

# ***Elling* (2001). The Reform of Psychiatric Care from the Point of View of the Mental Patient. A Comparative Analysis with Testimony from the Old Psychiatric Hospital of Navarre**

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## **Summary**

Psychiatric care was reformed in Spain well into the 1980s, later than the rest of the countries in its milieu. In practice, it meant the closure and restructuring of the obsolete insane asylums and hospices, on the one hand in order to consider mental health as one aspect of an overall concept of health, and, on the other, to permit the assimilation into society of many of the individuals who had previously been committed to psychiatric hospitals owing to their illness. This reform, the objective of which was the closure of insane asylums, as they were known generally in society, gave rise to a profound transformation in the life of the patients who had been institutionalized for many years and were now obliged to adapt to new ways of living with others. The Norwegian film *Elling* deals with this process in the case of its two protagonists, who leave a psychiatric institution to move to a house in the city centre and try to live more autonomously with the help of minimal supervision.

*Keywords:* Psychiatric reform, Integration, Navarre, Insane asylums.

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*And in my madness I have found freedom and safety: freedom from loneliness and the safety of not being understood, since those who understand us enslave a part of our being.*  
 “*The Madman*” Gibran Khalil Gibran

This article analyses the film in light of a real and very specific experience: that of a group of mental patients who left the old Psychiatric Hospital of Navarre (Spain) and experienced first hand this reform process with difficulties similar to those of Elling and his friend Kjell Bjarne, as shown in the film.

## **Introduction**

Many films have approached the topic of mental health from different angles and in most cases have reinforced the stereotypes that persist in regard

to mental health patients: an association with violence and institutions with inhumane treatment. *Elling*, however, deals with a new perspective in a much more amenable, although not unrealistic, tone: the integration of mental patients in the community. Through its two protagonists, we can glimpse the difficulties involved in living outside the institutions in which they had been confined.

Here we try to establish a parallel between the protagonists of the film and other real mental patients who experienced a similar process during the reforms in the mental health area carried out in Spain in the 1980s. Before going into the analysis we shall point out some historical curiosities and offer certain information about the specific case of the Spanish autonomous community of Navarre, the current home of those whose testimony is used in this article.

## A historical outline of the project for an insane asylum in Navarre

When speaking of the setting up of an insane asylum in Navarre, we must refer to the Navarran doctor, Nicasio Landa, a figure of great historical importance as he participated in the founding of the International Red Cross in Geneva in 1863, and was without doubt a great reformer of psychiatric care in Navarra. He was asked by the Regional Council to devise a project for the construction of an institution for mental care, and after visiting several countries and observing the model used in Europe, he presented in 1868 a "Project for an Agrarian Mental Asylum". The reflections and instructions it contained were still current one hundred year later<sup>1</sup> (Figure 1).

His ideas were drawn from the reforming trends of the end of the 18<sup>th</sup> century. The famous breaking of the chains of the demented by Doctor Philippe Pinel in Salpêtrière in 1792 (Figure 2) marked the beginning of modern psychiatry and the so-called moral treatment. Landa visited institutions in Switzerland, France and Belgium and as a model to imitate he decided on Clermont and the agrarian colony of Fitz-James joined to it in the north of France.

Reading his project is an authentic delight, and we can see how the debate on how to approach the treatment of the population with mental disorders is still current today. One hundred and forty years ago he wrote:

*However, once we admit the need to take in the demented, should an insane asylum be built? (...) The virtuous Dr. Connolly became an apostle of the doctrine of non-restraint, of not employing aggression in the treatment of the*



Figure 1: Bust of Dr. Nicasio Landa. Pamplona. Hospital of Navarre. (Photo taken from Viñes J. J. El Dr. D. Nicasio Landa, médico oficial de epidemias en la de cólera de 1854-1855. Anales del sistema sanitario de Navarra. Vol 23 n° 1 enero-abril 2000)



Figure 2: Philippe Pinel Releasing Lunatics from Their Chains at The Salpêtrière Asylum in Paris in 1795 (19<sup>th</sup> century) by Robert Fleury (1837 - 1911) (Bibliothèque desArts Decoratifs, Paris)

*mad, replacing it with an increase in vigilance and painstaking detail in the conditions of the institution (...) but now comes along another school of thought that completely condemns the building of these costly monuments, and not content with the use of non-restraint in them, asks for almost complete freedom for the mad. These insane asylums, they say, are no more than one vast strait-jacket (...) No, we have no right, they say, to lock up a mad person away from society, if you want to cure him you should set him free and surround him with a family of sane people, not a swarm of madmen.*

In this same document he mentions the experience of a Belgian town named Gheel, among whose population of ten thousand lived one thousand mental patients from all over Belgium and also Holland and France. This came about because of devotion to a saint that was the reason for a pilgrimage of the mentally ill seeking a virtual cure. Many families in the area hosted these peculiar pilgrims and the town soon became an exceptional colony that was described, by some ironically and by others in praise, as the paradise of the mad.

And he concluded as follows: *Undoubtedly what has constituted the fortune of Gheel is that all its inhabitants have from birth the rare and difficult qualities that make them good nurses for the mad. They are not afraid of the mad, a condition that is only reached through the habit of dealing with them.*

Dr. Landa did not wish to copy this model, but as we shall see later on, it could well be said that a similar phenomenon occurred in the new neighbourhood surrounding the premises of the psychiatric hospital of Navarre in the 1950s.

In the writing of his report we can see a philosophy of psychiatric care that could be summed up

in one of his sentences: *The fundamental idea of this system, that is, the use of freedom and farm work, is what should prevail as the most effective and beneficial.*

Finally and thanks to the donation of Fermín Daoiz y Argaiz, the Regional Council began construction of what was known as the Basque-Navarra Insane Asylum, and it was opened in 1904. From the very beginning it took in Navarran citizens coming from other institutions. A train came from Zaragoza with 111 new patients and another 20 came from Valladolid. The Director, according to chronicles of the time, received many of the new arrivals in person, and the following anecdote is told: when one of the patients was getting off the train, the Director said:

“Epileptic?”

“No”, replied the man. “From Cascante”( a town in Navarre)<sup>2</sup>.

It is curious that even today after such a long time many residents of the old psychiatric hospital (Figure 3) use the same labels for the different wards that Dr. Landa did: “peaceful”, “agitated” and “epileptic”.

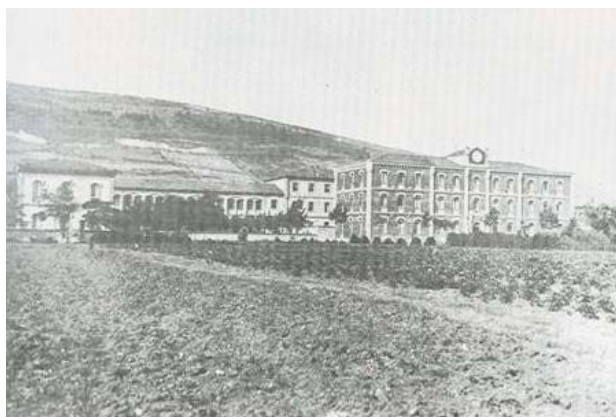


Figure 3: Facilities of the Mental Asylum in Navarre 15 years after its construction (Archivo Centro Psicogeriátrico San Fco. Javier de Pamplona)

### The report of the Ministerial Commission for the Reform of Psychiatric Care

Many years had to pass since that inauguration for Spain to initiate a process of reform of psychiatric care, at least twenty years behind countries such as the United States, France and Italy<sup>3</sup>. This was due mainly to the social and political conditions imposed by the Franco dictatorship, which hindered the timid progress recommended by mental health professionals.

The beginning of this process in Spain was marked by the report of the Ministerial Commission for Psychiatric Reform published in April, 1985, with Ernest Lluch as Minister of Health. This report was the definitive boost for initiating a process that was to involve not a few difficulties. The most important objectives of the reform, according to this Commission, were, among many others, the following<sup>4</sup>:

- The integration of Psychiatry within the public health system, in terms of care, budgets, administration and territory, and this should be set out in the Law for Public Health.
- A reduction in the need for psychiatric hospitalization, by creating effective alternatives.
- The development of active rehabilitation programmes for psychiatric patients and the establishment of minimum social-health conditions for them in all cases (including chronic and institutionalized patients).
- A guarantee of the patient's civil rights when the actions of the health system entail limiting a patient's freedom.

With respect to psychiatric hospitals, the reform was to be orientated towards:

- The gradual reduction of the total number of beds.
- Increasing the possibilities of outpatient care for those hospitalized, by developing interdisciplinary programmes for rehabilitation and social assimilation to facilitate their return to the socio-family environment or their integration into the new resources.
- The training and retraining of psychiatric professionals, with mobilization of human resources and reorientation towards other activities and care units.

In practice, the most arduous task found by those in charge of carrying out the reform was undoubtedly the closing and restructuring of the old psychiatric hospitals, some of which were almost a hundred years old (Figure 4), and which had a patient population of up to 745 individuals in the case of Navarre in 1984.

The symbol of this process in Navarre was unquestionably the knocking down of the walls that for almost one hundred years had separated mental patients from the outside world, and the opening of a public park for the enjoyment of the surrounding neighbourhood in what were once the gardens of the insane asylum.

The man who was its famous director from 1934 to 1970, Dr. Federico Soto, ordered the sign designating it as an insane asylum to be placed inside the entranceway and justified this decision by saying, *the insane asylum is out there; these are just the offices.*

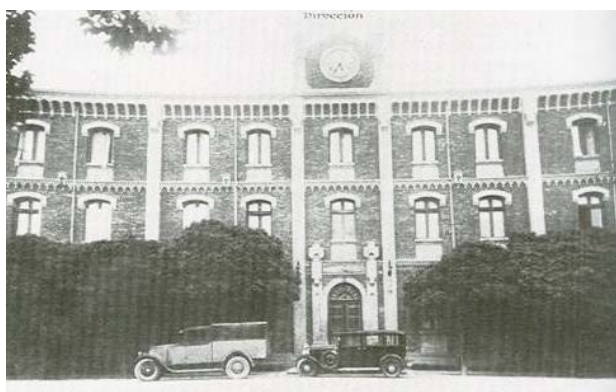


Figure 4: Façade of the Psychiatric Hospital of Navarre (Archivo Centro Psicogeriatrico San Fco. Javier de Pamplona)

### Some data on the reform in Navarre

The passing of the Mental Health Plan in 1986 was the point of inflection in Navarre within the spirit marked out by the report of the Ministerial Commission. Among other objectives, this plan sought the psychiatric sectorization of the community and the creation of a complete care network, with integration of resources and with a biopsychosocial and multidisciplinary approach.

To carry this out, eight mental health centres were created, two day hospitals, two psychiatric hospitalization units integrated in the two general hospitals and two attention centres in accident and emergency. From the very first moment a need was detected for equipping protected flats and houses for integrating into the community the patients who could be let out of the Psychiatric Hospital.

The report on the implementation of this reform<sup>5</sup> mentioned 6 flats and 3 houses used beginning in 1988 and which are social-health resources that are halfway between assisted living and communi-

ty support for patients with limited relational ability and limited personal autonomy in general.

In this same year a “Psychiatric Outpatient Programme Unit” was opened to prepare patients for leaving the hospital. Between 1986 and 1990, twenty-five individuals (8% of all hospitalized mental patients) left the hospital to live in supervised flats. The mean number of patients hospitalized decreased from 698 to 454 during this period.

The speed with which the system was implemented was a result of the political thrust of the Government of Navarre and the corresponding budgetary allocation. In this five year period the region invested more than eight thousand million pesetas in Mental Health through its Regional Health Service, with a budget in 1990 that almost doubled that of 1986.

According to Varo<sup>6</sup>, the Mental Health Plan ran into some difficulty. For example, there was the heterogeneity of the population of Navarre, despite its meagre size, and its composition and distribution, concentrated in the capital and with high dispersion in some areas. The speedy implementation of the system and the scanty prior experience of the professionals involved brought about problems in the creation of a common culture, different expectations and the adaptation of prior experience to new requirements.

### Old cinema clichés about psychiatry

In two articles, Vera Poseck<sup>7,8</sup> has already analysed in this journal the gloomy and crude image of psychiatric institutions that is usually portrayed in the cinema, and which fosters the bias and prejudice against mental patients that have taken deep root in society in general. In all honesty, the crucial role of films such as *One Flew over the Cuckoo's Nest*, which deals with the reforming trends of the 1970s, is far from negligible. However, it is in documentary films where we find a less sensationalist view that approaches a real situation that has been stigmatized both by the cinema and by the media in general.

Among recent documentaries in this line we would highlight: *1% Esquizofrenia* (2006) by Ione Fernández, *LT22 Radio Colifata* (2007) by Carlos Arrondo, *El reverso de la realidad* (2007) by Alejandro Alvarado and Concha Barquero and *The Great Bear Minus Two* (2008) by David Reznak (Figure 5).

It would also be unfair to overlook films that offer a perspective that differs from the usual clichés, such as *Shine* (1996) by Scott Hicks, *Léolo* (1997) by Jean-Claude Lauzon and *A beautiful mind* (2002) by Ron Howard.



Figure 5: Spanish poster of the documentary *La Osa Mayor Menos Dos* (2008) by David Reznak

Incidentally, cinema fans will be aware that playing a character with a mental disability or disorder is often synonymous with an award for the actor involved. Without even attempting to be thorough, we can cite the examples of Oscars for Jack Nicholson in *One Flew Over the Cuckoo's Nest* (1975) by Milos Forman and *As Good as It Gets* (1998) by James L. Brooks, Marlee Matlin for *Children of a Lesser God* (1986) by Randa Haines, Dustin Hoffman for *Rain Man* (1988) by Barry Levinson, Daniel Day-Lewis for *My Left Foot* (1989) by Jim Sheridan, Kathy Bates for *Misery* (1990) by Rob Reiner, Anthony Hopkins for *The Silence of the Lambs* (1991) by Jonathan Demme, Tom Hanks for *Forrest Gump* (1994) by Robert Zemeckis, and Geoffrey Rush for *Shine* (1996) by Scott Hicks. In Spain we can add the unforgettable acting of Paco Rabal, who won an award at the Cannes Film Festival for his role as Azarías in *Los santos inocentes* (1984) by Mario Camus (Figure 6).

It seems clear that acting the role of a character on the edge of sanity is a great challenge for actors. However, too often they fall into the trap of overacting and paroxysms when trying to give life to characters that in real life are much closer to what we think of as “normal” than what is shown on the screen. The cinema, as Vera Poseck corroborates in her articles, insists on associating mental illness with violence, and gives an image of mental health institutions that is far from the real situation in today’s world. Thanks to the serious work of many professionals, the walls of the old insane asylums have been taken down, but there is still a way to go in tearing down the mental walls that more often than not the cinema has contributed to building.



Figure 6: Spanish poster for *Los santos inocentes* (1984) by Mario Camus

**Elling a different perspective on mental illness**

**Technical details**

- Title:** *Elling*
- Original title:** *Elling*
- Country:** Norway
- Year:** 2001
- Director:** Petter Næss

**Music:** Lars Lillo-Stenberg

**Photography:** Svein Krøvel

**Film editor:** Inge-Lise Langfeldt

**Screenwriter:** Adaptation by Axel Hellstenius of Ingvar Ambjørnsen's novel *Brødre i blodet*.

**Cast:** Per Christian Ellefsen, Sven Nordin, Marit Pia Jacobsen, Jørgen Langhelle, Per Christensen, Hilde Olausson, Ola Otnes, Eli Anne Linnestad, Cecilie A. Mosli, Joachim Rafaelsen, Per Gørvell, Knud Dahl and Knut Haugmark.

**Color:** Color

**Runtime:** 89 minutes

**Genre:** Drama, Comedy

**Production companies:** Maipo Film- og TV Produksjon and TNT Film Productions

**Synopsis:** When Elling's mother dies he is sent to a mental institution. After two years there, Elling and his roommate, Kjell Bjarne, are moved to a flat in Oslo where they are expected to take care of themselves. Norway's social assistance system has given them this opportunity and they hope to take advantage of it. This new life presents many obstacles they must gradually overcome, and they must begin to relate to other people in their surroundings, which will put to the test their ability to integrate normally into life in the Norwegian capital.

**Prizes:** Nominated for the Oscar for best film in a language other than English (2001). Special Mention for New Directors and the Youth Jury prize at the San Sebastián Film Festival (2001).

<http://www.imdb.com/title/tt0279064>

*Elling*, with what could be called a tragicomic approach, clearly intends to distance itself from the usual film treatment of gloomy insane asylums and patients with criminal tendencies to show the experience of two people with mental illness who leave an institution in order to live in a supervised flat in the very centre of Oslo.

Anyone who has been fortunate enough to devote themselves professionally to psychiatric care will agree that life for many of these patients is tragic, and it is tragic for their families as well. Nevertheless, in day to day encounters with the mentally ill there are often comic touches, and thus this tragicomic perspective that the director, Petter Næss, gives to this film is right on the mark (Figure 7).

The voice in off of Elling (Per Christian

Ellefsen) gradually gives us the keys to understand his maladjusted behaviour and tenderly draws the spectator towards the fears and difficulties that a person with a mental illness faces in daily life. As he says, he must overcome the two enemies that pursue him constantly: vertigo and anxiety.



Figure 7: The protagonist of Elling, Per Christian Ellefsen, with the Director, Petter Næss

The film was so successful that Eva Isaksen filmed a sequel entitled *Mother's Elling/ Mors Elling* (2003) with the same main actor and with Grete Nordrå in the role of Elling's mother (Figure 8).

There are many situations in *Elling* that parallel the real experience of a group of mentally ill individuals in Navarre who lived through this same process of leaving the institution they lived in for many years and moving to supervised flats where all of them faced unknown challenges.

Thanks to their collaboration and first hand testimony, below we analyze several aspects of this process and compare the experiences of this group with the situations shown in *Elling*.



Figure 8: *Mother's Elling* (2003), The protagonist with his mother (Grete Nordrå)

## Comparative analysis of *Elling* and the real-life testimony of mental patients de-institutionalized during the reform in Navarre

Note: The individuals quoted below have a mental illness (a diagnosis of schizophrenia in some of its variants) and the names used are fictitious to protect their anonymity. Two dates are given after their names: the year they were institutionalized and the year they left the institution to move to supervised living in a flat.

### 1. Preparing to leave

The mental health building in Norway is bright, with large windows and gardens, a far cry from the usual gruesomeness seen in the film representations of these institutions.

In *Elling* we do not see any kind of training in social or domestic skills for the patients' imminent move to a supervised flat. Only Elling refers to therapy and that *they want me to talk about my mother* and he alludes to the fact that the Norwegian government is giving them a flat.

As soon as they move to the flat, the social worker encourages them to go out because that night *the government is inviting them to dinner*. This image of the government as benefactor, an anthropomorphism, is also very common in real life discourse. In the case of Navarre, the word usually used is "la diputación" (the regional government), which is the entity that seems to acquire all things and takes care of expenses. Amparo (1978 –date institutionalized-; 1989 –moved to a supervised flat-) assures us that *the regional government bought the flats and paid for the electivity and telephone*.

As mentioned above, the psychiatric hospital in Navarre created a Psychiatric Outpatient Programme Unit for twelve individuals in a small building pertaining to their installations. Of course for all the new inhabitants it was natural to call it "the priest's house", as that was its former use. The most suitable group of persons was chosen and they were told about it.

Unlike the case of Elling and Kjell Bjarne (Sven Nordin) (Figure 9) who seem happy with the opportunity to leave, most of those chosen in Navarre did not wish to leave the institution.

Asun (1967; 1988) tells us: *I was living in the "calm" wing as they used to call it and they said: you're ready*

*to go live in a flat and I told them no way, I haven't left here since I was very young (...) It was hard for us because in the "calm wing" we didn't go out at all, we were always sitting around.*

Julia (1957; 1990) *We didn't want to go to the flat, but the doctors signed us over. But we'd been ill all our lives! How were we going to be able to go? They told us they'd give us an allowance and that they would help us.*

David (1962; 1990) explains it more graphically: *Whether you liked it or not, they took you. I'm ready to do whatever they say... I'm okay anywhere.*

The adaptation period lasted one year and six months. During this time, they were taught basic skills of home economics, home appliances and a few notions about cooking.

One thing that was fundamentally new to them was that for the first time in many decades the two sexes were permitted to live under the same roof, after years of separation behind walls in and indifferent wards. In *Elling*, Kjell Bjarne shows a disproportionate interest in having sexual relations, and everything seems to indicate that in Norway they were not allowed contact with the opposite sex either. His flat-mate describes him as *an orang-utan who only thinks of women and food*.

Nonetheless, for therapeutic and organizational reasons, men and women were again separated in the supervised flats.

### 2. Adaptation in a new home

The social worker shows Elling and Kjell Bjarne their new home, with a rather spartan décor,



Figure 9: Kjell Brne and Elling about to begin their new life

and the distribution of the bedrooms, one for each. There follows a very tender and funny scene: as soon as they are left alone in the flat, they move the beds to one room. "That way it will be like in the institution," they say, satisfied. Both of them are happy in their new place, but they prefer to share the space, just as they did before, in spite of having to squeeze in. This feeling of protection they have for each other, of a special friendship rooted in their prior living arrangements, is an aspect that also stand out in real life situations.

In Navarre, arrangements were also made for each individual to have of room of their own in order to have privacy, and it seems that this was maintained. Julia (1957; 1990) says, *You had to adapt to each person's disposition and if not, you had your own room to be alone in.*

There were also those who, as in *Elling*, maintained habits more in keeping with institutional life, such as getting up at five in the morning and going to bed at eight in the evening.

### 3. Supervision and rules

Frank Åsli (Jørgen Langhelle) is the social worker in charge of the adaptation of the protagonists. The character is a sarcastic type who with a lack of enthusiasm gives them some warnings: *You have to demonstrate that you can live alone; if you don't manage it, there are others who want to live here.* He does not seem to give them any instructions and just leaves his telephone number in case they need him. On one occasion he mentions that he has another twelve persons to attend to.

A couple of important aspects are surprising. At no time on the screen do we see Elling or Kjell Bjarne having to take some kind of medication. The filmmaker may have deliberately tried to obviate this matter, since making sure patients take their medication is one of the bones of contention of all those working in the field of mental health. After all, the work of the therapist should help to make patients aware of their illness to ensure their integration.

There is also no mention of smoking, since neither of the main characters smokes. This is somewhat strange, since tobacco consumption in mental illness is frankly quite high, and is usually a basis for controversy. Erwin Goffman<sup>9</sup>, in his famous work on total institutions, speaks of the "cigarette economy".

Julia (1957; 1990) recalls: *They told us we couldn't smoke in the rooms. One time, somebody set a chair on fire and it was a good thing we got there in time. I used to spend all day cleaning Duralex ashtrays... it was a miracle we didn't all burn up.*

In their testimony they do not transmit excessive severity in the rules they were subject to. Asun (1967; 1988) assures us that: *They just told us to take our pills and not to spend all day in bed.*

Supervision was indispensable to avoid the patients becoming bored and apathetic; this was done by professionals linked to a Rehabilitation Clinic of reference. Julia (1957; 1990): *They would come once a week and keep our accounts for us, On Wednesdays they prepared our pills. They would say, "Have you taken your pills?" Later on they said we were taking out a lot of money and we shouldn't get so fat, added Catalina (1979; 1989).*

At first, Elling is incapable of using the telephone. Later on, his phone call will become a symbol of his progress. Kjell Bjarne, on the other hand, calls up sex-lines, which runs up the telephone bill spectacularly. Frank has to warn them about this. This same problem, the telephone bill, also garnered a reprimand among the group in Navarre. Asun (1967; 1988) comments: *They told us we were spending too much money on the telephone, but it was Antonia who was phoning her brother in Mexico.*

In both cases, the telephone is the medium that breaks with their isolation of several years, both in the film and in real life.

### 4. Housework and other aspects

The protagonists of *Elling* experience some difficulty in doing housework, especially because Elling refuses to leave the house to do the shopping. His supervisor obliges him to do it and he has a breakdown right in the street which compels him to curl up in a corner. This failed attempt leads the audience to doubt whether the experience will be successful or not. Without directly referring to it, the existence of an eating disorder is insinuated (Figure 10).

In supervised flats it is necessary to distribute household tasks among the occupants, almost always according to the skills of each.

One person would take charge of the money they shared. Asun (1967; 1988) affirms: *We*



used to buy the best cured ham and even king prawns at Christmas. Lots of meat, lots of chicken, and the best olive oil (...) I would put some money aside each month to buy some new mattresses.

Antonia (1957; 1988) remembers: *We would all go out together to do the shopping...I used to get infuriated because I had to handle the shopping cart and there was no lift.*



Figure 10: Scene of the first dinner outside the supervised home

David (1962; 1990) adds: *Every day we had to cook the meal and do the washing up, wash the pots.*

As for hygiene, Elling tells his roommate off because he hasn't washed in two weeks. This lack of hygiene is quite common in mental patients, because they lack an idea of self-care that has repercussions on living with other people and on their own self-esteem. Catalina (1979; 1989): *I used to wash myself in the afternoons and change the sheets once a week. When the girls came we had to take showers.*

María (1964; 1989) uses the term “*extremar*” (doing the cleaning and tidying, a very Navarran term in Spanish that comes in the dictionary) to ensure that they kept the flat clean.

## 5. Leisure and free time

In the film there is an image in which Elling and Kjell Bjarne are playing a board game with the television off. This lack of interest in television seemed to be common among the patients living in the flat. This is what Miriam (1966; 1989) says: *We didn't watch the tele. It broke and we didn't get it fixed*. María (1964; 1989): *We didn't use to watch television, only to see the bulls run in the 'San Fermín' (the famous festival held in Pamplona in honour of its patron saint).*

Alberto (1963; 1990), a great film fan, was the exception: *We bought a big 'Telefunken' television and a VCR and watched films.*

Elling and Kjell Bjarne decide to go out for supper to a restaurant and celebrate it as a great advance. Catalina (1979; 1989) also tells with pride how there were days they went out for a drink or during the town festival: *We would go to the special food stands in the San Fermín and eat "churros".*

There is a truly poetic element in *Elling* when the main characters visit the beautiful Vigeland park one night in Oslo, full of monumental human sculptures.

Just as we see in the film, some of the Navarran patients living in flats spent a lot of time just looking out the window. Julia (1957; 1990): *I like watching the people go by*, while Asun (1967; 1988) assures us with annoyance: *She spent all day looking out the window and not doing anything.*

## 6. Relations with the environment

Kjell Bjarne makes contact with a neighbour with whom he will fall in love and Elling does so with a local poet, thanks to his initiative of going to a poetry reading. These two relationships allow them to take a journey, as definitive proof that they have managed to overcome their fears. With the approval and encouragement of their supervisor, they decide to leave the flat, their protective stronghold, for a few days. These small conquests of autonomy, which for them are big steps towards integration, are undoubtedly proof that their experience of de-institutionalization has been successful.

In the case of the patients in Navarre, there were also moments of taking trips to broaden horizons. *We went to Benidorm five times; we liked that a lot. The men living in the other flats also went along*, says Asun (1967; 1988) with satisfaction (Figure 11).

Contact with neighbours, which is not noticeable in *Elling*, was cordial in the real-life situation and did not cause excessive problems.

In my view, the location of flats for supervised living in the neighbourhoods that sprung up as a result of the exodus from the countryside to the city in Navarre meant that the de-institutionalized patients were welcomed and even somewhat protected by their neighbours. The shopkeepers and other

individuals in the neighbourhood were aware of the origin and processes of these people, as were those who moved into the new housing built on the edge of the grounds of the old psychiatric hospital, who were used to dealing with the patients going in and out of the institution.



Figure 11: Kjell Brne manages to fix the car in which they are to travel with their new friends

Unintentionally it seems that the Gheel situation in Belgium, which Landa rejected as a model, is quite similar to the situation described above: mental patients living in supervised flats in the midst of a sympathetic neighbourhood or those living and working near the old psychiatric hospital without much conflict to speak of.

Certainly nowadays any community of neighbours would have a lot of objections to establishing a supervised flat for mentally ill patients in their midst, owing to the prejudice that media such as the cinema have encouraged.

### By way of conclusion

*Elling* ends with cause for hope, in that its protagonist seems to have overcome some of his fears, has been able to relate to his environment and has furthermore discovered poetry as a way to express himself and be recognized, even though his is still, in his words, *an anonymous voice in the streets*. Kjell Bjarne, for his part, is capable of transmitting his happiness to an entire establishment when he learns of the birth of the baby his love was expecting and his jubilant reaction is applauded by all those present. This conclusion invites us to have faith that integration is possible, even with all the difficulties that we can see in the protagonists' way of being.

A society's ability to harbour difference reveals its level of culture and human development

and above all its commitment to those who have the most trouble integrating.

The real life experience that we have presented here also seems to corroborate this hopeful conclusion, since most of those who left the psychiatric hospital in Navarre to move to supervised flats remain in them an average of ten years.

The reform of psychiatric care, which for many remains unfinished, the same as in other parts of Spain, has its good and bad points in Navarre, but at least it was an attempt to abandon a model that entailed a perverse concept of mental patients that forced them to be locked up and isolated in institutions.

If film and other media abandon the stereotypes that are full of bias towards mental illness and associate it with violence<sup>10</sup>, the stigma that hinders people from approaching this situation without fear will gradually be erased. The real situation is similar to what happens in *Elling*, a simple story of persons with problems of adaptation that has nothing sinister about it.

### Epilogue

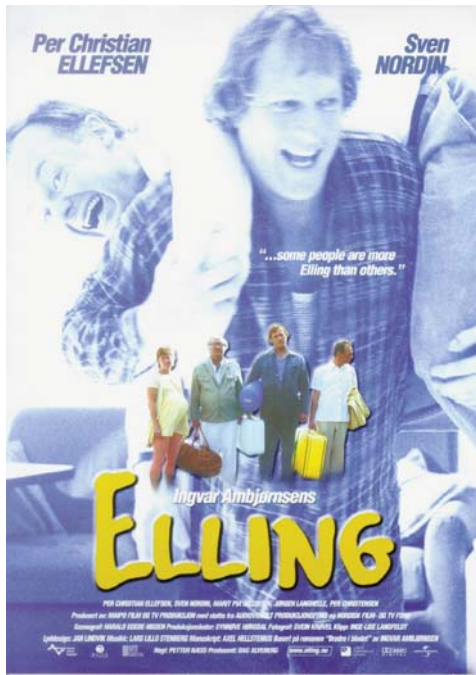
*Elling* places the picture of his adored Gro Harlem Brundtland, the Labour Prime Minister of Norway, to preside over the kitchen. In one of the supervised flats in Navarre what presided over the living room was a wall clock that announced the passing of time with its bells. That clock was returned to one of the remodelled wards of the old psychiatric hospital, nowadays called the Psycho-Geriatric Centre. This passing of time has meant that, because of their advanced age, those who gave their testimony here have returned to the building they left years before to live in flats. It was a non-traumatic return for individuals like Alberto (1963; 1990), who says, *They took us out of the flats because we're old, but we're fine here; this isn't like it used to be*.

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Danish poster with the two stars of the movie in a sequence

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