
MASS MEDIA CENSORSHIP AND THE PORTRAYAL OF
MENTAL ILLNESS: Some Effects of Industry-Wide
Controls in Motion Pictures and Television

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Why do television and films present mental health and illness as they do? Dr. Gerbner, who is assistant professor in the Institute of Communications Research at the University of Illinois, and Dr. Tannenbaum, who is director of the Mass Communications Research Center at the University of Wisconsin, sought answers to that question by interviewing key members of those industries and studying some of the controls on the industries.

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The broadest avenues for the diffusion of scientific ideas to the public are the public arts. Our report is about the traffic cops and their effects on the movement of ideas and images about mental illness along two of these avenues -- movies and television. (1)

Censorship, as we shall use the term, is not necessarily synonymous with all its general public meanings and connotations. It is a set of industry-wide controls regulating the nature of commercial cultural commodities primarily in the light of public relations and marketing considerations. The official term for these controls is "self-regulation"; but the more common industry term "censorship" distinguishes between controls by writers, editors, producers, publishers, or other industry executives, and those exercised by specially appointed "gatekeepers" whose main function is to scrutinize and "service" all output in respect to the enforcement of some public relations, moral, and marketing specifications.

The formal specifications guiding the functions of censorship in motion pictures and broadcasting are embodied in the codes. The informal working assumptions, arrangements, and operations will be examined in terms of the administration of the codes, and the over-all functioning of censorship, and the patterns of its "gatekeeping" activities.

Our present slice in the mass media policy-forming process is a narrow one. Although within its microcosm it does reflect significant aspects of the total process, it needs to be placed into the perspective of our larger study of communications and mental illness.

The entire project undertook to study ways of changing popular conceptions about mental health and mental illness. (2) In order to understand what such conceptions were and how they changed, it became necessary to investigate everyday cultural sources of these images, and the context of mass communications which developed and nourished them. This led to a preliminary analysis of the mental health content of the mass media, (3) and to a comparison of expert views and public ideas with mass media presentations. (4)

The image of mental illness in the mass media was found, on the whole, far removed from both expert and public conceptions held by the populations studied. Instead of "mediating" between science and the general public, the "media image" might be expected to "pull" public ideas away from expert views in the direction of bizarre, sordid, fearful, or frivolous portrayals of the subject.

This is a serious problem for all concerned with the public diffusion of new and more enlightened ways of looking at human behavior. The "mass media phase" of the research undertook a three-pronged approach to the problem. The research consisted of (a) 142 scheduled interviews with professionals and executives in positions relevant to our subject, mostly in New York, Chicago, and Los Angeles; (b) more intensive content analysis in all media; (c) field studies of control functions, documents, records, files, memoranda, and inter-office correspondence dealing with all aspects of the policy-making and selection process relevant to our subject, and (d) case studies of certain productions.

The entire project is now in the process of summarization. Our further analysis of mass media content revealed widely divergent types of portrayals of mental illness, designed for different types of markets and audiences. Other studies indicate that the internal needs of the media, the presumed requirements of some dramatic formulas, and the pressures of specific markets all contribute to making mass-produced images of mental illness fit specifications other than the views of experts or even only the general public.

Our particular focus for inquiry here is: what is the specific contribution of internal media censorship to the portrayals of mental illness in motion pictures and broadcasting?

In reporting our explorations of that question, we shall rely on evidence found in the records of censorship operations we had opportunity to examine, supplemented by such observations derived from field studies and interviews as seems necessary to place the documentary material in perspective. In consideration for the people, interests, and confidences involved in all this material, we mention no names, titles, or organizations unless already a matter of public record, and even then only if such mention will not make identification of others possible through the process of elimination.

Motion Picture Industry Censorship

The fear of government censorship is a primary reason for the existence of all mass media codes and self-censorship. As in fighting fire with fire, there is a significant difference between the apparently similar functions of a government censor and those of an industry-appointed censor.

A government censor may be guided by political, moral, scientific, national or any other considerations that reflect the wishes of those who appoint him. An industry censor is paid first and foremost to help protect the interests of the industry, to cultivate its publics, and to preserve its markets. His function is similar to radar guiding a fleet. It is to spot storm and trouble ahead, to help calculate the paths of least turbulence, and to help impose these paths on all ships in the presumed interests of the "Big Few" and of shipping in general.

The troubles which led to the adoption of the Hollywood Production Code in 1930, and to its more definite enforcement since 1934, were predominantly of a moral character. The rising storm of outside censorship and criticism over alleged "blue material", threats of religious boycott and of federal action convinced the major movie producers, banded together in a trade association, that it was time to act.

The Production Code drew upon a prior list of "Don'ts and Be Carefuls" which had attempted to codify the most damaging bans and deletions of government censors. It was supplemented by reasoning and explanations which bore the imprint of collaboration between Martin Quigley, prominent trade publisher and Catholic layman, and the Reverend Daniel A. Lord, "a trained moralist with an interest in the theatre". (5)

The resulting document, which, with minor changes, still guides the production and distribution of virtually all movies in the United States was of a moralistic character. Forty percent of the lines of the Code pertain to matters of sex. The balance deals with crime, brutality, suicide, murder, drug addiction, religion, executions, liquor, surgery, childbirth, cruelty to animals, and respect of flags, institutions, and people of all nations and races.

The Production Code made no direct reference to mental illness. Indirectly, however, it reflected the fact that its fear of censorship on account of sexual allusions overshadowed other sensibilities. The wording of the Code in effect until 1956 contained the following proscription under the heading of "Profanity":

No approval . . . shall be given to the use of words and phrases in motion pictures including . . . Nuts (except when meaning crazy). (Our underlining.)

In the 1956 revision the parenthetical note, along with many other "sex examples", was dropped. The tendency implicit in it, however, remained. But that is a matter of administration.

The Production Code Administration

The actual meaning of a Code rests in its day-to-day enforcement. This is the responsibility of the Production Code Administration, a department of the Motion Picture Association of America, Inc. With a senior staff of about ten, a budget of a quarter of a million dollars, and headquarters in Hollywood, the Production Code Administration screens between 300 and 400 films a year, and processes about twice as many scripts. Working under a similar Code, the Advertising Code Administration services more than 150,000 pieces of advertising and publicity material, and the Title Registration Bureau about 4,500 titles a year.

PCA "business" is not limited to MPAA members; about 25 per cent of its work involves U. S. nonmember companies, and 12 per cent of foreign companies. Industry-wide agreements, and other pressures, make the PCA Seal of Approval a virtual, even if not legal, condition for profitable motion picture exhibition in major U. S. theater circuits.

The actual functions of the Production Code Administration transcend the application of the Code. Its "radar" involves constant contact with civic, religious and professional organizations, pressure groups, censorship developments at home and abroad, individual critics, and, of course, members of the industry. Unlike its counterparts in broadcasting, the PCA is rarely concerned with technical or scientific details of screen presentation. PCA files, however, give evidence of consultations with influential groups or persons, especially when potentially helpful in avoiding public pressure or criticism.

We found no evidence of such consultation with professional or lay organizations active primarily in the mental health field. Even those groups and individuals who made frequent and systematic representations to television broadcasters, and who consulted regularly with network censors, were unknown at the PCA office. Movie censorship patterns and policies affecting the portrayal of mental illness evolved largely without the benefit of scientific or professional advice.

We were able to trace the general outlines of policy development through conversations with PCA staff, a study of studio censorship files, and perusal of some annotations to the Code compiled by a former attorney attempting to codify PCA decisions from 1934 to 1947.

The major influences that shaped (often tangentially) Code Administration policies toward mental illness appeared to be (a) its own appraisal of the general acceptability and market value of such themes; (b) its primary concern with the morality provisions of the code; (c) its policy regarding treatment of professions and professionals on the screen; and (d) the fate of mental illness themes at the hands of government censors around the world.

General acceptability

Under the heading of "Insanity", the annotations to the Code declare: "Insanity is a dangerous and unpleasant subject for screen presentation, and warnings against the showing of insane persons are given by the PCA to producers."

Following this statement, the annotations list 40 "leading cases" of script submissions, PCA action, and occasional indications of outside censorship.

The first mental hospital story submitted for PCA approval in 1934 was rejected. However, the producer finally obtained PCA approval and the film became a critical success.

Another case of rejection concerned a horror subject laid in an insane asylum replete with maniacs and monstrosities. Despite the producer's claim of historical authenticity, the PCA felt that this was a "repellent subject". However, the movie was given a "crusading for reform" twist, and was finally released. In a third case a "demented woman" in a comedy script was eliminated by the PCA.

The 40 "leading cases" list 26 instances in which the PCA cautioned producers against the portrayal of mentally ill characters -- 13 of whom were men, 7 women, and 6 unspecified. Sixteen warnings were issued about the depiction of mental hospitals. The remainder concerned miscellaneous "insanity angles".

The annotations include statements such as:

PCA warned producer about heroine being a girl who is suffering from some form of insanity.

Producer cautioned as to possible consequences in England due to showing King Henry VI as idiot.

PCA warned that leading character in this script not be shown as insane.

Case studies show that these warnings reduced the screen portrayal of mental illness, both in frequency and in the level of histrionics. Still, much of the output left by the PCA was, as we shall see, cut by government censors, and further chopped by network censorship upon release through television.

Effect of morality provisions

Primary concern with the administration of the morality provisions had an oblique effect on the portrayal of mental illness. "The presentation of evil is often necessary for art or fiction or drama," states the Code. This in itself is

not bad, it continues, provided wrong is clearly shown as wrong, punished, and balanced by the right and virtuous.

One way to show wrong as wrong and evil as repellent is by showing it to be insane. The Code did not create this ancient literary device, but it does tend to make the medieval notion of mental illness as "punishment for sins" a way out of the moral dilemma. Hortense Powdermaker noted in her study of Hollywood:

The emphasis on punishment for sin practically amounts to a fetish. A film about a woman who loses her mind because of a philandering boy friend, and murders him, is acceptable, because the woman becomes insane. In this picture the MPAA indicated deletions on the following points: the slapping of a woman, references to venereal disease and an illicit sex affair, and an undue exposure of a woman's leg. These, from the Code point of view, were more immoral and dangerous to an audience than murder, provided the murderer was punished by becoming insane. (6)

Another instance involves suicide. Suicide is sinful, according to the Code, especially to solve problems or to evade justice. But, our evidence indicates, when associated with mental illness, suicide becomes more acceptable in terms of the practical administrative decisions of the Code Administration.

Preoccupation with the Code's standards of conventional morality enhances the probability of morbid, unsavory, and criminal associations attaching to the mentally ill on the screen.

This affinity for acts of crime, or shocking violence, exposes mental illness films to censorship on account of "excess" brutality or gory details. PCA censors attempt to tone that down by warnings such as these:

We assume restraint will be exercised in showing G-- as a maniac.

The brutalizing of [Mental patient] goes too far and we ask that at least one of these slaps be eliminated.

There are producers who expect to gain a few slaps in exchange for yielding on the conventional morality angles. The market value of shock in such a context is rated high in some trade circles. When the shock ingredient is missing, the film's chances are thought to be injured.

In connection with G-- of the first example above, Variety remarked that he acted "not so maniacally as the story should have suggested". And in the case

of another film set in a mental hospital, it commented that "the insertion of even one scene of shock or high violence that could be word-of-mouthed would have helped the film's general chances".

Treatment of professions

The annotations to the Code specify that "all of the professions should be presented fairly in motion pictures". They go on to spell out some implications of this statement, and to apply the principle of "compensating values" to the portrayal of professionals:

There should be no dialogue or scenes indicating that all, or a majority of the members of any professional group, are unethical, immoral, given to criminal activities, and the like.

Where a given member of any profession is to be a heavy or unsympathetic character, this should be offset by showing upright members of the same profession condemning the unethical acts or conduct of the heavy or unsympathetic character.

Surprisingly enough, the fair treatment provision has a questionable practical effect on the portrayal of the mentally ill and of related professionals.

The attempt to single out professionals for special treatment leads to a tendency to avoid showing mentally ill people as professionals. In our study of all identifiable mentally ill male characters playing significant roles in movies released since 1950, only 56 per cent were shown as having had any occupation at all. One-third of these were professional criminals, one-third had miscellaneous occupations, and one-third were professionals. Half of the professionals were "mad" scientists -- and psychiatrists.

When evil, inept, or unbalanced professionals are needed for a story, the line of least resistance is the easiest way out. In our comparison of the portrayal of mental and physical experts, doctors, and therapists in post-1950 movies, we found the "physicals" twice as likely to be portrayed in favorable roles, and six times as likely to play romantic parts, as the "mentals". On the other hand, the "mentals" were three times as likely to be mentally ill themselves as the "physicals".

When "doctors" featured in film titles or ads are cast in evil roles, they often turn out to be psychiatrists, or mad, or both. "The Mad Doctor" (Paramount, 1941) is the story of a Viennese psychiatrist whose hobby in America is to marry and murder wealthy women. He was permitted to commit suicide in the end of the film. The "Amazing Dr. Clitterhouse" (Warners, 1938) is another psychiatrist

who becomes a crook to study the "criminal mind". He wound up both criminal and insane. Dr. Callistratus of "Blood of the Vampire" (Universal-International, 1958) conducted his fiendish experiments (aided by brutal guards, a misshapen mute, and a pack of murderous dogs) in a "hospital for the criminally insane".

Government censorship

Films containing themes, settings, or characters associated with mental illness run into a great deal of government censorship. This fact prompted the PCA to note that insanity was a "dangerous" as well as unpleasant subject.

In most cases of warning about mental illness the PCA specifies outside censorship as the cause for caution. The annotations record that at one time "England has served notice that she will cut all insane persons or scenes in mental hospitals".

Case studies indicate that pre-World War II government censorship of mental illness films was heaviest (although by no means limited to) the British Commonwealth and Scandinavian countries. Since the war, official movie censorship in the United States has been confined to its last legal stronghold -- sex: and the British are reported to have relaxed their ban on mental illness.

Our check of recent films found that 20 per cent of all movies portraying mental illness -- in forms as diverse as "I Was A Teenage Werewolf" and "Three Faces of Eve" -- still ran into censor trouble between 1950 and 1958. Most of these were cut, restricted, or banned in England and Australia; a few in such places as Eire, Hong Kong, Singapore, Brazil, India, and Indonesia.

Obviously, the reasons for "censor trouble" in these films are no longer confined to the portrayal of mental illness per se. What is suggested is that the context which surrounds the portrayal, rather than the theme itself, evokes the ire of most government censors. On the whole, it cannot be said that government regulation today is a major factor inhibiting a serious and responsible approach to mental illness and related subjects in the movies. Neither can it be said that the Production Code or its administration prevents the production of such films, or has blunted the edge of those that have been produced in recent years.

What we might conclude is this:

Industry-wide motion picture trade censorship reflects a lack of contact with professional and scientific opinion in the mental health field. The paucity of consultation on an industry-wide level means that while some major producers avail themselves of the best professional advice, there is no suggestion to the lesser producers, and to the numerous small-budget productions, to do so.

This pattern of censorship, or lack of censorship, manifests itself more in the run-of-the-mill movies output than in the outstanding exceptions. The

changing trends in acceptability and censorship of mental illness themes has led to a relaxation of general PCA opposition to the subject. But under the pressure of presumed requirements of markets for certain types of pictures, the specific applications of the Code tended to work at cross-purposes with the PCA's own standards of desirable portrayal.

Broadcasting Industry Censorship

The broadcasting codes, once modeled after the motion picture Production Code, have come to reflect the broad scope of radio and television in the life of the community. Sex and conventional morality is not their main preoccupation. They also contain sections on children's programs, "community responsibility", public issues, political affairs, and the "advancement of education and culture".

All-industry codes were first adapted for radio in 1937 and for television in 1952. They were a composite of existing networks' codes. Both the all-industry codes of the National Association of Broadcasters and the network codes make specific reference to mental illness. The NAB Standards of Good Practice for Radio Broadcasters states:

When plot development requires the use of material which depends upon physical or mental handicaps, care should be taken to spare the sensibilities of sufferers from similar defects.

The NAB Television Code uses similar language:

In reference to physical or mental afflictions and deformities, special precautions must be taken to avoid ridiculing sufferers from similar ailments and offending them or their families.

The Television Code also states that "Excessive or unfair exploitations of others or of their physical or mental afflictions shall not be presented as praise-worthy".

In regard to the professions, the Code declares that "Legal, medical, and other professional advice, diagnosis and treatment will be permitted only in conformity with law and recognized ethical and professional standards".

The network codes contain similar provision. They also make such flat statements as:

Insanity and feeble-mindedness are not acceptable subjects for comedy routine.

The presentation in plot development of physical or mental maladjustment is permitted only when it is within the bounds of good taste.

Of course the bounds of "good taste" and acceptability are, as always, what the censors say they are. Since the enforcement provisions of the national code are relatively toothless, and since the NAB exercises no pre-broadcast censorship, the censors who really count are those in the networks.

Network Censorship

Network censorship began in the mid-thirties. The departments were originally commissioned to make "common sense" decisions regarding the acceptability of proposed broadcast content ("continuity"). Today all networks have departments of "Continuity Acceptance" or "Editing" to perform the functions of internal censorship, and each network has its own codebook of standard practices.

Although administrative arrangements differ, functions and policies of censorship are similar among the networks. In fact, in some places censorship staff members of different networks hold informal but regular joint meetings to iron out common problems that arise, and similar exchanges via the telephone are not uncommon. For these reasons, network censorship may be considered both fairly uniform, and industry-wide.

The task of the network censors, however, transcends the administration of codes. The codes are distant, general guideposts, not especially applicable to the highly specific activities of these arbiters of "good taste". In fact, one Continuity Acceptance executive mentioned that he wouldn't change his activities at all, if there were no NAB Code. The day-to-day activities of network censors are more a matter of practical navigation amid the cross-currents of the sea of public relations.

We found mental illness an area of special concern to network censors. One staff memorandum found in a network file expressed the feelings of one censor in somewhat florid but not overly exaggerated terms:

By comparison I think we, collectively, spend more time in the interests of MENTAL HEALTH than any other group or organization of its kind. This may be the result of any one of a number or combination of:
 (a) many officers of the Mental Health Association are those employed in the entertainment profession; (b) the media itself and our ability to come into intimate contact with all members of a family and all classes of society;

(c) our conscious moral responsibility to the viewing public; (d) our lawful responsibility to the various federal agencies (and consequently to local agencies and their offspring); (e) our own personal reaction to the great human tragedy . . .

Specifically we are more concerned with line and dialogue deletions as opposed to characterization because of the shorter length of the programs to which we are currently assigned. There is not too much of the necessities of story plot, action, and the fundamentals of story construction . . . In particular our deletions and word substitutions are categorical: "crazy", "lunatic", "loco", "looney", "crackpot", "idiot", "nuts", "screwy", "bats", "bughouse", "goofy", "cracked", etc. their many slang derivations and synonyms.

Another staff memorandum addressed to the head of the censorship department of another network accounted for a different type of activity. In this case, a story editor, after consultation with a member of the Mental Health Foundation, not only made deletions in the script of a program, but added dialogue showing how "Mental Health authorities have been working with police departments to educate them in treating mental patients as sick people -- not criminals".

We searched network files for documentary material that might yield a systematic picture of over-all censorship operations. Space allows for the brief description of three types of material studied. The first is a selective subject-matter file kept by one network for training and reference purposes. The second is a record of all film deletions and rejections by another network censor. The third covers the monthly reports of a network censor's office for a period of three years.

The "Mental Afflictions" training file: development of censorship

Some network censors use a set of subject-matter folders for training in addition to the general reference files. These files provide a guide to major policy problems, decisions, and to the "state of a field" as presented to the public in the mass media. One network practice is to require new staff members to study the training file before starting a period of apprenticeship.

These training files do not generally reflect the range of censorship activity pertinent to the subject. They contain a veritable potpourri of materials --

some reflecting what the director and senior staff thought important to circulate, or clip and file, and others merely reflecting what happened to be available at some time or other. Their content of letters, memoranda, clippings, articles, etc., is somewhat indicative of evolving standards of acceptability, and of some aspects of policy development.

The content of the "Mental Afflictions" file at one network dates to 1948. However, 1955 and 1956 yielded more material than all other years combined. The flow seemed to taper off after 1956.

We were told that the main purpose of the file was to acquaint new staff with the "touchy problems involved in the portrayal of mental illness". In fact, the file itself stemmed largely from the memos written by a staff member who took exception to some scripts for somewhat personal reasons.

A 1948 commercial skit proposed to feature two comic characters: Dr. Ludwig von McNutts, a psychiatrist, and Cranium Crackadome, his patient. A staff note objected that this was in poor taste. The writer of the commercial protested; everybody does it, he wrote, famous comedians thrive on this kind of humor, why pick on me? All very regrettable, came the reply; this kind of humor is improper and should be stopped. This was the first entry into the training file on "Mental Afflictions".

The same staff member objected, three years later, to a mystery program in which schizophrenia was a part of the plot. "Instead of trivial treatment," he commented, "I hope fervently that writers mature enough to forego the use of mental illness as a dramatic device will emerge on the broadcasting scene."

Conversations with the department head indicated that the views and feelings of this staff member were instrumental in establishing some early landmarks of network policy toward the portrayal of mental illness. It also developed that the staff member's brother was in the Veterans' Administration mental hospital.

The file began to grow. Incidental items -- mention of breast feeding in an educational film on emotional disturbance (approved), use of the word "homosexual" in a lecture on poetry (deleted) -- found their way into it. Newspaper stories and letters referring to the portrayal of mental illness on the air began to be noted.

Two specific script decisions date back to 1952. In a drama program about an "escaped homicidal maniac" the phrase "laughing crazily" was changed to "having a menacing expression", and "raging madman" to "escaped inmate". The script also called for a mental hospital attached to the state prison as the scene of escape; this was changed to eliminate the association with the prison.

The other case involved the story of a murderer faking insanity. The court psychiatrist pronounces him sane; the fakery comes to light in other ways.

This script was rejected and put in the file for the guidance of the staff as an example of objectionable material placing "an entire profession in bad light".

In the following years, the file paralleled the rising trend of popular literature on mental illness. Included in the training file are five articles from the Reader's Digest, a six-part series from The Saturday Evening Post, stories from Sunday supplements, Today's Health, Variety, and other publications. Among the authors were Leonard Engel, Stuart Chase, and John Bartlow Martin. Subject matter ranged from the emotional causes of stuttering, through tranquilizers, to such topics as "My Daughter is Allergic to Me", "Facts About Mental Illness", "Hereditry and Mental Illness", the present state of psychiatry, how to deal with frustration, the "open door" mental hospital, and "TV's Quieting Effect on Mental Patients".

A number of memoranda, dated mostly in 1955 and 1956, reflect the activity of organizations and other networks in the mental health field. One memo to the staff reported on a major program featuring mental illness on another network. Another commented on a Veterans' Administration sponsored program: "Although the entire script was stark and grim", it was noted, it was acceptable because "it ends on a note of hope".

By 1956, special interest groups began to assert their influence. The American Psychiatric Association, state mental health groups, and the NARTB Television Code Review Board all wrote letters, protests, and "offers to help" to all networks on the subject of mental illness terms and jokes used on the air. The replies, duly noted in the training file, indicate a hardening of verbal rules especially in comedy. "Crazy", "idiotic", "imbecile", "nuts", "having loose marbles", and "off his rocker" were especially singled out for condemnation.

"We do our utmost", asserted one reply, signed by the president of the network. "We try to cut it down, but occasionally it does creep in", acknowledged another in response to a complaint about more of the words. Both complaints and replies placed the blame on comedies and comedians' ad libs for many of the offending remarks. The staff was urged to increase its vigilance and pay greater heed to the sentiments expressed in these letters, replies, and memos.

The flurry of high-level activity apparently came to a peak with the circulation and filing of the 1956 annual report of the National Association for Mental Health, accompanied by a staff memo calling attention to certain pertinent positions. After that, the file gained only a few routine and incidental items.

Some strands of policy development reflected in the training file, and confirmed in our interviews, appeared to be (a) postwar awareness of the problem of mental illness preparing the ground for later receptivity and close scrutiny; (b) personal involvement and influence inside the organization leading to significant policy decisions; and (c) expressions of interest and concern from influential

outside groups resulting in the search for some tangible censorship yardstick -- such as a list of words and phrases to be deleted.

Let us turn next to an examination of the actual pattern of the "gatekeeping" activities at another network.

The TV film clearance file: pattern of censorship

Censors keep a record of cuts, changes, and rejections of all film material for broadcast over network facilities or by affiliated stations. This record is the TV film clearance file. It contains cards on feature films (originally produced for theatrical release) and filmed TV programs.

The cards in this file contain information about the type of film or program, date and place of screening, story or subject matter, censorship action (if any), and reason for deletion or rejection, unless evident. This file records the censor's last shot at a finished program, and indicates the addition of the TV censor's "living room" concern on top of the original "box office" concern of the movie censor.

The file we studied dates back to 1948 and contains many thousands of cards. It is divided into two general categories: old-time comedies, shorts, and cartoons; and full-length features, filmed TV shows, and documentaries. We shall deal with the latter category.

Our search of the feature and TV film file yielded no reference to mental illness in theme, plot, or deletion prior to 1951 (years of relatively little screening). From 1951 to 1954 we found a total of only five films containing mental illness reference. The boom obviously started after 1954.

Table 1 shows the number of relevant films screened and cut by the censors. A film was considered "relevant" if the card in the clearance file indicated that it contained a mental illness theme, reference, or character, or if the censor's comment had any relation to mental illness terms.

Table 1

| Relevant Films Screened and Cut by the Censors | | |
|--|-----------------|------------|
| <u>Year</u> | <u>Screened</u> | <u>Cut</u> |
| 1951-53 | 5 | -- |
| 1954 | 27 | 6 |
| 1955 | 39 | 16 |
| 1956 | 124 | 81 |
| 1957 | 170 | 112 |
| 1958 | 73 | 38 |
| Total | 438 | 253 |

We can see that on the whole censors made deletions in more than one out of two films containing some reference to mental illness themes or terms. The rapid increase in relevant films cleared and proportion of films cut by censors from 1954 to 1957 can be attributed: (a) to increasing sensitivity of network censorship to mental illness themes and terms, and (b) to a high incidence of such material both in the pre-1948 movies purchased and screened during that period and in the various "adult" trends in television programming.

The apparent decrease in 1958 is due to the lower number of feature movies acquired and screened that year and, according to the censors themselves, to the effects of tightened censorship on TV material; writers of scripts began to pre-censor their own material, giving the censors fewer occasions for making cuts in the finished programs. However, censors still made deletions in one out of two relevant filmed network telecasts in 1958.

The number of outright rejections averaged three per cent of all relevant films screened during the period, and fell down sharply by 1958.

Examination of the thematic elements and kinds of deletions made indicates a sharp rise in verbal cuts, and corresponding relative decline of mental illness themes as reasons for selecting relevant cards. However, the absolute number of thematic elements related to mental illness and noted on the cards more than doubled between 1954 and 1957.

Table 2 shows the percentage of cuts by major film types. Films are also divided into features, originally produced for theatrical release, and filmed television programs.

Table 2
Deletions by Kind of Film

| | <u>TV film</u> | <u>Feature</u> |
|---------|----------------|----------------|
| Drama | 47% | 67% |
| Mystery | 60% | 69% |
| Western | 65% | 88% |
| Comedy | 74% | 100% |

We can see from Table 2 that comedies were most likely to suffer deletions on account of mental illness reference. They were followed by westerns, mystery, and general drama. (The last line, for example, should read: of all

relevant filmed TV comedies, 74 per cent were cut by the censor. The rest, while apparently containing mental illness themes or reference, were not cut. However, all relevant feature film comedies were cut by the TV censor.) It is also apparent from Table 2 that feature films (mostly pre-1948 vintage) led in every category of deletions.

A special check of the 27 documentary films indicated only two deletions and two rejections, possibly reflecting some careful pre-release editing by the producers, and/or a more informed approach to the subject stemming from consultation with mental health organizations.

Mental illness themes or characters appeared more frequently in TV than in theatrical feature films. In addition, while such themes in TV films occurred most often in general "drama" programs, mental illness themes in theatrical feature films occurred more frequently in horror and mystery films than in other types. This contrast points up a tendency to associate mental illness with the more bizarre aspects of human behavior in feature films, while TV appears to emphasize mental illness for "dramatic" purposes.

There was little relationship between the occurrence of a verbal deletion and a mental illness theme in the same film. In feature movies, only one in thirty verbal cuts involved a film actually dealing in any way with mental illness. In the TV films the corresponding proportion was one in seven.

Since feature films were the major offenders of verbal mental illness taboos, they offered a greater variety of censored words. In general, the most frequently deleted words were "crazy", "idiot", and "moron". These were followed by "nuts", "screwy", "imbecile", "insane", "psychiatry", "feeble-minded", "lunatic", "looney", and "half-wit". The last eight words occurred (or were cut) in feature films only.

Phrase deletions were often made necessary by the occurrence of a single objectionable word as in "crazy about me", "crazy ideas", "like a drooling idiot", etc. At times they combined several objectionable elements as in "You think Orientals are crazy?" Still others contained such terms as "schizophrenic", "neurotic", "psychiatrist", "insane asylum", "nervous breakdown". Their use was considered flippant or otherwise inappropriate in the context of the film.

If we remember that these films and programs usually arrived to the final screening stage after going through prior censorship at different levels, and note that the word "crazy", for example, was still found misused 123 times in 338 films, we may well wonder how far censorship must go to adjust media output to current sensibilities. But that is no longer a matter of the clearance record; that question pertains to the matter of censorship theory and practice.

Interoffice correspondence file: theory and practice of censorship

One network censor writes and circulates a monthly mimeographed report of activities and reflections. These reports are a part of the network's inter-departmental correspondence. They are circulated, wrote the censor, in order to "attempt to keep our appraisals along common-sense lines before those of our colleagues are in any way affected by them".

The reports contain examples of deletions and changes called for by the department, of pressures, comments and criticism received from various sources, of problems that arise from time to time, and of the reasoning behind certain decisions. Implicit (and often explicit) in these reports is a philosophy and pattern of regulatory practice characteristic of network censorship.

Our research included a content analysis of a three-year (1955-57) file of these reports. Although the editor published only four letters of complaint relating to mental health, the subject itself drew heavy comment as a result of the inclusion of statements from special interest mental health organizations, plus the editor's personal comments.

It is not the number of letters from audience members that is important, but rather the extremely sensitive way in which they are reported in the department bulletin. The following example of criticism stemmed from a single line of dialogue included in a comedy program, yet the importance of this criticism was underlined by the editor's comment. The criticism concerned the use of the exclamation "What a schizophrenic, confused child!" which was explained in the script as being equivalent to the expression "Crazy, mixed-up kid". The letter writing critic was a "simple postal clerk" whose eldest son is "currently hospitalized, undergoing insulin treatment and seriously sick with some form of schizophrenia". He contended that a medical term for so serious an illness was not suitable for comedy use any more than one would humorously use medical terms like coronary thrombosis, malignant cancer, etc. Commented the censor: "There is a logic to that argument." He also saw fit to add:

The complaint is not dissimilar from one we received from a mother whose child died of water on the brain and who saw nothing funny in its use on [another comedian's] radio show. The bitter family frustrations of some members of our audience make them very sensitive to any sort of humor based on these illnesses.

This type of complaint indicates the broadcast censor's main focus in the deletion and change of specific words and phrases. The word "crazy" is a good case on point. The "proper" use of the word was discussed frequently and at length in the reports analyzed. The following excerpt aptly summarizes this controversy:

Could I try to clarify for those who seem to be misunderstanding it, our policy on uses of the word "crazy" and synonyms thereof? Of course many of us in spontaneous speech use the word and it naturally enough crops up in radio and television scripts. Our feeling is not that it is totally taboo, but that where it is so persistently and often equated with mental and emotional illness, it approaches being mercilessly tactless. We are trying to discourage this. We do not take the position that we refuse to take the word "crazy", but urge substitutions for it wherever feasible. Very few plots are in any way damaged if a line "you're crazy" or "you're insane" is changed to "you're a fool". Semantically speaking it is the latter that is meant anyhow and it injures no one who is mentally disturbed. Let's not have our network in a position of bearing a stigma that we don't know anything about the prevalent problem of mental illness in our country.

Not to be overlooked in the foregoing is the indication of one of the prime motivating factors underlying censorial activity: Being branded with the "stigma" suggested in the final sentence would be at variance with the censor's responsibility to maintain network good will and public relations.

These reports indicated, and our interviews confirmed, that some gatekeepers are not entirely satisfied with merely deleting this word or changing that one. On behalf of what they consider to be worthy causes, they will attempt to exert a more positive influence. The circulation of these reports of their activities is in itself presumed to have a formative influence on production personnel and, hopefully, on writers as well. Occasionally, censors will also issue a call for certain types of material. For example, the monthly report requested radio and TV writers to submit scripts dealing with mental health "as near Mental Health Week as possible, or any time for the whole year ahead". It also plugged for the "so-called canned pitches prepared by the National Association for Mental Health for slotting-in anywhere time allows". Some censorial "radars" appeared so sensitively tuned to certain topics that occasionally the department itself appeared in the role of a "special interest group", boring from within the network.

In our conversations with this gatekeeper, he indicated a belief that network policies in regard to mental health are well motivated. But he felt that perhaps this "do good" approach, as he calls it, is primarily a matter of self-protection of the networks interests and relations with the public, the experts, etc.

In addition to network concern for acceptable mental health presentation, there appears to be a considerable amount of individual concern. It was not uncommon to hear of a personal or family experience ingredient which instilled in

the individual a heightened awareness to the proper presentation of mental health. One advertising executive active in both broadcasting and motion pictures suggested less-than-half jokingly that the best way to improve the portrayal of mental illness in the mass media would be to provide psychotherapy for all mass communicators -- "so that they can understand human motivation".

The combination of pressures appeared often to lead to a search for formulas, and to qualms about hypersensitivity. Censors turned to the professions for "rules of thumb" they could apply with both firmness and unimpeachable logic. They were restive about the qualified and at times conflicting views of experts. As often insecure arbiters of standards in what appeared to some as cultural anarchy, they felt that at times they have allowed themselves to "lean over backwards" too far in one direction, or to become too "precious" in their concern over words such as "crazy".

In their more plaintive moods, censors felt like pawns in the hands of outside forces, and wished to exercise their censorial function as little as possible.

Our basic approach as standards-keepers seems to boil down to 'He censors best who censors least'. Much of professional television censorship is very positive, as logical and defensible as telling a man he can't shout 'Fire!' in a crowded theatre. When it is an informed censorship it is 'editorial responsibility'; when it isn't it is misguided and foolish. The confusion seems to sneak in in relationship to pinning down just who is doing the censorship, my experience making me insist that much of it is from without -- from the viewing side of the television screen, from viewers or groups of viewers, from spokesmen for this or that political or philosophic position, and from the promoters of goods and services who, viewing television, select it as a medium to advertise and sell their wares.

At other times censors become concerned over their possible role in the alleged trend toward blankness of broadcast fare. Is life as aseptic as our critics want it to seem?", they asked. Should standards accommodate only sensibilities and tastes, or also possibly unpleasant or even offensive truths?

I think it's obvious . . . that we do try to maintain a fair regard toward anybody's special interest. But by the same token if every special interest were to constitute a new entry in a list of taboos, we'd have to go out of business. It seems therefore . . . our function

continues one of calling the shots, censoring the malicious and consciously not censoring honest reflections of the troubled world in which we live.

This line of reasoning, it is easy to see, places censors into the unenviable position of having to decide who is malicious and who is honest. In practice it is easier and safer to be concerned with what is said, and who is hurt by what is said. All media censors have a stock reply to use in case of almost any kind of criticism of what is allowed to appear in public. The reply is, "But you should have seen what we cut out". And this probably applies to mental health content as much as to any other.

Conclusions

We have reported some studies and observations probing into the effects of motion picture and broadcast censorship upon the communication of ideas and images of mental illness. We did not attempt to elaborate here on the general idea of censorship, assuming simply that this kind of internal "gatekeeping" activity in commercial production is in effect similar to the quality-control functions of any industry. Nor did we deal here with the total process of cultural production and media policy formation -- such as considerations of "good showmanship", potential sponsors, etc. -- in regard to the portrayal of mental illness. These and other factors are all involved in production and content decisions in mental health and illness programing -- as in any other program area -- but have to remain for other reports.

In this report, then, our vantage point was limited to a level of controls in which neither the major creative factors nor the principal market functions governing mass communications could be viewed directly. However, we see our present slice of the control process as one which has rarely been studied, and which both reflects and effects the pressures and policies governing the mass communication of ideas and images.

Censorship reflects broad cultural developments. The postwar "cycle" of psychological films, and the similar trend on television in the mid-fifties, reflect changing patterns of censorship and of changing cultural standards as well. Some motion picture taboos were relaxed, and some new sensitivities in television emerged. One result was an increase in outstanding dramatic productions in the mental health area; another was an increase of censorial activity with mental health references in peripheral programing (e.g. the "crazy" controversy).

While some standards of acceptability changed, and while both humane and scientific awareness lead to closer scrutiny of material, the march of screen horrors, ghosties, ghoulies, and "mad scientists" also continued, and today show signs of renewed vigor. Censorship files testify to the mounting concern over the

side-effects of the dramatic association of horror, crime, and violence with the portrayal of mental illness.

Hollywood's morality code might have increased the probability of this association. Because of the nature and history of theatrical movie production, there appeared to be little contact between mental health organizations and the Production Code Administration. The treatment of mental health professionals on the screen suffered. Market pressures in an era of declining theatrical movie production appeared to make the application of changing conceptions of mental illness to the run-of-the-mill Hollywood product more difficult.

Faced with a desire if not a need to stem this rising tide, broadcasting networks reacted by placing a censorial finger in some of the leaks in the dike. This reaction developed under the pressures of close contact with viewers, professional and civic organizations, and out of personal involvement and conviction. In many ways, "Mental Health" was a safe, respectable, and worthy crusade for public service-minded and public relations-conscious broadcasters to undertake.

Comedy was singled out for mental health censorship. But all programming areas were affected. By far the greatest volume of activity occurred in the form of verbal changes and deletions. The demands and volume of broadcast industry operation vitiated a more wholesale censorship of programming. There were some attempts by the gatekeepers to stimulate more high-level production in the mental health area. Experts in the field were frequently consulted.

This report obviously is not the last word regarding mass media regulation of the portrayal of mental health and illness. It is not even the last word on the formal censorship of such content. The standards and "rules-of-thumb" of this formal regulatory activity deserve more investigation -- not only in regard to their origin and application, but also to the consequences of their application. And this raises a crucial point: Does it really make a difference in public attitudes and opinions whether the word "crazy" is used or whether mental institutions are shown with or without barred windows? Studies of the effects of certain message variables on the presentation of mental health information are going on on other fronts (for example, other phases of the same project that spawned the present investigation). Similar empirical studies of the possible effects of the various content decisions made within the commercial context of the mass media are also required. Not least, the areas of possible conflict between the validity of dramatic or documentary presentation and the felt expediency to protect existing markets, tastes, and public "good will" deserve further scrutiny.

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1. These studies were part of a project sponsored by a special grant from the National Institute of Mental Health, U.S.P.H.S. Wilbur Schramm was project director during the initial stages. C. E. Osgood, Director of the Institute of Communications Research, and project co-director with J. C. Nunnally during the latter stages of the project, gave generous support to the mass media phase under the direction of the authors. Joseph M. Bobbitt, Assistant Director, N.I.M.H. gave valuable advice and support. Special contributions in interviewing and collection or analysis of data were made by Patricia V. Klein, Gerald J. Cashman, Jack Schwartz, Donald L. Smith, all of the Institute of Communications Research. Assistance at various times was rendered by Dorothy B. Jones. Above all, the authors gratefully acknowledge the help and confidence of many members of the motion picture and broadcasting industries whose time and cooperation was the crucial ingredient that made these studies possible.
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