The ghost in the living room

Ciarán O'Keeffe marks the 20th anniversary of a notorious BBC Halloween special with a look at its legacy and links with psychology

Twenty years ago, a Halloween television programme was introduced with these dramatic words: 'No creaking gates, no gothic towers, no shuttered windows… Yet for the past 10 months this house has been the focus of an astonishing barrage of supernatural activity.' For 90 minutes there followed a dramatised investigation of 'the most haunted house in Britain' led by a team of well-known television presenters. Viewers of *Ghostwatch* were taken into an unexceptional three-bedroomed terraced house in Northolt, compelled to watch as paranormal phenomena gradually began to overwhelm its residents and investigators. Presented as 'live' television (although you can watch the continuity announcement at www.ghostwatchbtc.com), the BBC's switchboard was swamped with thousands of calls from viewers unaware it was drama not reality.

According to Bob Rickard of *Fortean Times*, Most callers felt that this fictional programme breached the trust between broadcaster and audience. Star of *Ghostwatch*, Michael Parkinson, enraged many by gloating: 'If we've scared the pants off people, we've done our job well.'

The original idea for *Ghostwatch* was not developed just to provoke such a furore. I spoke to Stephen Volk, its creator and writer (see www.stephenvolk.net). He told me that 'it was first pitched and structured in around 1988 as a six-part drama series (even then called *Ghostwatch*) about a TV investigative film crew (à la Granada's *World in Action*) getting involved in a contemporary haunted tower block story in the course of which they meet a (what we then called) psychical researcher. The BBC didn't go for the supernatural six-parter idea, so the producer, Ruth Baumgarten, asked if it could work as a 90-minute single drama as part of the *Screen One* strand. I suggested to her the idea of the climax of my six-parter – a live broadcast from a haunted house: "But what if we did it as if it actually was live?" She was very excited by that and commissioned a script instantly.'

The public reaction and commentary came from many corners. For Dr Susan Blackmore, a parapsychologist at the time, there were severe ethical issues to contend with: 'It treated the audience unfairly. It can be exciting to play on the edge of fantasy and reality, or stretch the accepted norms of television conventions, but this was neither true to its format nor fun. It was horrid to watch the distress of the girls, real or faked. I found it over-long and occasionally disgusting… The lack of adequate warnings was irresponsible.'

'Of course we fought for the lack of obvious forewarning that the programme was drama,' Stephen Volk says in his defence. 'For the conceit of the programme to work on any level, it would have been ridiculous to blow the gaffe up front. It was always a balancing act, but

I felt strongly that we were clearly making a piece for people who liked that kind of thing, i.e. the spooky ghost story, not those who didn't. It was never going to delight people who didn't congenitally like being scared. And it was never going to please experts who took their role in parapsychology as more important and serious than anything the media, or dramatic fiction, especially in this derided genre, could come up with.'

I asked him if he would have changed anything in hindsight. In fact, he says he was hoping for more realism. 'I think some better "real-life stories" might have been more interesting, but the production simply couldn't find them, or ran out of time. Also there was a decision to amp it up and go for broke at the climax – to make it clear in the end that it was drama. I'd have preferred to maintain the horror and simply cut to black with the thought that "Pipes" [the ghost] was now streaming out into your own home. The producer drew the line at that, possibly rightly so, given that it later earned the dubious honour of being the first television programme to be cited in the *British Medical Journal* as having caused post-traumatic stress disorder in children.'

A trawl through various medical library catalogues revealed that two years after *Ghostwatch*, two doctors from Gulson Hospital in Coventry, Simons and Silveira (1994), reported on two 10-year-old boys who were referred to their child psychiatry unit. The boys' symptoms included sleep disturbances, fear of the dark, difficulty concentrating, separation anxiety, depressed mood and irritability, one of them even banging his head to remove thoughts of ghosts. The authors reported that 'the trauma in our two cases had been caused by the television programme the boys had watched'.

The following month, in the 'Letters' section of the same journal, a number of other cases, outlined by psychiatrists from

> "the things that scare us influence us deeply and *enable* us to create"

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various hospitals, showed remarkably similar symptoms. Forbes and McClure (1994), for example, discussed the onset of intrusive thoughts, panic attacks and nightmares occurring suddenly following an 11-year-old boy's watching of the programme. Such cases were certainly of note, with the originators of the *Ghostwatch* PTSD research claiming that 'Post-traumatic stress disorder due to watching a television programme has not been reported previously' (Simons & Silveira, 1994, p.390).

Maybe not television, but it's not the first time other media has provoked such a reaction. A classic precursor to the 'is it real, or isn't it?' media hoax is the 1938 radio adaption of *The War of the Worlds* narrated by Orson Welles. Also broadcast around Halloween, panic ensued as the listening public thought the description of a Martian invasion was real. In 1973 the release of *The Exorcist*, a film adaption of William Peter Blatty's novel, inspired by a 'true' possession case, caused severe reactions. Similar to *Ghostwatch*, the film provoked controversy and resulted in a number of catalogued PTSD cases. Bozzuto (1975) reported on four cases of what he termed 'cinema neurosis' where people suffered from a number of symptoms including insomnia, appetite loss, paranoia, nightmares and irritability precipitated by viewing *The Exorcist*. Cinematic neurosis has been defined elsewhere as 'the development of anxiety, somatic responses, dissociation, and even psychotic symptoms after watching a film' (Ballon & Leszcz, 2007). Bozzuto (1975) does note, however that 'each patient had a predisposition for trauma… The movie was traumatic therefore not because of its use of violence, or aggression, but because it portrayed uncontrollable forces within the person, which could be unleashed by outside forces over which one had no control' (Bozzuto, 1975, p.74). Other researchers described these cases more

dramatically, claiming they were cases of hysterical 'possession' thereby supporting Bozzuto's discussion of Freud's 'demonological neurosis' (Beit-Hallahmi, 1996).

It shows, perhaps, that even non-traumatic stressors can give rise to PTSD-like symptoms, particularly for particularly susceptible individuals, a view echoed by recent PTSD researchers (e.g. Taylor & Asmundson, 2008). It is worth noting though that these reactions may not apply these days. In a brief interview I conducted with Bozzuto he stated that '*The Exorcist* would not have
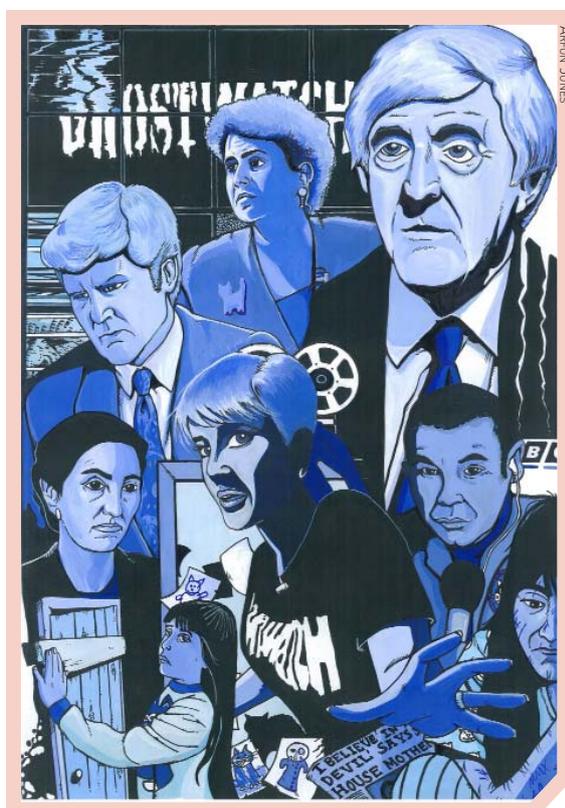

Illustration by *Ghostwatch* fan Arfon Jones sent to the 'Ghostwatch Behind the Curtains' website

the same impact today. Audiences were unprepared, and uneducated. However, it is important to note that all movies can cause some disturbances. They may not attain the full effect of PTSD, but they can still be disturbing, loss of sleep, intrusive thoughts, etc., just less severe. We are a bit desensitised to violence now.'

The controversial reactions continued following the publication of such PTSD cases. Taylor and Asmundson (2008) state that it seems more likely that many

of the case reports from seeing *The Exorcist* as a traumatic incident are individuals who had 'schizotypal personality features, including superstitiousness and magical thinking, which may have amplified their fears of demonic possession after viewing the film' (Taylor & Asmundson, 2008, p.65). More emphatically, the cases of *Ghostwatch* PTSD are dismissed out of hand by some researchers, who point to the rapid resolution of the children's symptoms as an indication that they were suffering merely a brief anxiety reaction to the television programme (Thacker, 1994).

However, beyond the professional community, there were those who were convinced there had been a direct and negative impact of *Ghostwatch* on its viewers. The mother of 18-year-old Martin Denham blamed the BBC for her son's suicide, although the coroner made no reference to the programme in announcing his verdict (see tinyurl.com/8q2zmts). The Broadcasting Standards Commission, required to hear the complaint of the Denhams and others by a judicial review, ruled that 'The BBC had a duty to do more than simply hint at the deception it was practising on the audience. In *Ghostwatch* there was a deliberate attempt to cultivate a sense of menace.'

The 'value' of trauma

Given the impact of *Ghostwatch*, and its continued influence to this day, exactly 20 years later, I wanted to ask its creator and writer, Stephen Volk, about some of the psychiatric and psychological aspects. What were his views on some of the mental health concerns following its showing? He told me:

Earlier this year I went to a screening of *Ghostwatch* at the Electric Cinema, Birmingham, which was very interesting because the programmer David Baldwin said in no uncertain terms that *Ghostwatch* had traumatised him as a child and one of the reasons he wanted to show it as part of his Shock and Awe Horror Film Festival was to 'put his demons to rest' – though he wasn't even sure he'd be able to watch it a second time, it had had such a profound impact on him. Anyway, he did, and he still found it uncomfortable. But we interviewed him afterwards for our documentary *Ghostwatch: Behind the Curtains* (which is a full look at the making of and aftermath of the show, with interviews with all the cast and crew and several critics and

broadcasters). Fascinatingly, David said that yes, it scared him as a youngster but he found that a positive experience. It put him on the road to being interested in horror films and doing what he does now as a career. He went on to talk about the 'value' of trauma, which sounds paradoxical, but as a horror writer I can understand it: the fact that *Ghostwatch* was a thrilling catalyst for his becoming interested in the genre and interested in fear – his own and other people's.

The relationship between trauma and horror films is the stuff of an entire thesis in itself, but for those of us creative in the horror genre, the things that scare us influence us deeply and *enable* us (compel us, you might say) to create things that scare others – it's a cyclical, ongoing event which is perhaps analogous to aspects of PTSD.

In a nutshell, far from being 'harmed' by watching *Ghostwatch*, David felt strangely 'enabled' by it. And that's something I've heard from scores of grown-ups who were children 'scared witless' but who now come up and shake my hand and say they are now film-makers because of it.

Stephen had mentioned PTSD. When *Ghostwatch* was shown, the criterion defined by psychiatrists for PTSD was that 'the person has experienced an event that is outside the range usual human experience and that would be markedly distressing to almost anyone'. Would this be true for any media portrayal of the paranormal nowadays? In fact, would it be true for anything we witness in any media format nowadays?

Perhaps it is about context. If they showed a beheading on the BBC 9 o'clock news – yes, that would traumatise people. That horrid film about executions. That traumatised me. I still have flashbacks of the images. But I also think it's hard to proscribe what is going to be scary. I remember as a child I found Buster Keaton terrifying, or a certain illustration in a book, so much so I had to carefully turn over two pages when I got to it. My father found Derren Brown upsetting because he couldn't understand it. My granny got upset by *Star Trek* because she thought there was nothing in space except God. I don't think trauma is going to go away, though I'm worried how desensitisation in modern culture creates over-sentimentality:

now it is not enough for one person to cry on *X-Factor* – everyone must cry! Yet in everyday life it seems that we care less and less about our fellow man.

Of course the voyeuristic distance of *Ghostwatch's* participatory audience is another factor. The fact that we the audience are happy creating a ghost because we're not there in the haunted house to get scared by it. This is vitally important to the script I wrote. Through television, this thing in all our homes, this invader, we are living vicariously. We are prepared for others to experience and to suffer just as long as we are safe. But how far are we prepared for them to suffer? I think that's a question that still preoccupies me and I've addressed it, or explored it, in a few other stories since then.

The current DSM-IV-TR diagnosis for PTSD says that 'the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others' and that the person's response involved 'intense fear, helplessness, or horror'. *Ghostwatch* confronts viewers with potentially threatening events in which some would react with intense fear. Bell (2012) notes, however, that the new proposed criteria for the DSM-5 wouldn't allow television-triggered PTSD. In fact it specifically says that exposure to traumatic events 'does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.' So perhaps we don't need to worry about PTSD in such circumstances any more. But, I ask Stephen, do you think it would be possible to produce a TV show or film that could provoke such a response from a viewer?

A film like *Martyrs* was one I found completely, unbearably harrowing and I can think of several horror films that have seared their images on my retina. Another recent one is the Spanish film *Silent House* or of course
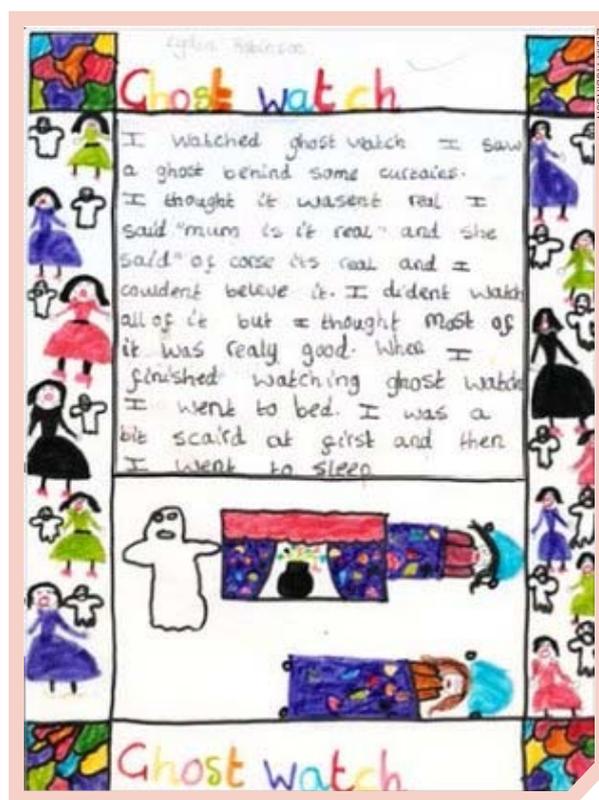
A child's artwork made soon after transmission by Lydia Robinson, and given to director Lesley Manning

the Japanese *Audition*. The strange thing is, I think the contract with the horror audience is almost 'Go on, traumatise me! I dare you!' It is a very peculiar bargain, one unlike you have with any other genre – we defy it to do what it is designed to do. We don't go to a comedy and defy it to be funny! But we resist a horror film being terrifying.

The thing is – especially with a TV audience (as opposed to a cinema crowd) – you are talking about a wide range of people from dyed-in-the-wool horror fans to quaint little grannies who like *Midsomer Murders*. You are not going to get the same reaction from any two people. Some people didn't believe *Ghostwatch* for a minute, while others took the whole thing as gospel from beginning to end. Some people I know cannot bear the sight of a splash of tomato ketchup on screen whereas I can quite happily watch the odd special effect decapitation, knowing it's all fake. So in a way it is hard to regulate for upset or trauma or 'offence', which is the buzz word of the day.

One reason *Ghostwatch* worked is that when you go to a horror film in the cinema you know what you're getting. You go there, but television comes to you. That's why I wanted so

desperately to make a ghost story for television. Something that gets to you where you feel safest. Literally in your own home. Which is why I wanted the ghost to come to you at the end. You wanted it. You pleaded for it. Now you've got it.

In terms of some viewers' extreme reactions to *Ghostwatch* (i.e. thinking it was real), is it fair to say we're seeing a natural development in terms of audience reactions from the first films shown in cinema, to 'live' radio broadcasts (e.g. Orson Welles reading *The War of the Worlds*), to *Ghostwatch*, *Blair Witch Projects,* etc. to staged viral videos on YouTube? Is it therefore also fair to say that each of these media formats becomes less effective for such 'reality' portrayals as people's exposure to them increases?

It's almost a truism that once they're done you can't do 'em again! By their very nature. The basic thing is that, at any of these threshold or watershed moments, someone added a sense of veracity or realism to something, a dramatic form, that was hackneyed and that sudden anarchic act, playful act in a way, took people by surprise.

I think the interesting thing is to go further back to 'spirit photographs' by the likes or Mr Mumler, etc. It's very easy for us to say, 'My God, that looks so fake, how could anybody think that was genuine?' But of course photography was in its infancy. People did not understand the secrets of the dark room and also in a way they 'chose' to believe. Similarly people might watch *Ghostwatch* and say, 'Christ, how did anybody take it for real? It looks so fake!' But the fact of the matter is that in 1992, many people *did* think it was real. A friend of mine thought so and I'd told her weeks before that I'd written it. She said, 'Yes, but when I saw Parkinson I thought you'd made a mistake.'

The psychology of *Ghostwatch*

It occurred to me there is a 'Psychology' here. More than any other television programme, there are published journal articles citing it, there's the discussion we're having about PTSD-like responses, documentaries analysing its appeal and the frequent forum discussions where middle-aged men confess the fear they felt when they first watched the show as teenagers. There has even been a live 'experiment' as part of Nottingham psychologist Brendan Dare's 'thrill laboratory', inspired by *Ghostwatch*. I ask Stephen: if I were to invent a phrase, the

'Psychology of *Ghostwatch*', what do you think that would mean?

I would say the psychology within *Ghostwatch* is that of a 'need-based experience'. I was very influenced by the books of Hilary Evans (ironic, given his later criticisms of *Ghostwatch*). The core idea behind *Ghostwatch* is that TV creates a 'massive séance' and in so doing it is a kind of prism that focuses the desire of the audience, in this case its implicit desire to see a ghost. So I feel very much that we, the audience, create 'Pipes' because we want to see him. The girls in the show say explicitly to camera: 'It's what you wanted, isn't it?' and I was very deliberate in trying to say to the TV audience that they (we) are complicit in what we watch. In that regard *Ghostwatch* was perhaps a timely warning when you think of the tsunami of 'Reality TV' that followed it in years to come, and the effect of it, and the way audiences react and feel a part of entertainment today.

On the other hand, you could look at 'The psychology of *Ghostwatch*' from the outside, meaning its effect, or the reaction of the audience. Key to this, I think, is the role of the BBC, firstly in the way they reacted to the programme and its aftermath. After its first and only transmission, the continuity announcer did not acknowledge in any way that it had been a drama, and following the tabloid outrage, the BBC simply dropped a hot potato, didn't hesitate in doing so, and refused to back its programme makers in any way.

Secondly the fact that *the BBC* made *Ghostwatch* is integral to its effect. Someone recently asked me if it might have been better on Channel 4 but I replied that it was far more subversive coming from a 'respected auntie rather than a rather dubious uncle'. The BBC is a trusted organisation. It provides world news with an integrity second to none. Of course, that was perfect for our purpose. Our ghost story was all about what, or who, you trust. Do you even trust your eyes? So in a huge way the outrage caused was very much about 'the *BBC* shouldn't have done this'. People's trust in that establishment had been abused, they felt. Of course, that was what made it

effective too. In horror the scheme or intent is often to strip away everything that gives the protagonists or viewers security or comfort – family, mother, God, science, and finally even, horror of horrors, the BBC...

When people have asked 'how would you do it, if you were to do it now?' you've gone on record elsewhere as saying 'Number one, I wouldn't do it now, and number two, if you did it now you would just do it for real, you wouldn't do it as a drama because the whole TV landscape has changed between then and now.' Has your answer now changed? Do you think it's possible to have that kind of psychological impact on an audience with all the various media formats that people access regularly? Or do you think people have become too cynical of the world's media?

Audiences are too knowing by far now. You could not do the same thing. You just have *Most Haunted* with the Stars of Corrie – and nothing happens except some green faces in the dark swearing. I'm so glad we did it when we did it in 1992 because it was the right thing at the right time, culturally, when TV was changing and the languages of fictional and factual TV were blurring. In fact, I believe Ruth Baumgarten got the BBC to finally green light *Ghostwatch* because she said, 'Look, if you don't do this fast, somebody else will'.

Perhaps the reason why *Ghostwatch* worked so well in provoking extreme reactions from its viewers is that it did not conform to the genre at the time. A survey of over 50 years of horror and ghost films up to the mid-1980s showed that they generally follow a three-part narrative. First, instability is introduced into an apparently stable situation; second, the threat to instability is resisted; and third, the threat is removed and stability is restored (Ballon & Leszcz, 2007). In *Ghostwatch*, and indeed *The Exorcist*, there is no resistance to the threat and instability is ever present. As the final stages of the programme are aired there is no hint the threat will be removed and certainly no resolution to the instability. *Ghostwatch* still gives nightmares, even today.

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