

Invited commentary

**Reflections on performance and mental illness**

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**INTRODUCTION** At the beginning of the academic spring term, one of the new students at my workplace, actively taking an interest on what I do outside of work, asked me what area I am examining as a research student. I told him I am looking at theater performance and mental illness. “I have never thought about these two things together”, he responded, “but now that you mention it, it makes perfect sense”. And it truly does. In what ways has this relationship developed though, and what enables these two elements to work together well?

Evidence of the bond between drama and mental illness can be found looking back as far as ancient Greek drama; theater continues to exhibit this relationship with psychopathology up to today. Brief examples stretch from characters like Orestes, or Heracles by Euripides in the tragedies of the same name, to Shakespeare’s Hamlet and Ophelia in *Hamlet*, King Lear and Lady Macbeth. Focusing mainly on the paradigm of Greek tragedy and Shakespearean drama in his essay *Psychopathic characters on stage* (1905 or 1906/1943), Freud analyzes male characters as the “rebels against God or against something divine” (p. 306), whose psychopathological nature allows for a conflict between conscious and unconscious self, a conflict that is immediately reflected on the spectator (pp. 308-309). Looking at more contemporary examples and more particularly 20th century theater, we find a further need to explore psychopathology through the works of Samuel Beckett, August Strindberg, Henrik Ibsen and Tennessee Williams - Blanche DuBois is a famous character of such nature on Williams’ *A Streetcar Named Desire* (1947) - and more recent work such as *4.48 Psychosis* (1998-1999) and other plays by the late British Sarah Kane.

By turning to theater beyond set text, we find applied practices -devised and socially engaged theater<sup>1</sup> - with applied theater, in particular, being a term that embraces “drama education and theatre in education, theatre in health education, theatre for development, theatre in prisons, community theatre, heritage theatre and reminiscence theatre” (Nicholson, 2005, p. 2), and socially engaged practices being an even wider term for theater in societal contexts. These practices have led the way alongside more traditional forms of theater, adding a great deal to the richness of activity around mental illness on stage.

Beyond bold playwrights who speak of mental illness in the most poetic language and other theatrical activity on mental illness, another example of the relationship between the wider areas of art and health, the inter-disciplinary field of *medical humanities*, the space where medical education, practice and

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the arts meet, has been on the rise in recent years (Greaves, 2001, p. 13). Through the exploration and application of this wide field of thought and potential practice, the goal is to create a more humane environment for patients and doctors, where the narrative of the patient is valued and the role of the doctor transforms beyond the traditional Western medical model. In the UK, this rise is evident in the increase of medical humanities degrees and relevant research, in the growing interest of scholars and practitioners for a new insight into medicine, and in big foundations' – such as the Wellcome Trust – full-on support of the field, devoting a whole section of their focus to the funding of practitioner projects, doctoral and post-doctoral research. Considering the prevalent culture of openness in the UK around mental illness, a country that has enabled powerful organizations like Mind, Time to Change, Sane and the Mental Health Foundation to lead the discussion on stigma and care, with festivals focusing on the very intersection of art and health, like Sick!, BEDLAM, Anxiety, Scottish Mental Health Arts and Film Festival, MedFest, and this year's Wellcome Trust-supported, The Sick of the Fringe, it is no wonder that performance artists feel free to express their views through theater on mental health and illness, health care systems and the progress of science in relation to health. Moreover, many receive significant financial support by Arts Council England, Arts and Humanities Research Council and the Lottery Fund.

**THE UK SCENE** In the UK, contemporary performance sits under the big umbrella term of live art, which represents many categories of performance practices within the UK and partially in Europe (Johnson, 2012). Johnson notes: “The key difference between the terms ‘Performance Art’ and ‘Live Art’ today -despite being so often used interchangeably- is that in the UK, Performance Art is a formal tradition, while Live Art is a sector.” (p. 7). Drama and performance about mental illness is situated well within contemporary performance.

The UK has a history of innovative performance that dates back to the late 60s to early 70s. Performance that is not necessarily restricted to mental illness but always involves a social comment by companies like IOU, Forced Entertainment and the more recent Duckie, and fringe solo performance artists like David Hoyle, Bobby Baker and the late Adrian Howells are a few examples of practitioners who have pushed the envelope on what we consider theater and added a distinct social character to theatrical performance. In recent years, and while most of these companies and solo artists are still very much active, performance on mental illness (amongst other things) from a younger generation of emerging artists such as James Leadbitter performing with the alias “the vacuum cleaner”, Laura Jane Dean, Kim Noble, and Bryony Kimmings, and companies like Ridiculusmus, Analogue and Stumble Dance Circus have been added to the list. Some of these works consist of autobiography blended with elements of fiction, and some performances derive from a genuine interest and research around mental wellbeing and illness; most are a combination of both. Innovative performances by these artists and many more have been supported by Artsadmin, Live Art Development Agency and other non-mainstream theater organizations and have been presented in a variety of venues that expand from the very home of the artist, to lecture rooms, clinical settings, well-known off-West End theater venues like Camden People's Theatre and Soho Theatre, and all the way to world-renowned spaces such as the Barbican and Southbank Centre. This diversity in content, support and response to the work reflects the same openness with which the mental health debate is approached in the UK and willingness to shift the perspective, try new things and explore what works.

In my examination of some of these performances as a research student, I discovered two important areas of research which may help us understand how contemporary performance about mental illness can contribute to the discussion of classification, stigma, health care provision and overall understanding of the subjective experience of mental illness. These are the notion of performativity of mental illness on stage and in real life, and the role of affect in the connection between artist and audience. In these next sections I will be exploring how these areas are particularly prevalent in performance about mental illness and what is their significance in relation to what we gain as spectators.

**PERFORMATIVITY AND MENTAL ILLNESS** In speaking about gender as a performative act, Judith Butler (1999) discusses the notion that gender is largely a learned, repeated and performed behavior rather than a trait that is assigned and natural. Butler analyzes gender in those terms, by taking nothing for granted, and gives the paradigm of drag as a heightened version of gender and one that allows for contemplation on the different “shades” of gender. Butler’s model is a potentially useful tool in examining mental illness through performance. The notion of performativity is not used in this context to claim that the person is not actually ill; to say that the experience of illness is so fluid, is dangerous and implies that the suffering is unreal for the individual. Rather, performativity offers a way to view certain assigned attributes of mental illness as more flexible than we think they are, particularly in relation to health and its assigned characteristics. For example, the experience of mental illness is unique to every person and often goes beyond psychiatric categorization, which provides a useful language but obscures important elements of the personal experience, as all categorization does. Additionally, much like gender may be viewed as a self-fulfilling prophecy so can be a clinical diagnosis, particularly at an early age. Butler writes in her 1999 preface:

*The anticipation of an authoritative disclosure of meaning is the means by which that authority is attributed and installed: the anticipation conjures its object. I wondered whether we do not labor under a similar expectation concerning gender, that it operates as an interior essence that might be disclosed, an expectation that ends up producing the very phenomenon that it anticipates. (p. xv)*

Indeed, what is the case for gender and its construction may well express how set we view the notion of illness and what we consider as being healthy, as well as the level of insight that psychiatric classification offers us. Performativity can be the way into challenging that “authority” that Butler speaks about, which facilitates the expectation and establishment of what distinguishes mental health from mental illness. James Leadbitter’s (or the vacuum cleaner’s) work is primarily concerned with introducing those areas of conflict; what is healthy and what is ill, what is the contribution of psychiatry and where it all goes wrong. In *The Assessment* (2014), a performance taking place in a lecture theater, at the Anatomy Museum in King’s College, the vacuum cleaner asks from the audience to fill in a questionnaire comprised by several psychiatric assessments for all types of classified mental disorders, in an attempt to exhibit in action the health-illness continuum. Laura Jane Dean explores the relationship of health and illness in a similar manner, by asking the audience to rate their mood in different parts of her performance *This Room* (2014), a monologue where she deals with the subject of therapy for obsessive compulsive disorder. In *mental* (2013), through ten years of stories of intense life experiences and mental illness that the artist narrates from his bed in his bedroom<sup>2</sup>, the vacuum cleaner lays out thoughts about classification and the pitfalls of the British health care system.

Mental illness, while often feels like a distinct part of behavior to the person experiencing it (i.e. something that is external to them), is nevertheless a formulation of human traits, biology, attitudes and what one can describe as malfunctioning, unhealthy, repeated behaviors and unpleasant feelings. As in gender and any other set role, repetition and ritual as well as embodiment (in the case of mental illness, we could call this acceptance or internalization) are crucial to sustaining this role. For Butler performativity is, at least in part, defined by these traits (1999, p. xv, p. 185, p. 191). What then is the representation of mental illness on stage is the externalization of that internalized role and any exposure of this kind is bound to challenge what we consider as fixed. Here, the notion of drag in Butler’s theory, points to the stylized elements of gender in the same way that mental illness on stage does. The idea that illness may possess performative elements in real life derives from this externalization on stage. Performance about mental illness offers us a chance to look at a heightened, slightly larger-than-life version of the reality of mental illness – what drag is in Butler’s theory – and thus allows us to contemplate on the notion of performativity of mental illness on stage and in everyday life. Butler says about internalization that “The view that gender is performative sought to show that what we take to be an internal essence of gender is manufactured through a sustained set of

acts posited through the gendered stylization of the body” (p. xv) and she insists on not taking the “‘internality’ of the psychic world for granted” (p. xvi).

Furthermore, Butler’s idea of punishing those who are not doing their “gender right” (p.190) is a particularly useful explanatory model for viewing illness as health not done right, and therefore a punishable and stigmatizing act, which may lead in internalizing the illness as a core identity, a role in real life and on stage. But even if we accept the idea that the ill person is clearly defined and separated from the healthy one, their illness is not all that defines their personality. “If one is a woman, that ‘is’ surely not all one is” (p. 4), she states. Mental illness is similarly perceived as all that one is particularly after a diagnosis is given.

Butler’s notion of gender as naturally dynamic, ever-changing is useful in contemplating the relationship of health and illness in similar terms. In *Fake it 'til you Make it* (2015), by Bryony Kimmings and Tim Grayburn, depression is viewed as an illness that can be chronic and one that should be treated as such. As the duo in the performance is a real-life couple, they explore the positioning of health and illness in their relationship, with one of the two being the person experiencing depression. In her recent reprise of *Drawing on a Mother’s Experience* (first performed in 1988), *Drawing on a (Grand) Mother’s Experience* (2015), Bobby Baker describes her life, part of which was mental illness, through food memories, pointing to the naturalness with which sometimes, mental illness can occur in a person’s life.

Performativity is a complex and valuable notion which is evident in much performance about mental illness out there. For these difficult, emotionally and cognitively, questions to be asked though, performance artists offer a world of intimate affective exchange between themselves and the audience, which not only allows for some safety in disclosing private and difficult information but also establishes the base for the possibility of shifts in the audience’s perceptions.

**AFFECTIVE UTOPIAS** “Is there anyone who has not, at least once, walked into a room and ‘felt the atmosphere?’” This is the first sentence in Brennan’s book *Transmission of Affect* (2004, p. 1) and a particularly representative statement for performances about difficult subjects, such as mental illness<sup>3</sup>. When thinking of performance and the possibility of affective exchange, it is useful to think of the space in which this exchange takes place. What theater can do, despite its quality, is to give the opportunity to a group of people to be part of that space for a few hours. For this purpose I am borrowing Dolan’s notion of *utopian performatives* (2005), which heavily relies on shared affect:

*Utopian performatives describe small but profound moments in which performance calls the attention of the audience in a way that lifts everyone slightly above the present, into a hopeful feeling of what the world might be like if every moment of our lives were as emotionally voluminous, generous, aesthetically striking, and intersubjectively intense. (p. 5)*

The essence of utopian performatives is about an exquisite moment in theater, when a group shares an experience and everyone tunes into the group’s responses. Dolan does not suggest that these moments are life savors and does not state that theater can change the world. Rather she describes in modern form, Turner’s notion of *liminality* and that of *communitas* as it is applied in the experience between performance artist and audience members, as well as between audience members themselves. First conceptualized by Arnold van Gennep in 1909 [1960], the *liminal phase* of a ritual is the moment when people leave their existing roles behind so that they can accept new ones. During the liminal phase anything is possible and many transformations can occur, much like utopian performatives define. Victor Turner later re-discovered and expanded the idea of *liminality* (Schechner, 2013, p. 67). Turner’s *communitas* (1974, p. 274), and more particularly *spontaneous communitas*<sup>4</sup>, refers to the process during which humans bond in an unexpected way during ritual.

While performance about mental illness may often not provide us with hope and elevate us from reality in the way that Dolan describes, when it comes to the shared affective experience of the audience, it seems that for the performance to have an impact and for the body of information about

the illness to turn into something meaningful, interesting, and something that the audience will have a chance to digest, profound moments of connection have to be present; regardless of whether they are there to make us contemplate of a difficult present or direct us to a hopeful future. With performances like *mental* or *Held* (2006) by Adrian Howells<sup>5</sup> taking place in intimate spaces such as the artist's bedroom (Leadbitter) or a lying in bed together (Howells), and with small audiences (or even an audience of one) in close proximity to the artist, the foundation for a profound utopian moment is clearly laid out, and the possibility for intense affective exchange is present in abundance.

In utopian performatives, affect is key and as Brennan (2004) points out when describing the transmission of affect in groups, "the emotions of two are not the same as the same as the emotions of one plus one" (p. 51). The emotions projected in the room when experiencing the pain of someone else, are more than just fragmented reactions that begin and end within the same person. Brennan stresses throughout her theory about the transmission of affect and her focus on *entrainment*<sup>6</sup>, the chemical process by which pheromones are released from the body and lead to repetition, emotional contagion and to a synchronization of responses between individuals. I can vividly recall the soft weeping of the audience attending Kimmings' *Fake it 'til you Make it*, and the post-performance teary red eyes and looks of sympathy between audience members in the foyer of Southbank Centre. Similarly in Leadbitter's *The Assessment*, the anxious sound of the pages turning as the audience filled in their psychiatric assessment, signified a we-are-all-on-the-same-boat unified response that extended to the artist himself standing in front of us, eagerly waiting to give us our "diagnosis".

While not explicitly uttered, much of what occurs in Dolan's utopian performatives, and the connection through *communitas* expressed as a joined affective audience response, may well be a result of entrainment. Brennan says: "The affect *in the room* is a profoundly social thing." (p.68). Hence, the separation between self and other or as she says "environment" (p. 6), becomes more challenging than one might think. The self, the sole person does remain important as the source of affect and as a filter and interpreter of the ambient affect, but the affect is not meant to be contained. In performance, the center of that transmission and affective production is usually the artist. It is then the individual's (the audience member's) turn to give meaning to the transmitted message.

Performance that is potentially difficult, as much of the performance about mental illness is, performance that is challenging to watch and be part of, requires a certain degree of investment from the audience. In describing her experience of failing to attend a performance by Adrian Howells (2013, pp. 1-4), a performance artist who described his performances as opportunities for "accelerated intimacy" (as seen in Doyle, 2013, p. 2), Doyle addresses this requirement for investment which could go either way and one that seems to appear only in live performance (p. 7). To that I will add that the connection between performance artist and audience member is one that cannot be replicated in other mediums and one that may prove quite fruitful. Even feelings of awkwardness can be productive (p.13), a type of important difficulty that points to us as social subjects (p. 20) as Doyle states.

As I established, the need for affective exchange may have its roots on the performer, but extends to the audience. This communal experience has the potential to create an intimate atmosphere. In discussing performances that focus particularly on producing intimate moments, Walsh (2014) says:

*What makes intimacy such an important and difficult area of inquiry is not just the measure or touchy-feely togetherness it promises or evokes, although that may well be justifiably part of it, but rather because it enables us to consider the various ways by which we are bound to each other and to the world; ties that may include the biological, legal, and political, as well as the more nebulous emotional, affective, and social kind.*  
(p. 60)

In productions like *mental* and *Fake it 'til you Make it*, the audience is allowed to share a sense of intense affect and -at times- forced intimacy due to the content that is disclosed. This affective exchange is dynamic, ever-changing and has potential.

Affect and cognition derives from, and at the same time works in parallel with the story. While making sense of the narrative or the action you also try and deconstruct your own feelings and relevant experiences which run alongside the performance. The absurdity of some of the vacuum cleaner's and

Kim Noble's stories provoked me to investigate whether what I was seeing on stage was real or not during the performance; whether they exaggerated their experience or whether they are telling the truth. This absurdity reinforced the balance of drama and comedy, pain and joy, real and fictional. My need to seek the truth (my cognitive response to what I was seeing) allowed me to create a safe distance between myself and the subject. In Kim Noble's *You're not Alone* (2015), the non-stop projections of filmed moments of his and other peoples' lives, not only make Noble an audience to his own life but also alleviate the audience from possible major awkwardness and nervousness, as the harsh reality of some of these snapshots is filtered by the fact that it is not Noble the artist in flesh narrating some of the most embarrassing moments of his life but it is Noble, an on-screen persona, presented by the artist himself. As Heddon (2008) says about Bobby Baker's layers of identity in performance, "Between the Baker who performs and the stories being performed, there are at least two other Bakers: the Baker who is performed and the non-performing Baker." (p. 41).

This live process works on the members of the audience both as individuals and as a group, emotionally and cognitively. "The theatre", as Jennings (1992) points out in reference to Davis' writings, "creates distance, it enables people in the audience to understand things in different ways, or to see things that they had not seen before" (p. vii). Brecht's *verfremdungseffekt*, the distancing effect that allows the spectator to be critical rather than get lost in the performance is particularly relevant, if not necessary, in these performances. "The paradox of distance", Jennings continues, "is that it allows us to come closer (Jennings, *op. cit.*) and themes that perhaps are too hot to handle in any direct way are presented to us in dramatic form." (p. vii). This is the case with performance about mental illness, often more intensely when the work is autobiographical. The sensitivity of the subject, the magnitude of human pain presented and the stigmatizing, isolating traits that are attributed to mental illness make a balance between high affect and cognitive function essential, and bring about an odd and almost mandatory intimate distance.

**CONCLUSION** In Doyle's words "performance art offers a particularly rich context for exploring questions regarding the presence of emotion, audience, and event" (2013, p. 15) while Langer (1953) states that "drama presents the poetic illusion in a different light: not finished realities, or 'events,' but immediate, visible responses of human beings, make its semblance of life. Its basic abstraction is the act, which springs from the past, but is directed toward the future, and is always great with things to come." (p. 306). It is precisely the potential for exchange and shift attributed to theater that constitutes it a powerful platform to engage with the difficult and often socially misrepresented subject of mental illness, to explore the possibilities of adding new meanings to existing concepts and well-established realities. Bhui points to the importance of looking at mental illness from multiple angles: "Studies of psychopathology and perspectives from the medical humanities play a key role in bringing us closer to ways of expressing and coping with experiences of personal distress" (2015, p. 88).

It is my experience that a long time after I attended some of these performances, the questions that they pose about mental illness still linger, and remain to be answered, and all I can truly remember is the shared affective experience, the contradictions, the disappointment and the joy. For these reasons contemporary performance on mental illness is worth remembering, examining and extending.

## NOTES

1. According to Nicholson (2005) the term "applied theater" started being used in the 90s partially as a way to explain to funders the context of the performance, but also because it grew to become a way of communicating certain characteristics of the performance directly related to its social character (p. 2). Applied theater, like many other categories in performance, has no clear-cut boundaries or consensus of what it is constituted of (p. 3).
2. I attended *mental* in October 2013, at the artist's residence in his bedroom. Since then, *mental* has been performed in a variety of venues.

3. Due to the nature of the subject, performance about mental illness can often become heavily emotional for the audience. However emotions do not stop on sadness or empathy. Performance about mental illness often has a humorous character, with comedy mixed with more dramatic moments, so that the audience and the artist can “take a break”. Bryony Kimmings stated at the beginning of her performance *Fake It 'Til You Make It* (2015) that she and her partner Tim Grayburn, actively tried to add comic moments to make the depiction of mental illness more bearable for the audience.
4. Turner distinguishes *normative* from *spontaneous communitas*. Normative communitas is set, therefore the participants know what to expect. Spontaneous communitas has no agenda and people “encounter each other directly, ‘nakedly’” (Schechner, 2013, p. 70). Nevertheless, spontaneous communitas too, needs the context of the ritual to occur, as it rarely happens without it (p. 71).
5. In *Held* Howells spent twenty minutes in a series of “domestic” experiences with audiences on a one-to-one basis. He first had tea and talked with them, then sat on a sofa and held hands with them while watching TV, and finally lied in bed with them and hugged them. (Doyle, 2013, p. 2).
6. Entrainment, like affect, is ultimately social as it engages individual behaviors and turns them into group ones. No physical contact is necessary for a transmission to take place” (2004, p. 69) Brennan says, and the auditory is very important as is the visual (p. 70). Amongst other disciplines, entrainment has been observed in audiences of contemporary dance performance by Bachrach and colleagues (2015).

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