

**MENTAL HEALTH  
MOTION PICTURES. A  
SELECTIVE GUIDE, 1960**

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**NATIONAL INSTITUTE OF MENTAL HEALTH**

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A Selective Guide • 1960

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# MENTAL HEALTH

## Motion Pictures

A Selective Guide

• 1960

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## Preface

This film guide has been prepared as a revision to *Mental Health Motion Pictures, A Selective Guide—1952* and the *1956 Supplement*.

The earlier listing contained only those films which were reviewed by at least three staff members of the National Institute of Mental Health. In order for this listing to be as comprehensive as possible, the Institute asked a number of people in mental health education to assist in selecting the titles. A total of 47 lists from 36 States were sent to the Institute, and the films listed in this guide were recommended by at least 2 of those submitting lists.

All films listed in this catalog are 16mm., black and white, sound, unless otherwise indicated. The following code is used to indicate recommended levels for each film:

- p—primary (kindergarten to 3d grade)
- el—elementary (4th to 6th grade)
- jh—junior high (7th to 9th grade)
- sh—senior high (10th to 12th grade)
- c—college
- ad—adult

Information on television rights is not included in this listing. The best source of this information is the film's principal distributor.

Although the names and addresses of principal distributors are given, many of these companies handle only sales prints of their films and do not have film rental (or lending) service. However, they can usually give inquirers the names and addresses of the nearest rental or lending library that has purchased prints of the film requested.

In most instances, the best source for mental health films is the agency designated as the State mental health authority. These agencies are listed on page 87. Film catalogs are available from many of these offices.

We would like to extend our special thanks to all those who took the time to code their film lists, making this publication possible.

PUBLICATIONS AND REPORTS,  
*Office of the Director,*  
*National Institute of Mental Health.*



## To the Film Discussion Leader

The following notes are abbreviated from an article entitled "The Use of Films For Mental Hygiene Education" by Milton Miles Berger, M.D., who for many years developed programs and led film discussions for the Association for Improvement of Mental Health, a local mental health organization in New York State. Dr. Berger's article appeared in the Autumn 1957 issue of the *International Journal of Social Psychiatry*.

The National Institute of Mental Health has received permission from the Journal and the author to reprint the article in full, and will be glad to mail single copies upon request.

Though written principally for the professional mental health worker, it contains much that will be of interest and value to the lay discussion leader.

### Before the Meeting

**Series or Single?** There seems to be more value in a planned series than in a single isolated film showing. When a series includes three to five films given either weekly, biweekly, or monthly, more interest is shown by the audience than if one film is selected as a "fill-in" at a single meeting.

**Publicity?** Work closely with the publicity committee to be sure the information sent out is accurate. You may wish to help guide people's thinking by assisting in the preparation of short descriptions of the films to be shown in the series. You will also want to have your qualifications presented accurately.

**Preview?** By all means, preview the films before the showings. The principal reason is that you've got to know what is in the film, and you cannot always depend on the accuracy of write-ups in advertising flyers put out by film distributors. At the time of the preview, find out if all arrangements have been made about availability of the film, the projection equipment, and the operator for the night of the show.

### At the Meeting

**The Opening?** To start with, a 3-5 minute (no longer) orientation talk is of marked value. Besides briefing the audience on what is to come, you can suggest that they pay attention not only to the events depicted in the film, but also to the feeling tone and emotional atmosphere of the various situations shown. You might suggest that the audience try to identify with, and understand the values and attitudes of the people in the film. Then, be sure to mention that there will be a 5-minute break after the film for questions to be written down on cards for your use as a frame of reference for the discussion.

**Show the Film.** Not counting accidents, this part of the program should run smoothly. The operator should come early to make all the necessary arrangements—set up the equipment, arrange the chairs, find out how to darken the room, get the projector cords out of tripping range, test the film on the screen, and adjust the speaker volume. He also should have checked the film for torn sprocket holes.

**The 5-Minute Break?** This 5-minute period serves for contemplation and integration of what has just been experienced, as well as for stimulation of more active audience participation. The program should not merely provide passive entertainment, but should encourage the audience to think, feel, experience, and question actively and openly.

There are a number of values for the speaker in having the questions written down. Some emotionally troubled people may be attracted to the meeting and the type of questions they tend to ask from the floor may be markedly out of context with the main theme of the presentation and may raise controversial subjects that are out of place in a public discussion of a mental health film. Dealing with these individuals when questions are asked directly from the floor sometimes leads to very embarrassing moments for the questioner, audience, and speaker, as well as an increase in interpersonal tension which mars the effectiveness of the meeting.

The speaker or discussion leader can pull together the written questions that relate to each aspect of the problem, attempt to answer them or have them discussed, and set aside those questions which go too far afield. Failure to deal with unrelated questions can be explained at the end of the evening by stating: "I am sorry that because of insufficient time I have not been able to deal with all the questions presented."

Written questions will also provide a record for help in preparing future talks or discussions.

**How Much Discussion?** Three-quarters to one and one-quarter hours is usually enough for answering the questions presented to the discussant. In addition to presenting his own knowledge as simply as possible, it is helpful if the discussant stimulates audience participation by asking the members of the audience to attempt answers to some of the questions. This provides an opportunity to remind the audience that there are no exact rules or regulations or conclusions to fit every individual case. It also encourages the audience to realize that in many instances, answers to problems can be found within themselves if they use the knowledge derived from their own life experiences.

It is important for audiences to become aware that expert opinions are neither always available nor necessarily correct, since even experts differ on many basic issues. When it comes to life experience, in the final analysis it is best for each person to become as much of a responsible authority for himself as possible. Individuals who are professionally engaged in the practice of group psychotherapy may find that their practical clinical experiences are an aid in helping a film discussion group become personally involved in the issues under discussion.

**In Addition.** There are values in the use of a printed bibliography for suggesting further reading on the major themes of the evening's presentation. Membership in and support of mental hygiene organizations, PTA

groups, symposiums on human relations, etc., may be encouraged. Literature describing these various organizations and programs may be made available on a table at the rear of the hall.

It is a good idea for the discussant to know about public and private professional facilities for treating emotional illness in the community. Frequently, after the formal meeting is closed, individuals will come to the podium and attempt to give and receive detailed analyses of their problems or the problems of relatives. Discussants need to work out their own tactful ways of dealing with such situations, and should know about the local resources, such as community and family service agencies, hospital and church clinics, and other mental hygiene facilities, to which the questioners can be referred.