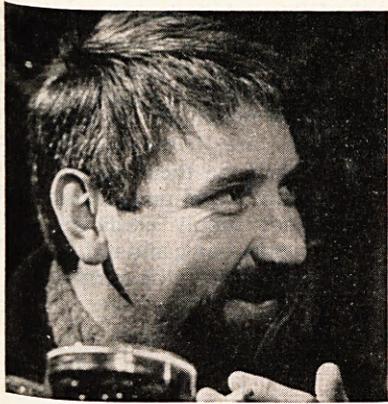


# In two minds



David Mercer answers the critics of his television play 'In Two Minds' in which the central character was a young girl diagnosed as schizophrenic. Mr. Mercer is a supporter of Dr. Ronald Laing's controversial contention that 'the experience and behaviour that gets labelled schizophrenic is a special strategy that a person invents in order to live in an unlivable situation'.

David Mercer

Criminals have their activities described as 'a career of crime', and Dr. R. D. Laing has spoken of 'madness as a career'. Large industries have been created around both careers: police, prisons, mental hospitals, psychiatrists, welfare and so on. The productive aim of these industries is rehabilitated persons—i.e. people in whom the tendency to mad or criminal behaviour has been eliminated. The criterion of achievement is that these people have ceased to be what they were, which really means they have become what somebody else wanted them to be. Given certain necessary conditions, anyone who steals what he wants, kills or maims those who stand in the way, rapes little girls, thinks he is persecuted—any such person will soon qualify for being the object of someone's ambition for him to stop it and change.

Where someone's behaviour is not unequivocally determined by physical damage or malfunctioning, we seem to be less concerned with understanding his experience than restoring him to 'normality'. We are also humane—insane people suffer, they are often grossly incapacitated, and we think it self-evident that it would be better if they didn't suffer. From there, by a series of logical steps, we are committed to salvaging aberrated individuals from their loneliness and terror, their withdrawal, their 'false' ideas about the world and so on.

## The wrong track

The 'ill' person is seen as someone in whom there is an on-going process which results in behaviour and experiences setting him apart from the rest of us. He may be dangerous, or little worse than inconvenient, but in any case he is not like the rest of us and needs treatment. If the 'treatment' is successful, he will rejoin the rest of us in our normal world. If it fails there is the possibility of prolonged hospitalisation. Enlightened modern methods of treatment are being extended everywhere, yet there is a case for thinking that the entire situation is a false one and that we are hopelessly on the wrong track.

It is an empty platitude that our notions of normality and abnormality, of illness and health, are somewhat

arbitrary. Yet beyond the platitude there lies the reality of social values and assumptions, what one might call the prevailing ethic of a culture. If I walk into the street and spray a man with burning napalm, I shall be charged with murder. If I do it somewhere else, and in the name of war, my action is not merely permissible but evidence of my courage, my patriotism, and my dedication to some idea of freedom—or

Anna Cropper as Kate, the central character in the television play. Photos: B.B.C.



whatever value is named as the one I am fighting for. This duality pervades our lives. Its acceptance is subtly underwritten by most institutions and authorities, and in my opinion psychiatry in general is not confined to the understanding and practising of a science—it is insidiously entangled with the rationale of our society. In the case of mental illness, to make a diagnosis is very often to make a judgement also. The patient is not seen so much as a human being functioning in relation to a particular world, but as a kind of isolated instance of a process within himself which leads to his rejection of society or his rejection by it.

### Sense of identity

The television play 'In Two Minds' (B.B.C. 1, March 1st) was an attempt to show a young woman so mystified and invalidated by those around her, that her fragile sense of her identity collapsed. She displayed 'symptoms', was referred to hospital, and eventually reduced to something of the status of an object. The play was in no sense an attack on the conduct or humanity of those who had to deal with her, but a questioning of their assumptions about madness and sanity.

Once diagnosed as, say, schizophrenic, a person's entire relationship with the world is subtly altered. Everyone wants them to get 'well'—everyone is kind and well-intended, but a drastic labelling of this human being has taken place. It is no longer a question of whether and how valid their experience is for them, but one of 'curing'. The concept of cure includes their recovering of healthy functioning in the world as it is generally perceived. The idea that a person in such a state might be embarked on a course of *self-experiencing* and ultimately self-discovery is widely disregarded.

The idea that madness might be meaningful, as opposed to a breakdown of some ideal of sanity, is rejected by many psychiatrists, as being more the province of philosophy than psychiatry. If that is so, then one can only demand that psychiatrists concern themselves with philosophy a little more. But a mental patient is not merely an object in an observed field, and mental illness cannot be understood in terms which make sense in the discipline of natural science. There is a continuum of meaning from the society in which he is going 'mad'. We should not separate these questions, but connect them.

### Going mad for us

In the Late Night Line-Up on B.B.C. 2 after 'In Two Minds', I asked Dr. William Sargant if he would consider a man to be sane who was flying an atom bomber to destroy a city. He replied that his concern is with ill and suffering people, and people who fly atom bombers are the province of the politicians. I would say that the pilot, and everyone else involved in the terrible grinding course of our civilisation towards destruction . . . has been dehumanised. And a dehumanised person is not sane in any acceptable

sense of the word. People we call mad very often have access to more of themselves than the majority of us who pass for sane. In a way, they are going mad for us—and their very destruction seems to be necessary in order for us to preserve our conviction that we are healthy, and in order to avoid a confrontation with the truth of what we are. It may be that we should learn to go with them on their way *through* madness, and take care of them and understand what is happening to them—not simply eradicate their state of mind as if it were some tragic and unfortunate abdication of what we understand to be normal.

*The burst of controversy which arose after Mr. Mercer's play was shown is traced on page 30.*

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