Mad to be Normal (2017) Directed by Robert Mullan

Madness: a sane response to an insane world? The words give me a shiver; I should announce my bias now. In favour. I'm a psychotherapist and I'm stretched and challenged further by Mullan's work in terms of how to be with people that are pretty mentally unwell.

The eminent Scottish psychiatrist at the centre of the film is R.D. Laing. In the mid1960s he lived – to the limit – his belief that what people with schizophrenia or experiencing psychosis need is *understanding* (and possibly some LSD – see below). For him their communications are understandable, should we take the trouble to try.

What's interesting about this as a work of art is its relevance to the era we live in: one of divided views and related destruction... What happens if we do the unthinkable and try to understand a scary, different 'other' seeming to speak a different language? Elizabeth Moss (Laing's composite-fictional partner 'Angie' and part of the 'well' camp) and Olivia Poulet (a 'patient') have an exchange that is blow-your-mind beautiful: Poulet tenderly 'meets' Moss in her vulnerability. The unwell tend to the well.

Timeless human struggles - relationships, power, love, hurt, fear – it's all there for the relating. Both David Tennant (who plays Laing) and Elizabeth Moss do this earnestly and beautifully.

I think it's safe to say, judging from his book titles, that Mullan had a particular interest in Laing. And I'd say this is warranted; I don't know of anyone as radical and popular (and therefore influential) as Laing in the field in the last fifty years. Given this, Mullan's tempered approach to the character I applaud. Laing is portrayed unequivocally as a human with all his own foibles and failings in relationships. Laing's partner 'Angie' I believe is cast to illustrate this. I might add that two people did kill themselves at Kingsley Hall and this is not included in the film. Mullan does however take care to show when the approach hits a limit; when a patient become a risk to others. What are the boundaries of empathy?

That is a question that I relate to in my current practice; it's a film that makes me think. Excellent.

What pops almost immediately for me – even as a practitioner with already sympathetic views – is that my empathy for people in extreme distress is stretched, as mentioned above. So, I daresay Laing's understanding takes a truckload of courage and humility. But with the psychologist Carl Rogers - another renowned figure in the field of the last century - sitting on my shoulder, I'm reminded not to be dogmatic about anything, including 'recreational' drug use for mental distress. Rogers (1959) advocated a rejection of all forms of dogma in advancing theory/practice for working with mental illness. Open mind, check.

I come to the conclusion that I need more Laing in my daily work – at least in terms of empathy – the jury's out on the LSD. Why don't I become less rigid, less assuming of perceived professional norms and see if it leads to somewhere growthful for those who are hurting? Chances are this will be a unique experience for them in a dark, long, often cold journey of illness. And I have my supervisor (compulsory in the UK) and myself to check me.

Laing talked about empathy as an agent of change in and of itself. Some fifty years on, Professor Stephen Joseph at the University of Nottingham in the UK, seems to be arguing similarly in his article, 'Rethinking Human Suffering' (2017). The film is clearly topical. Even the milder aspects of Laing's approach (such as the centrality of empathy rather than the dimension of patients living with doctors) are *still* revolutionary. This links to the above; that there has been no comparable figure in the field of psychiatry or psychotherapy since Laing.

The film is a sensual, seductive one. Almost entirely dimly lit, with interludes of music without dialogue, dancing and slow frames, it's a treat for the senses. The occasional distorted shot further adds to the dreamlike quality. Further, being transported to another dimension of feeling in this way echoes Laing's fundamental sentiment: fluid boundaries are not necessarily to be decried.

Anything off about the film? I don't think there was any value added for Kingsley Hall – the residence where Laing lived with his patients – to be set in the US rather than the UK reality (East London). I also wonder if any real (political?) ambitions are thwarted in that most of the audience may be practitioners like me who are already engaged in this debate. Any implications of the film may be further thwarted by the fact that the film was physically hard to access! An art-house film being sought out by an already left-leaning audience? I would welcome hearing from others in the audience with a different view (channelling my inner Laing).

References

Joseph, S., (2017), Rethinking Human Suffering in Therapy Today, Volume 28, Issue 4: 28-31

Rogers, C., (1959), A Theory of Therapy, Personality, and Interpersonal Relationships as Developed in the Client-Centered Framework, in S. Koch., Psychology: A study of a science Volume 3:184-256, New York, McGraw-Hill