



MOVIES AND THE MODERN PSYCHE

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In Memory of

Professor and Chair Emeritus, Jack Peter Green, PhD, M.D.
Department of Pharmacology, Mt. Sinai School of Medicine

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PREFACE

Flash back to college years in the sixties. If anyone had said that I would someday write a book on film, and not just one book, but two (so far), I would surely have thought them insane. For film studies were not a serious subject of study in the sixties, and pre-meds like me had to be serious about our studies if we wanted to make it to med school. So I balanced my science and psych courses with art history (and classical Greek), and I continued advanced Judaica classes, for I had been brought up to believe that proven cultural products of the past were superior to pop culture of the present. It was difficult to imagine that anything as new as film could compete with centuries of artistic achievement.

Back then, I was unaware of how much early cinematic art intertwined with fine art. One had to appreciate German Expressionism and the so-called decadent art of the Weimar years to make that connection. But the sixties were still too close to the Holocaust to think clearly about that emotionally laden era. I also admit that I developed telescopic vision from peering into too many microscopes in biology labs. For I lost sight of the fact that cinema was also a science. It took the dawning of the computer era to make me think about the scientific significance of cinema.

Most importantly, I was completely unaware of how much movies had molded my personal plans to become a psychiatrist. It was only after researching my last book, *Dreams in Myth, Medicine, & Movies*, and teaching college courses on Movies and Madness and on Film and Dream, that I realized how much *Psycho*, *Three Faces of Eve*, and *Spellbound* had increased my intrigue with psychoanalysis (which was essentially synonymous with psychiatry at the time). Until that relatively late point in life, I truly believed that it was the books I read at the age of ten, such as Lucy Freeman's *Story of Psychoanalysis* and *The 50 Minute Hour*, that had set me on this path.

Unfortunately, my film-fed infatuation with psychoanalysis started to fade after medical school introduced me to neuroscience and biochemistry and more modern approaches to the machinations of the mind. My very early training in psychoanalytically oriented psychiatry proved to be disappointing and more fanciful than some of the "couch cures" seen on the screen.

What did not disappoint me in the least were cinematic couch cures. I had the good fortune to complete my psychiatry residency in Greenwich Village, not far from Film Forum, where film festivals occurred monthly, and where film aficionados stood in line, discussing films with the same seriousness that psychiatrists-in-training applied to their patients' psychopathology. What began as an evening's escape from the intensity of working on psych wards by day turned into something much more enduring over the years.

In those days, art houses and revival houses dotted the blocks of downtown Manhattan. Reading broadsides provided by Film Forum motivated me to read more works in film studies, once my schedule permitted. I was intrigued to see how film scholars recycled psychoanalytic theories at the same time that most of those theories were being abandoned by neuroscientists. At last, I could find a good use for the psychoanalytic lectures I attended in my first year of psychiatry training! Even if couch cures could not cure real patients, the theory behind them could be applied to the movies, to characters' motivations, and to understanding the plot.

Two books by psychiatrists proved equally compelling and equally inspiring: the Gabbards' *Psychiatry and the Cinema* and Greenberg's *Screen Memories*. But it was Kracauer's *From Caligari to Hitler* (1947) that really set the wheels whirling. That book made me revisit an ugly period from the past, the Holocaust, to see how it intertwined with film and art, as well as with psychiatry and psychology. I talk a lot about Kracauer's study in this book, perhaps too much, because it was impossible to push its thesis out of my mind after reading it.

Kracauer's subject is a sad one, to say the least, but the topic of movies and the modern mind is a delightful one, at least in *my* mind, and hopefully in your mind also. The idea that film both forms and reflects our understanding of a subject as serious as the psyche is both awesome and annoying. Surely, the idea that movies mold our mindset about the mind as much as modern science does annoys the scientifically minded. But at least those movies are fun to watch, and they turn into an art form that is often more enduring than the treatments they depict.

I suspect that it is my appreciation of both art and antiquity that makes me like those movies so much, and that compelled me to write an entire book on this topic and to share those ideas with you. For, even as psychoanalysis fades into the shadows, and even as the latest scientific advance makes the last "advance" look silly, we can still appreciate film for what it is: a cultural document and a commentary on the struggles of the society that conceived it. Even though the technology of earlier cinema is inevitably supplanted by later technology, we can still turn back to those films and appreciate them as art products.

Unfortunately, I cannot say the same for psychiatry. For outdated psychiatry does not turn into an "art product" or a "scientific artifact." Mostly, it turns into superstition. Luckily, psychiatric superstitions can be recycled as cinema! Any disappointment provoked by the inflated promises of psychoanalysis becomes diluted, once we see how much those couch cures contributed to mid-twentieth-century cinema and produced an impressive tapestry of film and Freud.

Besides, times changed, both for cinematic subjects and for psychiatric treatment. Today, we live in an action-adventure age. In the past, people were content when a

psychiatrist showed them how their past affected their present. Today they do not want to simply understand their situations; they want to CHANGE those situations, like actors in action-adventure films. Quick cures are better suited for a faster-paced society that also appreciates faster-paced films.

The chapters to come represent just a smattering of everything that can be said on this vast and expanding subject. Please forgive my omissions of important films for the sake of brevity. I hope that discussing my omissions can stimulate your own conversations, and your own studies, and that some of you may chose to share those ideas with me at sharonpacker@msn.com.

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This book would not have been possible without the efforts of two people: Dan Harmon and George Higham. Dan Harmon is an editor whose endless enthusiasm and encouragement are matched only by his vast knowledge of media and movies and his ability to turn a “lump of clay” into a (nearly) living book form. George’s nonstop personal support, as well as his lifelong film work and his uncanny ability to unearth the obscure films and out-of-print books needed for this study, were essential to shaping this book. I thank Susie Yates for her patient and punctilious project management, Tom Graney of *Hollywood Outsider*, Jim Carlson for tireless tech support, journalists John Strausbaugh and Jim Knipfel, Dr. Fuat Ulas’s listserv on psychiatry and cinema, Dr. Don Mender of the Association for the Advancement of Psychiatry and Philosophy for his books on the Holocaust, Dr. Richard Cumberlin for alerting me to the philosophical value of sci-fi, Dr. Phil Miller for hosting Hebrew Union College’s unforgettable Yiddish film festival, Association for the Advancement of Technology and Psychiatry members, Dr. George Makari’s History of Psychiatry seminars, New York Academy of Medicine’s library staff and History of Medicine lectures, Anthology Film Archives’ curators and librarians, and old friends from medical school and residency Stephen A. Berman, M.D., PhD; Joel L. Steinberg, M.D.; Terry Sukenik, M.D.; Merle Robinson, M.D.; and Stephanie Spanos, M.D. I appreciate Prof. Susan Ko’s and the late Steve Rossen’s last-minute alerts about *Lilith*. Finally, I thank the anonymous people who let me eavesdrop on their erudite conversations as they stood in ticket lines at East Village art houses, such as Anthology Film Archives, Film Forum, Cinema Classics, Bleecker Street and Van Dam cinemas, and other art houses of blessed memory. I hope that this book helps keep such revival houses as Anthology and Film Forum alive.

CHAPTER 1

INTRODUCTION

Film, as a medium, is inherently psychological in nature. The fact that cinema and psychoanalysis grew up together at the turn of the twentieth century only strengthens this association. Freud coined the term “psychoanalysis” at the same time that the first films screened. We can only wonder if Freud’s seminal book *The Interpretation of Dreams* would have gained as much fame as it did, and wielded the wide influence that it did, had the book not appeared at the same time that cinema was in its infancy. For cinema also screened dreamlike scenes in the dark, just as sleep does. Moreover, cinema was a scientific invention, and Freud also touted his innovative dream interpretations as “scientific.”

These coincidences alone would have been enough to cement the connection between psychology and cinema forever. Yet another “coincidence” had already occurred slightly earlier in the nineteenth century. Science was pushing forward when a photographer named Muybridge succeeded in producing motion photography. That year was 1878, the very same year that the first experimental psychology laboratory opened in Germany. This German lab bore no direct connection to Muybridge’s photographic experiments in America. But those photographic experiments (performed by the photographer and not by the psychologist) paved a direct path to the cinema and also led to pivotal discoveries in perceptual psychology some thirty years later.

These chronological convergences were striking, even if they were simply coincidences. These convergences encouraged cinema to showcase shifts in psychological theories and treatments as they occurred, and to record both public and professional reactions to different treatments and theories. Cinema could excavate the past, comment on the present, and predict the future of psychiatry. And it did just that, as different genres developed over the course of the century. But cinema’s purpose was not to record the history of psychiatry or psychology per se (even though some mental-health lobbying groups act as though this *should* be the purpose).

Cinema’s purposes were to tell a good story, showcase special effects, add interesting settings, develop a character, or intensify dramatic conflict. Psychiatric conditions,

psychiatric institutions, and psychiatric practitioners—and their sideshow or supernatural predecessors, such as hypnotists or exorcists—were perfectly suited for the same purposes. Although some films and filmmakers were motivated by political purposes when they conceived stories about psychiatry, most filmmakers were motivated by their desire to engage their audiences. They were willing to exploit people or places or professions to reach this goal.

It has been said that film influences popular opinion about the causes and cures of mental illness as much as scientific studies do. Many scientific studies support such allegations. In addition, scientific studies—conducted by health professionals—show that film also influences professional opinion. For instance, medical students' attitudes toward electroconvulsive therapy shifted after "seeing" Jack Nicholson subjected to such therapy in *One Flew over the Cuckoo's Nest* (1975). Films also provoke professional outrage and public outcries when professionals feel that they—or their patients—are not represented respectfully on screen, as happens more often than not.

To add insult to injury, of the four films that have swept all major Academy Awards since the awards began in 1927, two revolved around psychiatry and psychiatrists—but they depicted bad psychiatrists and worse psychiatric institutions! *One Flew Over the Cuckoo's Nest* (1975) and *The Silence of the Lambs* (1991), the two award-winning films, showed the darkest shadows of psychiatry. One wonders if *The Cabinet of Dr. Caligari* (1919) would have made the short list of great films on bad psychiatrists had the awards started in 1917 instead of 1927.

Ironically, early in the twentieth century Freud dismissed film's significance. Yet film therapy gained ground as a treatment technique in the late twentieth century. Ever since the memorably titled book *Rent Two Films and Let's Talk in the Morning* appeared in 1998,¹ more and more self-help books about film therapy have surfaced. More and more treatment programs (and especially substance abuse treatment programs) mesh film therapy with traditional group therapy. Programs that are concerned with capping the high cost of health care and with servicing broader patient populations seem especially eager to substitute low-cost DVDs for pricey talk therapy.

It's not just that there is an obvious economic advantage to film therapy. It is equally important that these DVD-driven programs are well-accepted, and sometimes preferred, by patients. Many people have difficulties putting their thoughts into words, as traditional talk therapy requires. They feel pressured when asked to "think of something to say," so they say nothing. Yet many can comment on cinema and thereby enter into a psychological dialogue about their thoughts and feelings. People who are new to the therapeutic setting, or people who are not schooled in expressing themselves, or visual artists who think in images rather than words, often like film therapy, as do many educated people who are familiar with film. When cultural chasms distance patients and professionals, film therapy bridges that gap. For mass media create a common culture and make patients feel that they share the same ground as their therapists.

The use of film to treat psychological problems might seem far-fetched, or strictly motivated by profit-driven maneuvers that try to treat the largest number of patients with the least amount of staff so as to make the most money. Perhaps that is true, to a degree. But film therapy is a natural idea, for film, as a medium, is so psychological

in nature. Even Parker Tyler, the late and great film critic, referred to film as the “poor man’s psychoanalyst.”² (Tyler made that comment at a time when costly psychoanalysis was the gold standard, reserved for the wealthy.)

Films encourage viewers to free-associate, just as analysts do in psychoanalytic sessions. Virtually no one can watch a film without being reminded of a similar (or completely dissimilar) situation in one’s own life or one’s own past. Even people who recognize that their own lives are completely opposite of the screen (or off-screen) life of their favorite actor or director or singer can step into the actor’s shoes for a moment and envision themselves living a different life. They might look to film to learn the steps that they need to take should they choose to step up to new and unfamiliar social roles. Alternatively, films that show bad behavior are blamed for corrupting morals of minors (or adults), because viewers model their own actions on the actions of actors.

Films also substitute for the drug experience (which may be another reason why film therapy is particularly popular in drug treatment programs). The spectator dissociates from everyday reality and retreats into unreality for an hour or two. Viewers shift into cinema’s (non-chemically) altered state of consciousness and enjoy these so-called Hollywood hallucinations, without the aid of dangerous or addicting drugs. They learn new ways to live drug-free lives.

With their sound, light, color, and drama, films contain a myriad of different stimuli. Because they play on almost all senses, they become even more engrossing. Olfactory, taste, and tactile perceptions, which are absent from the celluloid itself, are still invoked in movie houses. The soothing smell of freshly buttered popcorn or the slimy feel of gum stuck on fabric-covered theater seats brings back memories, just as the taste of a lemon-flavored madeleine reminded Proust to write a thousand-plus pages’ worth of *Remembrances of Things Past*. For many people, tasting the same “movie candies” that were eaten during childhood movie-going rituals with favored relatives brings back fond remembrances and makes later movie-going more fun.

It is natural for each individual to respond to any of the many stimuli in film and to use those stimuli as stepping stones to personal psychological insights. Interestingly, people who suffer from schizophrenia often avoid films, precisely because their brains cannot process so many stimuli simultaneously. For them, the viewing experience is overwhelming and unpleasant.

But for most of us (since schizophrenia mercifully strikes only 1 percent of the population), films offer many other psychological functions. First and foremost, film functions as a fantasy escape because it removes viewers from everyday reality and transports them to unreal realms that are otherwise available only through dreams or drugs. But films are even more useful than dreams or drugs, because films produce fantasies on demand, whereas dreams demand that the dreamer make do with whatever the unconscious cooks up that evening. The spectator chooses the unreal adventures of the evening. Luckily, films do not destroy the liver, or permanently raise blood pressure, or transmit infection, as drugs do.

Films can assuage anxiety because they allow the audience to “do-undo” events that were experienced vicariously while viewing the film. To use Freudian terminology, viewers practice “repetition-compulsion” as they view experiences that troubled them in the past. Spectators identify with a character. They emote with that character.

They imagine that they are experiencing the same events that the actor experiences. Or they try to understand how opposing characters thought or felt or functioned and why they did what they did (or did not do what they should have done).

At the end, when the credits roll and the lights go on, audiences are usually relieved to learn that it was only the actor—rather than they themselves—who was shot on the range, or who died on the battlefield, or who rolled off a cliff in a car. (Occasionally, viewers suffer disappointment when they realize that they must return to their own unmade bed, and walk over the crumpled potato chip bags left from the night before, rather than returning to the sparkling penthouse or sprawling mansion or teeming jungle that they have made-believe they lived in for the last two hours.)

Films can also induce anxiety, because they tap into realistic or unrealistic fears about the past, present, or future. It is not uncommon for patients to call a psychiatrist, claiming that their sleep problems or panic attacks began after seeing a specific film. In the author's experience, *Donnie Darko* (2001) holds the record for inducing male anxiety. This cult film about a young man who relives the last twenty-eight days, six hours, forty-two minutes, and twelve seconds of his life—until the audience learns that he died in a plane crash as the film starts—was uncannily similar to the airplane attack on the World Trade Center, so much so that it was pulled from theaters soon after its initial release in 2001. Alternatively, Hitchcock's *Psycho* (1960) and its immortalized shower slasher scene was known for panicking young women. Steven Spielberg's *Jaws* (1975) was an equal opportunity phobia-producer. *Jaws* became the first "summer blockbuster" film, and it proved that anxiety-inducing films raise box office revenue as well as heart rate!

Although it sounds paradoxical, anxiety-inducing films also function as anxiety-relieving films. Under the best of circumstances, films relieve anxiety because they convince viewers that their own anxieties are not unique. The filmmaker or screen writer already endured similar fears, for how else could he or she have conceived of the subject matter in the first place? Seeing other people sitting in the audience alongside them, or standing in the same video rental line, reassures the spectator that other people share their concerns. Why else would others pay the price of the movie ticket or the rental fee for the DVD?

There is another important connection between cinema and psychology, and that has to do with film's inherent similarity to dream. Seeing images projected on screen, and strung together in ways that defy retelling with words, occurs in both dream and film. Even the very experience of movie-going is deliberately dreamlike. Sitting in a dark setting, while immobilized in an enclosed space, seeing flashing images and experiencing highly emotional content, is similar to experiencing events that transpire in sleep laboratories. Those who believe that dreams are the "royal road to the unconscious" (as Freud put it) will be beckoned into the movie house's "dream chamber," and will want to dissect films (and their associations to those films) as if those films were personal dreams. Discussing films with friends turns the film-going experience into a quick, cheap, and often effective form of group therapy. In both places, personal insights are shared with others, who respond with their own comments and conjectures.

Because films are dreamlike, by their very nature they evoke associations with Freudian psychoanalysis, which penetrated the public's consciousness through Freud's century-changing book *The Interpretation of Dreams* (1900). Because dream interpretation is associated with Freudian (and with Jungian) analysis, dream scenes, and dream interpretation scenes, often find their way into film. That is one reason why we see so many dream scenes on screen, but there are artistic reasons as well, for dream scenes showcase special effects and computer-generated imagery (CGI). Dream scenes show off the cinematographer's special talents and premiere cinema's latest innovations, at the same time that they add intriguing dimensions to the art direction or reveal the characters' hidden motivations, fantasy lives, or repressed recollections. Dream scenes can be more memorable than the story itself. For instance, many people remember Salvador Dali's dream sequences in *Spellbound* (1945) better than they remember Bergman's or Peck's or Carroll's faces.

The mere fact that psychoanalytic dream scenes are so perfectly suited to cinema was reason enough for filmmakers to focus on psychoanalysis. For psychoanalysis emphasizes dreams. But there were even better reasons to showcase talk therapy so much (unwittingly making the public believe that psychoanalysis is the premiere psychiatric treatment). Because psychoanalysis provided the best dramatic driving devices for film, the couch cure received special attention on screen. Psychoanalysis serves as a story-telling device that uncovers hidden secrets and deep-seated motives. The analyst performs the same plot-driving function as the detective in police procedural films. The psychiatrist substitutes for a letter or a telegram or an eavesdropping device, revealing information to audiences and providing viewers with privileged communication.

For these reasons, and for many more reasons that will be discussed in chapters to come, it is no wonder that the subject of psychology—or psychiatry—in the cinema has long attracted the attention of psychiatrists, therapists, film critics, and movie directors—not to mention audiences and prospective psychiatric patients. Many spectators look to the movies to understand their personal problems, to find a quick and current diagnosis, and to decide who (or what) can best address their issues. Such similarities have contributed to a continual, strong, and mutually beneficial relationship between these seemingly divergent disciplines.

Even though psychiatrists are quick to condemn unflattering portrayals of psychiatrists and psychiatric patients on film, they are just as eager to exploit cinema for the lessons it can teach psychiatrists-in-training. Each year, at its annual conference, the American Psychiatric Association (and Dr. Steven Hyler) offer a for-credit, extra-cost course on "Teaching Psychiatry? Let Hollywood Help!" Each year, that course sells out. It is so popular that the catalogue carries a special warning, reminding attendees to register well in advance. Dozens of other courses are offered simultaneously, yet, to my knowledge, no other course carries this warning, and certainly not for so many consecutive years. Apparently its appeal endures.

Psychiatrists show interest in cinema more than just once a year. Columns about psychiatry and cinema are popular year round. All psychiatric tabloids (which summarize complicated studies from academic journals) include regular columns on film. Entire journals are devoted to psychoanalysis and cinema or to media and psychology.

Some tabloids featured educational articles about film therapy and encouraged practitioners to add this treatment technique to their armamentarium.

Aside from film therapy, film has a long legacy of clinical use in psychiatry and psychotherapy. Family therapists recognized that film captures real-life interactions that can be replayed and compared to personal recollections. Showing videos of family sessions allows family members to see their relationships with their relatives as others see them and to alter their behavior accordingly.

Therapists-in-training are typically videotaped as they interview patients (with the patient's permission). Watching those videos, in the company of their supervisors, helps them hone their interview skills and see nuances of their interactions with patients and identify subtle psychopathology that eluded them during stressful face-to-face interviews. Video viewing (with subsequent diagnostic discussion) is an essential element of the psychiatry board examination.

Telepsychiatry is about to provide another twist to video viewings. Forensic interviews can be conducted in prisons to offer opportunities to determine competency to stand trial or even to provide treatment. Although this approach is in its infancy, it still promises to increase access to psychiatric assessment and treatment, especially in underserved rural regions. One wonders if telepsychiatry, once fully developed, will become the preferred treatment vehicle for people with limited travel time, or with demanding family or work obligations. Maybe it will make treatment more accessible, especially for those who fear stigma if seen entering a psychiatrist's office.

Like most people, psychiatrists and psychotherapists are eager to observe their own images in cinema. They are quick to comment (or complain) about their reflections (or their distortions) in the movie mirror. Since the start of the century, there was never a time when psychiatrists or psychoanalysts did not appear in cinema. From the mind-controlling villains of early horror films (such as *Caligari* or the *Mabuse* movies) to Cold War thrillers (such as *The Ipcress File*), to the asylums that house political allegories along with personal dramas (such as *Shock Corridor*, *Spellbound*, *One Flew over the Cuckoo's Nest*, and *Girl, Interrupted*), to the drugs, phobias, and other disorders that pervade so many of our favorite films (including, as a small sample, *Vertigo*, *Night of the Hunter*, *Psycho*, *Rainman*, *Fight Club*, and *Requiem for a Dream*), there is no escaping either psychology in the movies, or the movies in psychology.

By looking at the interactions between cinema and psychology, this book offers readers clear and basic insights into the many reasons why film is such an important influence in our lives today.

In the next chapter on "A Century of Psychology and Cinema," we look at how advances in perceptual psychology, psychoanalysis, and behavioral conditioning corresponded with advances in cinematography. In "Freud and Film," we see how Freud's development of psychoanalysis and his abandonment of hypnotic treatments coincided with the birth of film. We see how "repressed memories" excavated by psychoanalysts turn into film flashbacks that serve as dramatic plot devices and add depth to characters. Chapter 4, "The Dream," highlights film's inherent similarity to dream and suggests that Freud's *Interpretation of Dreams* (1900) increased interest in film's "dream screen" and vice versa. We also examine Freudian-influenced dream themes in cinema, from Cocteau's creations to Dali's dream sequences in *Spellbound*.

The chapter on “Hypnosis” unveils the “evil twin” of psychoanalytic free associations: hypnosis and Pavlovian conditioning. We show how these authoritarian techniques penetrated German expressionism of the twenties, resurfaced in horror films of the thirties, infiltrated films noir of the forties, and contributed to Cold War paranoia of the fifties. We discuss *Caligari*, *Mabuse*, *Nightmare Alley*, *Manchurian Candidate*, and horror films great and horrid.

We move to “Madhouses, Haunted Houses, and Political Polemics” to show how pre-sound asylum thrillers (*Caligari*, *Mabuse*) morphed into a horror subgenre and evolved into psychological-supernatural works such as *House on Haunted Hill*. We trace the continuum between double-dealing doctors (*Spellbound*) to sadistic shock or straightjacket scenes (*Snakepit*, *Shock Corridor*, *The Jacket*) to political polemics (*Cuckoo's Nest*, *King of Hearts*) and compare those insufferable asylums to the romanticized rest homes and sorority house settings of *Now, Voyager*, *David and Lisa*; and *Girl, Interrupted*, and to the more realistic institutions in *Rainman* and *Spider*.

The chapter on “Psychological Thrillers and Serial Killers and the Motif of Madness” explores the meaning behind this once common category and shows how its popularity peaked after psychology permeated mainstream movies in the fifties. It shows how Hitchcock’s “faux psychology” convinced audiences that “repressed memories” cause mental illness and that couch cures relieve them. Favorites of the 1940s and 1950s are discussed, such as *Cat People*, *Psycho*, *Three Faces of Eve*, *Spellbound*, and *Rope*, as well as forensic psychiatry–influenced films about serial killers, such as Hannibal Lecter. We see why films that indirectly imply the presence of psychosis (*Night of the Hunter*, *Cape Fear*) are more disturbing and more “psychologically thrilling” than more straightforward films.

The chapter on “Freudian Westerns and Films Noir” shows how movies such as *Johnny Guitar*, *Red River*, and *Gun Crazy* foreshadowed such contemporary gay-themed films as *Brokeback Mountain*. We find Freudian themes (such as Oedipal issues, sex role conflicts, preoccupation with past), as well as film noir influences, adding psychological dimensions in post-1950s cowboy films. We then deal with sexual transgression and sexual fetishism when we turn to film noir, with its femme fatales, dream themes, flashbacks, and psychoanalytic-style voice-overs. We mention academic texts on feminist film criticism that were inspired by film noir femme fatales and allude to their relationship to Freudianism and to film studies in general.

“Cold War Paranoia and Postwar PTSD” traces the influence of McCarthyism, the Cold War, and Korean War captives on paranoia-tinged films of the fifties, such as *Dr. Strangelove*, *Seconds*, *The Ipcress File*, and *The Manchurian Candidate*. We see how the fear of being watched (paranoia) transforms into a fascination with watching others (voyeurism) in *Rear Window* and *Peeping Tom*.

In “Drugs and Other Demons” we compare the drug culture’s fascination with viewing films “under the influence” (*Wizard of Oz*, *Willy Wonka*, *Yellow Submarine*, *2001*, *Fantasia*) with earlier and later films about dangers of drink/drug abuse (*Dr. Jekyll and Mr. Hyde*, *Lost Weekend*, *Altered States*, *Jacob’s Ladder*, *Requiem for a Dream*, *Valley of the Dolls*). We contrast early opium-dream films with latter-day psychedelic-themed films (*The Game*, *American Beauty*, *Matrix*). A look at Charlie Chaplin’s *Tramp* and *The Cure* adds perspective to cinema’s portrayal of alcoholism.

A chapter on “Doubles and Doppelgängers” explains why the early intrigue with doubles (*Student of Prague*, *The Picture of Dorian Gray*, *Dr. Jekyll and Mr. Hyde*) occurred when photo and film discoveries compounded Freudian concepts about the “double consciousness.” We see how “double identities” of the computer era ushered in a new era of “doubles” in *Fight Club*, *The Jacket*, and *Jacob’s Ladder*, and why World War II experiences increased interest in films about twisted twins and secret selves.

“Woody Allen’s Worries” shows how psychoanalysis fell from grace (and was replaced by the post-Prozac era) just as Woody fell from grace (and abandoned his analysis in favor of a union with a forbidden woman). We muse about how much Woody’s about-face paved the path to public acceptance of psychopharmacology, especially since it was Allen who had personally promoted the couch cure for the thirty years that preceded psychiatry’s striking paradigm shift.

Finally, “The Psyche Assumes Physical Form” shows that brain exchanges between humans and apes appeared in early film, when Darwinian debates were prominent. We see how the “race to space” produced sci-fi films about alien brain exchanges (*Brain from Planet Arous*, *Body Snatchers*, *Donovan’s Brain*) that foreshadowed latter-day neuropsychiatric themes in *Total Recall*, *Scanners*, *eXistenZ*, *Flatliners*, *Minority Report*, and *Memento*. We conclude by musing about the ways that twenty-first-century technological advances, such as virtual reality and computer gaming, might impact future film-going and movie making. But before we talk about the future and our ending, let’s turn back in time, to see how psychology and cinema played off one another from the start.

CHAPTER 2

A CENTURY OF PSYCHOLOGY AND CINEMA

SCIENCE, PSYCHOLOGY, AND PSYCHOANALYSIS

To appreciate the connections between cinema and scientific psychology (or experimental psychology, as the field came to be called), we must start by discussing science's contribution to cinema. For cinema is the only art form that fully depends upon scientific invention: cinema could not have come into being had it not been for science. It was a convenient coincidence that cinema and psychoanalysis grew up together, and that the two fields cross-pollinated each other, making each better than it would have on its own. The combination of cinema and psychoanalysis was an optional addition and a convenient quirk of history. However, the combination of science and cinema was not optional. It was essential.

Science and technological advances *had to* be in place before cinema, the seventh art, could emerge. Let me say it again: cinema could not exist without the technological innovations that preceded it. Curiously, cinema was developed as a scientific aid, not as a venue for entertainment or artistic expression.

Proto-cinema began with magic lantern shows in the 1660s (although some say that the Chinese used these techniques in the second century). Magic lantern shows progressed into optical toys and shadow shows. Those toys turned into *zoogyroscopes*, which morphed into cinematographs, and so on and so forth. A long list of inventions, innovations, and improvements preceded cinema. Many of their names are too difficult to pronounce, and even more difficult to remember. Some of those inventions were fascinating, some were fiascos, and some were half-failures, but all encouraged the great leap forward that followed.

Once cinema appeared, improvements increased progressively, since scientific progress often snowballs once it starts. "Movies" became "talkies," and turn-of-the-century magic tricks turned into computer-generated imagery, and on and on. True, there were times when two steps forward were followed by the proverbial one step back, but overall cinema advanced.

But what of psychology? How does that field fit into the picture? That is the question we will answer in chapters to follow.

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