); child killer Ellen Berent (Gene Tierney) of *Leave Her To Heaven* (1945); narcissistic murderess Kathie Moffat (Jane Greer) of *Out of the Past* (1947); and parricidal Diane Tremayne (Jean Simmons) of *Angel Face* (1953). Prescient about gender maladies, film noir understood not only the psychopathological behavior of men, but also the equally distributed sociopathy among women.

From the 1940s onward, cinema began to present serious psychological conditions in a more sympathetic light. Numerous films dealt with forms of amnesia. In Mervyn LeRoy’s *Random Harvest* (1942), Charles “Smithy” Rainier (Roland Coleman) suffers from severe post-traumatic stress from his trench fighting in World War I that induces long memory gaps, and then, after marrying sympathetic stage singer Paula Ridgeway/Margaret Hanson (Greer Garson), an automobile accident induces yet another bout of amnesia. Smithy recovers only at the film’s conclusion, when he inserts a key into the couple’s former cottage door and unlocks his memory, allowing him to turn and recognize the ever-patient Paula once again. Alfred Hitchcock’s *Spellbound* (1945) has Dr. Constance Peterson (Ingrid Bergman) treating a psychologically impaired victim of serious childhood and adult traumas, Anthony Edwardes/John Ballantyne (Gregory Peck), with the help of dream symbolism, word association, and her old teacher, Dr. Brulov (Michael Chekhov), who looks remarkably like Sigmund Freud. Hitchcock’s film treats mental disorders—from nymphomania to the oedipal complex—with a kind of empathy that is not to be found in his tale of the vampiric widow killer, Uncle Charlie (Joseph Cotten) of *Shadow of a Doubt* (1943). Of course, Hitchcock explored a number of psychopathologies in his directorial career: severe depression in *The Wrong Man* (1956), paralyzing acrophobia in *Vertigo* (1958), dual personality, cross-dressing, and sexual murder in *Psycho* (1960), kleptomania, sexual dysfunction, hyposexuality, and trauma in *Marnie* (1964), and predatory serial sexual murder in *Frenzy* (1972). Hitchcock certainly saw
how cinematic language could represent amnesia in flashbacks, distorted
dreamscapes, and sudden editing of moments of trauma. In *The Snake Pit*
(1948), Anatole Litvak also saw the filmic potential for the element of
mystery in a narrative about amnesia, as well as its moments of recovered
memory. Virginia Cunningham (Olivia de Havilland), a schizophrenic in
a sometimes oppressive state asylum for women, experiences electroshock
therapy, hypnosis, and the padded cell and straitjacket as she gradually
regains some of her memory about her former life. These scenes of dis-
turbing clinical treatment and their effects upon Virginia in *The Snake
Pit* would garner Olivia de Havilland the Best Actress Oscar.

Rare comic versions of amnesia include *Clean Slate* (1994), with
Dana Carvey as a private investigator who cannot remember anything
from the previous day and so keeps tape recordings and notes to remind
him once he wakes up. *Clean Slate* was released six years before a very
similar plot formed the basis of *Memento* (2000). In both *Clean Slate*
and *Memento*, moments of amnesia take the form of dark comedy. In
*Overboard* (1987), “rich bitch” Goldie Hawn falls from her yacht, suffers
amnesia from the shock, finds herself the wife of the same handyman
(Kurt Russell) she has previously verbally abused aboard the ship, and
now must cook, clean, and care for her new household, which includes
mothering the handyman’s unruly sons. Amnesia in melodramas affords
directors several aesthetic elements that allow for a coherent restructuring
of past events, flashbacks and montages in particular. Amnesia as a mental
restriction corresponds well with these types of experimental editing.

Socially relevant films about mental disorders abound in postwar
cinema. With the expansion of suburbia and the idealization of new modern
family life, the psychopathology of the family became an industry. The
nuclear family became the etiological space for that fine line between
mental stability and insanity, due to bad parenting, especially momism,
and divorce. Family therapeutics looked at interrelations as potential
indicators for disease. Marriage counseling began in the United States
with Paul Popenoe, and was aligned with his previous racial eugenics for
institutionalization and sterilization of “defectives,” especially the mentally
retarded. Popenoe made marriage counseling socially acceptable: “Popenoe
also popularized marriage counseling through a 1954 *Ladies’ Home Journal*
series, ‘How to Be Marriageable,’ which featured cases from the files of his
American Institute of Family Relations; a syndicated newspaper column
titled ‘Modern Marriage’ (1947–57), later renamed ‘Your Family and You’
(1958–72); and a television show, Divorce Hearing (1957–60), on which
Popenoe and other ‘judges’ listened to the problems of couples on the
verge of divorce and tried to help them reconcile” (Weinstein 17). The rise in television shows about family life, advertising campaigns about family normalcy as both emotionally stable and chaotic (Anacin’s “Mother, please, I’d rather do it myself!”), and the explosion of advice columns on topics from home decorating to becoming a happy homemaker—all contributed to a new American lifestyle. Crucially, mental illness narratives would adopt this concentration on familial and partnership relations.

Perhaps due to the aging of boomers, public interest in and concern about Alzheimer's disease and its effects upon family members has continued to increase:

In mass media, literature, and film, Alzheimer’s disease offers a cunning demotic for late life because it magnifies what people fear most about how age could manifest itself—that is, in an apparent loss of sense and self. The erosion of memory feeds well into stories of both loss and regret—especially when what one begins to forget is what one sought to ignore in the past. Alzheimer’s thereby becomes a quick way to symbolize not just other forms of dementia but also old age more generally. . . . This is not to deny the incredible life-changing devastation this disabling illness can wreak on patients, their family, friends, and care workers. Witnessing a relative become demented has its physical horrors, but also equals witnessing a loss of cultural memory, of family history, and ultimately of a past as well as of a future. The general public—with or without personal experience—frequently connects Alzheimer’s with the most horrifying possible loss of self. (Chivers 60)

Alzheimer’s disease melodramas have found welcoming audiences, considerable box-office success, and Oscar nominations. Black chauffeur Hoke (Morgan Freeman) discovers Miss Daisy (Jessica Tandy) in the early stages of dementia, but continues to be her closest friend, attending to her in the rest home at the conclusion of Driving Miss Daisy (1989). Iris Murdock (Judi Dench) falls into slow mental disintegration, while her caretaker-husband John Bayley (Jim Broadbent) recalls their, and especially her, sexual past in Iris (2001), a past Iris can no longer hold on to. Woody Grant (Bruce Dern) dementedly heads to Lincoln to collect his nonexistent sweepstakes prize money, disrupting his son’s life and his family’s life in Nebraska (2013). In Still Alice (2014), the serious progressive memory loss of Alice Daly Howland (Julianne Moore), a Columbia
University professor of linguistics, from early onset of the disease ruins her life, breaks up her family, and leaves her without much verbal ability. These Alzheimer’s disease melodramas rarely pull punches as they depict demoralizing conditions for sufferers whose worlds transform before their unacknowledging eyes. The sufferers also rarely evoke pity, since their anger, frustration, and impatience wears on family and audiences alike. Here, the psychopathology encompasses the process of familial breakdown and often marital dysfunction as symptomatic of the disease’s advancement. From a psychopathological viewpoint, these films do not spend considerable time on etiology and prognosis, but rather work out the melodramatic narratives that resemble disability films. The crucial difference, however, remains that no cure occurs, no overcoming obstacles, and no awaiting a bright future, unlike so many disability films that wish to reinforce a false ending offering normalcy for the protagonist.

Similar to the social relevance of Alzheimer films, America’s century-long involvement in warfare sparked numerous films about the psychological problems facing returning soldiers. *The Best Years of Our Lives* (1946) recounts the social-psychological integration of three World War II veterans, Al Stephenson (Frederic March) as a former bank officer, Fred Derry (Dana Andrews) as a newly divorced returning officer, and Homer Parrish (Harold Russell) an armless combatant, all of whom suffer different social and economic problems of reintegration into American postwar culture. Clearly, each man stoically endures both these new hardships and moments of war memories, and never succumbs to a breakdown. Since the Korean conflict and the Vietnam War, post-traumatic stress disorder (PTSD) has served as a central psychoanalytical pretext for the lives of returning military men. Some of that reason has to do with the American psychiatric establishment finally recognizing an ailment that has persisted since World War I. In *Captain Newman, M.D.* (1963), Newman (Gregory Peck) heads a psychiatric ward for veterans with mental afflictions from serving in World War II. Two of the film’s main cases in particular point to PTSD: Colonel Bliss (Eddie Albert), whose guilt over sending men to their deaths drives him to adopt a schizoid personality and eventually to take his own life; Jim Thompkins (Bobby Darin), whose experiences as an airborne gunner have shattered his nerves. Michael Cimino’s *The Deer Hunter* (1978) follows the postwar lives of three blue-collar Pennsylvania men who suffered physical and psychological torture, particularly their being forced to play a sadistic game of Russian roulette for the amusement of their Viet Cong captors. Most devastated of the three remains Nick Chevotarevich (Christopher
Walken), who exists in a nearly comatose mental state after surviving the sadistic game. His long-time friend Mike Vronsky (Robert De Niro) tries to bring Nick home from blandly continuing to play Russian roulette in Saigon for money, but fails when Nick loses his final game; still, the film concludes with Nick’s funeral, so that no matter the trauma, a soldier makes it back home. Hal Ashby’s *Coming Home* (1978) and Oliver Stone’s *Born on the Fourth of July* (1989) both skirt around fairly obvious PTSD issues afflicting, respectively, paraplegic Luke Martin (Jon Voight), as a Ron Kovic–like disgruntled returning Vietnam veteran, and Ron Kovic (Tom Cruise). Instead of confronting this disorder in depth, both films politicize mental breakdowns and reward their heroes with, in one, a coming-home romance to Jane Fonda and, in the other, a film-closing, trite preachy biopic celebration of Kovic’s oration at the Democratic National Convention in 1976. While generally limited to Vietnam and now Middle East war experiences, PTSD occupies contemporary Holocaust survivor films like *Sophie’s Choice* (1982) and, more recently, *Sarah’s Key* (2010). PTSD also afflicts survivors of airplane crashes, as in *Fearless* (1993), which returns PTSD to its original meaning for symptoms following horrific train accidents, a condition known as “railroad spine,” coined by John Erichson in his 1867 work *On Railway Spine and Other Injuries of the Nervous System* (see Young).

Substance abuse and addictive personality disorder have a long history in film, with memorable scenes of the pain of addiction. The propaganda film *Reefer Madness* (1936) really begins the lengthy cycle of substance abuse films, which often lend themselves to moralizing about potential physical dangers and often overt sexual perversions associated with addiction. In *Reefer Madness*, marijuana abuse leads to numerous social and psychological problems, such as DUI accidents, sexual assault, and murder, all stemming from increasing symptoms of cannabis poisoning and hallucinations. Hallucinatory effects from abuse frame cinema narratives concerning dipsomania, chemical dependence, and withdrawal. Often, these films cast crucial scenes of terrifying hallucinations, personality distortions, and physical suffering by employing animation, intensified lighting, and other worldly soundscapes. In *The Lost Weekend* (1945), Ray Milland hallucinates a bat grotesquely eating a mouse on his apartment wall. Frank Sinatra goes through grueling cold turkey withdrawal from morphine in *The Man with the Golden Arm* (1955). James Mason experiences medicinal megalomania from cortisone abuse in *Bigger than Life* (1956). Twice straitjacketed Jack Lemmon suffers delirium tremens in *Days of Wine and Roses* (1962) before reaching sobriety. In *Valley of

In that very instant, an odd thought came bubbling up into my brain, namely: What kind of man abuses Visine? And, for that matter why had I taken six Bayer aspirin? It made no sense. After all, unlike Ludes, coke, and Xanax, where the benefits of increasing the dose are plain as day, there was absolutely no valid reason to exceed the recommended doses of Visine and aspirin. Yet, ironically, that was exactly what my very life had come to represent. It was all about excess: about crossing over forbidden lines, about doing things you thought you’d never do and associating with people who were even wilder than yourself, so you’d feel that much more normal about your own life. (Belfort 33)

Clearly, the film reveals excess of speed, danger, and ludicrous drug taking at every turn, even turning the suburban kitchen into a repulsive den of iniquity. This pattern of accelerating abuse characterizes the demented devolution of addicts in these films. So numerous are these addiction films that they constitute their own genre, having similar plots of the descent into drug or alcohol dependency, resultant debilitating errors and miscalculations caused by intoxication, usually concluding either in a painful recovery or an unnecessary death, usually by suicide.

Suicide in cinema also has a long film history, with the American Film Institute listing “over 1,600 films that deal with suicide” and among the mental disorders that psychiatrists categorize associated with suicidality, major depression and bipolar disorder with a risk of suicide.
are “15.1 times that of the general population,” and substance abuse is involved in anywhere from “19 to 63% of the suicides,” depending upon the clinical study (Stack and Bowman 13, 34, 37). In cinema’s history, suicide is accounted for by a number of reasons, but it often stems from implicit psychological disorders, such as openly facing one’s death in a heroic act during war, often to mitigate previous cowardice. For example, Kirk Douglas flies a stolen reconnaissance plane in a suicide mission to report Japanese fleet positions as a way to assuage his rape of Navy nurse Jill Haworth and her subsequent suicide in In Harm’s Way (1965). In The Slender Thread (1965), Sidney Poitier plays a volunteer for a new suicide prevention hotline in Seattle, who helps rescue Anne Bancroft from the lethal dose of pills she has just consumed. This tense procedural drama has the telephone company’s tracing techniques heighten the suspense as Poitier keeps Bancroft on the line for the entire film. As with so many mental disorder films, flashbacks fill in the chronology of events that led to the victim taking her own life. In Robert Redford’s Ordinary People (1980), guilt-ridden over his brother’s death, Conrad (Timothy Hutton) attempts suicide, but eventually works through therapeutic recovery as he observes the dissolution of his parents’ (Mary Tyler Moore and Donald Sutherland) marriage. Teenage suicide, a national problem in the media, becomes the resolution for angst and alienation in Peter Weir’s Dead Poets Society (1989). Combining addiction and suicide, Mike Figgis’s Leaving Las Vegas (1995) provides a dark portrait of Hollywood and contemporary America, with Nicolas Cage as a fired screenwriter ending his life through excessive alcohol abuse. The epidemic of young women committing suicide becomes the social problem at the center of several successful films, among them Girl, Interrupted (1999), The Virgin Suicides (1999), and Black Swan (2010).

In the 1980s, the media served its own Jekyll and Hyde function for an ambiguous public, by simultaneously promoting a body type from the rail-thin sixties through the heroin-chic 1980s for models and denouncing, mostly through daytime television, the sometimes excessive body-image culture in America. Public awareness of eating disorders, particularly the supposed pandemic occurrence of anorexia and bulimia among young women, led filmmakers to tackle this latest psychosocial problem, particularly on television: Jennifer Jason Leigh has both syndromes in Aaron Spelling’s The Best Little Girl in the World (1981); Meredith Baxter Birney binges and purges in Kate’s Secret (1986); and Tracey Gold’s own experience with anorexia adds to the reality of For the Love of Nancy (1994). Most famous of celebrities to suffer from this mental
Introduction

malady was Karen Carpenter, whose disorder Todd Haynes parodied in the now cult classic *Superstar—The Karen Carpenter Story* (1987), in which Haynes disturbingly employed Barbie and Ken dolls instead of actors and a soundtrack of songs by the Carpenters. Almost assuredly, cult and independent films spring up as mockeries of the media concentration on particular psychopathological conditions.

Bipolar disorder and obsessive-compulsive disorder, also coming to public recognition through talk shows and media service announcements, become the subject of contemporary family melodramas. In Scott Hick’s biopic *Shine* (1996), Geoffrey Rush portrays the manic life of pianist David Helfgott, whose story focuses primarily upon his father’s intolerance and abuse of the young musician, even as David wins major competitions. As a consequence, David develops extreme manic behavior that eventuates in his receiving shock therapy: after years of hospitalization, as in so many disability films, David recovers sufficiently to find love and to return successfully to professional performances. In David O. Russell’s *Silver Linings Playbook* (2012), after leaving the hospital, a still manic, bipolar Pat (Bradley Cooper) returns to his parents’ home, where his equally manic, sports-betting father (Robert De Niro) compulsively and superstitiously looks to Pat as a kind of charm to help the Philadelphia Eagles continue to win. Pat’s obsession with his ex-wife serves as an allegory for America’s disturbing, delusional mania for sports and gambling. As with so many mental disability films, Pat finds love with a kindred spirit, Tiffany (Jennifer Lawrence), who introduces him to another kind of sport, professional dancing. In the end, manic states decline as love triumphs.

Obsessive-compulsive disorder films equally rely upon the family as the way to resolve behavior by degrees. In *What about Bob?* (1991), obsessively phobic, yet almost childlike Bob Wiley (Bill Murray) relentlessly plagues egotistical pop psychiatrist Dr. Leo Marvin (Richard Dreyfuss) by following his best-seller’s protocol “baby steps,” all the while insinuating himself into the doctor’s family and consequently ruining his vacation, threatening his career, and alienating his ties to family. Here, mental illness proves to be comedic gold: the more outrageously phobic Bob reveals himself to be (unable to exit his apartment, afraid of water and sailing), the more empathetic the shrink’s family feels toward him. They soon draw away from the good doctor, as he has newly developed compulsions about ridding himself of Bob. OCD comedies follow an aesthetic of repetition in order to reveal, often in a slapstick fashion, the physical barriers to avoid and behavior rituals that recur. Of course, what helps the comedy along remains not one specific, identifiable disorder, but a closet full of
fears, anxieties, tics, and avoidance rituals. In *As Good As It Gets* (1997), successful author Melvin Udall (Jack Nicholson) finds his obsessive daily routine abruptly interrupted as his familiar, yet hardly sympathetic, waitress Carol Connelly (Helen Hunt) must deal with a seemingly incurable disease plaguing her son. This romantic comedy recasts mental illness as a kind of male personality problem and social disease that can be overcome only when Udall comes to understand the humanity in those around him, a homosexual artist neighbor and an independent woman—except that Carol does rely upon Udall’s money and his physician to cure her son. *As Good As It Gets* follows a now classic misandric formula of contemporary cinema, but carried to a psychoanalytical, social imperative: the heterosexual male is the disorder, his view of the world is tainted by his mental obsession with being a heterosexual male, and his cure can occur only when he recognizes this social and mental illness and submits to the healing power of the feminine. Even in the end, Nicholson’s character still avoids the superstitious cracks in the sidewalk, signs of his persistent inadequacy, and he can progress, physically and spiritually, only if he is led by Carol. As Paul Nathanson and Katherine K. Young reveal in *Spreading Misandry*, this formula pervades popular cultures, especially in film narratives: “In short, the only good man is either a corpse or a woman. After annihilating, or ‘deconstructing,’ everything distinctive to men, whether physical or otherwise, what is left? Only whatever affirms women and honorary women. There is no room in this universe for *men per se*” (8). In *Matchstick Men* (2003), Nicolas Cage’s con man character shares similar inadequacies with Nicholson’s character, with the exception that Cage opens himself up to the possibility of his supposed daughter’s love, no longer hiding in his private obsessive world, only to be fooled by the con girl and humiliated in the end. Elaine Davis sees the connection between these two OCD films in terms of character traits, not so much pathology:

Occasionally, OCD has taken center stage in the entertainment industry’s products. Unfortunately, many of the characters are portrayed as “unlikable.” Jack Nicholson won an Academy Award for his over-the-top portrayal of an author with OCD in *As Good As It Gets*. Despite guidance by an OCD advocacy group, this depiction had little basis in reality. His symptoms became the reason that he was socially inept rather than the underlying fact that the character himself was not a particularly nice guy. The con man portrayed by Nicholas Cage in
*Matchstick Men* did have more redeeming qualities despite his chosen life style. This movie also did a better job of showing the compulsive behavior as occurring behind closed doors. Only those closest to him were aware of these activities but, even then, exhibited little compassion or understanding of the underlying pathology. While ultimately portrayed as a victim, at least the film did not base the victimization on the mental illness. (Davis 167)

While Davis points out the difference in the depiction of mental illness, maleness, particularly bachelor, heterosexual maleness, seems to be the primary affliction in both films. The most curious thing about OCD films remains the public acceptance of the pathology as comic and satiric, so long as the butt of the joke, like so many dads, bosses, and boyfriends in television sitcoms, is masculine. Gendering psychopathology does not simply rely upon the conventions of romance, but rather takes the narrative strategies of 1930s screwball comedies and replaces the eccentric female with the afflicted male.

Films about depression, particular atypical depression, abound in Hollywood. *Prozac Nation* (2001) chronicles the familial alienation, substance abuse, and eventual recovery of Lizzie Wrutzel (Christina Ricci) as she negotiates loss of virginity, writer’s block, and therapy in her first years at Harvard. Steven Soderbergh’s *The Informant!* (2009) follows the severely depressive moments and manic ups-and-downs of FBI whistleblower Mark Whitacre (Matt Damon), who initially claims evidence of price-fixing at his biotech company, but who turns out to have been embezzling funds for a considerable time, and that, along with radical behavior shifts, lands Whitacre in prison. Samuel Byck (Bicke in the film), a maniac-depressive on lithium carbonate, failed to hijack an airplane, which he hoped to fly into the White House and assassinate Richard Nixon in *The Assassination of Richard Nixon* (2004). The camera follows Bicke (Sean Penn) through several manic episodes, his failed marriage, his dismal salesmanship, and even his trying to join the Black Panther Party. Cinema tends to treat many extreme psychopathological conditions not as single syndromes, but usually and for dramatic effect as comorbidity, as with the example of manic depression, for which even clinicians have difficulty limiting characteristics: “The boundary between unipolar depression and bipolar disorder also remains unclear, as clinical presentations such as agitated depression and mixed mood states defy attempts at neat categorization” (Youngstrom and Van Meter 269). For film, such blurred distinctions
allow for greater expansion in the range of performances of mania. Indeed, methodological studies, while inconclusive in pandemic analysis, still point to an association of violence with severe mental disorders: “In other words, aggression may not be specific to personality pathology per se, but may be characteristic of psychopathology in general” (Blonigen and Krueger 290). In the final days of his delirium, Bicke undergoes several mood episodes from excessive mania to hypomanic collapse. An extended montage depicts his frenetic messages to conductor Leonard Bernstein (whom he much admires), seemingly triggered by Nixon’s appearance on television, especially Nixon’s economic and business analogies in his speeches; as well as his construction of a miniature White House and a plane flying into it. At the Baltimore airport while waiting to board a plane, Bicke undergoes an episode, which the film captures as delusions, fainting, disorientation, and auditory displacement. Cinematic aesthetic conveys an interpretation of Bicke’s beleagured and demented consciousness. Finally, Bicke rampages onto the aircraft, makes insane demands of the pilots, eventually shooting both, before he holds a female passenger hostage. An officer shoots Bicke through the entry door window, and he collapses, murmuring before killing himself.

Unlike American culture’s despicable history of neglect for and prejudice toward those who have been called “mentally retarded” (the current DSM term is “persons with intellectual disabilites”) cinema has in general shown them in a humane light. Tod Browning’s *Freaks* (1932) treats the microcephalic siblings Zip (Jenny Lee Snow) and Pip (Elivra Snow) with compassion by allowing their sweetness and bashful natures to appeal to audiences. Fortunately for cinema, long gone are the days of corrupt institutions like Willowbrook with its inhumane conditions and cruel abuses, the eugenic policies of sterilization, criminalization, and then forced custodial asylums for the mentally disabled. To be fair, films about mentally challenged individuals, even when exaggerating the characters’ normalcy and eschewing major difficulties facing most intellectually disabled people, have also shared considerable box-office appeal. In *To Kill a Mockingbird* (1962), shy, yet heroic Arthur “Boo” Radley (Robert Duvall) saves Atticus Finch’s children from a drunken, homicidal bigot, Bob Ewell (James Anderson). *Charly* (1968) garnered Cliff Robertson the Best Actor Oscar for his performance as a mentally retarded man who undergoes a surgical operation to advance his IQ, only to return after a brief spell of superior intelligence and violence to his childlike, kind state of wonder. In the biopic of *Radio* (2003), Cuba Gooding, Jr., plays a mentally challenged young black man who becomes the source
of inspiration for a high school football team, because of the kindness of their football coach (Ed Harris) who practically adopts Radio, despite familial and social intolerance. Types of retardation in cinema that have also proven to be box office gold include the Sean Penn vehicle *I Am Sam* (2001), which quadrupled its studio outlay and garnered Penn an Oscar nomination, and *Forrest Gump* (1994), earning six times its budget and sweeping the Academy Awards. These sensitive portrayals of the mentally disabled recur with some frequency in contemporary cinema, usually following a similar narrative structure wherein the disabled protagonist faces social obstacles, often from despicable, insensitive individuals who berate them with “retard” and other abhorrent terms, only to overcome them in the end, either through self-motivated perseverance or with the assistance of a compassionate surrogate parental figure, or both. Perhaps the elimination of “retard” from socially accepted speech, like that of “nigger,” might be a justifiable outcome for these unrealistic, yet humanely oriented films.

According to the first published edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the American Psychiatric Association classified homosexuality as a “sociopathic personality disturbance” and a decade and a half later, in the *DSM-II* of 1968, homosexuality had been rediagnosed as “sexual deviation,” still under the category of a mental disorder (Drescher 569). Its misclassification and reclassification are relevant to cinema history. Of course, such maligning designation for sexual conduct remains a throwback to the fin-de-siècle, particularly the criminal trial of Oscar Wilde and his sentencing to hard labor in films: *The Trials of Oscar Wilde* (1960), starring Peter Finch, with mixed receptions about Finch’s subtle portrayal, but critics denigrating Wilde’s character; *Oscar Wilde* (1960), with Robert Morley in a less than sympathetic role; and *Wilde* (1997), with Stephen Fry in a very intelligent, witty, and ultimately tragic performance. These films also register legal decisions about gay rights as addressed in US Supreme Court decisions, among them, *One, Inc. v. Olesen* (1958), which reversed both lower and appellate rulings that the gay magazine *One* was obscenity. However, in *Bowers v. Hardwick* (1986), the 5–4 decision ruled against any constitutional guarantee of the right to privacy for homosexual activity, since that right belongs to married couples; that ruling was later overturned by the court in *Lawrence v. Texas* (2003).

Ridding the *DSM* of homosexuality as a mental-disorder category from the sixth printing of the *DSM-II* in 1974 did not completely remove it from psychiatric scrutiny. Instead, homosexuality became a “sexual
orientation disorder” (SOD), a term replaced in the 1980 *DSM-III* with “ego-dystonic homosexuality,” a term that lost favor among the psychiatric profession and was removed entirely from the 1987 *DSM-III-R* (Drescher 571). The shifts in psychiatric diagnoses came about due to a number of events in popular culture, among them the Stonewall riots of 1969, disruptions at annual psychiatric meetings, and portrayals in cinema. John Schlesinger’s *Midnight Cowboy* (1969) had depictions of homosexual prostitution by a sympathetic Joe Buck (Jon Voight) and was the only X-rated film to win the Best Picture Oscar. His *Sunday, Bloody Sunday* (1971) focused upon Dr. Daniel Hirsh (Peter Finch), an upscale, mentally normal physician with a bisexual younger lover, whom he unknowingly shares with Alex Greville (Glenda Jackson). Mart Crowley’s *The Boys in the Band* shocked audiences in its 1968 off-Broadway seriocomic portrayal of catty, outlandish, and campy gay men at a birthday party. In 1970, William Friedkin directed a film adaptation of Crowley’s play that included members of the original cast, and its reception, while somewhat cautious, found favorable reviews for the most part. While both the play and especially the film allowed for some normalizing of homosexuality, Michael, the central character, exhibits complex personality problems, including alcoholism, narcissism, and antisocial behavior, that point to a self-destructive lifestyle. In 1971, Wakefield Poole’s sexual, explicit *Boys in the Sand*, an obvious pun on Crowley’s title, became the first gay pornographic film to include credits, to receive advanced publicity in the *New York Times* and *Variety*, and to earn commercial success. Under “Picture Grossers,” *Variety* in 1972 included “Boys in Sand” in a headline of successful New York runs that also listed “Fiddler” (*Fiddler On the Roof*), “Harry” (*Dirty Harry*), “Orange” (*Clockwork Orange*), and “Garden” (*The Garden of the Finzi-Continis*), settling the indie porno firmly within acceptable cinema (9). Clearly, the social acceptance that had begun to replace much of the mental disease taint that had plagued the gay community was attributable in large part to empathetic portrayals in film.

Cinema has also had a penchant for sexual offense as a way to identify despicable characters, while still allowing for a form of sexual exploitation. A curious psychopathology finds its way into cinema, a kind of visual deviancy that compels as it repels viewers. Films about rape remain numerous in cinema’s history, generally with the psychopathology of the rapist and the crime’s effects upon the victim as central to the narrative. Cecil B. DeMille’s *The Cheat* (1915) has several lurid moments of seduction, adulterous behavior, sadistic flesh branding, and, ultimately, attempted rape. At times, victims become unsteady, even sadistic