Rich in nuanced attention to the complexities of the interlocking systems of mental health and criminal justice (what Michel Foucault would call systems of biopolitical control), Guilty Except for Insanity attends to the human stories of those seeking care in this maddening labyrinth. The film should be an excellent starting point for discussions of community health services, social action research, and the responsibilities of filmmakers to those they profile.

—Frann Michel, Professor of English, Willamette University

Guilty Except for Insanity follows patients who enter the Oregon State Hospital through the insanity plea and paints a portrait of a maddening world. Site of the filming of One Flew Over the Cuckoo’s Nest, the Oregon State Hospital has been the center of intense public controversy, including charges of massive civil rights abuses of patients. This documentary tells a different side of the story. It offers a unique glimpse into the lives of patients and staff caught in an insane system—one that reflects larger national trends toward incarceration of individuals suffering mental health crises. The film unfolds as five interwoven stories of patients at the hospital—two women and three men. Their tales recount the tragic yet often inspiring sagas of people whose lives had spun out of control, and of the consequences of their encounters with the criminal justice system. Through the insanity defense, the state steps in with a heavy boot, offering deliverance from criminal responsibility but exacting a terrible price. Most patients serve far longer terms under the insanity plea than they would have served had they gone to prison. The documentary movingly portrays the deeply human dilemmas behind public stereotypes of the criminally insane, and probes the consequences of the American medical management of madness.

Directed by Jan Haaken, professor of psychology at Portland State University, clinical psychologist and a former psychiatric nurse, the documentary is informed by her previous scholarship and the social action tradition of research. Similar in method to her prior documentary projects, production of Guilty Except for Insanity involved extensive collaboration with the subjects over the course of filmmaking. Over one hundred hours of footage were shot over a period of three years. Meetings with patients and staff were held throughout the process to discuss clips of footage and to take up ethical issues related to filming. The final script for the documentary was derived from coding transcribed interviews to assure that the analysis presented in the film was grounded in recurring motifs in the material. The film that resulted from this process is richly ethnographic, incorporating animation, historical archival material, legal documents, psychiatric hearings, footage of life on the wards, in addition to interviews with patients and staff.
Use of the Guide

Guilty Except for Insanity is divided into ten “chapters,” each of which marks a juncture in the patients’ journeys through the state psychiatric hospital. The chapters begin with clips from One Flew Over The Cuckoo’s Nest (1975)—a fiction film shot at the Oregon State Hospital. As Dr. Dean Brooks, former OSH Superintendent, states in the introduction to the documentary, “The thing that is so beautiful about ['One Flew Over The] Cuckoo’s Nest’ is that the methods of control can be displayed so visibly. Everything that you see in the movie never ever happened, but it’s all true.” This statement introduces a key psychological principle guiding the production of Guilty Except for Insanity—that the borders between narrative and literal truth, between sanctuary and social control, and between personal and social responsibility are often quite ambiguous. The documentary draws out some of the tensions and differences in how these borders are drawn, and what is at stake for the various participants in the dramas that unfold.

This study guide provides direction for classroom use of the feature-length version of Guilty Except for Insanity. The film may be shown in its entirety or as selected segments. In each of the ten segments of the study guide, quotes are selected, followed by discussion questions and topics for further research. In addition, questions for general discussion of the film and notes from the director on documentary methodology are included at the end of the guide.

The Chapters

Chapter 1: FALLING DOWN (00:04:02)

In the USA, an individual charged with a crime may enter an insanity plea—which, in the State of Oregon, is termed guilty except for insanity (GEI). Those whose pleas are accepted by the courts are sent to a state psychiatric hospital. Like most state hospitals in the United States, the Oregon State Hospital holds primarily forensic patients—individuals admitted through the courts. This psychiatric “safety net” within the criminal justice system offers a tenuous form of sanctuary, however, for those whose lives have fallen apart because of a mental crisis.

Film Quote: When people fall apart in America, there is not much to catch them. They can fall very deep into trouble before the state steps in, and that it is when those who fall are judged to be dangerous.
(Narration)

Discussion Questions: How does the title “Falling Down” aptly describe the reality of a GEI plea? How does the animation segment represent the experience of falling down?

Film Quotes:

“I can remember just being up on the roof and working and everything. And then at a moment’s notice I remember being grabbed...being grabbed, not having full visual sight, being irritated and frustrated, and dropping two stories through a couple of trusses. I did pull out my hammer and swung it out in front of me, still in this black unconscious visual. I've been told that I hit the guy that I was workin' with, but I can't, in my mind, process that.” (00:04:40)

-Tino Pascua
“Four days after my 20th birthday I committed the crime that got me here, which is attempted murder – I tried to strangle somebody that I thought was my friend, but she turned on me. She was actually a staff. It was one of those days where I kept telling them [staff] that they needed to hospitalize me. I told them that they needed to hospitalize me. I needed to be restrained, I was going to hurt somebody, or I was gonna hurt myself. I told them that, several times...They [the people that run the home] refused to allow me to go to the hospital.” (00:05:35)

-Brandy Adams

“I went to Oregon State [University], majored in chemical engineering, and I had a great time. I was in a fraternity, I was always involved in the campus activities and things like that. But then a dark gloomy cloud just overcame me and I developed an illness. It was just like I was sucked under an undertow in the river. Like I'd be out fishin’ and I’d hit an undertow and it sucked me under the river and I drowned, I was drowning. I think I blamed my father for a lot of my problems, most of my problems, all of my problems, and ...we were kind of having an argument a little bit. And this was when the crime happened. He threatened me and then I just kind-of lost control and was trying to protect my life when it happened. When someone angers you deeply and they threaten your life - your very soul - you're disturbed...I was disturbed when I pulled the trigger on my dad. I was in no state at all to be handling a gun, or a firearm, at all.” (00:06:36)

-Dave Olson

“I was smoking marijuana, but not that much, and I felt real, like nothing could touch me. I actually went down a gravel road with my foot to the pedal at like two in the morning. I gassed it and I just let go of the wheel and I was just listening to music.” (00:08:38)

-Nick York

“I was being stalked by my son’s father and it was turning into a really bad situation as far as trying to keep the home stable. He would take the car apart, so I couldn’t drive it. He would go through the grocery list everyday and tell me what I shouldn't have bought. It was a period of time where I couldn’t find myself and it just, things were falling apart, and my son was falling apart, and I was falling apart. I was scared that something bad was gonna happen, as far as my son running away, or violence, and it eventually happened and it was me that did it.” (09:11:00)

-Tamarra Thomas

Discussion Questions: What issues are raised by the various stories? With which stories do you most closely identify, or know someone with whom you might identify in the stories? Are some stories more difficult to sympathize with than others? Why?
Topics for future research: What are key historical changes in mental health care regarding the rights of persons identified as mentally ill? What was the significance of the 1999 Olmstead Supreme Court decision on the rights of institutionalized persons? What have been some of the key obstacles to implementing this ruling?

Chapter 2: GOING TO JAIL (00:10:26)

For many people suffering a mental health crisis, it is difficult to gain access to mental health services from the state. One portal of entry into the mental health system is through the county jails. This involves committing a crime or engaging in behavior that leads the person to be arrested. Going to jail is the first step a mentally ill person may take on a path to the state hospital.

Film Quote:

“We’ve got 14 penitentiaries, with 13,900 people in our penitentiaries, today, in Oregon alone. This is exclusive of the jails. The largest mental health agency in the state is Multnomah County’s jail.” (00:10:47)

-Dr. Dean Brooks

Discussion Questions: What are potential explanations for this growing reliance in the United States on jails in the provision of mental health services? What factors might contribute to the trend toward more prisons and fewer psychiatric facilities in the late twentieth and early twenty-first centuries?

Film Quotes:

“They [the police] were gonna tase me in the head, and I have brain damage, ya know 50,000 volts in your head. They had me in handcuffs with a knee in my back and they were like, ‘don’t move,’ and I was like ‘How am I gonna move? There’s five cops around me.’ I was taken into a room, in solitary confinement, and given a bologna sandwich.” (00:11:55)

-Nick York

“When they were fingerprinting me I passed out. When I woke up in the morning I was in an orange inmate jumpsuit.” (00:14:23)

-Brandy Adams

“I didn’t understand a lot of the concepts. I still don’t understand some of the concepts of being arrested.” (00:14:42)

-Tino Pascua

Discussion Questions: How might the experience of jail be traumatic to a person suffering a mental health crisis? How might jail also be traumatic for those without a diagnosed mental condition?

Topics for future research: Investigate the history of correctional facilities in the United States, both jails and prisons, and their relationship to the mental health systems in differing states. How do the jails, prisons, and state psychiatric hospitals differ in their provision of mental health services? How do these practices differ worldwide?
Chapter 3: GETTING EVALUATED (00:15:58)

If individuals cannot aid and assist – essentially cooperate, understand, and participate in their own defense – they may undergo a psychiatric evaluation to determine if they are competent to stand trial. They also are instructed on the options for mental health pleas, including the insanity plea. Throughout this process, persons may be moved a number of times between the jails and the state hospital.

Film quote:

“And they come directly from the jail and many times they’ve been in solitary confinement, or on restriction, and so they’re in a reclusive mode – they withdraw. They don’t have any interaction with very many people – hardly anyone – sometimes they’re completely in solitary confinement [in jail]. And all of a sudden they’re brought to this hospital, where they’re put on this unit with all these other guys, and all the staff, and all the stuff going on, and it’s a shock.”

(00:16:44)

-Jim Lowry

Discussion Questions: What is Lowry saying about the psychological impact of entering the state hospital? What are the dilemmas presented in this section of the film concerning the process of getting evaluated?

Topics for further research: What specific methods are used in state hospitals throughout the country to evaluate an individual’s ability to stand trial? How does the judge decide to send an individual for an evaluation? What are the practices in your county or state? How do these practices compare to other systems around the country?

Chapter 4: MAKING THE PLEA (00:22:59)

Once a person receives a psychiatric evaluation and can reasonably cooperate with an attorney, understand their case, and participate in their trial, they are presumed to be competent to determine whether they meet criteria for the insanity plea. The legal definitions and criteria for the insanity plea differ from state to state but generally involve admission of having committed the crime, but unable at the time of the crime to conform to the law because of a mental illness or mental defect. Typically those who successfully enlist the plea are confined for much longer periods of time than if they had gone to prison.

Film Quote:

“The problem with GEI is that everyone treats it like it’s the mental health system when in fact they’re in the criminal justice system.” (00:23:12)

-Alex Bassos

Discussion Questions: What does Bassos mean by this statement? What is conveyed through the metaphor of the Pachinko machine in describing the two systems?
Film Quote:

“If I would have gone to prison I would have served seventy years in prison. Cause I had three Measure 11 crimes.” (00:23:21)

-Brandy Adams

Discussion Questions: How did Brandy Adams frame the choices available to her? What are Measure 11 crimes? How would you distribute social responsibility for her crisis and the means available for addressing the crisis?

Topics for further research: How have mandatory sentence rulings in the United States affected the use of the insanity plea? What are factors that might influence the choice of entering the plea versus going to trial?

Chapter 5: GETTING DIAGNOSED (00:30:30)

After a GEI plea is accepted by the courts, the person is sent to the Oregon State Hospital and remains under the jurisdiction of the Psychiatric Security Review Board (PSRB)—a state-appointed group of professionals that reviews cases from the perspective of public safety. In most states, persons incarcerated under the insanity plea are placed under the jurisdiction of a board within the state hospitals that determines when they may be released.

Film Quotes:

“Most people would say that an Axis I disorder is something a person would say they have, like an illness. Axis II would be something that a person says that they are, I am this way. And it used to be that the Axis I people should come to the Oregon State Hospital and the Axis II folks should go to prison. I don’t think that we can neatly sort people the way we imagined we could.” (00:33:17)

-Dr. Alex Millkey

“Brandy is actually the one that brought up the diagnostic question, and I think it was a valid one, a little over a year ago. [...] The bipolar disorder diagnosis has been in place for quite some time and as I went back through her records what I discovered was that there was never any documented evidence, ever, of a full blow manic episode, which is required for the diagnosis of bipolar disorder...What we see is much more consistent with a borderline personality disorder—a lot of affective instability, and overlying that is the PTSD.” (00:32:04)

-Dr. Sara Walker

Discussion Questions: How do the understandings of diagnoses differ for patients and clinicians? What issues were raised in reclassifying Brandy Adams from bipolar disorder to borderline personality disorder?

Topics for further research: Explore the history of the mental health diagnoses and classifications presented in this film and changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM). How do past and present DSM editions classify the illnesses mentioned in this film? How is the manual enlisted to “sort” groups of people within the criminal justice system?
Chapter 6: RECEIVING TREATMENT (00:38:02)

The state hospital is responsible for prescribing appropriate treatment for patients. Although patients have a legal right to refuse treatments, this right is difficult to exercise in practice. Refusing treatment is likely to be viewed as non-compliance. A person who does not comply with treatment may be prevented from gaining privileges and progressing through the system.

Film Quote:

“You will find many of the staff working for Oregon State Hospital, including myself, who do not see this place as a prison. I do uphold and I strive to work for this place to remain as a hospital. I think we play a role by the law, but I do not believe that we are, at least do understand, that we do not see ourselves as part of the criminal justice system.” (00:38:36)

-Dr. Cher-Yao Chen

Discussion Questions: What factors contribute to the conflict described by Dr. Chen? How might the views of patients and staff differ in characterizing the facility as either a prison or a hospital?

Film Quote:

“During his treatment with Haldol, he [Tino Pascua] became less involved in treatment and instead took to his room and stayed in bed and refused to speak with people. When they stopped giving him Haldol he became more involved in treatment and went to groups and participated more actively and spoke with staff. I’ve talked with him about how other medicines may produce a different set of side effects, or a different outcome then the Haldol which he received previously. He’s taken the information that I’ve provided him, including handouts about the different medicines, and continues to arrive at the conclusion that he does not want psychotropic medicines, instead he wants to work on his recovery through psycho social treatment interventions…so the question comes up of what to do.” (00:43:41)

-Dr. Stephen Fritz

Discussion Questions: What was the basis of the psychiatrist's concern with getting this patient on medication, even though the drugs had increased his symptoms? What was at stake in the patient’s refusal to take anti-psychotic medications? In this segment of the film, how do patients and staff differ in their explanations of the patients’ diagnoses?

Topics for further research: What key issues have arisen historically in the rights of incarcerated persons to both access AND refuse treatment? How are patient advocacy groups in various countries addressing this problem? How do they differ in their approaches to the medical model and reliance on medications?

Chapter 7: SURVIVING THE WARDS (00:46:50)

The wards of the state hospital are designed for treatment, but they also are sites of institutionally produced trauma. The scene from Cuckoo’s Nest conveys the ethos of the modern state hospital, with its focus on healthy activity, but it also suggests that this seemingly positive group activity conceals more
subtle forms of social control. The modern wards of state psychiatric hospitals do not typically conform to media images of torture and gothic horror. But they do adopt disciplinary practices that are highly coercive, including over-reliance on drugs and the use of seclusion and restraints.

Film Quotes:

“If you collect enough people in a small environment, who are there for a long period of time, who are highly emotionally dis-regulated and prone to being aggressive, they tend to bounce off each other quite a lot. They tend to aggravate each other, they tend to create, just in of themselves, an environment that is less safe for everyone around them.” (00:48:56)

-Dr. Sara Walker

Discussion Questions: How might conditions on the wards produce some of the very conditions that are being treated? In what ways are both staff and patients locked in a pathogenic system?

Film Quotes:

“I think it [four-point restraints] was the worst thing I ever went through.” (00:53:39)

-Tamarra Thomas

“I more prefer restraints to seclusion and that’s only because I have the power to fight against the restraints a little bit.” (00:54:08)

-Brandy Adams

Discussion Questions: Brandy Adams states that she prefers restraints to seclusion. How does her position differ from that of Tamarra Thomas, and that of the staff members interviewed? What is the psychological significance of her use of “body armor” in this scene? How do you interpret her citing of a Hollywood film in describing interactions with staff during this period of crisis?

Topics for further research: Guilty Except for Insanity departs from conventional media portrayals of state asylums, which tend to feature horrific and degraded images of both patients and staff. What broader social anxieties might influence public portrayals and fantasies of mental asylums? What are your own memories or images of the local state psychiatric hospital in the region where you grew up?

Chapter 8: ASSESSING RISK (00:57:09)

The goal of treatment in the state hospital is for an individual to progress from highly restricted to less restrictive settings, and to move toward increased freedom of movement, termed “privileges,” within the hospital. This may involve unescorted trips on hospital grounds or leaving the grounds for limited period of time with a staff member. Yet each time a patient leaves the grounds unauthorized, public pressure on the hospital often leads to a lock-down on the wards or roll-back on privileges for all patients.

Film Quote:

“[Two previous elopements, separated by a short time] crossed some critical threshold for what the public was willing to tolerate, or for what the people at the hospital perceived the public as being willing to tolerate.” (01:00:39)

-Dr. Alex Millkey
Discussion Questions: What are potential explanations for the lock-down that Dr. Millkey describes? What factors might influence what the hospital or community are able to tolerate?

Film Quotes:

“The decision about whether someone should be released is not simply a medical decision. People are punished as a proportional response to the seriousness of the crime. That is the first traditional reason why people are sentenced. That’s why crimes like murder, and aggravated murder, and rape, and all sorts of other crimes, have very long sentences, because of the seriousness of the crime. So this idea that gee, we shouldn’t have people in a secure facility because they present no risk, is missing the point.” (1:02:28)

- John Foote

“Traditionally the insanity defense meant that that you weren’t guilty. That the person might have taken actions which we would normally consider criminal, but because of their insanity – because of their mental illness – this was not somebody who morally as a society we were willing to prosecute, and put through the criminal justice system and place in prison.” (1:03:05)

- Alex Bassos

“It’s a little more difficult when there’s a case of a person who has done something that’s gotten a lot of media coverage, and that the public is very concerned about, but they’re at a very, very low risk for any kind of future violence.” (1:03:32)

- Dr. Alex Millkey

Discussion Questions:

How do the differing roles of these professionals influence the positions taken? Do these professionals seem to share any assumptions concerning the rights of incarcerated individuals versus the rights of the public to safety? How might one take into account these competing concerns in creating a humane and ethical response to those charged with serious crimes?

Topics for further research: What groups have historically sought alternatives to the criminal justice system and what obstacles have they confronted in mounting campaigns for reducing reliance on incarceration? How do groups that call for massive reduction in prisons, such as Critical Resistance and MindFreedom, differ in philosophy and strategy from groups such as National Alliance on Mental Illness and Disability Rights which call for reforms within the existing system?

Chapter 9: STEPPING DOWN (1:05:05)

If the PSRB determines that patients are not a threat to themselves or others, these patients may be placed in less restrictive settings. The patient may be granted access to a residential care facility, moving over time from a locked (secure) to an unlocked setting. Patients may feel more vulnerable in these residential facilities, even as they experience greater freedom. The behavior of residents living in these facilities—for example, sexual acts between consenting adults—frequently arouses fear from surrounding community members.
Film Quote:

“When we [the Connell House] opened originally, we really didn’t have any negative reaction coming from the neighborhood, until clients’ criminal histories were posted for people to read. They [the neighborhood] said there were sexual interactions occurring in the house and they were viewed as not being ...innocent sexual acts, but investigated as being criminal.” (01:07:51)

-Liz Adami

Discussion Questions: What might this commentary on the Connell House suggest about public anxieties over sexuality, as well as reactions to the “criminally insane?” What community factors might influence these perceptions? How might the rational basis of these perceptions be established?

Film Quote:

“I wanted to go to the hospital my own self. I didn’t understand why I heard voices and I kept going to Linn County Health, askin’ for help. I was counseling with them, but it didn’t seem like it was good enough for me. So I drank some beer and took a rock and through it through a window and said, ‘come pick me up,’ but nobody showed to pick me up. So then [laughs], so then I had to go and turn myself in.” (01:06:29)

-Kevin Santana

Discussion Questions: What is the irony in Kevin’s story? What does his story suggest about dilemmas in accessing mental health care?

Topics for further research: Identify treatment facilities in your community. What is the public perception of those facilities? How might that perception effect treatment?

Chapter 10: FINDING HOME (01:12:18)

Persons hospitalized under the insanity plea typically serve longer sentences than had they gone to prison, even though they may “step down” to gradually less restrictive settings. Each of the five subjects in the documentary finds a way of thinking about “home” within the contexts of ongoing institutional confinement.

Film Quote:

“People who take the time to understand a person with an illness and really get down to the grassroots part of it have to take a lot of time, first of all. Number two, it has to take a lot of understanding and patience, because it’s hard to understand—difficult to put up with—a long elaborate story and explanation to get to the truth.” (01:13:48)

-Dave Olson

Discussion Question: What does Dave Olson’s narrative suggest about general human problems in listening and communicating, as well as about the more specific barriers confronted by those diagnosed with a mental illness? What societal dynamics may make it difficult to exercise patience in listening to a “long, elaborate story”? What are the philosophical implications of this question of how to know the truth of someone else’s experience?
Film Quote:

“I do believe the hospital might serve as that depository of the things that we fear. There is a state of safety that is not obtainable. How can we ensure that our borders are never violated? How can we check every single container to the last screw to make sure that somebody’s not smuggling something that they shouldn’t? How can we check all the shoes of all the passengers of all the airplanes that fly over our space? If people understand the fundamental reality, perhaps, if we accept that reality, perhaps we will be in a better position to reasonably talk about risk management as opposed to obtaining that nirvana of safety. For me it’s more like a fantasy.” (01:12:37)

-Dr. Cher-Yao Chen

Discussion Questions:

What is Dr. Chen saying about the broader implications of methods for addressing public safety and security in society? How would you distinguish between rational and irrational fears? How are public fears expressed in ways that register prejudices toward marginalized groups? What are some of the social costs of devotion to what Dr. Chen terms a “nirvana of safety?”

Topics for further research: Identify an organization working to change public perceptions of mental illness. What are the tenets of the organization what do they hope to change? What are some of the obstacles they confront and how do they navigate those obstacles?

General Discussion Questions

1. In the introduction to Guilty Except for Insanity, the narrator suggests that alongside the need for human freedom, the central theme of One Flew Over the Cuckoo’s Nest, lies the need for connection and care. How does the film pursue this tension between freedom and care? What are potential gender dynamics associated with these positions?

2. Recall your reflections on each patient’s initial testimonial. Did any of your thoughts or feelings change over the course of watching the film? What does the film suggest concerning the limits of a documentary to reveal the full truth of its subjects?

3. What ethical issues might arise in documentary projects carried out in settings with restricted access and with groups that may not be readily able to consent to the project?
4. The music featured in GEI is written and performed by patients, staff and allies in the mental health system. What does this music contribute to the film? What are some of the broader dilemmas in the use of music in documentary films?

5. What is the story of mental health and the criminal justice system that is told through the animation series in the film?

Notes from the Director: Psychology, Social Action Research, and Documentary Film

From refugee camps, war zones, jails and psychiatric asylums to drag bars and hip-hop clubs, my aim is to draw out the complex humanity of people and places on the social margins. My interest as a filmmaker is to reduce social distance, and to use the medium of film to portray the social labor involved in working and surviving on the social margins, and in carrying out work that the dominant society either devalues or fears.

I initially thought of the camera as merely a research tool. My primary concern was to equip myself with gear suitable for the terrain and the data sought. Videotaping captured non-verbal communication in ways that other technologies would not permit, and it allowed for a wider range of options in the analysis and interpretation of field data. As the use of the camera extended beyond the aim of identifying themes, however, it became apparent that working with visual images required specific methodological and theoretical attentiveness, including attentiveness to the evocative power of moving images for audiences.

Methodologically, my documentaries have one foot in the social sciences and one foot in the humanities. The pre-production process (prior to production, or the actual filming), involves extensive interviewing and research on the history of the topic. My research teams meet regularly to develop the analysis that guides the project, and the point of view that will inform the film. It is important to decide on whether the film is basically a critique or is in solidarity with its primary subjects. The last two films—Guilty Except for Insanity and Mind Zone—have posed particular ethical challenges because they have been critical of the institutions that the lead subjects inhabit. The lead subjects themselves have a range of politics and positions on the institutions, so there is always a risk that their accounts may be overridden by the broader story of the film. My approach is to pose questions early on that are of concern to participants and to explain how my interests as a community psychologist, as well as a clinical psychologist, drew me into the project. My documentaries often focus on work processes—particularly jobs that are not well understood or are portrayed in crude terms in popular culture.

My pitch to potential participants is that my documentaries convey the complexity and ethical dilemmas that arise in very difficult jobs—psychological work carried out in the public interest that raises impossible expectations on the part of the public. Patients at the Oregon State Hospital also responded to my interest in telling a story that challenges oppressive stereotypes of the “criminally insane” and that positions them as teachers—people with insights on social systems—rather than as objects of a clinical gaze.

My methods are grounded in social action research, as well as psychoanalytic social theory. Whereas many documentary filmmakers seek out the unique story or make use of unguarded remarks, my team transcribes all interviews and group sessions or interactions and codes for recurring themes. The script is built from those recurring themes. All of the lead subjects in the film are invited to see the edit before
completion, and we work through concerns that may arise.

The Guilty Except for Insanity Study Guide (2012) is written by Jan Haaken and Ross Mordini. Haaken is professor emeritus of psychology at Portland State University. Mordini is a psychology major at Portland State University.