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Be a Man: Childhood, Masculinity, Mental Hygiene, and the Asylum in the 1950's

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E A MAN: CHILDHOOD, MASCULINITY, MENTAL HYGIENE, AND THE ASYLUM IN
THE 1950S

A thesis submitted to
the Graduate College of
Marshall University
In partial fulfillment of
the requirements for the degree of
Master of Arts
In
History
by
Emily Lonna Miller
Approved by
Dr. Greta Rensenbrink, Committee Chairperson
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Dr. Robert Deal

Marshall University
July, 2019

APPROVAL OF THESIS

We, the faculty supervising the work of Emily Lonna Miller, affirm that the thesis, *Be a Man: Childhood, Masculinity, Mental Hygiene and the Asylum in the 1950s*, meets the high academic standards for original scholarship and creative work established by the Department of History and the College of Liberal Arts. This work also conforms to the editorial standards of our discipline and the Graduate College of Marshall University. With our signatures, we approve the manuscript for publication.



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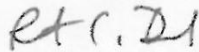


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ABSTRACT

This project studies the use of mental hygiene films in the 1950s to understand the American ideal of gender, sex roles, and mental health. Focusing specifically on masculinity, this project shows that psychologists and psychiatrists of the mid-twentieth century helped to define what it meant to be a real man in America. Sources for this research included mental hygiene films, psychological studies and articles from the 1950s, and news broadcasts. Upon examination of these sources, it becomes clear that mental health specialists were concerned with the development of correct masculinity in male children and becoming the modern doctors that could potentially be the answer to all of America's anxieties. Likewise, adult, male homosexuality or homosexual tendencies were specifically targeted as an issue of men's mental health. Homosexual tendencies in men was believed by many specialists to be a sign of poor development in childhood. Also, it was concluded that different types of mental illness disrupted the development of correct masculinity in American men. These illnesses, according to psychiatrists and psychologists, prevented boys from becoming strong, independent men that could contribute to the conservative American way of life.

INTRODUCTION

This thesis compares preventative mental hygiene films with those filmed in mental health state hospitals. By doing this, these films illustrate the conflicts between modernism and conservatism in the 1950s. Discussed together, the two types of film show a rise in public concern over mental health and masculinity. This newly developed concern is important because previously, conservative beliefs caused mental illness to be hidden from the public's eye. The major impact these films had was that they were some of America's first televised introductions to mental illness and the doctors who treated these serious ailments. What is truly interesting about the two types of film, is that they simultaneously reflect modernistic and conservative values. On one hand, the effect of the rise of modernism can be seen from the very fact that creators chose to make films about mental illness, introduce psychologists as legitimate doctors, and declare that it was acceptable to be mentally ill if those affected were seeking treatment. On the other hand, the creators of the films advertised conservative values by glorifying gender norms, praising the value of hard work, and focusing on the belief that all Americans should be functioning members of society.

While scholars of educational and mental hygiene films have recognized that these films were attempting to shape the public's behavior, they have ignored psychological and psychiatric advances in the 1950s, in part because they viewed the films from a moral standpoint, not a psychological one. The term mental hygiene means, "...the science and practice of maintaining and restoring mental health, and of preventing mental disorder through education, early treatment, and public health measures."¹ In some of the previous scholarly writings on mental hygiene, the authors do not strictly adhere to the meaning of the phrase. By viewing these films

¹ "Mental hygiene," Dictionary.com, *The American Heritage® Science Dictionary*. Houghton Mifflin Company, accessed April 12, 2017, <http://www.dictionary.com/browse/mental-hygiene>.

from the viewpoint of morality, they ignored the preventative nature of these films. The creators were trying to prevent mental illness by informing the public about how to control their emotions and behavior, in addition to telling them how and where to seek help without informing them of what constituted mental illness. These scholars also ignored another important collection of mental hygiene films: those that portray the mentally ill in mental health institutions. The creators of these films claimed they were attempting to destigmatize mental illness and show the mentally ill in a new light. Their films, however, seem to destigmatize the mental hospital itself, not the people who resided within its walls.

Chapter one of the thesis will discuss the history of mental illness and film in America as well as lay out the argument of my thesis. It contains a brief history of psychiatry in the twentieth century, such as treatments, state hospitals, stigma of mental health and government involvement. Finally, it will include my thesis: Psychiatrists and various film boards were concerned with the stigma of the mentally ill and state hospitals, so they began to use film to destigmatize them. It should be noted, however, that this concern was also due in part to psychiatric professionals' need to gain respectability, so these attempts in film failed in destigmatizing the mentally ill but praised psychiatry and the mental institutions themselves. In the 1950s, modernistic values were competing with conservative ones nationwide and can be seen in these films. While it was modern to portray psychiatry and mental health in a positive light, conservative values still played a large role in the films, creating a complicated web of juxtaposing ethics and ideals.

Chapter two will include an analysis of preventative mental health videos interested in American youth. These films aimed to teach young people about controlling their emotions and that mental illness was simply an illness. Filmmakers and experts focused intensely on male

children and their developing masculinity in this set of films. These experts concluded that boys with feminine characteristics were weak and thus would not fit the idealized imagery of American masculinity. This chapter will also discuss the prevalent mother-blaming that began in this era. Mothers were expected to care for the mental health of their family and if anything went wrong in her child's development, then it was her fault.

Chapter three will analyze the videos made specifically about the mentally ill and state hospitals and institutions. Here, the films relay a sense of modernism. The creators and writers consistently stress new psychiatric advancements such as medication and other treatments (psychotherapy, counseling, etc.). The films claim that psychiatrists and other professionals who deal with mental health have a better understanding of their patients and their needs than ever before. Also, films like these emphasized the new idea that mental illness was just another sickness that could be cured with the correct, modern treatments *and* that it could affect anyone. These films were part of psychiatrists' and other mental health professionals' outreach to the American audience and the gaining of respectability for their profession. By showing these treatments to the public, and sharing their supposed benefits, psychiatrists could convince the people that they were the experts to come to if they should become mentally ill. While the creators of the films claimed to be trying to destigmatize the mentally ill, they destigmatized the institutions and psychiatrists instead.

Chapter four will cover the idea of homosexuality as a mental illness. In the 1950s, it was a new, modern idea that homosexuality or gayness was a mental illness or something that could be cured. Psychiatrists and parents were trying to figure out the cause of homosexuality to prevent young children from developing gay tendencies. Gay men were not considered real men because they were seen as intensely feminine and lacking masculinity. Another aspect of this

chapter will be the belief that gay men were sexual predators. Men are over-sexualized in general and so gay men were believed to be even more promiscuous than the average American male.

The epilogue of this thesis will reaffirm my argument that psychiatrists' attempts at destigmatizing mental illness were not successful because psychiatric professionals were simultaneously attempting to gain respectability for their profession. Instead of destigmatizing the mentally ill, they were destigmatizing their own work and state hospitals themselves. Many of the films were contradictory within themselves, due to the modernism and conservatism that pervaded throughout them. There was a national concern about the emotional well-being of the youth (preventing them from becoming mentally ill) and the shaping of their morals, but there was little nation-wide concern about those who were mentally ill, residing in state owned institutions. Many of the videos dealing with state institutions only aired in their states and dealt with the specific needs of that institution so psychiatrists were so preoccupied with the professionalization of their work and gaining respectability, that they did not adequately explain the nature of their patients and their respective illnesses.

CHAPTER 1

Introduction

The 1950s was a tumultuous decade for the United States and its citizens. Americans were striding into a new and prosperous era, full of modern technology and consumer goods that were meant to make life easier. On one hand, these advancements were rapidly changing the way Americans communicated with one another and challenging the traditional values throughout the nation. On the other, many experts and parents feared the effects these modernist challenges would have on their children and the nation with its threat to familiar, conservative practices. So, these experts and parents, filled with anxiety, wanted to find ways in which to instill their own values in their children, thereby preserving conservatism. The conflicting interests of modernism and conservatism often clashed in the '50s due to the unknown effects modernist values would have upon American culture. This conflict made it possible for fear and suspicion of anyone that stepped outside traditional, and distinctly American, social norms to thrive.

The underlying anxieties caused by the clash of modernism and conservatism can be noted in almost every aspect of the decade. The rise of McCarthyism served to further provoke and sometimes justify these anxieties. Joseph McCarthy was a Senator from Wisconsin, serving from 1946 until his death in 1957. During that time, he headed a fanatic crusade against Communism in the United States.² McCarthy and his demagogic message aided in the widespread fear permeating the country by saying that Communism was a major threat to the United States and the traditions it held dear. He not only created terror by alleging that Communist spies were working to overthrow the government, but he made people fear to dissent or act out in any way. Those who did were often labelled “subversive,” which destroyed their careers, stereotyped their families, and could even mean prison in some instances. The people

² Haynes Johnson, *The Age of Anxiety: McCarthyism to Terrorism* (Orlando, FL: Harcourt, 2005), 15.

and government officials of the United States also feared the spread of Communism in Europe. America was engaged in a Cold War with the Soviet Union, which included the arms race and the espionage war. The Cold War was also a battle of ideals.³ Each country wanted to prove that their way of life was better than the other. The dual fears of Communism from the inside and the out certainly proved to raise the levels of fear, anxiety, and perhaps apathy amongst the American people.

In response to Cold War fears, Americans began to look for ways to remain safe in this political and social environment. White, suburban families looked inward toward the home as a place of refuge from the chaos of the outside world, creating the most popular image of the 1950s: the nuclear family. In this ideal family model, each member had a specific role to play based on traditional gender norms. The father was often the breadwinner in a well-paying job, while the mother was the homemaker who enjoyed all the niceties modern technology could bring. This image of family was praised by political and mental health experts as the best model and an example of America's success as a nation. Experts and officials were also concerned with keeping the ideal American family healthy, physically and mentally to ensure the strength of the nation. In the 1950s, family was the smallest unit of the nation as a whole and it needed to be healthy, so it could act as a strong foundation for the country.

While many Americans attempted to gain the ideal family life, others in the postwar era either rejected it or were prevented from gaining it by American society. Not all white women in the United States were middle class homemakers. Many were activists, who worked outside the home and refused to follow the homemaker model. Others were outsiders for either becoming pregnant out of wedlock, having an abortion, originating from a lower-class family or identifying

³ Ibid, 12.

as homosexual. African Americans were labelled as outsiders and were prevented from having jobs that would allow their families to live a suburban lifestyle. Also, homosexual men were demonized because of their refusal to follow gender norms. All of these “rebels” were often attacked by the wider public and government officials for their differences or their refusal to follow the status quo.

This thesis will prove that amongst the widespread anxiety and apathy in America during the 1950s, a small group of experts was fighting to gain national recognition, respectability, and notoriety. Mental health professionals had had a long-standing relationship with their local state governments and the federal government for many years. Many of the mental health institutions were run by the state and relied on state funding to remain open. Psychiatrists and psychologists were being used more frequently by the federal government in times of war, especially when draft boards were in use.⁴ These experts were helping with the selection and rejection of draftees based on their mental fitness. Through educational (or mental hygiene) and documentary-style films, pioneering psychiatrists and other professionals in the mental health field sought to destigmatize both their profession and psychiatric institutions in the public’s eye. This thesis will also seek to prove that the mental hygiene films were primarily utilized to gain the public’s trust in the filmmakers’ expertise while the documentary-style films were used to destigmatize mental health hospitals. How they used these films to convince the public that mental health was important and that mental health hospitals were not “snake pits” is interesting because the films are a shining example of the battle between conservatism and modernism. The films were presented as purveyors of modern medicine. In the films, experts emphasized modern treatments and architecture to show that they used all the newest technological advances, but they also

⁴ Allan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II* (Chapel Hill, NC: The University of North Carolina Press, 1990), 9-11.

conformed to traditional conservative values. In a society full of anxiety, these experts reinforced conservative values while simultaneously advertising modern advancements in medicine, treatments, and to the institutions they worked within.

Fear of Communism and the Spread of McCarthyism

The biggest threats to the American way of life, according to politicians and propagandists of the post-war period, included the spread of Communism, the fear of nuclear attacks, McCarthyism, and internal decay.⁵ Communist practices were considered so alien, that if their ideals began to spread throughout America, politicians, experts, and a majority of the public believed that traditional, American democracy would cease to exist. American citizens' fear of losing their way of life was palpable and only made worse as Eastern European countries began to be forced to accept Communism. The Soviet Union, a communist country, represented everything that was deemed "un-American" and became enemy number one during what has become known as the Cold War. The Cold War was a battle between the United States and the Soviet Union as a way to prove whose political and social systems were superior.⁶

As the Cold War progressed into the 1950s, the United States' government and citizens became increasingly fearful of a nuclear attack by the Soviet Union. American families were encouraged to prepare for such attacks by stocking up on food and other supplies. The American government and school systems also began enacting new guidelines for surviving a nuclear attack. Schools even began issuing modes of identification in case of death. According to the Khan Academy, "Schools began issuing dog tags to students so that their families could identify their bodies in the event of an attack. The US government provided instructions for building and

⁵ This is the essential argument in Elaine T. May, *Homeward Bound: American Families in the Cold War Era* (New York, NY: Basic Books, 1988).

⁶ On Cold War see Elaine T. May, *Ibid.*

equipping bomb shelters in basements or backyards, and some cities constructed municipal shelters. Nuclear bomb drills became a routine part of disaster preparedness.”⁷ Operation Alert was one of the most memorable bomb drills because it would take place on the same day across the nation in all major cities. Duck and Cover exercises took place in schools to teach children how to take cover in case of a nuclear attack.⁸

By the time Joseph McCarthy made his claim to fame in a 1950 speech involving the list of Communists within the State Department, Americans were already terrified of Communism and potential nuclear attacks. McCarthy was looking to make his mark in American politics but was struggling to become respected and powerful within the Senate.⁹ As it turns out, Communism and potential subversives became his answer. McCarthy’s crusade against Communism in America and his bullying tactics left others in the government fearful of his growing influence. He was, at first, well-liked among the press and whatever he said was sure to be the headline of the newspapers, aggravating Americans’ fears and anxieties about Communism.¹⁰ McCarthy capitalized on and expanded people’s fears caused not only through the condemnation of Communism, but the battle between conservative and modern values. He was an influential, conservative force that punished those with supposed leftist leanings and those that supported modern values.¹¹

⁷ “Atomic Fears and the Arms Race,” Khan Academy, accessed October 16, 2017, <https://www.khanacademy.org/humanities/ap-us-history/period-8/apush-1950s-america/a/atomic-fears-and-the-arms-race>.

⁸ “Duck and Cover,” Farming in the 1950s & 60s, accessed July 10, 2019, https://livinghistoryfarm.org/farminginthe50s/life_04.html.

⁹ Haynes Johnson, 13.

¹⁰ Ibid.

¹¹ Haynes Johnson, 16.

Gender and the Family

During the 1940s, a new family model began to form that would, for the next decade, define what it meant to be a traditional American family and would perhaps prevent the next generation of children from accepting modern values, thereby changing the landscape of American culture. As American soldiers returned home from the war, psychological experts, and other officials, became concerned about their mental health. Experts also worried that single women would not settle into domesticity after being financially independent during the war, thus not fulfilling their duties as nurturers for the psychologically wounded men.¹² These fears were largely unjustified because the men and women of what is now called, “The Greatest Generation,” married faster and at a younger age than those in European countries, giving birth to the Baby Boomer Generation.¹³ This “Baby Boom” took place across all races and class divisions in the United States.

Gender, during the 1950s, was an important topic whether it was directly addressed as an issue or not. Men were expected to express their supposed masculine instincts as the dominant member of the household. Historically, the ideal male in America has often been defined by the politics of the time and by capitalism. In the nineteenth century, the ideals of capitalism and what is known as the “self-made man” were closely intertwined in American society. Americans believed the market economy had the potential to let all within it thrive and so self-made men, or those who succeeded in the economy, were considered the quintessential ideal of maleness.¹⁴ Men, during the nineteenth century, became more fully known as the breadwinners who provided a comfortable life for their families (previously, men not only cared for their families,

¹² Ibid, 70.

¹³ Ibid. 3.

¹⁴ E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York, NY: Basic Books, 1993), 19.

but for their communities as well). At this time, white men who did not come from prominent families could rise through the social ranks based on their own hard work and merit. According to Anthony Rotundo, a new type of manhood, called passionate manhood, emerged in the late nineteenth century and progressed into the twentieth. This ideal did not alter much from the self-made man, but it put new emphasis on the self, the acceptance of “male passions,” and the allowance of leisure time.¹⁵ Antony Rotundo’s language about masculinity in America often tends to emphasize domination of the family, himself, and others as what defined American manhood. Alternately, Michael Kimmel writes that, “Manhood is less about the drive for domination and more about the fear of others dominating us... American men have been afraid that others will see us as less than manly, weak, timid, frightened.”¹⁶ Kimmel’s view of manhood is more reminiscent of the anxiety surrounding manhood during the 1950s. Experts, the public, and officials were worried about American men and boy’s masculinity because they believed that weak men led to a weak nation that could be dominated.

As breadwinners, men were expected to care for the financial and material needs of their families. They were also expected to be a role model to their sons and an assertive figure to their wives and daughters.¹⁷ Without an assertive figurehead, experts believed, the family model would fall apart. The man of the house needed to be in control to prove his manliness and preserve his reputation as a man. In the 1950s, there were several perceived threats to manhood, including white collar careers and the idea of being “soft.” The white-collar world, including office jobs, was seen as damaging to manhood because it did not promote the self-made man ideal.¹⁸ Communism was also said to create “soft” men who threatened the “moral fiber” of

¹⁵ Ibid, 222.

¹⁶ Michael Kimmel, *Manhood in America: A Cultural History* (New York, NY: Free Press, 1996), 6.

¹⁷ Rotundo, 283.

¹⁸ May, 65.

America.¹⁹ Even more concerning to psychological experts was the belief that weak men bred weak boys. These young boys were the future to American society. They would eventually be the ones to drive the American economy, create infrastructure, and be elected to government positions. This thesis argues that it was believed wholeheartedly that a weak, timid father, especially in conjunction with a strong female figure, would damage the psychological development of the nation's boys.

Home during the late 1940s and throughout the 1950s became a place of security and containment in a new and unsure world. It was a place where men and women's heterosexual desires could be expressed freely and be safely contained. Home was also a shield against the outside forces of Communism, a place to prepare for nuclear attack, and where a woman was to find her purpose in life.²⁰ Women were the homemakers. They were assigned to care for the children, cook, clean, and care for their husbands' masculinity after he came home from work. Basically, women were expected to make accommodations or adapt to the needs of their family and many did so because they had no other option. During the 1950s, there were very few political outlets for women to voice their discontent, so they turned to "therapeutic" alternatives.²¹

The propaganda of the ideal, All-American family (or the nuclear family model) that defined the 1950s, could not be emulated in many average American families. The breadwinner and homemaker models they had chosen were not as fulfilling as they had once hoped.²² These spouses found themselves to be unhappy in their marriage as well as with their life in general

¹⁹ Ibid, 12.

²⁰ Ibid.

²¹ Ibid, 175.

²² Ibid, 15.

and so began looking for ways to cope with their stress. So, who could they turn to with their issues?

Dangerous Women, Socioeconomic Disparities, and Racial Strife

As for fears about internal decay, there were many social issues within the United States, marring the purported ideal of America as the land of opportunity. These social issues included conflict over independent women and race.²³ Experts, politicians, clergymen, and many others were all anxious about independent women and their supposedly sinister sexuality.²⁴ Prostitutes and lesbians, for instance, were considered synonymous at the time. Both were demonized for their sexual deviance from the norm.²⁵ Young men were instructed to beware of these types of females, while young women were counseled against becoming sexually active until after marriage. It was believed that if women ignored these warnings, their sexuality would destroy the moral fiber of not just the men, but the entire country itself. Sexuality among the youth postwar had to be contained in a secure setting, so marriage and the home became a place of refuge.²⁶

The idea of dangerous women was not limited to women who expressed their sexuality in a different way. Single women who focused on a career were often met with suspicion in the wider public and it was believed that they would cause disruption in American postwar culture. The public and government officials feared women would not settle back into domesticity after the war because they were either actively or inadvertently defying social norms.²⁷ If one of these women were to become pregnant outside of wedlock, she would immediately become an outcast

²³ May, 9.

²⁴ Ibid, 68-9.

²⁵ Donna Penn, "The Sexualized Woman: The Lesbian, the Prostitute, and the Containment of Female Sexuality in Postwar America," in *Not June Cleaver*, ed. Joanne Meyerowitz (Philadelphia: Temple University Press, 1994), 359.

²⁶ May, 10.

²⁷ Ibid, 68.

of society. Psychological experts often diagnosed unmarried white women who became pregnant as “neurotic” while unmarried, pregnant black women were dismissed. Mental health experts deemed it part of their “cultural pathology.” On one hand, diagnosis of neurosis was a privilege because it meant that these white women could be cured of their supposed “disease” and that it was not their fault they became pregnant. It was their illness. On the other, a diagnosis of “cultural pathology” of African Americans during the postwar suggested that African American communities, especially in poorer areas, accepted these unwed mothers.²⁸ Citing cultural pathology was another way for white experts to justify inequality for African Americans. These “experts” could and did claim that African American pathology would be a danger to white morality.²⁹

Another example of dangerous women in the postwar era were working women and especially activists who began to demand pay equality in the workplace. The most common (or stereotypical) image of women in the 1950s is of the wife performing some type of household chores, but this imagery represents the middle class, white women. According to Joanne Meyerowitz, “most American women lived, in one way or more, outside the boundaries of the middle-class suburban home.”³⁰ One such activist group was a peace organization called the Women’s International League of Peace and Freedom (WILPF). After the war, they were the only women’s peace organization left in the United States and they faced falling membership numbers due to McCarthyism.³¹ WILPF condemned the punishment of political progressives and

²⁸ Regina G. Kunzel, “White Neurosis, Black Pathology: Constructing Out-of-Wedlock Pregnancy in the Wartime and Postwar United States,” in *Not June Cleaver*, ed. Joanne Meyerowitz (Philadelphia: Temple University, 1994), 310-317.

²⁹ *Ibid.*

³⁰ Joanna Meyerowitz, “Introduction: Women and Gender in Postwar America,” in *Not June Cleaver*, ed. Joanne Meyerowitz (Philadelphia: Temple University Press, 1994), 2.

³¹ Harriet Hyman Alonso, “Mayhem and Moderation: Women Peace Activists during the McCarthy Era,” in *Not June Cleaver*, ed. Joanne Meyerowitz (Philadelphia: Temple University Press, 1994), 128.

Communists (they believed in the right to free speech even if they did not agree with Communist ideals) and promoted stronger ties to other countries. Because of their antiwar and perceived leftist leanings, WILPF had to openly criticize Communism to avoid attacks by those who supported McCarthyism.³² While there were many women's activist groups in the '50s, their opposing ideas of what changes needed to be made in the workplace, whether women belonged in the home, pay equality, gender equality, and race prevented much change. It should be noted that while these early women activists were not exactly successful in their crusades, they did succeed in providing the groundwork for many of the social movements of the 1960s.³³



Figure 1, “What Belongs in a Beautiful Kitchen? YOU and Steel!” A typical advertisement of the “modern” kitchen. Design by John and Earline Brice and from the company, Jones & Laughlin Steel (1955).³⁴

³² Ibid, 141.

³³ Susan Lynn, “Gender and Progressive Politics: A Bridge to Social Activism of the 1960s,” in *Not June Cleaver*, ed. Joanne Meyerowitz (Philadelphia: Temple University Press, 1994), 105.

³⁴ “What Belongs in a Beautiful Kitchen? YOU and Steel!,” Plan59, accessed September 29, 2017, <https://www.plan59.com/decor/decor017.htm>.

Homosexuality

Gender and sexuality throughout the postwar era cannot be condensed to fit the white, suburban family stereotype, despite how symbolic the nuclear model of family life in the 1950s has become in recent years. Male sexuality, specifically homosexuality, became a major concern for the government, the public and mental health experts during this time. The government, to deter homosexuality, increasingly enforced older laws and regulations in this period. Other public acts of homosexuality were considered “disorderly conduct” including dressing in clothes reserved for the opposite sex or stepping outside of gender norms in general. The senate even went so far as to describe homosexuality as a form of subversion. To government officials, homosexuality was as dangerous as communism because gay men working within the government could potentially be blackmailed for official documents or secrets.³⁵ Many gay men and women found it dangerous to express their sexuality in public, so they often created their own spaces where they could gather together. There were gay bars where these men and women could enjoy being themselves in a public space.

Additionally, in the 1950s, gay rights organizations began to form, including the Mattachine Society, ONE, and the Daughters of Bilitis. These groups hoped to be activists and representatives for American homosexuals, but their own ideas about how homosexuals should present themselves excluded those who did not conform to gender norms. These “Homophile organizations endorsed gender-role conformity as key to winning acceptance by ‘normals.’”³⁶

For example, the Mattachine society encouraged gay men to dress in a masculine manner and to

³⁵ Nako Shibusawa, “The Lavender Scare and Empire: Rethinking Cold War Antigay Politics,” *Diplomatic History* 36, no. 4 (Fall 2012): 725, accessed September 28, 2017, <http://muezproxy.marshall.edu:2060/ehost/detail/detail?vid=2&sid=9f93cba5-be70-48d0-9fe6-7e0f398dddaa%40sessionmgr101&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#AN=77960591&db=aph>.

³⁶ Will Fellows and Helen P. Branson, *Gay Bar: The Fabulous Story of a Daring Woman and Her Boys in the 1950s* (Madison, WI: The University of Wisconsin Press, 2010), XI.

avoid the “fairy” persona that tended to stereotype gay men as feminine. These public spaces and organizations came under government scrutiny often, due to “increased gay bar raids, homosexuals ferreted out of the military, gays being purged from government jobs, and the enactment of state and municipal sexual psychopath laws...”³⁷ These raids and purges were common during what became known as the “Lavender Scare.”³⁸

The Lavender Scare had many ties to the Red Scare of the ‘50s because of the links officials made to the spread of Communism in the context of homosexuality. Often, American government officials would say that Russia and China were examples of what happens to countries that supposedly allowed homosexuality (Russia had outlawed homosexuality in 1934).³⁹ This hostility toward homosexuality points back to the term “soft” and the danger officials and the public believed softness presented to the nation’s security. Soft, effeminate men were often viewed as a “civilizational degeneration” of America and this sentiment was only strengthened by Freudian theories of homosexuality.⁴⁰ These theories were often used to justify the persecution of homosexuals because government officials and other authority figures deemed them inferior and dangerous to American culture.

Psychology: A Growing Influence in the “Age of Anxiety”

The psychological perspective became an integral part of everyday life in the United States as the profession became more influential in the government and in the public. During the 1950s, the United States was the epicenter for experimental psychology.⁴¹ Experimental

³⁷ Douglas Charles, “From Subversion to Obscenity: The FBI’s Investigations of the Early Homophile Movement in the United States, 1953–1958,” *Journal of the History of Sexuality* 19, no. 2 (Spring 2010): 264, accessed September 28, 2017, <https://muse.jhu.edu/article/380335>.

³⁸ Ibid.

³⁹ Shibusawa, p. 725.

⁴⁰ Ibid, p. 745.

⁴¹ Alan Baddeley, “Psychology in the 1950s: A Personal View,” in *Inside Psychology: A Science over 50 Years*, ed. Pat Rabbitt (New York, NY: Oxford University Press Inc.): 28, accessed May 20, 2019, <http://ebookcentral.proquest.com.marshall.idm.oclc.org/lib/marshall-ebooks/reader.action?docID=975639>.

psychology included new treatments and surgeries for patients in mental hospitals, expanding theories about the effects of physiological stress on the human mind, group and pharmaceutical therapy and the creation of methods of preventative mental hygiene.⁴² The United States was making great strides when it came to psychological theory and practices, but mistakes were made along the way. While attempting to inform the children and the public about psychological practices through the films in thesis, psychologists and psychiatrists erred in that oftentimes they were too general in their explanations. This thesis argues that these vague explanations by psychiatrists led to wide misinterpretations of psychological theory by the public and government officials in the 1950s that still exist to this day. It did not help that psychologists and psychiatrists did not agree across the board on some of these theories and a very few let their own personal beliefs color their expert opinions.

Conclusion

When I first decided to write about psychology in the 1950s, I expected to write a narrative about women and later, children with cognitive disabilities in institutional settings. As I read more and more recent historical literature surrounding the psychology of women, the less I wanted to write about those experiences because so much had been written about the topic. I felt I could not contribute anything new or useful to the conversation of psychological history until I found a set of videos from 1952. The series was called, “In Our Care” and was created by Ray Stewart to inform the people of Iowa about the dire situation their local mental hospitals and schools for children with disabilities faced. I wanted to focus on the children with cognitive disabilities specifically, but I could not find other films from this time period that featured these children. As I continued watching the series, however, I noticed a pattern.

⁴² Ibid.

While the experts in the series of films stressed the importance of modern treatments, they also upheld conservative beliefs that were inspired by the conservatism of the era. I expanded my search to include early mental hygiene films and films that featured mental health institutions. This pattern of modernism and conservatism could be found in all these films and was especially apparent when it came to gender roles. In other words, modern psychology could “fix” people who were psychologically sick with new, modern methods. The sick included people who did not conform to traditional or conservative gender roles. Lesbians, women who became pregnant out of wedlock, and “hysterics,” for example, could theoretically receive treatments to become the ideal homemaker. Surprisingly enough to me after all my previous research, these mental hygiene films did not focus solely on women. They focused mainly on men and their masculinity. There seemed to be an anxiety about mentally weak and sick men. But how did experts in the 1950s define a mentally sick man?

The male mind has historically been considered the idealized form of human intellect and problem-solving. Because of this idealization, there are strict guidelines as to what classifies as characteristics and behaviors of correct masculinity. Men are expected at a cultural and social level to be resilient, reserved and logical. They are also expected to take part in traditionally male activities such as hunting, fishing, and wrestling among other things. These films imply that men were expected to conform to gender roles in much the same way as women in the 1950s. Most men may have had more freedom and often faced fewer consequences than women, but this assertion is untrue with certain groups of men. Gay men, transgender people and mentally ill men were all believed to be the very opposite of the ideal American masculinity. These men were believed to be weak and emotional, making them feminine in their very nature.

Like women, men faced the same hard line between the genders. Where women could only be feminine and complete traditional female tasks, men could only be masculine.

Though ten years may seem like a short period of time, especially in terms of human history, 1950-1960 was an unforgettable decade that permanently altered American foreign policy and social values in the country. These social values became far more conservative in nature in response to supposed Communist threats and modernism as a way to protect the American identity and ideal. Furthermore, conservative ideals often clashed with the modern times, creating a sense of pressure on the everyday American citizen to behave in a certain manner befitting their socioeconomic status, race, sexuality and gender. The intense focus on sexuality and gender norms by the government and psychiatrists marked the beginning of genderized mental health. Mental health theories and principles from this era have become entrenched in our society, as well as our pop culture, and has shaped how we understand gender, parenting, mental health and sex roles. Because of their intense focus on masculinity in the films, psychologists and psychiatrists of the mid-twentieth century helped to define what it meant to be a real man in America. The next chapter will address how male children were expected to behave and how parents were taught to raise their boy children into ideal American men.

CHAPTER 2

The term mental hygiene refers to, “The branch of psychiatry that deals with the science and practice of maintaining and restoring mental health, and of preventing mental disorder through education, early treatment, and public health measures.”⁴³ It seems that many in today’s culture believe that mental health and hygiene for children became a national concern only recently, with the ever-growing number of mass shootings in schools. A series of films relating to mental health from the 1950s and 1960s show a different story. American culture has been concerned about children’s psychology for many years as we can see in films such as: “Activity Group Therapy,” “Angry Boy,” “Face of Youth,” “Mental Health” Keeping Mentally Fit,” “Facing Reality,” “Understand Your Emotions,” “Self-Conscious Guy,” and “A Family Affair.” This thesis argues that the creators of these mental hygiene films, who were usually from their respective state’s mental health departments or local groups interested in mental health, had three goals in mind. First, they were trying to prevent mental illness by informing the public, specifically young people, about how to control their emotions and behavior. Second, the filmmakers and writers informed those in need of counseling of where they could access an expert. There was a problem with these two goals, however. The creators were vague about what exactly constituted mental illness and instead focused on the morality of the youth. The final and overall goal of these films was to destigmatize mental illness.⁴⁴

These films aimed to teach young people about controlling their emotions and that mental illness was something that could be controlled or fixed. However, many of these films’ creators sought to help form youths’ morals as well. These moral teachings were a way to further enforce what they believed to be mentally healthy practices (what not to do vs. what should be

⁴³ “Mental hygiene,” Dictionary.com.

⁴⁴ Main argument of *this* thesis.

done). Conservative morality and mental health were often synonymous in these films, which speaks to the conservatism of the mid-twentieth century. This thesis further argues that government, business and other officials were attempting to shape the morals of the youth by firmly delineating between moral and immoral behavior. Behaviors such as emotional distress, hallucinations and gender nonconformity were seen as products of immoral behavior, while working a steady job and keeping your emotions in check constituted moral actions. Reflecting a larger conflict, the tensions in these mental hygiene videos were simultaneously destigmatizing mental illness and reinforcing the same stigmas. Forces of modernism allowed psychiatrists and the creators of the films to attempt to change the stigmas surrounding mental illness through film, but conservative values still influenced these professionals, hindering the process of destigmatizing mental illness.⁴⁵

This chapter aims to look at these films in a new way from other scholars. Those who have written about early mental hygiene films have not focused on their relationship to mental health history, but rather on social control or morality alone. In the book, *Mental Hygiene: Better Living Through Classroom Films 1945-1970*, published in 1999, Ken Smith wrote about mental health films in the public-school classroom. He claimed that these films were being used to enlighten the nation's youth about proper etiquette and being responsible citizens. Smith asserted that students did not fully understand what the creators of the films were trying to convey and even speculated that audiences were being manipulated.⁴⁶ Specifically, the author viewed the films as a way for their creators to provide lessons on morality, or what the creators believed constituted morality.

⁴⁵ An essential argument to this thesis.

⁴⁶ Ken Smith, *Mental Hygiene: Better Living Through Classroom Films 1945-1970* (New York: Blast Books, Inc., 1999), 21.

Useful Cinema, another book about the influence of film, was published in 2011 and edited by Charles Acland and Haidee Wasson.⁴⁷ The book is a collection of essays about how workers were being trained through film and the surge of films in the classroom. The airing of this “useful cinema” aided in serving public and private aims as well as helping to form films’ place in everyday Americans’ lives. One essay, “Health Films, Cold War, and the Production of Patriotic Audiences: The Body Fights Bacteria (1948)” by Kirsten Ostherr, claimed that the health films “were clearly designed to instruct their viewers while also persuading them of the sponsor’s cause or point of view.”⁴⁸ In other words, creators of these types of films had particular motives or outcomes in mind when they released them to the public.

While these authors located their studies in the larger social and cultural context of the 1950s, they did not take into account the modernism that often clashed with and challenged conservatism. Educational and mental hygiene films became popularized in the decade because of the modernism pervading the era. This modernism is the subject of George Marsden’s *The Twilight of the American Enlightenment: The 1950s and the Crisis of Liberal Belief*, which was published in 2014. Marsden wrote that conservative Americans in the period were concerned with the effects of modernity. They believed that the leaders of modernism, specifically those with scientific backgrounds, such as psychologists, endangered civilization and “were destroying traditional religious and moral restraints.”⁴⁹ In *Better but Not Well: Mental Health Policy in the United States Since 1950*, by Richard Frank and Sherry Glied, the authors wrote about the changes and advances made in understanding mental illness, the increases in funding to mental

⁴⁷ Charles Acland and Haidee Wasson, *Useful Cinema* (Durham, NC: Duke University Press, 2011).

⁴⁸ Kirsten Ostherr, “Health Films, Cold War, and the Production of Patriotic Audiences: The Body Fights Bacteria (1948),” in *Useful Cinema*, ed. Charles Acland and Haidee Wasson (Durham: Duke University Press, 2011), 106.

⁴⁹ George Marsden, *The Twilight of the American Enlightenment: The 1950s and the Crisis of Liberal Belief* (New York: Basic Books, 2014).

health care and emerging support for people with mental illness.⁵⁰ They argued that psychiatric care began transforming in the 1950s as family doctors and the community began assuming an active role in managing mental illness. The arguments made in this book clearly illustrate the modernism pervading psychiatry.⁵¹ Through the new medical advances, psychiatrists could better care for their patients' unique needs and allow patients to return to their normal lives outside of the institution's walls. Patients could then become useful citizens again and fulfill the conservative demand for mentally strong individuals.⁵² Through film, psychiatrists and other experts thought they could elicit change in those already affected by mental illness and limit mental illness amongst American youth by informing them on how to control their emotions.

Mental Hygiene Films for Children

Mental hygiene films were meant to help young children and teens become aware of their own mental health. These films were created and shown in classrooms all across America with three specific functions in mind. The first was to teach children to control their emotions and keep them in check. The creators of these films also wanted children to learn to be more successful through self-confidence. The final function was to gain more respectability for psychiatrists and destigmatize mental illnesses in general. This section illustrates how emotional and mental health of children was becoming a concern for psychiatrists and society in general. Basically, correct masculine tendencies are equated with good mental health.

“Mental Health: Keeping Mentally Fit” is a perfect example of the mental hygiene film because of its informational style. The film was created in 1952 and produced by Encyclopedia Britannica Films in collaboration with Dr. David Slight (Superintendent of Medical Health

⁵⁰ Richard Frank and Sherry Glied, *Better But Not Well: Mental Health Policy in the United States since 1950* (Baltimore, MD: John Hopkins University Press, 2006).

⁵¹ Ibid.

⁵² Ibid.

Centers in the state of Illinois).⁵³ This film shows young children and teenagers how to stay mentally healthy and claims that mental health is not that different from physical wellness.

This film's first scene is of a graduation. The narrator notes that the town depicted is an average town and, because of that, two out of the forty people graduating will be institutionalized at one point in their lives. The narrator, the town's local family practitioner, claims that his "...job is to try to keep the people around here healthy. Most of them are."⁵⁴ After this statement, he begins discussing individual cases of physical flaws amongst the townspeople. One has a bad ear, another is near-sighted. The narrator says that while these flaws can cause issues, they do not stop these teens from doing what they want and like. The doctor claims that these people have learned good habits to keep them physically healthy such as cleanliness, good diet and exercise.⁵⁵

While good habits are important, the film also suggests that mental health is inherited. He asserts that mental health is natural to most people because if parents are mentally healthy, they will raise their children to be mentally fit as well. Today, we know that this assertion is not exactly true. Many parents can have good mental health but have children with severe mental and emotional issues caused by traumatic injuries, chemical imbalances or unknown causes. The narrator's statement is an example of how the theories of eugenics, though it was not practiced as explicitly in the 1950s as it had been throughout the 1920s and 1930s, still influenced psychiatric and mental health practices. The eugenics movement in America was notorious for not only

⁵³ "Mental Health: Keeping Mentally Fit," (video), produced by Encyclopedia Britannica Films, posted August 7, 2012, accessed March 13, 2018, <https://www.youtube.com/watch?v=fwJGbhQpaJU>.

⁵⁴ Ibid.

⁵⁵ Ibid.

sterilizing minority men and women, but for attempting to weed out mental illness through good breeding.⁵⁶

The treatment of Tommy Clark reveals how this film was meant to legitimize mental health in America. Tommy learned the first rule in good mental health when he was a boy. The rule or lesson, the doctor says, was “not bottling up your emotions.”⁵⁷ Bottling emotions can lead to unpleasant mood swings and behaviors. The film cuts to a flashback with Tommy with his family as a child. He has a newborn brother, and Tommy refused to eat. His parents yelled at him without asking what was wrong with him and when that did not work, they sent him to a doctor (i.e. the narrator). Using an elderly, family doctor to explain basic mental health practices was ingenious. His voice is soothing and nonthreatening while he explains mental health in a simple, nonscientific manner. It is easy for the audience to understand and the doctor is relatable.⁵⁸ Psychiatrists, at this time, were still working on their credibility and respectability in the eyes of the American public. They were attempting to remove the stigmas around their profession and gain the trust of society. If the film had featured a psychiatrist, it would not have had the same endearing effect as it did with the kindly family doctor. In other words, a family doctor discussing mental health would have been more trustworthy and credible than a psychiatrist, but this film was also attempting to change that through destigmatizing and legitimizing the mental health field.

Central to the practice of mental health in America was the idea that bottling up one’s emotions was unhealthy and could cause lasting damage to a person’s psyche. Because the doctor knew nothing was physically wrong with Tommy, he began asking Tommy about his

⁵⁶ Martin S. Pernick, “Eugenics and Public Health in American History,” *American Journal of Public Health* 87, no. 11 (Fall 1997): 1767, accessed April 28, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1381159/>.

⁵⁷ Ibid.

⁵⁸ “Mental Health: Keeping Mentally Fit.”

home life. Tommy began to cry and say that he could not talk about it. The doctor replied that the more you talk about your problems, the easier they are to solve.⁵⁹ Tommy breaks down and tells the doctor that since the new baby was born, his parents do not want him. He claims they are planning to get rid of him now. The narrator says the parents are partly to blame because they have been paying more attention to the baby and less to Tommy than they realized. The doctor talked to Tommy's parents and found there was a major misunderstanding. The parents had planned to send Tommy to a summer camp, not away for good.⁶⁰ And so, Tommy's problems were solved because he stopped bottling up his emotions and talked about them with a respectable male figure who could point him in the right direction. So, the premise of Tommy's story is to talk to someone when you are upset or under emotional duress because it can help you become better socially adjusted. The film makes a connection between Tommy's emotional health and his graduation mentioned at the beginning of the film. Because he learned how to talk about and control his emotions, he became successful in his future endeavors. He became the ideal American male because of his good mental health.

Along with the lesson about emotions, the film makes two other distinct points about mental health. The narrator leaves the viewers with the rest of what he calls the "Rules of Good Mental Health." With these rules, there are more real-life examples of how one should apply these rules. The first rule, do not bottle up your emotions, had already been discussed with Tommy. The second rule was, "Respecting yourself and own abilities."⁶¹ The scene cuts to a young tennis player. He wanted to be perfect from the very beginning. He became frustrated with himself if he missed one point, so the coach took him aside. The coach told him he was

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Ibid.

focusing too much on the game instead of just having fun.⁶² The young tennis player was not respecting himself or his own abilities because he kept trying to force himself to be better. He threw childlike tantrums when he did not get something right, which made him seem immature. The narrator explains that the boy should just keep practicing and he will slowly improve his skills through hard work.

The third rule was, “Feeling right about others too.” This rule means being part of a group and getting along with others. The narrator claims there is no room for bashfulness in good mental health. Another young man is shown as an example. He did not have many friends because he believed that no one really liked him. A teacher saw this and convinced him to join a club. The doctor claimed the parents were to blame because the father demanded too much from the boy. The father was too hard on him and made him feel as though he was not as good as the other children.⁶³ The fourth and final rule was to “do something about a problem as soon as it came up.” A young girl, unlike her friend, put off studying and so she failed a quiz because she was unprepared. Her lack of preparedness led to her doing badly on the exam.⁶⁴

This film is an excellent example of the preventative or mental hygiene film. Its premise is all about the youth controlling their emotions and modifying their behavior to fit the ideal, all-American teenager. This premise of the film adds to the “cookie-cutter” image for which the 1950s is so famous. Society wants hard-working, happy, and mentally stable children who will eventually grow up to be functioning and useful adults. According to the film, if everyone has good mental health, the world will be made into a better place. The four rules were a simple way

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

to impress upon young minds how to keep mentally healthy and how to modify their behavior to match the ideal American teenager image.

The film, “Facing Reality” shows the equation between children’s mental health and gender.⁶⁵ The film was created by McGraw-Hill Book Company. This 1954 film is part of a larger series named “Psychology for Living.” Like most of the other films, its focus is on a young male. This boy, named Mike, is stubborn, socially awkward, and at times overly-aggressive. The film was made to help the youth cope with day to day life and common problems that will face them. Though this film is meant to be a general film for all teenage children, male development was still a key focus.

The film begins with a quote that sets up the main topic of the film, defensive mechanisms. “When reality seems too difficult for us to face, we retreat behind defensive mechanisms.”⁶⁶ Following this quote some examples and types of defensive mechanisms are listed and acted out such as rationalization, projection and negativism. These defensive mechanisms are basic responses to situations that make people uncomfortable, angry, sad and so on. The narrator asserts that everyone is guilty of using defense mechanisms. By knowing what type of defenses they use, people can know their dangers and guard against them. When normal defenses slip, and one must face reality, other defenses can manifest.⁶⁷ These defenses were a form of advanced psychology, so this film was mostly geared toward teenaged children, not elementary aged children. Basically, the defense mechanisms are automatic ways our brains try to rationalize or explain human behavior.

⁶⁵ “Facing Reality,” (video), produced by McGraw-Hill Book Company, posted July 15, 2013, accessed March 13, 2018, https://youtu.be/dhCo5WJA_cc.

⁶⁶ Ibid.

⁶⁷ Ibid.

The narrator says that too many people refuse to face reality and try to escape their duties through defense mechanisms. The narrator asserts that no matter how much one dreams, reality will still be there. The scene cuts to a classroom and begins to focus on one student, Mike. The teacher is discussing psychology and how protective or defensive mechanisms are the wrong way to face reality. He claims that to defeat these mechanisms and face reality, one must find the root of the problem.⁶⁸

After class, a conflict over planning a dance erupts and reveals the way the film defines healthy masculinity. One of the more outspoken boys takes charge and begins to assign people to the decoration committee. When asked to be on it, Mike says no and claims that he is too busy with work. After the outspoken boy assigns another, Mike claims he is not good at decoration anyway.⁶⁹ After Mike's claim, the class takes a vote on whether the dance should be formal or costume. Mike is the only one to choose costume. The narrator chimes in to say that Mike is hiding his sense of inadequacy through negativism. He was afraid to fail on the decoration committee and is now deriving great pleasure from people coaxing him out of his choice. He gets a sense of "satisfaction from being the center of attraction."⁷⁰ The biggest takeaway from this scene is that if a child disagrees with the majority of other children, then there is something wrong with them. Mike is portrayed as shy, but the narrator describes him as obstinate. Perhaps shy children, specifically boys, do not fit into the gender norms of the era. So, Mike is too shy, obstinate and full of self-doubt to be mentally healthy and have correct masculine traits. Parents are shown to have responsibility for their children's mental health and proper gender development. At home, Mike begins using rationalization as a defense. He tells his parents that

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

he does not want to go to the dance. His young sister, Harriet, laughs and says that none of the girls would even dance with him if he did go. Mike becomes angry and he claims that girls are stupid, silly and that he is tired of them. His parents, unlike his sister, do not have much to say on the subject. They apparently do not recognize that Mike is going through some serious emotional issues. The lack of understanding and recognition from his parents in the film highlights underlying fears of American society about the modern world. This fear is that parents will no longer have the time or patience to notice if something is wrong with their children. It can also be noted that Mike's outburst is childlike and too aggressive. He is too aggressive to be considered to have a correct sense of masculinity as well as being too shy.⁷¹

Like "Mental Health: Keeping Mentally Fit," this film warns against the dangers of bottling up emotions. After the explosive encounter with his family, Mike begins to think back on his day. The narrator says that Mike is beginning to see that rationalization and negativism will not work in the long run because Mike still feels inferior.⁷² The narrator further describes Mike as the type of person to bury small slights within himself instead of resolving them. One example is that he had knocked over a glass and people laughed at him. He keeps everything bottled up, instead of talking it out. The scene cuts to the next day in class. The teacher, continuing his lecture on defense mechanisms, says that protective mechanisms can be done away with if a person is willing to speak to others about their problems. Mike then decides to stay after class to finally talk to his teacher about his social and emotional problems. According to the film's attitude, Mike's talk with his teacher is a step forward for him. He is reaching out to an appropriate male figure in his life for emotional and mental guidance.⁷³

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

“Facing Reality,” though it is not as explicit as the other films in this chapter about masculinity, is still a good example of preventative mental health and behavior modification.⁷⁴ These two topics were of major concern in the 1950s. American society feared their teenage youth were being negatively affected by modern forces and losing the conservative values the older generations cherished. The older generations wanted to ensure that even though the American way of life was changing, with technological advances and more white-collar jobs, that its core values, such as traditional gender norms, remained the same.

The film, “Self-Conscious Guy,” is far more explicit than the previous films on its mission to equate correct masculinity with good mental health. It was released in 1951 and was a Coronet Instructional Film. The educational collaborator with this film was Judson T. Landis, Ph.D. He was a family sociologist at the University of California.⁷⁵ Marty, the main character of the film, is painfully shy. As with Mike and Henry from the previous films, shyness is portrayed as not an appropriate trait of a masculine man or a successful American. The film follows Marty as he navigates the reasons why he is so shy.⁷⁶

The film begins with Marty narrating how he overcame his self-consciousness. His journey began on the day after the play at the after-party on stage. He is shown sitting in the back of the group, being quiet while everyone else jokes and laughs together.⁷⁷ After some time, the other kids begin playing a game with the stage spotlights. If it stopped on you, you had to get up and make a speech. Jack, the star of the play, did well when the light stopped on him. Marty, during this time, began thinking about what he would say if the light stopped on him:

⁷⁴ Ibid.

⁷⁵ “Self-Conscious Guy,” (video), produced by Coronet Films, posted November 8, 2010, accessed March 20, 2018, <https://youtu.be/j0liWlypZM4>.

⁷⁶ Ibid.

⁷⁷ Ibid.

Of course, I wanted to do well too. I wanted to...to shine. I started planning what I was going to say. I'd wow 'em. And then it happened. There I was, in...in the spotlight. And I felt uncomfortable and...and awkward. And different. And they were all watching me. And laughing...at what? At me? What was I doing wrong? Did I look funny?⁷⁸

Suddenly, Marty was able to speak up. He said, "As unaccustomed as I am to public speaking, I...I guess I'll just shut up and sit down."⁷⁹ The other teens laughed, but not jeeringly. One guy even walked up to Marty and said his speech was neat, but there was no need to be so self-conscious. Marty, upon hearing this, realizes that his self-consciousness is his biggest problem and always has been. He flashes back on some earlier public speaking moments such as trying to ask a girl out on a date and trying out for the play. He could not get the words to come when he attempted to ask her out and he ended up volunteering for the stage crew instead of even trying out for the play. While thinking back on these memories, Marty becomes so upset with himself that he leaves the party. He thought he could never ask a girl out, nor could he ever try out for a play.⁸⁰

Marty's lack of self-confidence is, according to the film, preventing him from living a normal life. It prevents him from standing out from the crowd and showing his true potential. It also interferes with his developing masculinity, especially when it came to asking the girl he liked out for a date. Marty was so nervous and unsure of himself, that he sabotaged his own masculinity. From the film's emphasis on this scene, it can be inferred that asking a girl out is an important part of developing a sense of masculinity in a teenage boy's life. Being too shy to ask a girl out is apparently unacceptable and unmanly according to the standards of this film.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

Marty, after all his troubles, finally figures out how to be a proper boy. A day or so later, Jack admitted to Marty about how nervous and self-conscious he was during the spotlight game. This answer seemed to shock Marty into thinking about self-conscious people he met over the years.⁸¹ They had all overcome it, but he did not know how. When thinking about the discussion with Jack, Marty realizes that the more confidence you convey, the less self-conscious you are. He also notes that levels in his self-consciousness decrease when he is good at something, like ping pong.⁸² He successfully tries out for the next play and gets a part. He begins to practice nonstop at home and in front of his family; though, in front of his classmates, he still struggled being in the spotlight, so a teacher told him to keep “the whole situation in mind.”⁸³ Marty tried that, and it worked. He was reciting his lines perfectly in front of his classmates. Marty learned that he needs to concentrate on what he is doing, not how he is doing.⁸⁴ This film, though reminiscent of a new-age self-help book, attempts to show what can happen if you simply believe in yourself and show a little self-confidence, while simultaneously upholding the traditional values of the 1950s.

“Control Your Emotions” focuses on another aspect of masculinity: aggression. It is a prime example of the over-aggressive teenage boy and is also a Coronet Instructional Film. The educational collaborator on this film was A.R. Lauer, Ph.D., a professor of psychology at Iowa State College.⁸⁵ Jeff, a young teenager, is the main character of the film. When things go wrong in his life, he cannot emotionally handle it and becomes full of rage and aggressive behavior. Even though aggression can be considered a positive masculine trait, if one is too aggressive,

⁸¹ Ibid.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ “Control Your Emotions,” (video), produced by Coronet Films, posted November 6, 2010, accessed March 21, 2018, <https://youtu.be/0b85QNfmeco>.

then it becomes a problem. Too much aggression is seen as childlike and acting out on this rage and aggression is equated with tantrums. Therefore, childlike tantrums are not masculine or becoming in a teenage boy.⁸⁶

This film contrasts with the previous films because it does not focus much on hiding one's emotions, but on emotions becoming out of control. The film begins with different camera shots of a wildfire. The narrator claims it was one of mankind's worst enemies before we learned to control it. As such, "your emotions can be your own greatest enemy...under control, your emotions can make you healthier and happier and improve the lives of people around you."⁸⁷ When one becomes upset, it can affect others as well. The narrator claims that psychologists have found that controlling one's emotions is easier when one understands the stimulus response pattern. The process is described as someone having an experience and then responding with various emotions or a stimulus response.⁸⁸

Continuing the discussion of psychological theory, the narrator says that human nature has three common patterns of emotional response including rage, fear and love. Through the process of conditioning, what one experiences daily becomes associated with all three stimuli. Balancing these emotions is of the utmost importance to having a "well-rounded" personality.⁸⁹ Here, the film cuts to Jeffrey Moore, described as a usually well-balanced young man who gets along with everyone. He is at a get-together with some friends when one complains of a headache. Jeff decides to fix his friend a seltzer to help with the headache when something goes wrong. The drink spills all over the table and Jeff's friends laugh at him. While Jeff cleans the

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Ibid.

mess, they call him a “wash woman.”⁹⁰ He becomes angry with them and informs them that he will not be picking them up with his dad’s car later that evening. Basically, he is both embarrassed by making the mess and having to clean it up. The act of cleaning in this time period was a woman’s job and not a man’s, even if he did make the mess. Jeff automatically becomes feminine in the eyes of his friends when he has to clean his mess. The overreaction on Jeff’s part, shows that he is still mentally immature, and his masculinity is still in need of development.⁹¹

The narrator wonders, why is Jeff so angry? What caused him to respond in that manner toward his friends? The narrator claims it is because he messed up in front of his friends, causing him to become simultaneously embarrassed and angry. In other words, Jeff’s pride was hurt in front of his friends so he had a childlike response. On the way home, Jeff tripped over a water hose and threw a tantrum because it frustrated him. After he gets home, he attempts to start his father’s car, but it will not fire.⁹² He becomes angry and frustrated again. Here, the narrator notes that Jeff is letting a habit form. Jeff is letting everything that goes wrong get to him and annoy him. He is not controlling his responses to the outside stimuli like a well-adjusted young man should.⁹³

Where other films were about expressing emotions, this one is about controlling them. The narrator asks, “What can he (Jeff) do to control his emotions?”⁹⁴ The first thing to do, according to the narrator, is to eliminate the stimulus, if that is possible. If you cannot eliminate the stimulus, modify it. For instance, consider the seltzer at the beginning of the film. The

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Ibid.

situation can be modified if Jeff recognizes that spilling it was not a big deal. If one understands and recognizes emotional patterns, it is then easier to eliminate or modify the stimulus.⁹⁵ An even better way to control one's emotions is to modify one's response to a stimulus. Instead of being angry for tripping over the water hose, Jeff should have found humor in the situation. When Jeff controls his emotions, his mind becomes clearer. The scene cuts to him working on the car and eliminating (calmly) different things that could be causing the car to not start. He figures out that it was the battery all along. When he enters the house, he has completely different interactions with his family.⁹⁶

All the boys in this section originally felt they were unable to talk about their issues, had low self-esteem and responded to other people or embarrassing situations with anger and aggression. These factors were all damaging their ability to gain a healthy masculinity and become the ideal American man. Educational mental hygiene films, such as these, strived to teach young people (specifically boys) that controlling their emotions was the most appropriate way to handle any challenging situation.

Children's Emotional Health: Training Films for Professionals

By the end of the 1940s, film was relied upon not only by Hollywood, but all across the United States. Employers, schools, and other organizations saw the value in using film for educational purposes, thus creating what has become known as "training films." Training films began to be used during World War II but expanded to civilians as filmmakers began to see how successful and useful these types of films could be.⁹⁷ Two disciplines that made use of film in the 1950s were the mental health and psychiatric fields, nationally and locally. The products of

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Charles Acland and Haidee Wasson.

these specialists' interest in film often varied, from training films for future workers to documentary-style footage of what life was like in an asylum (covered in chapter three). These films were often educational films for children in the classroom, as well as training films for social workers, public health nurses and other mental health professionals.

Films that dealt with preventative mental health for children display a unique interest in the male child and his burgeoning masculinity. For the American male child, a healthy masculinity that aligned itself with conservative beliefs as to what constituted a man equaled a healthy psyche. To achieve this ideal healthy masculinity, mental health experts used modern psychiatric techniques in these films to illustrate that psychiatrists and psychologists were not a threat to traditional American morals. This thesis argues that these modern techniques in psychiatry would in turn create a newfound trust between society and mental health experts, but would also be used as a way to correct feminine or unmasculine tendencies in young American boys.

It was not just mental health experts who were interested in cultivating mentally healthy young men. Many groups and powerful individuals were concerned that the modern era was creating weak men, including the Armed Forces of America and other, more local entities. One of these groups, now known as the Jewish Board of Guardians, was founded in 1874 in New York in response to “poverty, crime, the exploitation of labor, and the unchecked spread of tuberculosis.”⁹⁸ The organization's original name was, “The Jewish Prisoner's Aid Society.” This society regularly joined with the United Hebrew Charities to administer aid to the Jewish community in New York City. In the 1920s, both charities changed their names to The Jewish

⁹⁸ “The Jewish Board's History,” *The Jewish Board*, accessed March 25, 2018, <https://jewishboard.org/about-us/our-history/>.

Board of Guardians and the Jewish Social Services Association, respectively.⁹⁹ Their new mission was to help the homeless and provide social services to their community, in conjunction with the explosion of social work. By the end of the 1950s, the Jewish Board of Guardians “had established themselves as leaders in the world of social welfare, continued to provide revolutionarily effective treatments to many as they also offered training to mental health workers and, through research, helped the professions of psychiatry and psychology take huge strides forward.”¹⁰⁰ The Jewish Board of Guardians’ interest in psychiatry began as early as the 1940s. As national interest in mental health grew, the organization began to offer therapy for children and their families. The board still exists today, offering updated social and mental health services to all New Yorkers in need.

The Jewish Board of Guardians created the training film, “Activity Group Therapy,” as an example of the usefulness of group therapy for children. The film was produced by Campus Film Productions in New York City. S.R. Slavson was the director of group therapy at the Jewish Board of Guardians’ building and the author of the film’s narration. This film’s audience was strictly meant to be mental health specialists or those already familiar with activity group therapy.¹⁰¹ Using three hidden cameras and recording devices, six of the sixty-five sessions were recorded for this film, meaning that these were real children being filmed in these sessions, not actors. This film shows the concern adults had for young boys’ growing masculinity.

The film begins with an explanation of what Activity Group Therapy is. It is “the ‘acting out’ by the children of their environment and upon each other in the presence of a permissive

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Adolf Nichtenhauer, Marie L. Coleman, and David S. Ruhe, *Films in Psychiatry, Psychology and Mental Health* (New York, NY: Health Education Council, 1953), 62.

and accepting adult.”¹⁰² This type of therapy allowed children to be more equipped in social environments and overcome their problems. The narrator of the film explains that activity group therapy can only be properly executed if a trained therapist or psychiatric specialist is present. He then described children as the ones who suffered the most when it came to the fast pace of the modern world. Parents caught up in a “headlong race” often neglected their children and so their conflicts went unresolved.¹⁰³ Parents’ preoccupation caused the children to act out in unacceptable and immature ways. The creators chose to continue the footage by showing how a group of troubled boys were chosen to participate in the group therapy. The first step in the decision-making process of which children needed therapy was to hold a conference. There, after each of the boys’ families’ initial interviews, by a group of psychiatric and mental health experts, these experts decided which boy went into what group based upon their “specific problems.”¹⁰⁴ The creators of the film chose to pay close attention to three boys in this film: Bob, Albert and Henry. Bob was said to be overly aggressive because of his mother’s rejection of him for his younger sibling. Albert was shown to have a character disorder due to his effeminate behavior, while Henry had a form of “anxiety hysteria.”¹⁰⁵

Slavson, the narrator of “Activity Group Therapy,” was a proponent of a relatively new and still experimental form of therapy: group therapy. According to his obituary, “Mr. Slavson... prominent in the development of group psychotherapy” and was an accomplished author.¹⁰⁶ It took a while for group therapy to become popular, but “after considerable thought and study... about how it could strengthen the treatment program” the Cleveland Guidance Center in

¹⁰² “Activity Group Therapy” (video), created by the Jewish Board of Guardians, uploaded September 20, 2018, accessed December 22, 2018, <https://www.youtube.com/watch?v=tJMRm4eYmpc>.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ “S.R. Slavson is Dead at 91; Prominent in Group Therapy,” *New York Times*, 1981, accessed March 14, 2018, <https://www.nytimes.com/1981/08/08/obituaries/sr-slavson-is-dead-at-91-prominent-in-group-therapy.html>.

Ohio adopted group therapy as a form of treatment.¹⁰⁷ Each session in the film is overseen by a “passive” therapist. He does not intervene with the boys’ activities unless a dangerous situation was about to occur. His main purpose was to supervise the children and note their progress.¹⁰⁸

In the beginning of the film, “Activity Group Therapy,” the anxiety about male children’s growing masculinity in conjunction with the modern world becomes readily apparent. Parents are described as being too busy to notice their children’s issues, causing them to become maladjusted.¹⁰⁹ The imagery of the film shows crowded city streets, with adults jostling about. A child is placed in the background, looking around as if lost and confused. From here, the narrator begins to focus on male children, specifically. If a boy is maladjusted due to neglect caused by the fast pace of the modern world, he can act out in several ways. He can become violent, either at home or the community, an older boy could behave like a young child, or they can emulate a sister, adopting effeminate behavior. Each of these types of children required therapy so that correct masculine tendencies could be instilled in their behavior.¹¹⁰

Bob, for instance, was far too aggressive to be considered to have a healthy sense of masculinity. In the film, he was nine and a half and was recommended to the program by his school principal. Bob had dark black hair and dark eyes. While most of the other children in the film wore ties, Bob’s clothing was more relaxed and casual. The clothing did not look worn or dirty, so his socioeconomic status is difficult to determine. Bob was prone to tantrums, wet the bed, and would not accept limitations.¹¹¹ The narrator described him as normal until his sibling was born. After this event, he stopped combing his hair and refused to bathe. The narrator

¹⁰⁷ Lucia Irons and Grace Ganter, “The Coordination of Group Work and Casework to Promote Effective Treatment in a Child Guidance Clinic,” *The American Journal of Orthopsychiatry* 23, no. 1 (1955): 138-147, accessed March 14, 2018, <https://search-proquest-com.marshall.idm.oclc.org/docview/1306623021?pq-origsite=summon>.

¹⁰⁸ “Activity Group Therapy.”

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ Ibid.

comments that Bob is “reacting to his mother’s basic rejection of him for the younger sibling” and is overly aggressive.¹¹² The goal of Bob’s therapy was to stabilize his emotions. From the beginning of his therapy, Bob is comfortable with his surroundings. The narrator claims that the open room and freedom to do as he pleases allow to him to “express his hyperactivity.”¹¹³

By the end of the film, the therapist and the rest of the psychological experts that supervise the outcome of the sessions believe that Bob no longer needs therapy.¹¹⁴ He has begun to bathe again and combs his hair. His mother says the tantrums have decreased and there is no more wetting of the bed. The narrator claims that Bob has gained a strengthened ego and more self-control.¹¹⁵

Bob’s mother, because of her perceived rejection of him, was also recommended to therapy. Unlike many other films of this nature, this film did not explore Bob’s mother’s therapy in depth. It is obvious that the film is about the boys first and foremost, specifically their masculinity, but Bob’s background and the way it is described is interesting. His problems are said to be deeply rooted in his relationship with his mother. She is described harshly by the narrator, who claimed that she was an “over-anxious, inconsistent and inadequate person.”¹¹⁶ Little is said about Bob’s father other than the fact he has a “quick temper.”¹¹⁷ This vague description of the father is curious because the phrase “a quick temper” can have various interpretations usually ranging from verbally to physically aggressive. The recommendation for treatment for the mother and no treatment for the father is a major point of contention because

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

¹¹⁷ Ibid.

the father is the one who seems to have the most serious mental issues. He apparently has anger issues and beats his son, so why is he not recommended to therapy along with the mother?

Motherhood, in the 1950s, was portrayed as an important undertaking not only to the individual family, but to society. Based on the nuclear family model, Bob's mother was expected to care for the children, cook, clean, and care for her husbands' masculinity after he came home from work. Basically, women were expected to make accommodations for and adapt to the needs of their family.¹¹⁸ With these facts, coupled with portrayals of mothers in the films, the mental health of the family was shown to also be the responsibility of the mother. Women were expected to care for and maneuver any mental or emotional duress affecting the family. Since correct masculine traits were considered an integral part of men's mental health, cultivating a healthy masculinity in her son and maintaining her husband's masculinity, was considered an important part of being a wife and mother.

When discussing her, the narrator does not describe in detail how Bob's mother was inadequate; he only mentioned that she rejected Bob for his younger sibling. It is difficult to analyze Bob's relationship with his mother because so little information is given, and this film is a real example of group therapy. The mother is recommended to therapy, which may have been psychologically justified based upon her description, but the father was not. The lack of concern about the father's quick temper around two young children suggests that through therapy, the mother could learn how to care for both her children and her husband properly. In other words, it is the mother's job to deal with her husband's aggression, protecting her son from his father.

¹¹⁸ An essential argument which can be found in Elaine T. May's *Homeward Bound: American Families in the Cold War Era*.

While having an overabundance of masculine aggression was believed to be unhealthy, lacking masculinity was worse. The second child, Albert, was a “latent schizophrenic.”¹¹⁹ The diagnosis, latent schizophrenia, was reclassified in 1952 to “schizophrenic reaction, residual type.”¹²⁰ The American Psychiatric Association defined the disorder shortly before the creation of this film.

This term is to be applied to patients, who after a definite psychotic, schizophrenic reaction, have improved sufficiently to be able to get along in the community, but who continue to show recognizable residual disturbance of thinking, affectivity, and/or behavior.¹²¹

The narrator does not explain why or how Albert was diagnosed with this disorder, but does give a detailed description of Albert’s character, as he did with Bob. Albert is the opposite of Bob, in that he has a passive nature and shows effeminate behavior. Albert is afraid of other children, prefers to do housework, helps with the cooking, and likes to play with girls because boys’ games are too rough.¹²² In the next sentence though, his description of Albert contradicts itself. Albert has tantrums, pretends he’s a gangster, shadow boxes with himself and pretend shoots at himself in the mirror. These are all stereotypical behaviors of a young boy, but the narrator said before that he does not like boy games. Albert is also said to have spied on his mother while she was dressing, which could indicate either heterosexual tendencies or a desire to wear women’s clothing. His mother is “disappointed with Albert” and prefers his younger sister.¹²³ Albert is

¹¹⁹ Ibid

¹²⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, (Washington D.C.: American Psychiatric Association Mental Hospital Service, 1952), 28.

¹²¹ Ibid.

¹²² Ibid.

¹²³ Ibid.

also diagnosed with a character disorder. The goals of his therapy will be to “establish masculine identifications” and channel his urges to masturbate into working with his hands.¹²⁴

Albert’s supposed feminine characteristics are the focus of and basis for his therapy. He is late for the first group session and seems “cautious,” according to the narrator.¹²⁵ As he removes his sweater vest, his hair and collar become disarrayed. After Albert fixes both his collar and his hair, the narrator says, “Note how Albert delicately pats his hair and adjusts his collar. His movements are not characteristic of a real boy.”¹²⁶ The narrator does not explain how Albert’s movements are not boy-like in nature, nor does he describe why they are feminine, other than using the descriptor, delicate. The narrator notes Albert’s alleged feminine actions again later in the first session when Albert addresses another boy. The narrator claims this interaction highlighted his “effeminacy,” but again does not explain how or why Albert’s exchange with the other boy was feminine.¹²⁷ This lack of explanation is probably due to the fact that appropriate femininity and masculinity was so broadly accepted in the 1950s that the audience did not need an explanation for Albert’s feminine actions.

During one session, Bob’s aggression became apparent when he became unruly and began bullying the other boys. Albert, according to the narrator, showed progression from being too feminine to showing healthy masculine characteristics by standing up to Bob. In the last session, the narrator says that Albert’s actions are no longer feminine because he has been working with wood. He no longer does house work and is less attached to his mother. All of Albert’s supposed progress shows a “mental character” change but remains vague as to exactly

¹²⁴ Ibid.

¹²⁵ Activity Group Therapy.

¹²⁶ Ibid.

¹²⁷ Ibid.

how this change came about. The narrator asserts that group therapy provided models for Albert's masculinity and the group allowed him to explore his masculinity.¹²⁸

Albert's mother, similarly to Bob's mother, was responsible for her family's mental health. They had both rejected their sons for a younger sibling, and their fathers were verbally or physically abusive. Due to Albert's actions and personality, he is diagnosed with latent schizophrenia. In the 1950s, it was believed that a main cause of schizophrenia was one's relationship with their mother.

...clinical observations have led to the conviction that a strong relationship between the illness of the son and the attitudes of the parents, especially the mother...studies on maternal attitudes in schizophrenia have revealed marked tendencies toward infantilizing the offspring with serious degrees of overprotection and maintenance of dependency in many cases.¹²⁹

The study, "Maternal Attitudes in Schizophrenia," further states that the domination of the child by the mother can be "malignant" and the rejection of the child by the mother can also have a large effect on the child's development.¹³⁰ Again, in Albert's case, no specific reason is given for his diagnosis of schizophrenia. The narrator reports no psychotic episodes unless they count his supposed girlish behavior as such (which they do not specify as psychotic). As for Albert's mother, her rejection of him seems to occur after he developed the supposed abnormal behavior. The psychiatrists do not recommend her to therapy as they did Bob's mother, nor do they seem to believe that she is a main cause for his behavior. This lack of therapy for Albert's mother is

¹²⁸ Ibid.

¹²⁹ Richard V. Freeman and Harry M. Grayson, "Maternal Attitudes in Schizophrenia," *Journal of Abnormal Psychology* 50, no. 1 (January 1955): 45-52, accessed March 26, 2018, <https://search-proquest-com.marshall.idm.oclc.org/docview/1290435825?pq-origsite=summon>.

¹³⁰ Ibid.

odd because she rejected her son in a similar way to Bob's mother and schizophrenia was believed to be, in part, caused by maternal attitudes at the time.¹³¹

Henry, the last subject of the film, also showed incorrect masculine tendencies psychologists believed were when a boy is too attached to his mother. He lacked social skills and was severely introverted by today's definition. He was described as shy and afraid of children and adults. He was, according to the narrator, overly dependent upon his mother and complains of pain whenever he is not around her. Henry was diagnosed with anxiety hysteria. Anxiety hysteria, reclassified as a phobic reaction in the first Diagnostic and Statistical Manual, was said to be a psychoneurotic disorder. Anxiety and "constant maladjustment of varying degree" are the "chief characteristic" of these types of disorders.¹³² In the film, Henry is shown to be frightened and anxious around the other boys, especially in the first session. He remains alone for much of the time, but slowly begins to take notice of the others and plays ping pong by himself.¹³³ However, he withdraws and decides to hide in a large box. Henry's lack of social skills was believed to be detrimental to his masculinity. If he could not socialize with others, Henry most likely could not have functioned as a useful member of society. To gain a healthy masculinity, Henry needed to learn not to fear others and how to correctly socialize. Of the three boys, Henry seems to have the most severe maladjustment and the one most in need of therapy.¹³⁴

Later, in another session, Henry is shown playing ping pong with the therapist, but begins to play with the other boys. The narrator remarks the "gleeful manner in which [Henry]

¹³¹ Ibid.

¹³² American Psychiatric Association, 31.

¹³³ "Activity Group Therapy."

¹³⁴ Ibid.

expresses his joy” shows a “basic, infantile character.”¹³⁵ But the narrator asserted that he is still doing well and is responding positively to the group therapy. In one instance, he, along with Albert, stands up to Bob’s bullying behavior. The narrator sees this as a large step forward for the shy boy. In the last session, Henry no longer mopes or acts withdrawn. His actions are purposeful and confident.¹³⁶ Henry used to be immature and have serious social issues, but after group therapy, he has developed a healthy masculine identity.

Because of the nation’s growing concern for male children’s masculinity, parenting techniques, especially the mother’s, came under severe scrutiny. One misstep on the part of the mother, though small, could have a lasting effect on a boy’s development according to the narrator in the film. The mother was also responsible for her family’s overall mental health and her husband’s aggression.¹³⁷

Like “Activity Group Therapy,” “Angry Boy” focuses on maladjusted male children in need of psychological aid. This film was produced by Affiliated Film Producers located in New York. The script was written by Irving Jacoby and the film was directed by Alexander Hammin and was distributed by the International Film Bureau. “Angry Boy” is the second of many films created for the Mental Health Film Board Series: Emotions of Every-Day Living and was sponsored by the Michigan Department of Mental Health together with the National Association for Mental Health.¹³⁸ The film was meant to be used as an educational resource for “...psychiatrists and psychoanalysts in training, psychologists, medical students, general practitioners, psychiatric social workers. Students of education, parent-teacher groups, child-

¹³⁵ Ibid.

¹³⁶ Ibid.

¹³⁷ Main idea in this thesis.

¹³⁸ Adolf Nichtenhauer, 67.

guidance agency personnel, welfare and child-care workers.”¹³⁹ The film was made documentary-style and is a dramatic reenactment of an emotionally disturbed boy interacting at school and with his family.

“Angry Boy” shows us the complicated relationship between mother and son and how mothers can negatively affect their child’s masculinity. The film begins in a school setting, showing close-ups of an array of children’s drawings. All is normal until the film turns to Tommy’s drawing, which is a self-portrait of how Tommy sees himself. The lines are heavily and hastily done, and half of the face is slashed through so as to obscure it. The scene cuts to Tommy and the narrator wonders who can understand Tommy, even when he tries to tell others how he feels. Tommy is then caught stealing money out of the teacher’s purse.¹⁴⁰ The principal calls Tommy’s mother (Mrs. Randall) to inform her of Tommy’s behavior. She did not believe the principal until he told her the boy was caught red-handed. He explained to her that her son’s behavior was not something to be punished; Tommy needed professional help. He recommended the local guidance clinic.¹⁴¹



Figure 2, Tommy’s Self-Portrait 1. The self-portrait Tommy created, shown at the beginning of the film (1951).¹⁴²

¹³⁹ Ibid.

¹⁴⁰ “Angry Boy” (video), produced by Affiliated Film Producers, posted June 19, 2015, accessed March 15, 2018, <https://www.youtube.com/watch?v=bmxCYSA7uTg&t=1s>.

¹⁴¹ Ibid.

¹⁴² Ibid.

Mrs. Randall, like the other mothers, is said to have many issues of her own when it comes to her ability to be an effective mother to a young boy. While at the clinic, she tells Ms. Black (a social worker for the guidance clinic) that Tommy has been the center of her world since he was born. She had promised from a young age to be a better mother to her own children than her mother had been to her. Mrs. Randall claims her mother was more worried about the appearance of her house than her children. While Tommy's mother is speaking to Ms. Black, Tommy himself is getting to know his psychiatrist, Dr. Marshall.¹⁴³ Dr. Marshall is attempting to make Tommy feel at ease in these sessions by explaining to him what they will be doing (talking and playing). The next scene shows Tommy with a psychologist. The boy is being given what is called a projective test which consists of pictures meant to find the root of his problem. Tommy's reaction to one picture suggests that he believes his mother is both ashamed of him and rejects him.¹⁴⁴

Tommy's mother was represented as being Tommy's biggest obstacle to gaining a healthy masculinity, but his grandmother and father were shown to be part of the problem as well. The scene shifts to a meeting between the three specialists (Dr. Marshall, Ms. Black and the psychologist). During the meeting, Ms. Black describes a typical evening in the Randall household. The scene cuts to the Randall household. Mr. Randall is a nervous and emotionally weak man. The film purposefully made him appear weak to highlight the overbearingness of his wife. His wife often perpetuates "his feelings of failure and weakness."¹⁴⁵ Mrs. Randall is shown trying to make everything perfect for her son, her husband and her mother, but in her mother's eyes, nothing is good enough. Tommy's grandmother is depicted as a domineering and rigid

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

woman, who is condescending toward her son in law and her daughter. Tommy is often caught between all three of their negative attitudes and his mother uses him as “pawn” against her husband.¹⁴⁶

Much of what we would consider to be troubling behaviors today were considered as boys being boys in this film. The film begins to concentrate on Tommy’s sessions with Dr. Marshall as they discuss the various behavioral issues that arise over the course of a few months. In one instance, they discuss Tommy tripping a classmate and the narrator claims, as they display another of Tommy’s drawings, that the boy is ready to help himself. In the final session of the film, Dr. Marshall continuously asks Tommy difficult questions about his feelings. Tommy gets frustrated and shoots Dr. Marshall in the head with a toy popgun.¹⁴⁷ Though the film treats this incident as a boy being a boy, this scene is disturbing. Tommy is showing signs of extreme aggression, yet it is being dismissed as nothing more than a small outburst.¹⁴⁸

At the end of the film, the audience learns what a good boy is. In the final scene, Tommy is packing for summer camp with the help of his mother. At first, he indicates that he does not want to go to camp. His mother begins asking him questions and he admits that he will be lonely at camp to which his mother replies that there will be plenty of other boys to keep him company. She also tells him that he can keep seeing Dr. Marshall in the fall when he returns from camp.¹⁴⁹

After this the narrator closes the film by talking about the characteristics of a good boy.

A good boy. What’s that? A mentally healthy boy, maybe. A boy that is learning to express his feelings without hurting himself or others. Tommy is just beginning to find such health, because he is being understood, appreciated and respected. But such understanding doesn’t always require the service of clinics or doctors or trained psychologists. More and more of us, parents and teachers, are learning to accept children as human beings who naturally react with fear and anger when

¹⁴⁶ Adolf Nichtenhauer, 68.

¹⁴⁷ “Angry Boy.”

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

they are denied the love and understanding that they need. A good boy. Not sugar and spice, and not all puppy dog tails. Tommy is a real person.¹⁵⁰

This definition of a healthy masculinity is important because it encapsulates the arguments of this chapter. Young boys need to be able to express their masculine tendencies, even if they are violent sometimes, to grow into a well-adjusted man and member of society.

Like Bob's mother in the film, "Activity Group Therapy," Mrs. Randall is held responsible for her family's mental health. Mrs. Randall's character traits are described in great detail. She is said to be an "angry, frustrated woman" who "boosts" her husband's feelings of weakness and ignores her son until he has done something wrong.¹⁵¹ Though Dr. Marshall suspected Mr. Randall secretly enjoyed his wife mothering him and making him feel weak, Mr. Randall was not recommended to therapy as his wife and son were. Again, it was up to the mother to be not only the instiller of morals within the family, but also the booster of her husband's feelings of manliness. According to the film's story, when Mr. Randall was offered a position in New York, his wife made him feel weak by telling him that he may fail.¹⁵²

As for Mrs. Randall's relationship with Tommy, her overbearing attitude with him was, as described by the film, not the ideal environment for cultivating a healthy masculinity in a growing boy. She, as the wife and the mother, must be the one to maintain her husband's and child's mental health, in addition to their masculinity. This assertion can be seen by the psychiatrist's and social worker's evaluation and description of the family's dynamics. Mrs. Randall attempts to keep her household perfect, which causes stress on the rest of the family, according to the film. This extra stress on the male figures in her life makes her a failure as the cultivator of good mental hygiene in her home. Mrs. Randall's own mother was cited as the

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² Ibid.

reason for her poor mental health and now Mrs. Randall is blamed for her family's. In the film, Mrs. Black claims that Mrs. Randall resents her husband and anything that may make him seem important. Dr. Marshall says that it is because her own mother had made her feel unimportant and that "without knowing it, she inflicts on both her husband and son the kind of punishment she had."¹⁵³ Mrs. Black replied that it was not a surprise since her mother still treats her like a child. Basically, Mrs. Randall's mother did not learn from her own mother how to have good mental health and so she now has issues with her mental health as an adult. This lack of mental hygiene as a child led to Mrs. Randall not being able to properly care for her husband's and son's emotions.¹⁵⁴

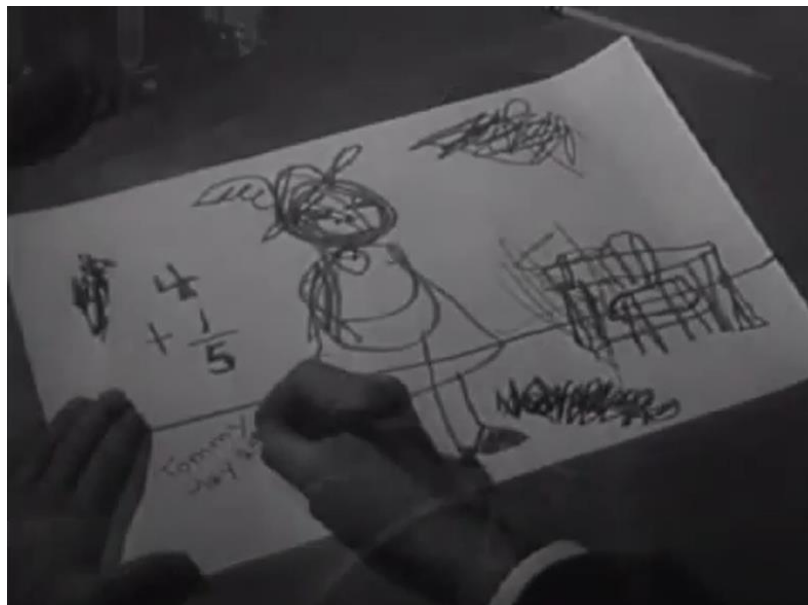


Figure 3, Tommy's Self-Portrait 2. The second picture Tommy drew, shown near the end of the film (1951).¹⁵⁵

The film "Face of Youth" returns to earlier themes of the effects of motherhood on masculinity and violence as a key factor in a growing masculine nature. It was sponsored by the

¹⁵³ Ibid.

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

Mental Health Division (specifically the Bureau of Maternal and Child Health) of the Wisconsin State Board of Health. This instructional film was produced and distributed by the University of Wisconsin, Extension Division in 1951.¹⁵⁶ The film was directed and written by Herman Engel. The intended audience includes “teachers, parents, vocational guidance classes, (and) public health nurses.”¹⁵⁷ This film, though similar to “Angry Boy” in its characterization of the mother-son relationship, shows how a young boy who behaves too well is problematic. The mother in this film smothers her son and forces him to act like a grown man when he should be playing. In the beginning of the film, children are shown playing with clay, and as the narrator speaks, the film begins to show the faces of adults. The narrator (unnamed) says:

Youth has a face, a soft face, a certain roundness, not quite fixed or final. Later the lines of experience cut in deep, the features set hard in the mold. But now when the skin is smooth and the features are soft, the patterns of face and of spirit are not quite definite or permanent. This is the face of youth.¹⁵⁸

This quote’s obvious intent is to illustrate the malleability of children. Their personalities are not fully formed so if there are any abnormalities or emotional issues, they can be fixed. During the last sentence of the narrator’s monologue, a young boy, presumably the main character, is shown, looking unhappy. As this young boy plays with his clay, another boy runs out and steals the clay out of the first boy’s hands. Instead of reacting violently or standing up for himself, the first boy simply looks at the teacher and then walks off.¹⁵⁹ The boy’s lack of response to the attack upon his person shows a lack of masculinity by the standards of the 1950s.

According to the narrator, problems such as those described above are not as serious as they seem to children because they can be resolved through “warmth and understanding before

¹⁵⁶ Adolf Nichtenhauer, 104.

¹⁵⁷ Ibid.

¹⁵⁸ “Face of Youth,” (video), directed by Herman Engel, posted September 30, 2009, accessed March 6, 2018, <https://www.youtube.com/watch?v=cyaorKin5KU>.

¹⁵⁹ Ibid.

they have been woven into the permanent pattern.”¹⁶⁰ The scene cuts to a man lecturing to women who are public health nurses. Their job, or so the narrator claims, is to be understanding and sensitive to children, so they can help resolve issues within the family.¹⁶¹ One nurse, Mrs. Anderson, becomes the focus as she drives through town. As Mrs. Anderson arrives at a house for one of her home visits, the narrator claims, “The public health nurse is the uninvited, but welcome guest. Her services are freely offered to those who need them and desire them.”¹⁶² As she is coming into the house, Ralph (the main character of the film) is seen fighting with another boy, Alex, who stole his clay. Ralph’s mother, almost frantic, calls for Ralph to stop fighting immediately. The nurse wonders why the mother is so upset by such a simple squabble.¹⁶³

Ralph’s mother, though little is shown of her, is portrayed as a smothering force. This smothering and overprotectiveness of Ralph, according to the film, can be seen when she makes Ralph stop fighting with Alex. The nurse and the film’s writers saw this “squabble” as simple childhood play. They believed fighting was a way for boys to express their energy and assert masculine traits. By stopping the fight, Ralph’s mother was thwarting Ralph’s attempts to gain a healthy masculinity. This interference caused Ralph to be withdrawn, obedient and quiet in all aspects of his life, including school. When the mother expressed concern that Ralph might be becoming too wild, she is assured that he is making healthy progress because he is expressing himself.¹⁶⁴

Due to the mother’s reaction, the nurse decides to find out more about Ralph. She asks his teacher and the teachers claims that Ralph is almost too good. He does not stand up for

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

himself and he does not like to participate in games with the rest of the class.¹⁶⁵ He is often picked on as well but does not show anger. Some changes are made within the home and school, such as: spending more quality time with his father, becoming part of the Patrol Squad, and calling out the words for a spelling game.¹⁶⁶ Even with these changes, Ralph is still unhappy, so the nurse refers both Ralph and his mother to the local child guidance center. As regularly practiced by the guidance center staff when new patients arrive, a team (usually made up of a social worker, a psychologist and a psychiatrist) decides on the appropriate course of action for individual family members. The female social worker will have regular sessions with Ralph's mother, while he will receive therapy from the psychologist.¹⁶⁷ The main goal of the mother's therapy will be to teach her how to let Ralph express his masculine or violent tendencies, instead of forcing him to be well-behaved or reserved.¹⁶⁸

During Ralph's first session, the psychologist tells Ralph to look around the room and pick any toy or game to play with. Ralph begins to look but stops to ask where his mom is. Ralph's mother relays to the social worker that she is doubtful the boy's therapy will work, wondering how playing with toys will help his unhappiness.¹⁶⁹ The narrator assures the audience that what type of play a child engages in can tell an experienced mental health specialist much about the child. The psychologist decides that Ralph is always eager to please and wants to do everything perfectly. Ralph is described as a little man, who cleans up after himself and shakes the psychologist's hand every time he leaves a session.¹⁷⁰ As his sessions continue, the narrator claims Ralph is improving, acting more and more like a little boy. He is expressing his emotions

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.

more freely than before, which is a great concern to his mother because she thinks he's becoming too wild. She is reassured, and Ralph makes even more progress. He is even shown participating in games with the rest of the class and standing up to his bullies.¹⁷¹

Developing masculinity in young boys was an integral part of growing up and becoming a man in America. If a mother was too smothering or assertive, she could hinder her son's masculine growth or damage it permanently. Thus, mothers had to not only care for the physical wellness of her family, but their emotional wellness too. These psychiatric theories about genderized mental health have permeated throughout our cultural identity. In other words, mothers are to blame for their child's short-comings and young boys who are perceived as feminine are called a "sissy" or another worse moniker. This chapter dealt entirely with children whose problems were resolved in the end. But what happens to the mentally ill children whose issues were never addressed? Or to the men who developed mental illness after reaching adulthood? The third chapter answers these questions and covers psychiatric hospitals in the 1950s.

¹⁷¹ Ibid.

CHAPTER 3

The American male's psyche in the 1950s was a controversial and divisive topic. Psychiatrists and other mental health experts were attempting to impress upon the public that men's mental hygiene should be a major focal point to uphold conservative social values all while emphasizing modern medicine. Emotionally strong men were believed to be the backbone of American society while men with any type of mental illness were in many ways disgraceful to the nation. Those men who were mentally ill, according to psychiatrists, had a damaged masculinity and needed intensive therapy in psychiatric hospitals, not social censure. Getting these men to the mental health hospitals was easier said than done, however. Much of American society believed psychiatric hospitals to be mad-houses or a place where people went but never returned. Those that did leave became fodder for the wider public. This thesis argues that the films, "In Our Care: Clarinda and Independence," and "In A Strange Land" exemplify these fears about the psychological fragility of American masculinity, the stereotyping of the mentally ill and attempt to paint mental health institutions in a new light.

In the Asylum: What is Hospital Life Like?

Many types of mental illnesses were stereotyped as dangerous to society in the mid-twentieth century and seen as risks to the security of the nation. The risks were so severe that something had to be done and who better to handle these issues than psychiatric experts. Additionally, the mental health institutions themselves were stigmatized, causing people to fear reaching out to them for help. Rather than shy away from the problems that faced mental institutions, many of the films from the 1950s opened up about low funding and being understaffed. In the 1960s and 1970s, there were a couple famed exposés that sparked a complete overhaul of the mental health system in America. These films are called, "Suffer the Little

Children” and “Willowbrook: The Last Great Disgrace.” These exposés were and have been assumed to be the only films depicting the issues facing mental hospitals and that these institutions were a dirty secret, previously swept under the rug. But in fact, this thesis argues that there were several films that dealt with this topic much earlier and attempted to destigmatize the hospital so society would help.

The first film of this chapter not only shows what life was like for patients in a 1952 asylum, but allows the audience to hear from experts who and what they believed was responsible for the poor state of mental health hospitals. This film is part of a series of films from a local Iowa television broadcast called WOI-TV. For Ray Stewart, the host and narrator of the show, the “In Our Care” series was his first assignment with the station. This series was originally known as “Know Your State Institutions” but was changed after the project began.¹⁷² During WWII, Stewart served as a radio technician for the U.S. Navy and upon returning from the war he attended Denver University. There he earned a bachelor’s degree, majoring in the areas of speech and radio.¹⁷³ He received his master’s from Syracuse University, “graduating from the first Radio and Television Master’s degree sequence” in 1951.¹⁷⁴ For the series, Stewart was the main researcher, cinematographer, narrator, film editor and scriptwriter. “In Our Care” is comprised of thirteen “documentaries filmed inside Iowa’s mental hospitals, prisons and other institutions” and “was awarded the National Sylvania Television Award for Production Excellence.”¹⁷⁵ The series was met with much acclaim, especially locally because it attempted to

¹⁷² Iowa State University: Special Collections and University Archives, “Ray Stewart Papers, RS 5/6/22,” accessed November 5, 2018, <http://findingaids.lib.iastate.edu/spcl/arch/rgrp/5-6-22.html>.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

destigmatize mental illness and prevent those who were emotionally afflicted from being socially censured any more than they already had been.

“In Our Care: Clarinda and Independence,” was the second documentary to air as part of the series in 1952. The film opens with an older woman in a rocker, reading an article about psychiatric hospitals and the mentally ill. An unknown narrator tells the viewer about the old woman’s reflections on her own life and how lucky she is to be healthy. “But what about those less fortunate? You find yourself wondering what it would be like to be a patient in a mental hospital.”¹⁷⁶ The scene shifts to show Ray Stewart, sitting behind a desk. He claims that there are many people that wonder what it’s like to be in an asylum but insinuates that even though people think they know what it’s like, they really do not know anything about life in the mental institution.¹⁷⁷ These comments about what it’s like to be a patient in a mental health institution are part of an important theme in the film and throughout the rest of the series, too. Stewart visited all four mental hospitals in Iowa but Clarinda is the first of to be discussed. The Clarinda Mental Health Institute was in Page County and opened its doors in 1888. At the time of the film, the hospital housed over fourteen hundred patients from across Iowa.¹⁷⁸ By today’s and the mid-twentieth century’s standards, this hospital was severely overcrowded, creating (whether anyone wanted to admit it or not) an environment where it was almost impossible to treat all the patients on an individual basis.

Stewart claims that if one thinks that mental health does not affect them, then they should listen to the statistics from “The Shame of the State,” a book about mental health published in

¹⁷⁶ “In Our Care: Clarinda and Independence” (video), directed by Ray Stewart, posted August 29, 2014, accessed November 2, 2018, <https://www.youtube.com/watch?v=ryKvxWeiU14&t=8s>.

¹⁷⁷ Ibid.

¹⁷⁸ Ibid.

1948.¹⁷⁹ According to these statistics stated in the film, one out of seventeen Americans would become a patient of a mental health institution and about a million children would suffer from some form of mental illness later in life.¹⁸⁰ When speaking of psychiatric hospitals, Stewart said:

We've read a lot about these places and from the *Woman's Home Companion in April*, we find that the statement that we have talked of state mental hospitals and called them snake pits, but the real snake pit is not a public institution, it is a public attitude.¹⁸¹

His choice of words, or “snake pit,” is not random.¹⁸² Stewart used the word to illustrate the distaste the public had for mental health institutions. In 1946, there was a book named, “The Snake Pit,” that was about a woman who had a nervous breakdown of sorts, which led to her institutionalization.¹⁸³ The book was later adapted to a film by the same name in 1948, which had mixed reviews with some mental health experts calling it unrealistic. With this kind of representation in the press, the public not only thought poorly of the hospitals, but the patients themselves. For there to be a snake pit, there had to be snakes. And if the hospital was the pit, then mentally unhealthy patients, in the eyes of American society, had to be the snakes that filled it. Stewart was attempting to call-out this comparison as false, thereby destigmatizing the hospital and patients simultaneously. He wanted the wider public to be aware that mental health was something to take seriously.¹⁸⁴

Hollywood movies were not the only forms of media attacking life inside psychiatric hospitals and Stewart, in the film, does not shy away from asking the superintendent of Clarinda, Dr. Norman Render, difficult questions. Stewart mentions that some exposés had been released,

¹⁷⁹ Ibid; *Shame of the State* is not cited in this thesis.

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

¹⁸² Ibid.

¹⁸³ Mary Ward, *The Snake Pit* (New York, NY: E.P. Dutton & Company, Inc., 1937).

¹⁸⁴ “In Our Care: Clarinda and Independence.”

condemning mental health institutions, such as Albert Q. Maisel's article, "Bedlam 1946." Maisel claimed that patients were often beaten, murdered, starved and suffered every type of indignity known to man inside these hospitals. Maisel claimed patients spent their days and their weeks "locked in devices euphemistically called 'restraints'... Hundreds are confined in 'lodges' -- bare bedless, rooms reeking with filth and feces..."¹⁸⁵ This article was met with disgust and horror as Americans made comparisons between the images of the Nazi concentration camps and the insides of the hospitals in their own state.

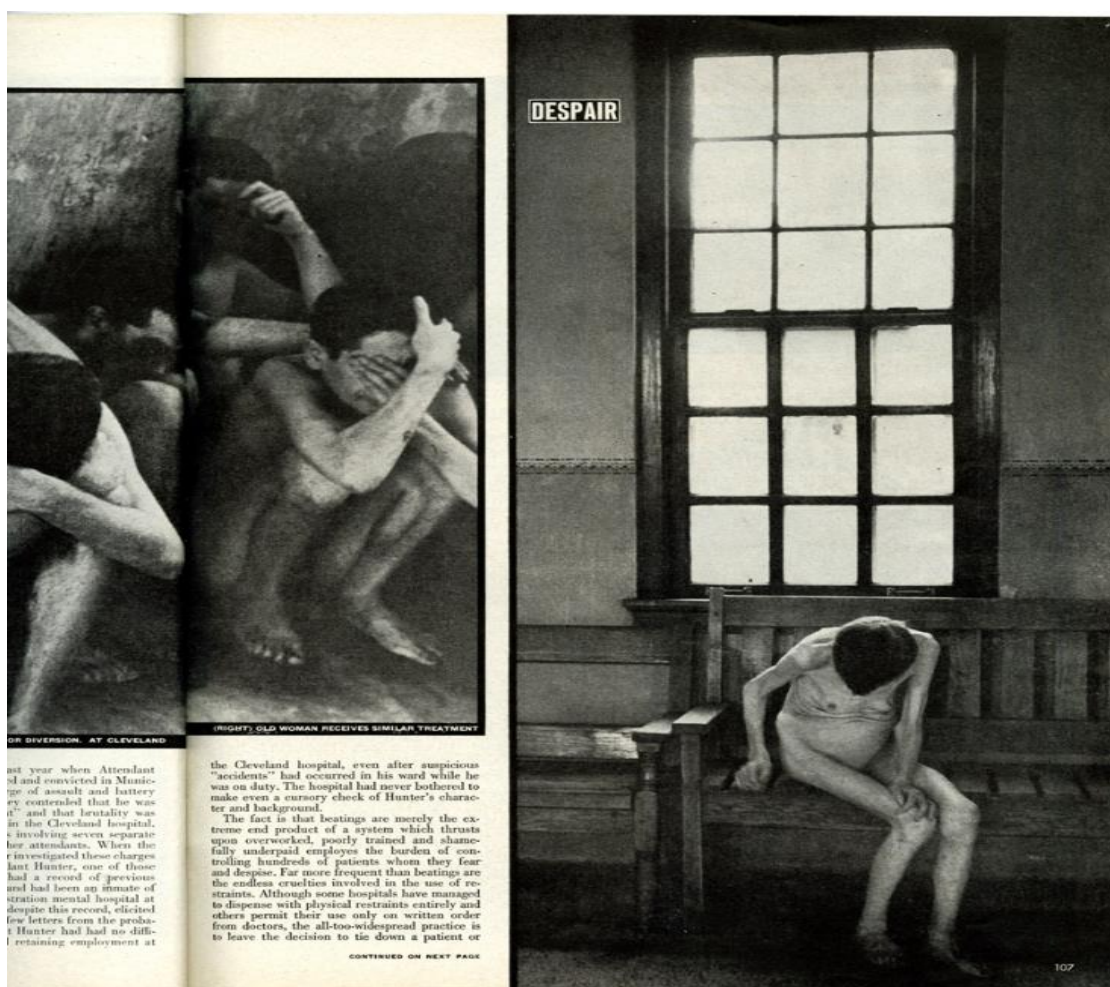


Figure 4, "Bedlam, 1946." Actual scan of pages 106-107 of the article, "Bedlam 1946." Show patients huddling naked inside Ohio's Cleveland State Hospital.¹⁸⁶

¹⁸⁵ Albert Q. Maisel, "Bedlam 1946," *Life*, May 6, 1946.

¹⁸⁶ *Ibid.*

Stewart noted, however, that when he visited Clarinda, he did not witness an insane asylum or Bedlam-like environment as was described in the article and wonders when American institutions began to change. Dr. Render replies that:

The Bedlam type of care in the state mental hospitals disappears when the patient is treated as an individual needing medical care, not simply as a monstrosity to be put away for punishment or the forgotten and better done away with.¹⁸⁷

Dr. Render also states that these changes occurred when it was realized that mental illness is curable and experts such as doctors and nurses help bring about change in their patients. So, in other words, when people change their preconceived notions about mental health and mental health professionals altogether, only then could mental health care become better. He completely ignores the 1946 article, which came only six years prior to the release of this documentary. This article was clear evidence of wrongdoing on the part of these institutions and it illustrates that early nineteenth-century mental health practices were still in use. Dr. Render's statements were an attempt to distance psychiatric institutions and practices from the past and claim a modernization in treatments.¹⁸⁸

Because of a lack of staff, documentary-style films about mental health institutions often pushed the public to volunteer to see for themselves what it was like inside these hospitals. The "In Our Care" series was no different. After Dr. Render's interview ends, the scene dissolves to show the actual patients in the hospital and the many activities they reportedly enjoy. They keep the lawn of the hospital neat, play baseball, dance, talk with nurses or volunteers.

If you were interested in volunteer work...you would see patients who are gathered around and eagerly interested in what you were doing. And you would say this is a mental hospital. If you were interested in...helping the patients to

¹⁸⁷ "In Our Care: Clarinda and Independence."

¹⁸⁸ Ibid.

spend their free time, then you would say the patient playing, perhaps, is a mental hospital.¹⁸⁹

Asking for volunteers was a calculated move on the part of the filmmakers and the hospital's administration. Basically, the hospital would benefit from the free labor of the volunteers because of their lack of adequately trained staff and underfunding. These volunteers could entertain patients, clean rooms, cook, and perform many other duties. These extra hands would allow nurses, attendants, and doctors the ability to perform their jobs correctly and more efficiently. Plus, volunteers would see that all the patients there were human. Not the monsters of legend.¹⁹⁰

So that the audience could get a better understanding of what happened when people are admitted to Clarinda, Ray Stewart briefly described the process of being committed. The hospital had an outpatient program where people came in to be screened. Sometimes patients were forcibly committed and then went through the process of evaluation. The psychiatrist asked many questions about these people's backgrounds and, from their answers, decided which types of testing were needed. Then, the patient's level of "disturbance" was classified so an appropriate plan of recovery could be created.¹⁹¹ Stewart talked about various types of therapy including group therapy, electroshock therapy and insulin shock therapy. He noted that while these therapies may help some, psychotherapy must always be utilized in conjunction with shock therapies. Other therapies being developed in the 1950s were music and occupational therapies which helped the patients' minds remain stimulated.¹⁹²

¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

¹⁹² Ibid.

Stewart introduced a former patient of Independence Mental Hospital, Milton Sanderson, as a way for the audience to get a better understanding of what happens to patients after they have been released from the hospital. Mr. Sanderson had been out of the hospital for almost two years and had been classified as a manic depressive due to a “smothering affection.”¹⁹³ Because of his depressed state, Sanderson had begun to drink and was becoming a community nuisance, which led to his stay at the hospital. Stewart asked Sanderson what it was like being sent to Independence. Sanderson replied: “I was very rebellious and hostile about it.”¹⁹⁴ In other words, Sanderson hated it at first and felt it was unfair that he had been forcibly committed. But he claimed that it was for the best, in the end. Sanderson indicated that the experience made him a stronger person and enriched his life.¹⁹⁵ Ray Stewart’s decision to include testimony, a success story at that, from a former patient was another smart move. Sanderson, a quiet personality, was nonthreatening and mild-mannered, giving a human face to the mentally ill. Upon meeting him, one would have never guessed that he used to be the town drunk. But that was the point. Sanderson had recovered so well because of his experiences at the hospital and was able to return to a so-called normal life after his release.¹⁹⁶

As a way to improve their image and advertise their steps toward modernity, the films discussed new techniques or treatments. In addition to electroconvulsive and insulin shock therapies, the staff at Independence was experimenting with new types of therapy such as group therapy, psychodrama, and music therapy. Group therapy, though a well-known method of therapy now, was new in the early 1950s. Psychiatrists and psychologists were just becoming aware of the many benefits group therapy offered. Psychodrama, another form of group therapy,

¹⁹³ Ibid.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

¹⁹⁶ Ibid.

allowed patients to work-out their problems in an “unrehearsed drama.”¹⁹⁷ The main point of psychodrama was to act out their feelings with others. The Independence Mental Health Institute also doubled as a training center for nurses in the mental health field. To become a registered nurse in Iowa, one had to complete three months of training at a psychiatric hospital in addition to their other trainings and schooling. According to Stewart, this training was exclusively offered at Independence. The overcrowded conditions of the hospital and a shortage of mental health personnel nationwide had to make the constant flow of nursing students indispensable to the facility. By monopolizing the training of nurses in Iowa, Independence was able to supplement its existing staff with students and ensure a constant supply of extra hands.¹⁹⁸

Continuing to humanize the patients and destigmatize the hospital itself, Stewart asked Dr. Witte (the superintendent of Independence), “...what are you able to do for your patients?”¹⁹⁹ Dr. Witte replied that he and his fellow staff at Independence attempt to get their patients to understand that they are not criminals, nor should they feel disgraced because of being mentally ill. “The first thing we want them to do is to realize that their emotions may have been out of hand, or that their mind may have been playing tricks.”²⁰⁰ Stewart wondered why Dr. Witte would say that mental illness is not a disgrace to which Witte replied that it is like any other illness. They are simply sick.²⁰¹ The doctor’s sentiments about mental illness had begun to be widespread as psychiatrists and other mental health specialists across the nation were attempting to destigmatize mental health. Recent articles suggest that stigmatization can have

¹⁹⁷ Ibid.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

²⁰⁰ Ibid.

²⁰¹ Ibid.

negative effects on the person trying to better their emotional health and how public opinion may be changed.

Three kinds of stigma may act as barriers to personal aspirations: public stigma, self-stigma, and label avoidance. Challenging mental illness stigma is essential in helping individuals accomplish recovery-related goals. Public stigma may be changed through protest, education, and contact.²⁰²

Ray Stewart's work in these films prove that psychiatrists were attempting to destigmatize mental health and reach out to American society several years prior to the infamous exposés, such as "Suffer the Little Children" and "Willowbrook: The Last Great Disgrace," of the 1960s and 1970s. Dr. Witte continues by claiming, "...we would see these people were human beings and we treat them as human beings..."²⁰³ Psychiatry and psychology were recognizing that mental illness was a sickness and not something to be feared.

Each filmmaker, when creating his film, had a different intent or message they were trying to impress upon the audience. When comparing the messages of "Suffer the Little Children" and "Willowbrook: The Last Great Disgrace" to the In Our Care series by Stewart, there is one major difference: to whom the blame for overcrowded conditions was laid upon and who was responsible for overhauling the mental health and state institution systems.²⁰⁴ The first two films mostly claimed that a lack of funding was the main issue, which made it a government problem. Geraldo Rivera, the journalist behind the Willowbrook documentary, began his film with an excerpt from a Robert F. Kennedy speech where he proclaimed the mental health system needed to be changed.²⁰⁵ Rivera then came into the frame and said that it had been more than six

²⁰² Patrick Corrigan and Abigail Wassel, "Understanding and Influencing the Stigma of Mental Illness," *Journal of Psychosocial Nursing* 42, no. 1 (2008): 42-48, accessed March 22, 2019, <https://www.ncbi.nlm.nih.gov/pubmed/18251351>.

²⁰³ "In Our Care: Clarinda and Independence."

²⁰⁴ "Suffer the Little Children" (video), created by Bill Baldini, uploaded December 16, 2015, accessed March 22, 2019, <https://www.youtube.com/watch?v=ZlepqvHii-M>.

²⁰⁵ "Willowbrook: The Last Great Disgrace."

years since Kennedy had visited Willowbrook and yet somehow everyone had forgotten.²⁰⁶ The use of Kennedy's words was a clear reference to the lack of government response to the needs of those living in institutions. Rivera and Bill Baldini, the maker of "Suffer the Little Children," intended to spark a political movement. Stewart's films, meanwhile, pointed the finger at American society itself as the one to blame. This thesis argues that Stewart was trying to start a social movement.

As Stewart begrudgingly ended the program due to a time restraint, a woman from Independence's music group began singing, "It's No Secret What God Can Do." The song has obvious religious overtures that would have had an emotional effect on the film's mostly Christian audience, strengthening the argument that Stewart was reaching out to the American people not the government for help. The final scene of the film is a cue card of a quote by George Bernard Shaw that reads, "The worst sin towards our fellow creatures is not to hate them, but to be indifferent to them. That's the essence of inhumanity."²⁰⁷ In other words, the film creators and mental health specialists believed that society was not guilty of forgetting about patients in mental hospitals, but of ignoring them.

For example, *In Our Care* was not the only attempt in that era to prick Americans' social conscience. This film focuses on the invisibility of the mental health institutions.

Christmas time. The holidays. Is this the way they end for me here in this place?
A mental hospital they call it... That's a fancy name, that is, but I know a better.
The bug house, a place where they lock you up and then throw away the key. And
now they've got me too....²⁰⁸

²⁰⁶ "Willowbrook: The Last Great Disgrace" (video), directed by Geraldo Rivera, posted March 20, 2017, accessed March 24, 2019, <https://www.youtube.com/watch?v=xPvOpWEdxoY&t=92s>.

²⁰⁷ "In Our Care: Clarinda and Independence."

²⁰⁸ "Mental Hospital" (video). Directed by Layton Mabrey. Posted December 6, 2014. Accessed February 15, 2017. https://www.youtube.com/watch?v=f_jPkKACtlY&index=6&list=PL15mqpKz0apg7xDcaijkNnjchQOouJ0nZq.

This quotation comes from the opening of a short film created by the Oklahoma State Department of Health that aired in the state in 1953. “Mental Hospital” follows the story of a man named “Fred Clanton,” from his forced institutionalization into a mental hospital until his recovery and subsequent release.²⁰⁹ Locals who resided near these institutions were aware of their existence but chose to ignore them and their residents. They thought the residents were mostly deranged beyond hope or just did not care at all.

The film’s purported motive was to “spotlight” the people inside of a “typical” mental health hospital in Oklahoma.²¹⁰ The opening of this film was meant to be heart-wrenching and convey Fred’s anxiety over being institutionalized. The language, however, points to Fred’s preconceived notions of the institution, instead of his own emotions or illness. The tone of the introduction is dark, contrasting with the Christmas wreaths decorating the snowy streets. As the film progressed, the tone became lighter, especially when describing the hospital itself. The creators downplayed the financial issues and staff shortages facing the institution, while they stressed that the three thousand patients were happy residing within their own “city” that featured modern treatments and building structures. The film did not discuss individuals, nor did they interview any actual patients of a mental hospital, which continued the conservative belief that they were not stable enough to assess their own situations.

During Fred’s introductory monologue, he was obviously frightened and confused. The camera panned in on his face as he arrived at the Oklahoma State Hospital, his terror on clear display. The hospital was dark and imposing, the epitome of the what most people picture when they think of an “insane asylum.” “These grounds, these buildings. They’re all so dark.

²⁰⁹ Fred Clanton was not a patient, but an actor for this dramatized film.

²¹⁰ Ibid.

Everything is dark, even the sky. I'll never get out."²¹¹ The quality of the cinematography in this film is masterful, and elicits strong emotional responses, but this was the point. The creators and writers wanted the opening to be a visceral experience for the audience, affirming their expectations of what a mental hospital was, only to later attempt to disprove every misconception the audience had. At first, watchers of the film wonder why Fred is being sent to an institution in the first place, but they soon find out. "...Me, Fred Clanton. Fred Clanton? Fred Clanton? Is that really my name? Oh, everything's so mixed up."²¹² Fred clearly has some mental issues that need immediate attention, as he also believes his best friend and wife have turned against him. As Fred is escorted inside by hulking attendants, the viewer cannot help but wonder what will happen to him next inside the walls of this mental institution.²¹³

Here, the dark tone slowly begins to change as the scenes become lighter and the focus of the film becomes the patients of the hospital, not the hospital itself. A friendly narrator claims, "...in the story of Fred Clanton, and the typical Oklahoma State Hospital to which he came, the spotlight focuses on these people."²¹⁴ As the speaker continues, the scenes show a continuous stream of people; men and women who reside within the institution's grounds. Some are smiling, some are stone-faced, while others look uncertain or scared. The narrator even claims that many older people lived here because their children did not want to care for them in their old age. All these faces that the camera pans over are attempts by the creators of the film to humanize the patients inside the hospital. They wanted the rest of society to realize that these were normal people just like them, not depraved monsters who would never be able to return to society. These

²¹¹ Ibid.

²¹² Ibid.

²¹³ Ibid.

²¹⁴ Ibid.

patients just happened to be sick and needed the aid of trained mental health specialists to get better.²¹⁵

While the creators of the film were humanizing the people in the hospital, they were simultaneously destigmatizing the mental health institutions too.

Deterioration, chronic conditions, limit hope for some. Others may go home tomorrow. Meanwhile, they're living here. 3200 men and women all gathered together in a modern mental institution, a city in itself. Complete with every facility for effective treatment. Though shortages in hospital personnel do exist, patients are secure and comfortable and most of them are happy. But while mere custodial care will never be enough, a favorable environment and human comforts are essential in any therapeutic system.²¹⁶

Here, the filmmakers downplay the severe shortages in staff and money, while emphasizing modern architecture and treatments such as occupational therapy. Occupational therapy, during the 1950s, included doing laundry, cooking, and performing other everyday tasks. The narrator claimed this would help patients think about something “outside themselves” which is the first step to release. To cut their operational costs, this hospital had its own farms, so patients could “...grow and produce their own food.”²¹⁷ Farming doubled as occupational therapy for patients and a way to save money for the institution. Food would obviously have been their biggest expense and supplementing the food supply through patient labor would have been a lifesaver to the underfunded hospital. Patients growing their own food was not a new idea, however. American mental health institutions had been using hard labour as a form of therapy since their inception to cut costs and to “treat” the patients.²¹⁸

²¹⁵ Ibid.

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ Gerald Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York, NY; Free Press, 1994), 28.

At this point, the film cut back to Fred, allowing the audience to see what a typical admission and intake to the hospital looked like. Fred had been committed by a judge to the hospital because of his illogical and disturbed behavior. As the scene progresses, the audience is guided through Fred's admission. He speaks to an admittance clerk, goes to the receiving ward (where he is bathed and given new clothes), has a full medical examination, and undergoes a psychiatric exam to ascertain his diagnosis. After all of this, a group of staff met, with Fred in attendance, to discuss his diagnosis as a paranoid schizophrenic and create a treatment plan tailored to him. The group decides that he is a paranoid schizophrenic (a diagnosis which no longer exists today) and decides he will receive insulin shock therapy. Not only is the cinematography of this film excellent, but the planning and organization are too. After discussing Fred's course of treatment, the creators used this as a pathway to describe all the types of treatments, such as hydrotherapy, electroshock therapy, sedative packs and so forth. The narrator says that even though the treatments do help, there is one thing hospital staff must remember.

But whatever the mode of treatment, it is essential that it be supplemented by an atmosphere of security and calm. The effective hospital must always serve as a refuge for its patients. A place where they can live quietly during their period of reorientation in which they learn how to achieve a better adjustment to the world outside.²¹⁹

So, in addition to treatment, there must be a peaceful surrounding, which will not disturb their recuperation. How did they achieve this with a shortage in staffing and their overcrowded conditions? 3,200 patients are no small number to care for, especially when there are so many different types of patients, including the elderly and other patients for whom returning to society was said to be impossible. When the narrator returns to Fred's narrative, the audience finds that

²¹⁹ "Mental Hospital."

his insulin shock therapy has “brought relatively quick improvement” when used with follow-up visits with a psychiatrist.²²⁰

Occupational therapy was also said to be vital to Fred’s recovery because it chased away boredom, enemy number one of the mental health patient. The creators of the film then began to list modern recreational activities patients could participate in during their recovery. These activities included visiting libraries, hair salons, and game rooms. These modern luxuries were a way the hospital and the filmmakers could further distance the institution from the damning image of the insane asylum. They could also impress upon the public that these hospitals were cities within themselves, something they say in the beginning of this video.²²¹ This was a popular slogan for mental institutions in the 1950s, for example another film from the era was called, “City of the Sick.” This film was created by Ohio Department of Public Welfare: Division of Mental Hygiene. It includes similar language to that of the film, “Mental Hospital,” claiming that the hospital grounds are now modern cities, replete with everything and anything the patients could desire.²²² These were examples of psychiatrists and other mental health experts attempting to destigmatize the mental hospital, taking away from destigmatization of the patients themselves.

Fred’s masculinity, though never a main topic of the film, was a major part of the film’s point. Fred was no longer healthy, which affected him as a man in the eyes of society. A man who is not whole is not a man. Much of the language and imagery of the film suggests that returning to society was not only good for Fred, but for the rest of society as well. If a patient was cured, then they could return to their place in society, thereby performing the tasks expected

²²⁰ Ibid.

²²¹ Ibid.

²²² “City of the Sick” (video), directed by Robert Wagner, posted April 27, 2016, accessed March 28, 2019, <https://www.youtube.com/watch?v=wmme572kEqs>.

of them: work, start or return to a family, and be a responsible citizen of the United States. All this ties into Fred's masculine identity in the film. For instance, dancing with a woman in the hospital "helped to spark his dormant pride."²²³ This statement, though seemingly innocuous at first, has unintended connotations that claim Fred is lacking in masculine pride because of his mental illness. In other words, Fred's schizophrenia nullifies his sense of masculinity, meaning that men who are mentally ill lack a masculine nature until they regain their sanity and rejoin society. This sentiment is further proven by the narrator's comments about Fred's release. "A man can be proud of the things he's created with his own two hands and a hospital can be proud too. Proud to see a patient face the world as a man again."²²⁴ Here the narrator goes so far as to insinuate that while Fred was suffering from mental illness, he was no longer a man. These statements undermine the intended purpose of the film, which is destigmatizing the mentally ill. Instead, this thesis argues that the film succeeds in removing the stigma from the institution and psychiatry itself.

The asylum or psychiatric hospital was a place to fear in the eyes of society. The efforts to destigmatize these hospitals through film hoped to alert the wider public to the needs and difficulties that hospital staff faced every day in their quest to heal the mentally ill. It is important to take into account these early efforts in the 1950s, because the beginning of community care came long before the famed Willowbrook tell-all. Psychiatrists knew they had problems early on and had tried to warn the public, but their cries for help went ignored. While masculinity was an understated theme in this chapter, it will take center stage yet again in the next chapter.

²²³ "Mental Hospital."

²²⁴ Ibid.

CHAPTER 4

Gay men in 1950s America were a triple threat in the eyes of society. Not only were they harassed by law enforcement and government as security risks, but they were also believed to be predators and mentally ill. Psychiatrists saw these men's sexuality as something to be cured. Society and the American legal system, however, saw male homosexuality as innately dangerous and predatory because men were already seen as overly-sexual creatures. The public and court systems often overlooked or ignored psychiatrists' findings, preferring to "protect" the morals of society and viewing homosexual identity as synonymous with pedophilia and sexual assault. Because of these prevalent myths, the American public became concerned that young boys were either in danger of being sexually assaulted by gay men or developing into gay men themselves, thus equating homosexuality with pedophilia and damaging young boys' ability to develop a healthy masculine identity. The following films in this thesis, such as "Boys Beware" and an episode of *The Open Mind* called "Homosexuality: A Psychological Approach," espouse the common mythology of the gay man in the 1950s.

Lacking Masculinity: The Homosexual is Abnormal and a Predator

Most of American society in the 1950s was frightened of stories about gay men. Society believed these men (and gay women) would destroy the moral fabric of the nation while simultaneously preying upon and converting their children. Parents scrambled to find out what caused homosexuality so they could prevent their children from becoming gay. Feminine behaviors in boys were cause for major concern because it was, at least for those living in the 1950s, a sign of gayness. The government also believed gay men to be a national security risk

(Lavender Scare) and thus became hostile towards those they believed would cause the downfall of the conservative and traditional United States.²²⁵

One film, vastly different from the others in this chapter, premiered on the television series, *The Open Mind*.²²⁶ The episode's main topics include male children's developing masculinity and the prevention of homosexuality. The film's main purpose was to open a line of discussion about homosexuality in America and address parents' fears that their children might become homosexual. Young male children were believed to be especially vulnerable to homosexuality and so the doctors in this episode attempt to inform the public about potential causes, which they do not agree upon. The doctors, however, agreed that male children should have positive male role models that would show them how to develop a healthy sense of masculinity, teaching them stereotypical male activities. This episode is an example of American society's anxiety about homosexuality and how it affected the youth's mental health.²²⁷

The Open Mind was an influential television show that had an impact upon televised journalism.

Premiered in May 1956, *The Open Mind* was designed to elicit insights into the challenges Americans face in contemporary areas of national concern. Founded by Richard D. Heffner, historian, broadcaster, and university professor, *The Open Mind* is the longest-running public broadcast in the history of American television.²²⁸

The series was a way in which officials, leaders, and other experts could discuss and debate topics that were relevant or of concern to American society at the time. It was a platform from which these experts could provide a detailed and educated opinion about any given topic in

²²⁵ Haynes Johnson.

²²⁶ "The Open Mind" (video), produced by Richard D. Heffner, accessed October 22, 2018, <https://www.thirteen.org/openmind-archive/aging/homosexuality-a-psychological-approach/>.

²²⁷ Ibid.

²²⁸ "About *The Open Mind*," The Open Mind Hosted by Alexander Heffner, accessed October 29, 2018, <https://www.thirteen.org/openmind/about-the-series/>.

conjunction with other expert opinions.²²⁹ These official opinions sometimes differed from one another, which was not a point of contention, but the trademark of the series. This show was a perfect example of conservatism and modernism clashing. Much of this show, in the early days, spent its time defending conservative values while also emphasizing a new, modern approach to America's problems. The opening catchphrase of the series captures the philosophy of the show: "The Open Mind, free to examine, to question, to disagree."²³⁰ Richard Heffner was the long-time host of the show and regularly moderated panels of specialists on the show to discuss societal and cultural issues. He was the host of the episode in question, "Homosexuality: A Psychological Approach." This episode is one of the earliest films to discuss homosexuality on a national level.²³¹

This episode aired on September 29, 1956 and begins with Heffner introducing the topic of the day, homosexuality. He asserts that homosexuality had been discussed before on a previous episode by a "psychiatrist, a lawyer, a minister-teacher..." to have a discourse on the topic from as many points of view as possible.²³² He begins to summarize the discussion by the previous panel.²³³ They claimed that just because someone participated in some sexual activities with someone of the same sex it does not make them gay.

...male homosexuality covers a broad range or continuum of experience, that there is some indulgence in homosexual activities to some degree or other by between 37 and 50 percent of all male individuals, either in adolescence or afterwards. Obviously then, such activities do not make an individual unique or bizarre, nor do they by themselves make him a homosexual. Those whose activities are exclusively homosexual however, include approximately four percent of our male population. And we have here a problem of major proportions.²³⁴

²²⁹ Ibid.

²³⁰ "The Open Mind."

²³¹ Ibid.

²³² Ibid.

²³³ This previous episode could not be found, so it will not be analyzed in full. Only the summarization of the main points from this episode by Heffner will be discussed.

²³⁴ Ibid.

This supposed problem facing American culture was then broken down to distinguish types of homosexual activity that they believed harmed society from homosexual activities that did not. This panel also discussed the country's legal views on homosexuality. These experts continued the old adage that homosexuality was a crime or something to be punished rather than recognizing the new idea that homosexuality was a sickness to be treated.²³⁵ Another film that attempted to bring in as many differing opinions on homosexuality was "The Rejected" from 1960. Experts in these films offered both negative and positive views on homosexuality. About half believed gayness to be a criminal matter, while the other half thought it was either a matter of personal choice or mental illness to be cured. It was produced by a local San Francisco news station, KQED. The film includes the opinions of legal experts, an anthropologist, religious leaders in the San Francisco community, psychiatrists and gay men themselves. The film attempted to give as unbiased an opinion on homosexuality as possible in the 1950s.²³⁶

Here Heffner turns the conversation to the viewers' feedback from this previously aired episode.

...from your response to our program it was obvious that a good many of you felt precisely as we did; that we have here a problem that affects us all; affects us as parents and as good citizens concerned with our nation's mental health. And that this problem should and can be discussed openly and freely.²³⁷

It can be assumed that homosexuality was considered a mental health crisis during the 1950s because of its ever-growing visibility in the American public's eye. It was a "national" concern of major proportions due to the Lavender Scare and societies such as the Mattachine Society fighting for their rights as American citizens. The Lavender Scare was an offshoot of the Red

²³⁵ Ibid.

²³⁶ "The Rejected" (video), produced by KQED, published July 14, 2015, accessed November 1, 2018, <https://diva.sfsu.edu/collections/sfbatv/bundles/225539>.

²³⁷ "The Open Mind."

Scare because homosexuality became linked to Communism, both totally un-American activities.²³⁸ It was believed that homosexuals, especially those with government jobs, would be blackmailed by Communist spies for government secrets and would thus cause the overthrow of American democracy. The Mattachine Society was known for its attempt to distance itself from the Communist or Red Scare and remove the stereotypical image of the feminine gay male, commonly known as queens or swishes, from the public's opinion about them.²³⁹ Their appearance in the film, "The Rejected" was no exception. Hal Call, the then president of the society, begins his monologue with this very topic, claiming that the swish or queen is a minority among homosexuals but nonetheless, the public judges all homosexuals based on this image. Further distancing the society from the stereotypical image of male homosexuality, Call claims that, "These people, actually, in most cases are not even like the rest of their homosexual brethren because they have perhaps rejected themselves and they feel that society has rejected them."²⁴⁰ In other words, Call was saying that most homosexual men obey the common gender norms assigned to men and avoid crossing these gender norms into the feminine.

²³⁸ Haynes Johnson.

²³⁹ Will Roscoe, "Mattachine: Radical Roots of the Gay Movement," San Francisco's Digital Archive, accessed November 18, 2018, [http://www.foundsf.org/index.php?title=Mattachine: Radical Roots of the Gay Movement](http://www.foundsf.org/index.php?title=Mattachine:RadicalRootsoftheGayMovement).

²⁴⁰ "The Rejected."

The F.B.I. knew those two code experts were fruity fellows, but off to Moscow. How many more pansies do we have, in strategic caught on cameras by cunning Commie agents, to be used as

nothing was done about it until the boys had already minced positions, whose perverted pursuits in hotel rooms have been blackmail bait to make the homos turn against their homeland?

Behind The Scandal Of Those Two Traitors: HOW THE REDS BLACKMAIL HOMOSEXUALS INTO SPYING FOR THEM!



William H. Martin (left) and Bureau F. Mitchell, the two lavender lads who were code experts for the U.S. before becoming traitors and flitting off to Russia.

BY JAMES SHAWCROSS

THE secret case of the two American defectors — or, as put in more libidinal, intimate — what was more on the Reds after slipping away from their work at a important U. S. security agency, has come as a great shock to many people.

No one could understand how two young men like these — clean-cut fellows who looked like typical all-

The Reds are using a new tactic in recruiting spies and traitors, and it's working. The new tactic is to gain access to American secrets by using — homosexuals!

It is a matter that is becoming familiar to Western counter-espionage agents. The Reds may have slighted men in infatuations and then black-mailed them. They tell the homosexuals that if he won't give the information they want, they'll see that he's exposed in his own publicity.

It was this two highly vulnerable characters of this US that the Reds were able to get access to documents in the lavishly furnished National Security Agency.

The names of two NSA code experts, Bureau F. Mitchell and William H. Martin, finally brought into action all the agencies of government that SHOULD have been on the job long ago. And the investigation by those agencies — and especially by Congress — has turned up material that suggests it, try as they may.

Maybe the government gendarmes who've supposed to look after security matters just aren't hip enough. Ask any Washington correspondent, or any alert (and normal) man in the capital, for that matter, and he'll tell you that this is an old, old problem in Miss Liberty's home town on the Potomac.

Back in World War II, for example, one of the top men in the Navy Department was widely known as a homosexual, and yet he was unapproachable. Let one lavender lad get into a picnic, and before you know it the place is swarming with impregnated "boys" who couldn't riggle their hips more if they were Marilyn Monroe (which they wish they were). And that's what happened at home. The place was crawling with lavins, but there was nothing good about this kind of fete. Most of the agencies in Washington have been afflicted with this curse in one time or another, in the dimity of the government jobs.

Throughout Washington, Prince Georges County in adjacent Maryland, and parts of Virginia just across the Potomac, there are scores of places that cater almost exclusively to homosexuals. The lavins call them "gay" joints. Some are night clubs specialising in female impersonation, some are strictly bars and joints, and some are apparently innocuous.

These joints are heavily patronized — heavily that you can't see a man's silhouette just by (and damn — and the joints) fall into your groups (which is a dirty idea, but it's somewhat warped point of view).

1) The homosexuals, being gay, are 2) The homosexuals, being gay, are 2) The homosexuals, being gay, are

In dimity let cocktail lounge and black-bash security agencies — NSA, Central Intelligence Agency, and the agency settle up conversations with some they've been watching, men who seem to work for the government but don't say what agency. This is the reliable sign of the man who would be a private room where anything can (and does) happen. But what the lavins don't know, until too late, is that hidden camera have photographed

Small view of the grounds of the National Security Agency, at Fort Meade, Maryland, which was a very black-bash agency — until these two spy turned flight.



Figure 5, Lavender Scare. Newspaper headline about the Lavender Scare, circa 1950s.

From the letters of viewers in response to the first episode, they found that people were interested in the causes of homosexuality, “particularly in childhood, its treatment, and the preventative measures that can be taken by the parent.”²⁴¹ So, there was this belief that homosexuality could be prevented if American children were raised appropriately and according to their gender. Heffner finally introduces the two guests for the evening, Dr. Philip Polatin of the New York Psychiatric Institute and Dr. Harry Bakwin, the President of the American Academy of Pediatrics. The main point of this episode is to fully discuss the causation of homosexuality in men and women, though there seems to be more anxiety about homosexual tendency in young men. Dr. Bakwin and Dr. Polatin have differing ideas about the origins of

²⁴¹ “The Open Mind.

what they see as homosexual behavior. Basically, these two doctors are a prime example of the nature vs. nurture argument taking hold in this period.²⁴²

Dr. Bakwin, the expert in pediatrics, believes homosexuality to have some “constitutional” or “inborn” causes, especially in childhood cases of transvestitism.²⁴³ He also asserts that if homosexuality is to be prevented, it must be prevented in childhood. Dr. Bakwin cites Kinsey when he says that some same-sex play in childhood is normal. There were, however, some problematic forms of same-sex play.

...we would like to be able to identify those children in whom this sex play is serious and is going to go on to homosexual behavior in adult life, and normal sex play. The second thing we'd like to know, of course, is how to prevent trouble later on once we've been able to identify it in childhood.²⁴⁴

It was commonly believed by pediatricians that if they could catch homosexual tendencies early enough, then it could be treated and perhaps even be prevented from fully developing. This notion of homosexuality in youth, according to new psychiatric research and practices, is blatantly false.

While Dr. Bakwin believed in more natural causes, Dr. Polatin adhered to the nurture argument. Dr. Polatin, a psychiatrist, begins by saying that he and his colleagues do not ignore any possibilities of constitutional causes, but their findings support the fact that “the early parent-child relationship” has far more influence over the development of “this condition” (i.e. homosexuality).²⁴⁵

For example, we find that one of the most common expressions of difficulty is the aggressive, dominant, controlling mother and a very passive, meek, compliant

²⁴² Jason Schnittker, Jeremy Freese, and Brian Powell, “Nature, Nurture, Neither, Nor: Black-White Differences in Beliefs about the Causes and Appropriate Treatment of Mental Illness,” *Oxford* 78, no. 3 (Spring 2000): 1101-1132, accessed May 15, 2019, <https://search-proquest-com.marshall.idm.oclc.org/docview/229868454?pq-origsite=summon>.

²⁴³ Ibid.

²⁴⁴ Ibid.

²⁴⁵ Ibid.

father. So that the boy, in the development of his psychological life, identifies with a parent of the opposite sex rather than with a parent of the same sex.²⁴⁶

This quote is a classic example of mother-blaming in the 1950s. As explored in Chapter 2, mothers were believed to have an extensive role in their male children's psyche, mental health and masculine identification. If they became too smothering, their child's mental health would suffer.

Here, Polatin begins talk about what he believed to be positive reinforcement of gender norms and how they can lead to normal, psychological growth in men and women. He claims that young boys should play with one another, performing masculine activities, while girls should "indulge in feminine activities."²⁴⁷ As the two sexes enter puberty, they should now be prepared to go out into the world as their mothers and fathers did to find a heterosexual mate because they had correctly identified with the same-sex parent. Polatin further asserts that, "The homosexual has somehow or other become fixed or limited in his development at the immature level of psychological growth."²⁴⁸ In other words, because the homosexual identified with the parent of the opposite sex, their developmental growth was stunted.

To better understand how a child becomes homosexual, Heffner was inclined to further discuss the psychological causations (or the nurture argument) of homosexuality.

Well, if we then dismiss with some reservations the constitutional factor... maybe I shouldn't say "dismiss"... Say that it plays some minor role and leave out hormonal effects, or say there is no causal relationship between hormones and the development of the pattern, and we also say that it is not inherited necessarily, then I suppose we come back to the psychological processes that you began to talk about before. And I wonder if we could elaborate on those, going back to the question of origin and cause. Why in one family does a child, if we tend to play down the congenital and the constitutional, why does one child become homosexual and in another family a child is not?²⁴⁹

²⁴⁶ Ibid.

²⁴⁷ Ibid.

²⁴⁸ Ibid.

²⁴⁹ Ibid.

Dr. Polatin immediately answers that he believes the answer lies in the relationship between parent and child. He says that one child may become homosexual because parents have different “emotional interchange” with each child, causing each child to develop differently even if the parents remain “the same.”²⁵⁰ These assertions place most of the blame for a child’s homosexual tendencies upon the parent, which probably would have made it more difficult for parents to accept their homosexual children. The parents most likely blamed themselves for their child’s sexuality and would constantly try to figure out what they had done wrong as a parent because they believed homosexuality to be a mental illness.

Dr. Polatin then brings up the matter of prevention in children to provide some hope to parents. He claims that he does not want to blame parents but warn them that their attitudes and behavior shape their children’s personalities. Polatin claims that a threatening father can frighten a young boy so much in childhood, that in adulthood he will want to submit to and remain passive with other males. “...and this passivity may result in homosexuality in order to utilize or ward off this fantasy image of the father.”²⁵¹ Dr. Polatin also says that a dominant mother who is controlling and does not allow a boy to engage in social endeavors with other boys can distort the boy’s psychological development. There “may develop in this boy an identification with a mother as a female and a fantasy that he wants to be a female too, like the aggressive, dominant, controlling mother.”²⁵² Again, this backs claims made previously in chapter 2, especially in the film, “Angry Boy.” Tommy’s mother was overbearing and dominated both her husband and her son, meaning that Tommy’s father was weak.²⁵³

²⁵⁰ Ibid.

²⁵¹ Ibid.

²⁵² Ibid.

²⁵³ “Angry Boy.”

Continuing with the nature vs. nurture argument, Polatin and Bakwin discuss what they believed to be the predatory nature of gay men. After Polatin finished this discourse, Heffner turned to Bakwin and asked his opinion on family factors. Dr. Bakwin allows the fact that parents behave differently with each child, but he says that is natural. What he focuses on first in this part of the discussion is the “soil,” or natural susceptibility (inborn or constitutional factors) to homosexuality.²⁵⁴ Bakwin then says that unhappy home lives and sexual encounters with a same-sex adult can have profound effects. So, to Bakwin at least, the causation of homosexuality is gradual and happens in steps. He says that there is “first a fertile soil. Second, unhappy surroundings. And third, the chance meeting with an aggressive adult.”²⁵⁵ As you will see in *Boys Beware*, there was an anxiety in this era about the supposed (or mythical) predatorial behaviors of homosexuals or an equation of pedophilia with male homosexuality. It was believed that boys who had sexual experiences with predatorial men would eventually become homosexuals because of the psychological damage caused by such incidents. Dr. Bakwin cites a study which found that boys who identified as homosexual had at one time been assaulted.

[They had] been exposed to an experience during a period when they were unhappy, to a sex experience with an individual of the same sex... in whom they had confidence. And I think it's sort of a non-specific unhappiness, plus the chance meeting with some aggressive adult of the same sex, that plays a major role.²⁵⁶

Dr. Polatin agreed with these findings, especially with the fact that there is a difference in the “soil” between well-adjusted, heterosexual individuals and those who become homosexual. In other words, he is still pushing the nurture argument and believes that childhood experiences turn someone gay.

²⁵⁴ It is not exactly clear what Dr. Bakwin meant by soil, but because of the previous conversation on inborn factors, it is understood that “soil” represents the child’s predetermined genetic susceptibility to homosexuality.

²⁵⁵ “The Open Mind.”

²⁵⁶ Ibid.

Heffner again attempts to turn the conversation back to what measures can be taken to prevent homosexuality in children, since they received an abundance of letters requesting more information on the topic. Dr. Bakwin emphasizes that pediatricians are very interested in the matter of prevention and in fact, he claims “if prevention is to be effective it’s going to be in the hands of the pediatrician.”²⁵⁷ He says that pediatricians are helpful because they can take note of poor parenting and even refer the *parents* to therapy, not the child.

...we can do something if we can recognize early trends and if we know the right thing to do. So I say...we can try to correct the home and try to create for the child a happy home, suggest changes in parental behavior.²⁵⁸

This comment only continues the pattern of parent-blaming for their children’s supposedly abnormal sexuality.

Returning to the topic of healthy masculine development, Polatin says that because young boys will become men eventually, a father’s role as a parent is of the utmost importance. According to him, fathers must partake in masculine activities with their sons so their son can correctly develop their masculinity. Dr. Polatin agrees with Dr. Bakwin that when a child shows characteristics typical of the opposite sex, something must be done to correct these tendencies. Here, he deviates from Bakwin and says, “...if the condition is marked, then a child psychiatrist can help a great deal and group therapy can play a role as well.”²⁵⁹ He felt that psychotherapy was an important part of rehabilitating a child’s masculinity. Heffner asks if boys learn to be men from watching their fathers and Polatin affirmed this “process of identification.”

It’s a more active psychological process rather than just a purely visual one. It’s year after year, month after month identifying, seeing what he does in terms of the psychological significance of what he does, and wanting to be like the father, a man like the father.²⁶⁰

²⁵⁷ Ibid.

²⁵⁸ Ibid.

²⁵⁹ Ibid.

²⁶⁰ Ibid.

Bakwin agrees with this statement and adds that a “child’s maleness” should only be emphasized when there is something wrong in his development. Soon after this, the panel runs out of time. Heffner closes the episode by summarizing the main points of the show and again asserts homosexuality as an issue facing the country.

This film, though mostly clinical in its language and presentation, was a good example of the differing opinions medical and mental health experts had on the “condition” of homosexuality. Many medical doctors believed that being gay was innate or something people were born with. Psychiatrists thought of it as more of an illness to be cured that developed because of poor parenting. Both agreed that being gay was problematic.

The film “Boys Beware” has become a pop culture phenomenon with its over-the-top portrayal of predatory gay men kidnapping and assaulting young boys. The film was created by Sid Davis and was “produced with the cooperation of the Inglewood Police Department and the Inglewood Unified School District” in 1961.²⁶¹ Sid Davis was famous for his social-hygiene films and created anywhere from one hundred fifty to two hundred films in his career. “...Mr. Davis was considered one of the foremost practitioners of the social-hygiene film...Mr. Davis’s work took on a range of subjects that most educational filmmakers considered taboo: sex, drugs, alcohol, rape and molestation.”²⁶² His films were made for adolescent children in the classroom as cautionary tales to teach them that the best way to live was within the strict guidelines handed down by teachers, parents and, most importantly, society. These films sought to protect children from the dangers that they could face in this uncertain, modern era.²⁶³ Even though the subjects

²⁶¹ “Boys Beware” (video), produced by Sid Davis Productions, posted June 27, 2007, accessed October 13, 2018, <https://www.youtube.com/watch?v=fTn7ALbLYPI>.

²⁶² Margalit Fox, obituary for Sid Davis, *New York Times*, November 9, 2006.

²⁶³ *Ibid.*

were taboo, Davis Productions wanted to bring them into everyday conversations between children and adults who supposedly knew how to behave and avoid what was believed to be dangerous behaviors.²⁶⁴

One of the main goals of this film was to protect children from the gay man. The film begins with the narrator and only speaking character of the film, Lieutenant (Lt.) Williams, walking to his cruiser. The character is described as a police officer with the Juvenile Division.²⁶⁵ As he is climbing into the vehicle, he says he is on his way to Monroe Junior High School to speak with the students. On the way, he spots a few teens on the side of the road, trying to hitch a ride. He notes that it seems innocent enough at first glance and even seems like an excellent way to get around town.²⁶⁶

What Lt. Williams says next represents the premise of the whole film: just because someone or something seems or looks harmless, it does not mean they are. “That looks innocent enough, doesn’t it? Lots of young people hitch hike. It seems like a good way to get from one place to another. But sometimes there are dangers involved that never meet the eye.”²⁶⁷ This was an attempt to warn children not to run off with just anybody they met on the streets. This is not a bad message, avoiding rides home with strangers, but the way the message is presented is problematic. It singles out a minority group as naturally dangerous and then propagates a myth about male homosexuals that still exists to this day. The film was trying to tell children that even if someone, specifically a man, looked average or normal, do not trust them because they could be abnormal by society’s standards.²⁶⁸

²⁶⁴ Ibid.

²⁶⁵ “Boys Beware.”

²⁶⁶ Ibid.

²⁶⁷ Ibid.

²⁶⁸ Ibid.

The Stranger Danger movement began a few years after the release of this film, thus making it a precursor to the movement.²⁶⁹ As an early example of Stranger Danger, “Boys Beware” was created to educate boys about strange men and to avoid those who could be homosexual. This film shows American society had overwhelmingly negative views of homosexuality, believing gay men to be a danger to young boys. Their anxiety is specifically aimed towards gay men’s sexuality, something already feared because it deviated from heterosexuality.²⁷⁰

Even though the creators’ main goal of the film was to protect children, their espousal of the image of dangerous gay men had damaging effects that stereotyped male homosexuality as something to be feared and ostracized. The film implies that homosexual men will lure young boys in and gain their trust by giving them a sense of importance. In fact, “... the specter of the pedophile is and has been historically deployed to criminalize gays...retract their rights...or neutralize their political aspirations.”²⁷¹ The dangerous imagery in the film begins with Jimmy and Ralph. Jimmy looks to be a thirteen or fourteen-year-old boy in need of a ride home. Jimmy had taken rides from strangers before and was not alarmed when Ralph, the man giving him a ride home, began to initiate a conversation with him. Ralph patted Jimmy on the shoulder and told him he would see him again. “Sure enough, the following day when Jimmy finished playing

²⁶⁹ Paula Fass, “Child Kidnapping in America,” *Origins* 3, no. 4 (Winter 2010), accessed May 10, 2019, <http://origins.osu.edu/article/child-kidnapping-america>.

²⁷⁰ “Boys Beware.”

²⁷¹ Joseph J. Fischel, “Transcendent Homosexuals and Dangerous Sex Offenders: Sexual Harm and Freedom in the Judicial Imaginary,” *Duke Journal of Gender Law & Policy* 17, (May 2010): 278, accessed December 12, 2018, <https://advance-lexis-com.marshall.idm.oclc.org/document/?pdmfid=1516831&crd=8e6ee08b-4dfe-48f5-a52d-e1fbf3541f10&pddocfullpath=%2Fshared%2Fdocument%2Fanalytical-materials%2Furn%3AcontentItem%3A50XJ-G0X0-00CV-408C-00000-00&pddocid=urn%3AcontentItem%3A50XJ-G0X0-00CV-408C-00000-00&pdcontentcomponentid=149057&pdteaserkey=sr0&pditab=allpods&ecomp=bynk&earg=sr0&prid=ee1f989c-e32b-4b9f-83a5-a5ee0492a347>.

ball, the man was there waiting.”²⁷² The man took him out to eat and told Jimmy some “perverted” jokes during their conversation and later showed Jimmy pornographic pictures. Jimmy did not mind; he had heard others before and he enjoyed gaining the respect of an older man. When Ralph showed Jimmy the pornography and told him dirty jokes, it made Jimmy feel older than he was and good about himself because someone thought he was mature enough to handle the situation.²⁷³

As Jimmy and Ralph’s friendship progressed throughout the film, society’s real anxiety about homosexuality became clear.

What Jimmy didn’t know was that Ralph was sick. A sickness that was not visible like small pox but no less dangerous and contagious. A sickness of the mind. You see, Ralph was a homosexual. A person who demands an intimate relationship with members of their own sex. But by now, Jimmy felt a fondness for Ralph and they continued to go places together.²⁷⁴

In these short lines, the attitude and myths toward male homosexuality in the United States is almost entirely encompassed in two ideas. Homosexuals, according to experts from the 1950s, were mentally ill and predatorial in nature, simultaneously.²⁷⁵

In addition to these new psychological ideas about homosexuality and mental illness, the swish or queen image of gay men was replaced by that of a more normative one.²⁷⁶ It was becoming common knowledge that anyone, no matter their dress or mannerisms, could be gay. Ralph, in the film, was clean cut and wore traditionally male clothes of what appeared to be neutral colors. Nothing about his appearance hinted that he was gay, especially by the

²⁷² “Boys Beware.”

²⁷³ Ibid.

²⁷⁴ Ibid.

²⁷⁵ Joseph J. Fischel.

²⁷⁶ Craig Loftin, “Unacceptable Mannerisms: Gender Anxieties, Homosexual Activism, and Swish in the United States, 1945-1965,” *Journal of Social History* 40, no. 3 (Spring 2007): 577-596, accessed May 20, 2019, <https://search-proquest-com.marshall.idm.oclc.org/docview/198991163/abstract/51505BD8475B4F8BPQ/1?accountid=12281>.

stereotypical standards of the 1950s. This new image of gay men could be thanks, in part, to groups such as the Mattachine Society, who made it their mission to dispel the feminine stereotype of male homosexuality.²⁷⁷ They wanted to assert their masculinity in society's eyes as a way to gain acceptance for their sexuality and show that they may love other men, but they still obeyed genders norms in terms of dress and attitude. These groups wanted to send the message that they were just like rest of society. That, however, may have made homosexuality that much more dangerous in society's eyes because, if it was true that not all gay men were feminine, that means they could no longer be spotted as easily.²⁷⁸ One of society's worst fears was being realized: the homosexual was among them and could blend in with them.

While mainstream society was panicking about the visibility (or lack thereof) of homosexuals, psychiatrists were concerned with defining homosexuality. If they could define being gay as an illness and categorize it, perhaps they could cure it or suppress it. According to the original Diagnostic and Statistical Manual (DSM1) of the American Psychiatric Association, homosexuality or "sexual deviation" was categorized as a sociopathic personality disturbance.

The 1952 manual says:

Individuals to be placed in this category are ill primarily in terms of society and conformity with the prevailing cultural milieu, and not only in terms of personal discomfort and relations with other individuals. However, sociopathic reactions are...symptomatic of severe underlying personality disorder, neurosis or psychosis...²⁷⁹

As stated by the manual, homosexuals were believed to be "sick" by psychiatrists because they did not conform to societal gender norms or standards. In 1950s America, if one was not a white,

²⁷⁷ Ibid.

²⁷⁸ Ibid.

²⁷⁹ The Committee on Nomenclature and Statistics of the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (Washington D.C., American Psychiatric Association Mental Hospital Service, 1952), 38.

middle class, heterosexual family member, then there was something intrinsically wrong. In other words, if one deviated from the cultural norm, this deviation placed them in the category of the other, even in expert opinions.

Like society and legal experts, psychiatrists felt that male homosexuality had the potential to become dangerous. Psychiatrists often agreed with the myth about violent, predatory gay men. The DSM1 defined sexual deviation as a wide-ranging disorder. It encompassed “homosexuality, transvestism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, mutilation).”²⁸⁰ Not only were male homosexuals ill, they were also dangerous because of that illness. Homosexuality as a mental illness, based upon experts’ opinions in the 1950s, was categorized with rape and pedophilia. In the mainstream culture, however, violence, rape and pedophilia were defining characteristics of homosexuality. This is an important distinction. Though medical experts of the time did concede that male homosexuals could become violent, just like anyone else, they stressed it as an illness above all else and thought male homosexuals were more a danger to themselves than others.²⁸¹ These ideas are closely related to those of the previous film. Doctors Bakwin and Polatin both discussed the origins of homosexuality and how it affected society. The psychiatrists of the 1950s and early 60s did not define homosexuality as pedophilia but placed both under the category of sexual deviation. The legal system and society equated the two as one and the same.

In the film, “Boys Beware,” Ralph is the very embodiment of the lurking sexual predator that terrified society. The character’s portrayal of a gay man is characteristic of the Machiavellian archetype: someone who is dangerous and violent, yet cunning. Ralph, according to the film, was able to gain Jimmy’s trust and then take advantage of him. To Jimmy, Ralph was

²⁸⁰ Ibid, 39.

²⁸¹ Ibid.

nice and that is why Jimmy liked him. He gave him gifts and took Jimmy to see many different places. Ralph even gave him money. “But payments were expected in return...” explained Lt. Williams.²⁸² The film then shows Ralph walking Jimmy up the stairs of an apartment building or a hotel, assumedly to Ralph’s room. The payments that Lt. Williams mentions can safely be assumed to be sexual favors in return for the money and gifts Ralph was giving to Jimmy.

Because Jimmy accepted payments, the creators of the film victim blame him for not standing up for himself and for lacking masculinity. Williams goes on to explain that Jimmy had not seen the signs soon enough. “You see, Jimmy hadn’t recognized Ralph’s approach soon enough. When Ralph first asked Jimmy to go fishing alone, he should have discussed it with his parents or teacher.”²⁸³ In other words, it was partially Jimmy’s fault because he did not notice that this man’s behavior was out of the ordinary. Jimmy finally told his parents and they immediately contacted the police. Ralph was arrested soon after. The scene here changes to the front of the police station. Jimmy and his forlorn looking parents can be seen walking out together. The lieutenant states that Jimmy was released into the custody of his parents but was on probation.²⁸⁴

But, why was Jimmy on probation? Was he not a victim of rape? Well, by today’s standards, Jimmy was a victim, but in the 1950s, that was not exactly what the American legal system defined him as. “Boys could not be raped because American law defined rape as an act of sexual intercourse with a female.”²⁸⁵ Jimmy was not a victim because, according to the law, he

²⁸² “Boys Beware.”

²⁸³ Ibid.

²⁸⁴ Ibid.

²⁸⁵ Stephen Robertson, “‘Boys, of Course, Cannot be Raped’: Age, Homosexuality and the Redefinition of Sexual Violence in New York City, 1880–1955,” *Gender & History* 18, no. 2 (August 2006): 357, accessed November 28, 2018, <http://web.a.ebscohost.com.marshall.idm.oclc.org/ehost/detail/detail?vid=0&sid=d058da06-cf96-4875-8327-e34159e63e04%40sdc-v-sessmgr04&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#AN=23482610&db=aph>.

had not been victimized and he did not qualify as a victim. Jimmy faced consequences for the sexual assault upon his person, though he had done nothing wrong.

According to society and legal standards of the 1950s, Jimmy was wrong and showed a lack of masculinity for not fighting his attacker. “A boy’s resistance to a man’s attempts to sexually assault him could therefore be seen as an expression of his masculine nature, and not always as a sign of sexual understanding and lost innocence, as was the case with girls.”²⁸⁶ Jimmy’s acceptance of the money and gifts from Ralph were seen as evidence that he did not fight and was a passive partner in the sexual assault. If Jimmy had resisted and reported Ralph’s assaults immediately, Jimmy may have fared differently. He would have been a young man asserting his masculine nature by fighting back against the supposed predatorial homosexual.²⁸⁷

In other words, Jimmy was expected to have prevented these assaults from ever happening in the first place. This is a classic case of American victim blaming, but with a twist. Because of Jimmy’s perceived passiveness, his masculinity came into question, not his innocence. A lack of masculinity in males was the downfall of a boy in America, while a lack of innocence was the downfall of a girl. When women or girls were raped, it was seen as a loss of innocence or virtue. If a boy or man was raped, society would believe he was lacking in masculinity and would not meet the qualifications of a real man.²⁸⁸ Men are supposed to be aggressive and active, and the image of a male rape victim in American society does not correspond because they are seen as weak and passive.

The case of Mike Merrick, another unfortunate young boy in this film, shows a more violent side to the predatorial homosexual depicted in this cautionary film. “Some resort to

²⁸⁶ Ibid, 365.

²⁸⁷ Ibid.

²⁸⁸ Ibid.

violence as in the case of Mike...”²⁸⁹ Mike and a few of his friends can be seen playing basketball. An older, normal-looking man was watching them, but no one noticed him. When the others left, Mike stayed behind because he wanted to practice some more. The strange man then began to play with Mike. As they finished playing, the stranger told Mike he would make a great player one day if he kept practicing.

The companionship, the praise, the friendly attitude dispelled any misgivings Mike might have had about going with a stranger. He probably never realized until too late that he was riding in the shadow of death. But some time that evening, Mike Merrick traded his life for a newspaper headline.²⁹⁰

Mike’s sequence ends with him getting into the car with the strange man. As with Jimmy’s character, Mike was fooled by the man’s friendly attitude, and normal appearance. The stranger was wearing a sedate black suit and drove a nice car. What was there to be frightened by or uneasy about? Mike, like Jimmy, was being victim blamed. For instance, note the narrator’s wording when he said, “traded his life for a newspaper headline.”²⁹¹ The word “traded” is an active verb and since “Mike traded,” he was partially responsible for his own kidnapping and death. According to the film’s attitude, Mike was passive, weak and unable to recognize the danger he had put himself in.²⁹²

The ending monologue by the narrator summarizes the main messages of the film: homosexuals are dangerous and for young boys to keep their eyes open and to remember that their safety was in their own hands. The narrator says:

The decision is always yours. And your whole future may depend on making the right one. So, no matter where you meet a stranger, be careful if they are too friendly. If they try to win your confidence too quickly and if they become overly personal. One never knows when the homosexual is about. He may appear normal and it may be too late when you discover he is mentally ill. So, keep with your

²⁸⁹ “Boys Beware.”

²⁹⁰ Ibid.

²⁹¹ Ibid.

²⁹² Ibid.

group and don't go off alone with strangers, unless you have the permission of your parent or teacher.²⁹³

These closing statements epitomize victim blaming and the demonizing of homosexuality in American culture. When the narrator says, "the decision is always yours," he is effectively creating this sense that if something bad happens to a young boy, especially of a sexual nature, then it is their fault for putting themselves in a situation where they could be harmed. The culture, psychology and legal opinions behind this film helped create these ideas in our society that men cannot truly be victims of rape and if they are, it is their fault for not being masculine enough to stop it. The above statement is a clear example of the prevalent rape culture that American society condones.²⁹⁴

As for the demonization of gay men, the film is a clear example of how white, middle- and upper-class society is frightened of the category of the other. Even though there was a campaign in the 1950s, led by psychologists and psychiatrists, to destigmatize gay men and homosexuality, the larger society ignored them or twisted their findings to support their own agendas. Society and the legal system thought these men were sick, in their own way, but they still believed punishment was the answer. American culture thought punishment and incarceration was the best way to handle homosexuality because, thanks to poorly worded definitions and categorized "illnesses," it was equated with rape and pedophilia.²⁹⁵

²⁹³ Ibid.

²⁹⁴ Ibid.

²⁹⁵ Ibid.

CONCLUSION

Film is a special medium which has changed the way information is distributed and consumed. It is not only a form of entertainment, but an art form that has worked its way into our everyday lives. Even in the beginning, filmmakers knew that film was groundbreaking technology and its uses have grown tenfold since the era of silent movies on the silver screen. Film was often used as propaganda during WWII and used as training films for various vocations. Psychiatry and the mental health field were no exceptions. Psychiatrists from the 1950s were especially prone to using film as a way to gain attention to their causes, gather support for their theories and train future mental health experts. Many of the films in this thesis were training films for nurses, social workers and other students.

Chapter one set up the mood of the era. The 1950s was called the age of anxiety for a reason. There were the Red and Lavender Scares, plus the Korean War and the first rumblings of the Vietnam War. The American family model was changing, and America was becoming far more involved in foreign policy than they ever had before. Within all this, there was the clash of conservatism and modernism. America was trying to uphold conservative values while contending with modern innovations and ideas. Modernism was changing how people thought, worked and spent their free time. Modernism caused the American government and society anxiety because they thought these modern changes would create new values that would cause the nation to pull away from its traditional mores.

Chapter two discussed young boys' growing masculinity and the effect mothers had on their sons. If a mother was too smothering or assertive, according to experts of the 1950s, she could seriously damage her son's masculinity. Mothers were expected to care for the emotional well-being of the family unit as well as their physical health. If young boys did not have proper

parenting, they could become effeminate, too aggressive, emotionally unstable or gay. Since men in America were traditionally the breadwinners and thought to be more logical than women overall, it was believed that effeminate boys would lead to an unstable future. Thus, America would no longer be as strong as it once was.

Chapter three of this thesis has described the many uses of film to psychiatrists in the 1950s at great length so the reader could not only have a better understanding of their agenda but provide more clarity on how society felt about mental illness during this time. This thesis has also discussed the issue of masculinity and genderized mental health during the 1950s. Society and mental health experts were experiencing a crisis of masculinity as America's economy shifted from a blue collar, industrial workforce to a white collar, desk-job workforce. Americans were worried men would lose masculine traits as they worked less with their hands and moved away from labor-intensive positions. Americans also believed that being masculine was an integral part of men's mental and emotional health and if a man was not mentally healthy, he had lost his masculinity and was not a whole man.

Chapter 4 covered gay men in America, their mental health and their masculinity. Intertwined with this issue of masculinity was an anxiety about homosexuality. Society and the American government were anxious about gay men, thinking they would simultaneously destroy the moral fabric of the nation and prey on young boys. Americans also thought they were highly effeminate and thus lacking proper masculinity. Feminine characteristics caused them to not be recognized as men in many ways. While the law and government saw them as a security risk and criminals, psychiatrists believed homosexuality to be a mental illness that could be treated. The government feared the unlikely possibility that gay men in state and federal positions would be blackmailed for government secrets by Communist spies. Psychiatrists tried to take what they

perceived as a softer approach by attempting to cure gay men and women of their homosexuality. They believed that poor parenting caused homosexuality, while medical doctors believed homosexuality was innate.

Throughout all this anxiety, psychiatrists in these films set themselves up as the answer to all Americans' worries. They could guide people through these tumultuous times with the advice in the films, see them in outpatient settings, or institutionalize for a short period of time until the sick person was recovered. They could teach boys how to have a healthy masculinity, they were creating new and improved techniques to treat the severely mentally ill in a hospital setting, and they were trying to find ways to treat homosexuality.

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APPENDIX A: APPROVAL LETTER



Office of Research Integrity

November 19, 2018

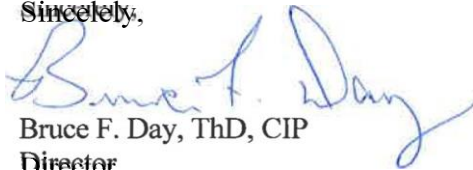
Emily Lonna Miller
79 Camp Branch Road
Hamlin, WV 25523

Dear Ms. Miller:

This letter is in response to the submitted thesis abstract entitled "Be a Man: Childhood, Masculinity, Mental Hygiene Films and the Asylum in the 1950 's. " After assessing the abstract, it has been deemed not to be human subject research and therefore exempt from oversight of the Marshall University Institutional Review Board (IRB). The Code of Federal Regulations (45CFR46) has set forth the criteria utilized in making this determination. Since the information in this study does not involve human subjects as defined in the above referenced instruction, it is not considered human subject research. If there are any changes to the abstract you provided then you would need to resubmit that information to the Office of Research Integrity for review and a determination.

I appreciate your willingness to submit the abstract for determination. Please feel free to contact the Office of Research Integrity if you have any questions regarding future protocols that may require IRB review.

Sincerely,



Bruce F. Day, ThD, CIP
Director

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