

*Family Life* is a 1971 film, written by David Mercer, directed by Ken Loach, and produced by Tony Garnett, that follows the narrative of a young woman, Janice Baidon, who is diagnosed with schizophrenia. Mercer, Loach and Garnett, in collaboration with anti-psychiatrist Ronald David (R. D.) Laing, highlight the power of the 'double bind' over Janice, and expose the problems with treating madness in bio-medical institutions. To juxtapose these harmful forces, the film uses the positive influences of Janice's boyfriend and Dr Donaldson to push key ideas about anti-psychiatry. Taking a feminist approach, it could be argued that the portrayals of power and madness in *Family Life* are coded by gender, yet the film does not critique the patriarchal structures it depicts, nor does it analyse the clear effects of gender on madness. Janice is the subject of sexualisation and infantilisation throughout, with her limited female narrative being simultaneously romanticised. Viewers are presented her constant battle with gender-roles and physical male-dominance. The idea of Elaine Showalter's 'patient narrative' is circulated in her inability to play the role of 'doctor' for herself, or any powerful role for that matter. The history of a feminine madness, studied by Jane Usher, is also depicted as a substantial influencing characteristic to her diagnosis and treatment. Although Mercer, Loach and Garnett are clearly well-intentioned, protesting the harmful abuses of power in bio-medical institutions and society during the 1970s, the film unfortunately creates its own dominating force that silences women. Much of this discussion is based in a British 1970s context, where the anti-psychiatry movement was perceived as a good alternative and hopeful theory for women, but the male psychiatrists, like the male filmmakers, failed to acknowledge the power of gender. Through their creation of just another alternative male-power, there is still a lot to be said about how we present female insanity in the media.

A key portrayal of power in *Family Life* is of the bio-medical approach to psychiatry. The film takes an anti-psychiatry approach to understanding madness that negates the 'biological reductionism inherent in the medical model' (Thompson. 58), believing that the institutions are one harmful but 'effective a force for social control' (Showalter. 226). The negative portrayal of the bio-medical approach is mostly achieved through the presentation of Janice's electroconvulsive therapy (ECT) and drug treatments on a psychiatric ward. Viewers are urged to sympathise with Janice and feel uncomfortable

during the distressing scene of her being injected and given an electric shock against her will, as she is swept into the widely accepted treatment of the time for schizophrenia. The camera focuses on her disturbed reactions and the ECT experience, generally avoiding the faces of the doctors and nurses. They are presented as controlling and unsympathetic in this scene, conveying the core anti-psychiatric belief being that 'reducing the mind to the brain is like reducing the person to their body. It is dehumanizing.' (Thompson. 53) if madness is a biological problem, then her upbringing and socialisation can't get the blame.

Aside this presentation of a domineering bio-medical power, madness is presented in association with social non-conformity. As psychiatric institutions work as a force to control society, madness is defined by those that are deemed necessary to discipline for deviating from strict social rules. The way Janice's parents, Mr and Mrs Baildon, treat her is arguably the richest example of how social expectations dictate how one can be perceived as mad. Her parents become convinced she is mad because she is not the perfect-model citizen, often being either too disobedient or too obedient in their eyes. In her chapter on *Women, Madness and the Family*, Elaine Showalter argues that 'Janice, is caught in a double bind. She is alternately threatened and discredited by her parents, who demand that she be "good" on their terms— sexless, dependent and docile' (237). The double bind is a vital idea in anti-psychiatry. Thompson explains this concept as a juxtaposition of meaning or feeling with action; an example being, 'where a parent says to a child: "I love you," but does so in a tone of voice or with accompanying nonverbal communication that suggests a far from loving attitude towards the child.' (56) The film portrays many examples of this familial relationship, her parents often saying they are only doing what's best for her, yet obsessed with the idea that she must be given 'discipline' and 'control' and be taught 'right from wrong'. This sequence of events ultimately leads to the diagnosis of schizophrenia that somewhat 'acts to pathologise and regulate femininity' (Usher. 7) and puts forth the idea that 'by defining what is mad we define what it is to be sane, or more specifically, the boundaries of behaviour for the 'good woman'. (Usher. 7) This family model is another key anti-psychiatry concept, suggesting that 'an occasional occurrence of this, it is argued, will do no harm, but when this pattern of interaction is a common feature of family life, it can lay the

foundations for confused and confusing patterns of communication.’ (Thompson. 56) Working in collaboration with a handful of Laingian psychiatrists on this film, Mercer makes these concepts of madness decipherable to a wide audience, giving them another interpretation of madness to oppose the biological and medicalised theories of established psychiatrists.

Along with the portrayals of negative familial and institutional powers, *Family Life* offers positive influences through the characters of Dr Donaldson, a Laingian psychiatrist, and Tim, Janice’s boyfriend, who push an anti-psychiatrist viewpoint on madness. Before Janice is put into the previously described bio-medical ward, she is first placed into an experimental unit where she receives more-humane, drug-free therapy with Dr Donaldson, played by real-life anti-psychiatrist Mike Ridall. In contrast to the bio-medical psychiatrists, Dr Donaldson is very much humanised, with the camera focussing on him with equal significance to the family and showing him amongst his patients on a physical level. Janice and the viewer are made to feel seen and heard, as Dr Donaldson draws the characters’ attention to the concerns of which the film has given a strong focus i.e. her controlling parents. Showalter unpicks the same ideas as Dr Donaldson, that her mental suffering ‘could be caused by the patient’s unliveable situation in the home, as the parents (but more often the mother) contradicted and fought the daughter’s efforts to achieve independence and autonomy.’ (Showalter. 221) We are given the chance to believe that this anti-psychiatric treatment will be successful as Dr Donaldson questions the parents about their own relationship and the way that they control Janice, even that they may be responsible for her ‘madness’.

Janice’s boyfriend, Tim, works similarly as an agent to the approach of anti-psychiatry. Tim is arguably one of the only characters that treats Janice kindly and with care, influencing the way she thinks and feels about the world. The anti-psychiatry movement had a powerful and wide influence in society during the time in which *Family Life* is set; R. D. Laing’s *The Divided Self* (1960), for example, was a big hit, explaining how it could be possible for Tim to share these same views on society. Tim argues that it is the world that is mad, not her, rather they are the ones blindly compliant and unhappy. He paves the way for one of the only moments in the film where Janice is able to truly express herself and be free. When Tim and Janice spray-paint her parents garden,

‘they threaten the safe familiarity of material objects that has its parallel in rigid views of decency marriage and filial obligation’ (Showalter. 237), leaning into the anti-psychiatry rejection of social control. The use of soundtracking also makes this scene stand out, with more upbeat and cheerful music playing over it. Later in the film, Tim also helps Janice to escape the oppressive psych ward, freeing her once again. It is undeniable that both Dr Donaldson and Tim’s influence over Janice’s ‘madness’ is portrayed as positive, even though they are both tragically separated from her as the film reaches its conclusion.

Despite its good intentions, *Family Life* fails to portray Janice’s experiences in the film through a feminist lens. The film, like the anti-psychiatry movement itself, misses the opportunity to justly criticise or even analyse the power gender holds over female insanity. As many feminist theorists have argued, madness is in-particular a female issue, ‘as one of the wrongs of woman’ and ‘as the essential feminine nature’ (Showalter. 3). Due to the skewed statistics of diagnosis and treatment, it could be argued that ‘women’s high rate of mental disorder is a product of their social situation, both their confining roles as daughters, wives, and mothers and their mistreatment by a male-dominated and possibly misogynistic psychiatric profession.’ (Showalter. 3) *Family Life* is an indisputable representation of this case: a story of a woman facing oppression at the hands of a gendered system. *Family Life* has a lot to show for this kind of power and madness, and yet the male playwrights and psychiatrists who worked on this film may not realise their own exertion of power over a female narrative.

The themes of social conformity, conditioning and roles is gendered in this story, with a central focus on the effects the mother has on her daughter’s wellbeing. She is a key disciplining figure that juxtaposes Janice’s absolute powerlessness. It could be argued that because Mrs Baidon has the ability to wield power over Janice as her mother, that this is an example of female-dominance. However, it is important to consider the way she falls into the constrictive gender-role as ‘mother’. With the driving force of her character being based on what quantifies acceptable behaviour, viewers can see that Mrs Baidon was raised on a powerful patriarchal vision of existence with very strict social rules that put ‘family’ into her domain. It makes sense that her beliefs on madness also fall into the ‘linear logic of male science’ (Showalter. 5) and that, to her, madness

is 'defined as deviation from archetypal gendered roles' (Usher. 13) which, as she understands, Janice appears to do.

This more complex notion of a deep and gendered social-conditioning is prevalent in the nurses on the bio-medical ward. Though they are seen exerting power over Janice through injection and through instructing her behaviour amongst the other patients, a key moment that undermines their control takes place during a short conversation between a nurse and Janice after she is re-admitted. It becomes clear that Janice needs to get better in order to find her place in the world, and that means she can 'get married' and have a family. It is made more than clear that madness does not work in a gender vacuum and that it 'is always culturally defined' (Usher. 6). When that culture functions under a patriarchy, with male doctors and female nurses and patients it should lead viewers to question whether this same judgement of mental wellness would be considered if Janice were a man.

Like these other societal expectations, Janice is also the subject of sexualisation. Throughout the film she is presumed by others to have many sexual prospects, as several characters declare that she must be having sex all the time. The primary explanation for this is her gender. As a young, attractive and 'deviant' woman, Janice represents the 'poetic, artistic, and theatrical images of a youthful, beautiful female insanity' (Showalter. 10). Especially as one of the only indications that she has any sex at all is the single abortion she is forced to have by her parents, who infantilise her to the extent that she could not possibly care for a child. This combination of infantilisation and sexualisation mark the very feminine nature that is so integral to contemporary diagnosis, which then enables patriarchal psychiatric institutions to control only what they have caused or chosen to see. Together, these examples barely break the surface of how the oppressive societal expectations on women can affect their mental health- yet these powerful influences are never overtly portrayed in such a way in *Family Life*.

*Family Life* is a clear example of one of the few available cinematic narratives given to women in films and other media works of the time, and is important to consider in future works. One of Showalter's focal points describes the patient-narrative. She suggests that even when women are supposedly curing themselves of their own mental suffering, 'the woman's role remains that of patient rather than doctor' (Showalter.

231). An important case study she refers to is that of the real-life Mary Barnes, one of Laing's female patients, who attempted to heal her own mental suffering but could only do so through the feminine 'patient' and couldn't actualise the masculine 'doctor' role she desired. One of the high points of *Family Life* portrays Tim as the 'knight in shining armour' that rescues Janice from the psych-ward on the back of his motorbike. This is portrayed as a positive moment, with Tim and Janice literally riding off out of frame on his motorbike, encouraging viewers to once again feel hopeful that Janice can be free from harm. Even at his home when she is finally sectioned and returned to the ward, Tim is the only one to protest- physically and verbally trying to protect her. This is heart-breaking to see, yet Janice is still powerless and still under the influence of a man. This recurrent theme throughout the film and many narratives neglects to realise that 'men speaking for women - even with love - may stifle their language and being.' (Showalter. 243) The fact this is portrayed as a heroic and romantic plot-point forces *Family Life* to 'come dangerously close to romanticizing and endorsing madness as a desirable form of rebellion rather than seeing it as the desperate communication of the powerless.' (Showalter. 5) The anti-psychiatry movement itself makes similar mistakes.

Together with these more implicit gendered experiences, Janice is often found on the receiving end of more explicit gender imbalances. On more than one occasion in the film, Janice is physically overpowered by male characters. Busfield's comments on Usher underpin this position quite plainly, that women's positioning as 'mad' is 'a product of misogyny which silences women and renders them powerless' (Busfield. 4). Twice, viewers are exposed to the physical abuse Janice receives from Mr Baildon. In these uncomfortable scenes we witness him either shake or beat Janice whilst calling her a 'bitch'. This act is not explicitly presented as the act of sexism that it is. Rather, the filmmakers enable viewers to misinterpret the scene as a more generalised act of disciplining, violent as it is, to her non-conformity. By the use of the term 'bitch', the scene acts as a solid example of how brutal sexism can understandably lead to mental suffering. Though, this is not what the film is trying to say.

Another significant example of Janice being physically overpowered is seen in one of the penultimate scenes of *Family Life*. When Janice's parents demand that she be involuntarily sectioned, Janice is physically returned to the ward by a group of doctors and

policemen. In one of the most heart-breaking and sickening moments in the film, the group of doctors, policemen and Tim tower over her, arguing with each other about what is right for Janice. Finally- in a silent and expressionless state- Janice is lifted from the floor by a policeman who takes her away. In this scene, more than ever, Janice has no voice, being spoken for by men who may well have good intentions. Here, she is physically, verbally and mentally powerless, maintaining the 'vision of the madwoman as victim' (Showalter. 4). This is one of the final thoughts we are left with, feeling rightfully angry on behalf of this 'poor girl' (Tony Garnet) with no 'way out of an apparently closed situation.' (John McGrath). Janice is so disempowered by the filmmakers, throughout the film, that the viewer cannot tap into her perspective here and is instead positioned as just another outsider, looking on. We have no choice but to feel angry about the bio-medical institution and societal standards that has worsened her health and will unlikely make her better. Rather, we should be offered a view into her inner thoughts, as the woman whom this whole story encompasses, or at the least feel angry about all the men who have overpowered her: the doctors, psychiatrists, the father, the boyfriend, the playwright and the director.

Though *Family Life* does much to contend the mistreatment of women, as subjects to bio-medical psychiatric mistreatment, and the abusive double-bind, the film is unaware of its own injustices. Through its abundant illustrations of sexism and patriarchy, *Family Life* has the ingredients for a film that uses the anti-psychiatric approach to empower women's experience of 'unliveable situation[s]' (Showalter. 221). Janice's experience of powerlessness is directly linked to gender throughout, where most forces acted upon her are male or influenced by patriarchy. A feminist take on *Family Life* highlights the inadequacies of the anti-psychiatry approach and the film's good intentions, exemplifying how male-power can easily result in feminine silence. Future presentations of feminine madness should use *Family Life* as an example of how 'when women are spoken for but do not speak for themselves, such dramas of liberation become only the opening scenes of the next drama of confinement.' (Showalter. 250)

### Annotated Bibliography:

Barnett, Anthony. McGrath, John. Mathews, John. Wollen, Peter. "Interview with Tony Garnett and Ken Loach *Family Life* in the making" *Jump Cut*, no. 10-11, 1976, pp. 43-45, <http://www.ejumpcut.org/archive/onlinessays/JC10-11folder/LoachGarInt.html>, 09/01/2022

In this interview the filmmakers of *Family Life* discuss the making-of and theories surrounding the film. A lot of focus is given to the processes involved when using non-actors, their use of naturalism and purpose to show viewers the ideas of anti-psychiatry and the schizophrenogenic family, evaluating their success in getting their intended message across. The interview makes no reference to gender at all, which both renders the transcript impractical for quotation use, but simultaneously makes a strong case for the filmmakers' obliviousness to the matter of gender in relation to madness. It does show a positive attitude from the filmmakers that they had good intentions to expose the cruelty of the biomedical approach to psychiatry.

Busfield, Joan. "Introduction" *Men, Women and Madness : Understanding Gender and Mental Disorder*, Bloomsbury Publishing Plc, 1996. ProQuest Ebook Central, pp.1-50 <https://ebookcentral.proquest.com/lib/warw/detail.action?docID=6418323>, 09/01/2022

The introduction to Busfield's book largely discusses other feminist scholarship- in particular how they have approached women's relationship to madness. It offers many interpretations of how women are treated and perceived in psychiatry, taking a deep look into how patients relate to the health-professionals and about the use of psychotropic drugs. She refers to the feminist assertion of a fundamental relationship between madness and femininity, using this, amongst other theories, to discuss women's over-representation as psychiatric patients. around them. It's also rightfully highlighted a need to think holistically when addressing this subject, that there is often a pure opposition form of feminist thinking that needs to be levelled by an equal consideration of the



experiences of men. The chapter will be useful to aid a wider understanding of feminist thought on this subject, and thus to have a stronger sense of how *Family Life* can be approached through a feminist lens.

Showalter, Elaine. "Introduction" *The Female Malady : women, madness and English culture 1830-1980*, Virago, 1987, pp 1-20

The introduction to Showalter's book offers a strong theoretical foundation to explore the specifics of madness as a woman's problem. Though it is very politicised and unapologetic, the chapter is rich in its interpretations of a feminine definition of madness, portrayals of madwomen, the patriarchal functions of institutions, women's increased diagnosis and medicalisation. Because it's so rich in its exploration of feminist ideas, this chapter can spark a lot of thoughts and ideas that can be applied to *Family Life*. Showalter has near-instantly given way to a perspective to take forward into my analysis, offering so many examples with vast coverage. This chapter also encouraged me to read further into how she has critiqued the anti-psychiatry approach specifically which is extremely relevant to the context of this essay.

Showalter, Elaine. "Women, Madness and the Family, R. D. Laing and the Culture of Antipsychiatry" *The Female Malady : women, madness and English culture 1830-1980*, Virago, 1987, pp 220-246

This later chapter in Showalter's book more explicitly discusses the relationship between women and the anti-psychiatry approach. This is an extremely relevant text that has proven very useful in my feminist approach to *Family Life*. This chapter makes a strong case about male-anti-psychiatrist's dismissal of gender, going into detail about female case studies, such as R. D. Laing's patient Mary Barnes and the book *Anna* (1977), amongst others. These deconstructions of anti-psychiatry around a single woman's story provided a framework with which I could approach *Family Life*'s Janice Baildon. It also highlighted a lot of themes that seemed relevant to what was depicted in the film: important male figureheads, the capacity to glorify mental health issues, the ignorance

to the effects of gender roles and expectations on mental health, the continuation of a culture of speaking for women, the in-escapable patient narrative, and the occasional sexualisation or exploitation of female patients.

Thompson, Neil. "The Anti-Psychiatry Critique" *Alternatives to the Medical Model*, 1st Edition, Routledge, 02/11/2018, pp 52-62, <https://0-doi-org.pugwash.lib.warwick.ac.uk/10.4324/9781351123907>, 02/01/2022

Thompson's critique of the anti-psychiatry movement offers a concise summary of the concepts produced by key psychiatrists R. D. Laing and Thomas Szasz, and how they grew a psycho-political rejection of the medical-model. Some important ideas that this chapter covers are the dehumanising nature of the medical-model, the double bind and trauma, amongst other things. It has extended my understanding of the theory that Loach and Mercer had been so heavily influenced by, decoding some of the key points the film was making. Another important part of this text was Thompson felt a need to repeatedly define anti-psychiatry because it is so often misunderstood, clarifying that it was not mythologising mental suffering but instead protesting its pathologisation.

Usher, Jane M. "The Madness of Women: Myth or Experience?" *The Madness of Women, Myth and Experience*, 1st edition, Routledge, 25/03/2011, pp 1-14, <https://0-doi-org.pugwash.lib.warwick.ac.uk/10.4324/9780203806579>, 14/12/2021

Usher very clearly explains the relationship between women and madness in this chapter, making a lot of her key ideas extremely accessible and quotable. It has a strong focus on culture's influence over madness, which I think is extremely relevant to the anti-psychiatry movement. It's helped me to formulate the essential feeling that if culture is so important in the eyes of anti-psychiatry, how could they not acknowledge gender? The viewpoint that- through pathologizing women's experiences, 'madness' sorts to regulate and control women within society- has driven a feeling of passion and a bit of anger that has helped to drive my essay, although I acknowledge it as an extreme theory.

