

# Introduction

“WE HAVE A LOT OF SICK PEOPLE in this country,” President Johnson suggested in a June 11, 1968, address, “but the country is not sick” (Young, A9). By the time of this declaration, however, just six days after Robert Kennedy’s assassination, and two months after the assassination of Martin Luther King, the nation had been bombarded with arguments to the contrary. Eight months earlier, Arkansas Democratic Senator J. W. Fulbright proclaimed that “the Great Society has become a sick society,” one committed to an unjust war overseas while lacking any similar commitment to resolving the racial unrest and social inequities prevailing in the United States (SM, 30). Fulbright’s proclamation was ironic given his history as an advocate of racial segregation in schools,<sup>1</sup> yet Americans on both sides of the racial divide were affirming this diagnosis of the nation’s pathology. Despite its title, “Most in Poll Say U.S. Is Not ‘Sick,’” a July 1968 report on a recent Gallup Poll indicated that more than one-third of Americans considered the United States to be a “sick society,” with blacks (48%) and supporters of segregationist Alabama Governor George Wallace (42%)—who received 46 electoral votes in his run as an independent candidate in the 1968 presidential election—among the two largest sectors of the population to concur with this label of social illness. Much of the “sick society” discourse focused upon racism, and religious leaders along with President Johnson himself would continue to emphasize the urgency to eradicate social injustice to honor the legacy of the recently assassinated public figures. The scope of the “sick society” label, however, extended beyond the parameters of racial unrest, the Vietnam War, and the assassination of high-profile political figures, with the social metaphor of illness also being applied to recreational drug use, rising divorce rates, and moral indecency, as well as the heavily publicized mass murders that had exacerbated national anxiety in recent years. The notorious culprits

included Richard Speck, who strangled eight student nurses in a dormitory on the south side of Chicago in 1966, and Albert DeSalvo, who killed thirteen women in Boston between 1962 and 1964. “We have to make an effort to understand, to go beyond these rather difficult times,” Robert Kennedy pleaded in a public address on the night of Martin Luther King’s assassination. “What we need in the United States is not division; what we need in the United States is not hatred; what we need in the United States is not violence or lawlessness, but love and wisdom and compassion toward one another. . . .” Yet the silencing of Kennedy’s political voice just two months later would only heighten the despair of an American public that across the decade had also worried about the prospect of nuclear destruction, and that continued to bear witness to a technocracy that overvalued notions of technological expertise and “progress” that were contributing to the individual’s sense of personal and social alienation—to what humanistic psychologist Carl Rogers would call “the increasing dehumanization of our culture, where the person doesn’t count” (10).

Kennedy’s plea for Americans to promote the values of empathy, unity, and connectedness was also a call for a remedy or treatment to counteract the pervasive spirit of fear, hatred, loneliness, and division that often characterized the human condition during this decade—a plea for citizens to reach out beyond themselves, to connect, to listen, and to value the perspectives of others with similar or disparate fears, in the hopes of counteracting the prevailing social pathology. This goal was consonant with a politically progressive belief in the value of promoting alliances over divisions and differences. This study demonstrates that “therapy”—as a field of applied psychology undergoing a process of historical transformation, and as a cultural “restorative” that formed provisional alliances with other fields of inquiry—served as a most appropriate response to Kennedy’s call by offering Americans the prospect of connection through human, interpersonal communication. With its emphasis upon reflection, contemplation, and insight, psychotherapy had traditionally been characterized as an inward-directed process; in the context of historically concurrent developments in fields of inquiry including pharmacology, sociology, organized religion, and the scientific study of human sexuality, however, “therapy” in the 1960s promised a clearer understanding or “healing” of the self that also anticipated a movement outward, extending to embrace what lies beyond the realm of the individual, a process of “reaching out” in order to form connections and alliances with communities, support networks, organizations committed to political resistance, family members, friends, priests, and other likeminded individuals who might provide a needed sense of belonging.

Broadly speaking, therapy's adaptability to this phenomenon of "reaching out" emerged through the field's gradual transition from the preferred method of psychoanalysis to a different set of psychotherapeutic approaches that outwardly highlighted interpersonal communication and social interaction as integral to the therapeutic process. This transition did not erase the practice of psychoanalysis from the therapeutic or cultural scene, and as John Burnham notes, Freudian psychology continued to stress the importance of the individual's adjustment to both "internal and external reality" (62). At the same time, the era maintained a perception that as a method of inquiry, psychoanalysis focused upon the workings of the subject's past through the excavation of repressed memories, in contradistinction to other emerging therapies' emphasis upon "unlearning" forms of dysfunctional behavior, upon problems that could be solved with less time or financial resources, and upon the pursuit of change and progress in the present. Indeed, speaking about encounter groups, Carl Rogers noted that a crucial indicator of therapeutic progress was the group's ability to move away from a focus upon the "there and then" of past feelings and experiences, to the immediacy of the "here and now" of the present (16). While most models of treatment ultimately required the subject to apply psychotherapeutic principles outside the therapeutic setting, the therapeutic process prescribed in emerging humanistic, client-centered, community, group, encounter, and many behavioral models also emphasized interpersonal interaction within the context of the therapist/patient relationship, preparing the patient for a transition to the world outside.

At the same time that the field of psychotherapy was changing and refocusing, the American film industry was undergoing its own process of transformation. Precipitated by the advent of television and other demographic and cultural shifts, the postwar box office decline reached a critical point during the 1960s. Phenomenal as it was, the success of such roadshow productions as *West Side Story* (1961), *Lawrence of Arabia* (1962), *Doctor Zhivago* (1965), and especially *The Sound of Music* (1965) proved difficult to replicate, and attempts to repeat their formulas resulted in a number of high-budget releases yielding low box-office returns. By the end of the decade, many of the major studios would be driven to bankruptcy and takeover by corporations with little previous exposure to the film industry.<sup>2</sup> Hollywood was also confronting the harsh reality that since the 1950s, some sectors of the audience were attending the cinema much less frequently than others, and it was no longer possible or financially feasible to continue to produce films designed to appeal to an undifferentiated, "general" audience. Having regulated its own content to avoid censorship since the 1930s according to the standards of

permissible representation determined by the Production Code Administration (PCA) in conjunction with powerful organizations like the Catholic Legion of Decency, the film industry's ability to respond to the growing demand for films with "adult" subject matter—products that could also be differentiated from television programming—was severely compromised. The industry continued to confront these problems of self-regulation in the early years of the decade, as such directors as Elia Kazan (*Baby Doll*, 1956) and Otto Preminger (*The Moon Is Blue*, 1953; *The Man with a Golden Arm*, 1956; *Advise and Consent*, 1962) repeatedly tested the boundaries of industry self-censorship. By the mid-1960s, the demise of the Production Code was imminent, and in 1968 the industry converted to a rating system that would assess films according to their suitability to specific age groups and levels of maturity.

The transition from psychoanalysis to other psychotherapeutic models never comprised a clean break between therapeutic strategies, and throughout the 1960s innovative therapeutic methods were often based upon combinations of two or more approaches. Marked as it was by such definitive milestones as the establishment of the concept of "variable obscenity" with the release of Mike Nichols's 1966 adaptation of *Who's Afraid of Virginia Woolf?*, the American film industry's transition from the longstanding Production Code to the rating system was no more instantaneous or seamless. Despite new thematic and representational liberties regarding subject matter that was suitable only for mature audiences, the industry's transition from generalized to age-differentiated audiences remained a financially unpredictable one, and especially given the matter of already declining studio profits, cinema of the 1960s includes numerous examples—both before and after the inception of the rating system—where the attempt to address one group of viewers without alienating another group resulted in a "schizophrenic" approach to target marketing and narrative construction. Other cases evidenced the industry's tendency to hold on to time-worn strategies of securing broad-based audience appeal while simultaneously attempting to embrace the new realities of demographics and audience composition, despite the inherent contradictions of such an approach. The movement toward a differentiated, adult-focused cinema involved a constant struggle among studios, audiences, and agencies of content regulation.

Psychotherapy's increasing emphasis upon the notion of "reaching out" beyond the parameters of the self, and the prospect of behavioral change focusing upon the present moment, correlate with the film industry's attempt to devise effective strategies for addressing adult audiences who were eager for films that reflected change and confronted contemporary issues—and also for pleasing critics who were demanding that

such issues be treated frankly and realistically. Therapy itself comprises a cogent example of a subject of great public interest during this era, and one whose cinematic expression was affected by factors both external and internal to the film industry. This book seeks to illuminate how the concept, dynamic, and practice of therapy was incorporated into the themes, representations, and narrative strategies of a changing film industry by focusing upon five socially pertinent fields of psychotherapeutic inquiry that American cinema addressed in the 1960s and early 1970s: the dynamic between therapists and patients; the diagnosis and treatment of male and female sexual dysfunction; the treatment of marital discord and dysfunction in the context of shifting gender relations; the therapeutic use of hallucinogenic drugs; and the dynamics of “confession” in the interwoven contexts of psychotherapy and organized religion. The study is organized around two interrelated questions: (1) In what ways is therapeutic discourse informed by other (legal, political, sociological, and religious) discourses during this period of profound social change? (2) How do these historically intersecting discourses bear upon the narrative strategies of an American cinema facing the necessity of new adjustments during the 1960s and early 1970s? Through the examination of concerns and strategies of therapeutic discourse in the context of these five fields of inquiry, I propose that a common tendency emerges—a tendency for the subject/patient’s therapeutic treatment to extend beyond the point of self-insight such that it continues in a process of opening up to the world—working toward the formation of stronger interpersonal, community/social, and political engagement, thereby counteracting social division and alienation with the spirit of connection, unity, and community. This tendency emerges as the contemporary culture reframes and reconfigures therapeutic issues as problems of human communication, thereby enabling the development of tangible treatment strategies that promise to address and alleviate individual psychological problems *as* social problems. The study offers an analysis of the alliances and disparities that develop among sets of correlated historical discourses, illuminating changes in perspective that develop over time, while also revealing alliances that emerge from perspectives that had developed along skewed paths only later to converge at a specific historical moment to address a specific problem. As a constant, discourses remain unstable, susceptible to shifts and deviations, and the study of these convergences and divergences helps to illuminate the ways in which cultures attain and challenge ideological consensus.

Each chapter centers upon therapeutic discourse relating to one of the five primary fields of inquiry chosen for the study. After complicating a widely accepted notion of psychotherapy as primarily conformist and ideologically normative, chapter 1 focuses upon changes in the

dynamic between therapist and patient that were occurring between the late 1950s and early 1970s. The move away from psychoanalysis that began in psychotherapy of the late 1950s and early 1960s is not diachronically replicated in cinematic representations of the analyst/patient relationship; instead, the early years of the decade witness cases in which contemporary social and political topics such as racism and the threat of nuclear annihilation are grafted onto the analyst/patient relationship. Early films depict a variety of psychotherapeutic approaches, and the patient's search for connections to the outside world prevails in these films, most of which were critically reviled for electing sensationalism over the realism that was expected to support the theme of social justice. In the face of an escalating Vietnam War around which political consensus could not be reached, or a remedy be established, by the middle of the decade the film industry had largely disempowered and trivialized the role of the psychotherapist, as the representation of patient/therapist relations shifted genres from sociopsychological drama to romantic comedy, where these relations would become more insular and contained. As the restrictions of the Production Code further receded, the new comedic context also sexualized these therapeutic relations, converting sex into a "problem" to be resolved, usually in conjunction with a backlash against the burgeoning second-wave feminist movement and its challenges to traditional gender roles. In films as generically disparate as *Coming Apart* (Milton Moses Ginsberg, 1969) and *On a Clear Day You Can See Forever* (Vincente Minnelli, 1970) cinema at the close of the decade witnessed a new willingness to politically critique the therapist/patient relationship in narratives that continued to sexualize this relationship while stressing



Figure 0.1. Daisy Gamble (Barbra Streisand), liberated from the constraints of psychotherapy at the end of *On a Clear Day You Can See Forever* (Vincente Minnelli, Paramount Pictures, 1970). Digital frame enlargement.

the value of interpersonal and social communication as a key component of the therapeutic process.

The subsequent chapters focus upon psychotherapeutic relations whose examples in cinema are not confined to representations of patients and analysts in formal or professional therapeutic settings. Extending from the noted tendency to sexualize psychotherapeutic relations, chapter 2 focuses upon an area in which sex literally *comprises* the problem: the new sex therapies designed to treat men and women experiencing sexual dysfunction. Here, the gradual historical movement away from the psychoanalytic model diachronically aligns with the course of cinematic representation of the era. Through the first half of the decade, psychoanalytic models dominate in films such as *The Chapman Report* (George Cukor, 1962) and *Marnie* (Alfred Hitchcock, 1964) that problematize female sexual dysfunction (or “frigidity,” as it was referenced at the time), and whose methods invariably comprise investigations into childhood traumas that the therapeutic subject has repressed. In these cases, an invested male figure (one without any therapeutic credentials) initiates the subject’s “cure,” upon which she is delivered to his hands, her return to psycho-physiological health now rendering her suitable for sexual relations and marriage. Aligned with the successful treatment strategies of Masters and Johnson, the move to behavioral models later in the 1960s accommodates a greater cinematic emphasis upon therapy as a vehicle for psychological change stemming from a confrontation with present conditions. This move correlates with themes and narratives that are attuned to contemporary social conditions and historical developments, especially the women’s liberation movement that was also influencing representations of the patient/therapist dynamic. Consonant with Masters and Johnson’s own methods, enhanced interpersonal communication (both verbal and tactile) serves as the remedy for eliminating the anxiety that causes sexual dysfunction. Despite the new liberties in sexual representation that the move to the film rating system accommodated, however, films of the late 1960s and early 1970s such *Midnight Cowboy* (John Schlesinger, 1969), *The Hospital* (Arthur Hiller, 1971), and *Carnal Knowledge* (Mike Nichols, 1971) continue to focus upon sexual pathology rather than sexual freedom, with the pathological subject now a male figure plagued by what the popular press would label as the incurable “New Impotence” initiated by feminism. It is only in the politically contentious realm of early 1970s hardcore pornography where economies of narrative construction readily accommodated resolutions to problems of sexual dysfunction.

While chapter 2 confronts a largely incontrovertible problem, chapter 3 focuses upon marriage therapies, where the problem/solution dynamic becomes more complex because of the institution’s uncertain

status in light of second-wave feminism and the women's liberation movement. Models of marriage therapy adhered to the previously noted gradual transition away from psychoanalysis, while emerging methods in this area combined aspects of the psychoanalytic method with other schools of thought, integrating a focus upon present-day change with the investigation of repressed memories. While sociological studies that tied marriage to capitalism and materialism remained skeptical about the continued value of the institution in the contemporary sociopolitical context—and also more resistant to the notion that failing marriages could be treated effectively by hard “work”—most therapeutic studies consistently maintained that marriage was worth saving and entirely salvageable when dysfunction was addressed as a problem to be resolved. Across the decade, therapeutic models conducted both within and outside the therapist/patient context increasingly focused on collaboration and enhanced interpersonal communication strategies as essential components of treatment, culminating in the late 1960s and early 1970s with the emergence of humanistic therapies, including the popular encounter group model developed by forerunners in behavioral psychotherapy.

As an extension of postwar ideologies that promoted the preservation of male sexual freedom, cinematic treatments of male marital anxiety occur much earlier than the treatments of male sexual dysfunction. At the start of the decade, the representation of marital anxiety tends to be more consistently comedic than dramatic, influenced by Italian marital satires such as *Divorce Italian Style* (Pietro Germi, 1961) and *Marriage Italian Style* (Vittorio De Sica, 1964) that had gained popularity in the United States. If the women's liberation movement was positioned as the primary cause of male impotence, the treatment of women in the mid-decade American, male-centered marriage comedies often bordered on misogynistic accounts of her ceaseless demands for a monogamous relationship, even while the films would ultimately reaffirm the integrity of the marriage institution by making couples responsible for acting as their own therapeutic agents to repair dysfunction through open communication. Acknowledging the advances of second-wave feminism, therapeutic marriage films of the late 1960s and early 1970s such as *Diary of a Mad Housewife* (Frank Perry, 1970) adopted female perspectives on the burdens of marital confinement, yet the film industry was soon to take recourse in marital dynamics that travestied the advancements of the feminist movement in films such as *Lovers and Other Strangers* (Cy Howard, 1970) and *The Marriage of a Young Stockbroker* (Lawrence Turman, 1971), which reworked the progressive politics of consciousness raising according to increasingly popular humanistic therapeutic models that promoted self-actualization.



While chapters 2 and 3 confront issues of interpersonal alienation that occur in intimate relationships, chapter 4 addresses forms of social disconnection for which psychedelic drug use was presented as a potential remedy, promoting empathy, compassion, understanding, and the celebration of human difference as counteractives to the profuse alienation of technocratic culture. Situated at the heart of the generation gap, the controversial topic of hallucinogenic drug use was rendered even more socially divisive by the realities of its recent history as an agent of mind control that the CIA (and later, the military) had used as a tactic of interrogation and torture at the height of the Cold War. Here, the rhetoric of “control” and psychological destruction came into direct conflict with the rhetoric of liberation through psychological insight in various psychotherapeutic settings in the late 1950s and early 1960, as therapies used psychedelic drugs as viable accelerants in the understanding of schizophrenia and the treatment of alcoholism and other addictions. Initially conducted in an academic context, the behaviorist experiments of Dr. Timothy Leary expanded the scope of psychedelic therapy to address problems of recidivism and to promote spiritual transcendence. The popular press configured Leary’s controversial departure from Harvard University as the basis for a humiliating public scandal that pathologized the researcher’s therapeutic efforts. With the increasing popularity of LSD and other hallucinogens in youth culture, Leary would soon be cast as the key figure in a backlash against American “family values,” even as the scientific community would defame his reputation by counterposing his subjective and indulgent “pseudo-science” with real, objective and authoritative science, in the spirit of the technocracy. The national illegalization of LSD in 1966 further delegitimized therapeutic discourse as the government curtailed scientists’ access to the drug, and these same efforts would soon transform the “hippie” into contemporary America’s prototypical “loser.”

The film industry’s treatment of hallucinogenic drug use occurred during the second half of the decade, after the drug was made illegal. Attempting not to alienate either side of the generation gap, and aware of the consequences of voicing any single, definitive perspective on a cogent, controversial issue with great potential for exploitation, the industry produced films that, like *Wild in the Streets* (Barry Shear, 1968), took *both* sides on a controversial issue in the context of the same narrative, using a variety of strategies to address the inherent contradictions of this approach (see fig. 0.2). These paradoxical treatments were often the result of contending voices within the film industry as it struggled to negotiate the still unestablished boundaries of post-Code cinematic representation. As a social corrective, however, the psychedelic cinema



Figure 0.2. Millionaire LSD producer Max Frost (Christopher Jones, center) and boy-genius accountant Billy Cage (Kevin Coughlin, left) dose Senator Johnny Fergus (Hal Holbrook) and the entire U.S. Senate with LSD in *Wild in the Streets* (Barry Shear, American International Pictures, 1968). Digital frame enlargement.

of the late 1960s ultimately emphasized the value of interpersonal communication as both a product of and an alternative to LSD use in such films as *Skidoo* (Otto Preminger, 1968), before hallucinogens would be re-pathologized in conjunction with the Manson murders of 1969.

Whereas chapter 4 concerns the ultimately compromised efforts of psychotherapeutic discourse to intervene in the negotiation of a controversial issue—that is, to be recognized *as therapy* rather than as a problematic symptom of a larger sociopsychological disorder—chapter 5 addresses an area in which therapeutic discourse, with less resistance, largely succeeds in expanding and opening up possibilities of connection through a singular process of confluence, by merging with another discourse to which it had long been opposed. Previously limited to the realms of the legal system and the Catholic Church, the discourse of confession would align religion with psychotherapy by the late 1950s due to parallel developments in the two fields. The Church drew upon the discourse of therapy as it began to develop a new sense of commitment to connect with the social problems of the world outside its domain, especially with the advancements of the Second Ecumenical Council (Vatican II) in the early 1960s. As concurrent, emerging psychotherapeutic approaches were emphasizing the importance of the patient's reflection upon present-day realities as a prelude to larger interpersonal and

social change, the Church was gradually moving away from a dynamic that positioned confessor and penitent in a unidirectional, “monologic” relationship, in preference for a system in which the verbalization of transgression became a matter of therapeutic “disclosure” closely aligned with interpersonal communication. At the same time, with Pope Pius XII taking an interest in cinema’s role as a medium of education and dialogue, the Church was also drastically changing its stance regarding the products of the film industry, moving away from the moral condemnation and judgment that had long characterized the Legion of Decency and its role in upholding the standards of the industry’s Production Code. These efforts paralleled the film industry’s commitment to adapt to the present-day changes in viewer demographics that ultimately led to the Code’s dissolution. The chapter analyzes a group of films from the mid-1960s to the early 1970s which, in accordance with these recent changes in the Church and the film industry, focus upon the phenomenon of confession as a theme, a style, a narrative device, and an interpersonal dynamic conducted far beyond the confines of the confessional booth. In films ranging from *The President’s Analyst* (Theodore J. Flicker, 1967), to *Five Easy Pieces* (Bob Rafelson, 1970), to *The Boys in the Band* (William Friedkin, 1970), confession becomes not only a crucial vehicle for the painful disclosure of truth, but also among the only means of forging interpersonal and social connections, by fostering intimacy, sincerity, and transparency in an alienated culture.

The book is structured as a historical discourse analysis that foregrounds specific contexts of meaning, seeking to illuminate places of correlation and tension among a set of interconnected discourses at play during the 1960s and early 1970s. Wodak and Meyer explain that “critical discourse analysis is characterized by the common interests in de-mystifying ideologies through the systematic . . . investigation of semiotic data (written, spoken, and visual),” and the “semiotic data” that I focus upon here comprises two sets of texts (3). The first includes the scientific research pertaining specifically to the subject of therapy and the fields of inquiry with which this subject connects, including religion, hallucinogenic drug use, marriage, feminism, and sex research. These texts include publications primarily addressed to the psychotherapeutic professional community, books and articles that professionals write in an effort to disseminate their findings to interested “lay” readers, and popular press articles that synthesize this research for the broader American public, according to its perceived relevance and interest to contemporary society. The second set of texts includes both the films themselves and written materials pertaining to the film industry, including critical reviews that illuminate reception strategies of the historical moment, and internal

industry correspondence and studio publicity materials that highlight marketing strategies. While some of this scientific and cinema-related material includes more recent publications, I have chosen to focus mainly upon texts written in the 1960s and early 1970s, since they best reflect the discursive strategies at play during this historical period.

Although this book does not fully align with the methods or perspectives of earlier critical work on this subject, I offer it as a complement to Janet Walker and Dana Cloud's important research on the intersection of therapy, politics, and popular culture. In *Control and Consolation in American Culture and Politics*, Dana Cloud defines the therapeutic enterprise as wholly invested in a form of "healing" that strives to reconcile the subject to the terms and circumstances of her own oppression, rather than providing any foundation for social change. Therapy directs the subject's focus inward to the individual and the family as it "translates political questions into psychological issues to be resolved through personal, psychological change" (xx-xxi). Focusing upon the post-Vietnam era, Cloud analyzes a diverse set of instances of therapeutic discourse such as the "family values" rhetoric of political campaigns, the media's dissemination of news about support groups in its coverage of the Persian Gulf War, and the discourse of consciousness-raising in key feminist texts as well as the 1991 film *Thelma and Louise*. Countering the notion of therapy as solely a mechanism of ideological control and containment, Janet Walker's *Couching Resistance: Women, Film, and Psychoanalytic Psychiatry* examines operations of power that develop as the institutions of psychoanalysis and Hollywood cinema converge in defining woman as object in therapeutic relations from the late 1940s through the early 1960s. Walker argues that both institutions accommodate negotiations of this definition, bringing to light the strains of both ideological resistance and adjustment in the field of therapy and its cinematic representation.

My intention in this study is to bring into focus the alliances and divergences among discourses that interweave and accumulate around therapy as a clinical, social, scientific, and cultural phenomenon that resonates strongly enough in the United States during the 1960s and early 1970s to extend its reach beyond the realms of psychiatry and psychology, to a broad set of cultural models and practices, ultimately including a cinematic medium that has developed its own institutional, political, and narrative criteria for determining this discourse's relevance and palatability to American audiences. Rather than simply absorbing or replicating this interwoven and accumulated material to make it available for audience consumption on a rectangular screen, this cinema both synthesizes and negotiates these discourses. As the following chapters show, the analysis of neither the specific discourses themselves nor their

interplay as they coalesce around the field of therapy is structured to highlight principles of causality; instead, I seek to map out the developments, intersections, and divergences in terms of their power (or lack thereof) to resonate as meaningful and important during an era of profound cultural change.

All of the films of this study were released between 1961 and 1972, a period that is broad enough for me to shape the analysis to accommodate the major shifts in content self-regulation that occurred in the mid to late 1960s, along with the concurrent developments in psychotherapy and related fields that inform this analysis of the therapeutic dynamic in cinema. In chapters 4 and 5, the historical time span of the films is by necessity much shorter: all of the relevant psychedelic films covered in chapter 4 were released between 1966 and 1968, after the criminalization of LSD possession; and “post-booth” forms of Catholic confession did not materialize until shortly after the conclusion of Vatican II in 1965. Both of these chapters, along with the others, ultimately frame their specific cinematic time spans in broader, lengthier historical terms. While the period under consideration includes the release of many more films that pertain to the subject of therapy, practical considerations have guided the decision to limit my selection to a manageable number of primary films that best illustrate the patterns I discuss.