

## MENTAL ILLNESS ON TELEVISION: A STUDY OF CENSORSHIP

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*This study was part of a larger project directed by C. E. Osgood and J. C. Nunally of the University of Illinois, conducted under a grant from the National Institute of Mental Health. It is especially interesting, not only because of the current controversy over television program control, but for the light it throws on the operation of the network departments charged*

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SOMEWHERE along every production line stands a "gatekeeper" to see that products meet specifications. In cultural industry this "gatekeeper" is usually appointed by the industry itself as a matter of self-protection against "outside" or "political" control. He bears such titles as Code Administrator, Review Board Chairman, Continuity Acceptance Director or Network Editor. Only one office door (at a movie studio) bore the straightforward title: CENSOR.

In this article the term censorship is used to designate the functions of a "gatekeeper" appointed to screen mass media output through a sieve of public relations, moral, political, marketing, and other specifications. The purpose is to illustrate some aspects of the dynamics of network censorship in one area of national concern: the treatment of mental illness and the mental health professions on television.

### Network censorship and mental illness

Every program and commercial to be broadcast over a network goes through the office of the network "censor." Each network has its own codebook of standard practice which provides the broad context of censorship operation. Although administrative arrangements differ, censorship policies are similar among the networks. In the course of protecting the interests of industry network censorship does, of course, reflect

moral, political, scientific and other considerations and may also express personal conviction or concern. "We're holding the line," one "censor" reported. "The airways would be drenched with blood and gore if we didn't." Another complained that "Some producers are out for newspaper headlines, but controversy and sensational publicity hurt the network. We're here to protect it." "We are the conscience of the industry," commented a third network "censor," and added: "Conscience in our case means a nose for trouble."

Mental illness was found to be an area of "trouble" for network "censors." All network codes caution against the exploitation of mental (or physical) affliction for shock or comic effects. Previous studies have traced the development of the portrayal of mental illness into a "sensitive area" of public and censorial concern. This study reports the findings of an inquiry into the effects of this concern upon censorship performance and upon the images of mental illness and mental health professionals available to the public via television.

The study was based on the film clearance file at one network, and on other evidence of network censorship (including interviews) at the three major networks. The network film clearance file contains a record of every film program screened for telecasting over the network and its owned-and-operated stations. This record, going back to 1948, includes brief synopses of TV films, documentary films, and feature films, and it notes deletions, restrictions to "adult" viewing hours, rejections, or approvals for "family viewing."

This clearance file of over 6,000 cards was searched for relevant material. Every card making reference to mental illness themes or terms either in the synopsis or in the "censor's" comments or deletions was copied on McBee Keysort cards, coded, and sorted for analysis.

The search revealed no relevant films cleared through censorship before 1951, and only five relevant films between 1951 and 1953, four of which were documentaries. The mental illness "boom" started in 1954.

Table I traces the rise (and fall) of the frequency of references to mental illness themes, portrayals, and terms noted

in the network film clearance file. It shows that the first advance ripple in 1954 was still dominated by documentary productions; this was the time of the "introspectaculars," as *Variety* termed them. They were soon swallowed up in a wave of feature films released for television and containing mental illness themes and terms spotted by increasingly sensitive "censors." Over the crest of this wave came in 1957 the swell of TV films apparently reflecting, among other things, the new "adult" or "psychological" programming concept in television drama. Relevant films dropped in 1958, with TV drama still increasing its share of the total.

TABLE I

**Films Containing Mental Illness Themes, Portrayals, or References  
As Noted in Network Film Clearance File**

	1951-53	1954	1955	1956	1957	1958	1951-58
Total relevant films	5	27	39	124	170	73	438
<i>Percent of total:</i>							
Documentary films	80%	55%	5%	2%	1%	1%	6%
Feature films	20	37	54	67	43	30	48
TV films	....	8	41	31	56	69	46
	100%	100%	100%	100%	100%	100%	100%

Network censors rarely tabulate the contents of their own files. Their impressions of trends and of the application of their own standards are largely intuitive. "I have a mystic belief that censorship problems come in bunches," said the network "censor" when told of findings of a trend of mental illness material in the clearance file. "You see one extreme cleavage shot, you can be sure there will be two other Grand Canyons yawning at you very shortly; one 'hell' on the network seems to breed into five before the month is out. So, chances are that your marked increase is the result of purest coincidence plus the fact that more films were cleared in the first place."

Further analysis of the data, and the findings of concurrent studies shed some light on these informal hypotheses.

Trend studies in other media showed similar peaks of attention devoted to psychological and mental illness themes in popular magazines, motion pictures, and press coverage, with frequencies declining after 1957. No more likely than the "purest coincidence" theory is the possibility that the total number of films screened by censorship could account for the trends in the frequency of relevant films. Block purchases and screenings of old movies might have boosted the 1956 clearance figures but would not have produced similar trends in filmed programs for television. Yet the frequency of relevant TV films climbed from two in 1954 to 16, 39, and 96 in the three successive years. It dropped to 50 in 1958.

What does appear probable, however, is that actual changes in content, increasing censorial awareness of mental illness as a sensitive area, and consequently changing rates and forms of censorship applied to relevant films, all contributed to the trends found in the analysis of the clearance file.

#### Increasing Awareness

Increasing recognition of mental illness as a censorship "problem" appears to have contributed heavily to the frequency of relevant films. The effects of such recognition can be traced by comparing the number of films in which the mental illness theme was an integral part of the plot (as noted in the synopses) with those in which the relevant element was a minor or incidental reference not in the synopses but noted by the "censor."

Table II presents such a comparison. It shows that as the number of relevant films increased, the incidence of mental illness references spotted by the censor climbed more rapidly than did the incidence of mental illness themes mentioned in the synopses. With an overall decline of relevant films in 1958, major themes again predominated probably because of changes in the nature of the materials, as will be discussed below.

Discussions with network "censors" and the examination of some interoffice correspondence supported these evidences of rising censorial concern. "Censors" deplored the indiscriminate use of such terms as *crazy*, *idiot*, *moron*, and the frequent

**TABLE II**

**Mental Illness Theme or Reference Noted in Synopses vs. Spotted By "Censor" But Not in Synopses**

	1951-53	1954	1955	1956	1957	1958	1951-58
Noted in synopses	5	19	22	31	57	44	178
Spotted by censors but not in synopses	0	8	17	93	113	29	260
Totals	5	27	39	124	170	73	438

dramatic association of mental illness, psychologists, psychiatrists with comic, violent, or eerie situations. These concerns arose partly out of personal involvement and conviction and partly under the pressure of viewer complaints and of professional and organizational activities in the mental health field. A 1957 memorandum, found in the files of a network other than the one whose clearance records were studied, expressed sentiments (or rationalizations) voiced by most "censors":

By comparison I think we, collectively, spend more time in the interests of MENTAL HEALTH than of any other group or organization of its kind. This may be the result of any one of a number or combination of reasons: (a) many officers of the Mental Health Association are those employed in the entertainment profession; (b) the media in 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.

**Changing rate of censorship**

If it is true that during the current decade mental illness became an increasingly sensitive area in network censorship, films portraying mental illness during that period would be subjected to heavier censorship than other films. Such, indeed, appears to have been the case. If, from all relevant films those that contain mental illness as a significant story element (as

noted in the synopses) are selected, thus eliminating those picked largely on the basis of censorship action in the first place, a conservative estimate of the level of censorship as applied to films portraying mental illness can be obtained. It was found that almost two out of seven such films (27 per cent) were either cut or rejected from 1951 to 1958. Comparing that with the network "censor's" own tabulation of all TV and feature films censored through 1954 (the last date for which such figures were available) less than two out of ten (18 per cent) of all films were cut or rejected.

When mental illness themes and references spotted by "censors," are combined for the entire period studied more than half of all relevant films (58 per cent) suffered one or more deletions, and three per cent were rejected entirely. Only 22 per cent of all relevant films were approved for family viewing without any cuts; the rest were restricted to "adult" viewing hours.

Table III shows trends in types of clearance for the years of significant activity. As mental illness themes and references increased in number, the proportion of relevant films subjected to censorship increased. A decline in frequency in 1958 did not bring about slackening of censorial scrutiny; the percentage of uncut and unrestricted films further declined.

The shifts in rate and type of censorship over time reflected changes in the material itself, as well as the application of developing standards of censorship. These changes can be examined by observing the different types of films separately as shown (with the exception of documentaries) on Table III.

#### **Censorship by type of film**

Documentaries accounted for only two cuts and two rejections during the entire period. It is interesting to note that the two documentaries rejected outright for national telecast at the beginning of the era of rising sensitivity were both non-commercial educational ventures circulated by the National Association for Mental Health and the Mental Health Film Board. Queried about the rejections, the "censor" had this to say:

You must remember that when one clears a film one does so with a specific time, day, audience and total program schedule in mind. Even though it would seem to bear the imprimatur of the NAMH I very much doubt if I would approve *Mental Hospital* for indiscriminate viewing without adequate explanation from an articulate expert. . . I cannot see that the cause of the NAMH is advanced, or public understanding broadened by showing closeups of patients receiving shock treatments. Indeed, I should rather imagine it would have the opposite effect. *Man to Man*. . . here again, it seems to me in dubious taste to show mentally disturbed patients in as many scenes as were apparently included in this epic. I'd be very interested in what officials of the NAMH have to say on this count. What sort of film would I *approve* of on the subject of mental health? Something like was done on *Hemo the Magnificent*, or something like the excellent films produced by the American Cancer Society. . . in which the audio was very strong, very forceful, even brutal, but in which the video was either abstract or representational.

Feature films were generally subject to more cuts and restrictions than were films produced directly for television. The higher overall censorship rate of old movies can be attributed to the absence of reference to mental illness in the Hollywood Production Code, to the difference in markets between the media, and to the different standards of acceptability at the time the movies were produced. "Times have changed," remarked the "censor." "A brand new film in 1933 might be quite innocent, but that same film in 1953 is socially malodorous."

A special tabulation of feature films by date of original release bore him out. Every relevant film produced before 1938 was either rejected or cut upon screening for television. The proportion of cuts and rejections decreased with the recency of the film's original release. "Now," said the "censor," "we are dealing with much later second-hand models including the more realistic European post-war productions." This change in the nature of feature film material passing through the censorship gate shows up in the increased percentage of "adult" classifications in 1958.

TABLE III

**Types of Film Clearance Action as Percentage of Films in Which Network "Censor" Noted Reference to Mental Illness, 1954-58**

	1954	1955	1956	1957	1958	1954-58
	%	%	%	%	%	%
<b>Per cent of all relevant films</b>						
cut*	21	41	65	65	52	58
restricted to adult viewing*	19	26	27	28	44	29
rejected	11	5	7	3	1	3
approved for family without cuts	64	36	20	19	16	22
<b>Per cent of feature films</b>						
cut	40	48	76	81	77	73
restricted to adult viewing	40	38	30	29	41	32
rejected	10	9	2	....	....	2
approved for family without cuts	20	10	11	11	14	11
<b>Per cent of TV films</b>						
cut	50	31	46	56	42	48
restricted to adult viewing	50	31	46	56	42	48
rejected	....	....	....	5	1	3
approved for family without cuts	50	56	28	24	16	23

\*Films may be both cut *and* restricted. Therefore, percentages do not necessarily add up to 100.



TV films were less likely to be censored on "mental illness" grounds than were feature movies, but the rate was rising. The steady increase in the total proportion of TV films censored indicates that censorial vigilance has not been relaxed; and the shift from deletions to "adult" restrictions marks the change in the nature of TV programming likely to involve portrayals of mental illness. As one "censor" pointed out:

In 1953 we had two Westerns; today we are lousy with Westerns plus other features of the so-called "adult" variety. Now, you are going to have more censorship problems with sophisticated fare like *Wagon Train* than you ever had with innocent old Hoppie. Alfred Hitchcock will give you more borderline situations to be handled with care than will the old *Schlitz Playhouse*.

A check on the content indicated that the proportion of TV films portraying mental illness as significant plot element was rising, and that these major themes, accounting for most of the restrictions, were most likely to occur in general TV drama and mystery, while verbal deletions were most frequently made in comedy. The words most often deleted from all types of films were, in order of frequency: *crazy, idiot, moron, nuts, screwy, imbecile, psychiatry, feeble-minded, lunatic, looney, and half-wit.*

#### Effects of censorship

The proportion of deletions (mostly verbal) dropped in 1958. The "censors" thought that this drop, especially pronounced in TV films, was due to more frequent prior review of scripts, and to greater awareness and better understanding on the part of writers and producers of the reasons for the verbal policy line. One "censor" commented:

Obviously we would have avoided much time, trouble and expense had we reviewed more shooting scripts. In addition, fewer syndicated films would be floating around the country where they are shown unedited in the smaller markets, and where thoughtless and tasteless references to mental illness are repeated and repeated.

Some "censors" explained their policies in the form of bulletins, reports, or interoffice communication circulated to pro-

duction units. The following is one of several attempts to clarify the views of one "censor" on *crazy*, taken from an inter-office bulletin:

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.

The rising percentage of restrictions to "adult" viewing hours marked the recent trend toward more "realistic" and "adult" presentations. Such restrictions are not necessarily uncomplimentary or harmful if the program does not aim at a daytime or family audience. Rejections, on the other hand, are a different matter. Commenting on the 1957 figure of five per cent of relevant TV films rejected, the "censor" said:

I think your figures indicate a lack of liaison between us and some film producers. Let's look at what might result (believe me it did!) from this poor liaison. A guy spends \$50,000 and three weeks producing a half hour film which utilizes some poor, mentally disturbed soul as the villain terrorizing the countryside. It is rejected by five major stations in markets over the country representing fifty per cent of the potential American buying public. He has virtually kissed fifty thousand bucks "bye, bye," and next time around, he will make darn sure his film is going to be acceptable *before* he starts producing it.

The following year the rejection rate dropped to one per cent.

On the whole, network censorship tends to discourage the flagrant and overt exploitation of mental illness or of mental health professionals, and the careless use of mental illness terms for purposes of dramatic effect. While—again, on the whole—there was little evidence of censorship blunting the edge of serious and responsible dramatic productions, there were many instances of censorship action based on the presumed context of television viewing rather than on the scientific or dramatic integrity of the material. The overall effects of network censorship upon the portrayal of mental illness on the television screen appear to be calculated to soften the impact of the more bizarre or potentially offensive images.

It is not known whether the apparent decline in the number of relevant films in 1958 reflected fear of censorship or even a real change in programming. While numbers declined, the portrayal of mental illness as significant plot element became more frequent. Associated Press feature writer Cynthia Lowry complained in the fall of 1959 that "Psychotics replaced villains, and neuroses have succeeded unbridled badness as motivating forces even in low budget high cliché weekly action tales."

Crudity and flamboyance could be toned down at the "gates," but "censors" and their files testified to increasing concern over the more subtle association of horror, crime, and violence with portrayals of mental illness. Attempts to reduce the amount of obvious gore or the number of careless references by judicious cutting might help avoid offending some viewers, but could have little effect upon the basic validity of approach built into the portrayal. As one of the informants said, "Censors can clean up the language but they can't clean up the motives." Some "gatekeepers" go to (and even beyond) the limits of the public relations functions delegated to them in striving for what they consider responsible portrayals. But the methods of censorship are hardly adequate to the task.