

May-2006

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Recommended Citation

Molina, Andrés Ríos (2006). *La Loca* and *Manicomio*: Representations of Women Insanity during the *Golden Age* of Mexican Films. *Journal of International Women's Studies*, 7(4), 224-236.
Available at: <http://vc.bridgew.edu/jiws/vol7/iss4/15>

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La Loca and Manicomio Representations of Women Insanity during the *Golden Age* of Mexican Films

By Andrés Ríos Molina*

Abstract

This essay analyzes two films produced during the Golden Age of Mexican Films (1931-1960) in order to explore the social structuring of women's insanity. Both films deal with the scientific knowledge—the advice of psychiatrists was part of the productions—as well as with the symbolic references pervading Mexican society to understand the causes, symptoms and treatment of women's insanity. These social imaginaries of women's psychopathologies were marked by gender references which delimited what a woman should or should not be. In order to know how women's insanity was taken into the big screen in Mexico during the middle of the Twentieth Century the essay will proceed simultaneously down three pathways: the history of film during the Golden Age, psychiatric knowledge and its application in the Mental Institutions, and the symbolic references and values that established the boundary between the sane and the insane woman.

Keywords: Women's insanity, Mexican Films, Asylum and Treatment

Introduction

During the 1950s two Mexican films were produced, both with women as their main characters; women who suffered from mental disorders. The stories develop within a psychiatric context: the patients are medicated and confined to Mental Hospitals.¹ *La Loca*, directed and produced by Miguel Zacarías², tells the story of Elena (Libertad Lamarque) a woman who became schizophrenic after the kidnapping of her three-year-old daughter and the death of her husband. Fifteen years go by and Elena does not seem to keep track of time, she still thinks that her daughter is playing in the backyard and that she will be back any time. Despite her condition Elena is a peaceful and even fun madwoman who walks around the park singing with a parrot on her shoulder. During one of her walks, Elena steps into a discussion between some tumblers and a police officer and she is taken to the Police Station and then to the General Mental Hospital, where all the drama takes place. In the Hospital, Elena falls into the clutches of Dr. Pablo Gonzalez

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¹ The only film produced on that time with a man on the leading role was *El hombre sin rostro* (*The man without a face*) (Juan Bustillo Oro, 1950). Nevertheless, the plot does not have anything to do with psychiatric medication, since it develops within a psychoanalytical context.

² Miguel Zacarías was born in México City in 1908. Together with the Mexican business man Emilio Azcárraga Vidaurreta, the actor Mario Moreno "Cantinflas" and Howard Hughes—owner of *RKO Radio Pictures*—, Zacarías collaborated on the foundation of *Estudios Churubusco* in 1945.

This project was build following the Hollywood model and its purpose was to increase the production of films and locate Mexico as the principal cinematographic producer in Latin America. Under Miguel Zacarías direction various actors became known, like: Pedro Armendáriz, Jorge Negrete, María Félix, Marga López, Eulalio González "Piporro", Pedro Infante, Mario Moreno and Libertad Lamarque, among others. He directed more than 50 films, among which we can mention musicals, dramas and comedies. He is considered one of the most important directors of the *Golden Age*.

de la Cueva (José María Linares) a pitiless psychiatrist whose only purpose is to perpetuate Elena's madness and eventually take possession of her juicy legacy. Dr. Gonzalez, apart from being a relative, is the man behind the abduction of Elena's daughter. In defense of the madwoman emerged the young and good looking psychiatrist Dr. Esteban de la Garza (Rubén Rojo), who puts all the "modern" techniques into practice in order to cure Elena. During the healing treatment, a love story emerges between the physician and Elena's daughter, Ana María.

The purpose of *Manicomio*, on the other hand is to represent the pathetic and horrifying places where mental patients were imprisoned.³ This film was directed by the Spanish cinematographer José Díaz Morales⁴ and produced by Pedro A Calderón. It tells the story of Beatriz (Luz María Aguilar) a young woman who leaves her home town after sadly realizing that her boyfriend is not coming back to marry her as he promised. In the city, Beatriz lives with a friend, and one night the two ladies are attacked by a group of men in the woods. Beatriz manages to run away but her girlfriend is brutally murdered. Our main character falls into a deep state of silence. After a while she is found in a hotel room and taken to the mental hospital, where the director diagnoses her as catatonic schizophrenic. As if this was not enough, the psychiatrist in charge is Dr. Andrade (Joaquín Cordero) the fiancée who never made it to the church. Now the doctor's mission is to cure her dear one applying all the "modern" techniques available. The end is obviously a very happy one.

Both films were questioned by the cinematographic critic due to their poor originality in terms of the plot. *La Loca* did not succeed in breaking the pattern of the conventional tear-jerking melodramas and *Manicomio*, full of screams, cries and exaggerated gestures ended up being "hallucinated," "vulgar," and "involuntarily humoristic" (García Riera, 1974: 313). Nevertheless, the quality of these productions does not interfere with the purposes of the present essay, which will only use them as sources to understand the symbolic references and the values schemas shared by Mexican society during the fifties that helped to imagine the causes, the symptoms and the therapeutic methods to treat women's insanity.

In order to obtain this objective, this paper is divided in two sections. The first one will expose three aspects of the historic and cultural context that produced these films: 1) A justification of how we can use fiction films as a source to analyze the relationship between psychiatry and society; 2) The Mexican cinematographic context in the 1950s and the representations of femininity during this period; 3) The psychiatric discourse used to understand female insanity. The second part will analyze three aspects of *La Loca* and *Manicomio*: 1) The causes of insanity and symptoms of the main characters; 2) How the private asylums were represented and how they operated as part of the psychiatric

³ This is how the newspaper *El Universal* commented the content of this film: "The story shocks deeply the viewer because it exhibits the life inside an asylum and exposes the delicate issue of insanity with realism. For that purpose, the actors together with the director inform themselves about mental institutions". *El Universal*, August 7th, 1959, third section, p. 7.

⁴ José Díaz Morales was a Spanish cinematographer who debuted as a films director in 1942 with *Jesús de Nazareth*. In 1944 he joined the Calderón Bros. In a series of films about cabarets and brothels like *Pervertida* (1945), *La virtud desnuda* (1955), *Esposas infieles* (1955), *Mujeres, mujeres, mujeres* (1967) among others. In 1973 he directed 88 other films characteristic for their morbidity, their scarce plot line and the moralistic attitude. We can mention *Juventud desenfrenada* (1956) o *La rebelión de los adolescentes* (1957).

policies of the Mexican State; 3) Finally, I will analyze the image of the psychiatrist and the therapies imposed to insanity women's.

The Context

Film, psychiatric knowledge and society

At the end of the XVIII⁵ century, psychiatry was a specialized field within the practice of medicine, and insanity⁶ established itself among imaginary nets between society and medical knowledge applied to those who supposedly suffered from organic malfunctions that made them behave in an “unusual” way. Psychiatry classified mental illnesses in nosologic patterns, and assigned an etiology to each psychopathology, as well as a group of symptoms and a natural course. Specialists created a *corpus* with terms like hysteria, neurosis, psychosis, depression, mania, delirium, hallucination and insanity, among others. These technical words were gradually applied till they formed part of the language of contemporary society, which decided who needed to be taken to mental institutions, confined and psychiatrically treated. In order to make such decisions, society did not only follow clinical parameters but also referred to social circumstances such as: “deviated” sexual behavior, absurd political proposals, conducts that threatened the economic stability of the family, signs of disobedience, and “amorality” in general.⁷ We can confirm that insanity as we know it is a creation of both medical knowledge and the imposition of society's norms and values on human behavior.

Proof of this ideological flow between society members and psychiatrists can be found in the clinical files of those patients interned in The General Insane Asylum La Castañeda.⁸ The documents emphasize the way in which patients and their relatives started applying the specialized language of mental illness in order to justify the confinement, or in the case of patients, to defend their sanity in clinical terms (Ríos, 2004). Nevertheless, within Mexican historiography there are a few pathways that have rarely been explored in order to analyze the construction and circulation of social imaginaries about insanity such as literature, advertisements, music, theatre, and according to our purposes cinematography.

Films and their use as sources of analysis for the historian have been questioned since their content is considered to be a mere fiction created by a small group dedicated

⁵ The origin of psychiatry is associated with Phillipe Pinel who during the French Revolution broke the chains and set free the insane at Bicêtre Asylum, he proposed the implantation of a “moral treatment” based on understanding and persuasion and not on the use of force. A complete biography of Pinel is Weiner, 2002. Some other classic works on psychiatry genesis are: Saurí, 1996; Castell; 1980; Dörner, 1981.

⁶ The difference between *mental illness* and *insanity* is that the first one has to do with pathologies of the nervous system and the second one with the way in which society imagines and relates to those considered ill, whether or not the person is truly insane. Thomas Szasz, 1961.

⁷ The way the family controls sexuality and how they relate it to insanity is explained by Foucault, 2001: 215-244. Sacristán, 1999 is the most complete Mexican study about the relationship between the family and insanity at the end of the XIX Century among the social and juridical changes brought by the creation of the Civil Code (1871). Another interesting work about families and psychiatric institutions is Prestwitch, 1994.

⁸ La Castañeda Mental Hospital was built in 1910 in Mixcoac, outside Mexico City. It had a capacity for 1200 patients. Its building was the beginning of a “scientific” psychiatry which differed from the colonial mental hospitals that were more related to the Christian charity than to the practice of medicine. The files are located in the Fondo Manicomio General, Sección Expedientes Clínicos del Archivo Histórico de la Secretaría de Salud. Consult the social history of La Castañeda in Rivera Garza, 2001b.

to the cinematographic production. From that point of view, films would not offer “real” facts or reflect the “reality” of a society. They could only be used as references for history of the cinematographic industry and not as an actual pathway to explore the social and cultural dynamics of a specific collective. Nevertheless, if we consider films as a field for the symbolic flow, they become a necessary reference for analyzing cultural history. Films offer fiction based on symbols, values and ideologies rooted in the society that produces and consumes them. In this way, we can say that films show “reality” because the viewer testifies on screen a symbolic structure of their social (context) surroundings (Solin, 2005).

In 1947 Siegfried Kracauer was the first to relate the historic analysis of films with social reality. He analyzed German cinematography since its beginnings at the end of the Nineteenth Century, till the days of the Nazi era. One of the films he reviews is *Das Kabinet des Dr. Caligari* (1919) a film that tells the story of Dr. Caligari and his fair stand where he uses an evil form of hypnosis through which Cesare, a sleepwalker kept in a coffin, awakes to commit a series of cruel murders. At the end, a couple of men trying to reveal the real interests and identity of Caligari discover that the crazy doctor is the director of the mental hospital. According to Kracauer this film represents strong criticism towards the German political system of the postwar period, exposing the inherent madness of authority. Cesare is the portrait of a regular man, who kills and dies under the pressure of compulsive military service (Kracauer, 2004: 65).

American historiography has also inquired into the forms and ideas of mental illnesses as well as psychiatrists’ duties, the dynamics of mental institutions and psychiatric therapy.⁹ Historiographers assert that this is another pathway toward understanding filmic depictions of insanity. The image in film of psychiatrists has been less favored since their reputation is that of evil, ignorant and highhanded persons, who prescribes ferocious treatments like in the movie *Shock Treatment* (Denis Sanders, 1964). In the case of *Dressed to Kill* (Brian de Palma, 1980), the psychiatrist is a sick doctor who commits sexual crimes. Another portrait is Hannibal Lecter of the *The Silence of the Lambs* (Johnathan Demme, 1991), who uses his wide knowledge to manipulate the lives of those who surround him. But the story changes when the psychiatrist is a woman, such is the case of *Spellbound* (Alfred Hitchcock, 1945), where the physician ends up falling in love with her patient. Life inside a mental hospital has also been represented in movies like *Frances* (Graeme Clifford, 1982) or *One Flew Over the Cuckoo’s Nest* (Milos Forman, 1975). This last film shows a dehumanized mental institution that works under a cold and heartless mechanism that destroys those who do not submit to the mediocrity of society. The American film industry popularized ideas of madness and pointed out the morbid perversion of psychiatrists towards victimized patients tortured with lobotomy and electroshocks.

But, how was madness portrayed in Mexican films during the *Golden Age*? To review each and every movie where a mad person appears would be a revealing task but it obviously surpasses the limits of this essay. I will only refer to the films mentioned above (*La Loca* and *Manicomio*) since they approach insanity through a psychiatric context: the leading roles—both women—are confined, diagnosed and treated.

⁹ Dans, 2000 is a book that offers a very general exposition about the medicine representations in the American films. While Gabard, Krin and Glen Gabard, 1987 is a specific analysis of psychiatry and cinema.

Both films were produced during the decade of the 1950s, when Mexican films production was the higher in Latin America. The development of a prolific cinematographic industry developed as Mexico turned into the “economic miracle” of the continent. Between 1945 and 1960 the Mexican economy had growth rate of 6% per year. The industrialization of the country imposed the migration of millions peasants from the rural communities to the city.¹⁰ This change in the migrants’ daily life was reflected in the films because the new productions let out the romantic scheme of the peasants living in “el rancho”, as they were a characteristic of the films in 1930 and 1940 decades. The new films of the 50s used city scenery.

La Loca was released during the year which Emilio García Riera calls the “stagnant movies” year (1972: 301). In 1950, one year before the releasing of *La Loca* another film appeared by Luis Buñuel called *Los Olvidados* (The Forgotten) which portrayed the misery in Mexico City and questioned the cinematographic diagrams of the forties loaded with morality and conservatism, which insisted in embellishing poverty. *Los Olvidados* was immediately accepted by international critics and the future of Mexican cinematography seemed to have an opportunity for rebirth. But this never happened. In 1951 the productions still had that “home-made” mark, with the exception of *El Derecho a Nacer* (*The Right to be borne* by Zacarías Gómez Urquiza) and Tin Tan comedies. This “stagnation” took place within a frame of interests struggle over the control of the cinematographic industry, hindering the progress of any innovative proposals. Within this frustrated context *La Loca* can be considered an attempt to commercialize a marginal role. However both the production team and the staff in general, together with the long cries of “Libertad Lamarque” made of this movie a prolongation of traditional Mexican melodramas.

Manicomio appeared at the exact moment when the film industry started to decline. In search of new themes and genres, the production of horror films grew considerably. Between 1956 and 1960 there were 16 films released (García Riera, 1998: 216). *Manicomio* is full of creepy images and shrieks and it reminds one more of horror movies than it does of a faithful portrait of mental institutions.

Femininity and transgression in Mexican Films of The Golden Age

The fact that both films take women’s insanity as their plot’s priority does not render them marginal, by contrast, as Julia Tuñón has argued, Mexican film reproduces gender models and ideals of femininity and masculinity (Tuñón,1998). Within this context we can understand how the films approached ideas not only about causes, symptoms and treatments for insanity but also about the parameters followed by the family or some governmental authority (police, courts, prisons) in order to intern a woman in a mental hospital.

Cinematography was a tremendous cultural industry that assembled the masses in front of the screens before T.V appeared.¹¹ The main goal of films is to entertain, but since its appearance, this industry has also been determinant in the construction of national identity since it promulgated the values and symbols that represent

¹⁰ For a general vision of the Mexican economy and politics I suggested, Aboites, Luis, “El ultimo tramo, 1929-2000”, in *Nueva Historia Mínima de México*. México, El Colegio de México, 2004, pp. 262-302

¹¹ In 1949 Mexico City had 87 movie theatres and in 1959 counted 90 (García, 2001: 205). Between 1926 and 1951, 1113 were produced in Mexico (García Riera, 1972: 405).

“Mexicanity.” Among these references, social and gender inequality were justified and idealized in musical and romantic films, such as *Allá en el Rancho Grande* (1936) by Fernando de Fuentes and many others directed by Emilio *el Indio* Fernández. These kinds of productions reproduced the image of the beautiful and peaceful haciendas, where harsh economic inequity was softened by the goodness of the land owner and the humble obedience of the servants.

Mexican films also showed “macho” men as an intrinsic part of the national culture. “Machos” never take a step back; they have everything under control: love, liquor—and are promiscuous and always willing to kill or die to save their honor. Women, on the other hand, had to be totally submissive and obedient. Whatever the circumstances were, they had to be resigned and willing always to suffer in silence. They could only achieve self-realization through marriage and motherhood in the sacred institution of matrimony. Being a single mother or a wife with no possibilities of procreating were the most common tragedies in the Mexican films. Women portrayed on screen could only acquire social approval if they had a husband and children. The family nucleus, according to the Sacred Family was an oasis of love and harmony faithfully defended by the wife. In Mexican films the process of falling in love lacks of any kind of erotic feelings, as women are not supposed to have those kinds of temptations. Sexual intercourse is exclusively for “easy” women, who prefer the pleasures of the body and for that reason are cursed and marked: no man on the face of the earth is to take them seriously. In case these “lost” souls got pregnant, their offspring would have to live in perpetual embarrassment for not having a father or a decent mother. Mexican cinematography portrayed “deviant” women, such as prostitutes, lesbians, unfaithful women or divorced, but these representations aimed to reinforce the moralistic scripts. Filmic endings were mainly tragic—the punishment for deviating from socially prescribed parameters of femininity. Given these prescriptions, how can we understand Mexican filmic depiction of women’s insanity?

Why take women’s insanity into the screens?

Why did men not play the leading roles in these films? The answer has to do with a characteristic of women’s insanity emerging at the end of the Nineteenth Century and remaining till the second half of the Twentieth Century. During the decade between 1880 and 1890, a large number of physicians became interested in the complexities surrounding treatments for mental patients. Various essays and theories were published which explained different clinical experiences and pointed out the existence of two types of afflictions related to psychiatry: *mental* and *nervous* disorders. The first was linked to men and the second to women. Male disorders had to do with organic malfunctions and could be located *post mortem*. Among these disorders are included Epilepsy, Progressive General Paralysis (syphilis final stage), Downs Syndrome, Idiotic Syndrome and Senile Insanity. Besides, mental disorders had another connotation: they were usually inherited by some “addicted” relative who had alcoholism problems, marijuana addictions or lived a sexual life that surpassed what was considered normal. In this way, the degeneration theory became almost “fashionable,” supporting beliefs that alcoholics would have epileptic children, who themselves would produce an idiotic descendent who would finally put an end to the lineage. If this was not enough, the degenerative process would not only affect the biological side but also the moral one, since little by little the patient

would lose the capacity to distinguish between right and wrong. In this way, the victim had a high probability of becoming a potential criminal.¹²

On the other hand, nervous illnesses primarily affected women. Specialists classified those behavior disorders whose origins were not located in any organic malfunction, like hysteria, for instance which was the main nervous affection. Hysteria is characteristic for the yells, the hypo, the convulsions, the extensive movements, the cathartic episodes, the sensibility on the hysteric terminals, the hyperesthesia, the headaches and eventually the blindness. Psychic disorders were also common together with “feeling hyperesthesia”, which provoked joy, sadness, pain, happiness, imagination, humor, new imaginary feelings and the need to complain without going out of control. If hysteria progressed into paralysis it would be reported that “the patient lacked of energy and appeared apathetic in the desire of moving her body” (Hidalgo y Carpio, 1877: 322). Causes were far from biological; they were attributed to: unexpected turns of fortune, tragic loves, taste for music and theatre, love for perfumes, fragrances, coffee, tea, ether, cocaine and morphine (Rodiles, 1885: 40) “venereal excess” “premature pleasures”, masturbation (Parra, 1896: 197-198. Aguirre, 1900: 17), “too much love for luxury and ostentation” and “excessive intellectual work” (Rojas, 1909: 13).

According to this view, women’s insanity emerged through cultural influences, whereas men’s insanity was the result of biological inheritance. Women were thus incapable of controlling their passions whereas men could go insane only if they suffered from an organic malfunction or after an awful period of drunkenness. The sanity of women could be preserved as long as they remained indoors, controlled, while men would only be vulnerable to influences if their environment was “feminized” (Jiménez, 1882: 13. Mejía, 1878: 473-479). From a psychiatric point of view, a woman’s insanity arises when the patient is not able to control her passion in the cultural environment offered by modernity, while men’s insanity is that of a “diagnosed crazy”; that is, those who suffer from evident organic malfunctions. Women were more vulnerable to the social context while men could only go insane by biological means. Mad women needed a “moral treatment”, strong discipline or frequent sessions of hypnosis. Men required prescribed drugs.

Taking this perception of women’s insanity as the antecedent, we can understand why it was more convenient to take the story of a mad woman into the screens. The social net was loaded with intrigues and turns which highlighted women’s fragility and weakness in facing the temptations that put at risk their sanity. This was the cultural story to be told.

The Films

Types of women’s insanity in La Loca and Manicomio

In *La Loca*, Elena goes insane following the kidnapping of her daughter and her husband’s death. Not only does she go through a family tragedy but she also loses all possibility of fulfilling her ideals as a woman, since her role of mother-wife is totally interrupted. Elena’s insanity is manifested through the denial of her tragedy and of herself. Fifteen years go by and Elena still waits for her daughter to come back any time; she spends her time designing old clothes and changes her name to Azucena Matutina del

¹² Consult degeneration in Mexico in Urías Horcasitas, 2004.

Campo (something like Morning Country Madonna Lily), when she sees her reflection on the mirror she denies herself violently.

In the case of *Manicomio*, we can also name the specific events that provoked the catatonic schizophrenia of Beatriz. First of all, her boyfriend stands her up in church because he goes to the city to study medicine. Then, in the middle of her depression, she is attacked with her friend Laura by a group of men. Beatriz gets beaten while Laura gets raped and murdered. This assault is too shocking for our protagonist, so she falls in an absolute silence and lives with a sad expression on her face. Besides she calls herself Laura, never Beatriz again. According to the patient's background, the director of the hospital is confident in his diagnoses of incurable catatonic schizophrenia.

The interesting part about *Manicomio* is that in its attempt of showing a "real" image of a mental institution, it offers numerous portrayals of women's insanity. To achieve this goal the production team contacted Dr. Guillermo Calderón, psychiatrist and the Producer's cousin. Thus the mental hospital recreated in the movie is reminiscent of the (General Insane Asylum) Institution La Castañeda. When young Dr. Andrade (Joaquín Cordero) is interviewed by the Director, he gets a full description of the different pavilions: epileptics, dangerous, calmed, active, oligophrenic, senility and children.¹³

When Dr. Andrade walks around the Hospital he is approached by different patients who cry him for help. Nurses, actually nuns, calm the women down and explain to the new Doctor what the problem is with each one of them, the causes of their disorders and the reasons for their incurability. It is important to mention that all the patients shown in this film are at a critical stage of their illness and cannot be cured. This fact turns the landscape even more pathetic. But there is one patient who seems a bit sane; she runs to Dr. Andrade and begs him to be discharged because she wants to be free in order to work and take care of her children. The Director calms her down and tells her they will talk later but that there is nothing to worry about, she will be out very soon. When she walks away the Director explains to Dr. Andrade that the patient suffers from epilepsy and that she will be confined the rest of her life since her attacks are totally unpredictable.¹⁴

There is another woman who dresses elegantly and walks around the pavilion convinced that the patients are, in fact, her servants and so she simply treats them with total disdain. But her hallucinations are not only related to class but also to love. Every night, she waits by her window for her lover, who is coming to marry her. Next day, she tells all the interns about her wedding plans and starts delegating functions for the making of her wedding dress. Another key character in this movie is a woman who loses sanity after her baby dies during labor. She does not accept the death of her child and spends her days talking about her child's pranks. Finally, she confesses to another madwoman her determination to go out and search her child, no matter the consequences. She escapes and heads towards the children's pavilion, where she takes a sleeping baby into her arms.

¹³ Consult the architectonic characteristics of La Castañeda in Rivera Garza, 2001a

¹⁴ Epilepsy was a disorder that provoked the interest of psychiatrists at the end of the XIX Century. Obviously, the interpretations for the disease are far from the ones that exist today. First, they considered that epilepsy could turn into epileptic insanity and that the patient ended up losing the parameters between right and wrong. Before or after the convulsions, the victim could turn violent a commit a crime. The epileptic required confinement since he represented a criminal menace (Sosa, 1893: 96-106, Corral, 1882 and Bandera, 1891: 134).

Convinced that she is carrying her own baby, she goes to the basement and locks herself up, breaks the gas pipes and lies on the floor to die, suffocated. The baby is near a window and survives till they find them. The patient dies.

Finally, there is another woman who thinks she is bewitched and possessed by spirits; we only see her for a few seconds. There are also the mad ones who never stop yelling, crying and moaning, who believe they are going to be murdered at any second and are willing to kill anyone to prevent their death.

By contrast to this panoply of female madness, there are only three mad men in this film. One receives messages from outer space about invasions; the other one codifies and sends the answers back with a box and a wire. The third is a boxer who loses his sanity after all the punches and knock-outs. What stands out is the fact that mad men do not suffer and they even seem to have a good time, while women are surrounded by scandal and tragedy.

Just as Elena goes insane because she cannot stand the fact that her role as a mother and a wife will not be fulfilled, the insane women in *Manicomio* are crazy because of similar reasons: the loss of a child or the betrayal and abandonment of a man. Except for the epileptic patient, they all were insane because they lost their opportunity to fulfill their nature as women. They were now destined not only to insanity but also to eternal suffering, confinement and distress.

Mental Institutions and Private Asylums in films

Both films were produced when psychiatry was in a process of transformation. Since its appearance in 1910 and through the following decades a “black legend” was formed around the General Insane Asylum La Castañeda. There were notes on the newspapers about the atrocities that happened there: violence, overcrowding, unhealthy conditions, lack of food and treatments that seemed more like torture measures (Sacristán, 2001). In order to improve the image of psychiatry, the Mexican government set up a project to build sanitariums outside the city where patients with chances of being cured, could work outdoors. In 1945, the first one to be built was San Pedro del Monte in Guanajuato. Eleven other sanitariums around the country were built till 1968 date in which La Castañeda was closed (Sacristán, 2003).

To emphasize the efforts to improve psychiatric service, *La Loca* provides a positive image of La Castañeda. Actually the film starts with an open shot of the Hospital’s monumental façade, where, in the interior nurses and doctors walk quickly, ready to serve. When Elena enters La Castañeda, after the police arrest her, she is interviewed by Dr. Esteban de la Garza. But the doctor in charge, the prestigious Dr. Pablo Gonzalez de la Cueva, realizes Elena is his relative and remembers she is entitled to a heritage. That is when he proposes to transfer Elena to his private asylum. Everything goes wrong in there; Elena becomes the victim of endless humiliations. In order to marry Ana María (Elena’s daughter) to the evil doctor’s son Paul (Alejandro Ciangherotti) Elena is locked up in a dark room, totally isolated and starts getting really insane. Corruption in a private mental hospital is pointed out; on the contrary La Castañeda appears like a professional Institution where the service is innovative and professional. When Dr. Esteban de la Garza examines Elena, he considers she does not require confinement for her healing and suggests that she is treated in her “natural environment”, with frequent visits at her own house. On the contrary, the owner of the

private asylum considers that the only way to treat a mental patient is locking him or her up. The abuses committed by Elena's family to intern her are not that far from the truth. There were plenty of cases in which people were diagnosed insane solely for an interdiction trial and acquisition of their properties (Sacristán, 2002).

Manicomio follows the same logic. In the front of the building hangs a sign that reads "Private Charity Institution. Asylum for Mental Patients". Joaquín Cordero stated in an interview that the movie was shot in the facilities of La Castañeda (García Riera, 1994: 77) but the images are far away from the truth. The huge gardens surrounding the pavilions and the extensive yards on the open air do not have anything to do with the dark medieval dungeons that appear on the film. The shots of the pavilions are taken from on high, generating an image of a panopticon. All of these shots show bars which separate the viewer from the patients. The critics analyzed the scenography in charge of Gunther Gerszo and were considered hallucinating and horrifying as in a horror film. Both films emphasize the reputation of mental institutions, especially those under private administrations.

Specialists and their treatments

A common plot line in these films is the power relation between the psychiatrist and the patient. The physician has the authority to decide if the patients need confinement or if they are ready to return to society. We are thus presented with a dual image of the psychiatrist: the executioner who imprisons or the Messiah that sets free.¹⁵ This duality is taken into the movies through a generational gap. Old psychiatrists are considered anachronic because they stick to their obsolete isolation treatments while the young are kind to their patients and represent therapeutic innovation. Dr. Gonzalez de la Cueva laughs at the "new theories" brought from France by his student Dr. Esteban de la Garza, who suggested that patients should be treated "in their environment", with no violence and using persuasion. Dr. Gonzalez did not hesitate in affirming more than once the incurability in the case of Elena and that there was no other choice but her confinement. But Esteban believed in Elena's healing and fought to prove it. To do it he practices hypnosis trances and repeats her that her daughter is not dead and that she is living in the year 1950 and not 1935.

Manicomio repeats the same pattern. Beatriz arrives at the institution and the director diagnoses an incurable disorder. But young Dr. Andrade tries all the possible treatments in order to cure her past love. Everything is going right, therapy is working just fine till one day Beatriz falls asleep while she is knitting. At the same time three interns in the hospital put in practice an escape plan and pass through the room where Beatriz sleeps. When she sees them, she suffers a nervous breakdown and returns to the point where she first started. The director sends Beatriz to the "terminal patients" pavilion which, by the way, never existed in La Castañeda. Dr. Andrade applies the therapeutic "novelties" to cure Beatriz but he ends up treating her with the same methods: insulin induced comas and electroshocks. After moderate doses and no positive outcomes, Dr. Andrade increases the electroshocks in such a way that he provokes the surprise of nurses and even the director. His technique consists in "putting her at the edge of death so she

¹⁵ This image can be confirmed with the endless letters that the interns at La Castañeda wrote to the director. The patients flatter the director and thank him for everything that has been done for them, but affirm that it is time to be discharged and ask for an audience to prove their sanity (Ríos, 2004).

holds on to life” The almost miraculous efficiency of the excessive electroshocks appears to confirm the collaboration of a psychiatrist during the writing of the script.

In both films the principal ingredient that completes the healing process producing a happy ending, is love. The re-encounter of Elena and her daughter Ana María is central to Elena’s healing. This emotive scene occurs in court, in the presence of eminent psychiatrists who are listening to Dr. Andrade’s arguments to discharge the patient. This takes place while Dr. Gonzalez de la Cueva insists on Elena’s incurable insanity. The happy end comes when the mother recognizes her daughter and she manages to recover sanity and regain the sense of life offered by motherhood. It is also purportedly love which the doctor in *Manicomio* feels for his patient and what compel him to use electroshocks to cure her. But there is an extra ingredient that gives the film a comic-kind-of-end: faith in God and in the Virgin of Guadalupe. By the side of the doctor there is always a group of nuns-nurses. Their only tools for healing are faith and trust in the Virgin Mary. They pray together with the interns while explaining the electroshock therapies. At the end it is very clear that religion brings what psychiatry does not: sanity. While the scenes of the patios are loaded with creepy screams and incoherencies, during mass everyone seems quiet and the patients sing and pray with calm and devotion. The climax: Beatriz leaves the church, smiling happily while her doctor and husband, walking on either side, hold her hands.¹⁶

Conclusion

What were the effects of these films on viewers? Did the socially essentialist and socially conservative ideals of womanhood in relation to women’s insanity resonate with all viewers or did the films only fulfilled the perceptions of an elite? The answer can help us to understand why these films did not leave a trace in the history of Mexican cinematography. While access to the viewers at the time of their release is not possible, a comment in a review of the film after its release is telling:

The hunger for sex, for flesh can go deep into the subconscious [...] And these feminine desires, these repressed sexual instincts can explode and burst into a thousand pieces when the woman feels the need of a man. The consequence is catastrophic: Unsatisfying sex turns into madness. *Manicomio*, is a spectacular parade of men-less women. Horrible cases recreate the close relation between prohibited pleasures and insanity.¹⁷

One week following the release of the film, the newspapers published daily comments about the relationship between sexual frustration and insanity emphasizing the themes of sex, perversion and morbidity. This apparent contradiction between the reviews and the actual content of the film provides some insight into the disapproval that melodramatic, traditional plots were regarded with during the fifties. In sum, insane women—transgressors par excellence—were incorporated into models of traditional femininity reproduced by Mexican films. For these “insane women”, always candid,

¹⁶ This ingredient does not surprise us if we consider that the director, José Díaz Morales, debuted in 1942 with *Jesús de Nazareth*. Besides at the end of 1950 the Mexican films began to talk again about religious issues (García Riera, 1998: 215).

¹⁷ *Cine Mundial (Worldwide Cinema)*, August 8th 1959, pp. 2

suffering and sexless, the absence of children and a husband was reason enough to lose all love for life.

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