Abstract

Introduction: During the 20th century, psychiatry began to use the cinema as didactic-pedagogical help resource in the study of psychopathology. The Films of Alfred Hitchcock usually present as main themes mental disorders and the psychoanalysis. However, these films were not created with academic goal and it is natural that there are distortions.

Objectives: To evaluate the importance of Hitchcock films as didactic resource in the study of psychopathology, identify possible distortions and seek to justify them on the basis of the historical context.

Method: The abstracts of the 53 feature-length films of the director were read and deleted the movies that did not have the mental disorder as a central theme; they were dumb; or those who had only the antisocial personality disorder. It was performed a narrative review.

Results: Six films were selected through an intentional sampling. When he speaks of the Heart (1945) shows a picture of amnesia with dissociative fugue. The psychoanalysis is represented in a very superficial. The Indiscreet (1954) describes a voyeuristic disorder and should not be indicated. The Wrong Man (1956) depicts a severe depressive episode with psychotic symptoms. A body that falls (1958) presents the themes of specific phobia of height and the acute stress disorder. Psychosis (1960) represents a framework of dissociative identity disorder, but the scenes of violence may cause a negative view of
the mentally ill. Marnie (1964) has as themes the specific phobia and sexual aversion disorder. The psychoanalysis is presented in distorted form and caricature.

**Conclusion:** The films directed by Alfred Hitchcock can be useful in the study of psychiatry. Should be considered the distortions that can worsen the stigma.

**Introduction**

During the 20th century, psychiatry and the various arts, especially the cinema, showed a strong interest one for another. Gradually, the films were being incorporated by psychiatry as an important didactic-pedagogical method (Oliva, Zorzetto and Lotufo, 2010). About five hundred films on the theme have already been produced (Butter And Palesh, 2004).

Hereby, psychopathological complex concepts may become more accessible, illustrating signs, symptoms and psychiatric syndromes. For anyone who is starting the study of psychiatry, the films can allow easier identification of psychopathology in a real patient, being an important resource in the classroom (Fernandez And Cheniaux, 2010).

As the films, in general, were not originally created with educational or academic purposes, it is natural that, in many cases, the mental disorders have been shown in distorted form in relation to what happens with real patients (Fernandez And Cheniaux, 2010; Stout, Villegas and Jennings, 2004). Many films may blur or mystify mental illness and people who suffer with it. The sick are often portrayed as aggressive, dangerous and unpredictable. And psychiatrists are described as arrogant, authoritarian and manipulators. In this way, they can do a harmful job to distribute false information and spread stigmatizing stereotypes, feeding prejudices and misconceptions about psychiatry (Byrne 2009; Damjanovic, Vukovic, Jovanovic And Jasovic-Gasic, 2009; Stout et al., 2004).

In the decades of 30 and 40, there was a strong dissemination of psychoanalysis in Hollywood, influenced by parts and novels. In 1945, the first discussions on countertransference in cinema. However, remained a distorted vision of doctor psychiatrist and was used the cathartic cure through speaks so distant from reality (G. O. Gabbard and K. Gabbard, 1999).

The period from 1956 to 1963 was known as the golden age. The public has become more demanding in relation to the quality of the films. In an attempt to regain the public, there were serious movies. Psychiatrists began to be characterized as admirable trustees of troubled minds. The mentally ill came to be the protagonist, usually with a clinical spectacular and, at the same time, dramatic (G. O. Gabbard and K. Gabbard, 1999).

The films of Alfred Hitchcock are the highlight of this phase. They tend to show a more positive view of psychiatry. However, some elements have contributed to a caricatured presentation of reality.

The purpose of this article is to make a qualitative analysis of the representation of mental disorders in films directed by Alfred Hitchcock, evaluating the importance of his work as didactic-pedagogical help resource in the study of psychiatry, and indicate which of these can cause a distorted and negative influence of mental disorder in the layperson, spreading stigmatizing stereotypes.
Method
For the choice of movies, were read the summaries of all the 53 films directed by Alfred Hitchcock. In this step, we used the books of Truffaut and Scott et al. (2004) and Fernandez and Cheniaux (2010), in addition to specialized sites in cinematography (IMDB, Adoro Cinema, Cinema Debate, Resenha Filmes).

The films with some citation of mental disorder in its plot entered the inclusion criteria. The exclusion criteria were: 1- silent movies, 2- movies that did not have the mental disorder as a central theme; 3- films that had only characters with antisocial personality traits.

Each film selected for the study was assisted in its entirety on DVD by the main author. The assessment of mental disorders was based on the diagnostic criteria of the 5th edition of the DSM (American Psychiatric Association, 2014). For the discussion, it was performed a narrative review, using books, articles, and reference sites selected by relevance criteria.

Six films were chosen through an intentional sample: Spellbound; Rear Window; The Wrong Man; Vertigo; Psycho and Marnie.

Discussion
Spellbound – 1945
In the movie Spellbound (1945), the main character, John Ballantine, presented symptoms suggestive of dissociative fugue, albeit an atypical form (Butter and Palesh, 2004; Fernandez and Cheniaux, 2010). It is common, in this form of amnesia, the presence of confabulations, in which the patient creates false information to replace a gap in memory (B. J. Sadock and V. A. Sadock, 2007).

In this way, John assumes the identity of the new Director of Mental Hospital Green Manors. When he arrives at the new place of work, presents itself to other doctors as Dr. Edwardes. At no time during the film shows some technical knowledge (Butter And Palesh, 2004), even so, believed to be Dr. Edwardes. Later, when he enters the surgical center of the hospital, feels ill and faints. The Constance just revealing his loss of memory: “I remember now. Edwardes is dead. I killed him and took his place. I don’t know who i am [...] Lost Memory [...] How can anyone forget and talk as if it were normal?”. John refers to be confused and says that she felt the same thing to find a cigarreira in the pocket with the initials of his real name, J.B., which cannot be recalled (Alfred, 1945).

During a skiing tour on where Edwardes was killed, John manages to suddenly bring a traumatic memory from childhood to consciousness. While playing of slipping into a handrail, he just pushed and accidentally killed his brother. After that he can recalls a good part of his memory.

At the end of the movie we discovered that, during the ski trip with John, Edwardes was shot dead by former director of the hospital, Dr. Murchison, subsequently falling off a cliff. John joins the scene of fall with the memory of the brother’s death and ends up starting the framework of amnesia (Butter And Palesh, 2004).

The film depicts a framework of dissociative amnesia, representing the inability to recall only the autobiographical information, causing suffering and functional impairment. At the same time the film exemplifies the dissociative fugue, what happens when, besides the loss of autobiographical memory, the patient escapes from the past life, passing to present intense confusion in relation to its identity (name, family, profession), and assuming a new one (Spiegel et al., 2013). But is not usually aware that have forgotten the past (B. J. Sadock and V. A. Sadock, 2007).

The beginning of the dissociative fugue is usually sudden and precipitated by trauma loaded with painful emotions and psychological conflicts. Therefore, the trauma of childhood and the trigger that
refers to trauma in the movie, despite a common stereotype in American films related to psychiatry (Damjanovic et al., 2009), it is very well appointed, because the decoupling emerges as a self-defense to trauma.

The psychoanalysis was used in the treatment of the main character (Alfred, 1945). There was a big influence of psychoanalytic theory about psychiatry (Louzâ and Elkis, 2007) and on the north american cinema in the first half of the twentieth century (G. O. Gabbard and K. Gabbard, 1999).

At the beginning of the movie, Dr. Constance talks with the patient Mary, which will be submitted to a meeting of psychoanalysis. She says that she does not like the doctor and much less of its therapy. During the dialog, you can find an explanation of the concept resistance:

Mary: My subconscious struggling refusing to see me healed. Constance: That’s right. He wants you to keep feeling sick. Our job is to make her understand why. When you realize it’s bad and find out when it started, it will begin to heal on its own.

Alfred, 1945.

Freud created the term “resistance”, considered an obstacle to analysis, as an active opposition. This would correspond to an amount of energy with which the ideas had been repressed and expelled from consciousness. Everything that interrupts the psychoanalytical work is a resistance (Zimerman, 2004).

Then, Constance starts a classical technique of Freudian psychoanalysis: “tell everything you can remember” (Alfred, 1945). The free associations consists in leaving the patient to speak freely and spontaneously, independent of its inhibitions or the fact that they are important or not (Zimerman, 2004).

Another topic discussed in the film was the interpretation of dreams of John Ballantine by Dr. Constance and his ex-professor, Dr. Alex Brulov. The content of his dream would be interpreted and used by Constance to uncover the true murderer of Dr. Edwardes at the end of the film.

For Freud, the interpretation of dreams was the path to understand the unconscious. The dream is the concealed realization a desire repressed. It is formed by a manifest content and latent content. To reach the conscience, the repressed desires must pass by a censor of the mind that acts by disguising the content of dreams, ensuring that the dreamer does not recognize their prohibited origin and the maintenance of sleep. The ego, which is the instance repressive, uses different methods of disguise, such as the displacement, the condensation and symbolic representation (Cheniaux, 2006).

These mechanisms may be identified during the interpretation of dreams of John, as we can see in this stretch of symbolic representation spoken by Dr. Murchison: “It is normal to dream with an analyst as authority, symbolized by the beard” (Alfred, 1945).

The psychoanalysis presented in the film is simplistic and the use of healing by catharsis shows an approach currently considered obsolete (G. O. Gabbard and K. Gabbard, 1999; Albuquerque, 2011). Despite the film's screenwriter, Hecht, having consulted famous psychoanalysts at the time, the own Hitchcock believes that the film shows a “pseudopsychoanalisis” and that the final explanations are very confusing (Truffaut and Scott, 2004).

Rear Window – 1954

In the movie, the main character, Jeff, looks through the window a dancer with underwear during a test. Then observes a couple of newlyweds who close the curtain once they come into the apartment, preventing the vision of any possible sexual act. Neither the dancer, nor the couple know they are being observed through the lens of Jeffries (Alfred, 1954).

The curiosity of Jeffries is not restricted only to spy the half-naked dancer. He also notes the behavior of a solitary lady who pretends to dinner with
someone, a couple who sleeps on the balcony with a dog, a pianist who abuses the use of alcohol and Mr. Thorwalds, a seller of jewelry whose wife is sick. Jeffries shows much more interest in investigating this seller and confirm their suspicion that he would have murdered his wife, than in observing any sexually exciting act (Alfred 1954).

Fernandes and Cheniaux (2010) found in their work that the film could illustrate a clinical picture of scopophilia or voyeuristic disorder, according to the title of DSM-5. A type of paraphilia, abnormal expressions of sexuality, which vary from almost normal behavior to a destructive pattern to the person, the partner or to the community (B. J. Sadock and V. A. Sadock 2007).

The voyeuristic disorder is defined as a pattern of behavior applicant of intense sexual arousal by observing a person who ignores be observed and that is bare, stripping or during a sexual activity. The impulses or sexual fantasies cause significant distress or impairment in social, occupational and other areas of life (American Psychiatric Association, 2014).

For the diagnosis of voyeuristic disorder, it is necessary a minimum period of six months to characterize a recurring pattern of paraphilic behavior (Langstrom, 2010). Jeffries began to observe the neighbors only after having suffered an accident in which had to be restricted to a wheel chair and with the plastered left leg. The elapsed time of the accident until the beginning of the film was six weeks. This is evident during a dialog with Jeffries’ boss on phone. He is impatient with the situation in which he is and want to return to work as soon as possible, showing that he does not want to continue with this behavior after removing the plaster of the leg: “Take me out of here! Six weeks sitting in a two-bedroom apartment with nothing to do not be spying on neighbors. If you do not get me out of this rut, I’ll take a drastic measure” (Alfred, 1954).

Jeffries did not hide from the people who was watching the neighbors, including a girl with underwear. This is demonstrated in a speech of his nurse, Stella: “In the past people would sting your eyes with an iron on hot coals. The beauties on bikini worth this price?” (Alfred, 1954). He does not demonstrate, in no time, feelings of anxiety, guilt or shame. Futhermore, he is not having any functional impairment, since only began to observe the neighbors by not being able to be working.

Individuals who show an interest in watching others must present suffering or social problems due to paraphilia, to be diagnosed with voyeuristic disorder. However, if not reporting pain, anxiety, guilt or shame and do not present functional impairment can say that these individuals have only a voyeuristic sexual interest, but not the disorder (APA, 2014).

After what has been presented, we can assume that Jeffries does not present a suggestive of voyeuristic disorder. You can say that he has only one voyeuristic sexual interest. Perhaps for this reason, the film does not make any mention of psychiatrists or treatments.

Show voyeuristic interests in the North American population - and not necessarily the voyeuristic disorder - seems to have been the main objective of Hitchcock’s film. In the work of Truffaut and Scott (2004), they say that his film received harsh criticism because of the inappropriate behavior of the character Jeffries. However, it affirms that sniffing around other’s life is something natural:

> Aren’t we all voyeurs? I’ll bet you nine out of ten people, if they come across the courtyard a woman undressing before going to bed, or just a man cleaning her room, they can not stop looking. They could look away, saying, I have nothing to do with it. They could close the windows. Well, they will not close! They will be looking at it.

The Wrong Man – 1956
After the unjust imprisonment of Manny, Rose Balestrero presents a picture suggestive of major depression (Fernandez And Cheniaux, 2010; Wilson, D. Heath, T. Heath, Gallagher and Huthwaite, 2014). She has a sad aspect, apathetic, alien to the environment and toward herself. While the lawyer O’Connor gave guidance to the bed, she seemed to be distracted. He was silent, with his gaze fixed downwards and not noticed when the husband called to go away. When leaving the office, showed slow walk and dismissed the lawyer after a latency time of response longer than usual (Fernandez and Cheniaux, 2010; Alfred, 1956).

Other symptoms are evident during a dialog between Manny and Rose:

Manny: Rose, it's almost morning and you have not slept yet? [...] 
Rose: I can not sleep. 
Manny: It’s the second night I get home and you’re awake. And you are is not eating either. Is not right, do not you think you should go to the doctor? 

Alfred, 1956.

The reduction of appetite is quite common. The patients reported that they need strive to eat, which can lead to significant weight loss. Approximately 80% of patients have sleep difficulties. Occurs, mainly, waking early in the morning with difficulty to go back to sleep (insomnia terminal) or multiple awakenings during the night (insomnia intermedia), during which they mull about their problems. Rose seems to present a framework for initial insomnia, characterized by difficulties to fall asleep (B. J. Sadock and V. A. Sadock, 2007). Fernandez and Cheniaux (2010) have identified excessive thoughts of guilt in the Character Rose Balestrero:

It’s my fault for what happened ... I knew I should not have let him go there ... I let him go to the insurance company to get a loan for me and it collapsed on you. We’ve been in debt before because we did not know how to take care of things. He had to borrow money from relatives and the finance company, and now we're going to go into debt with O’Connor just because I did not know how to economize. The truth is, I put it in your hand, Manny. I was not a good wife 

Alfred, 1945.

The loss of interest and pleasure is almost always present. Individuals can report that do not about activities once pleasant anymore. The social activities are neglected and everything seems to have the weight of terrible obligations (Porto, 1999).

It is also common the presence of a negative view of the world and himself. The content of thought can include mulls about loss, guilt, suicide and death (B. J. Sadock and V. A. Sadock, 2007). Fernandez and Cheniaux (2010) have identified excessive thoughts of guilt in the Character Rose Balestrero:

Rose: There's nothing wrong with me, why should I go to the doctor? 
Manny: When a person does not sleep and does not eat and seems to lose interest in everything, maybe a doctor will help. 
Rose: We can not afford anything right now. How would we pay a doctor? [...] 
Manny: In the last days it seems like you do not care what will happen to me at the trial. 
Rose: Do not you see? No use caring. No matter what you do, they have set it all against you. No matter how innocent or how hard he tries, they will find him guilty .

Alfred, 1956.

In the same scene, one can observe the symptoms of anhedonia (loss of interest and pleasure), negative thoughts and useless:
Porto (1999) refers that the feeling of worthlessness or guilt may assume delirious characteristics. This seems to happen with Rose Balestrero. During the consultation with the psychiatrist, she says:

_They wanted to unmask me. They wanted to punish me because I failed him and then I let him down. I did everything wrong. They knew he was not to blame. I was guilty. They came after me. They were after me and they will catch me. No use trying. It’s useless. They’re attacking me everywhere and it’s no use. They know I’m guilty._

Alfred, 1956.

Depressed patients who have delusions or hallucinations have a major depressive episode with psychotic features. These include the delusions of guilt, sin, devaluation, poverty, failure, persecution, disease and decay of internal organs. The presence of psychotic manifestations in a major depressive episode is considered serious and is an indicator of poor prognosis (B. J. Sadock and V. A. Sadock, 2007).

The main triggering factor for the onset of the clinical picture of Rose was the unjust imprisonment of her husband, Manny. There is a clinical observation that stressful events in life may trigger the first depressive episode, being the separation of spouses one of the main responsible in adulthood (B. J. Sadock and V. A. Sadock, 2007).

There is no reference to the treatments in the film. However, it is important to remember that the first tricyclic, imipramine and the iproniazid, would only be used for the treatment of depression in 1957 (Berry and Elkis, 2007). In 1953, year of the story, one could make use of chlorpromazine for the treatment of psychotic symptoms and electroconvulsive therapy, which was already used at the time for the treatment of mood disorders (Antunes, Barbosa and Pereira, 2002).

The film shows a pessimistic final. At the hospital, she reacts with indifference upon receiving the news that Manny was cleared (Oliva, Zorzetto and Lotufo, 2010; Fernandez and Cheniaux, 2010).

_Manny: This horrible nightmare we’ve been through is over._
_Rose: That’s good for you._
_Manny: For you too, Rose. It’s not good for me if it’s not for you. Does not that help you?_  
_Rose: No._
_Manny: Is it something I did, Rose? Is there anything that you can not forgive me for?_  
_Rose: It’s nothing you have done._
_Manny: Can I help you, Rose?_  
_Rose: Nothing can help me. No one. Can you go now?_  
_Manny: Will not you come with me?_  
_Rose: No_  

Alfred, 1956.

In depression with melancholic features, even the most desired events are not associated with the improvement in mood (APA, 2014). Rose is hospitalized in a Psychiatric Hospital and there remains for about two years, however, Rose gets high fully cured (Alfred, 1956).

Vertigo – 1958

The main theme of psychopathological picture displayed in the film is the specific phobia of height (acrophobia) (Byrne 2012; Butter and Palesh, 2004; Fernandez and Cheniaux, 2010).

Scottie starts presenting symptoms of acrophobia after a police persecution to a bandit on top of a building, after going through two major traumatic events. The first during the police persecution, he slips and hangs an important time. When trying to help the suspect, his friend drops and Scottie witnesses his death (Butter and Palesh, 2004; Fernandez and Cheniaux, 2010).
The phobia can be triggered by some traumatic event related to the feared situation. Generally, there is an association between a specific situation – the height, with an emotional experience (B. J. Sadock and V. A. Sadock, 2007). In relation to the etiology, the film is consistent with the reality, despite the trauma is a common stereotype (Damjanovic et al., 2009).

Scottie speaks about his symptoms in a dialog with his friend Midge. It is clear the injury that the phobia caused him, having to depart from the employment of police officer: “I had to resign. Why to be afraid of height? I suffer from acrophobia [...] Gives me vertigo, dizziness. What time to discover!” (Alfred, 1958). In the same scene, when approaching the window and look down, feels a strong sense of anxiety, represented by the expression of fear, tremor, panting and vertigo. This abrupt reaction happened while inside the apartment of Midge, a place that did not represent a real danger. The same happened in two other moments, to climb the staircase in a church and look down.

The DSM-5 suggests that the phobic behavior has a minimum duration of six months, although it is allowed some degree of flexibility (APA, 2014). The film shows that Scottie was already presenting symptoms for more than a year, once the period elapsed since the false death of Madeleine till the reunion with her “Doppelganger” is quoted: “These were the happiest days that I have had in a year” (Alfred, 1958).

Scottie cites as therapy a theory which was probably influenced by the technique of systematic desensitization of Joseph Wolpe in 1958, year of production of the film (Miguel, gentle and Gattaz, 2011).

Relaxation techniques are also used to try to control the anxiety caused by exposure (Knapp, 2004).

Wolpe: “I think that I can dominate. I have a theory. If I get used to height gradually, progressively [...]” (Alfred, 1958). He climbs into a bank, is looking up and down and says: “We started with it. I cannot begin at the Golden Gate” (Alfred, 1958). Then rises in a small bank-ladder and repeats the movement step by step, looks to the window and triggers a crisis of anxiety.

In a dialog between Scottie and Midge, this cites a therapeutic possibility indicated by the psychiatrist who resembles the technique of flooding: “Scottie: Told you that is not going to disappear the acrophobia? Midge: I asked the doctor. He said that suffering another emotional shock might heal. Do not skip to another building to discover” (Alfred, 1958).


The Acute stress disorder occurs after the patient experiences or witnesses a specific episode of serious threat to its or other people’s life. The symptoms must last from three days to a month, possessing at least nine symptoms of any one of the five categories: Intrusion, negative mood, dissociative symptoms, avoidance, excitement included in DSM-5 (APA, 2014).

During a conversation with Midge, Scottie says his sleep is disturbed by distressing dreams: “I wake up at night watching the man falling. I try to grab it and...” (Alfred, 1958). There is no way to say with precision the elapsed time of the trauma until the moment of this dialog. However, it is supposed to be a recent time, once Scottie still wore an orthopedic brace because of the accident and had just resign from the police.

The second traumatic event, Scottie sees the fake suicide of Madeleine - who fell from the top of the tower was the true wife of his friend Galvin Elster, who was already dead. After the incident, Scottie presented a behavior suggestive of Dissociative amnesia (Fernandez And Cheniaux, 2010). This is described during the trial of the case: “He did not stayed at the place of death. It was though. He claims to have lost the memory and does not remember anything up to be found hours later in your apartment” (Alfred, 1958). The film shows nightma-
res related to the death of Madeleine, waking up in the morning. Were probably dreams that had been repeating itself (Fernandez And Cheniaux, 2010).

It is common that occurs an inability to remember important facts of a traumatic event. To escape the intrusive memories, the patient can present Dissociative amnesia, keeping outside the consciousness of the distressing thoughts (Figueira and Mendlowicz, 2003).

In the following scene, Scottie is hospitalized in a psychiatric institution. He seems to be completely apathetic and oblivious to the environment, in complete silence. He neither seems to perceive the presence of Midge (Fernandez And Cheniaux, 2010): “Make an effort, Johnny. Try, please. You are not lost. I am here [...] Neither know that I am here don’t you?” (Alfred, 1958).

Again, the film does not make clear the time duration of symptoms. The main difference between the acute stress disorder and post-traumatic stress disorder is the time, being that in the latter the symptoms persist for more than a month (Miguel et al., 2011).

However, about a year after the supposed death of Madeleine, Scottie was recovered and went back in all the places that resembled: home, restaurant, museum and the hotel. Just finding Judy, which disguised as Madeleine (Alfred, 1958).

This is not a common behavior of people with post-traumatic stress disorder. One of the most frequent symptoms is the avoidance, in which the patient is to avoid any stimulus associated to trauma, as places, people, conversations, objects or situations (Miguel et al., 2011). In this way, it is more likely Scottie presenting symptoms suggestive of acute stress disorders.

Is not given prominence to the psychiatrist for the weft (Oliva et al., 2010). He appears briefly in the film and suggests the hospitalization with duration of six months to one year, depending on the evolution of Scottie. He talks to Midge about the diagnosis. However, does not match the current diagnostic criteria: “suffers from acute depression with complex of guilt” (Alfred, 1958).

Psycho – 1960

The character Norman Bates suffered from dissociative identity disorder (Butter and Palesh, 2004; Fernandez and Cheniaux, 2010; damjanovic et al., 2009; Wilson et al., 2014). Neither the original title Psycho, nor the translation in Portuguese Psychosis correspond to the disorder discussed in the film. “Psycho” is an abbreviation of “Psychopath”, which would correspond to the antisocial personality disorder (Fernandez and Cheniaux, 2010).

Norman Bates shows abrupt changes of their identity. One time, it is the own Norman, a young shy, immature and fragile. Has no friends and lives alone in the motel, which rarely receives guest. It is very connected to the mother, despite being abused by her (Fernandez and Cheniaux, 2010).

In other moments, assumes the identity of Norma Bates, an elderly lady who dresses and speaks as an older woman. Maintains conflictual relationship with the son, with frequent discussions. It is capable of murdering coldly any woman who is approaching him (Truffaut and Scott, 2004).

The sudden change of identity and the distinct characteristics of each personality are shown during a dialog between them:

Norma: No! I tell you no! I won’t have you bringing some young girl in for supper! By candle-light, I suppose, in the cheap, erotic fashion of young men with cheap, erotic minds! And then what? After supper? Music? Whispers?
Norman: Mother, she’s just a stranger. She’s hungry, and it’s raining out!
Norma: As if men don’t desire strangers! As if... ohh, I refuse to speak of disgusting things, because they disgust me! You understand, boy? Go on, go tell her she’ll not be appeasing her ugly appetite with MY food... or my son!

Alfred, 1960.
Although not common, it is possible that Norman keeps dialogs with Norma. According to B. J. Sadock and V. A. Sadock (2007), patients usually do not remember the existence of other identities and the events that happened when the other personality was dominant. Sometimes, however, a state may not be subject to this amnesia, maintaining complete awareness of existence, of the qualities and the activities of other personalities. They may be friends, partners or opponents.

The way Norman Bates started to dress - as an older woman - also suggests a break in his identity. We can see this during three moments of the film. In the first two scenes, we only see the silhouette of the character: During the murder of Mary Crane in the bathroom and the death of detective Arbogast when he invades Bates’ house. Only in the end we can see that it was Norman Bates dressed as a woman who committed the crimes and not his mother, who died 10 years ago (Alfred, 1960).

Each personality has a highly complex and integrated set of memory, attitudes characteristics, personal relationships and patterns of behavior. Most of the times there is a dominant personality that comes to the treatment and carries the patient’s legal name, but this is not always the case (B. J. Sadock and V. A. Sadock, 2007).

Another fundamental criterion for diagnosing dissociative identity disorder is the presence of dissociative amnesia. Dissociative escapes may happen, and one may find oneself, suddenly, at the beach, at work, at a nightclub, or at home, unaware of how they arrived there. In dissociative identity disorder, amnesia is not limited to stressful or traumatic events (APA, 2014).

Norman Bates possibly presents a serious remote memory harm. He seems to have completely forgotten the moment he murdered his mother and the boyfriend ten years before. This is evident when he speaks of his mother, as if she were still alive, during a dialog with Mary Crane:

> Sometimes - when she talks to me like that - I feel I'd like to go up there - and curse her - and-and- and leave her forever! Or at least defy her! But I know I can't. She's ill. [...] She had to raise me alone after my father’s death. I was only five years, it must have been a great effort for her. She could not work or anything else. My father left her some money. Anyway, after a few years, mom knew a man and convinced him to build this motel [...] And when he died, it was hard for her.

> Alfred, 1960

Norman forgot actions performed during the day, being astonished with what he discovered later. This is clear in the scene that happens soon after murdering Mary Crane in the bathroom: “Mom! Oh, my God, Mom! Blood? Blood?” (Alfred, 1960). After that, he runs toward Bates motel to find out what had happened. When he discovers the girl’s dead body in the bathroom, he gets incredulous and trembling, as if he did not believe that his mother was capable of such brutality.

The reporting of sexual abuse or some other traumatic event in childhood is quite common (Ross, 2006). Hitchcock showed a great interest in exploring the causes of this disorder, adding the participation of the psychiatrist, Dr. Richmond:

> Now to understand it the way I understood it, hearing it from the mother... that is, from the mother half of Norman’s mind... you have to go back ten years, to the time when Norman murdered his mother and her lover. [...] His mother was a clinging, demanding woman, and for years the two of them lived as if there was no one else in the world. Then she met a man, and it seemed to Norman that she ‘threw him over’ for this man. Now that pushed him over the line and he killed ‘em both. Matricide is probably the most unbearable crime of all... most unbearable to the son who commits it. So he had to erase the crime, at least in his own mind.

> Alfred, 1960
A childhood traumatic event and the mother’s guilt in the origin of this disorder are often cited in the movies (Damjanovic et al., 2009). The mentioned triggering factor can be regarded as a severe traumatic event, although not necessarily occurring in childhood, but in adolescence.

After killing the mother and the boyfriend, Norman presented a strange behavior. He stole Norma’s corpse and embalmed as he used to do with birds, leaving it always dressed (Fernandez and Cheniaux, 2010). This is a distortion in relation to the psychopathology of dissociative identity disorder.

It is important to remember that Psycho was inspired by the story of Ed Gein, a famous North-American serial killer. In this case, reality did not influence Alfred Hitchcock, but the writer Robert Bloch, author of the book of 1959 which inspired the movie a year later (Rebello, 2013).

In the search for a new project, the writer Robert Bloch used the morbid details Gein’s case as the basis for the book Psycho. Instead of the farmer, he created Norman Bates as a manager of a decaying hotel. To fulfill the motivations of the murders, he appealed to psychology and created a macabre Oedipus complex (Rebello, 2013).

Norman Bates, who suffered from dissociative identity disorder, is the protagonist and villain of the story. The violent representation of the character, based on the true story of Ed Gein, can cause a feeling of fear in the lay public in relation to the mentally ill, increasing the stigma (Damjanovic et al., 2009). There are no references to treatments in the movie (Alfred, 1960), and the sick, Norman Bates, ends up in jail.

To attract the public, which had been renovated and was more demanding in the previous decade, Hitchcock used unprecedented violence scenes in that time. It is considered the most successful film of that director (Truffaut and Scott, 2004). In an interview to Truffaut, he said:

"In Psycho, I don’t care about the subject matter; I don’t care about the acting; but I do care about the pieces of film and the photography and the sound track and all of the technical ingredients that made the audience scream"  
Truffaut and Scott, 2004

Byrne (2009) reminds that the theater is an art, but also a commercial enterprise aiming at profit and moved by popularity. According to him, the more violence, blood and death, greater the chance of a successful film. The association of violence with mental illness is a common label and many movies reinforce this stigma (Stout et al., 2004).

In the 60s, there was a movement in the United States for the closure of psychiatric hospitals and the transfer of patients to outpatient treatment. The patients lived in public squares, generating fear in the population (Pontes, 2006).

**Marnie – 1964**

During the film, the character Marnie presented symptoms of phobia specifically of the red color and storm and sexual aversion disorder (Fernandez and Chaniaux, 2010).

Marnie seems to present symptoms of fear and disproportional anxiety when encountering red-colored objects. In the first scene, when seeing red flowers, she feels sick and change them by white flowers. Later, after dropping red paint on her shirt, she desperately runs to the bathroom to wash it, drawing her colleagues’ attention. During a horse race, she gets scared by the red shirt of a jockey. Finally, while riding a horse, she sees the red shirt of a knight, gets scared, desperately flees and ends up falling from the horse, which needs to be sacrificed (Alfred, 1964).

She has the same reaction of disproportional fear when there are thunders and lightnings. In the first scene, she is in Mark’s office and, in the second, at her mother’s house (Alfred, 1964).
The symptoms and treatment of specific phobia were discussed in detail in Session 3.4 (Vertigo). Marnie (Alfred, 1964) gives us clues that the symptoms have emerged since childhood: 

As a child, she saw her mother, who was a prostitute, being attacked by a client and, trying to defend her, Marnie killed him, banging his head on an object. The blood of the dead was what determined the phobia in relation to the red color. In the night when the death occurred, a thunderstorm was falling, with lightnings and thunders, which would explain her other fears (Fernandez and Cheniaux, 2010).

The relationship between a traumatic event and the development of specific phobia is common. There is often an association between a current situation, in this case, red-colored objects or lightnings, with a previous emotional experience (B. J. Sadock and V. A. Sadock, 2007).

Marnie, still a child, suffers sexual abuse from a client of her mother and ends up deleting this event from memory. According to the criteria of the DSM-5 - already discussed in Session 3.1 (Spellbound) - Marnie had dissociative amnesia related to this traumatic event. This type of amnesia is called local, characterized by the inability to recall events limited for a period. It is the most common form of dissociative amnesia (B. J. Sadock and V. A. Sadock, 2007).

At the end of the film, Marnie suddenly recalled the traumatic event, but speaks with a childish voice as if living the facts at that moment. This experience of past events characterizes the dissociative trance disorder (Fernandez and Cheniaux, 2010):

Mama comes and gets me out of bed. I don’t like to get out of bed [...] He come out... to me. Oh, I don’t like him. He - He smell funny [...] I want my mama! I don’t want you! Let me go! [...] I don’t like him to kiss me [...] He hit my mama [...] Oh, she’s so hurt [...] I got to help my mama! [...] I hit him! I hit him with a stick. I - I hurt him!

Alfred, 1964

Sexual abuse in childhood is one of the main causes of dissociative disorders (Spiegel et al., 2013). Marnie report having never had a boyfriend and does not show the slightest interest in having one (Fernandez And Cheniaux, 2010). During the honeymoon on a cruise, Mark tries to kiss her and she runs, making it clear in the dialog her aversion to any man:

Marnie: I can’t [...] I can’t stand it! I’ll die! If you touch me again, I’ll die! [...] Just leave me alone!
Mark: Not till I find what’s the matter, and some way to help.
Marnie: The only way you can help me is to leave me alone. Can’t you understand? Isn’t it clear? I cannot bear to be handled!
Mark: By anybody? Or just me?
Marnie: You. Men. [...]’
Mark: Have you always felt like this?
Marnie: Always, yes.
Mark: Why? What happened to you?
Marnie: Nothing. Nothing happened to me. I just never wanted anybody to touch me.
Mark: You ever tried to talk about it to a doctor or somebody who could help you?
Marnie: No, why should I? I didn’t want to get married. It’s degrading! It’s animal! [...] Mark: What you do need, I expect, is a psychiatrist.
Marnie: Men...Say “no thanks to one”, and bingo! You’re a candidate for the funny farm

Alfred, 1964

In the following scene, Mark forces her to have sexual intercourse with him. Marnie attempts suicide, jumping into the pool, showing her disgust in relation to sex (Alfred, 1964).

According to the DSM-IV-TR, the sexual aversion disorder occurs when the individual feels an aversion or recurring avoidance of any sexual contact with his/her partner, generating significant suffering (APA, 2012). There is a desire dysfunction, a prior cerebral phase of sexual response that contains the thoughts and fantasies (Abdo and Fleury, 2006).
One of the main causes of the aversion would be a hostility in relation to the partner or relationship problems (B. J. Sadock and V. A. Sadock, 2007). Although Marnie and Mark marriage was forced, only not to go to jail, she argues that the aversion was not only in relation to her husband and that she had always felt it. Patients with this disorder use aversion as a defense to protect from unconscious fears linked to sex.

The character refuses to go to a psychotherapist, despite Mark’s advice. Then, she undergoes a session of psychoanalysis completely distorted and conducted by her own husband, who had read some books on the subject. Marnie mocks saying that he understood free associations, because he had seen in the movies (Alfred, 1964). The dialog between them highlights the distortion in the technique:

Mark: If you won’t see an analyst, why don’t you try to help yourself?
Marnie: [...] You’re really dying to play doctor, aren’t you? Ok. I’m a big movie fan. I know the games. Come on, let’s play. Shall I start with dreams or should we free-associate? Oh Doctor, I’ll bet you’re just dying to free-associate. Alright. Now, you give me a word and I’ll give you an association [...] You ready? Well, come on! I thought you wanted to play doctor, so let’s play!
Mark: Water.
Marnie: Bath, soap, cleanse [...] Baptists. Mother used to take me to church twice on Sundays [...] Mark: Sex.

Alfred, 1964

Free associations consists of letting the patient speak freely and spontaneously, regardless of his/her inhibitions or the fact that he/she deems important or not (Zimerman, 2004).

The movie Marnie was inspired on a homonymous book. In the novel, she accepts to go to a psychoanalyst weekly. Hitchcock confesses that he had to compress it all in a single scene in which the husband drove her to the review session (Truffaut and Scott, 2004).

After recalling the traumatic event, Marnie seems to cure herself of all the mental disorders and agrees to stay with Mark: “I don’t want to go to prison. I would rather stay with you” (Alfred, 1964). The cathartic healing is a currently obsolete approach (Byrne, 2009; Albuquerque, 2011).

In relation to the etiology, a traumatic event occurred in childhood is often cited in the movies (Damjanovic et al., 2009). However, the sexual abuse suffered by Marnie when she was five years old and her aggressor’s subsequent murder, committed by her, seem to be correctly applied. Stories of sexual abuse and trauma are directly related to the sexual aversion disorder (Ribeiro, Magalhães and Mota, 2013).

Conclusion
Alfred Hitchcock’s films can be considered useful and of extreme importance, if used as an auxiliary didactic-pedagogical resource in the study of psychiatry. We must remember that the films did not have academic goal, Always requiring analysis of distortions influenced by commercial interests and the historical context of that time.

Being a bearer of a mental illness is one of the most stigmatising conditions of society and the cinema, for being easily accessible and providing a strong influence in the formation of opinion of the lay public, may increase or reduce the stigma.

In relation to mental disorders, Hitchcock’s movies can illustrate psychopathological concepts important for the academic environment. The following films represented the symptomatology consistently with the DSM-5 criteria: Spellbound – Dissociative-escape amnesia; The Wrong Man - depressive episode with psychotic features; Vertigo.
- specific phobia and acute stress disorder; Psycho - identity dissociative disorder; Marnie - specific phobia and sexual aversion disorder.

Due to scenes of violence, Psycho can contribute negatively to the propagation of stereotypes. The association between mental illness and violence is one of the most common labels. Films that show a mentally-ill killer are the greatest responsible for increasing the stigma.

Rear Window does not describe a Voyeuristic disorder, as described in the literature. It can publicize a distorted idea that isolated behaviors constitute a paraphilia, an extremely stigmatising diagnosis.

Spellbound and Marnie show psychoanalysis a superficial and fictitious manner. The cure by catharsis, used in both, is considered an obsolete approach. In Marnie, there is no psychotherapist and her own husband conducts the session. The movie Vertigo represents behavioral techniques of systematic desensitization. Hospitalization is the only conduct mentioned in the movie The Wrong Man.

A traumatic event is the main cause of disorder in all movies. In Spellbound and Marnie, the trauma occurred in childhood. Although childhood trauma is considered a common stereotype in the cinema, it was employed consistently with the reality in these cases.

The mentally ill are protagonists and generally represented positively. In Spellbound and Vertigo, the characters are victims of villains who use mental illness of the character to accuse them of crimes they did not commit or to involve them into a plot. Marnie is seen primarily as a character with deviations of character, but the story unfolding shows that she has had been victim of sexual abuse in childhood, justifying her transgressor behavior. Norman Bates, from Psycho, transmits the stereotype of violent and murderous mentally ill. The film was inspired by the true story of the psycho Ed Gein. It may have generated a disproportional sense of fear in the North American population who began to live with the mentally ill on the streets, due to the closure of many psychiatric hospitals in the 60s.

**References**


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