

Revisiting a Classic: The Snake Pit.

EMOTION PICTURES:

Film Reviews by Roland Atkinson, M.D.



THE TITLE OF ANATOLE LITVAK'S 1948 classic film, *The Snake Pit*, conjures violent images of harsh care of the mentally ill. In fact this melodramatic movie is historically important for its surprisingly sophisticated, well nuanced depiction of psychiatry at mid-20th Century. The screenplay is based on a book by Mary Jane Ward, published in 1946, in which she wrote a partly fictionalized account of her experience of mental illness and hospital treatment in the early 1940s.

Several subtexts are thoughtfully observed: the protagonist's illness and her care using the mental hospital and conventional physical treatments of the day; a psychodynamic explanation of her illness; the work of her skillful psychiatrist; and her recovery after her doctor has employed a thoroughly modern, synergistic plan, integrating biological interventions with psychotherapy.

The film also suggests with some authenticity the state of public psychiatric institutions at the time; pressures on staff to move patients through the system with only superficial care because of crowding and inadequate funding; and controversy about the use of psychotherapy. Sounds pretty contemporary, doesn't it?

The image in the film's title derives from an alleged archaic practice (in what culture I have not determined) in which mentally ill persons were thrown into a pit of snakes as shock therapy to provoke their survival skills and thus restore sanity. This practice reminds me of a study conducted at a California state mental hospital years ago in which the investigators found, lo and behold, that patients assigned to a bare-bones ward with few activities and minimal staff tended to have lower readmission rates than those placed on wards with richer social milieus. Heaven help us if we indulge the mentally ill with humane care that costs more!

Olivia de Havilland stars in an Oscar-nominated role as Virginia Cunningham, an aspiring novelist who develops a severe psychotic illness soon after marrying. As the film opens, we meet Virginia on the grounds of the hospital where she has been incarcerated for several months. Then, in a long flashback narrated by her husband, Robert (Mark Stevens), as he is interviewed by her psychiatrist, we learn about their on-again, off-again courtship, marked by Virginia's ambivalence about marrying and her more generally unpredictable temperament: strong, witty and confident sometimes; insecure, dependent and frightened at others.

Now, in the hospital, Virginia definitely appears to be psychotic. She is prone to paranoid delusional suspicions and hears disembodied voices coming from the space behind her back (a depiction that is admirably accurate). At other moments she seems quite rational and makes friends.

Perhaps she suffers from paranoid schizophrenia. Against this diagnosis is her tendency to forget things and misidentify familiar people like Robert or suspect imposters (not common in schizophrenia, more common in people with dissociative disorders or simulated psychosis). She also seems fixated on certain specifics, like the date May 12, suggesting some traumatic or

symbolic element that could explain her condition. Or so it seems to her psychiatrist, Dr. Kik (the British actor Leo Genn). But Virginia will not reveal anything to him: apparently she's too terrified to do so.

After five months of getting nowhere, Dr. Kik finally gives Virginia a short course of electroconvulsive therapy: just enough, he hopes, to help mobilize her capacity to make contact, to talk with him. Sure enough, after just four treatments they have a meaningful session in which she seems to experience a cathartic reenactment of some earlier traumatic event on a May 12. Later Dr. Kik gives her sodium amytal (the old "truth serum") to aid her catharsis. In further flashbacks, she fills in a more coherent story.

It's a classic Freudian Oedipal situation with added twists of guilt. As a youngster, Virginia was daddy's girl. But at a developmentally pivotal time, when she was about 4, Dad began to take Mother's side in disciplinary disputes, and Virginia felt betrayed and enraged. We see her in one flashback decapitating a male doll who stands for her father. Shortly after this event Dad developed a terminal illness and Virginia blamed herself.

Subsequently, she never dated boys as a teenager, and later, in adulthood, she became convinced that she could not love any man. For her all men are equated with her father, and thus forbidden as objects of adult love. She did grow platonically close to one, an older man who reminded her of her father, but she panicked when he proposed marriage. It was the day of his proposal, May 12, while riding in his car, that her anxious response distracted him, causing an accident in which he died. When she finally married Robert, also a good and caring man like Dad, she experienced a breakdown. "I thought [being married to Robert] was wrong somehow," Virginia says, "I was afraid." Over time, as all of these details fall neatly together, Virginia's symptoms recede.

Malevolent staff members complicate Virginia's care, characters of the sort that became stereotypic in later films set in mental hospitals. There's Nurse Davis (Helen Craig), an archly sinister woman who has a crush on Dr. Kik. She resents his attentions to Virginia, and tries her best to retaliate, for example, trying to work Virginia into the schedule for some extra ECT. There's also a loathsome supervising psychiatrist - a fat, cigar chomping, in-your-face bully. He wants Virginia discharged, prematurely in Dr. Kik's opinion, justifying his stand because of crowded conditions, though he seems motivated more by prejudice against Dr. Kik's notions about the usefulness of psychotherapy.

This fellow provokes Virginia at a pre-discharge staff conference, which ends tumultuously, we learn later, when she bites the finger he is shaking in her face, and for that she gets to stay on at the hospital, a serendipitous occurrence. The hospital itself is drab enough (actual backwards at the Camarillo State Hospital north of Los Angeles was used as a shooting location). And the wards are crowded. There's no privacy. One ward is quite chaotic, noisy with the din of poorly controlled, acting out patients.

Film codes were such in 1948 that we are spared from watching Virginia convulse during ECT. (For that matter, it seems exceptional that ECT was employed so judiciously here. State hospital patients in that era typically received dozens, sometimes hundreds, of such treatments.) We don't even get to see Virginia bite the porcine psychiatrist who taunts her at the discharge staffing.

Actually, except for the one chaotic ward, the hospital conditions portrayed here are not all that bad. More lurid settings would characterize mental hospital expose films that followed, in the 1960s and later, films like *Shock Corridor*, *One Flew Over the Cuckoo's Nest* and *Frances*. The

other patients generally are civil and alert, not drugged or spacey. The grounds are lovely. There's an upbeat coffee shop where visitors congregate. A patient dance near the end is at least as decorous as a junior high event. And when we are swept out the front door with Virginia, when she finally is discharged, aglow in her recovery, it is easy enough for us to be caught up in the moment, to not reflect until later on the fact that she and we are leaving behind all the other patients who aren't getting psychotherapy or moving forward in life.

The notion that psychotic disorders can arise from psychological conflicts or trauma reflects the ascendance of the psychoanalytic perspective in American psychiatry in the years following World War II. Her diagnosis today, consistent with this perspective, would probably be reactive schizophreniform psychosis, a psychogenic disorder more commonly diagnosed in parts of Europe than in the U.S.

Leo Genn's Dr. Kik is an exemplary psychotherapist. He is reliable, even-tempered, candid in his responses, warmly empathic, curious but not pushy, engaging but not overly familiar. He does come across as paternalistic, even indulgent at times, but that would be appropriate for anyone hoping to establish rapport with a regressed, terrified, distrustful patient. Virginia needs to learn in therapy that she can have a positive, constructive, trustworthy and durable relationship with a man whom she does not equate with her father. This is the corrective bridge back to reengagement with her husband.

It is, on the other hand, highly unrealistic to suggest that a large underfunded public mental hospital in any era would have sufficient psychiatric staff to enable intensive individual psychotherapy to be conducted for a patient. Such treatment - then and now - is only available in private hospitals at great expense. The only exceptions were public hospitals designated as training sites for psychiatrists and psychologists, where a few carefully selected patients might be assigned for supervised psychotherapy, for learning purposes.

So it is odd in this film to have Virginia shuttling back and forth between the enlightened, sophisticated proceedings of her psychotherapy and the primitive conditions of her captivity on the ward, however well sanitized. To their credit, the filmmakers do suggest that there are not sufficient resources to provide proper psychological treatments for all patients who might benefit, and this was 15 years before the community mental health movement got seriously underway.

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