

The Influence of ‘Psychiatrist Friends’ on British Film Censorship in the 1960s

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Abstract:

This article will demonstrate the significant influence that psychiatric consultants exerted on the policy of the British Board of Film Censors (BBFC) and, as a result, on cinematic representations of mental illness and psychiatric practices during what Arthur Marwick (2005) called the ‘long 1960s’. Drawing upon extensive research at the British Board of Film Classification archives, this article complicates dominant narratives of British censorship in highlighting how John Trevelyan, appointed as Secretary of the BBFC in 1958 and frequently depicted as a liberalising force, deferred to psychiatric expertise outside the BBFC in making decisions about film censorship and certification and, in some instances, scriptwriting and editing. This article will explain how a proliferation of American and, later, British films dealing with mental illness caused BBFC examiners to lose confidence in their ability to make censorship decisions in the mid-1960s. Initially, this loss of confidence prompted consultation with the influential British mental health organisation, the National Association for Mental Health (NAMH) and, subsequently, a small group of trusted medical professionals, referred to as ‘psychiatrist friends’, who decided on cuts and certification of films including *The Caretakers* (1963), *The Collector* (1965) and *Repulsion* (1965). As a result, the BBFC moved from a default position of prohibition to one of enabling ‘serious’ films that promoted mental health awareness and discussion of contemporary mental health issues. This article aims to offer new insights into the policies, processes and practices of the BBFC, to contextualise censorship within historical debates about mental

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health representation and to highlight the mutually productive interactions that took place between the fields of mental health and cinema.

Keywords: anti-psychiatry; BBFC; censorship; mental health; National Association of Mental Health (NAMH); psychiatry; *Repulsion*; *The Caretakers*; *The Collector*; Trevelyan.

Introduction

Drawing upon recent extensive research at the archives of the British Board of Film Classification (BBFC, until 1984 the British Board of Film Censors), this article complicates dominant narratives of British censorship while highlighting the extent to which ‘psy’ experts – healthcare professionals from the fields of psychiatry, psychoanalysis or psychology – exerted a significant influence over film culture during what Arthur Marwick (2005) called the ‘long Sixties’, which, he argued, covered the period, roughly, from 1958 to 1974. John Trevelyan, appointed as Secretary of the BBFC in 1958, is frequently described as a liberalising force in film censorship who ‘repeatedly defended the independence of the Board’s decision making’ (Hargreaves 2012: 54). This article will not seek to discredit this liberalisation narrative, but will highlight a concurrent one of increasing deferral to psychiatric expertise outside the BBFC in order to make decisions about film censorship, certification and even, in some instances, scriptwriting and editing. While media scholars have acknowledged this process of psychiatric consultation in relation to Roman Polanski’s *Repulsion* (1965) (Caputo 1992: 80–4; Matthews 1994: 164), this has been understood in isolation, necessitated by the unique nature of that film rather than as being representative of a wider shift in BBFC practice and policy. This article will explain how a proliferation of American and, later, British films dealing with mental health issues caused BBFC examiners to lose confidence in their ability to make censorship decisions in the mid-1960s. This necessitated consultation, initially unsuccessful, with the government affiliated and funded organisation the National Association of Mental Health (NAMH) and, subsequently, a small group of Trevelyan’s ‘psychiatrist friends’ affiliated with Guy’s Hospital and the Tavistock Clinic who played a key role in deciding cuts to and certification of films including *The Caretakers* (1963), *Repulsion* (1965), *The Collector* (1965) and *The Boston Strangler* (1968). Throughout the long Sixties, the BBFC moved from a default position of prohibition to one of

enabling 'serious' films dealing with mental health issues to be made and shown. This was achieved by brokering collaboration between film-makers and specially selected 'psy' professionals who were trusted by Trevelyan and employed on an ad hoc basis as paid consultants throughout the production and censorship processes.

Academic studies of the BBFC have understood the 'BBFC's adoption of the language of psychology and psychiatry' to have been a 'new rationale' introduced during the tenure of James Ferman, who was the Board's Secretary from 1975 to 1999, and particularly in relation to waves of moral panic surrounding the so-called 'video nasties' from the 1980s onwards (Barber 2011: 122; Matthews 1994: 172). Furthermore, these narratives of British censorship have conceptualised this deployment of psychiatric expertise in relation to a wider neoliberal project of governmentality emerging from Thatcherite Conservative politics of the late-twentieth century. As Julian Petley explains:

Where as once the BBFC consulted (and indeed employed) specialists in political propaganda and countersubversion, it now turns to psychologists, psychiatrists, paediatricians, and other such 'engineers of the human soul'. And its main function is no longer trying to ensure ideological conformity but engaging in a form of moral regulation. But in this endeavour it is, of course, hardly alone in Britain where, since the Thatcher era, questions of social order and control have been framed in ever more explicitly moral – and moralising – terms. (2013: 163)

However, the consultative processes identified in this research not only date this shift in priorities and policy almost twenty years earlier, but also reveal the BBFC's deployment of a select group of trusted psychiatrists, partly as a strategy to maintain autonomy from the state. As it gained confidence in the authority and advice of these 'psy' professionals, the BBFC sought to give expression to contention within the mental health fields – including critiques by radical psychiatrists who challenged the tenets of mainstream psychiatry and its unwavering advocacy of biomedical treatments and institutional care – rather than promote the moral and political consensus.

The analysis will focus on case studies of three films that were submitted to the BBFC from late-1963 to mid-1964 which raised issues for its examiners, largely due to their frank treatment of characters with serious mental health disorders and their portrayal of mental health institutions. These were the Hollywood production *The Caretakers*, finally released as *Borderlines* in Britain in 1965, the Anglo-American co-production *The Collector* and the British production

Repulsion. *The Caretakers* was submitted to the BBFC as a completed film in April 1963 but was not released in Britain until late-1965 due to its protracted journey through the BBFC following consultation with the NAMH. *The Collector* and *Repulsion* were submitted for approval at draft script stage in August 1963 and June 1964 respectively, and subject to confidential consultation with Trevelyan's 'psychiatrist friend' Dr Stephen Black. *The Collector* passed through the BBFC with only minor recommended changes to 'points of detail' at the script stage, while the process of dealing with *Repulsion*, although requiring more consultation with Black throughout production and post-production, was described as a productive even creative collaboration by all parties. This article will conclude by briefly discussing *The Boston Strangler* in order to highlight Trevelyan's widening of his circle of psychiatric consultants in the second half of the decade, bringing in requisite clinical expertise to enable the Board to make increasingly bold decisions.

The treatment of these three films highlights the BBFC's emerging policy of in-house consultation and collaboration with a select group of liberal (rather than radical) mental health professionals as it shifted the discursive terrain from one of protecting the supposedly naive (or, at best, ill-informed) public to one of mental health awareness. Drawing upon Annette Kuhn (1988) and Nick Crossley's (2006) groundbreaking research on contention within the fields of film censorship and mental health, this article will highlight the BBFC's productive engagement with psychiatrists as a form of resistance to institutional power and control as well as an exertion of it. As a result, it will offer new insight into the policies, processes and practices of the BBFC during this significant period of transition; introduce key issues of film censorship and classification into recent historical debates about mental health representation; and highlight the mutually productive interactions between the fields of mental health and cinema.

Censorship as productive

Drawing upon Michel Foucault's assertion that power is exercised rather than possessed, Kuhn's study of early British censorship eschews the dominant 'institution-repression' model in arguing that film censorship and regulation are productive as well as repressive. She explains her method as 'direct[ing] itself not at texts or contexts, nor at organisations and rules of exclusion, but at the nature of the practices, relations and powers involved in film censorship, and at what these produce – their effectivity – at particular moments in history' (1988: 8).

As a result, she defines censorship 'as something that emerges from the interactions of certain processes and practices' (ibid.: 6) rather than something possessed by organisations such as the BBFC. Borrowing Crossley's (2006) term, film censorship could be seen as part of a field of *cinematic contention* that, during the long Sixties, productively converged and interacted with the fields of mental health (primarily associated with psychiatric orthodoxy at the time) and an escalating 'field of psychiatric contention', associated with the ideas of progressive psychiatrists such as R. D. Laing and Thomas Szasz and later described as the 'anti-psychiatry' movement.¹

Crossley's study is particularly useful for mapping the interactions of competing mental health organisations and advocacy groups that 'converge around common areas of concern (whether in agreement or disagreement)' and the diffuse currents of discourse and demands they circulated during the post-war period in Britain (ibid.: 29). At the centre of this field of contention in the long Sixties is the struggle between psychiatric orthodoxy, which favoured biomedical models of understanding and treating mental illness, and the emergent anti-psychiatry movement, associated with progressive psychiatrists such as Laing, which advocated for psychotherapeutic 'talking cures' and de-institutionalisation of treatment. The anti-psychiatry movement originated in the late 1950s as a series of challenges to dangerous and coercive physical treatments such as electroconvulsive therapy (ECT) and forms of psychosurgery such as lobotomy, but by the early 1960s it sought to challenge the 'very basis of psychiatry itself; its purpose, its foundational concept of mental illness and the very distinction between madness and sanity' (Crossley 1998: 878). From the mid- 1960s, Laing became the go-to media spokesperson for these contentious ideas, gaining him a significant countercultural following and a high public profile (Miller 2017).² The key organisation seeking to maintain the status quo in advocating for orthodox psychiatry was the NAMH. While this was formed in the immediate post-war era with a reformist agenda involving thinking about mental health more holistically (as an issue that affected everyone and that should be addressed through social policy and education as well as medicine), when the psychiatric establishment came under attack in the 1960s the NAMH adopted the role of defender of both orthodox psychiatric methods and government policy (Crossley 2006: 97–8).

The fundamental clash in understanding and treating mental 'illness' played out not only in professional journals and conferences, but increasingly within the wider political and public sphere. As Crossley highlights, fields such as the media also contribute to the

psychiatric field of contention through their converging discourses and demands (ibid.: 43). As our ongoing 'Demons of the Mind' project and Michael DeAngelis's (2018) recent book highlight, in the 1960s cinema and television became significant actors in the mental health field through a succession of narratives addressing contemporary developments in therapeutic and psychiatric practice and research. However, as our project research has highlighted, the liberalisation of the media/cinematic field necessitated its expansion so as to include 'psy' expertise in the areas of film production, censorship and reception. As the following sections will highlight, a cycle of Hollywood films emerging from the context of de-institutionalisation in America made the BBFC Secretary and examiners realise that they lacked the expertise, and therefore the authority, to make decisions on the classification and censorship of these films. The Board's key concern was not with sensationalism, but with the films' accuracy and authenticity, since their characters often resembled actual people diagnosed as psychotic and their stories frequently had a closeness to real-life events, such as investigations of violent crime.

The BBFC's policy on mental health

Films representing mental illness and institutions had always been a sensitive subject for the BBFC but became a near 'no-go' subject once political censorship intensified in the 1930s (James 2012: 20). In the 1930s, the Board was closely tied to government through its personnel and policies (Petley 2013: 155–6), and its conservative priorities in protecting from criticism the medical profession (alongside politicians, soldiers, the police), and avoiding controversial political and social subjects that could inadvertently evoke public anxiety and unrest (Richards 1981: 108), meant that films dealing with mental illness and its treatment were likely to be banned, irrespective of whether they were British or American. During and immediately following the Second World War, censorship switched more to representations of patients suffering from mental illness, undoubtedly due to the return of servicemen both physically and psychologically scarred by the war (James 2012: 25). As a result, a short-lived post-war cycle of Hollywood films set in mental institutions created significant concern for the BBFC's new Secretary, Arthur Watkins (1948–58), who, on banning the mental hospital-set crime film *Behind Locked Doors* (1948), explained that only films presenting 'an authenticated aspect of an important social problem' of mental illness would be considered for classification (quoted in Hyman 2012: 50). The BBFC's handling of this late-1940s

cycle, and in particular its extended deliberations over *The Snake Pit* (1948), make for a useful comparative case study – both in their convergences and divergences – to the mid-1960s.

Prior to Watkins's arrival, a screenplay based on the 1946 novel *The Snake Pit*, a semi-autobiographical account by Mary Jane Ward, had been tentatively submitted to the BBFC for consideration by Alexander Korda's London Films, but they had been told that any film adaptation would be 'quite unsuitable for public exhibition' given its setting within and depiction of a mental institution (quoted in *ibid.*: 50). In both the novel and the film, a woman is institutionalised following a nervous breakdown and responds extremely negatively to a range of biomedical treatments at the state hospital (including ECT, insulin shock therapy, and hydrotherapy) until she begins the slow process of recovery through a programme of psychotherapeutic treatment. Ultimately produced across the Atlantic by Twentieth Century Fox, *The Snake Pit* was released in the US in November 1948 to huge critical and commercial success, as well as being screened in the White House.³ This promoted much speculation in the middlebrow press regarding whether the BBFC would and should revise their policy of prohibition in order to accommodate this high-profile film (Frith 2017).

When the completed film was submitted to the Board on 18 February 1949, Watkins restated the Board's default prohibition position to the distributor, but asked them to arrange a preview screening for 'leading psychoanalysts and superintendents of mental institutions'. He then viewed the film with its director, Anatole Litvak, stating that scenes featuring patients and ECT would need to be cut and a foreword 'disassociating the mental institution scenes in the film from conditions in English mental institutions' would be required (quoted in *ibid.*: 50). Even with these heavy edits and disclaimer, the film would receive an 'H' certificate – the much-derided classification reserved for horror films. The subsequent cut version was screened for the Board of Control (the government body responsible for mental hospitals in England and Wales and the well-being of patients detained in these hospitals) and also the Minister of Health, who stated that no amount of cuts would make the film suitable for release and put pressure on the BBFC to ban it outright.

Watkins defended the BBFC's deferral to 'expert opinion' to the disgruntled distributor, but simultaneously warned the Ministry of Health that there would be a media backlash if the film was banned. He subsequently attended a meeting of the film industry's Trade Representative Committee where he was presented with supportive letters from doctors and psychiatrists that 'materially affected' the

Board's decision. Disregarding the demands of the Ministry of Health and Board of Control, in April 1949 the BBFC passed the film with an 'A' certificate, subject to the agreed cuts and foreword. This reversal, prompted by joint pressure from the film industry, independent medical experts and the media, asserted the BBFC's independence from governmental control. The case of *The Snake Pit* set an important precedent not just in the BBFC's landmark decision to revise its approach to mental health representation and to 'adult' films more generally, but also in regard to reorienting wider processes and practices away from state and press scrutiny. The contention between the media, political and medical fields over the censorship and classification of *The Snake Pit* involved the Board in important interactions with mental health professionals but, unlike in the later period that we are analysing in this article, this external consultation was heavily mediated and debated within the public sphere.

A more productive and pre-emptive use of 'psy' consultants was established by John Trevelyan, who made it clear that under his direction the Board could no longer accept responsibility for the guardianship of British morality. Trevelyan's reputation for liberalisation was established by his passing of a number of British New Wave films such as *Room at the Top* (1959), *Look Back in Anger* (1959) and *Saturday Night, Sunday Morning* (1960), which featured much more frank depictions of sex, issues such as abortion and swearing. To date, scholarship on Trevelyan's time as Secretary has focused excessively on this period and on these films in order to advance arguments regarding the BBFC's increasing liberalisation and autonomy from external influence (Robertson 1993; Aldgate 1995; Hargreaves 2012), but these accounts do not analyse any of the concurrent films and cycles dealing with mental health discussed in this article.

However, Trevelyan does deal with this issue in his autobiographical account of the inner workings of the BBFC, *What the Censor Saw* (1973). Here he highlights that mental illness is 'a subject that has produced censorship problems' but does not acknowledge the role of psychiatric expertise in solving these problems. Instead, he suggests that the Board's policy during his tenure was that 'it is only the irresponsible use of mental illness for sensationalism that becomes censorable' (ibid.: 170). He suggests that this policy led the examiners to pass films that treated mental illness 'seriously' and reject those in which the depiction of mental hospitals and illness were 'unjustified and alarmist' (ibid.:170). Trevelyan highlights *Family Life* (1971), on which R. D. Laing was employed as 'technical advisor', as an exemplar of the former, stating: 'If mental illness is treated seriously, as in *Family*

The Influence of 'Psychiatrist Friends'

Life made in 1971 by Ken Loach from a script by David Mercer, it can be entirely acceptable as material for a film, but if treated sensationally I would find it totally unacceptable' (ibid.: 169). He then goes on to highlight the American films *Shock Corridor* (1963) and *Shock Treatment* (1964) as exemplars of the latter (ibid.: 169–70).

Trevelyan's account suggests that the examiners were well attuned to making distinctions between 'serious' and 'sensational' depictions of mental illness and autonomous in their decision-making. However, in our research at the BBFC archives, we discovered a number of examiners' reports and items of Trevelyan's correspondence with a range of 'psy' professionals and film-makers that suggest otherwise. Across this period, the BBFC employed psychiatrists to make key decisions about whether and which British audiences would see films dealing with psychiatric themes and medical practices associated with the experience and treatment of people diagnosed with a mental illness. The following section will highlight the increasing deferral to psychiatric experts in order to make final decisions about films dealing with mental health, with those depicting mental institution initially remaining, if not a 'no-go' area, then most certainly a 'touch-and-go' one.

Formal consultation with 'the Association'

A cycle of American films emerging from the late-1950s and early-1960s de-institutionalisation context, including *The Caretakers*, *Shock Corridor*, *David and Lisa* (1963), *Shock Treatment* and *Lilith* (1964), provided a significant test for the BBFC. These were influenced by and emerged in the context of high-profile media exposés of conditions in mental institutions, as well as the publication of best-selling books by the likes of Irving Goffman (1961) and Thomas Szasz (1961) that questioned the efficacy of mental health practices and diagnosis. There has been some academic work on the banning of *Shock Corridor* (Morris 2006: 147; Stanfield 2011: 118), typically cited as evidence of the Board's ongoing problems with and prohibition of films dealing with mental illness and institutions. However, the films that were actually passed by the Board, following considerable psychiatric consultation, offer deeper insight into the complex considerations and contentions within and between the cinematic and mental health fields. The BBFC's evolving priorities and processes can be usefully explored through the prolonged passage through the BBFC of United Artists's *The Caretakers/Borderlines*, which, as noted earlier, was initially

submitted for consideration as a completed film in April 1963 but was not released until November 1965.⁴

The Caretakers/Borderlines was the first in the cycle of de-institutionalisation films to be submitted to the BBFC and the one that caused the most difficulty for all concerned. Pressure on the Board to consider revising its policy for *The Caretakers* was not so much due to the critical and commercial success of the film in America, as with *The Snake Pit*, but rather on account of its perceived political influence on national legislation on mental health. The film was previewed for the US Senate in Spring 1963, and, according to Lister Hill, Chairman of the Senate Committee on Labor and Welfare Policy, 'contributed to creating the very favorable climate and presenting the challenge that brought the victory of the Mental Health and Mental Retardation Act by an overwhelming vote' (quoted in Knight 1963). This legislation led to considerable de-institutionalisation and a shift towards community-based care in America.⁵

The film, based on an eponymous 1959 novel by Dariel Telfer, tells the story of Lorna Melford (Polly Bergen) who is committed to a mental institution following a psychotic episode in a cinema. She is initially placed in the care of a progressive psychiatrist, Dr MacLeod (Robert Stack), who is struggling with the hospital's administrative authorities to run an experimental group therapy ward for borderline patients whom he believes can be re-socialised and cured. Throughout the film, MacLeod's progressive psychotherapeutic methods – particularly an out-patient programme of group therapy for Lorna and other women under his care – are juxtaposed with the conventional biomedical approaches favoured by orthodox psychiatry, such as ECT. These treatments are represented in a negative and at times horrific way, in part through their association with the harsh disciplinary approach of head nurse Lucretia Terry (played with relish by Joan Crawford). The film positions the protagonists at the centre of the emergent struggles between the traditional mental health field and that of psychiatric contention in the form of group therapy sessions, with a clear argument in favour of the more compassionate and effective approach of the latter.

The initial BBFC Examiners Report on *Borderlines* expressed reluctance at making a decision on whether to reject or pass the film subject to cuts, explaining that 'whilst we don't doubt that some of the theories about the care of the mentally ill are quite right, the story is ... conducive to alarm and despondency in the mentally ill and their relatives.'⁶ As a result, Trevelyan decided to 'consult the National Association for Mental Health to give their view as to

whether the good points in this film are so outweighed by the bad that we should reject it.⁷ In a subsequent letter thanking United Artists (UA) for conceding to a special screening for members of NAMH's Public Information Committee at UA's viewing theatre, Trevelyan explained:

This association [NAMH] does first rate work in educating the public to a more rational approach to mental illness and educating some of the mental hospitals to a more humane treatment of their patients. I would not want to put out a film of this kind in a form that would do harm to their work; indeed it would be anti-social to do such a thing. They are most reasonable people and I would like to obtain their views on the film before we make a decision on it.⁸

Thus Trevelyan saw the film as encroaching upon the mental health field – perhaps negatively in its potential to 'do harm' to NAMH's work – taking it outside the expertise of the BBFC and necessitating a delegation of decision-making to an outside body specialising in mental health issues and patient welfare.

Brokering this consultation with NAMH, known as 'the Association' within the mental health field, Trevelyan tapped into the heart of psychiatric orthodoxy and officialdom in Britain in the 1960s. NAMH was formed in 1946 out of a merger of three inter-war voluntary groups that, while having different foci, were influenced by the 'mental hygiene movement', which advocated for a medical understanding of mental illness and the promotion of mental health at the level of the individual, family and society as a whole. This formalisation was very much influenced by the early development of the Welfare State, with mental health and parliamentary fields converging through their complementary interests and concerns (Crossley 2006: 82). By the start of the 1960s, NAMH had become, in many respects, the voice of orthodox psychiatry, working closely with and being part-funded by government to advocate for and advise upon medical practices and policies on mental health, including the 1959 Mental Health Act (*ibid.*: 85–7). In this capacity, NAMH adopted a paternalistic and censorial approach to educating the public (particularly the working classes) about mental health, and saw cinema as the most important medium for disseminating information and, if handled irresponsibly by filmmakers, misinformation about psychiatric practices.

NAMH had always been interested in (and worried about) the persuasive power of film. In 1947, they formed the 'Film Visiting Committee' (FVC) with the purpose of protecting against misrepresentation of the psychiatric professions and practices, and,

in 1963, it formalised its ongoing collaboration with members of the British Film Academy in order to form the Mental Health Film Council (MHFC). In creating this new organisation, which sat within and shared membership with the Association's Public Information Committee, NAMH expanded its remit to include producing as well as reviewing films. From 1963, MHFC organised courses to train members to make films to counter what it saw as potentially harmful misinformation spread by mainstream cinema. A number of NAMH films on mental health were screened in cinemas as supporting programme material (Crossley 2006: 80). With this shift into production, NAMH became a direct social actor within the cinematic field rather than just engaging with it through reviews and recommendations. It is within this context that Trevelyan approached NAMH to consult on the censorship and classification of *Borderlines*, triggering an extended contestation between the BBFC, NAMH and the film's producers that lasted more than two years and resulted, it would seem, in the BBFC moving away from this type of official consultation.

NAMH's Public Information Committee thanked Trevelyan for making the decision to consult them, but General Secretary Mary Appleby reported that the members of the Committee considered *Borderlines* 'a bad film from almost every point of view' and 'should be sorry to see it shown in this country'. They felt that the film would 'mislead, and quite unjustifiably dismay and alarm, the British audience, who will undoubtedly assume conditions in our own mental hospitals to be similar, whereas in fact they are much better'. In particular, they deplored the inaccurate ('at least as far as the British scene is concerned') portrayal of biomedical treatments such as ECT, which would 'confirm quite groundless fears of patients and their relatives'. NAMH demanded that scenes featuring ECT and others showing harsh disciplinary methods within the hospital should be cut if an 'X' certificate was to be seriously considered. She continued: 'The impression is given by this film that only group therapy will have any effect on disturbed patients, whereas the overwhelming change in mental hospital treatment in this country is drug therapy'.⁹ NAMH was clearly paternalistic and censorial in its approach – concerned with protecting the audience conceived of as uninformed and easily alarmed from conflating the two national contexts – but it also objected to the film's supposed bias against biomedical approaches that were standard British psychiatric practice, even though these practices were coming under increasing criticism from the field of psychiatric contention. NAMH, therefore, sought to bring the film into line with

psychiatric orthodoxy in Britain and to attenuate the polemics that played into the hands of progressive psychiatrists like Laing, who were beginning to become recognised public figures and outspoken critics of conventional psychiatry.

Trevelyan responded by explaining that the Board mostly concurred with the Public Information Committee's recommended cuts, and went further in proposing to ask the producers to add a 'written foreword stating that mental hospital treatment in this country is very different in many ways from that shown in this film'. However, Trevelyan's letter then takes on a different tone in subtly, but firmly, chastising the Committee, or at least one of its members, for disregarding the confidential nature of the Board's work, and specifically for sharing information with government officials. He stated:

On my return yesterday I heard that the Ministry of Health had received a report from someone, presumably a member of their medical staff, who saw the film with your committee, and were concerned about it. They asked if we can arrange a viewing for them. I stated that to propose this to the company would present difficulties, but that I might be able to make some arrangements on a private basis when we saw the film again, on the understanding that the decision about the film rested with this Board.¹⁰

Trevelyan's response can be understood in the context of both the BBFC's long-standing struggle to maintain independence from government control and intervention, and NAMH's reliance on its close association with the government for political capital to gain leverage and visibility (Crossley 1998).

NAMH ignored Trevelyan's concerns regarding their sharing of information with government and, instead, upped the stakes by pushing him further on the idea of a written foreword, demanding a one-minute filmed prologue featuring a publicly recognised British psychiatrist. The Committee specified that 'they had reason to believe' that Dr David Stafford-Clark or Dr William Sargant – both known to the public as broadcasters on BBC television programmes such as *Lifeline* (1957–62) and *The Hurt Mind* (1957) – 'would be willing to appear' and would serve as 'an authoritative figure' not only to distance the film from British psychiatric practice but also to advocate for it.¹¹ At the time, both Stafford-Clark and Sargant were key establishment figures (and high-profile members of NAMH) who advocated for biomedical approaches, with Sargant in particular a staunch public defender and ardent practitioner of 'physical therapies' such as ECT and psychosurgery (Miller 2017: 9).¹² NAMH's unusual request for

a filmed prologue, featuring a British psychiatrist, to an American film both reflects and belies their increasing confidence in intervening in the cinematic field through production as well as comment. Furthermore, the choice of a celebrity psychiatrist on the side of medical orthodoxy – and not the progressive group psychotherapies advocated within the film – was an overt attempt to hijack the film to advocate for the physical approaches that *Borderlines* itself exposed as harmful, the presence of most of which the Committee wanted to be excised from the film.

Trevelyan acceded and contacted UA to explain NAMH's proposed cuts – which he suggested 'were much in line with our own, but in some respects would probably want to go further than we would' – and put forward their suggestion of a filmed prologue by a well-known psychiatrist which 'clearly established with British audiences that what they were to see would not be a true picture of mental hospitals, and mental treatment, in this country'.¹³ The suggestions of the extensive cuts and the filmed foreword prompted UA to contact the film's director, Hall Bartlett, who then responded directly to the BBFC/NAMH's joint suggestions. He sought to defend some of scenes to be cut, while grudgingly accepting their excision. These included the ECT scene, which, he noted, 'has been called accurate and justified by such people as Dr Robert Felix, Director of the National Association of Mental Health of Washington D.C.' Bartlett declined the suggestion of an expensive filmed foreword but conceded to 'an inexpensive printed forward on the picture, for release in Britain, giving specific credit, from an inspirational point of view, to the leaders of mental health in England'. He also pointed out that 'the stress on group treatment, even for very difficult cases, began in Britain'.¹⁴

Bartlett, therefore, proposed a foreword that in fact retained the film's (and his personal) preference for the psychotherapeutic approaches favoured by progressive British psychiatrists and psychoanalysts like Laing and David Cooper.¹⁵ This triggered several months of 'seemingly endless correspondence' between UA, NAMH and the BBFC regarding the exact wording and ownership of the foreword.¹⁶ Rather than being simply a pedantic exercise, this struggle is significant in framing the ideological positioning of the film in respect of the ongoing struggle within and between the fields of orthodox mental health and the field of psychiatric contention in both Britain and America.

NAMH stated that they were 'naturally disappointed' that UA refused to 'go to the expense of shooting the foreword spoken by someone like Dr Stafford-Clark', but conceded to a written foreword

The Influence of 'Psychiatrist Friends'

both dictated and signed on screen by themselves, stating that: 'The conditions portrayed in this American film should not be taken as representative of psychiatric hospitals in Britain today. Recent advances in the treatment of mental illness have reduced violence among patients to a minimum and removed the need for forcible restraint.'¹⁷ The NAMH statement thus highlights innovation in British psychiatric practice – presumably the development and use of anti-psychotic drugs – as the solution to the problem of violent mental patients. Bartlett responded personally, again, stating that: 'I do not care for the foreword for *Borderlines* proposed by The National Association of Mental Health' and proposing his own wording and signature. This would read:

This is an American film about a mental hospital in the United States.

The progressive concept of the day hospital for which the doctor of our pictures struggles against archaic ideas and practices, is a major contribution by Britain to the whole world of mental health.

It is the aim of all leading mental health authorities in America to follow Britain's leadership so that there will be no need for forcible restraint or violence in the handling of mental patients.

This enlightened goal has already been admirably achieved in Britain.

Hall Bartlett¹⁸

Bartlett, therefore, endeavoured to anchor the meaning of the film in his original intentions rather than handing over power to NAMH to reframe and take ownership of the film's portrayal of mental health and related issues.

NAMH crafted a patronising response to Bartlett's 'delicious ... little encomium of the British services', but rejected it as uninformed and inaccurate. They stated that we 'should not agree that the day hospital is our greatest contribution to the field', and pointed out that 'we have only a handful' of such institutions in Britain. NAMH sought to amend Bartlett's statement to make it more generalisable to the wider British mental health field, so that it read: 'Leading mental health authorities in America acknowledge Britain's leadership in this field and, as this film suggests, struggle against the archaic ideas and practices which Britain has discarded.'¹⁹ The foreword brings innovations in physical approaches – such as drug therapies and ECT administered with muscle relaxants – into the realm of progressive mental health care. UA conceded that 'the Producer was agreeable to the Foreword' but required a minor change to the final paragraph, one that, in fact, presents a significant shift in inflection. This read: 'The progressive concept of the day hospital which the doctor of our picture

struggles against archaic ideas and practices, is a major contribution by Britain to the whole world of mental health.²⁰ The BBFC and NAMH agreed to the new paragraph and, finally, the film was cleared for an 'X' certificate.²¹

After taking almost a year to pass through the BBFC, the film was not released for a further eighteen months because of the time taken by the edits and the addition of the foreword. Once it was released, its poor reception highlighted the fact that the film showed the marks of its convoluted and contested journey through the BBFC. As the review in *The Times*, 4 November 1965, noted: 'Long delayed, this American melodrama about life in a mental hospital turns out a curious hodge-podge. The narrative progresses in such shuddering fits and starts one wonders if it has been brutally shortened at some stage.' Likewise, the same day's *Daily Telegraph* review identified a discord between the foreword and the film, highlighting that *Borderlines* 'appears to have serious intentions, opening with a tribute to the advanced state of the treatment in British mental hospitals compared with American. Then the deluge.' The BBFC's protracted consultation with NAMH can, therefore, be seen as a failure on a number of accounts: failing to represent and retain the artistic and ideological intentions of the film-makers; failing to keep their processes confidential and free from government influence; and failure to maintain the authority of its own decision-making. It is very clear to see why Trevelyan chose not to involve the organisation in reviewing or censoring films again.

While Trevelyan did not consult NAMH following the *Borderlines* debacle, minutes of the Public Information Committee, 15 June 1966, highlight NAMH's continued pressure on the BBFC to allow it to have a say in censorship decisions. Trevelyan responded by making a conciliatory offer that 'he would be prepared to put on a special showing, for NAMH members, of mental health films which the Board had rejected.' They declined this offer, saying that 'there wasn't much purpose seeing films that had been already rejected' by the Board and expressed their intention of asking instead to see films 'on which no decisions had been taken so that our views and suggestions could be put forward, as had been done in the "Borderlines Case".²² NAMH clearly saw their consultative role on *Borderlines* to be productive in a way that the BBFC (and the wider cinematic field of film-makers and critics) did not. However, Trevelyan's concurrent experiment of confidential in-house consultation with a trusted 'psychiatrist friend' would pave the way for the Board's strategy of psychiatric consultation for the rest of the decade and beyond.

In-house conversations with 'psychiatrist friends'

Submitted just one month after *Borderlines*, *The Collector* was a very different case cinematically – an Anglo-American co-production, brought to the BBFC's attention at the script stage, based on a critically acclaimed 1963 novel by John Fowles. It also raised different issues relating to mental health and human psychology, since it depicts a male case of psychopathy rather than a female case of psychosis, is set in a domestic space as opposed to the more familiar setting of a mental institution, and does not depict any mental health professionals or practices. Directed by multiple-Oscar winning classical Hollywood director William Wyler, *The Collector* tells the story of Frederic Clegg (Terence Stamp), a young, solitary psychopath with a penchant for collecting butterflies, who uses his pool winnings to buy a mansion in the English countryside with the intention of imprisoning a young woman, Miranda Grey (Samantha Eggar), with whom he has become infatuated. By the conclusion of the film, Miranda has been kidnapped by Frederick and, despite her repeated attempts to escape, she dies in captivity. The film ends with Frederick, who is showing no signs of remorse, driving through the streets of London looking for a new female captive.

Despite these significantly different narrative and psychiatric concerns, the film raised similar issues for the BBFC as *Borderlines*, highlighting what the Board felt to be its own lack of expertise when it came to examining, censoring and classifying the film. The examiner's report from 1 August 1963, responding to the first draft screenplay, concluded almost apologetically: 'I am not an expert on this field of psychology and I am not sure how much value I can contribute to the discussion of this script.' Furthermore, the examiner was particularly concerned that the film's 'strongly perverted sex-element of tying and shutting up the girl' had a real-world resemblance to a recent 'case in the papers about two years ago of a young man who kept a girl locked up in a room for a long time.'²³ Trevelyan concurred with the examiner, explaining to Columbia's Head of Production, Mike Frankovich, that:

I am a little uneasy about the subject, because it seems to be a very accurate analysis of a mentally disturbed young man ... The nearer it is to reality the greater danger there is it may produce problems. This takes me into the fields of psychiatry that are beyond my experience.²⁴

This correspondence explicitly admits the BBFC's lack of medical or 'psy' expertise, and therefore authority, when it came to making decisions about the censorship and classification of new films engaging

with psychiatric themes. Furthermore, it is precisely these films' accuracy and authenticity – their basis in or proximity to real 'mentally disturbed' people and contemporary news reports of violent or sexual crimes – that is seen as the issue. Trevelyan therefore sought permission from screenwriter John Kohn in 'taking some expert advice on it'.²⁵

In a subsequent letter Trevelyan explained that he had passed on the script 'to a psychiatrist friend of mine who has a good deal of direct experience on cases of this kind'. The 'psychiatrist friend' was Dr Stephen Black, a doctor and psychologist at Guy's Hospital, London. Black had previous experience as a documentary film-maker and, more recently, as a medical consultant on film, including acting as one of many advisors on John Huston's *Freud: The Secret Passion* (1963). Black began his career as a journalist before moving into film-making, producing documentaries with his brother Jay for television and for the UK government's Central Office of Information; his work for the latter included a documentary on the state of mental health care in Britain, intended as a riposte to *The Snake Pit's* depiction of the 'dreadful conditions of some American asylums' in an effort to reassure British audiences 'that it is not like that here', as the two brothers put it in an article in the *Daily Mail*, 9 June 1949. Stephen Black subsequently studied medicine at King's College and Westminster hospitals, and, at the time of acting as a BBFC advisor, split his time between clinical work at Guy's Hospital York Clinic and conducting research for the Medical Research Council. He had a particular interest in hypnosis and psychosomatic medicine, and included some of his research in his 1969 book *Mind and Body*. During the 1960s, Black regularly presented and appeared on BBC television programmes focusing on psychiatry and other medical topics, notably *Men at the Heart of the Matter* (1963), *A Matter of Mind* (1965) and *Hypnosis and Mind* (1969). With his extensive experience and expertise across medical and media fields, it is understandable that Trevelyan should see Black as an ideal consultant for films such as *The Collector*. It was probably through Black's work in the media that he and Trevelyan struck up the friendship that appears, from the tone of their letters, to have predated this professional association.

In his letter to Kohn, Trevelyan directly quoted Black's letter to the effect that:

There have indeed been such cases ending in tragedy. However I do not think there is any danger of this unreal story setting of a psychopath on such a course; if he wasn't already set on it. In other words this is a highly

The Influence of 'Psychiatrist Friends'

organised form of erotic stimulation and does not come to an individual out of the blue'.

Black concluded: 'My verdict: harmless in principle. Direction will be important, however'. Trevelyan explained to Frankovich that Black's opinion had 'naturally reassured us' and that the BBFC was now in a position to discuss 'points of detail' regarding the treatment.²⁶ The subsequent list of recommendations – around two pages – are fairly minor and mostly suggest avoiding lingering too long on shots of Freddie's 'sadistic' enjoyment or on 'imitable technique' such as the use of chloroform to render his victim unconscious. There is also a clearer request to cut a line of dialogue that directly references English serial killer John Christie (who used domestic gas to subdue and asphyxiate his victims). *The Collector* was offered a provisional 'X' classification based on these recommendations.²⁷

On the same day that the film was classified, Trevelyan sent a cordial thank you letter to Black, acknowledging that 'this kind of advice is most helpful to me, and I value it enormously', enclosing a cheque for three guineas as payment and adding that 'we must meet again soon'.²⁸ Remarkably, the entire process of psychiatric consultation and reporting back the Board's decision took less than two weeks. Black's consultation on *The Collector* demonstrated the value of in-house consultation with Trevelyan's 'psychiatrist friend', not in banning or censoring difficult material but in facilitating the film's production. Most reviews of the film praised the producers for embarking on such a difficult and potentially controversial project of adapting what *The Times*, 17 October 1965, called the novel that nobody in Britain was ready to risk filming.

Trevelyan and Black's next major test came in the form of *Repulsion*, which, perhaps more than *The Collector*, could be seen as a case of productive consultation and, indeed, of creative collaboration between the cinematic and psychiatric fields. The film focuses on the psychological experience of a young Belgian woman, Carole Ledoux (Catherine Deneuve), living in a flat in London with her older sister Helene (Yvonne Furneaux) and, intermittently, with her sister's married boyfriend Michael (Ian Hendry). Carole, a manicurist, is extremely detached and struggles with social interactions and personal relationships. Distressed by Michael's relationship with her sister, his visits to their apartment and the unwanted attention of men, particularly a young suitor Colin (John Fraser), Carole descends further into despair and eventually, when her sister and Michael leave for a holiday, experiences a psychotic episode. The spectator

is encouraged to share Carole's aural and visual hallucinations and delusions through a range of experimental formal techniques. Carole murders Colin when he breaks into the flat to declare his love for her, and subsequently kills her landlord when he tries to sexually assault her. Helene and Michael return from holiday only to discover the catatonic Carole and the bodies of the two men.

Submitted on 23 July 1964, the initial examiner's report on the draft script for *Repulsion* (under the original title *Lovelihead*) argued that the Board would not be able to give the film a classification, and therefore it could not be distributed in mainstream British cinemas. The examiner explained: 'Any film which came out of this project would be essentially a cinema club piece, not for general distribution.' Condescendingly they noted: 'We have got standards to maintain . . . not perhaps to the welfare of the intelligentsia who make up the greater part of the club audiences, but certainly to the average "X" cinema audience with its high proportion of older adolescents.' While the examiner stated that they would feel 'very uneasy about any proposal to get together with the makers to secure a watered-down version', they also conceded that:

If the Board feels differently, I would most strongly urge that our friend Dr Black be asked – by someone, not necessarily us – how the piece strikes him. I should have thought here is a strong possibility of it sending some carefully poised personality right round the bend.²⁹

The examiner's comments reveal their explicit politics of taste regarding the intellectual capacity of different audiences and, therefore, their differing vulnerability to cinematic suggestion (and, perhaps, susceptibility to mental health issues). For the purpose of this article, however, what is most significant is the examiner's practical suggestion – subsequently taken up by Trevelyan – that the BBFC adopt a position of brokering, at a distance, a productive collaboration between the film-makers and the Board's trusted psychiatric expert.

Trevelyan telephoned Black to ask him to act as a confidential script consultant for the film-makers and sent him a copy of the draft screenplay with the note: 'Let me emphasise again that the director is one of the few really great directors in the world . . . I should want you to meet Polanski, who is an interesting young man, and discuss it with him.' He continued that, for Polanski, 'it is very important that the mental disintegration is one which is true to fact, and he was pleased that I should put it to an expert.'³⁰ Black and Trevelyan met with Polanski and the film's producer, Gene Gutowski, on 22 July 1964 and had a 'most tiring' but 'interesting and fruitful discussion' about

the script.³¹ The following day, Trevelyan wrote to executive producer Michael Klinger:

My psychiatrist friend said he considered it a great script and one that was very accurate in psychiatric terms. It was largely for this reason that he was concerned with the possibility of the film having a dangerous effect on some psychotics; its very accuracy might encourage them to seek relief from their tortures in dangerous ways such as are shown on screen.

Trevelyan explained that their long discussion resulted in two key recommendations by Black to alleviate the concerns quoted above: firstly, that 'the girl should not be shown to get happiness and peace as a result of the killings'; and secondly, that 'it would be advisable to emphasise that the girl could have been saved if she had had expert help at the right time.' Trevelyan mentioned that Polanski had taken note of the first general point and agreed to add a line of dialogue in which Michael suggests that 'Carole is behaving rather oddly and should see a psychiatrist.'³² A version of this line was added to the shooting script and appears in the finished film. A follow-up letter to Gutwoski on 27 July reiterated and elaborated on these points, but also highlighted that Black had identified a scene that was 'out of character' with a clinical diagnosis of schizophrenia. The scene involved a third murder, that of Michael's wife, by means of a sulphuric acid attack, when she visits the flat unannounced, mistakes Carole for Helene and discovers the bodies of the two men murdered previously. Black suggested that the calculated on-screen murder was inconsistent with the behaviour of a person diagnosed with schizophrenia and with Carole's delusions relating to men. The scene was subsequently cut from the script as a result of Black's recommendations regarding diagnostic accuracy. Polanski's autobiography backs up the claim, although he mistakenly refers to the medical consultant as Dr Stephen Blake (1984: 209–10). While Black's other recommendations serve the more conventional concerns of protecting vulnerable audiences and advocating for the psychiatric profession, the cutting of the third murder scene is another instance of productive censorship and creative collaboration. In the same letter Trevelyan chastises the producer for not keeping their consultation confidential, stating: 'I was somewhat surprised to read a comment in the *Sunday Telegraph* to the fact that I was consulting a psychiatrist about this production. I would prefer all negotiations to be kept confidential.'³³ The producers, as well as the BBFC, clearly saw consultation with Black as lending authenticity and authority to their project.

Following filming, Black was taken by Trevelyan to Twickenham Studios to view a rough cut of the final film so that he could contribute to editing decisions and advise the BBFC on the classification of the film and on whether it 'presented any danger from his professional point of view'. On 4 December 1964 Trevelyan reported to the producers that Black was 'immensely impressed with the picture' and felt that its 'portrayal of mental illness was remarkably accurate, and that the compassion of the picture justified its portrayal.' Black's only suggestion on viewing the rough cut was that in the final edit it should be clearer in the rape scenes that the hallucinations are happening in the 'girl's imagination as a fantasy, and is not a reality'. With his concerns about the film now 'entirely alleviated', Black completely reversed the BBFC examiner's earlier position, recommending that he 'saw no reason why from this point of view the picture should not be passed if it was satisfactory to the Board in normal censorship terms.'³⁴ Informed by Black's recommendations, the Board passed the films without a single cut – much to the surprise of Polanski – giving it an 'X' certificate so that it could be viewed by anyone over 16 in regular venues rather than being restricted to the small cinema club audience.

The psychiatric consultation process on *Repulsion* exemplifies the shift in the BBFC's policy from a default position of prohibition to one of productive enabling of what Trevelyan and his colleagues considered to be worthwhile films – especially when created by 'really great directors'. While medical accuracy was clearly a key concern for all involved, the role of the BBFC's 'psychiatrist friend' went beyond merely fact-checking to involve productive and creative consultation that had a marked influence on the film's storyline, narrative, character development, editing and distribution. This article's aim of identifying a shift in BBFC policy from a position of prohibition to productive collaboration on the part of all those involved is also supported by a letter from executive producer Klinger to Trevelyan following the film's release and reception. Klinger openly states that *Repulsion* 'could not have been possible without your help and guidance and enlightened point of view. We were pleased to see that all the serious critics praised you for your approach to this particular film.' He concluded: 'Maybe everyone is growing up just a little which will make our job, and I'm sure yours, much easier in the future.'³⁵

As the representations of mental illness and their proximity to real people and events became more explicit, Trevelyan extended his network of psychiatrist friends to include professionals who possessed what he believed was the requisite expertise to serve as consultants with the BBFC and film-makers. From 1967 onwards, Dr Derek Miller,

Medical Director of the Adolescent Department at the Tavistock Clinic, took up Black's role as Trevelyan's principle 'psychiatrist friend', passing judgement on a number of films, including Roger Corman's *The Trip* (1967), which was banned in 1967 and again in 1971, and recommending other psychological experts for specific or contentious cases.³⁶ For example, for the Hollywood police procedural film *The Boston Strangler* (1968) – directed by Richard Fleischer and loosely based on a true crime book by Gerold Frank about a series of recent murders and the resultant ongoing legal case – Trevelyan consulted with three psychiatrists. In addition to Black and Miller, the BBFC was advised by Dr Arthur Hyatt Williams, a psychiatrist in the prison service and the Tavistock Clinic who specialised in violent crime and who was introduced to Trevelyan by Miller as 'the leading expert on murder'.³⁷ When the rough cut of the film was submitted, Trevelyan arranged a screening for Black, Miller and Hyatt Williams, reporting back to producer Stephen Lions that: 'All three of the psychiatrists said that this was a brilliant film in many ways. They were, however unanimous in their view that we would be advised to remove as far as possible certain sections of the film which dealt with sexual perversions, and especially those involving sadism.' The psychiatrists called for the editing or cutting of a number of scenes of sexual violence from the first two-thirds of the film but, as Trevelyan explained: 'None of the psychiatrists considered the acting out of the strangling in the final scene was dangerous on the grounds that this was in the hospital situation which thus provided a secure background.'³⁸ In this extended final scene set in the secure mental health unit, Albert DeSalvo (Tony Curtis) experiences a harrowing flashback in which he realises both his mental health condition and his violent crimes.

It is interesting, given the BBFC's earlier position on representing mental institutions, that *The Boston Strangler's* clinical setting is seen to neutralise the potential harm of this scene in particular and of the film in general. The setting is not seen as an automatic reason for considering a ban – the BBFC's default position up until 1963 – but, rather, as the solution to portraying contentious psychiatric material. While the BBFC was, on the whole, praised by critics for being bold in certifying *Repulsion*, the verdict was by no means unanimous on their certification of *The Boston Strangler*. Thus the critic of the *Kinematograph Weekly*, 1 June 1968, in an article headed 'Should We Be Exploiting the Harmonics of Horror?', pondered: 'Are human tragedies recently retailed in the quiet of a courtroom – and still sounding harmonics of horror – quite the right material to exploit for presentation to a mass audience?', while the *Daily Express*, 7 May 1968, ran an article

headlined 'Should the Film Be Shown Here?' and the same day's *Morning Star* headed Nina Hibbin's review 'Well-made Strangler film raises censorship concerns'.³⁹

Thus in the five years from *Borderlines* to *The Boston Strangler*, the increasingly sophisticated deployment of psychiatric expertise within the BBFC allowed censors to move from a conservative default position of panicked prohibition to one of enabling challenging depictions of mental disturbances that provoked questions and opened debate about the limits of mainstream cinema and its audiences.

Conclusions

In the 1960s, conditions become conducive for converging and co-productive fields of psychiatric and cinematic contention. Film-makers collaborated with psychiatrists and other mental health professionals to produce films that not only depicted but also questioned the diagnosis and treatment of people diagnosed with mental illness. Feeling that they no longer had the expertise, and therefore the authority, to pass judgement on these increasingly complex and contentious depictions, the BBFC responded, initially, by reproducing the unsuccessful consultative model of *The Snake Pit*. As early as the immediate post-war period, it was felt that this response compromised the BBFC's ongoing struggle for independence from government control and its role of representing the industry's creative interests. Consultation over *Borderlines* with NAMH failed not only because it compromised the Board's independence but also because the Association's paternalistic opinion of cinema audiences did not cohere with the BBFC's shifting position on this matter. This was a significant paradigm shift for the BBFC, from a default position of protecting a supposedly naive or ill-informed public to one of promoting mental health awareness partly through acknowledging recent approaches to the diagnosis and treatment of serious mental disorders. The Board's move towards this more enabling position (for producers and audiences alike) was facilitated by brokering creative collaboration between 'psy' experts and film practitioners that went well beyond mere fact checking and shaped film-makers' narrative and editing decisions, as well as the Board's own judgements on how films were distributed and seen. As *Repulsion* and *The Boston Strangler* highlight, in a relatively short period of time the Board's consultations with psychiatrists allowed them to move from a position of excluding to one of advocating for and enabling challenging and controversial films. Furthermore, the BBFC files for *Twisted Nerve* (1969) and *Family Life* highlight that, by the late-1960s, the Board

felt confident enough in their position on mental health to trust filmmakers to negotiate their own psychiatric consultations in order to guard against external criticism of the cinematic field. However, this use of psychiatric expertise was not solely to enable creativity. The deployment of the BBFC's psychiatrist friends was also a strategy enabling the Board to maintain a degree of autonomy from state intervention, not to reproduce it, as was the case in the UK during the Thatcherite era and beyond (Petley 2013).

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Notes

1. According to some sources, David Cooper coined the term 'anti-psychiatry' in 1967, but it was and still is a loaded term. At various times Laing and others have explicitly rejected and distanced themselves from it (see Szasz 2009: 25–68).
2. As Gavin Miller (2015) highlights, during this period increasing public interest in Laing's ideas prompted mainstream publishers such as Penguin to publish and reissue his and his contemporaries' work, therefore extending public awareness of the ideas that were later designated as 'anti-psychiatry'.
3. The online AFI Catalog entry includes a useful synopsis and overview of the social and political impact of the film in the US: <<https://catalog.afi.com/Catalog/MovieDetails/25735>> .
4. The name change to *Borderlines* (referring to the borderline patients featured in the film) was not due to the BBFC's recommendations, but, rather, was intended to prevent British audiences from confusing the film with the screen adaptation of Harold Pinter's play *The Caretaker*, which was also released in 1963.
5. More commonly known as the Community Mental Health Act of 1963, this legislation was part of John F. Kennedy's New Frontier legislative programme of social and welfare reforms, including federal funding for community mental health centres and research facilities.
6. BBFC Archive: *Borderlines*, Examiner's Report, 29 June 1963.
7. BBFC Archive: *Borderlines*, John Trevelyan to N.K.B. [Newton Branch], 20 September 1963.
8. BBFC Archive: *Borderlines*, John Trevelyan to Montague C. Norton, 20 September 1963.
9. BBFC Archive: *Borderlines*, Mary Appleby to John Trevelyan, 14 October 1963.
10. BBFC Archive: *Borderlines*, John Trevelyan to Mary Appleby, 17 October 1963.
11. BBFC Archive: *Borderlines*, Mary Appleby to John Trevelyan, 18 October 1963.

12. Sargent is a controversial figure who is alleged to have used experimental drugs on his patients without their knowledge and consent, and was involved in alleged covert military experiments using hallucinogenic drugs (see Miller 2017).
13. BBFC Archive: *Borderlines*, John Trevelyan to Montague C. Norton, 6 November 1963.
14. BBFC Archive: *Borderlines*, Hall Bartlett to John Trevelyan (via Montague C. Norton), 27 November 1963.
15. David Cooper set up an experimental therapeutic community, Villa 21, at Shenley Hospital, Hertfordshire in 1962.
16. BBFC Archive: *Borderlines*, Montague C. Norton to John Trevelyan, 3 March 1964.
17. BBFC Archive: *Borderlines*, Mary Appleby to John Trevelyan, 20 December 1963.
18. BBFC Archive: *Borderlines*, Hall Bartlett to John Trevelyan (via Montague C. Norton), 16 January 1964.
19. BBFC Archive: *Borderlines*, Mary Appleby to John Trevelyan, 1 February 1964.
20. BBFC Archive: *Borderlines*, Montague C. Norton to John Trevelyan, 3 March 1964.
21. BBFC Archive: *Borderlines*, John Trevelyan to Montague C. Norton, 4 March 1964.
22. Wellcome Library: NAMH Public Information Committee minutes, 15 June 1966.
23. BBFC Archive: *The Collector*, Examiner's Report, 1 August 1963.
24. It was Frankovich who reportedly approached William Wyler, at the request of screenwriter Kohn, to persuade him to leave the production of *The Sound of Music* (1965), on which he was unhappy, and to direct *The Collector* instead (Wilk 2007: 63).
25. BBFC Archive: *The Collector*, John Trevelyan to Mike Frankovich, 7 August 1963.
26. BBFC Archive: *The Collector*, John Trevelyan to Mike Frankovich, 13 August 1963.
27. BBFC Archive: *The Collector*, John Trevelyan to John Kohn 14 August 1963.
28. BBFC Archive: *The Collector*, John Trevelyan to Stephen Black, 14 August 1963.
29. BBFC Archives: *Repulsion*, AOF, Lovelihead, Examiner's Report, 23 June 1964.
30. BBFC Archives: *Repulsion*, John Trevelyan to Stephen Black, 29 June 1964.
31. BBFC Archives: *Repulsion*, John Trevelyan to Stephen Black, 23 July 1964.
32. BBFC Archives: *Repulsion*, John Trevelyan to Michael Klinger, 23 July 1964.
33. BBFC Archives: *Repulsion*, Trevelyan to Eugene Gutowski, 27 July 1964. Three years later, the *Daily Mail*, 9 February 1967, revealed that Trevelyan was 'calling in a psychiatrist these days before deciding whether to pass some of the mind testing epics producers are turning out', including *Repulsion*, quoting but not naming Black, who explained that his work for the BBFC was 'confidential'.
34. BBFC Archives: *Repulsion*, John Trevelyan to Gene Gutowski, 4 December 1964.
35. BBFC Archives: *Repulsion*, Michael Klinger to John Trevelyan, 1 June 1964. Further evidence of the perception of Black's positive influence on censorship decisions is provided by a telegram to Trevelyan from Polanski asking for Black's involvement in the Board's consideration of *Rosemary's Baby* (1969). BBFC Archives: *Repulsion*, Roman Polanski to John Trevelyan, 3 January 1969.
36. As in the case of Black, Trevelyan and Miller's correspondence indicate a friendship as well as a professional relationship. For example, the letters discuss the two men and their wives meeting up for dinner. BBFC Archives: *The Boston Strangler*, Dr Derek Miller to John Trevelyan, 30 January 1968.
37. BBFC Archives: *The Boston Strangler*, John Trevelyan to Stephen Lions, 9 October 1968. Miller was the first of the three to consult on the production. He was paid to read and comment on a draft script for *The Boston Strangler* in February 1968.
38. BBFC Archives: *The Boston Strangler*, John Trevelyan to Stephen Lions, October 1968.

The Influence of 'Psychiatrist Friends'

39. *The Boston Strangler* must also be understood in the context of a wider cycle of late-1960s true crime films that became possible to produce largely due to the more liberal censorship climate in both the US and UK (see Snelson 2018).

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Tim Snelson and William R. Macauley

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