

Dramatizing Madness

In Two Minds and 1960s counter-cultural politics

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ABSTRACT

This paper explores the TV drama *In Two Minds* (BBC1, 1967) which was broadcast as a part of the *Wednesday Play* series. I argue that the play is the product of a constellation of social, cultural and institutional forces that dramatizes the avant-garde theories of the controversial psychiatrist R. D. Laing; as such, it represents an example of the ways in which television drama, at times, operates as a transgressive culture. *In Two Minds* operates at two levels; it at once an exposition of Laingian theory as well as a dramatization of the politics of experience. Representations of mental illness are used to critique traditional psychiatric practices along with traditional family and social structures more widely. The play is a collaboration by Tony Garnett and Ken Loach, whose interest in innovative and social issue-based TV drama formed a part of wider debates within the industry about the development of a television aesthetic. Thus, the play marks the moment in which the politics of television opened up a new transgressive space of representation that coheres with the moment that traditional politics of mental health were also being challenged. Although the play does not pay attention to gender politics there are some issues which, with 21st century hindsight, appear somewhat problematic; these are also explored.

Dramatizing Madness: *In Two Minds* and 1960s counter-cultural politics

Despite decades of work by television scholars, TV, as a mass medium, is frequently denigrated for producing content of low cultural value and is not automatically positioned as culturally transgressive in the public consciousness. However, the history of television drama is rich with ex-

amples of innovative, edgy productions that seek to challenge the status quo and push boundaries of what is acceptable to 'show'. In doing so, television drama, at times, raises key questions about the social/political/cultural landscape of which we are a part. In particular, a number of British dramas have utilized mental illness as a metaphor through which to explore and critique normative institutional structures and processes. Examples include (but are not limited to) *Where the Buffalo Roam* (BBC 1, 1966) – an early play by the contentious playwright Dennis Potter about Willy Turner (Hywel Bennett), a mentally distressed teenager whose family upbringing and unsympathetic school teacher force him to retreat into a fantasy world that ultimately destroys him; *Talking to a Stranger* (BBC2, 1966) – a play that 'worries at' (Wheatley, 2005) a family dynamic that is explored in light of Mother's (Marjory Mason) suicide; and *She's Been Away* (BBC 1, 1989), which explores the suffocating effects of the patriarchal familial framework when Lillian (Peggy Ashcroft) is 'released' having been shut away in an asylum for 50 years because of her rebellious, unruly adolescence.

As these examples demonstrate, family relations and wider social constructs are interrogated through the vehicle of insanity, and thus mental illness (or mental instability) is positioned as a site of transgression. This is not just a characteristic of older TV drama: for example, in *Homeland* (Fox 21, 2011–), in the UK on Channel 4 in 2012, Carrie Mathison (Claire Danes) is the mentally unstable CIA officer who stands in for American political establishment and whose paranoia raises questions about the plausibility of American responses to perceptions of a terrorist threat. However, this paper focuses on the example of an earlier television drama, *In Two Minds* (BBC1 1967), as a case study through which to explore the ways in which representations of mental illness operate as allegories of specific social and cultural conditions. Written by David Mercer, produced by Tony Garnett and directed by Ken Loach, the play was broadcast as a part of *The Wednesday Play* series (1964–70). Based on the controversial ideas of psychiatrist R. D. Laing, *In Two Minds* is a representation of schizophrenia, its aetiology and its management in traditional institutional contexts. I will be looking at the ways in which the drama represents transgression not only through the articulation of Laing's ideas, but also in terms of a 'moment' in the history of television drama in Britain when the politics of aesthetics were being vigorously debated against the backdrop of widespread cultural shifts.¹ Thus, I argue that the play represents a convergence of forces making the drama emblematic of the challenges to established structures of power that were taking place in the 1960s more widely. I will also pay attention to the gender politics which, with 21st century hindsight, illuminate the limits of transgression in this instance.

The relation between wider Euro-American cultural politics and an increased interest in theories of madness during the 1960s has been noted by others. In a paper entitled ‘Madness is Civilization: Psycho Politics and Post-War America’, Michael E. Staub claims:

that in the 1960s the topic of madness (schizophrenia specifically) and the setting of the insane asylum provided extraordinarily useful foci for thinking through what was wrong with “normalcy” more generally: for challenging the institution of the nuclear family; ... for expressing disgust with the hypocrisy at the heart of conventional social relations; for theorizing how exactly socialization processes worked in a supposedly democratic and open (though manifestly also stratified and often violent) society; and ultimately as well, for expressing existential despair over the *difficulties* of both individual and social change ... Ultimately, the theorizing of madness produced a framework for understanding both human nature and social problems more generally. (Staub, 2008)

It is Staub’s contention that the subject of madness enabled theorists and activists in the 1960s to think through the complex interrelations between individual psychology and the wider social psychopathology. Arguably this is because, as Diana Rose posits, madness ‘often occupies [the] realm of non-knowledge’ (Rose, 1998: 216). The semiotic threat posed by the non-knowledge, uncertainty and instability of madness characterizes it as an unclassifiable experience lacking clarity and coherence. Therefore it is my contention that representations of mental illness in television drama are protean and well-suited to ‘working through’ (Ellis, 2000) or, perhaps more accurately, ‘worrying at’ contemporary social concerns at times of change and uncertainty. This dynamic is evident in the play *In Two Minds*.

The play is based on Laing and Aaron Esterson’s *Sanity, Madness and the Family* (1964) in which their controversial and avant-garde ideas concerning schizophrenia and its aetiology were rehearsed. It is also known that Laing acted as advisor to the production of *In Two Minds* while his colleague David Cooper facilitated Mercer’s access to hospital settings for location filming (Lacey, 2007: 71). But it is the correspondences contained in the production files held at the BBC Written Archive Centre (WAC) that reveal the level of enthusiasm and excitement for the project and the degree to which Mercer esteemed Laing’s work and was, in return, held in high regard by Laing. As such, the play, the production process, and institutional responses can be seen to be representative of the institutional transformations and politics marking the development of television drama along with the wider socio-cultural shifts particular to that moment in time. The following section, offered to underline my argument, outlines the shifts taking place within the television industry during the 1960s that were both the product of, and contributed to, the wider cultural landscape.

Television drama and the socio-cultural context

In Two Minds continues the Garnett/Loach collaboration that was responsible for two earlier groundbreaking dramas within the *Wednesday Play* – *Up the Junction* (BBC1 1965) and *Cathy Come Home* (BBC1 1966). These plays established the series as radical (in terms of both the form and content) in their presentation of social issue-based television drama. The history of the *Wednesday Play* in general, and these two plays in particular, is well documented (see Bignell et al., 2000; Cooke, 2003; Kavanagh-Macmurragh, 1997a,b) so won't be rehearsed here. However, I offer a brief outline of the debates concerning television drama in general, and the *Wednesday Play* in particular, in order to sketch the institutional and social context in which *In Two Minds* was made.

As Lez Cooke says, the 1960s was a decade of optimism, experimentation and innovation in TV drama (Cooke, 2003: 90). Although debate about, and experimentation with, the form of television drama had been taking place since the late 1950s and very early 1960s, it is Troy Kennedy Martin's much-cited article 'Nats Go Home' (1964) that is credited as marking a seminal moment in the history of British television drama. In his article, Kennedy Martin called for a New Drama which would eschew television naturalism calling for a 'working philosophy which contains a new idea of form, new punctuation and new style. Something that can be applied to mass audience viewing' (Kennedy Martin, 1964: 21). *In Two Minds* is evidence of the response to this debate exemplifying how transgression of both form and content opened up the potential of the medium to tell social-issue based stories. Lighter and more mobile cameras enabled the move from the studio to location filming; here we can see that the use of real streets, real houses and real hospital settings in *In Two Minds* lends the drama a sense of authenticity within which to raise questions of social importance and urgency. Shot entirely on location, the play juxtaposes scenes shot in public spaces with tight close ups of people in rooms talking and responding. The effect of this, I argue, provides a disjunction between the naturalist representation of *how* things are and the critical realist intervention asking *why* things are.

This disjunction was exploited in much of the New Drama Kennedy Martin called for, and many of the productions experimenting with this use of the medium were broadcast as a part of *The Wednesday Play* series, which, by 1966, had achieved a well-developed reputation for broadcasting contentious material. According to John R. Cook, 'controversy' became a watchword for *The Wednesday Play* as it frequently presented material that challenged contemporary mores, aiming to show life 'at the cutting edge of social change in contemporary Britain' (Cook, 1998: 6). In fact, criticism of BBC drama predated *The Wednesday Play* by some

five years when 'the BBC was already besieged by protesters certain that the Corporation was hell-bent on systematically undermining the morals and values of mainstream society through its drama output' (Macmurragh-Kavanagh, 1997a: 368).

Given the medium's capacity to reflect its social-cultural context it is unsurprising that the turbulence and controversy over television content and its (presumed) impact on society was taking place during a period of seismic cultural changes. As we know, the 1960s was a decade characterized by transformation; new popular music and film, new fashions, and increasing affluence were expressive of exuberance and a counter-cultural optimism and challenge. But it was also a time of anxiety and conflict as postwar Britain was dealing with the end of imperialism, and the new consumer society offering availability of consumer goods and increasing leisure time was altering distinctions between class boundaries, producing worries about changing ways of life. And of course, the 1960s was a transformative decade for women. Although the women's liberation movement was yet to take hold, the availability of the contraceptive pill in 1961 initiated the long-running debate concerning women's right to sexual freedom separated from marriage and motherhood. Betty Freidan's *The Feminine Mystique* (1963), which critiqued traditional roles of women in the United States, became highly influential in feminist politics. So while the feminist movements in Britain in mid-1960s were embryonic, shifts in women's social positioning were beginning to open up questions concerning long-held practices of subjugation and established notions of morality. As such, the 1960s represented years of transgression, optimism and progression as well as anxiety and loss, and it was in this context that television drama became the 'battle ground' (Macmurragh-Kavanagh, 1997a: 368) for the social-political context in which the established order was questioned. While the decade saw the rise of the counter-cultural movements that helped create a 'positive, post-imperial culture ... provoking profound social and political realignments and transformations' (Davies and Sinfield, 2000: 3), much of its television drama was characterized by the theme of the outcast hounded as a result of 'others' prejudice and the persecution of those who did not fit (Cook, 1998). And, of course, some of those who did not 'fit' would be those labelled insane which is where the figure of Laing plays an important role. While the socio-cultural context and shifts within the television industry themselves are vital to an understanding of *In Two Minds*, Laing's ideas and persona also contribute to the transgressive culture of the 1960s, and as such is an important factor in my argument; what follows is an outline of some critical responses to him.

R. D. Laing

R. D. Laing's cultural authority and influence in the 1960s cannot be overstated. A psychiatrist with charismatic qualities, Laing's thinking was very influential in Western Europe and in America, and not just within the sphere of mental health. According to Benjamin Nelson he was talked about because:

he holds out the promise of helping us build new Paradises out of old infernos ... He strikes a responsive echo among the "rolling stones" who have had their fill of the void. Culture ... abhors a vacuum. It is the very nothingness of our day that Laing makes into a cosmos ... [Laing realizes that] our available ways of understanding our existence, our pasts and futures are askew. (Nelson, 1972: 224-5)

This rather poetic description nicely sums up the degree to which Laing was both a contributor to and emblematic of the 1960s zeitgeist, articulated by radical intellectuals and artists, symbolized by the drug culture and revival of Eastern religion, and where women were beginning to challenge patriarchal paradigms and structures. Nelson's nihilistic description of a cultural void is counterpoised with the alternative vision articulated by Laing which transcends psychiatry. Furthermore, we can see that Laing conforms to Max Weber's formulation of the charismatic personality. Weber perceives the charismatic as an individual who possesses 'specifically exceptional powers and qualities' not accessible to 'ordinary' people (Weber, 2006: 61). More precisely, the charismatic individual demands new obligations, is the antithesis of rational and bureaucratic authority, and repudiates the past – representing a revolutionary force. 'Charisma ... may involve a subjective or internal reorientation born out of suffering, conflicts, or enthusiasm. It may then result in a radical alteration of the central system of attitudes and directions of action with a completely new orientation ... towards the different problems and structures of the "world"' (Weber, 2006: 64).

The repudiations offered by Laing and the charisma of his persona combine to create an explosive force within the context of a culture in turbulence and transition, the 'old infernos' described by Nelson. For a limited period of time, Laing's charismatic qualities gave force to his transgressive theories and practices. His theories of mental illness worked to humanize the 'mental' patient, positioning him/her as a product of conventional social and familial processes, while his sustained criticism of traditional institutional practices positioned him as the *bête noire* of the psychiatric profession. This anti-establishment stance is what gave his work considerable political force as he encouraged all to explore and undo the knots that bind us. According to Nelson, Laing, along with other contemporary spokesmen – 'Ginsberg, Marcuse, Leary' – was

‘witness to deep fissures in our received structures of conscience and consciousness. [These spokesmen] are symbols of a Great Awakening ... Evidently, so far as the “West” and “East” are concerned, we are at a time of new conflicts and new fusions’ (Nelson, 1972: 221).

Nonetheless, Laing was not without his critics, and his meteoric rise to fame was relatively short-lived. By the early 1970s his theories were being called into question, and even Nelson argues that while Laing draws attention to the politics of contemporary experience he also evades crucial questions concerning problematical aspects of human existence, and neither does he offer a way forward (Nelson, 1972: 225–6). And as Elaine Showalter points out, although Laing focuses on women exposing damage imposed by conflicting messages and oppression, this is never developed so that there is an appearance of gender blindness (Showalter, 1985). This, as I will argue, is evident in *In Two Minds*. While critiques of institutional power, social processes and family dynamics offer significant paradigm shifts in thinking about the construction of insanity, the elision of gender and class in the TV drama reproduces the patriarchal framework against which the proto-feminist movement was beginning to strain. In addition, Laing’s critique of psychosurgery, electroconvulsive therapy (ECT) and psychotropic medication does not produce an equivalent restructuring of society.²

The rise and fall of Laing’s revolutionary ideas were both a part of and produced by the times in which they were developed, and although by the early 1970s Laing’s ideas were being written off as naïve, and his standing was in freefall, he was nonetheless a part of the fabric of 1960s culture. So, when production for *In Two Minds* began in spring 1966, Laing’s standing was at its zenith. As stated above, David Mercer’s play was to be based on Laing and Esterson’s *Sanity, Madness and the Family* which Mercer had read reflecting his own interest in ‘madness and politics’ (Mustafa, 1981: 82). Concerned with family dynamics, *Sanity, Madness and the Family* asserts that schizophrenia is ‘an assumption, a theory, a hypothesis, but not a *fact*’ (Laing and Esterson, 1990: 11; emphasis in original). The aetiology of schizophrenia is a contentious issue in psychiatry, broadly occupying two camps: biological versus social. This is not just an academic question, but one that determines approaches to, and treatment of, the individual concerned. There is undoubtedly a familial thread but the question resides in the tension between understandings of the illness as biologically determined or as learnt behaviour. Even the question of what constitutes schizophrenia is complex. The notion of it as a ‘split personality’ in the popular imagination is erroneous; rather, the illness takes form through the presence of a constellation of symptoms (sensory hallucinations, delusional ideas, social withdrawal...), any number of which may, or may not, be evident during an episode. Laing and Esterson

argue that the individual diagnosed as schizophrenic is merely responding to a set of conflicting pressures and complex social dynamics that can be understood if the family is explored. Thus, the behaviours and thought processes pertaining to schizophrenia may be seen as a 'sane' response to an insane (impossible) situation.

In *Sanity, Madness and the Family*, Laing and Esterson present their argument through a series of interviews undertaken over three years with eleven women and their family members. All women had been diagnosed as "schizophrenic" by at least two senior psychiatrists' (Laing and Esterson, 1990: 15). What is fascinating is the absence of any explanation for the focus on women patients, and it is unclear if Laing and Esterson were even aware of the gender bias. This startling omission aside, their starting position was to ask: 'are the experience and behaviour that psychiatrists take as symptoms and signs of schizophrenia more socially intelligible than has come to be supposed?' (Laing and Esterson, 1990: 13).

The challenge to dominate perspectives on insanity made by Laing and Esterson is premised on their argument that their work offers a view very different from that seen by the usual clinical vantage 'or disadvantage' point (Laing and Esterson, 1990: 13). By taking seriously, or validating, the experiences of the diagnosed person they and their 'illness' may be intelligible. In other words, they sought to demystify and de-pathologize those diagnosed as schizophrenic, resituating the 'illness' as a manifestation of social processes and familial dynamics. According to Laing, schizophrenia is a 'political event' that imposes definitions and consequences on the labelled person:

'It is a social prescription that rationalizes a set of social actions ... [inaugurating the labelled person] ... not only into a role, but into a career of patient by ... a coalition ("conspiracy") of family, GP, mental health officers, psychiatrists, nurses, psychiatric social workers, and often fellow patients' (cited in Mustafa, 1981: 103-4).

The political nature of this position cannot be overstated and coheres with another thinker engaged with a similar project. The argument that the label 'schizophrenic' produces a subject by socially sanctioned authorities who then monitor and control that subject has clear resonances with Foucault's notion of disciplinary power so it is, therefore, unsurprising that Laing was impressed by Foucault's *Madness and Civilization* (1965). *Madness and Civilization* traces the shifting perceptions of and attitudes towards insanity and treatment of madness from the Middle Ages through to the 19th century and the development of the asylum. As an 'instrument of segregation' (Foucault, 1965: 243), the asylum cast the mad as moral degenerate, the Other to his keeper, and locked patients into a non-reciprocal relationship modelled on the family structure in which they were the child. Thus, from the 19th century, madness is de-

fined, contained and restrained within systems that revive the prestige of patriarchy (Foucault, 1965: 252) in which the insane are subject to the rule of the Father and all of his moral and religious imperatives. From this time, and in the patient's eyes, the doctor becomes a magician whose authority has 'been borrowed from order, morality and the family' (Foucault, 1965: 275). According to Foucault, the doctor becomes the possessor of secret knowledge that unravels insanity.

Laing and Esterson are clearly in sympathy with Foucault's formulations but there is a paradox here in that they too present themselves as the authority possessed of the secret to unlocking the mysteries of insanity. Their method of detailed exploration (observation) of family processes and (unexplained) focus on women patients simultaneously reproduces the patriarchal paradigm while they also demystify madness rendering it ordinary, banal even, and the product of repressive social relations. These criticisms notwithstanding, it is clear that *In Two Minds* seeks to understand human behaviour revealing some of the social problems and tensions produced at this moment of social change.

The play

Filmed entirely on location with a hand-held camera and using interviews as a narrative technique, *In Two Minds* has formal qualities that are representative of the New Drama called for by Kennedy Martin (discussed above). It is also both an exposition of Laingian theory and a dramatization of the politics of social experience so that the politics of television aesthetics converge with socio-political interests of the wider cultural milieu. Central to the play was Mercer's desire to create a 'serious and uncompromising programme' that would make a 'social comment and impact' on the thinking about mental disorder. Conceived as a drama documentary, 'not an orthodox drama', Garnett states that he wanted to ensure 'medical accuracy'. Driven by the impulse to make a drama about people 'who suffer the diagnosis of schizophrenia', Garnett wanted 'David's imagination and dramatic ability to be firmly anchored in documentary accuracy'.³ Laing's involvement from the beginning is key to the *kind* of clinical verisimilitude that was being sought.⁴ An 'early warning synopsis' states the play is 'a detective story and we are left guessing as to the identity of the villain'.⁵ Actually, we are left in little doubt as to the identity of the villain(s): punitive and damaging family dynamics, socially sanctioned authorities and institutions combine to create toxic experiences for those whose experience represents a dissonance with normative values.

A documentary aesthetic is achieved through the lack of extra-diegetic sound, the series of interviews with the central protagonist Kate Win-

ter (Anna Cropper) and with her family, and the casual conversations that seem to be accidentally overheard. The succession of tight close ups of faces talking and faces responding are interwoven from interviews that build a picture of Kate and her family relations. The play opens with Kate in tight close-up speaking as the title credits roll. 'Well, she, ... she, she objects to everything I do. She dislikes my friends, she thinks I drink, she criticizes me all the time. She doesn't want me to be myself.' (ellipses in original) Kate is speaking to a doctor/interviewer (Brian Phelan) who remains unseen throughout the play. As the sound of Kate's voice fades, that of the interviewer is heard introducing himself, saying:

For some time I have been studying the families of schizophrenic patients. What you will see are extracts from interviews with the family of one of these patients, Kate Winter. When Kate re-entered hospital my research into her case, as necessity, had to cease'.

Thus, from the outset distance between the interviewer and conventional processes is established. As the interviewer speaks Kate's face remains in close up filling the screen as she begins to scream. We then cut to a mid-shot of her father (George A. Cooper) whose composure contrasts starkly with Kate's distress as he tells the interviewer that 'she's sick isn't she. You've only just got to look at her' ... She's killing her mother ... We've done all we can'. The camera angles produce an intensity that is otherwise difficult to articulate. For example, Mrs Winter's (Helen Booth) persona takes on a real menace as the mid-close up of her face cuts to a tight close up as she describes her daughter as a whore for having a boyfriend and a social life. The tone and force that this camera movement supplies communicates the claustrophobia of Kate's existence from which she is unable to escape. Fluctuating between maternal concern for her daughter's wellbeing and damning judgement of her behaviour, Mrs Winter places Kate in an impossible double bind that produces the inner conflict that entraps her. Occasionally, dialogue from the interviews is laid over scenes of Kate alone drinking coffee in a café or browsing in a clothes shop, the effect of which is to accentuate Kate's sense of aloneness, of separation, while others talk about her. Speaking to the interviewer, Kate struggles to describe the sort of person that she wants to be. Interviewer: 'You mean you want to be what *they* want you to be.' Kate: 'I suppose that's what I mean. Maybe.' Continually slipping between asserting a self that only wants to enjoy normal things – going to the pub, being with friends, dancing – and declarations of self-loathing – 'I'm wicked' – it becomes evident that Kate's instability and fractured sense of self is the result of complex and contradictory demands imposed by her parents (or more precisely, her mother) that refuse Kate's own feelings and experience of the world.

It emerges that the initial 'psychotic' crisis was triggered by an abortion that Kate apparently did not want but which her mother insisted on: Mrs Winter says that Kate said she wanted the baby, but that she (mother) knew what she 'really meant'. Subjected to persistent parental distain and control, Kate's frustration culminated in an incident in which she threw a knife at her mother; this, along with accusations that her mother 'killed my baby', are read as delusional by the medical profession thus beginning Kate's 'career' as mad. Interestingly, we do not see the knife-throwing incident ourselves but comprehension of it is developed through the testimonies of others which are set alongside interviews with Kate as the event is rehearsed from different perspectives. This reproduces the familiar discourse of mad-as-violent (see n. 2), but as we are positioned to 'read' Kate as sane and non-violent, so that the proposition that mad = violent is undermined.

The narrative involving abortion, family rows, knife throwing and hospitalization is revealed through the sequential layering of interviews constructing an insight into a complex family dynamic through which we see how an individual is damaged by conflicting messages of love and vilification. Thus, when we see a scene in which Kate is talking to her boyfriend Jake (Peter Ellis) about leaving home we understand her dilemma. Unable to make the move, Kate says 'I just feel there isn't a me to choose for. It's easier to do what she [mother] wants. That's all.' The evacuation of a sense of self, of inner coherence, is the direct product of family circumstance that exists in tension with social expectations and personal desires for independence and individuality.

As stated earlier, the mid-1960s mark a time of change when many women were challenging the conventions that tied them to the home and familial duty, demanding legal and sexual equality along with equal work and educational opportunities; this moment is bypassing Kate. However, brief involvement with friends who are actors and writers, and whom she admires hugely, point her to other possibilities resonant with the zeitgeist in which artists (including television producers, directors and playwrights) act as spokespeople offering new socio-cultural configurations of ways of being. During an interview with Kate, this time in the garden of the family home, we see that new horizons and exploration are denied her. As the interviewer asks 'what is your world?' we are shown a close-up of Kate from behind as she gazes through the bars of the trellis fence that separates her from the outside world. She can see it but cannot be a part of it. Movement from the particular (Kate) to the general (social) is marked at points such as this and is particularly evident through the questioning that concerns morality:

Interviewer to Kate (who predominantly describes herself as immoral):
How would you describe a moral person?

Kate: Someone who lives by certain standards

Interviewer: Yes, but *whose* standards?

Kate: Well, we're all brought up by it. [the church, parents.] You can't set yourself up against it.

Interviewer: Why not?

Kate: You suffer for it.

'Suffering' in this context means being positioned as moral degenerate for which hospital treatment is required. The disjunction between conceptualizing schizophrenia as socially intelligible and traditional psychiatric practice is clearly signalled when we are reminded by the interviewer that he has to suspend his research with Kate while she is hospitalized. While the hospital scenes were shot on location, the spaces used were augmented by props which are indicative of the creation of the desired atmosphere. For instance, props for the medical consulting room included '6 old cushions, drab dark colours' and '1 pen and ink stand – not modern'.⁶ The drab coloured cushions and the old fashioned writing equipment create the impression of a dreary, stuffy space in which modern thinking has not penetrated whilst those listed for the Sister's office – 'Medical instrument cabinet, pill bottles, files and papers, medicine bottles, clip board' – operate as signifiers of control. These instruments of order and observation augment the process of infantilization that psychiatric patients are subject to. So although verisimilitude is gained through the location filming, it is given an additional and particular flavour that enhances Mercer/Laing's proposition on mental illness.

In electing inpatient status, Kate succumbs to the asylum and all of its authority which is (to repeat Foucault) 'borrowed from order, morality and the family' (Foucault, 1965: 275). Parental accusations that her desire to have relationships, some sexual, makes Kate 'a loose girl' and a 'filthy little whore' evokes 19th century approaches to wayward femininity. Then, girls and women would be labelled mentally ill when they transgressed normative modes of femininity (sexually active, argumentative etc); prescriptions of hospitalization and moral management were the curatives regulating behaviour and facilitating reform. Constructed as brutal, Kate's 20th century treatment returns us to archaic forms of moral management delivered through repeated assertions from medical and nursing staff that she wants to 'get well', to get married, to have a family. Meanwhile the psychotropic medication and ECT reduce Kate to a passive, compliant subject. Footage of a woman undergoing ECT is shown whilst spoken narrative is supplied explaining the mechanics and functions of the treatment. The impassive commentary accompanies the images of ECT (which looks violent) so that when we see a stupefied Kate at the end of the play, we are in little doubt as to the cause of her passivity. The clear and repeated aim is to re-educate Kate into normative

ways of being (a woman), to reintegrate her into a system that produced her 'illness' in the first place. Thus, Kate becomes a signifier of entrapment within normative and corrective social processes that refuse dissent in any form and which is sanctioned by the authority to whom she is the Other; this is not a reciprocal process.

Interestingly, Kate's sister Mary (Christine Hargreaves) is both the voice of reason and exemplifies the price for refusing parental control and pathological dynamic. In a fantastically well-staged scene in which Mary is interviewed along with Kate and Mr and Mrs Winter, a row erupts as Mary repeats her request that Kate leave the home, to come and live with her. Mary refuses to accept that Kate is ill but repositions her as 'weak'. Mary is the one that got away, the price for which is estrangement from the family. Although she appears more liberated, her 'got away' state is nevertheless represented by marriage and children. Thus, Mary's portrayal of Reason is limited while the unseen interviewer is Reason without boundaries. More, the absent presence of the interviewer haunts the play endowing him with enormous power. His authority gives ideological form to the overarching critique of institutional care and processes. As such, the positioning of women reproduced in *In Two Minds* is complex and to some extent explores contemporaneous social attitudes and experiences. For example, the tension between new sexual freedom and liberation from traditional gender roles and old, established values become the foci of disparagement from Kate's parents. In one interview, Mr and Mrs Winter discuss Kate's sexual relations (evidenced by her pregnancy) and social life saying that while she is a 'grown woman' they expect consideration and to be told what is going on. Yet when she does tell her parents what 'is going on', they punish her through vilification – 'you're a filthy little whore' – that goes to the centre of her being. It's not surprising that Kate 'opts' for insanity as a means of escape. This represents an extreme response to the independence fought for by the nascent women's movement but does also underline the tensions produced by it.

Although we may have to strain to see it, and even with the time-worn trope of the younger woman as 'tragic victim', we could, just about, read *In Two Minds* as a feminist critique. However, this is more problematic when we look at the figure of the older woman, and although this specific issue merits a study of its own, it is worth pointing out here that portrayal of the 'schizogenic mother'⁷ re-presents familiar paradigms of ageing females as hags, harridans, witches etc. Interestingly, Madeleine Macmurragh-Kavanagh argues that productions across *The Wednesday Play* represented women in narrow, 'systematically negative' (Macmurragh-Kavanagh, 2000: 152) ways, and identifies three categories of femaleness that repeatedly emerge: woman as victim; woman as victimizer; woman as object of contempt (Macmurragh-Kavanagh, 2000:152–3). Certainly,

In Two Minds reproduces all three of the categories of femaleness established by Macmurragh-Kavanagh and offers no available alternative. Further, Stephen Harper has shown that ‘women-as-tragic-victims’ of mental illness is a representation that persists in contemporary media ‘despite the ostensible rise of anti-stigma discourse’ (Harper, 2009: 15). This longstanding depiction is clearly not attributable to Laing, but as Showalter points out, although he aimed to understand the mad by understanding their ‘existential context’ (Showalter, 1985: 227), his interpretation of female schizophrenia as the result of oppression and repression determines ‘Laing’s women, the women of “anti-psychiatry”, ... as latter day Ophelias and Cassandras’, perpetually re-positioning them within a model of containment (Showalter, 1985: 243). Thus, it may be of little surprise that while *In Two Minds* examines the individual psyche, and, by extension, wider cultural formations and institutional practices, the position of women in the mid 20th century remains largely unexplored and unquestioned; Kate Winters is one of Laing’s women. *In Two Minds* represents transgression of some over-determining cultural narratives, but not of androcentric discourses.

The play concludes in the hospital lecture theatre where a dazed-looking Kate is presented to a class of medical students. Questions from the class to the lecturing psychiatrist become increasingly challenging: ‘What, in fact, do you know about this family aside from the one or two interviews with the mother?’; ‘You seem to be avoiding any environmental factors ... saying the disease is almost something by itself. Surely we need to take into account her *whole* background’. Of course, these are questions that the unseen interviewer has been asking all the way through. The play closes leaving the questions unanswered but with the implication that the newer generation of medical practitioners may take such considerations into account thus destabilizing traditional structures of power within the medical profession.

The reception

Given the contentious subject matter and innovative form it is unsurprising that *In Two Minds* generated some virulent responses. Anthony Burgess was concerned that, in raising anxiety for Kate’s situation, the absence of a solution made the play ‘worse than pornography, for pornography offers, if not discharge in itself, at least a signpost pointing to discharge...’ (cited in Mustafa, 1981: 104). And aesthetically, the form is ‘a dangerous hybrid’ that was ‘not a play at all’ (cited in Mustafa, 1981: 104). Further responses detailed by Khalid El Mubarak Mustafa include references to the ‘lively correspondence in *The Times* about the play’ (Mustafa, 1981: 104–5) and a letter from the Head of the Department of

Psychological Medicine, St Thomas' Hospital who stated that 'the patient portrayed was unrecognizable as a typical schizophrenic. Furthermore, the treatment given in the particular mental hospital shown in the play does not happen these days except in a very limited number of hospitals.' (cited in Mostafa, 1981: 105). There is some evidence to suggest that the treatments and approaches dramatized in *In Two Minds* provoked some embarrassment from the psychiatric profession. Certainly, correspondence between the production team and a medical officer at Middlesex Hospital (where the lecture theatre scene was filmed) indicates a nervousness about being associated with the play as it was agreed that the lecture theatre could be used but on the proviso that Middlesex's name was not associated with the production in case it clashed with their ideas and approaches to psychiatry.⁸ Another psychiatrist wrote to Garnett to say how 'appalled' he was at the inaccurate portrayal of psychiatric professionals. The letter was passed to Mercer whose angry response included the claim that the play was 'utterly truthful to the kind of situation it depicted', that the public was entitled to know about the 'profound controversy' around 'madness and insanity' and that the profession is 'bogged down in a conceptual muddle'.⁹

Not all psychiatrists were horrified however. A few days following broadcast, John Romano, Chairman of the Department of Psychiatry, University of Rochester in New York, requested a copy to be screened at an international conference at the university entitled *The Origins of Schizophrenia*. His letter states that 'the comments we have heard concerning [the play] have piqued our interest in it considerably'.¹⁰ That *In Two Minds* divided opinion amongst professionals is not surprising. The questions surrounding schizophrenia and its treatment were, as we have seen, highly contentious, representing more than debate; professional pride, reputation and status are at issue, and a production based on Laming's theories and claiming clinical verisimilitude was bound to set the cat among the proverbial pigeons.

Perhaps more interesting is the lay viewer response. Gender issues aside, the socio-political message was not lost on the audience who, in the main, appreciated the play and understood its wider implications. The BBC's Audience Research Report for *In Two Minds* states that the play attracted 9 million viewers – 18.1% of the population, in comparison to BBC2 (2.1%) and ITV (14.9%) – and feedback from viewer groups reported high levels of appreciation of the play's social importance, describing it variously as moving, authentic, bringing attention to difficult issues. Some responses express a deep appreciation of the play and an understanding that the politics transcended the medical context.¹¹ The Audience Report illustrates a popular understanding of the ways in which television broadcasts are both a product and articulation of the

wider socio-political context presenting a means of thinking about the relationship between self and society.

Conclusion

My conclusion returns to Staub's contention that in the 1960s, 'the setting of the insane asylum provided extraordinarily useful foci for thinking through what was wrong with "normalcy" more generally: for challenging the institution of the nuclear family' (Staub, 2008). *In Two Minds* explicitly transgresses medical and televisual norms offering a complex conceptual framework for audiences to think through (or worry at) the cultural nexus of relationships between the family institution, traditional psychiatric practice and social damage. However, evidence of 20th century women's resistance to established gender paradigms is only visible through its absence. Of course, it is only in hindsight that we can explore historically contingent representations, but if Laing did hold the 'promise of helping us build new paradises' (Nelson, 1972: 224), we have to ask: what *kind* of paradise? The debates and processes embedded within the production of this TV drama add another layer of historical complexity to the play where we see both challenges to, and maintenance of, the status quo are held in tension. Finally, the audience response illuminates a fascinating split between lay appreciation and professional ire, indicating that the critique of institutional power and relationships was understood, and the gap between them is precisely the location of this debate. As such, this small case study is an example of how transgressive television drama was (is) able to intervene in our understanding of concepts that order experience. A study such as this extends our understanding of representations beyond that of anti stigma (see n. 2) allowing us to look more closely at the social conditions that give rise to mental illness and/or determine the uses to which depictions of mental illness are put to in the first place.

Notes

- 1 Academic interest in media representations of mental illness has gained ascendancy in Britain and in America over the past 20 years and forms, in large part, the anti-stigma discourses. The significance of this time period in the UK lays the Care in the Community Act (1990) which moved the provision of care of the mentally ill from large psychiatric hospitals to the community, and which, in light of some high profile incidents, is seen to be failing. There are two main threads that characterize the work that has been (and is being) done since the early 1990s. Firstly, there is a vigorous analysis of the media, especially the tabloid press, in terms of (a) the accuracy (or other-

wise) of clinically determined pathological symptoms and (b) the erroneous and highly disproportionate of linkage of mental illness with violence (see for example, Philo, McLaughlin and Henderson (1993, 1996); Diefenbach, (1997); Rose (1998) Paterson and Stark (2001)). The generalized conclusion is that there are a range of stereotypes (most frequently violent) deployed across the media along with representations of mental ill-health sufferers as having a poor quality of life. (Signorelli, 1989; Diefanbach, 1997) This body of work forms a part of an active anti-stigma campaign both in the UK and the USA.

- A second, and more recent, inflection on the study of mental illness and the media seeks to contest the paradigm outlined above. Looking at a range of media form and content, Stephen Harper (2005, 2009) and Simon Cross (2004, 2010) challenge the established method and critique which they see as over simplistic. Harper for instance argues that current approaches are ‘over reliant on an individualistic definition of violence and on notions of representational “accuracy” and verisimilitude’ (2005: 460) Cross further argues that anti-stigma research ignores ‘narratological, formal and generic constraints and determinations of the texts’ (2010: 39) while differences in medium and genre have often been ignored. (2004: 202) Both Harper and Cross call for a more nuanced account of the imagery and media discourses of mental illness that considers the political/social functions, networks of power, that are inscribed in such representations.
- 2 Although by the early 1970s Laing was losing his lustre, his ideas continued to have some potency. This may account for the screening in 1975 of the film version of the stage adaptation of his book *Knots* (1970). *Knots* the film (David Munro, 1975) was first shown at the Cannes film festival and later broadcast on BBC2 (Tx. 2/8/75) as part of the *2nd House, 2nd Run* series.
 - 3 WAC, file no: T5/1522/1
 - 4 That Laing had good relationships with the families involved is suggested through a letter from him to one of the families documented in his book. In it, Laing offers details of the project highlighting the impeccable credentials of the television professionals involved, and asks if they would be interested in talking to Mercer. Because the files contain no further trace of their involvement, it is unclear if the family responded or participated. In many ways, it is immaterial whether the family participated or not; what is significant is the degree to which Laing was engaged with the process and politics of *In Two Minds* and the social comment it represents.
 - 5 WAC, file no: T5/1522/1
 - 6 WAC, file no: T5/1522/1
 - 7 The term ‘schizogenic mother’ was used to describe a particular pattern of parenting, specifically mothering, that produces schizophrenia in their offspring. This mother is described as being narcissistic, restrictive, domineering, hostile and immature, and married to passive, unassertive men. The schizogenic mother fosters feelings of doubt in their child leading them to mistrust their experiences and emotions. However, this theory has been

highly contested as having little supporting evidence, and calls up ethical questions concerning the proportioning of blame on the mother.

8 WAC, file no: T5/1522/2

9 WAC, file no: T5/1522/1

10 WAC, file no: T5/1522/1

11 WAC, file no: T5/1522/1

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