

Marcus Coates & The Directors in conversation

Part 3

Charles: I have a question for all of you as directors and whatever else they are, your films are extraordinary testaments of recovery. What do you hope that your involvement in this project might achieve?

Mark: Well, for me, it's kind of making people more aware. When I'm sitting here listening to other people's stories and stuff, it makes me want that the people who saw me in my most desperate state would have more aware awareness of what it is. Say for example, I remember I was walking in the Grand Canyon and something weird happened and my behaviour was very, very unusual. And I was with my aunt, my cousins and my behaviour was very unusual. And at this point, I sometimes wonder if I've been judged kind of harshly because they didn't know what was going on. I didn't know what was going on.

And it would be really nice if they could see this video, this production so that they would have a more awareness that I was unwell and I was acting strangely. But first of all, it's not unusual. Schizophrenia is 1% of the population, but still it's not unusual for mental health. Mental health is very common, and it'd be really good for them to see this video and say, "Hold on, this is actually... I understand this concept a lot better now. I understand the whole situation." And I remember my brother... My mom phoned my brother and she said, "Brooke, listen to Mark."

And I was thinking that he was the president of the United States and he was just laughing at me, which I understand is comical in itself, but still. And I thought to myself, wouldn't it be good if someone could just bring to life the realities of schizophrenia is and given that there are five of us with very different experiences and very different films, hopefully that might bring on a different perspective for those who may not be so aware of what the situation is from a more internal point of view. Does that make sense?

Marcus Gordon: I think for me, it's because I'd lived with mental health for so long. I started writing about it as a blog. And when this opportunity came along, I thought, "Well, this is another way to help de-stigmatise mental health and put that a new perspective." Because obviously psychosis, isn't just schizophrenia. Pretty much anyone can experience it even just for a lack of sleep, you can experience psychosis.

So there's such a wide range that the more we get out there, people understand it's not just like you see in the movies. Some guy is going to have talk to himself or see things it's going to be somehow either a bad guy or a serial killer or something. I just wanted to make sure there's kind of footage out there. It shows people the reality and that people can still function normally even if they do suffer from hallucinations.

Stephen: There seems to be quite a few myths surrounding mental health, the way it's been presented like you see in films, but also in newspapers and stuff like that. People who hear voices. We don't get a very good press. The only time you would normally hear about that is if there's a bad story. And they always seem to want to blame it on us. Do you know what I mean? I think one of the other myths is that everybody with a mental health problem has a support structure around them, has friends, has family they can talk to. And that's not the

case. You get a lot of people, they're estranged from their families. Or they have not family. Do you know what I mean?

And if those people realize that those people need someone and they have a bit of understanding to start that conversation or to befriend that person or to recognize that isolation, to even just be conscious that they're there in the community. And ask themselves, how would I feel if that was somebody I knew? You know what I mean? Where is this person's family? Is anybody checking on this person? Do you know what I mean? If you create enough understanding, so that somebody doesn't have to sit there day in, day out, afraid to go out.

It's like somebody gives them a little bit of a support or offers them a bit of kindness or smiles at them when they see them down the shops and asks them how they are. Because you don't forget. When you're in the darkness. I've never forgotten people who stopped me and asked me how I was. I always remember those people. Those people, even though my mind was telling me things, I will always remember the people who actually took the time. And actually you could see it in their faces, they knew I was unwell, but they at least stopped me and asked me how I was. And that meant a lot to me.

Even though I wasn't in a full state of mind where I could say it at the time. Just knowing there was somebody else there and somebody else had taken the time out of their day. It got me through that day. And then obviously you'd have to get through the next day. But at least you were through that day. And that's a big deal because a day's a long time when you've got psychosis. So, is a night.

Marcus Coates: Sorry. I think that's really interesting to hear, Stephen, because for a few of you, your experiences were strongly characterized by this feeling of isolation because you literally couldn't share what was going on because the narrative was too dangerous to share because of the consequences to you and your loved ones and the world in terms of you, Lucy, it was huge consequences. And the threat of that constantly hanging over you.

Yeah. I mean, it's amazing to hear that, Stephen. Because I always wondered how I would've helped you in that situation. Because you wouldn't have trusted me coming up in the street and saying, are you all right Stephen? Because you would've said, oh no, you need to go home now, don't trust that guy coming up to you, he's with them. He'd going to use that against you.

Stephen: Yeah. Yeah. I would've been difficult to get ..

Marcus Coates: Yeah. I mean, but you were just saying now, me coming up and saying, you okay? That would've been all right.

Stephen: Yeah. Yeah. I would've remembered that. I mean, at that meeting with the acquaintance, in my video..

Marcus Coates: In your film, yeah.

Stephen: Even though the conversation was cut dead after something that was said, I would've gone away from that knowing that that person had asked me if I was okay and had

taken an interest. And I would've gone back and I would've sat there and it would've meant something to me.

Marcus Coates: You remember the gesture?

Stephen: Yeah, yeah. And there will have been times I would've reflected on that for months and years to come where it would've made a difference. So it did make a difference.

Charles: Lucy, there was an incredibly powerful moment just right towards the end of your film where you talk about sending a message to your younger self. Can you tell us about that and what you would've said to your younger self?

Lucy: I think that was probably the most important part. Well, not even important, powerful part of the film for me to watch myself. But it was actually Marcus's idea, but I think it was an amazing one to have a bit of a reflection on my experience, especially since I'm in a much better place now. And I'm very grateful to be.

But to talk to my younger self. And I think one of the big things I said was to not shy away from it. I remember never talking back to the voices. I was terrified of them. I lived in fear. And I think I would tell myself not to shy away. And also there was a big thing for me about loving people and appreciating the love that they gave me. And just loving everyone you can while you can.

I think also there's a big part I would like to get from this about people being curious. Just opening up curiosity of people. To look at these things in a bit of a different light. I think would be amazing.

But also for my family, I think especially the way my film ended with that reflection, I hope it brings some closure on family and friends and for myself.

Charles: It's an incredibly powerful moment.

Marcus Coates: For me, the word compassion keeps coming in. Someone said to me recently, what do I hope to get from this? And I think that feels like a big word. This idea that next time you walk down the street, I think you said it, Mark, and you said it before, Stephen, this idea that perhaps a stranger would have compassion, would understand there's a lot going on, an unimaginable amount of stuff going on, and having some, not necessarily sympathy, but some compassion for that situation and understanding that that must be overwhelming, that must be incredibly stressful. I feel for that person, just checking in.

Charles: There's something coming out for me today hearing you all speak, it's making me realize there's an active compassion. So it's not just, you're confronted with somebody with this experience that's very different to yours. And can you be empathetic? Can you try and understand a little bit of what they're going through? It's about, as you've just been saying, Stephen, it's about going out and looking for people who might be in that same place and trying to help them. So, going out and actively trying to recognize when people are having difficulties.

Stephen: Yeah. Loneliness is a dangerous thing. It's a big killer in this country. And if you are suffering on your own and your mind's telling you all kinds of things, you're extremely

vulnerable in that place. So, if people do recognize it or do notice behaviors or something like that, and they do start to think, is anybody safeguarding that person? Does that person have a support structure? That's what would be important to me. Because going through it alone or feeling like you're alone and feeling like you are is soul destroying. It's just not a nice place to be. It's isolating. And it's a dark place.

Marcus Coates: I wanted to, it's Marcus Coates again, I wanted to just bring up this idea of, and it's something, Marcus, you talked about after we filmed, this idea of compassion for yourself. And how that might have been something that the film brought up.

Marcus Gordon: Yeah. I mean, I think anyone with mental health, even if it's not psychosis, the one thing we tend to forget is to treat ourselves with kindness. It's easy to be kind towards somebody else. And we are our own worst critics. So I think it's difficult for us to be kind to ourselves. And I think part of the recovery process is actually being kind to yourselves.

Marcus Coates: And I was wondering, if seeing me being you in a way enabled you to say, oh yeah, that guy's having a bad time, actually maybe this is not so shameful, maybe I should feel ... Yeah.

Marcus Gordon: Yeah. I mean, I'm glad it wasn't me going through it all because it seemed like it was quite a lot. But yeah, it was definitely an experience watching you go through it. But I think watching the first cut of the video was what got to me most. Because normally with these kinds of things, I'm normally emotionally dead. So watching it, I was quite surprised that it actually started affecting me. And yeah, I not only felt sorry for you, but then I understood that it was also me. And I was like, yeah, this is actually real now. It's not just what's going on in my head. I can see it's real. And now other people can see it's real too.

Marcus Coates: Yeah. I like that idea of you giving yourself a break there.

Charles: Marcus Coates, you are an artist known for a process of radical empathy, of trying to understand kinds of experience that might be considered impossible to understand. What was this project like as a challenge?

Marcus Coates: Yeah. Well, challenge is a bit of a strange word to use. I don't think I saw it as a challenge. I think I saw it as a problem that I was having with people I was meeting who had lived experience of psychosis.

It certainly wasn't their problem. I was working with a psychiatrist. I spent time at South Maudsley Hospital in south London with a psychiatrist doctor, Isabelle Valley. And I sat in with her consultations, just a day a week for a couple of years. And met lots of patients.

And I was really disturbed by my own problems relating. I felt I didn't know how to ask questions. I didn't know how to relate. I felt like suddenly I was bereft of skills to relate. I felt like what are these skills I need?

And it took me a long time to realise that actually it was just really a fundamentally normal ordinary conversation I needed to have, it wasn't anything special about it at all.

I think the big turning point was, I didn't need to relate to the illness, I needed to relate to the individual. And once I got over that hurdle, that in a way was the biggest challenge I think.

And then creating a, trying to find a process where I could explore these ideas of these difficulties and relating to each other, finding language to understand these experiences in a reciprocal way with people who've had lived experience of psychosis. That took a long time to emerge. And imagining myself in that position. And what my role would be. And what I could possibly bring to that project. That emerged very slowly. And then meeting all of you here, and spending a long time talking and having long conversations and developing it with you. I think the big challenge for me there at the back of my mind was, am I up to this? Am I empathetic enough? Can I imagine this stuff? How do I understand this stuff?

But you all made it very easy for me because you're so generous with your time. But also generous with the sense of allowing me to fail, allowing me to mess up, guiding me brilliantly. And allowing us both to be, and us all, to be very playful. And the ordinariness of it was a big part of that I think.

Charles: Anything to add?

Marcus Gordon: Although the other Marcus might've had doubts in his abilities to bring our psychosis to life. He did a really good job and it was a really great experience working with him through it.

Marcus Coates: Thank you, Marcus.

Lucy: I just want to say how amazing an experience it was to have someone want to listen and to understand. I think it's one thing to listen, but to actually want to, and to actively listen. But not only listen, but go all that way to try and understand and empathise in that way is such an incredible experience to have. Because most people shy away from it. And you did the complete opposite. So I think that was quite amazing.

Marcus Coates: Yeah. That was an interesting thing. I think that's how the project developed for me. I thought, what could I offer as an individual, let alone an artist. I wasn't really thinking about that. But what could I offer?

And I think I was just fundamentally interested in people's experiences. And in a way that a clinician isn't. A clinician is trying to assess the situation, how do I medicalise this? I wasn't interested in that.

The family might, I don't know what your experience of family and friends, but I imagine they may be not wanting you to go there again and being fearful of you relapsing or worried about it. So it's more about concern. For me, it wasn't about concern or evaluating, it was just about interest. I felt like I could offer that in a way that perhaps other people haven't been in your lives.

Stephen: You said you realised that you didn't need to understand psychosis, you wanted to understand the person. And most of the time when I was unwell, the only people who took an interest in it were clinicians. So I was always in the patient role and they were always in the professional roles. So, the understanding that they gained from it is different I think from the perspective you were coming from. It just felt completely different because you were actually trying to understand what the whole experience was like, me, the individual. And

that was refreshing. That was different. And I think that's what I always remember. Yeah. And that's an important thing.

Marcus Gordon: Definitely. It's a lot easier talking to you about it. And you understood a lot quicker than it was when I talked to a counsellor about it. Because I felt when I was trying to talk about my episodes, I was constantly having to re-explain it, constantly having to make them understand that what they think they've heard is wrong to what it actually is. I mean, we'd do that on and off for the entire year. And with you, we got it done with a quick conversation or a few emails.

Marcus Coates:

That's something that came up with all of you. It's about, you all need to be understood as an individual and the complexity of your individual experiences. It wasn't this label of this illness. It was how your experiences are unique to you and they're special in that sense. And they need to be understood as unique and complex.

Stephen: Clinicians understand it from the science of it, don't they? And there's always that professional relationship. And sometimes you don't want to tell them everything because that can get you a change of medication or you might end up in hospital and stuff like that. But to be really understood and for somebody to ask so many questions after such a period where nobody seemed to know what to say, that was brilliant.

Marcus Coates: I also felt like we were in it together. So I was trying to understand, and you were trying to find a way of explaining it. So we were both struggling around and trying to find words and thinking of ways we could explain it, finding metaphors. Yeah, that I think only came out because we all developed, all of us, this feeling of trust. I think I really felt that with all of you deeply actually. And felt very privileged that you would share all these experiences with me.