Concerning the Effects of Film Viewing on Neurotic Individuals

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Over the last few years, my attention has been drawn to certain nervous disorders that can arise in neurotic cases after watching particular cinematographic representations.

I have no doubts about the intellectual enjoyment that film shows can offer; they provide an appreciated distraction and may also be of educational value; consequently, audiences of every age group and walk of life, children and elderly alike, from the illiterate to the educated, go to the cinema willingly and enjoy it.

Undoubtedly, from the scientific point of view, cinema is of great importance in certain experimental and clinical research, to the extent that many laboratories are becoming equipped with one. My own clinic, I am pleased to say, has had one for several years for teaching purposes in order to record interesting symptomatology caused by experimentally inducing damage to the nervous system of animals.

The subjects tackled in films are increasing in number at a prodigious rate; competition between the different companies involved from a commercial point of view leads to selecting themes concerning topics that can awaken the audience's sentiments with wonder and the occult, stirring up sensational emotive states with tragic scenes of mental pathology.

In this article, I intend to demonstrate how, in cases with a hereditary nervous predisposition, certain film projections that, for the majority of people, are insignificant and do not excite particular emotional conditions, can prove to be disturbing and even lead to acute psychic disorder.

In the same way, I aim to contribute to the fight for a general agreement on how to proceed with a more selective choice of themes for films from the psychological point of view; these should ideally contribute to developing the more unselfish and ethical sentiments, not embracing the apotheosis of the sphere of selfishness through symptoms that actually reach pathological levels, or awaken and exhume ancient, ancestral superstitions in the subconscious of ignorant or under-developed or neuropathic minds.

My demonstration will be based on a series of pathological surveys of a neuropsychic nature, deduced from certain clinical observations which have come to my notice.
Certainly, the effect of a cinema representation on the audience is very varied; intelligence, culture, age, sex, social condition, and neuropathic constitution determine extraordinarily different emotive reactions.

The first to draw my attention to the problem were the many neurasthenics who suffered particularly unpleasant effects provoked by films in the cinema. In each case, insomnia was the predominant symptom. They would go to the cinema for distraction, but soon realized that they remained disturbed afterwards.

It was not the subject of the film that disturbed them profoundly, but the rapid vibratory movement of the action.

These vibrations stimulated in them, primarily, a sense of unease, then irritation to the point of forcing them to leave the cinema. Closing their eyes was no relief from the disturbance; since the auditory stimulus of the cinema projector re-evoked, through association, the previous vibrating visual images, they too ended up causing irritation. And at night, these individuals found that their insomnia was accompanied by disquiet produced by the unwelcome memory of the visual and acoustic vibratory perceptions. I must add that these people had all been accustomed to going to the cinema in the past: indeed, they had been enthusiasts.

After recovery from neurasthenia, there remained for some time the unpleasant impression of watching a film projection; but this gradually dispersed altogether.

There were also neurasthenics who were determined to overcome the discomfort described, but continued to go to the cinema in the evening; however, they were forced to come to terms with reality, since their nighttime agitation in these cases became so intense that they decided to abstain from watching films which they had until then enjoyed so much.

I came across similar complaints in two patients affected by neurasthenia in menopause, in which psychic depression and insomnia were the predominant symptoms. Usually, the disturbance was caused by a combination of visual and acoustic vibrations. So, while their reason for going to the cinema was for diversion, they ended up being upset by it, which led to fits of anxiety.

It is worth noting, too, the effects of hysteria in many women, caused certainly on some occasions by particular film projections, which produced symptoms of specific nervous disorders.

An example I remember, among others, was the case of a distinguished young lady who, since reaching puberty at the age of twelve, had experienced convulsions of a clearly hysterical nature, which were brought on from time to time by emotional stimuli. Of a highly impressionable nature, she went
one evening to see a film that told the story of a railway clerk working on postal accounts who fell asleep in his office and dreamt he was attacked by thieves; the scene of the dream was shown in the film: the clerk asleep, then the sudden appearance on the screen of many hands shaking him, and many alarming faces threatening him; hands and faces vanishing into a vaporous medium. The action ended with the clerk being startled awake to find that he really was being attacked by thieves who were intent on robbing the mail office. Of course, the film had a happy ending, i.e. rescue and reward for the clerk, arrest for the thieves.

The young lady was surprised by the appearance of all those hands disappearing into space, and certainly was struck by it, because that night she began to have hypnagogic hallucinations reproducing the railway clerk’s dream, with the vision of gigantic hands in extraordinary numbers; the hallucinations reappeared at intervals when she was awake. There followed fright and considerable worry, but without any progression into convulsive fits.

At first, the hallucinations appeared only at night and when she couldn’t sleep, later they also appeared by day. The girl, who was fairly intelligent, was perfectly aware of the unreality of the hallucinatory phenomenon, but she still ended up being very disturbed, because she would see that group of gigantic evanescent hands so suddenly and in the most unexpected situations. These problems increased in intensity before and after her menstrual period; in fact, it was during one such period that she had a brief phase of confused consciousness, in which she believed the hallucinatory manifestations to be real, to the extent that the paraesthesia of her general sensitivity persuaded her that the hands actually dared touch her.

She went through a state of depression during that period which lasted about 20 days. These hallucinations accompanied by insomnia, headaches, multiple paraesthesia, and severe anorexia and weight-loss lasting for three months; then, little by little, they disappeared. The convulsions, which had earlier been a problem periodically, often during her menstrual cycle, were dormant during the three months of the hallucinations, and reappeared again when the latter stopped.

I believe that these hallucinations corresponded with their hysterical equivalent, provoked by an impression which proved highly evocative, so that the representation of the dream of the railway clerk, which was basically a hallucinatory sketch, was fixed photographically in the visual zone, and some of its detail could be easily recalled with exaggerated and dazzling imitative effects.

I believe that recovery was relatively slow because of that evocative influence of the setting, which created a real, involuntary psychosis.
When the young lady was cured, she did not return to the cinema until many months later, and, even then, with some trepidation the first few times.

Another couple of cases of hysteria come to mind (a married and an unmarried lady) in which the same visual hallucinatory symptoms developed after watching the same film, in which an Indian snake charmer was shown with a number of these creatures winding round his neck and arms, which brought on shivering and nausea in both women.

In both these cases of hysteria, the problem lasted for about two months, with tactile and especially thermal paraesthesia, a sensation of cold in the form of a band round the limbs and neck. In these areas there was otherwise general hyposensitivity.

The convulsive fits did not appear during the period in which these hallucinations were experienced. The latter came during the day when the patients were awake, and then frequently at night. Often they were simple illusions. The first lady would see her small dog that was in the house with her suddenly stretch out in the shape of an enormous snake. Her scream of fright caused the dog to bark, bringing the lady back to reality.

The other young lady, who had never had any contact with the first, went through a spell of about 40 days in which she slept at night on an armchair, because in her condition of tactile and thermal paraesthesia of the limbs, it seemed to her that the bed was infested with huge snakes.

Recovery came after two months. In the first lady, an intense shock provoked a convulsive fit, which led to the immediate disappearance of the hallucinatory disorder. The young woman on the other hand recovered gradually, particularly when she received appropriate psychotherapy, which could only be adopted towards the latter part of her condition.

Other cases of hysteria have been brought to me for advice, in which the clinical form is largely the same: hallucinations and visual illusions; but since many are from other regions, I have lost contact with them. They must certainly have recovered, or else they would have come back for further consultation.

In these cases, where the patient has already manifested hysteria, it would be unreasonable to presume the influence of film viewing as an ancillary cause. What should be noted however, is that generally speaking an intense and sudden fright frequently constituted a one-off cause for the appearance of certain hysterical symptoms, even in the cases I observed in which the cinema had not produced severe shock. It had simply been a detail of the film which had particularly struck the hysteria sufferer, leading to a disproportionate reaction. It is highly probable that the film was then
dreamt about through self-suggestion, and the hypnagogic hallucination magnified the impression from the evening viewing. And in individuals as impressionable as sufferers of hysteria, it became a form of coercion which would bring about small convulsions in the circuit of the visual cortical zone, causing hallucinations or illusions.

In these cases, it is certainly impossible to lay any blame on the subject of the film.

I remember having been consulted many times about young patients of between seven and ten years old, who displayed markedly nervous behaviour after having seen tragic or supernatural scenes at the cinema. These symptoms consisted of fits of fright at night, with real hallucinations, normally visual, so that they leaped in terror from their beds seized by unspeakable fright, and took refuge in their parents bed.

These children became terrorized by the approach of evening.

Insomnia was the rule, and weight-loss with anaemia was soon associated with this neurotic state.

The cases which were brought to my attention involved children of a fairly timid nature, but reasonably intelligent, and from a socially well-placed family. In each case, there was a marked hereditary neuropathy.

The following two examples were typical of the ones I examined.

An intelligent boy of eight years, P…, had seen a showing of a film which dwelt on the theme of Sardinian criminality: a thief who forced his son to keep quiet if ever he should be interrogated by the police about the hideout of a certain delinquent; the boy, however, was pressured by the police into giving geographic location which led to the arrest of the criminal.

The father then took the boy to the place of confession, forced him to kneel down, and after an unmitigated tongue-lashing, he shot him dead with his gun.

I do not intend to make any psychological comments on a film portraying such an example of human degeneration, which indirectly offended the sentimentality of a noble region of Italy; but the fact remains that the boy, P., must have been deeply affected by that sketch, because that same night he began to dream about the episode; waking up suddenly to see his own father rushing into the room, he believed he had seen a glimpse of a rifle in his father's hands. Thus, terrorized, he knelt down and pleaded for mercy, to be spared from death.

A neurasthenic state of followed with intense frontal headaches and visual hallucinations by night, insomnia and severe weight-loss.

The hallucinations were varied: visions of the shadows of dark figures, grimacing and threatening him with great blasts of gramophone.
Until he was five, P. had continued to wet his bed at night, after which the problem had stopped. It started to occur again at this time, in the hours in which he managed to sleep. His urine contained traces of glucose at a level of two per cent.

With appropriate therapy he recovered after about three months; regardless, I felt that it would be useful to get him out of his father's house from the very first days, by sending him to sleep with his grandmother of whom he was very fond. The hallucinations continued for some time, always at night, and then gradually faded in colour.

The bed-wetting and glucose also disappeared after 25 days.

In another case, the patient was an eight-year-old boy, L...., who had seen a film at the cinema in which there were vivid scenes of enchantment, with the appearance of flames, fairies, etc., all with intense colours. At the time, he showed no sign of being deeply affected. He retired to bed in a room closed off from his parents, but couldn't get to sleep.

Imperceptible noises made him jump with fright and call his parents; he was seeing flames and enormous luminous eyes.

He was harshly scolded and even threatened. But the vague noises were replaced by illusions and visual hallucinations, to the point where he fled for protection to his parents' bed, weeping desperately. He couldn't sleep. Only the light of day dispelled his fit of terror, which returned the following night during which the hallucinations were even more varied, because they conjured up all the fairy tales he had ever been told by his nanny, about ogres, devils, etc.; unfortunately, stories on these topics are very readily told to young children, and by evening they are full of fear and trepidation.

When questioned, he claimed to have seen real representations and was convinced that they had actually taken place.

He had almost continuous insomnia for the first eight nights. During the day, he could sleep as long as the shutters were closed and his mother sat up with him, holding his hand tightly.

A sedative-hypnotic drug and warm hydrotherapy resolved this problem; however, a severe weight-loss came about, and for over a month, the boy would wake suddenly due to hypnagogic hallucinations which continued even after he was awake, but which he could barely remember in the morning.

He recovered after a couple of months; but for a good six months he continued to sleep with his parents.

I have been consulted on other occasions for night terror and hallucinatory conditions, mostly in young children, and I was able to confirm
that fairly frequently in these cases the ‘ancillary cause’ had been a film involving some supernatural theme, which had sparked the problem.

The effects of any film viewing are considerable on paranoids, and are no different from those emerging as a result of all the latest scientific developments, like telegraph, dirigibles, aeroplanes, X-rays, etc.

If these new scientific conceptions lead to new, disturbed interpretations, then films shown in the cinema must be seen as severely unnerving for the paranoid, because they facilitate the problem source, or encourage hallucinations based on ideas of persecution.

My conclusion in this article is that films that dwell on subjects involving supernatural or tragic scenes can cause specific psychological disturbances in patients with neuroses. Similarly, the mere vibratory movement can be distressingly aggravating for neurasthenics. Of course, it is possible to put this effect down to any other ordinary cause, since those who tend to manifest particular psychic syndromes are always cases with a neuropathic predisposition. This is true. However, films in which the action involves tragic/criminal themes, or supernatural/magic ones, does not provoke a shock to the nervous system in the same way as an intense emotional cause, e.g. a severe fright, in which the height of intensity is immediate, right away. Cinema does quite the reverse: it proceeds silently exerting its influence, which then heightens very rapidly, causing the development of the psychopathic symptomology, not with the slow development of the beginning, but in a real explosion.

A contributing factor probably also comes from the fact that many spectators simply cannot comprehend how the triggering mechanism works, how it can be that the movements of actual living figures are displayed on a simple rectangle of white canvas. As a result, [cinema's] incomprehensible quality psychologically and tacitly awakens the feeling of wonder and of occult, which at night take on colossal proportions, particularly in children with hereditary predisposition, whose fear has been aroused in the past by stories of magic, etc.

What I have found to be characteristic of the cases I have examined is that only a few hours after the film has been seen, the hallucinatory framework is already fully developed. Probably the most appropriate psychological interpretation for someone who is not familiar with the production mechanisms of cinema action, is that these basically represent ready-made hallucinatory frameworks, which can be conjured up again at night either in complete form or just a detail, like a visual cortical projection.

It would seem from these considerations that it would be a good thing to abolish films on the subject of the occult, or which reproduce episodes
of mental pathology, since otherwise the effects of such cinema will act like the practices of spiritism, laying the way for many individuals with a hereditary predisposition to be susceptible to psychopathic conditions.


Note

1. [Editors’ note. The film d’Abundo’s patient saw was almost certainly the 1911 film, Aspettando il diretto di mezzanotte (Waiting for the Midnight Express).]