Madness in the Making: Psychosocial Disability and Theater

By

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Abstract

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This dissertation begins at the promising crossroads of performance studies and disability studies. How does theater influence our perceptions and responses to psychosocial disability? While plays and productions often reinforce dominant social views that stigmatize and oppress people who are considered mad or labeled mentally ill, theater attuned to these concerns can also critique such treatment by offering fuller, more complex depictions that encourage us to rethink psychosocial disabilities. This dissertation analyzes North American theatrical productions that engage with madness in atypical ways. Drawing from performance theory, disability theory, and ethnographic inquiry via audience and artist interviews and close readings of live and video-recorded performances, “Madness in the Making” analyzes moments where theater and psychosocial disability work together to disrupt normative practices, initiate productive discussions around psychosocial disability, and reach towards a more inclusive and innovative theater.

Contemporary society tends to regard psychosocial disability as mental illness that should be eliminated through treatment or social isolation. But madness is also a valuable resource for theater. Peter Brook and the Royal Shakespeare Company’s production of Peter Weiss’ Marat/Sade (1965), for example, used madness as a theatrical device to push the limits of acting and audience expectations. This production exemplified how theater strategically uses mental and emotional disabilities in various productive ways, albeit often without concern for the lived realities of disabled people and in ways that further stereotypes and misunderstanding. Other theater, however, specifically targets these concerns. The Broadway musical, Next to Normal (2010) and Tuesdays at Four (2004) produced by The Fisher Players, a small community theater group from Detroit, consciously attempted to reduce the stigma of mental illness. Mental health advocates praised these shows for educating audiences and empowering mental health consumers. One can see in these performances theater’s capacity to engender audience empathy and support. However, a deeper analysis of the work also reveals drama’s inherent limitations in representing psychosocial disability. Part of this limitation relates to the need for an intersectional understanding of oppression as well the fact that stigma can never be fully removed from the concept of mental illness. Another challenge lies in the complex relationship between language and disability, and Joshua Waters’ Madhouse Rhythm (2008) is a one-person show that addresses this challenge by utilizing linguistic performativity to resist psychiatric
discourse. The production also reveals how subversive reinscription and subjunctive space can complicate the boundaries between mental illness and sanity and promote a sense of support and community around psychosocial disability. Lastly, in response to dramatic theater’s inherent limitations in critically engaging with psychosocial disability, this project explores how The Wooster Group’s *Rumstick Road* (1977) exemplifies ways that postdramatic theater can critique psychiatric subjection and function as a hermeneutic device for better understanding and embracing psychological and emotional difference.

While disability studies has moved beyond fundamental issues of access and support to analyze how disability operates as a culture, a minority identity, and a resource for all critical and cultural theory, this exploration has not yet adequately included the concerns and unique contributions of psychosocial disability. The cost of this neglect runs high. People with psychosocial disabilities remain not only underrepresented, their voices are effectively silenced by authoritative discourse that speaks for them and often misrepresents their experiences and perspectives. This dissertation addresses this gap by building upon disability studies’ initial engagement with mad studies. Using moments of performance to exemplify psychosocial disability’s specific perspectives, concerns, and strengths, this work reevaluates the way that disability studies requires and valorizes the functional, normative mind as a way to understand and advocate for those with physical disabilities. By critically embracing psychosocial disability, disability studies may need to revise many of its assumptions and practices. The various performance sites in this dissertation demonstrate ways that psychosocial disability works not only as an object of representation but also an aesthetic and critical tool in theater. Critical disability aesthetics draw attention to the limitations of conventional theater. By deconstructing an ideology of ability and hermeneutic mastery that pervades theater practice, psychosocial disability can engender a more inclusive and critical process for audiences, practitioners, and theorists.
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**Introduction**

How does theater influence our perceptions and responses to psychosocial disability? While plays and productions often reinforce dominant social views that stigmatize and oppress people who are considered mad or labeled mentally ill, theater attuned to these concerns can also critique such treatment by offering fuller, more complex depictions that encourage us to rethink psychosocial disabilities. This dissertation analyzes North American theatrical productions that engage with madness in atypical ways. Drawing from performance theory, disability theory, and ethnographic inquiry via audience and artist interviews and close readings of live and video-recorded performances, “Madness in the Making” analyzes moments where theater and psychosocial disability work together to disrupt normative practices, initiate productive discussions around psychosocial disability, and reach towards a more inclusive and innovative theater.

This project begins at the promising crossroads of performance studies and disability studies. Disability studies rejects the notion of disability as a natural, discrete condition that befalls upon unfortunate individuals. Instead, it considers the social processes that reflect and shape how people—our bodies, minds, and emotions—interact with environments and one another. Performance studies also considers performance as a transitive action, a subject that exists in the act of doing something. These acts can reflect, shape, and even inaugurate aspects of ourselves and our world.

At the nexus of these two interdisciplinary fields, performance studies analyzes how disability functions as trope, image, physical object, and action deployed throughout performances of everyday life and aesthetic practices, including theater. In doing so, it can explain how disability and its representations inextricably shape our beliefs, societal values, behavior, and ways of understanding the world. As Carrie Sandahl and Phillip Auslander argue in their foundational text at the convergence of performance studies and disability studies, disability is “something one does rather than something one is.”

The inverse of this critical work also holds true: disability studies analyzes how performance functions. No longer a sub-category of humanity or a subject or theme to be treated in isolation, disability intervenes politically, socially, aesthetically, and theoretically on all aspects of life, including performance. Therefore, as we use a critical understanding of performance to make sense out of how we perceive and create disability, we can also apply that critical understanding of disability to challenge our traditional views and processes around all facets of performance. Although many of us do not recognize it as such, disability is an integral and central part of all our lives, including how we make theater.

Sandahl and Auslander’s *Bodies in Commotion: Disability and Performance*, the first collection of work to explore “disability as performance,” poses many fruitful questions

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regarding disability as a subject and force in theater.\(^3\) Noting that traditional representations of disability tend to be inaccurate, one-dimensional, and negative, the collection of writing examines how such depictions can be analyzed in order to identify ideologies and practices that oppress and exclude people with disabilities. Next, by revealing beliefs, structures, and values that operate within normate aesthetic practice and institutions, the essays ask how critical disability not only enriches but also challenges and transforms theater and other performance.\(^4\) The collection also explores how disability performance can engender a sense of disability culture, disability identity, and greater inclusion of people with disabilities within mainstream institutions.

_Bodies in Commotion_’s authors, their sites of research, and the conceptual problems they pose are quite diverse. But one fairly consistent foundational perspective that most of the work draws upon is the idea that disability studies and performance studies are primarily a “question of the deployment of _bodies in space_” (italics min.)\(^5\) In a sense, this is undoubtedly true. Both disability and performance revolve around the idea of corporealities and other material objects in social and aesthetic action. But this focus on the physical body, whether in disability or in theatrical practice, might elide another aspect of disability that is both ubiquitous and yet seldom understood in its full political significance: concepts and experiences of madness.\(^6\) The physical body plays a central role in performances of madness. In fact, our bodies and how we use them in speech, non-verbal expression, and other behavior is integral to making visible the perceptions, thoughts, and emotions that are only then identified as mad. Nevertheless, the focus on bodies themselves as signifying categorical difference and deviance can encourage us to ignore the work of divergence and aberrancy that functions in the registers of thought, emotion, and then subsequent behavior. The rhetorical move of emphasizing the work of “bodies in commotion” suggests that it is mainly corporeality in and of itself that initiates the deviancy. Consider that the edited series within which Sandal and Auslander’s book is published, an excellent grouping of 22 titles that arguably leads the field in analyzing cultural and representational meanings of disability, is actually titled “Corporealities: Discourses of Disability.” This centrality of physical disability can encourage modernity’s persistent yet artificial split between mind and body, between the biological container and the essential mind/spirit that somehow reside behind and apart from our bodies.

Beginning with the body in performance has been extremely useful. However, I wish to extend the conversation and refocus our critical lens, not by moving away from the body but rather by adjusting our depth of field to include the mind and emotions, which may ultimately reside in profound recesses but also reach the surface of our bodies and even beyond into social

\(^3\) Ibid., 1.

\(^4\) Rosemarie Garland-Thomson coined the term “normate” to refer to “the veiled subject position of cultural self, the figure outlined by the array of deviant others whose marked bodies shore up the normate’s boundaries. The term _normate_ usefully designates the social figure through which people can represent themselves as definitive human beings. Normate, then, is the constructed identity of those who, by way of the bodily [and here I would add cognitive] configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them.” _Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature_ (New York: Columbia University, 1997), 8.

\(^5\) Ibid., 9.

\(^6\) Among _Bodies in Commotion_’s 22 essays, four explore mental disabilities.
and physical space through our actions. Drawing from the questions and initial formulations made by Sandahl, Auslander, and others, this project examines how the relationship between disability and performance plays out along the axes of extraordinary mental and emotional distress and difference.

I start from the position that madness is not a fixed, individual condition of pathology that inheres solely within one person’s mind or biology but rather a complex experience that is constituted and performed through bodies, minds, and social discourse, including the processes of cultural production. Looking at traditional representations of madness in theater to better understand these processes, I ask: Why does theater utilize madness as both a subject and tool for its dramatic and aesthetic designs? What makes madness so useful to theater? Next, drawing from work that shows how typical, uncritical representations of madness can reinforce dominant, oppressive understandings of this form of disability, I ask how can theater alternatively be used as a tool for resistance, empowerment, and appreciation. If theater often stigmatizes mental illness, can it consciously de-stigmatize it? What are the challenges and opportunities in attempting such alternative representation?

Applying performance theory and disability theory, I investigate whether there is something special about theatrical performance that is particularly promising for changing social scripts around this form of oppressed difference. I also ask whether there is anything particularly conservative about theater that works against such efforts. In other words, I analyze how theater breaks down, as well as how and why it shores up, discourse that disables emotional distress and extreme consciousness. This examination leads me to question whether core aspects of dramatic theater are in themselves limiting in their capacity to represent madness. I argue that ultimately dramatic theater is unequipped to fully and critically engage with madness in a sociopolitical manner because of its internal traditions, values, and expectations. This conclusion pushes me to consider postdramatic theater as a potential solution to alternative representation. I argue that postdramatic strategies, because they work directly against dramatic tradition, are poised to engage the political experience of madness by means of what can be considered an inherent critical disability aesthetic. In summary, this project seeks to address the main conceptual problem of how theater engages with madness and disability and how this political conception of madness might, in turn, inform and expand theatrical practice.

I will start this project with two basic observations about disability and theater. First, simply put, disability is political. Second, theatrical performance not only reflects social values and perceptions, it also shapes them. In other words, performance theory notes that theater is not purely locutionary. Performance onstage is also perlocutionary and perhaps even occasionally

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7 I use the terms locutionary, illocutionary, and perlocutionary in accord with J. L. Austin’s work on speech acts, which he explores in *How To Do Things With Words* (Cambridge: Harvard University Press, 1975). Previous to Austin, linguistics generally treated language as symbolic signs that reflected content that already existed in the world. Austin challenged this by considering certain instances when language appears to both signify reality and constitute or change that which it references. He begins by attempting to distinguish performative acts (doing by saying) from constantive ones (reflecting by saying.) Ultimately, however, he decides that this is a flawed dichotomy and instead settles upon various forces or acts of language that do not stand apart but rather usually operate at the same time. The first type is “locutionary,” the act of speech that describes something out in the world. The second act, “illocutionary,” brings something into being by its very utterance, such as a promise, threat, or naming. The third,
illocutionary. Taking into account these two axioms, theater about madness becomes an exciting subject for aesthetic and sociopolitical analysis because it impacts how we relate to psychosocial disability whether we recognize it or not. Such performance can reinforce common views and values. Theater can generate awareness and discussion as well as introduce new perceptions and opinions.

Concerning the politics of representation, common depictions of psychosocial disability share much in common with physical disability. All types have been used as shorthand to create characters with a physical or mental difference that over-determines their entire person. Richard III’s crooked back, Captain Hook’s missing hand, and Captain Ahab’s peg leg physically reflect their immorality and obsession with vengeance. Tiny Tim’s size and limp signify an innocence and moral test for Ebenezer Scrooge. Prophet Tiresias’ blindness marks his superhuman insight. Such representation is often not concerned with exploring a fuller understanding of disability but is rather used as device to further narrative or otherwise enrich the artwork. In short, such depictions reflect a normate and limited understanding of disability from an outside point of view.

At the same time, representations of psychosocial disability can differ from those of physical disability in important ways. First, psychosocial disability’s deviance and dysfunction is situated within the mind, which arguably remains the seat of the western modern subject. Second, all aspects of madness exist on an essentially unbroken continuum of human thinking and feeling, a spectrum upon which we all identify ourselves. This means that, unlike the firmer and clearer distinction between whether one uses a wheelchair or not, it is extremely difficult to identify exactly where “normal” thinking and feeling ends and madness begins. This ambiguity can be seen in the trite yet perhaps accurate rhetorical question, aren’t we all at least a little bit crazy?

These two qualities of psychosocial disability—the deviant and dysfunctional mind that nevertheless exists along an unbroken continuum of human thought and emotions—greatly impact the use of madness in cultural representation. While physical disability is often used as metaphor to signify something that is essentially separate from physical disability’s own ontological difference, madness, as synecdoche, tends to be simplified and hyperbolized by theater, often standing in for a tragic or sensational, aggrandized version of itself. Richard III’s crooked spine, which logically does not have anything to do with one’s personality, physically marks his “crooked” morality, whereas Hannibal Lector’s thirst for murder is an extreme version of a base desire that all humans can feel to at least some small degree. Literature and theater thus tend to use psychosocial disability more as metonymy, which makes its representation more difficult to recognize and root out as inaccurate or otherwise demeaning.

Because psychosocial disability is rooted in the mind and played out along a continuum of psychological and emotional performance, its relationship with physical disability is rather complicated. While both can be considered minoritarian identities, they can experience oppression quite differently and therefore often require different critical interventions. But in addition, these two spheres of differences are often opposed directly against one another, even with disability studies. The basic social model of disability, which locates disability’s “problem” within society’s perception and response to difference, is more effective in de-pathologizing physical difference because we tend to ultimately evaluate our humanity in terms of our thoughts, feelings, and relationships with others. This emancipatory tactic can reinforce the

“perlocutionary,” brings about an effect on the thoughts, feelings, or action of the listener or speaker.
pathologization of psychosocial disabled people who find it difficult to disavow their pathology without upholding normate standards of the self that reject their own disabled condition. As long as advocates claim parity for disabled people with others in society on the grounds of cognitive and emotional ability and interpersonal capabilities, they will re-marginalize and devalue psychosocial disabled people who remain individual “problems” and examples of failure to satisfy the intra and interpersonal requirements necessary for full citizenship. This is because madness does not signify as compartmentalized difference, such as the ability to walk, see, or hear does, but rather operates as the ultimate point of failure along the continuum of ability to achieve minimum self-actualization and civic responsibility.

The role of the mind and emotions as the essence of humanity goes so deep that madness is in fact often used to signify and reinforce negative perceptions of physical disability, as demonstrated by Captain Ahab in Herman Melville’s *Moby Dick*, whose loss of his leg results in a monomaniacal madness bent on revenge that consumes him and prevents him from achieving internal “emotional balance and healthy relationship with his world around him. In fact, this causal, unidirectional relationship between physical and psychosocial disability, is so consistent in how disability is represented that we can often categorize physically disabled characters as “The Tragic Victim,” “The Saint,” or “The Overcoming Hero” where in each case the type depends upon the disabled person’s individual mental and emotional reaction to their physical difference. Such a unidirectional causal relationship reinforces the neoliberal concept that successful, self-actualized individual subjects have psychological and emotional control over themselves and in their relationship to others.

Psychosocial disability’s “dysfunction” of the mind and use as metonymy in representation therefore brings unique issues and forces into play when theater engages with madness. In the Royal Shakespeare Company’s production of Peter Weiss’ *Marat/Sade*, as I discuss in chapter 2, madness operates as metaphor to suggest that the entire world of politics can be likened to a madhouse. But the inmates’ clinical madness, standing in for the proletariat, emphasizes feelings of emotional suffering, frustration, and a desire to lash out in irrational violence that all exploited people in society feel to some degree. This use of synecdoche switches the analogy from metaphor to metonymy, and the relationship between tenor and vehicle becomes less obvious, giving the analogy an exciting presence or “immediacy.” With actors realistically acting dangerously insane onstage, madness as signifier morphs into madness as signified, which phenomenologically threatens to pierce theater’s subjunctive frame. Many found this use of disability thrilling when *Marat/Sade* first opened because the madness supercharged the usual tension found within traditional Western theaters’ goal of audience suspension of disbelief by reducing the aesthetic distance between signified and signer to a bare minimum.

Theater uses both physical disability and madness to instantly create drama and obviate the need for providing additional information on characters that might detract from the story. But theater also uses madness as a device to realize normative virtuosic achievement within performance. While theater does draw upon physical disability for this purpose as well (i.e., where able-bodied actors are lauded for being able to mimic physical disabilities they do not have), theater arguably uses madness as the ultimate echelon to which an actor can bring her character and psychophysical performance because psychosocial disability is considered to reside on the extreme end of the continuum of human experience. Lastly, madness can be used to push the envelope of the theatrical situation, thrilling spectators with perceived danger and precariousness of the liminal space of the theatrical event itself. In sum, because psychosocial
disability both disrupts and is dependent upon normative social conventions and thinking, madness becomes an integral tool in drama and the construction of theatrical space.

Contemporary U.S. culture often valorizes many aspects of madness. Neoliberal economics, with its desire for extreme flexibility, productivity, and competitiveness, have created a strong desire for mania. The hypomanic C.E.O, such as Apple’s Steve Jobs or CNN’s Ted Turner, are celebrated for boundless energy and confidence. Many people find mad artists, such as Antonin Artaud, inspirational for their passion and iconoclastic ideas. Their pain and suffering shapes them as martyrs for those seeking the previously unimagined and ineffable. Furthermore, a mad person can allow normative society to examine and value its extreme feelings and thoughts similar to how a disabled character functions as a foil to the protagonist. For example, in 2011 the public was enthralled with actor Charlie Sheen’s manic antics and downward spiral towards self-destruction not because it is necessarily amusing to watch someone engage in self-harm but because Sheen’s bombastic confidence, word play, and unbridled hedonism in the face of all good judgment were impressive and entertaining. Furthermore, Sheen’s madness appeared to speak to others’ concerns, desires, thoughts and feelings that tend to go unspoken or realized due to our usual social expectations. In an interview at the height of his media attention, Sheen claimed that “[he] exposed other people to magic, […] to something they otherwise would never see in their boring, normal lives.” This boastful claim appears to hold some credence because Sheen’s statements and antics were indeed at least partly admired and valued by the public. Two days after this statement he contracted with an advertising company to tweet to his fans on a regular basis. With the idea that he would eventually share opinions about future brands and products, Ad.ly reportedly agreed to pay Sheen up to 1 million dollars a year to simply tweet his daily thoughts.

But Sheen’s public performances were not only rogue, they were also subtly political. His impropriety and rants rejected both conservative culture and efforts to pathologize his extreme consciousness, emotions, and behavior. When CBS anchor Andrea Canning asked him, “Are you bipolar?” Sheen retorted that he was “Bi-Winning.” Granted, he included in this self-description a list of super-human skills that combined serves as a textbook symptom of mania. Sheen claimed that his bodily constitution and mental powers far exceeded that of normal people. “Tiger-blood” coursed through his veins, and he had “a brain so powerful that if someone were to borrow it, they couldn’t handle it.” He proclaimed that he was a “total frickin’ rock star from Mars” who could “cure his brain in the blink of an eye.” He was “on a quest” and would “right every wrong.” Other notable “symptoms” included the expression of racing thoughts, reporting impulsive sexual indiscretions, abuse of drugs, and poor business decisions. But the media and the public remained fascinated and did not dismiss Sheen’s madness as mundane mental illness. Instead, they give him a forum to speak his mind, perform his deviant behavior, and assert ideas

11 Canning, “Charlie Sheen Interview.”
that go against conservative values. The public may have done so in part because to Sheen, like all actors, offered a vicarious thrill to those watching and listening. Through Sheen’s celebrity, the public could delight in his bad-boy behavior and view his deviancy with envious approbation. In addition, Sheen provided a yardstick with which the public could compare its own experiences and feelings about madness. His antics and hypomanic rants were perhaps useful to others because they transgressed staid cultural expectations.

In sum, madness is fascinating, alluring, and of value to normate society because while we may not wish to be fully mad, we all are at least interested in experiencing aspects of madness such as inspiration, creative energy, and radicalism. Madness is clearly part of the human condition, and one that is not all bad. Therefore while madness can be used as a straightforward metaphor for tragedy or evil or lack of humanity, it also performs and explores rich, necessary aspects of humanity.

Although madness is not totally rejected by society, its simultaneous inclusion and exclusion makes it difficult for some of us to readily recognize psychosocial disability as a political identity. Mental illness is most clearly understood as a political experience when we focus on history. Past mistreatment of the mentally ill is long and shocking, ranging from Bedlam inmates being chained-up like animals for the paying public’s entertainment to doctors inflicting lobotomies and other savage “cures” on patients to make them more manageable. As recently as the 1960s and 70s, the public and popular culture continued to recognize involuntary psychiatric commitment as an assault on freedom and self-determination, as can be seen in Ken Kesey’s novel One Flew Over the Cuckoo’s Nest, its subsequent play and film, and Fredrick Wiseman’s Titicut Follies.12 This political saliency is arguably waning, however.

Changes in psychiatry since the 1970s have made mistreatment of those diagnosed with mental illness less obvious, fading from the public eye. For example, after deinstitutionalization there is less concern about long-term involuntary commitment and more worry about lack of access to medical services. This move to local, outpatient treatment has been accompanied by pharmaceuticals being the first-line (and often only) treatment. These developments have directed attention away from institutional practice and onto patients’ biochemistry. Direct-to-consumer advertising of drugs, psychiatry’s professed objectivity in explaining mental illness, and deinstitutionalization of have combined to tell the story of mental illness being an individual problem with an individual solution. Lastly, because psychiatry emphasizes biochemical treatment, it can be difficult to distinguish mental illness from medical cure. When the first antipsychotic medication was stumbled upon in research, doctors initially enthusiastically embraced the results as the chemical equivalent of a lobotomy. Today these same treatment outcomes are described as side effects, considered only ancillary to the presumed but unknown primary mechanism by which such medication tempers madness. In any case, such effects, such as sedation, dulling of the intellect, avolition, and dystonia, are understood by the unknowing public as signs of the mental illness itself instead of the consequences of psychiatric treatment. The upshot of all of this is that psychiatry’s latest medical model has naturalized mental illness and formulated its own practice as purely reparative, and rendered the social construction and

12 Ken Kesey, One Flew Over the Cuckoo’s Nest (New York: Signet, 1963); Dale Wasserman, One flew over the cuckoo’s nest: a play in two acts, from the novel by Ken Kesey (New York: Samuel French, 1974); One Flew Over the Cuckoo’s Nest, directed by Milos Forman (1975; Burbank, CA: Warner Home Video, 1997); Titicut Follies, directed by Frederick Wiseman (1967; Cambridge, Mass: Zipporah Films, 198?).
blatant marginalization of madness inconspicuous. With this psychosocial disability’s etiology now firmly placed within the biochemical make up of the individual, popular culture is free to hyperbolize madness for humorous and dramatic effect with less concern about its discursive effects.

Psychiatry’s ubiquity and supremacy as the arbiter of madness today result in another unique challenge when critiquing theater’s representation of psychosocial disability by making it more difficult to deconstruct the moral and medical models of psychosocial disability than physical disability. Advocates for people with physical difference are able to plainly show that the moral model of disability is not only unfair but also inaccurate because the physical body has nothing to do with one’s character or moral choices. As such, in order to combat physical disability’s negative stereotypes, we mainly just need to bring those stereotypes into public consciousness because the medical model of physical disability negates the moral model of disability. Although some pre-modern explanations of physical disability pointed to moral turpitude of the disabled person or abominations by their parents or forebears, modern medicine negates this association. The average layperson today understands that the inability to walk relates to physiological functioning of the legs and nervous system, not moral character.

Also worth noting is the fact that the social model doesn’t refute medical opinion about physical impairment but rather points out that while many people with physical disabilities do in fact have challenges and dysfunction around their physical difference, they are much more concerned with society’s dysfunction regarding perceiving and reacting to their impairment. This argument is much more difficult to make for psychological and emotional impairments because psychiatry essentially reinforces the moral model of psychosocial disability every time it diagnoses a personality disorder or includes violence or other socially dysfunctional behavior as symptoms of a diagnosis. Even though N.A.M.I and theater such as Broadway’s recent musical Next to Normal attempt to separate the biochemical brain from moral choices, the medical model of psychosocial disability does not actually negate the moral model as used today in cultural representation. Although psychiatry now suggests mental illness’ etiology as existing at the level of genetics and biochemical anomaly in the brain, we still do not diagnose mental illness with electroencephalography, detected levels of dopamine or serotonin in the brain, or by DNA sequencing. Instead, we look for symptoms that are categorically defined as anomalous and unwanted thoughts, feelings, and behaviors that are also often seen as amoral and antisocial. In other words, the general public does not identify “schizophrenics” as those with an overactive dopamine system (which cannot be seen outside of the laboratory and remains only a debated theory in any case), it identifies them with people who hear voices, think irrationally, behave in bizarre ways, are emotionally taxing, and, most notably, are sometimes violent without evident motivation.

While the social model for physical disability observes that the medical model represents the disabled person much too narrowly, psychiatry continues to represent disability in a manner closely related to negative judgment. Provincializing the medical model with regard to psychosocial disability is much more difficult because psychiatry specifically addresses the essence of the modern subject: the mind, emotions and behavior. While the medical practice of physical disability arguably offers less pointed judgment about the social values of physical impairment, the same cannot be said for psychiatry, which directly increases the stigma of psychosocial disability by naming and disciplining symptoms of mental illness.

By splitting the body from the mind and judgments of morality, the social model of physical disability can easily argue that the medical model is inadequate to represent the whole
person by relying on logic of an essentialism similar to civil rights era strategies used to combat stereotypes of race, class, and gender. But the medical and moral model is much more difficult to reject for psychosocial disability because psychiatry does directly address cognition, personality, and social behavior that can be very difficult to separate from moral choice, although, I would add, not difficult to at least qualify when one takes into account the multitude of intersectional factors. Regardless, the extent to which mental health should be considered to impact moral choice and responsibility continues to be an unresolved legal, scientific, and social question. Someone who commits a crime can be absolved of responsibility by reason of insanity, judged as having diminished capacity due to psychiatric impairments and therefore receive a more lenient sentence, or can be held fully accountable despite a psychiatric diagnosis. Because legal opinions remain ambivalent in this matter, it is reasonable to say that the public’s intuitions and opinions of moral responsibility in connection with madness are even less resolved.

Lastly, the medical and moral models of psychosocial disability as perpetuated by psychiatry are even more rhetorically effective than for physical disability because this branch of medicine mostly ignores its strong role in shaping society’s social perception and rejection of debilitating aspects of madness. Its clinical language within the DSM continues to suggest an atheoretical, locutionary project, even though it is in fact also illocutionary and perlocutionary. To the extent that it succeeds in this rhetoric, psychiatry’s perception and representation of psychosocial disability attains the status of ideology, making it difficult for many if not most people to identify and analyze its discursive consequences.

Because the medical and moral models of disability continue to greatly influence our understandings of madness and mental illness, it is relatively easy to identify and critique theater that represents psychosocial disability in narrow and inaccurate ways. What remains to be explored is how theater might be used to employ a direct, public disability critique about not only stigma but the social construction of madness. Also, how can theater examine and challenge questionable aspects and outcomes of psychiatric discursive practice? What are the limits and opportunities that theater brings to critical disability practice and that psychosocial disability brings to theater? Lastly, when we review disability activism’s main stance of “nothing about us, without us,” we must identify the role autobiography necessarily plays in these endeavors. How important is authorship? What are the politics of collaboration between actors, playwrights, directors, and audiences with and without disabilities? And how does autobiography impact the very aesthetics of psychosocial disability and theater?

In exploring these questions, this project looks to later 20th-century and early 21st century theatrical performance. I begin with Peter Brook and the Royal Shakespeare Company’s production of Peter Weiss’ Marat/Sade in order to explore how theater has seized upon madness as inspiration and a productive device for experimentation. I then analyze the Broadway musical Next to Normal and a small, community-based play, Tuesdays at Four, in order to identify various dramatic strategies for attempting to reduce the stigma of mental illness. Next, I consider the autobiographical solo show, Madhouse Rhythm, by San Francisco Bay Area performer Joshua Walters. Lastly, I ask how the Wooster Group’s early Rumstick Road, engages with madness in new ways made possible only by postdramatic techniques.

Due to my focus on contemporary theatrical engagement with political understandings and experiences of madness, I have chosen, for the most part, performance sites that are considered by the artists themselves or audiences to be critiques on oppressive discourse. Susan Crutchfield and Mary Epstein note that normative ideology is usually so pervasive and successful in its representational practices of disability that such practice is often carried out
without wider societal awareness that disability is even a specific category or political identity. Therefore, they argue, works of art that assert a critical disability identity politics can be said to occupy not so much an avant-garde, but a “sans garde, without guard.” Such art seems to possess “[no] clear defenders, owners, or even regard for that matter.” The sites of performance that I explore in this project are therefore not necessarily understood or marketed as disability performances. If physical disability is not yet widely practiced as a “type” of theater, then performances that engage in critical psychosocial disability are even less categorically recognized as such. But this lack of greater social awareness of a political disability identity can be productive. Sans garde critical representational practice might use stealth disability tactics within mainstream practice and thereby target audiences who otherwise might not see themselves as interested in disability, or who might otherwise approach a “disability performance” with an over-determined point of view on what they are going to experience. In doing so, critical disability can push the parameters and expectations of both disability and traditional practice. Rather than offering a comprehensive view of so-called psychosocial disability theater or even a random sampling of what is arguable a non-existent category, I instead chose theatrical productions—some mainstream and some experimental, some commercial and some community-based—that raise specific conceptual problems around the politics of representation and madness and attempt specific strategies to solve them. This is part of a strategy to move towards a universal-design understanding and practice of disability and performance.

My research methodology qualitatively and ethnographically engages in close readings of how Brook’s Marat/Sade, Broadway’s Next to Normal, the Fisher Players’ Tuesdays at Four, Walters’ Madhouse Rhythm, and The Wooster Group’s Rumstick Road embrace madness in iconoclastic ways. Beyond the dramatic texts, my analyses include a wide net of evidence including gesture and other movement, sound, visual elements, costumes, props, set-design and organization of physical space, as well as observed social interaction in rehearsals and performances and interviews from a range of participants including artists and audience members. Within this sampling, I identify reoccurring dominant tropes of madness and look for ways that performances also challenge normative discourse and reveal oppressive assumptions, ideas, power relationships, and policies as problematic. I assess whether these performances offer new ways of understanding and celebrating conditions of human experience. Pre-show interviews with audience members allow me to assess motivations and preconceptions of the show and topics. Post-show group talkback sessions provide evidence of community building and how participants were, or were not, effected by the show and engage in additional meaning-making through social interaction and discussion of the performance. Interviews with the artists reveal intentions and goals of the work, which sometimes contrast with seemingly unintended threads of discourse that emerge through the performance text. Published reviews by professional critics, audience members from theater websites and discussion groups, and advertisements for the shows all reveal through language and imagery how many contemporary members of society interpret and respond to the work. Participatory ethnography of rehearsals, interviews, and archived journals of the creative process allow me to interpret the means by which theater might be particularly conducive to inscribing and challenging conceptions of psychosocial disability.

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13 Susan Crutchfield and Marcy Epstein, Points of Contact: Disability, Art, and Culture (Ann Arbor, University of Michigan Press), 17.
14 Ibid.
15 Ibid.
In Chapter 1, “Theoretical Contexts: Madness as Disability and Performance,” I introduce the concepts of madness, mental illness, and psychosocial disability through a political lens. Each term performs unique rhetorical maneuvers and should be understood in relationship to the history of psychiatry, cultural representation, and the parallel yet distinct fields of mad studies and disability studies. Moving into the subfield of disability and performance, I then track the development of typical and critical cultural representations of madness, focusing on theater. I summarize what has been addressed to date with regard to critical theater work on psychosocial disability and then identify areas yet to be explored, including tactics for reducing stigma, use of autobiography and disabled performers, and generating critical awareness about the politics of disability representation.

In Chapter 2, “A Productive Madness: Metonym, Metaphor, and Theatrical Prosthesis,” I explain how theater often uses madness as a narrative device and metaphor for a variety of purposes that do not necessarily have anything to do with the actual lived experience or political considerations of psychosocial disability. Using Peter Brook’s famous production of Peter Weiss’ *The Persecution and Assassination of Jean-Paul Marat as Performed by the Inmates of the Asylum of Charenton Under the Direction of the Marquis de Sade*, I explore the similarities and differences between the uses of physical and psychosocial disability in dramatic literature. Not only will this hopefully shed light onto how madness specifically appeals to theater, but also reveal how disability theory and disability studies need to take into account unique qualities of psychosocial disability. Considering the special role that deviant psyches and emotions play in supporting the metaphorical use of many narrative prostheses, I follow up on the concerns by Donaldson, Prendergast, Beresford, Price, and others that current theoretical understandings of disability need to be expanded to include both psychosocial difference and a politics of empathy. I then move on to explore how madness in theater operates not only metaphorically but metonymically to serve specific aesthetic and theoretical goals in acting and stage direction within the theatrical avant-garde of the 1960s. Brook’s Marat/Sade exemplifies how experimental theater at the time seized upon madness as a theatrical prosthesis in attempt to achieve a sort of acting that embodied Antonin Artaud’s Theatre of Cruelty as well as expand and threaten to disrupt the boundaries of the live theatrical performance.

Chapter 3, “Combating the Stigma of Mental Illness: Elementary Dramatic Interventions,” begins this project’s analysis of productions that consciously embrace a critical disability awareness. Broadway’s Pulitzer Prize and Tony award-winning musical, *Next to Normal*, has been lauded for its ability to combat the stigma of mental illness. Closely reading its performances and audience reception, I assess the show’s efficacy in reducing stigma. I ultimately argue that because stigma is a vital ingredient of the concept of mental illness, theater will be unable to offer less stigmatizing representations unless it recognizes the role of psychiatry in understanding madness. *Next to Normal* does exemplify some ways that dramatic literature can validate experiences of psychosocial disability. It also reveals the limitations of its type of theater in engaging with madness from a fuller and political perspective. Furthermore, and perhaps most importantly, the musical conceptualizes mental illness along a single axis of identity, thereby ignoring the intersectional realities of many people with psychosocial disabilities who must contend with oppression in relation to other aspects of the self and social experience, such as class, race, gender, and sexuality. These facets cannot be considered mutually exclusive categories of experience because they impact one another, including disability, in complex, interconnected ways. I therefore argue for an ecological perspective of madness that focuses on the intersectionality of disability experience.
After considering individual responses of *Next to Normal*’s audience members, who often shared with me their first-hand knowledge of psychosocial disability, I then explore the important role of autobiography in dramatic representation. Moving from a Broadway musical to a tiny, not-for-profit community theater, I analyze the performance strategies of the theater group, The Fischer Players, a troupe of actors who all identify as consumers of mental health services. The group’s production, *Tuesdays at Four*, also announces the explicit goal of destigmatizing mental illness. But by means of also framing madness within the medical model, the production demonstrates that a first-person narrative is in itself not adequate to avoid oppressive and limiting representations. Nevertheless, the show’s actors do demonstrate that psychosocial disability offers excitingly new aesthetic registers that can restructure conventional theater, particularly with regard to psychological realism, and offer a powerful tool for engendering audience empathy. *Next to Normal* and *Tuesdays at Four* reveal what is perhaps the main challenge in resisting oppressive psychiatric discourse on madness. Medical understandings are so ubiquitous in contemporary society that it seems impossible to resist psychiatric labeling and its subsequent oppression without reiterating those very meanings and values.

Chapter 4, *Fighting Fire with Fire: Resisting Psychiatric Discourse On-stage* therefore turns to San Francisco Bay Area theater artist Joshua Walters in order to examine the challenges and opportunities in negotiating the performativity of psychiatric language. Drawing from Judith Butler’s work on subversive re-signification, I analyze how Walters’ autobiographical *Madhouse Rhythm* employs various components of theater, such as language, narrative, music, rhythm, and subjunctive space, in order to playfully reveal the constructed nature of psychiatric discourse, as well as build a sense of local community around those who are dissatisfied with psychiatry’s hold on discussing their own experiences of madness.

All of these examined productions, from Brook’s *Marat/Sade* to Walters’ sometimes successful ludic re-inscription, suggest that the majority of theatrical strategies that encourage and allow a critical disability approach to madness tend to move away from traditional drama and theater conventions. In chapter 5, I therefore ask whether there is something inherently disabling about dramatic theater itself. If so, do postdramatic strategies that function directly in tension with such traditional concepts and practices inherently possess the potential for disability critique? I consequently turn to one of the earlier postdramatic theater productions, The Wooster Group’s *Rumstick Road*, in order to analyze how its strategies encourage audiences to engage with madness through new, critical perspectives. Unlike traditional drama, *Rumstick Road* withholds any clarifying narrative and rejects masterful discourse over their subject. The production represents madness as so intertwined with relationships and social concerns that it cannot be encapsulated as a discrete subject and fully explained on stage. This ultimate lack of mastery of its subject matter disallows any transcendence of the distress and anxiety of madness and encourages audiences to better appreciate its complexity. The Wooster Group’s production forces its audiences to experience aspects of Spalding Gray’s life, including his pain and ethical dilemmas while being denied a lack of resolution and full comprehension, which is what so many people who live with psychosocial disability must grapple with their entire lives. It is an unsettling work of art on many levels, forcing ambivalence and active critical engagement from its audience on its subject matter.

As an introduction to the interdisciplinary field of psychosocial disability and performance, this dissertation notes several unanswered conceptual problems around psychosocial disability and encourages reconsideration for how both disability studies and
theater engage with madness. I discuss both shortcomings and opportunities for how theater can productively and critically represent and utilize mental illness, madness, and psychosocial disability. I also explore ways that psychosocial disability can restructure, enrich, and expand theatrical practice. Drawing from conversations already started with regard to physical disability and performance, I show how psychosocial disability brings both similar concerns and unique perspectives and offerings to this crossroads. This project argues the clear need for greater inclusion of madness within both disability studies and theater, clarifying how both institutions and a very large and diverse population stand to be significantly challenged, enriched, and valued by such inclusion and renewal.
Chapter 1. Theoretical Contexts: Madness as Disability and Performance

U.S. society clearly recognizes the political identity of certain social groups. Even though we fiercely debate critiques and attempts to re-conceptualize ways of understanding gender, race, and sexuality, such challenges to dominant and oppressive perceptions and representations are largely recognized as topics of legitimate critical inquiry. Disability, in comparison, is a relative newcomer to the politics of representation. Although the Americans with Disabilities Act in 1990 has increased awareness with regard to the need for legal accommodations for those with disabilities, the more complex nuances of socially constructed oppression, particularly within cultural representation, remain less salient for the general population and even within universities. This unawareness appears to be even greater for mental illness, which remains under-discussed for several reasons. Students and faculty fear disclosure and stigma. Many are unaware of support services. And many people are even uncertain what may constitute a “psychiatric disability” in the first place. Disability studies and activism mainly developed out of concern with physical disability; and the concept of psychological and emotional difference as political identity remains less explored, even within the academic fringe of disability studies. The upshot of all this is that even at prominent universities invested in critical theory, an awareness of disability and cultural representation, particularly around the concept of mental illness, seldom gains the critical mass necessary for us to even initiate wider conversations regarding the opportunities, challenges, and consequences of working with such dramatic texts and subject matter. And yet, in the process of necessarily making and consuming cultural work we are arguably intimately affected by it. If we do not consciously tackle the politics of disability representation, we risk furthering normative, oppressive ideologies that traditional texts and practices promote.

Even though theater’s engagement with disability is not widely discussed critically among the general population, disability is ubiquitous throughout dramatic literature. This is particularly true of madness, which can be seen as one of drama’s main staples. Euripides’ Bacchae, Shakespeare’s Hamlet and King Lear, Büchner’s Woyzeck, William’s Streetcar Named Desire, Shaffer’s Equus, Yorkey’s Next to Normal. The list could go on and on. The topic of extraordinary psychological and emotional distress and extreme consciousness is so common in theater that one would be hard-pressed to conceive of the western dramatic canon without it. And yet such representation of these aspects of humanity is rarely understood in terms of the mad subject’s political experience in society. Too seldom do we analyze or appreciate how our society’s perceptions, representations, and responses to madness are fundamental in constructing its experience.

Modern concepts consistently view madness as something that is born out of and residing within an individual, as opposed to being at least partially constructed through one’s social relations. This individual madness is usually seen as deviancy. The most extreme forms of it are consistently regarded as the failure to apprehend normative social codes and perform socially appropriate behavior. People who are mad are often seen as perplexing, annoying, and dangerous. Society consequently regards these forms of madness as a disqualifier from many individual rights. The mad among us are often seen as necessarily disqualified for equal

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jurisprudence, medical care, social support, employment, and social inclusion. And yet madness surfaces across all social groups and is found literally everywhere in cultural production. This is one of the more peculiar traits of madness. It is arguably a central ingredient to that which makes us human, and yet madness is consistently considered to be apart from society and a disqualification for being fully human. Individuals who are unable to hide their madness are usually stigmatized and alienated. Without proper care and inclusion, they often lose the material and social support we all need to realize healthy and fulfilling lives.

Perhaps madness as a subject is often deemed to be somehow beyond political contemplation because people in its throws appear to be inherently unknowable. When this lack of political regard is compounded by society’s other forms of disenfranchisement and rejection towards the “mentally ill,” a vicious circle of alienation is put into play. When peopled labeled as mentally ill are oppressed because of their individual and social conditions, they are often not granted the political voice to object to such treatment, ipso facto, i.e. because they do not meet the criteria to be recognized as full humans with full rights. Nevertheless, we remain fascinated by these strange experiences that seem at once alien to us and part of the very essence of who we are. This allure is reflected in our art, media, and our language, where madness serves as a tool of expression, narrative, and hermeneutics for a variety of topics and concerns, as well as an interesting subject matter in its own right. Madness is everywhere around us, both socially and culturally. And yet for the most part it remains critically out of sight.

In examining the relationships between madness, theater, and disability, this project addresses the burgeoning role of madness within disability studies. Most work that analyzes the cultural representation of disability, including the relationship between disability and performance, focuses on physical disability. In exploring theater’s engagement with madness, I will outline the similarities and differences between physical disability and what I choose to call psychosocial disability in order to appreciate the significant consequences in comparing madness to other forms of disability. Those concerned with the political experience of madness stand to benefit from greater inclusion with disability studies. Disability studies is poised to benefit as well.

There is a long history of critical and political resistance to how society treats those labeled as mentally ill. The psychiatric survivor, consumer, ex-patient movements have made significant gains over the years. The moniker “Mad Pride” echoes other identity politics by designating a community of people that shares a collective experience of oppression and seeks to re-value experience and subjectivity that have been debased. Mad Studies has followed suit with critical writing and inquiry into alternative conceptions and support around madness and how culture and society should address it. But this work has traditionally operated mostly apart from

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2 For an overview of how those who are deemed mentally ill faced prejudice and unequal treatment within the legal system, see Michael Perlin, The Hidden Prejudice: Mental Disability on Trial (Washington, D.C.: American Psychological Association, 2000). Disparity between availability of mental health services and other medical services is quite obvious within the U.S., but research has also shown that people with mental health diagnoses also receive poorer health care for other medical issues. See Marc de Hurt, “Physical Illness in Patients with Severe Mental Disorders. I. Prevalence, impact of medications and disparities in health care,” World Psychiatry, 10, no. 1 (2011): 52-77.
and in parallel to other disability activism and scholarship. Nev Jones and Robyn Lewis Brown note that the psychiatric consumer/survivor/ex-patient movement and physical disability activists have developed separate systems of peer support, draw from different funding sources, and engage with different branches of medicine that have their unique infrastructures and policy concerns. Bradley Lewis also observes that the psychiatric C/S/X movement, at least traditionally, was most concerned with coercion while disability activism initially focused on issues of access. But part of the under-inclusion of madness in disability studies and vice versa can also be attributed to hesitation found in both communities. Peter Beresford observes that

Many psychiatric system survivors are unwilling to see themselves as disabled. They associate disability with the medicalization of their distress and experience. They reject the biological and genetic explanations of their distress imposed by medical experts. They may not see themselves as emotionally or mentally distressed either, but instead celebrate their difference and their particular perceptions. Similarly, some disabled people do not feel that psychiatric survivors are disabled, because they do not have a physical impairment or their situation is not permanent. There are also fears and anxieties on both sides of being linked with the negatives that are often associated with the other.

Another reluctance within disability studies lies in the clear challenges that madness poses to disability theory, such as its original social model of disability and strategies for advocacy that rely upon normative notions of liberal individualism, which in turn demand a level of cognitive and interpersonal functioning. Yet another possible challenge is the sticky issue of moral labeling that physical disability has for the most part successfully cast aside but mental illness remains beset with in seemingly insurmountable amounts. This project will necessarily address both of these conceptual problems. Lastly, another issue that may keep these communities apart is the widening divergence in the media and in the political views of and

3 Bradley Lewis, “A Mad Fight: Psychiatry and Disability Activism,” in The Disability Studies Reader, ed. Lennard Davis, (New York: Routledge, 2006), 331-354. It is worth noting that, as I write this, the Affordable Care Act has begun to install greater parity of mental health services for individual and small group plans. See: http://aspe.hhs.gov/health/reports/2013/mental/rb_mental.cfm. This mandate has been met with much resistance from insurance companies and other critics who claim that such services are disproportionately expensive in relation to treatment outcomes and therefore do not serve the greater good.
5 Lewis, “A Mad Fight.”
responses to people with physical disabilities versus mental illness. On the one hand, this project draws from the progress made in physical disability and performance and offers madness as an integral part of that work by exploring how madness and its political concerns interface with other types of disability and how physical disability and madness possess similar challenges and possibilities regarding theatrical representation. On the other hand, the differences between madness and physical disability that appear in theatrical representation also suggest a need to reshape our concepts of disability to purposefully include individual distress, social dysfunction, and a reworked politics of empathy.

Mental Illness, Madness, and Psychosocial Disability

So far I have been using the terms madness, mental illness, and disability in a manner that requires explication. Defining these terms is a fundamental challenge: a foundational problem of this project begins at the level of naming. I find the term madness useful because its lack of specificity allows for broad interpretation; the word can reference both negative and positive attributes. Because of the word’s generality, some people might hesitate using it because it can sound cavalier and thus inappropriate for referencing serious distress. Other may resist using a sometime celebratory word to refer to some members of our society who are so alienated and oppressed that they are often not even considered to be actual members at all. Therefore, most people rely on the seemingly more neutral term, “mental illness,” which is used by psychiatry, government agencies, the media, and anyone else who strives to discuss the issue with clarity and in a serious manner. “Mental illness”, may seem to be a big improvement over “wacko,” “crazy,” or “mad” because it is backed by the authority of medicine and the law and ostensibly does not refer to issues of morality. A closer examination, however, will reveal that the phrase is still rooted in stigma, namely within the discourse of pathology. Using the concept of illness to define an individual is fraught with problems. “Illness” indicates that something is wrong and needs to be cured. And the role of patient in modern medicine faces severe dehumanization and enters a system of knowledge production and representation that can easily wrest control of self-representation away from the patient. Furthermore, focusing on an individual impairment instead of society’s behavior toward that individual difference threatens to ignore social oppression, which disability activists regularly consider more of a challenge than the biological difference that society’s rejects. Lastly, despite psychiatry’s claims of objectivity, the concept of mental illness does not actually exist outside of cultural values and moral judgment of behavior in any case, as I will shortly explain.

8 Elizabeth Wurztel rejects the term “madness” because it “allows its users to celebrate the pain of its sufferers, to forget that underneath all the acting-out and quests for fabulousness and fine poetry, there is a person in huge amounts of dull, ugly agony.” Elizabeth Wurztel, Prozac Nation: young and depressed in America (Boston: Houghton Mifflin, 1994), 260.  
10 This position is, of course, the heart of the social model of disability, of which Michael Oliver has been one of the first and foremost proponents. See Oliver, The Politics of Disablement (London: MacMillian, 1990).
Because “madness” and “mental illness” remain laden with discursive problems, perhaps we should immediately move to some sort of “disability” word. Disability activism and disability studies focuses on how language can shapes our perceptions on disability.\(^\text{11}\) For example, people-first language (e.g. a “person with schizophrenia” versus “a schizophrenic”) works against society’s tendency to see disability as over-determining a person’s identity. At the same time, phrasing disability as something that an individual possesses can reinforce the concept that the so-called deviant difference is ontologically situated “with” the person as opposed to stemming from the social situation and environment. Furthermore, regardless how the designation is assigned to an individual, the concept of disability has never managed to break free of stigma no matter what word is designated to signify it. Terms used to denote physical difference, whether “crippled,” “handicapped,” “physically challenged,” or the currently preferred “disabled,” all draw from the mainstream concept that what is being described is unwanted difference. This is true also of words that indicate psychological and emotional distress and extreme consciousness, such as “possessed,” “deranged,” “lunatic,” “dementia praecox,” or the current “schizophrenia.” The concept of disability appears to be forever caught within oppressive discourse because disability as a social construction is itself constituted by stigma. Even when disability activists wish to reject a pejorative social view of difference, we necessarily at least partially re-inscribe that stigma through our very act of naming.

Nevertheless, all of these terms remain useful, even for those of us invested in reshaping discursive practice to increase inclusion, valuation, and support of people who are typically rejected and devalued due to a bodily, mental, or behavioral difference. With the aim of contextualizing the linguistic, social, political, and aesthetic parameters at stake, I will first discuss three terms that I consistently use in this project: mental illness, madness, and psychosocial disability. In doing so, I will introduce three conceptual fields: postpsychiatry, mad studies, and the intersection between disability studies and performance studies, which I will utilize in this project’s analysis of various theater sites and how theater engages madness.

Mental Illness

“Mental illness” is a term widely used in medical practice, courtrooms, schools, the media, and everyday life. Most people consider it to be the accurate, objective, and most respectful way to refer to someone who is undergoing significant psychology or emotional distress or exhibiting thought processes that are beyond the pale. And yet the phrase functions in ways beyond the constantive. The term’s illocutionary and perlocutionary forces should not be ignored even though they almost always are. First and foremost, “mental illness” clearly denotes pathology, which assigns devaluation and stigma to a person’s thoughts, feelings, or behavior. This negative assignation can be carried out both internally and externally by others. For example, the label of mental illness can impinge upon one’s ability to successfully perform and achieve certain social roles. It can, as Erving Goffman has noted, “spoil” one’s identity and unleash an array of negative social, political, and economic consequences.\(^\text{12}\) Certainly few, if


anyone, would deny this. And yet almost all of us continue to use “mental illness” without hesitation. Why? One main reason has to do with another important aspect of the term that resides within the language and practice of psychiatry, from which the term draws authority and through which it generates psychiatry’s complex knowledge production, power-relations, and practice.

In the past forty years, psychiatry has established itself as a neutral, “scientific” body of knowledge and practice that is somehow separate from and impartial to that which it names, studies, and treats. Psychiatry’s claims of objectivity and having a passive, disinterested, and purely constative role in describing the condition of mental illness encourage the rest of us in society to embrace the term mental illness as neutral and therefore innocuous. But is psychiatry and the term mental illness truly objective and value-free? Unfortunately, the profession and phrase inevitably re-import stigma through discursive practice that shapes and is shaped by knowledge generation and structures of power that have a wide range of political, social, economic, legal, and cultural consequences. In Moving Beyond Prozac, DSM, and the New Psychiatry, Bradley Lewis draws from his dual background in psychiatry and the humanities to offer a fuller understanding of contemporary psychiatry mainly through Foucault’s theories of discursive practice and power/knowledge. His reading of contemporary psychiatry through a poststructural, postmodern, and postdisciplinary lens offers my project three tools: 1) a clearer understanding of how reductionist the new psychiatry has become; 2) an analysis of some of the real-world consequences of psychiatry’s discursive practices; and 3) suggestions for how the humanities can provide theoretical tools necessary to generate new understandings of madness that better understand and more fully serve those among us who require support around psychological and emotional distress. It is helpful to review Lewis’ assessment of current U.S. psychiatric discourse, which is quickly being exported around the world as well, because we can then better appreciate the dominant objects, concepts, and strategies that psychiatry and its language provide and limit us from changing when we represent and talk about madness.

In order to appreciate psychiatry’s current claims about mental illness, we should place them within a historical context. By the middle of the 20th Century, U.S. psychiatry drew primarily upon psychoanalytic theory to conceptualize, explain, and treat psychological and emotional distress and behavior deemed dysfunctional and in need of treatment. But in the decades after World War II, such theory with its hypotheses, uncertainty, and lack of empiricism began to draw increasing criticism, particularly from psychiatrists who aspired to gain scientific parity with other branches of medicine. With the development and expanding use of biochemical medication and desire to align psychiatry’s practices with other branches of medicine, a relatively small group of psychiatrists initiated a fundamental change within the profession that began to take hold in the 1960s and 1970s, culminating in 1980 with the publication of the third edition of the DSM-III, Diagnostic and Statistical Manual of Mental Disorder. This “new psychiatry” discarded its psychoanalytic past not as simply incomplete but antithetical to its new clinical approach, wholeheartedly embracing a new scientific, medical

identity. The DSM-III made this evident. Recognizing its current inability to identify the etiology of mental illness, the new manual refused altogether to theoretically interpret the foundation of patients’ distress. Instead, it focused on symptomatology, using diagnostic lists and decision-making trees to guide treatment. Richard Hyatt, former chief of the Adult Psychiatric Brank, National Institute of Mental Health, emphasized at the time that this new “good psychiatry” would prioritize clinical “objectivity, reliability, and prognostic validity;” it would be “unvarnished by theory” and “refuse to blur observations and interpretations.”

At first glance, this shift seems reasonable and useful. By creating standards for how clinicians observe and define mental illness, our new psychiatry can engage in empirical research and treatment trials using the same methods that have earned success in other medical sciences. However, as Lewis notes, this categorical embrace of “good psychiatry” as objective, scientific empiricism means that “bad psychiatry” must thereby include all non-scientific, non-DSM-III approaches. By the 1990s, which were heralded as the “Decade of the Brain,” advancements in brain imagery, genetics, and a booming psychopharmaceutical industry had driven the biochemical model so completely in its current direction, that the individual, neurochemical, biological flaw model of mental illness gained ubiquity to the point of arguably entering what Bruno Latour calls the “black box” of science, becoming established truth that is universally accepted and requires no further testing, critique, or contemplation. Any analysis, explanation, and treatment of psychiatric problems not based on the DSM therefore become secondary and unnecessary, even contradictory. These include understandings and treatment approaches based on the political, family, social, spiritual, cultural, philosophical, or narrative.

The 1990s were also the time of the “science wars” where the science and humanities strongly opposed one another in their understanding of language and how it relates to scientific research of the real world. Generally speaking, the sciences, including the new psychiatry,

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17 Lewis, Moving Beyond Prozac, 6.
18 The Project on the Decade of the Brain was sponsored by the U.S. Library of Congress and the National Institute of Mental Health with the goal of “enhan[ing] public awareness of the benefits to be derived from brain research.” See http://www.loc.gov/loc/brain.
20 Today best practices in psychiatry do acknowledge the role of non-biological factors in mental health, although it is debatable to what extent such acknowledgement informs treatment practices. The DSM V offers a section on cultural formation, which notes the importance of the cultural identity of the individual including race and ethnicity, cultural conceptions of distress, and the myriad of psychosocial stressors and resources that play a role in mental health. Nevertheless, it is also reasonable to assert that these factors continue to be presented and prioritized within psychiatry as ancillary to the main project of biochemical intervention. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Arlington: American Psychiatric Association, 2013). Web. [access date: 10 December 2013]. dsm.psychiatryonline.org.
21 For a sample position on these debates from the perspective of the hard sciences, see Paul R. Gross and Norman Levitt, Higher Superstition: The Academic Left and Its Quarrels with
understand language to be locutionary. As such, the term mental illness and all its psychiatric diagnoses, symptoms, and signs are understood to simply describe something that is “out there” in the world. Within this referential understanding of language, the term mental illness can be evaluated only by how well it corresponds to that which it signifies. The obvious problem with this approach is that it ignores the social, structural processes and values that inform and result from such language. On the other side of the debate, the humanities, drawing from structuralism and post-structuralism, formed camp around a relational theory of language, through which scientific knowledge, including the conception and definition of “mental illness,” is judged to be at least partially socially constructed. The illocutionary and perlocutionary consequences of the phrase mental illness are central to a disability reading of madness and will be central in this project’s examination of theater and madness. Nevertheless, a purely relational understanding of the term mental illness can be seen as equally reductive as a referential understanding of it. While Thomas Szasz’s argument of mental illness being only a myth has offered validation, encouragement, and political momentum for psychiatric survivors, consumers, and ex-patients over the years, most people today are most likely unwilling to explain away all psychological and emotional distress and severe behavioral dysfunction as simply a linguistic construction. In conclusion, as long as psychiatry is caught between these two irreconcilable positions, there seems to be an impasse for how we can even begin to discuss the complex biopsychosocial experience of madness.

Lewis therefore offers a more pragmatic, third way by combining Michel Foucault’s theories of discursivity and power/knowledge as specifically applied to psychiatry. Calling his approach “semiotic realism,” Lewis recognizes that language indeed works in a relational manner. But he also notes that such signs and concepts are also ultimately grounded or connected in some way to both the real world and future consequences of how we choose to represent our world. This understanding recognizes that human experience does include specific thoughts, feelings, and behaviors that we refer to when we use the term “mental illness.” This pragmatic approach analyzes how the term is seated within a specific discourse, which Foucault describes as a “group of objects, methods, their corpus of propositions considered to be true, the interplay of rules and definitions, or techniques and tools” that have important, but not inevitable, consequences.

What these consequences are, Foucault argues, depends on the power/knowledge that is formed through such discourse. For example, due to psychiatry’s “rules of formation” and “rules of exclusion” around its conceptualization, description, and practice on mental illness, the term indicates parameters and boundaries on limits of inquiry into the concept itself. The term mental illness signifies an objective medical condition that resides in the brain of an individual

*Science* (Baltimore, John Hopkins University Press, 1994). For a general rebuttal by the humanities, see *Social Text*, 46 & 47, (1996): 1 – 252. Attempts at reconciling these divergent perspectives have been made, such as Ian Hacking’s *Social Construction of What?* (Cambridge: Harvard University Press, 2000).


25 Ibid.
and is ultimately apart from its social context. This signification immediately rules out discourse on how representing someone as “mentally ill” can itself be harmful. Such discursive practice can discourage consideration of how the term compels us to over-determine the person’s identity, resulting in a one-dimensional model of the subject that fails to garner empathy or investment by others. We therefore need to carefully handle language that promotes such rules of formation.

But one also must be aware of how the term carries forth psychiatry’s rules of exclusion. Psychiatry’s very existence depends upon a distinction between reason and folly that dictates who has the authority and institutional position to speak about mental illness. Lewis calls these rules and strategies “enunciative modalities.” These modalities become evident if we consider how power/knowledge around mental illness is constructed through certain structures and practices. If we utilize a purely referential understanding of psychiatric language, we risk underplaying and even ignoring such inequalities and power dynamics. These modalities are not limited to the clinic, but shape public discussion as well.

**Madness**

Psychiatry, as the professed neutral arbiter on madness, extends its discursive practice out into general society through its language, access and treatment, and authority to comment on both legal concerns and conventional wisdom. Such practice reflects and sets social norms and expectations on our thoughts, feelings, and behavior. It also asserts tremendous influence and control over those who enter its clinical domain. Besides controlling access to services, psychiatry dictates the terms of how mental illness is understood and who is allowed to enter the conversation around what is acceptable and unacceptable about madness, and how we should go about curing the unwanted aspects. Perhaps most importantly, patients themselves are considered to have no legitimacy or even legibility in describing their mental health until it is first processed and then re-told by clinicians. Even though a patient’s chart specifically discusses the individual’s most personal conditions and experiences, these clinical notes are written and controlled by the care provider, not the patient. The information is recorded in a specialist language of codes, shorthand, and esoteric vocabulary that is only accessible to those with the training and credentials. Furthermore, even if the patient requests a copy of these records, such access is discouraged by informal and formulized procedures and fees. This discrepancy in authorship and accessibility to psychiatry’s production of knowledge emphasizes and furthers the power imbalance between clinician and consumer. This imbalance can be

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26 Lewis, *Moving Beyond Prozac*, 42.
27 The reluctance of clinicians to share their progress notes with psychiatric patients is understandable. Clinical notes are intended to efficiently notate information and treatment planning in a way that can be readily understood and transferred to another clinician, thus ensuring consistency and continuity of care. Such clinical language is thus necessarily transcribed into specialist language that can be misinterpreted by someone who is not familiar with it. A mental health clinician must also, arguably, be careful to properly qualify and limit the scope of her assessment and judgment of her patient or client’s presentation and prognosis at certain times of treatment, particularly in a therapeutic relationship where a clinician’s language directly impacts the well-being of the client. Nevertheless, withholding of any information or opinions is a double-edged sword and always emphasizes the unequal relationship between provider and consumer.
discomforting even when the patient finds the treatment appropriate and helpful. When patients disagree with their treatment, this discrepancy may become unbearable.

Although psychiatry has provided much support and care over the years, it also carries a seemingly unparalleled history of ethical breaches, abuses, and almost unimaginable violence in the name of treatment. Even though the “new psychiatry” actively sought to dethrone its theoretical predecessor, psychoanalysis, modern psychiatry has always looked to somatic etiologies and treatment practices to “heal” or at least palliate the symptoms of those deemed severely mentally ill. These treatments have always been hailed as state-of-the-art, efficacious, and humane at the time. Nevertheless, ever since the first U.S. mental hospital was established in Pennsylvania 1756, the mentally ill have been the subject of a wide array of misguided, deleterious, and often violently abusive “medical treatments.” Standard practice in the 18th century included incarceration, whipping, chains, near-starvation diets, severe bloodletting, blistering, painful and frightening restraints, and nausea-inducing spinning. The 19th century brought hydrotherapy that exposed patients to extreme temperatures, sometimes for prolonged periods, simulated drowning and other forms of near-asphyxiation, deprivation of clothing and other means to intimate patients and generate shame, and debilitating and painful restraints that induced horror and eventual behavioral compliance. The 20th Century’s eugenic attitudes resulted in severe devaluation of the worth of the mentally ill in the public’s eye, resulting in prohibition on marriage, an increase in detention and permanent segregation, and thousands of forced sterilizations, all of which inspired Nazi Germany’s own “medical” programs of interment, sterilization and so-called euthanasia. Scientific treatment in the U.S. meanwhile included injecting sheep thyroids and other animals extracts, deep-sleep therapy for days or weeks on end with the use of barbiturates, refrigeration therapy where patients’ core temperatures were lowered up to 20 degrees, and intentional brain damage to destroy the parts of the “diseased” brain thought to be causing the madness. The latter was the preferred treatment from the 1930s to 1950s and included insulin-induced comas, metrazol convulsive therapy, electroconvulsive therapy (at first without paralyzing agents, resulting in excruciating pain, broken bones, and internal bleeding), and, of course, lobotomies, which were given without proper informed consent or were often forced upon the actively resisting subject.

In the latter half of the decade and up to the present, “state of the art” psychiatric treatment for thought disorders privileges chemical lobotomies that inflict intentional brain damage through neuroleptics. These drugs have more recently been marketed as “antipsychotics” even though the FDA and other researchers who are independent from the pharmaceutical industry consistently and reliably report that such agents have not been known to “cure” any identified biological disease but rather target symptoms of ultimately unknown etiology by inducing pathological deficiencies in dopamine and other neurotransmitters receptors in the brain similar to what is seen in people with Parkinson’s disease. This intended deficiency over time results in permanent hypersensitivity to dopamine and other brain damage, such as shrinkage of the prefrontal cortex and basilar ganglia. Other debilitating symptoms regularly include the inability to feel emotions or think clearly, avolition, inner restlessness and anxiety, extrapyramidal side effects that result in painful muscle spasms, involuntary and sometimes permanent movements of the face and limbs, inability to express emotion, severe drooling, drastic weight gain, and hypertension. These symptoms of neuroleptics, such as haloperidol,

were reported to be the most feared forms of torture by Soviet dissidents up through the 1980s. The Soviets’ use of these drugs for political oppression and torture was met with outrage and condemned in subsequent U.S. Senate hearings. Nevertheless, these “antipsychotics” remain the preferred first-line, and usually only offered, treatment for the diagnosis of thought disorders and are marketed and used increasingly for mood disorders and a variety of behavioral concerns for adults and even children in the U.S. today.29

Psychiatric patients have historically been told that they do not have the ability to critique such treatments because they are mad. But many people who have been brutalized speak out anyway. All too often these cries of resistance have been dismissed as unreasonable and unworthy of serious attention. Psychiatry’s terms of discourse place patients in a position whereas to disagree with the clinician’s beliefs is to affirm their poor judgment and even insanity. Agreement with one’s diagnosis leads to the same conclusion. Dissatisfied patients are therefore caught in a double bind when deciding whether or not to agree with their doctors’ evaluation. Because psychiatry maintains control over the authority to describe and evaluate its patients, any effective attempt at resistance therefore often begins with critiquing of psychiatric practice and reclaiming language and narratives about one’s mental health. In sum, because patients’ own judgment and opinions are typically disqualified by psychiatry, they often feel the need to go outside of psychiatry’s language in order to regain their voice around discussing their lives and assert self-agency and self-worth.

Many people who have experienced psychiatric oppression and rejection from society because of being labeled mentally ill therefore embrace the term “madness” as an alternative to medicine’s “mental illness.” There are several reasons for this linguistic maneuver. First, “madness” is not used by psychiatry. Second, the term is so general that it works against the more precise definition of mental illness, which is carefully categorized into various pathological disorders by the DSM. Third, madness’ lack of specificity cannot be contained to either a positive or negative valuation. Fourth, the term has historically been laden with clearly negative connotations. By re-appropriating it, one may achieve a sense of positive identity and pride. The moniker can therefore be used politically in a similar manner to how “queer” has been deployed by gay, lesbian, bi-sexual, and transgender communities.

Following upon the heels of the civil rights movement and the burgeoning women’s rights, gay rights, and disability rights movements in the early 1970s, the anti-psychiatry movement in North America rose up with the specific agenda of challenging psychiatry’s claims and practices.30 Writings by radical psychiatrists such as Szasz and R.D. Laing offered theoretical support for people who began to identify as “psychiatric survivors” and “ex-patients.” In the U.S., these activists organized with critical clinicians, lawyers, and others into groups such as the Insane Liberation Front in Portland, OR, the Mental Patients’ Liberation Project in New York, and the Network Against Psychiatric Assault in San Francisco.31 One early publication out of Oakland, CA chose the title Madness Network News, which focused on critical writings and personal experiences of patients who suffered torment within mainstream psychiatric

29 Ibid.
31 Background information on these movements and their founders can be found on the website of their umbrella group successor, Mind Freedom International: www.mindfreedom.org.
This somewhat unified activism split in the 1980s and 90s into those who were interested in improving current mainstream society, e.g. mental health “consumers” and their advocates, such as N.A.M.I., the National Alliance on Mental Illness, and psychiatric survivors and ex-patients who continued to roundly reject the foundational claims and practices of the “new psychiatry.”

While N.A.M.I. clearly embraces the term “mental illness” as a strategy for both working with psychiatry and normalizing psychological and emotional difference by claiming that it is just a illness like any other illness, the term “madness” remains in use by organizations such as MindFreedom International (MFI) and The Icarus Project, a collaborative network of people who envision an alternative language and culture around the experiences commonly diagnosed and labeled as psychiatric conditions. MFI groups and individuals consistently use the banner “Mad Pride” as a way to build positive identity and community. Icarus also uses the term madness when describing its identity and project; and some members use the phrase “mad love” as a communication of support, care, and solidarity. But the term is also used by others, including artists. Joshua Walters, a San Francisco Bay Area performer, whose work I will analyze closely, uses the term to create dialogue and assert meaning-making outside the purview of psychiatric discourse. He states that he prefers “madness” because it is an “old term” that fails to satisfy the pathological and clinical specificity of contemporary psychiatry.

Madness, perhaps like “queer,” has not been fully re-appropriated from its traditional, negative and demeaning uses over the years. For example, not all members of Icarus approve of the term. But I prefer it because unlike “mental illness,” madness is able to signify a larger range of experiences and values. Yes, “madness” carries pejorative connotations, but it can move in circles beside and beyond such disapproval. Contemporary culture holds onto the idea of the mad genius. And we easily understand what someone means when they say that they are madly passionate, inspired, or in love. One can dance in madness on a solitary beach under the light of the moon. Madness can promise wonder, individuality, richness. Yes, madness can lead to pain, destruction, and even death, and I consider well-taken Elizabeth’s Wurtzel’s point that the term is often used by the outside observer who has no appreciation of the depths of distress that are behind such powerful aesthetic and poetic performance. But “madness” is able to signify power and a sense of opening, whereas “mental illness” suggests to me only a closing and lack. In summary, “madness” signifies possibility and is inclusive in the sense that everyone has felt at least some aspect of madness in their life. If nothing else, the term asserts its position within

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34 Along with Walters sharing this opinion during interviews with the author on September 8, 2009 and September 13, 2011, he has also publicly announced this during a presentation at the Townsend Center Doing Disability Working Group, University of California, Berkeley, April, 20, 2010 and during several talkback sessions after performances of Madhouse Rhythm at SF Playhouse, San Francisco, Ca in 2010 and Berkeley Marsh Cabaret, Berkeley, CA, 2011.

35 Given this more inclusive understanding of madness, it seems to me that people, generally speaking, would be more willing to share that they experienced a moment of madness at some
humanity in all of its complicated, mysterious, and ambivalent aspects. Lastly, the term “madness” wields a rhetorical force through both its beauty and unseemliness. Madness seduces. And the word also goads the listener to challenge what is being said, calling attention to the very political issues that “mental illness” puts into play yet attempts to ignore and deny. I therefore employ “madness” with an awareness of the term’s uncertain, playful, and sometimes harsh locutionary and perlocutionary properties in order to signify emotional differences, extreme consciousness, behavior, and personal subjectivities that defy clear description and explanation through normative language. That is not to say that I never use the term mental illness. The word carries important meanings and is currently unavoidable. But when I use it, I do so with the caveat that such meaning-making is situated within psychiatry’s discursive practice that encourages certain perceptions of and responses to those saddled by the term.

*Mad Studies*

I began this discussion of madness and representation by focusing on the term mental illness and psychiatry because medicine currently holds eminent authority on how we speak about and understand madness. Psychiatry plays a central role in how people labeled as mentally ill feel stigmatized, oppressed, and without agency. But there are other ways of talking about madness in contemporary society. Regarding these narratives, we must first and foremost recognize those who have personally experienced madness or have been deemed mad and subsequently oppressed. These voices but are all too often left out of the discussion. Dale Peterson’s *A Mad People’s History of Madness* and Roy Porter’s *A Social History of Madness: Stories of the Insane* are two collections of such writing. The memoir has also been effectively used to both bring attention to society’s mistreatment as well as share subjective experiences of madness. Elizabeth Packard’s writings from the 19th Century and Clifford W. Beers from the turn of the 20th are precursors to the psychiatric survivor and mental health consumer movements. In the last 30 years, the number of memoirs on madness has greatly expanded into the hundreds, which approach their subject matter from a wide range of political views. Some, such as Elyn Saks’ *The Center Cannot Hold* and Kay Redfield Jamison’s *An Unquiet Mind*, share poignant first-hand knowledge and stories that highlight the stigma and drawbacks of some psychiatric practice yet also affirm a “mental illness” understanding of madness rooted in individual biochemistry. Other first-person accounts, however, share experiences of living point in their lives than they would be willing to identify with having been “mentally ill” at some point in their past. Perhaps this is because the label and stigma of mental illness sticks to a person within medical discourse, remaining in their chart for as long as those records remain available.


with madness and coping outside of, or in resistance to, psychiatric treatment. These accounts often describe how political concerns of madness are interwoven with other types of social oppression, such as class, gender, sexuality, race, and other disabilities. Because mad voices are usually silenced, and also because much knowledge on madness can only be found in first person accounts, autobiographical experiences must remain the bedrock of society’s discussion on madness. Most of the theater sites I investigate therefore include an autobiographical component.

Apart from the memoir, representations of madness can be widely found in literature, art, film, television, the news, and theater. Sometimes these modes of cultural production deeply explore and explicate madness, and sometimes they use its imagery, concepts, and power for other purposes. Social sciences and humanities scholars who explore this production can be loosely grouped together under the unsettled and only sometime referenced field of mad studies. The perhaps most useful voice in this aggregate of commentary and analysis is Foucault because he reminds us that such production does not only reference its subject, but makes it knowable and powerful through its practice. Expressions and understandings of madness are always socio-historically specific. Furthermore, the history of madness is not a linear, deterministic progression that starts with obscure and unenlightened conceptions and then moves through the ages towards a complete comprehension of the truth about madness as an object of medical understanding and mastery. Each historical period produces a distinct, although often conflicting and even paradoxical, understanding and approach towards madness, one that is born out of its own period’s cultural, social, and economic production. In such a manner, systems of social control create new conceptions of madness, which in turn give rise to newer systems of social control. Importantly, Foucault believed discourses on madness to always be based upon systems of exclusion. This view continues to resonate with the political experiences of many deemed mad today. When merged with his later theories of discursivity and power/knowledge, as Lewis suggests, this situational understanding of madness can be applied to analysis of any representational practice.

I should re-emphasize that am not arguing that madness is only a product of linguistic construction. The fact that there is something understood as madness in seemingly every culture and historical period suggests that there is in fact something “there” regarding madness that is beyond culture, however amorphous and incomplete it may be. But what exactly that is will forever lie beyond definitional reach, partly because “it” remains unknowable and unobservable outside of a cultural context. Allen Thiher draws from Foucault’s understanding of discourse to argue that there is an acultural reality to madness, which we can access and understand only by offering so-called super-crip overcoming disability narratives in which the protagonist ultimately achieves incredible personal and professional success despite having significant impairment. Having had access to significant social and personal resources, both authors share a story of personal pain and struggle before receiving proper medical services and persevering to achieve highly accomplished careers. This privilege, in turn, tends to downplay the very common intersectional concerns of psychosocial disability, which I will address later.

Many examples of otherwise unpublished personal accounts, as well as an extensive bibliography of published works and on-line sources, can be found at MindFreedom International, www.mindfreedom.org.

means of certain cultural and linguistic concepts.41 The main way we access this pre-discursive reality is by opposing madness to logos, a binary that has consistently appeared throughout various sociohistorical contexts since Classical Greece. Madness, he explains, can have no meaning without the view that the sane self is defined by its participation in logos.42 Although we cannot clearly identify or rule out what might draw someone outside of logos, Thiher’s formulation is particularly helpful particularly understanding contemporary U.S. society, which operates from within a binary of sane and insane.

Other theorists recognize the rhetorical force this binary yet seek alternative frameworks. Lennard Davis, for example, argues for a continuum of human experience.43 Anne Wilson and Peter Beresford also reject the distinction between “normals” and “mentally ill” by placing all facets of madness upon a “continuum of distress and well-being [that] all people would place themselves, at different positions, and different times in their lives.”44 This reframing is welcomed by those of us concerned about the systems of exclusion that Foucault describes. In addition to this different classificatory scheme, it is equally important for analysis to move beyond a constantive understanding of madness.

Ian Hacking argues that the social force of classification shapes our conceptions and behaviors around madness.45 Some aspects of reality, he notes, such as Newtonian physics, are seemingly indifferent to language. For example, the quark and microbe don’t care what we call them.46 They will continue to do whatever a quark or microbe does. But madness can be considered an interactive reality.47 The culture and knowledge of madness has a feedback loop that changes what is observed and experienced. For example, the very act of categorizing someone as schizophrenic impacts that person’s experience and behavior, regardless of any biochemical or genetic component of the disease. Hacking compares this interactive kind of reality to the loop of biofeedback, such as can be seen in yoga or psychotherapy. By focusing one’s thoughts and ideas, the yogi is able to slow down the heart rate. Similarly, an individual experiencing depression may be able to alleviate those symptoms through talk-therapy, which might be measured by a change in serotonin levels in the body. Classificatory looping is specific to the naming of kinds and how such a performative act impacts the reality of that entity. People labeled as mentally ill, along with their families, clinicians, and others with whom they are intimately connected, are aware of, reflect, and react off of such naming. These reactions are informed by a variety of practice around such labels. In summary, we conceive ourselves and act

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42 Thiher, Revels in Madness, 16.
47 Ibid., 100 – 124.
in ways that conform to, or try to avoid, such powerful classifications. These adjustments in turn impact the diagnoses and ideas of madness.

Elaine Showalter offers a helpful example of this discursive production with Jean-Martin Charcot’s work on hysteria at the Salpêtrière clinic in Paris in the late 19th Century. Charcot, a leading neurologist at the time, was intent on legitimizing his patients’ psychological distress by arguing that their symptoms could not be a product of malingering because they were unconsciously motivated. In lecture demonstrations for his colleagues and a wider Parisian audience, he would hypnotize his (mainly female) patients, who would then consistently perform theatrical symptoms to an enthralled crowd, ending with a grand finale of a full hysterical seizure. Showalter notes that photographic representation of these symptoms was central to Charcot’s work. By setting up tableaus of categorized hysterical states, e.g. “Amorous supplication” and “Ecstasy,” the neurologist encouraged and coached his patients to rehearse and perfect the very symptoms that he sought to only neutrally observe, validate, and treat. And yet, these symptoms, cannot be seen as purely “faked” just because some of his patients later admitted to consciously striving to reproduce symptoms that would please their doctor. To emphasize this point, Showalter discusses Charcot’s star subject, a fifteen-year old woman named Augustine, whose photographed stills resembled Classical French acting gestures or poses in 19th Century paintings. During the lecture demonstrations, she was able to perfectly divide and time her symptoms into difference “scenes” including pausing as necessary for intermission. Yet she reportedly exhibited and complained of significant distress outside of these performances as well. She experienced periods of violence where she broke windows and tore her clothes, resulting in her clinicians anaesthetizing her with ether or chloroform. Unhappy with her situation, she ultimately escaped from the asylum, never to be seen again.

We might be tempted to disregard Charcot’s practices around hysteria as disconnected from today’s psychiatric practice because of their historical framework. But current concepts of madness are equally influenced by representational practices in feedback loops. Even though there appears to be a genetic or biochemical etiological components to schizophrenia, how this contemporary “disease” is seen and experience by both society and the patients themselves remains tied to cultural and social concerns. When Emil Kraepelin first diagnosed the condition, calling it dementia praecox, many of his patients exhibited symptoms of today’s Parkinsonian patients, most likely because a large number of them suffered from an organic brain disease that was later named encephalitis lethargica. Because this later condition had a predictable degenerative progression, dementia praecox (later changed to “schizophrenia” by Swiss psychiatrist Eugen Bleuler) also carried this prognosis, even though the symptoms for the schizophrenia changed after the encephalitis lethargica epidemic waned in the 1920s. Robert Whittaker argues that such a grim prognosis of schizophrenia has heavily influenced treatment options over the years, including drastic measures such as lobotomy and neuroleptics that have extremely deleterious, distressing, and sometimes permanent effects on the patient.

Perception, prognosis, and treatment of schizophrenia have also been shaped by intersectional forces located outside of psychiatric practice, such as race and gender. Jonathan

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49 Ibid. 154.
50 Whittaker, Mad in America, 166.
51 Ibid, 165.
Metzl has tracked the diagnosis of schizophrenia from the 1920s until present in order to ask how the definition changed in concert with specific moments in the American consciousness, particularly when racial tensions rose to the forefront during the civil rights era in the 1960s and 1970s. Previous to this turbulent period, schizophrenia was clinically associated with mainly white patients, who were considered to be generally harmless to society. Most published studies were conducted on white-only wards; and American cultural production on the diagnosis reflected this view. At that time the average person diagnosed with schizophrenia was seen through a psychoanalytical lens as afflicted with conflicted neurosis, such as in the film, The Snake Pit, with the unhappy white housewife whose main complaint was mood swings, or the institutionalized child-like patient that needed to be nurtured in a quite setting. In the 1960s, however, American conceptions of power in concert with gender and race changed. Psychiatric and popular discourse began to associate schizophrenia not with docility but rage and aggression that many equated with the politics of civil rights protests. Some professionals even began to consider black resistance to oppression as delusional, anti-white hostility, where African American men were driven into a furor by listening to leaders such as Malcolm X.

Metzl offers a striking example of this conceptual shift of schizophrenia to racial rage and danger as being reflected in and reinforced by cultural representation with a 1970s advertisement for the antipsychotic drug, Haldol. Depicting an angry black man with a raised, clenched fist, the heading reads, “Assaultive and belligerent? Cooperation often begins with HALDOL (haloperidol) a first choice for starting therapy.” Promising to “act promptly to control aggressive, assaultive behavior,” the advertisement demonstrates the new role of pharmaceuticals in social control and safeguarding society. The disturbing result of this perception is that a disproportionate number of African American males continue to be diagnosed with schizophrenia, a label that can negatively impact first impressions and subsequent treatment by future clinicians and members of society in general.

A final contemporary example can be seen in the DSM-IVTR’s exportation to other countries. When the same clinical concept and diagnostic criteria of schizophrenia enters different cultures, one can see different patient responses in the reported and observed symptoms.

53 The Snake Pit, directed by Darryl Francis Zanuck (1948; Beverly Hills, CA: Twentieth Century-Fox Film Corporation, 2004).
56 Ibid.
57 An example of such subsequent racial bias in diagnosis can be seen in a 1988 experiment where 290 psychiatrists were given the same two written case studies to diagnose. The only difference between the cases was whether the subject was identified as “black” or “white” and “male” or “female.” Cases identified as black males were most commonly diagnosed with paranoid schizophrenia, even by black psychiatrists (although these psychiatrists gave the diagnosis less than their white counterparts.) See Marti Loring and Brian Powell, “Gender, Race, and DSM-III: A Study of the Objectivity of Psychiatric Diagnostic Behaviors,” Journal of Health and Social Behavior, 29, No. 1. (March, 1988), pp. 1 – 22.
of the so-called acultural disease. For example, Ethan Watters notes that schizophrenic patients in Pakistan are more likely to experience visual hallucinations of ghosts than in Britain where hearing voices is more usual.\textsuperscript{58} In traditional, rural Southeast Asian villages where personal monetary status is discouraged, delusions of grandeur around wealth is rare, while in the United States, psychotic symptoms often involve belief in being famous or omnipotent.

Once we have accepted the performative nature of language and representation, specific sites of cultural production gain additional dimensions of importance. Sander Gilman’s \textit{Seeing the Insane}, for example, explores visual representation of madness in the Western world, arguing that such depictions have developed into an iconography of motifs and stereotypes that not only reflect but shape society’s perception of the mad and mentally ill.\textsuperscript{59} This visual representation is a means of dealing with its subject in its historical context, as well as a way to create categories that have political and ideological significance. Importantly, Gilman notes that the mad person is always seen as the Other in culture. While madness continuously exists in the world and is measurable in terms of psychic pain, it also can be used as a metaphor for other states of difference. This metaphoric use is important to keep in mind when considering theatrical works, for such metaphors remind us that representations of madness do not always serve as a referential function to reveal or discuss its subject.

Taylor Donnelly focuses on this complex engagement with madness in literature. She notes that we use “supplementary stories” in an attempt to give meaning that counteracts our troubling wonder and uncertainty about madness.\textsuperscript{60} Such literature may strive to share otherwise illegible and “unspeakably intense” experiences.\textsuperscript{61} But although these stories might attempt to explicate and share madness, they are, she says, rarely mimetic. Part of this may have to do with the inability to speak madness through logos. But this representation of madness often appears in fiction for purposes other than to show how madness and disability appear in life. They can function as strategies for constructing metaphors and enabling narratives.\textsuperscript{62}

Given madness’ ubiquity in drama, it is not surprising that there have been many treatments of this theme, such as in James Redmond’s edited collection, \textit{Madness in Drama}.\textsuperscript{63} These discussions are limited, however, to how madness’s thematic presence is realized in an individual story. Too seldom is madness’ varied usefulness to literature identified and analyzed, as Donnelly does when she categorizes patterns of using madness as a tool or strategy.\textsuperscript{64} Even more infrequently does such analysis keep in mind the political nature of discursive practices that necessarily drive all such representation. Therefore, if we are to question the politics of representation of madness in live performance, we must turn to disability studies, which offers theoretical strategies for understanding how disability functions in theater. For the past two

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\begin{enumerate}
\item Watters, \textit{Crazy Like Us}, 135.
\item Ibid, 4.
\item Ibid, 11.
\item James Redmond, \textit{Madness in Drama} (Cambridge: Cambridge University Press, 1993).
\end{enumerate}
\end{footnotesize}
decades, disability studies has examined how critical disability can intervene on normative conceptions and values in literature and performance. The field has also offered specific examples of the potential for disability to intimately inform and restructure aesthetic practice and representation.

*Psychosocial Disability*

Disability studies has not yet reached a clear consensus on what to call madness as disability. Elizabeth J. Donaldson and Catherine Prendergast have used the terms mental disability, cognitive disability, and psychiatric disability.⁶⁵ For me, “psychiatric disability” too strongly reiterates the narrow concept of pathology and individual impairment as promoted by the medical model. Also, the very word “psychiatric” positions psychiatry as the main authority. “Cognitive disability” also seems to focus solely on individual functioning as well as the organic etiologies of such impairment. While there are arguably no consistently clear lines between developmental disabilities and madness, our society seems to categorize them differently. (The DSM does so as well.) Cognitive disability, or “intellectual disability,” as Licia Carlson terms it,⁶⁶ connotes to me that which medicine and social sciences call “developmental disability.” This category is somewhat different than madness in that it delineates a lower or limited cognitive ability with a clear biological etiology that, once having appeared, tends to present fairly consistently within an individual over time. Madness is far more capricious and only identifiable in relation to a myriad of cultural values and discursive practices that shift quite frequently through time and place.

In *Mad at School: Rhetorics of Mental Disability and Academic Life*, Margaret Price reports that although she prefers the moniker “psychosocial disability” she discovered that it ultimately “failed to mean” anything to other people.⁶⁷ She therefore settles for the term “mental disability,” which also shares a commonality with intellectual disability because both are oppressed by the “common topoi” of the academy, such as “rationality, criticality, presence, participation, resistance, productivity, collegiality, security, coherence, truth, independence.”⁶⁸ I appreciate that “psychosocial” can at first seem ambiguous, if not illegible, to the uninitiated. However “mental disability” does not clearly speak to sensory and emotional difference, including the thorny question of what sorts of feelings are deemed inappropriate to present to others in certain situations. It also does not directly signify behavior that is socially unacceptable, which I feel is the political heart of madness. “Psychosocial” moves away from the dominant medical model of madness by focusing on the interpersonal, including “abnormal” affects, behavior, and their consequences. Therefore, when I discuss madness within a political framework, I prefer to use “psychosocial disability.” I find it helpful to use this disability label instead of the more general “madness” when discussing such identity and experience within a

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⁶⁸ Ibid, 5.
political framework because mad studies has much to gain from claiming itself as part of disability studies.

Psychosocial Disability and Performance

In exploring how theater engages with madness, one can begin by drawing from the significant work already started between physical disability and performance. Disability studies was borne out of disability activism, which itself is a fairly young endeavor, gaining critical mass in the late 1960s and 70s. This activism developed out of an urgent need to address legal issues around physical access in schools and other institutions, equal opportunities in employment, and providing the minimal resources necessary for people with physical disabilities to live independently in the community. But soon came more sophisticated analyses of normative ideologies, societal behavior, and forms of cultural representation that lead to exclusion and other forms of oppression. Early on most criticism on the politics of representation discussed flat, oppressive, and otherwise inadequate representation of disability. But in the past twenty years, disability scholars have begun to explore how performance not only represents but also engenders our understandings and experiences of disability. Disability studies has argued that, whether through literature or an array of embodied aesthetic and social practices, disability is constructed in a performative manner that has very real consequences on daily lives. Sharon Snyder and David Mitchell note that abstract and textual worlds of literature affect the psychology of individuals and therefore impact behavior and social realities. In *Disability and Contemporary Performance: Bodies on Edge*, Petra Kuppers draws from a Foucauldian understanding of knowledge and bio-power to discuss how dominant discourses (including practices in the arts and in daily life) limit representation and understanding of disability. She argues that artists disrupt normative meaning-making by inserting difference into traditional performances, drawing attention to the fictional nature of whole-systems and ideologies that negate and oppress the marginalized.

Disability studies’ first prominent consideration of the intersections between disability and performance might be Kenny Fries’ edited collection, *Staring Back: The Disability Experience from Inside Out*. This collection begins with the acknowledgment that disability as experience is usually represented from the outside in, meaning normate views dominate the representation of disabled subjectivities. Such representation is consequently steeped in stigma and oppressive ideologies that flatten such experience. This includes reoccurring metaphors and archetypes. In “Defects”: *Engendering the Modern Body*, Helen Deutsch and Felicity Nussbaum argue that this representation can include a “politics of visibility” that pushes perception of the disabled subject (along with other identities, such as sex and race) as “natural” in order to construct and support emerging social norms. However, such representation does

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69 Shapiro, *No Pity*: Linton, *Claiming Disability*.
70 Snyder and Mitchell, *Narrative Prosthesis*.
not actually reflect its subject in a purely referential manner. Per Lennard Davis, it creates disability via a “disruption in the sensory field of the observer.” Disability can thus be understood as not originating in the observed, but in the interactional processes of the observer and the subject. Merging identity politics with a critique of cultural representation, Fries and others such as Victoria Ann Lewis examine how artists with disabilities reverse the tables on the gaze of disability, and “stare back” at normate society and, in the process, disrupt the disability representation’s usual work. In such a way, performance transforms disability from an object to the subject and provides a venue from which the voiceless can speak.

Rather than simply replace negative representations with alternative, positive ones, activist performances of disability most often choose to critically comment and analyze the performative nature of disability itself. Wholesale replacement of negative portrayals of disability with “positive” ones is seemingly unfeasible because disability contains two unique qualities that set it apart from other minoritarian identities that can claim an essentialized identity to a degree of rhetorical success. First, disability membership is flexible and open to all humanity. Unlike markers of race or gender that can masquerade as fixed, anyone at anytime can fall into disability. As Fries notes, all it takes is a slip in the tub. This imbues disability with a special sort of power that threatens and instills fear into most of us. Secondly, disability is not just a social category, but as a marker and tool to regulate all bodies and subjects. Rosemarie Garland-Thomson observes that by marginalizing some people with disabilities, normative representations of disability assure others in society that they are “normal” and belong to a homogenous community. Furthermore, this disability regulation is applied to other minorities as well. One famous example of this regarding mental illness is the 19th Century psychiatric diagnosis, drapto mania, which was used to describe the so-called pathological compulsion of maladjusted slaves to run away. Another, as I have already discussed regarding Metzl’s work, is the more recent over-diagnosis of schizophrenia in African American males beginning in the civil rights era, which was used to discipline their resistance to current systems of power. In summary, although disability has been embraced as a positive sense of identity and community, it operates across society in such a clearly performative manner that critical artistic performances of disability usually do not attempt to simplistically replace oppressive representations with positive ones. Instead, they critique how certain subjects and experiences

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75 Fries, Staring Back, 322. Also see Victoria Ann Lewis, Beyond Victims and Villains: Contemporary Plays by Disabled Playwrights. (New York: Theatre Communications Group, 2005).
76 Tobin Siebers, Disability Theory (Ann Arbor, University of Michigan Press, 2008).
77 Fries, Staring Back, 8.
79 Baynton, "Disability and the Justification of Inequality in American History."
80 Metzl, The Protest Psychosis.
are socially constructed as disabled and how those positionalities are fundamental in shoring up normate ideologies that undergird how we make sense of everyone in society. With its significant power to create major disturbance or “commotion,” per Sandahl and Auslander, disability is poised to re-structure and expand aesthetic practice and concepts at fundamental levels. Performance can engage disability not as an object of reference but rather a performative process of social construction and critique of anything with which it interacts. Mitchell and Snyder, for example, note how disability is used as a “narrative prosthesis” upon which literature leans for its “representational power, disruptive potentiality, and analytical insight.” Theorists of freakery explore how the freak show in various forms operates not only as a site of marginalization and exploitation of the deviant subject in order to ‘normalize’ and democratize the rest of society but also as a site of contestation where oppressed subjects resist such marginalization, reveal the inherent contradictions within normate discourse, and celebrate so-called deviance as wonderful human diversity. And just as Tobin Siebers has explored within visual art, Victoria Ann Lewis argues that the disabled body can help audiences expand their understanding and appreciation of new aesthetics beyond the virtuosic normate body by being exposed to different registers of beauty and accomplishment.

In sum, disability performers first engaged with performance as an effort to position disability away from unproblematic characteristics and functioning of the body and onto how society views and behaves towards those bodies. As such, they embraced a social construction model of disability that assumes a fixed physical subject that ultimately grounds its experience in such bodily facts. More recently, as Miriam Corker and Tom Shakespeare note, disability has engaged with performance not to necessarily portray a fixed minoritarian subject but to offer disability as a force and process that operates through all social discourse and lived experience. This approach to disability suggests a concept and political strategy of inclusion that is mirrored by the universal design model of access where disability is not about ameliorative accommodation of previously excluded subjects, but rather about identifying processes of exclusion and inclusion in order to explore how diverse yet interconnected experiences inform one another. This approach promises a way for disability studies to break out of its initial

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82 Sandahl and Auslander, *Bodies in Commotion*.
ghettoization as a special interest subject within the academy and society at large. Psychosocial
disability is uniquely poised to help with this endeavor because it demands a critique of disability
studies’ original conceptions and tactics of inclusion that currently limit our theoretical
equivalent of universal design. This potential can be explored in part by understanding
psychosocial disability’s underrepresentation in disability studies.

In the past several years, psychosocial disability has moved closer towards achieving a
critical mass within disability studies. In 2012, Disability Studies Quarterly dedicated a special
issue to “Disability and Madness” and certain works from central disability scholars, such as
Margaret Price and Lennard J. Davis focus exclusively on psychosocial disability. Price’s Mad
at School explores how academic discourse and mental disability are currently not allowed to
coeexist because academia currently relies upon psychiatry’s discursive practice as an objective
base of facts. She notes that the consequences of Cartesian thought on modernity, the academy,
current disability studies is such that the individual only gains subjecthood and agency
through rhetoric, i.e. a persuasive endeavor that draws from reason, authority, and likeability.
Even liberal humanists practice a test of liberal subjectivity based on skills in communication.
This clearly results, she concludes, in a schism between psychosocial and other types of
disability. Price thus echoes Susan Squier’s concern of “a high-stakes conflict in disability
studies between a rejection of the normate when it is framed as morphological and a prioritizing
of the normate when it is framed as psychological” and Donaldson and Prendergast’s
observation that disability studies needs a more critical consideration of emotions, which has to
date been discouraged by “damaging ableist assumptions of the ‘mind’...” If disability studies
chooses to include psychosocial disability, it will necessarily have to address areas of difference
such as affect, empathy, and ability in interpersonal community, which in turn will force the field
to rethink its basic terms and strategies for inclusion and valuation of all types of disability.

Psychosocial disability also remains underrepresented within critical analysis of disability
and live performance, although it is making inroads here as well. Sandahl and Auslander’s
Bodies in Commotion is still the widest collaboration to date on the intersection of performance
studies and disability studies. Out of twenty-two essays, four refer to public performances of
psychosocial or intellectual disability. Auslander’s “Performance as Therapy: Spalding Gray’s
Autopathographic Monologues” considers Gray’s work through Thomas Couser’s concept of

http://dsq-sds.org/issue/view/100. This collection of essays draws from a variety of disciplines
and conceptual problems; and, as such, the essays do not appear to be joining in the same critical
conversations regarding madness and disability. Nor does the collection’s introduction offer
pointed guidelines for greater inclusion of madness into disability studies. Nevertheless, Jones
and Lewis Robyn’s “The Absence of Psychiatric C/S/X Perspectives in Academic Discourse”
outlines some of the consequences of the current lack of collaboration, such as an ever-
increasing medicalization of madness and difficulty for scholars with psychosocial disabilities to
significantly contribute and advance in academia.

89 Lennard Davis, Obsession: A History (Chicago: University of Chicago Press, 2009); Price,
Mad at School.

90 Price, Mad at School, 35.

91 Susan Merrill Squier, “Meditation, Disability, and Identity,” Literature and Medicine, 23, no.

autopathography. Auslander writes that Gray’s autopathographic performances, unlike written autopathographies that suggest a resolution and closure to whatever illness has stricken the author, allow Gray a sense of comfort and control because he can behave as if he were not in the grip of his anxieties (although neither Auslander or Gray explain why this necessity to control one’s behavior within a performance actually allows one to do so.) Auslander’s essay is helpful in that it begins to consider how two aspects of performance, repetition and the presence of an audience, inform the relationship between Gray’s disability and his performance practice and move away from a constantive quality of representation and into a performative presence in the moment. However, even though Auslander uses the word “disability” in his essay, he refers to Gray’s individual distress only as mental illness, a pathology that is seemingly unconnected to larger political understandings of disability. Auslander’s analysis of Gray’s performance as therapy therefore considers only the impact of the performances on Gray’s own distress. This idea of performance as therapy has a long history within mental health practice, but it is, of course, aligned to the medical model of disability in that it limits its goals and concept of disability to an individual problem that needs to be cured. The questions of how Gray’s performances challenge his audiences’ notion of psychosocial disability and how his autobiographical work on madness has intervened on traditional aesthetics of theater remain to be asked.

Anne Davis Basting’s “Dementia and the Performance of Self” also maintains a pathographic narrative, namely following the “plot of the disease” of Alzheimer’s progression. Nevertheless, she does utilize a social constructionist model of disability by noting that people with dementia are disabled because they are unable to “negotiate time or memory in ways that have come to be seen as necessary components of selfhood.” Basting points out that interdependency is not only a quality of people with cognitive impairment, but for all humans. She hopes that her social practice story-telling workshops encourage greater inclusion and creative expression for people with dementia. Importantly, the work reframes the usual symptoms of Alzheimer’s, such as illogical and incomplete language, not as symptoms but useful and common ingredients to the creative process. Basting’s discussed performance project, Time Slips, did not represent how people with Alzheimer’s disease were before they began to experience Alzheimer’s, i.e. when they were “normal,” but as they were currently, including uncertain and confused memories, incomplete syntax, and repeated sounds. The focus of the project was therefore on the artists making new stories. Strategies included many retellings that brought a palimpsest quality to the process. The need to bring together disparate elements encouraged the facilitators (who would do the retelling in the creative process as a means to solidify and remind the group of the components of the story) to relinquish their normative tendencies towards linear story-telling. In this manner, disability pushed representation and aesthetic practice in a new direction. Nevertheless, the ultimate public performances of Time Slips were performed not by the creators who had dementia but by professional actors. In this sense, the work can be understood to echo normative representation of mental illness by keeping the disabled sequestered in their institutional space while leaving normate proxies to publically perform for them.

94 Ibid., 203.
Fearing that public interest would drop if the performance were advertised as disability art, Bastings did not share much information about the story-telling workshops out of which the scripts developed to the audience before or during the show. Nor did she reveal that the presented narratives were written by those with dementia. This beginning inclusion yet ultimate segregation was, understandably, based on reasonable concerns about the ability and comfort of the workshop participants to perform in such a show. At the same time, Bastings’ project poses interesting questions regarding perceived limits of inclusion of disability in public performance. When must mental and emotional difference and “limitations” need to be addressed in the boundaries of the work? And when do the limitations lie in public perception of what performance is and could be?

Petra Kuppers’ “Body, Hysteria, Pain: Staging the Invisible” discusses an Olympias project that that attempts to reframe perception of the disabled other. Kuppers writes that people with mental health issues have been subject to both public curiosity and the medical gaze. Disabled performers therefore might feel that exposing their conditions publically on stage will further society’s objectification and normate interpretations of who they are. Medicine seeks to master and fix our knowledge about disability through public visibility and theatrical display, as we have seen with Charcot’s performance demonstrations of hysteria that emphasized theatrical poses, such as twitching bodies and the wide-eyed stare, that ended up promoting certain stereotypes of madness. These tropes of madness remain in our popular cultural production and some people with psychosocial disabilities are understandably reluctant to reinforce them. Kuppers therefore looks at how disability performance can adjust and counter theater’s traditional demand of the performer’s corporeal presence and the spectator’s “neutral” position. Her work with Olympias seeks to combat this aspect of the medical gaze by inserting an unknowability and “generative uncertainty” around disabilities.

An Olympias gallery video installation, Traces, employed a phenomenological, environmental space in which the medical gaze is disrupted by inconsistent and incomplete video and audio and the requirement of audience members to decide how to position their bodies in relation to one another and the performers whose physical presence had been replaced with digital representations. Kuppers argues that the audience’s active decision-making drew their awareness to “their own position in the visual machine.” This work suggests postdramatic techniques can be applied to disrupt normative discursive practices in theater. Of course, Traces’ gallery installation format is far removed from normative dramatic theater. Therefore remains how such techniques might work in more traditional practice? Also, the installation’s corporeal absences of the artists beg the question of how performers with psychosocial disabilities might use their live presence, instead of proxies, digital or otherwise, in critical disability performance.

The writing to date that most directly examines such an approach is Kirsty Johnston’s discussion of theatrical representation of mental illness in Canada. One site she analyzes is

96 Ibid, 148.
97 Ibid, 156.
Terry Watada’s play, *Vincent*, produced by Toronto-based performing arts company, the Workman Theater Project (WTP).99 WTP includes individuals with personal experience of mental illness and other theater professionals. Johnston argues that *Vincent* represents schizophrenia in a different way than the usual aesthetic strategies that rely upon stereotyping and homogenizing representations, which provide stable visual, linguistic, and spatial cues that mark a character with schizophrenia as abnormal. Engaging with Sander Gilman’s work on the representation of madness, Johnston considers how madness is usually conceived as “bizarre” language and therefore inaccessible through linguistic means.100 Because madness is arguably inaccessible through language, the task of representing madness is left to art. However, when madness is represented through the eyes of the rational, normate artist, madness is removed from those who experience it. This process also may also suggests that only artists who are not mad can create such legible depictions. Watada strives to avoid the exteriorizing of madness that leads to such an assumption. He uses an alternative means of representation through a tactic of negativity. Johnson states that such negativity draws the audience’s attention to the limits of awareness and boundaries of what we can know and understand. She refers to literary theorist Wolfgang Iser, who explains that “since the spoken is doubled by what remains silent, undoing the spoken gives voice to the inherent silence which itself helps stabilize what the spoken is meant to mean.”101

Watada thus uses negativity to provide his protagonist with schizophrenia a liminal presence on stage, in that he is both present and absent. This allows a space where the audience can strive to “listen” to that which is unsayable. Vincent’s experience is characterized only by his absence. Other characters speak to him, but he is not directly represented on stage. His disembodied presence in the stage action is represented by a minimal aural presence in voice-overs. Mostly his voice is represented by silence after or before other characters statements, questions, or replies. Johnston claims this strategy removes the clear delineation between normal and abnormal in terms of visual and auditory cues and that the production “encourage[d] a multifaceted investigation of mental illness” that continued with post-performance panel discussions.102

The fact that some audience members were left wishing to hear more of Vincent’s own voice suggests that the play encourages a greater listening to “a language that is unsayable.”103 This idea of negativity or absence is central to all theater that draws on the idea of restoring behavior that initially took place elsewhere and suggests another strategy for critical


103 Ibid, 129.
Nevertheless, one must consider that ultimately *Vincent*'s representation of madness still revolves around a mental illness narrative of deviancy and dysfunction. Its story follows the tale of a young man with schizophrenia who stops taking his medication, becomes violent, and is ultimately shot by a police officer—mirroring a real-life incident in Toronto that year that was widely covered in the local news. Also, the play was written by a professional playwright who apparently does not openly self-identify as living with a diagnosis of schizophrenia. Finally, the panel discussions always strove to include the following members of society: a police officer, a mental health professional, a relative of someone who experiences mental illness, and—whenever possible—a person who self-identifies as having a mental illness. This panel makeup reveals that the post-performance discussion was always already framed within a certain discourse of madness, namely that of social deviancy, discipline, pathology, and family relationships and reactions to the previous three.

In sum, Auslander, Basting, Kuppers, and Johnston’s analyses of psychosocial disability and performance squarely frame psychosocial disability as a product of discursive practice. Because language and other types of signification always reaffirm or shape ideological values and perceptions of madness, mental illness, and disability, theater stands to comment upon and intervene in these experiences. Theatrical performance is quite diverse, however, and the following chapters will extend the analyses to other sites and tactics yet to be discussed. At the same time, there is a flip side to the question of how performance relates to psychosocial disability. Theater influences how we understand and experience disability, but disability can also change how we conceive and practice theater. A fuller concept of psychosocial disability and performance must therefore consider how disability can support and reinvent theatrical practice. In fact, whether we have recognized it or not, disability and madness have long played central roles in shaping theater. The following chapter explores how they have done so.

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Chapter 2. A Productive Madness: Metaphor, Metonym, and Theatrical Prosthesis

Kenny Fries, Victoria Ann Lewis, and others have noted that theater depicts disability for many reasons other than to accurately represent the actual lived experience of people with disabilities. Such representation is widespread. Even though people are often expected to hide their disabilities in daily life, literary and other media efforts regularly expose and emphasize disabilities for strategic purposes. As a trope, disability can delineate character, support and structure the plot, and perform a wide range of metaphorical functions. David T. Mitchell and Sharon L. Snyder have coined the term “narrative prosthesis” to discuss how this literary device can not only develop and represent character but also mark social deviance, symbolically make meaning, and provide cultural critique. Disability is able to do so, they argue, because it does not comply with our usual expectations of what a body should be. Such representation, of course, becomes a problem when it exploits its subject in ways that misrepresent, marginalize, or otherwise oppress people who possess disabilities.

While Mitchell, Snyder, and others continue to mostly focus on the use of physical disability in literature, Taylor Donnelly has recently explored how literature and drama uses madness for similar strategic purposes. She confirms that along with it being used as a tool to delineate character, madness can quickly signify evil, revenge, alienation, tragedy, a status of the underdog, victimhood, or insight. And, like physical disability, it can be used as a device to morally test a protagonist. However, madness is also used by literature in unique ways. For example, madness can obviate the need to explain motivation for a character’s violence. This in turn can effectively provide a narrative with a dramatic problem, such as a psychotic killer who is on the loose, without ever having to explain the problem’s origins, as often seen in television dramas and horror films. Madness can also easily represent iconoclasm and resistance to conformity, such as in Ken Kesey’s One Flew Over the Cuckoo’s Nest. It is also particularly good at signifying social chaos and moral breakdown.

But the most significant difference in metaphorical use of physical and psychosocial disabilities becomes apparent when we examine how different disability metaphors relate to one another. Whereas physical disability often operates as a true metaphor, madness instead usually

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1 Kenny Fries, Staring Back: The disability experience from inside out (New York: Plume, 1997); Victoria Ann Lewis, Beyond Victims and Villains: Contemporary Plays by Disabled Playwrights. (New York: Theatre Communications Group, 2005).
3 Mitchell and Snyder are mainly interested in how this potential for transgression can be useful when it is intentionally exposed as artificial and re-signified. I will follow up on such a politically aware representation of madness and psychosocial disability in subsequent chapters.
5 One of Donnelly’s examples is the character Buffalo Bill in Thomas Harris’ novel, Silence of the Lambs. Protagonist Clarice Starling’s quest of solving Bill’s grisly murders, which in turn leads to her own self-exploration, is set in motion by his homicidal madness. Starling thus goes to a psychiatrist, Hannibal Lector, who is another insane criminal, in order to gain insight into Bill’s otherwise inexplicable mind. But in the end, the narrative never need be concerned about why Bill is mad or why he must murder. See Donnelly, Vogue diagnosis, ” 38 – 39.
functions as metonymy. Physical disability may often stand in for evil, but the relationship is constructed through displacement. Regardless of how scary Captain Hook may be, or how much his malevolence “makes sense” because of his loss of his hand, it requires little thought to agree that not every person with a metal prosthetic is evil. Madness, however, seems to rhetorically function mainly in a contiguous relationship to that which it is compared, often through synecdoche that amplifies and then ironically separates qualities of madness from the rest of the human condition.

One particularly revealing rhetorical function of madness is that it is often deployed to anchor the metaphor of physical disability to a negative characterization. This metonymic use of madness, when more fully examined, suggests how madness is specifically useful to theater. Such metonyms also reveal normative notions of liberal individualism that continue to enjoy a privileged position within both disability theory and disability studies. A fuller reading of madness as narrative prosthesis thereby poses a challenge to disability theory and asks how we can work towards greater inclusion of psychosocial disability within disability studies.

Along with madness’ unique use as metaphor and metonym within literature, it provides additional functions within live theater. Because theater possesses many registers or compositional layers that complicate the idea and use of disability as prosthesis beyond that of narrative, I offer a new term for this use of madness: theatrical prosthesis. As an introduction to the concept of theatrical prosthesis, I will apply it to one specific production, The Royal Shakespeare Company (RSC)’s 1964 production of Peter Weiss’ *The Persecution and Assassination of Jean-Paul Marat as Performed by the Inmates of the Asylum of Charenton Under the Direction of the Marquis de Sade*, directed by Peter Brook. Weiss’ text uses madness in some of the structural and metaphorical ways often commented upon by others who write about disability and literature. I will thus begin by discussing some of these to review how madness can be used as both a structuring device and metaphor. Then I address how it is specifically used in *Marat/Sade* as metonymy. This divergence from physical disability’s function as metaphor will help explicate psychosocial disability’s unique role and concerns within disability studies and theory. Next I will examine how Weiss’ text and specifically Brook’s production adroitly and seductively uses madness and the psychosocially disabled subject as both a barometer of artistic achievement and powerful materiality to stage a theatrical event that pushes aesthetic limits, theater theory, and practice. Madness is central to *Marat/Sade’s* attempt to utilize both Bertolt Brecht’s critical practice and Antonin Artaud’s concept of a metaphysical and paralinguistic theater. In doing so, Brook’s production creates a tension that is based not in dramatic conflict but in an unresolvable opposition of aesthetic and theoretical practice. I conclude that it is only by relying on madness as a theatrical prosthesis that the production has realized the critical and theatrical achievements for which it is so celebrated.

Even though Weiss’ play is inherently political in that it both critiques reactionary forces of government and questions possible consequences of revolutionary action, it does not reveal a critical awareness of disability. *Marat/Sade* uses madness without any apparent empathy or interest in the personal stories or experiences of those who have been committed to the asylum. Weiss, the RSC, and appreciative audience members are thus arguably complicit in exploiting psychosocial disability much as other literature and media regularly do with other forms of disability. The play can therefore serve as an example of a nonpolitical, problematic representation of madness. And yet despite this unawareness, *Marat/Sade’s* artists and participants also engage with madness in ways that seem to extend beyond simple exploitation.
They reference and create madness as a metonym of political fervor, oppression and suffering, and, perhaps most importantly, a type of critical and dynamic performance that promises that for which Artaud and other artists have yearned. In doing so, they celebrate madness’ fertile power and central position within theater.

*Marat Sade*’s Madness

I’ve really hated this role. It’s such a strain to do, to keep this curious thing alive. I am playing a character which nothing in the play supports. I am just a girl in a madhouse—I have nothing to go on except that she has sleeping sickness and melancholia. People seem to be stuck on the idea that I’m Charlotte Corday. Well I’m not. I’m simply a girl in a madhouse.

--Glenda Jackson, Actor in *Marat/Sade*  

In London, August 1964, The Royal Shakespeare Company (RSC) opened Peter Weiss’ *The Persecution and Assassination of Jean-Paul Marat as Performed by the Inmates of the Asylum of Charenton Under the Direction of the Marquis de Sade*. Although the play had already been produced earlier that year in West Berlin, Peter Brook’s version has since come to be widely regarded, particularly among the English-speaking theater communities, as the play’s signature production. In December of 1965, the RSC brought the show across the Atlantic to New York City, where it became the season’s hottest ticket for the intelligentsia, theater artists, and critics. Brook’s dynamic, theatrical staging and the cast’s extreme and powerful acting garnered widespread press and enthusiastic critical discussion. Richard L. Coe of The *Washington Post, Times Herald* wrote, “Not for years and years and years has the New York Stage presented a work so original, brilliant and stimulating.” Thomas Lask with the *New York Times* asserted that “no one will deny that Peter Weiss’s play, *Marat/Sade* provides one of the most powerful and satisfying evenings in living memory.” The production exemplified the strong use of Brechtian techniques. But the production was also widely received as a prime example of Antonin Artaud’s Theater of Cruelty. And even though it was performed uptown in a Broadway theater, today it stands as a landmark production of New York City’s avant-garde theater movement in the 1960s.

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7 Weiss’s *Marat/Sade* was first produced in West Berlin in April 1964 at the Schiller-Theater, directed by Konrad Swinarski. Its first English production was by the Royal Shakespeare Company in London at the Aldwych Theater and then in December of 1965 at New York’s Martin Beck Theater, both directed by Peter Brook. The first East German production opened in March 1965 at the Volkstheater, directed by Hanns Anselm Perten. For a thorough analysis of the differences between these three productions, see Darko Suvin, “Weiss’s *Marat/Sade* and its Three Main Performance Versions,” *Modern Drama*, 31, no. 3 (1988): 395 – 419.
One aspect of Brook’s Marat/Sade that electrified audiences was how the actors’ represented madness on stage. The cast reported achieving an emotional and physical commitment, control, and a level of shocking realism that assaulted the audience’s senses and had not before been realized on the commercial stage.\(^{11}\) This “frightening effort,” as actor Ian Richards described it, took its toll on the cast, including bruises, broken bones, knocked-out teeth, and a pervading depression that worried both the company manager and actors.\(^{12}\) But the payoff came, he insisted, with a “major breakthrough in the stuffy theatrical tradition of the past.”\(^{13}\) Of particular note to many critics was Glenda Jackson’s performance. John Gross weighed in with the opinion that “the inmates of Charenton are really mad, not just shamming—and none madder than Charlotte Corday, brilliantly portrayed by Glenda Jackson, who totems along with a secretive little smile which puts to shame the kind of grimace which usually passes for madness on stage.”\(^{14}\) Gross’s singling out of the Jackson is echoed in the most famous image associated with Weiss’ play, where Jackson stands over Marat in his tub with her eyes half closed and head tilted back, her bare arm raised high in the air as she clenches a dagger poised to stab him in the heart.

And yet even though this photo highlights the story of the young woman from Caen who successfully assassinates Marat in his home, Jackson differs with Gross as to who she was actually portraying on stage. In response to such attention, Jackson retorts that she was not, in fact, playing the character of Corday at all. She was “just a girl in a madhouse,” an unknown, psychiatric patient of whom we have almost no information coming into the play and, by the end, have learned nothing more. Jackson’s comment is particularly provocative to me because although the production’s reception enthusiastically discussed madness and the play’s clever conceit of being a play-within-a-play performed by inmates in an asylum, nobody has expressed an interest in learning more about the “mad girl” or other nameless inmate-actors who the actual actors are portraying on stage. This leads me to ask, why are people seemingly satisfied with this lack of information? How come no one asks who these nameless characters actually are?

The quick and most obvious answer is that mainstream culture represents disability “from the outside in” instead of from the actual perspectives of people who live with disabilities.\(^{15}\) These mainstream depictions of difference often consist of inaccurate and negative stereotypes that are not interested in providing such a point of view. We could therefore simply assert that Marat/Sade audiences are satisfied not knowing about the inmates because stereotypes of disability tell us that there is nothing to know or worth knowing. Such mainstream perception and treatment of disability in the media remains a fundamental concern for both disability and psychiatric activism today. But is this the only reason why critics lack interest in Jackson’s anonymous mad girl? Or might they remain silent because such a dearth of information is

\(^{11}\) Weintraub, “Recording the Marat/Sade Madness,” 112.

\(^{12}\) Ibid.

\(^{13}\) Ibid.

\(^{14}\) Roger Gross, “1793 & All That,” Encounter 23, Nov. 1964: 58. Gross is critical of several aspects of the production, in particular Brook’s subservience of Weiss’s Brechtian tactics in order to foreground Artaud’s sense of cruelty. But he does affirm that the production is a “virtuoso” that “sucks” the audience “into a Hogarth bedlam, buffeted through a Fuseli nightmare.”

\(^{15}\) Kenny Fries, Staring Back: The Disability Experience from the Inside Out (New York: Plume, 1997).
actually required? In other words, is this potential oversight actually doing something for the play? Perhaps the critics’ seeming complacency is actually related to specific, integral functions that the mad girl’s anonymity performs.

What strikes me as particularly fascinating about the RSC’s Marat/Sade is therefore not the production’s breakthrough in acting technique, although I am always interested in learning about powerful acting. Nor is it Brook’s bold and inventive melding and opposing of Artaud’s ideas with Bertolt Brecht, although, as a stage director, I am beholden to and entranced with all three. Rather, I am interested in how Jackson’s important distinction between Corday and the anonymous mad girl hints at the powerful, tacit function that madness can provide to both the dramatic script and live production. I wish to explore this because, ultimately, it seems to me that the powerful acting as well as Weiss and Brook’s innovations are actually, somehow, fully dependent upon this distinction. What is it about madness and the unique role it plays in theater that allows Marat/Sade to make its landmark achievements as a dramatic text and theatrical production?

Madness as Structuring Device

At first glance, Marat/Sade’s full title, The Persecution and Assassination of Jean-Paul Marat as Performed by the Inmates of the Asylum of Charenton Under the Direction of the Marquis de Sade, is curiously long. But it offers a succinct and appropriately didactic synopsis of the play. The action takes place in 1808 in the bathhouse of a French insane asylum where inmate Marquis de Sade has written a play about the 1793 assassination of the radical Jacobin Jean Paul Marat by the Girondist Corday. This play is being performed by the inmates for an audience comprised of the asylum director, Coulmier, his family, and local Parisians. (Part of this conceit is based upon historical fact. De Sade was incarcerated in Charenton and did write and direct plays performed by his fellow inmates, although none of these dramatic texts survive today.) Weiss’ text is therefore a play-within-a-play that constructs three interlocking yet slippery levels of indicative and subjunctive reality. The actual theater audience doubles as Charenton’s Parisian audience in 1808. The actual actors portray the historical figures of De Sade, Coulmier and his family, and the anonymous orderlies and psychiatric inmates. These subjunctive patients, as amateur actors, are in turn performing the 1793 roles of Marat, his mistress Simonne Evrard, Corday, the Girondist Duperret, the radical Socialist priest Jacques Roux, and narrating Herald. Still other inmates perform as singers and musicians. The rest serve as extras, voices, mimes, and the chorus. Many of these inmates, per Weiss’ instructions, “make stereotypical movements, turn in circles, hop, mutter to themselves, break into seemingly

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16 Mel Gordon, who has written extensively on acting, directing, and the history of modern theater and at the time was a theater critic for SoHo Weekly News reported, “I remember being totally galvanized by the whole thing and talking about it obsessively for the next two hours. [The presentation of madness] was so beautifully done, that is seemed like a new form of acting. It was very Artaud in that it was our understanding that this was madness on the stage…presenting this kind of Brechtian explanation and narrative with a completely over-the-top presentation of the mad human condition. It was like watching ice-skating, I supposed. It was virtuosic. Physically and vocally, it was nothing we had ever seen before.” Interview recorded by the author, September 11, 2012, in Berkeley, CA.
nonsensical laughing or screaming, or spend the duration of the entire play in a stupor. Others without volition are pushed and pulled around the space.”

Because the inmates are mad, there are multiple, unstable levels of pretend and actual realities occurring at the same time. For example, the patients’ acting performances are not consistent. They often forget their lines, speak out of turn, require prompting, or must be disciplined. This means that the actual audience’s perception of the performers is meant to oscillate between seeing the patients as their performed roles of Marat, Corday, etc. and seeing them as bumbling amateur actors. But because the inmates are supposed to be representing the madness of the French Terror on one hand and the insufferable oppression of the proletariat on the other, the very madness that makes them poor actors also allows them to regularly act out with passion, conviction, clarity, and ferocity. This is because, as incarcerated inmates, they also suffer poverty, lack of freedom, and the asylum’s oppression discipline. Furthermore, as mentally ill patients, they experience the inexplicable, individual distress and confusion that accompanies their madness. Audiences may have difficulty to differentiating between the anonymous mad inmates and their roles in De Sade’s play. An extreme example of this juxtaposition between inmate and his character is the character of Jacques Roux who is performed by a nameless, mad monk confined to the asylum for possessing the same radical Socialist agenda as his character. The inmate/actor stands fettered in a straitjacket and often speaks out of turn, bellowing incendiary screeds and falling silent only when disciplined, often with batons and being dragged away. This inmate/actor never “drops character” during the performance, of course, because he simply speaks from his own subject position. One might say that this inmate is not acting at all.

One consequence of this conflation between inmates and their roles in the play-within-the-play might be that audiences simply cease to be concerned with the subjectivities of the inmates themselves and focus instead on their revolutionary roles, as Glenda Jackson duly notes in her earlier quote. This tendency to ignore and erase the identity of the inmate is further evidenced in the English translation by Geoffrey Skelton and Adrian Mitchell, where Weiss’ slight separation between the character Roux and the nameless mad monk who plays him is done

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17 Peter Weiss, *Die Verfolgung und Ermordung Jean Paul Marats dargestellt durch die Schauspielgruppe des Hospizes zu Charenton unter anleitung des Herrn de Sade* (Frankfurt am Main: Suhrkamp, 1964), 8 - 9. My translation. As I explore later when discussing Brook’s production, there are significant differences between Weiss’ original text and the English translation by Geoffrey Skelton and Adrian Mitchell. For example, Skelton’s description of the patients omits Weiss’ instructions that “there are, however, a pair [of inmates] that keenly watch the action unfolding and remind us that not only the mentally ill were incarcerated in Charenton but also those incarcerated by Napoleon’s government for political reasons.” (9) Although I draw from both the German and English versions in this chapter, when discussing Brook’s production, I focus mainly on Skelton and Mitchell’s translation. At times, however, I will draw attention to differences in order to emphasize how the English translation, specifically, uses and emphasizes madness as a tool, resource, or strategy.

away with all together when the Herald simply introduces the inmate performer to the audience as Roux. 19 

Of course, de Sade does not give all of the inmates named characters in his play. This withholding is an aspect of Weiss’ text where madness steps in as an important tool for narrative and metaphoric purposes. Although the effacement of Jackson’s “mad girl” appears to strengthen the subjectivity of Corday, the converse does not hold for the inmates who play nameless characters. This is because modern western societies have constructed their understanding of madness on the idea of the cipher, or non-subject. 20 Inmates who are deprived of named characters in De Sade’s play have no subjectivity of their own to fall back on and develop. This in turn allows them to be reduced to spokespieces that speak or sing the disembodied text given to them and thereby become automatons for De Sade and Weiss’s opinions or become a chorus of nonlinguistic beings that perform a severely limited and prescribed range of affect and behavior that adheres to what Sander Gilman titles an “iconography of madness” 21 for various metaphoric and aesthetic reasons. I will first touch upon the metaphoric uses before moving on to the aesthetic and metonymic.

Madness as Metaphor

Although madness provides the above unique structural qualities to Marat/Sade’s narrative, the text’s use of madness as metaphor and plot device is fairly typical. At its most obvious, Weiss’s play clearly uses the locale of Charenton in order to make the analogy that contemporary society, its politics, and its citizens who are unleashed from social dictates can in turn be likened to an insane asylum and its patients. An interviewer once commented to Weiss that his play seems to reject any political solution to the dilemma of having to choose between seemingly inherent fascist forces of governance and individual freedom when common people seem unable to refrain from their own violence and selfish aims. Weiss responded that even if he believes that “the entire world and particularly the politics within is a world of madness, it does no good to simply say, ‘the politicians are crazy, and the entire situation is crazy.’” 22 Rather, he asserts, one must somehow make a choice to act in spite of the difficult impasse between De Sade’s extreme individualism and Marat’s call to “change society in this madhouse world” (Italics mine). 23 Weiss’s intent to use madness as metaphor clearly shows up in his dramatic text, and theater critics often borrow such rhetoric for their reviews. In the New York Times the night before the production’s New York premier, A. Alvarez’s article’s title entices readers that Weiss’

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19 The English translation’s further effacement of difference between the inmates’ subjectivities and the roles that they are playing can also be seen in the play’s title. The German original reads, “Die Verfolgung und Ermordung Jean Paul Marats dargestellt durch die Schauspielgruppe des Hospizes zu Charenton unter Anleitung des Herrn de Sade.” (Roman font mine.) The English translation’s replacement of the phrase “Acting Troupe” with the word “inmates” further de-emphasizes the idea that the patients have agency to perform pretend subjectivities.

20 Michel Foucault, History of Madness (New York: Routledge, 2006).


23 Ibid.
play reveals “Truths That Are Uttered in a Madhouse.” Later, responding to naysayers who questioned whether Brook’s production could be successfully filmed, Bosley Crowther’s headline exults, “Who’s Looney Now?”

Besides such obvious rhetoric, the play’s metaphors about madness also operate in more subtle ways that deserve exploring because they speak to unique qualities of psychosocial disability both as narrative prosthesis and as lived experience. For example, Marat/Sade uses madness as a plot device to streamline the storytelling in a manner similar to how many narratives about mad killers easily explain away the evil character’s homicidal rage, even when such murderous motivation is the sole cause of the inciting incident that pushes the story into action, such as the film characters of Leatherface in The Texas Chainsaw Massacre, John Doe in Se7en, and Buffalo Bill in Silence of the Lambs. By using mad asylum inmates, the play is able to clearly convince us of their suffering and indignation, an otherwise impossible task if the narrative were to delve into each inmate’s background in order to explain how society has oppressed them as poor victims of Napoleon’s regime. By making the proletariat literally mad, the play can spend its time debating whether or not the revolution was worth it, instead of convincing the audience that the proletariat is, in fact, oppressed.

When considering how madness can be used as a prosthesis on stage, it is helpful to specifically consider the visible aspects of a narrative prosthesis. For Mitchell and Snyder, narrative prosthesis denotes how representation of disability functions in two different ways that are analogous to a crutch. On one hand, a crutch enforces a normate ideology upon people with physical impairments by assisting them to appear and function in a more “normal” manner. On the other hand, the crutch also rhetorically draws attention to itself and emphasizes the difference to which it attends. As visual examples of prosthetic function, Mitchell and Snyder reference Breugel’s paintings, including The Cripples where five beggars with physical impairments clumped together close to the ground. Prominently figured among them are their wooden prosthetics that prop them up and allow them to walk on their knees. As the beggars group together to seek alms, they face outward in all directions, their mouths agape. Curiously, each wears a hat that appears to represent a specific role or social class in society. Although the painting’s gritty realism seems to celebrate the prosaic and the ugly--components of humanity that shouldn’t be ignored--these qualities are concentrated and privileged within its frame. The picture doesn’t show a range of body types and current social standing, but rather just disabled beggars who are depicted as penniless and without agency. The back of the painting contains the inscription, “Cripples go and be prosperous!” which Mitchell and Snyder read as sardonic. One possible interpretation of this work is that the beggars’ disabilities, emphasized by their prosthetics, function as a metaphor for moral decay, to which, the painting warns, all people may succumb.

27 Mitchell and Snyder, Narrative Prosthesis.
A similar metaphoric “crutch” in *Marat/Sade* is the straightjacket worn by the radical priest, Jacques Roux. The jacket discursively marks Roux as mad because such a device is used to contain deviant and erratic behavior. The jacket, like a crutch, works to “normalize” by restraining those who are potentially physically violent. The jacket thus emphasizes Roux’s lack of self-control. But it also marks him as politically oppressed because the orderlies use the jacket to censor and silence his strident call to arms. The fact that Roux is the only one wearing this prosthesis heightens his dangerous qualities and political oppression even among the other patients who the stage directions also instruct to act in bizarre and pathological ways.

Breugel's crutches and Weiss’s jacket show how physical disability and psychosocial disability indeed share similar social positions. By emphasizing disability’s perceived pathological “abnormality,” both types of disability consequently serve as useful metaphors for deviancy, alienation, and oppression. There also seems to be an important socioeconomic facet of both prostheses that suggests poverty. The crudeness of the crutches and the jacket’s plain, institutional status suggest lack of resources, social standing, and power. These prostheses are thus also used to mark socioeconomic status, which very often accompanies disability. There is a difference, however, between these prostheses that suggests psychosocial disability supplies a metaphorical use that may set it apart from physical disability in meaningful ways.

To begin, Bruegel's crutches signify physical weakness, whereas Weiss’s straightjacket signifies strength and power. This difference is emphasized by how the subjects with disabilities relate to their surrounding environments. The beggars clump together on the open street, seeming to have nowhere to go and nothing to do except look up and outward, hoping for a handout. The only other person on the street ignores them as she walks by. In contrast, Jacques Roux demands attention, yells over others’ lines, and literally blocks the physical progress of others. His actions require instant response by Coulmier and the orderlies’ violent restraint. The power represented by the straightjacket suggests a perception of madness as not always weakness or inability, but rather a dangerous strength and potential that must be controlled.29

Physical disability can be regarded as more than a weakness. Although Breughal’s beggars are depicted as weak, physical disability can also be seen as a spur to ability. Tales of “super-crips” overcoming their disability to achieve extraordinary feats remain very popular, particularly as feel-good news stories. Also common is the belief that a deficit in one physical aspect of a person will somehow result in the augmentation of other abilities, such as a blind person developing extraordinary hearing or sense of smell. Often this compensatory strength for physical disability manifests itself psychosocially. For example, in ancient Greek mythology the prophet Tiresias is given his foresight by Zeus, or his mother, Chariclo, in compensation for being struck blind. Compensatory ability for physical disability can also manifest socially. In early modernity, Francis Bacon argued that people with deformities who are thus “scorned” consequently develop bold personalities and are pushed to a level of industry, first in order to defend themselves and eventually out of general habit.30 There is, however, a difference

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29 This, of course, can be clearly seen in current U.S. debate about gun control, where the issue of mental illness is bandied about by both gun-advocates and moderates as the main threat when it comes to public shootings, even though experts in psychiatry and mental health continue to assert that there is little correlation and even less direct causation between mental health and acts of violence by the person deemed mentally ill.

30 Francis Bacon, *Francis Bacon: A Selection of His Works*, ed. S. Warhaft (Toronto: Macmillan, 1965), quoted in Mitchell and Snyder, 106-7, who read Bacon’s thought that this “industry” is
between physical and psychosocial disability in this area of compensatory ability to impairment. The abilities that compensate for physical impairment tend to appear in response to the initial impairment. With psychosocial disability, madness is regularly seen as itself being a type of strength. This difference seems to correspond to some of the ways that psychosocial disability is seen, presented, and understood as fundamentally separate from physical disability. Three main differences are unpredictability, linguistic incompatibility, and hermeneutic doubt.  

Three Important Differences between Physical and Psychosocial Disability

A sense of unpredictability often feeds into much of the anxiety some of us have when exposed to any specific type of disability for the first time. There is a steep learning curve that the normate person must undergo (and, unfortunately, the disabled person must endure for the nth time) when facing that difference. Part of the anxiety around disability stems from the fear that one might not know the appropriate code of conduct to interact with the other person. (For example, the first several times I met a friend who spoke with dystonic mannerisms, I could not understand most of what he said, and I worried that it would be impolite to keep asking him to repeat himself but that it would be even more impolite to pretend that I understood. This anxiety stayed with me until I learned to accept my limitations in comprehension and trust that my new acquaintance would also accept them.) But a perhaps less admirable part of anxiety around disability concerns the fear that any one of us may become disabled in the future. Or, for those among us who are already disabled, one may end up with a new type of impairment. This concern about disability’s unpredictability is understandable in the sense that almost all of us will, at some point in our lives, become disabled. The fear of falling into disability at any time supercharges its utility as metaphor, resonating with its dramatic potential for the narratives of our own lives.

But even though such uncertainty can arise with any type of physical difference, it is particularly strong with madness, because madness can seem to appear and disappear without warning and sometimes without cause. Madness’s uncertainty extends to its etiology, which despite the best efforts of psychiatry remains for the most part inexplicable. Without conclusive knowledge of causation, we cannot accurately predict future eruptions. For example, what is powerful about Roux’s madness in Marat/Sade is not just his fervent commitment to his political position, but his erratic behavior. Unwilling (or perhaps unable) to play by normative social rules of communication, Roux might scream or act out at anytime. This uncertainty keeps both the orderlies and audience on their toes. They never know when he will disrupt the proceedings or when the situation might escalate to violence…either by Roux or his keepers.

Another unique quality of psychosocial disability is its peculiar relationship to language, which imbibes psychosocial disability with a unique power of iconoclasm. Madness paradoxically inheres in language to the same extent that it deviates from it. Madness, as understood within modernity, exists in contrast to: 1) reason; 2) socially sanctioned communication; and 3) acceptable and understandable levels of individual distress. With regard to the first two categories, madness clearly refuses to play by the rules. If our behavior and power-hungry, and thus morally tainted, as suggesting that although disability isn’t a sign of internal immorality, it does become a cause of such political rapaciousness.  

31 Here I am expanding upon Taylor Donnelly’s exploration of how mad studies addresses “unpredictability, invisibility, and language." Donnelly, Vogue Diagnoses, 10.
response to others is reliant upon our ability to interpret the meaning of what they say and do, then madness’s deviance can operate as both a powerful social force and metaphor for iconoclastic thought and social threats. It is no accident that Weiss chooses to place the straightjacket on the radical revolutionary who is incarcerated by the government in order to silence him. In this manner, Weiss uses madness to represent powerful dissent that threatens authority and critiques the complacency of average citizens who are too ignorant to recognize how they are being exploited and otherwise oppressed.

A third unique characteristic of psychosocial disability that Taylor Donnelly identifies is invisibility. Of course, psychosocial disability isn’t actually invisible, as it exists only to the extent that society can identify certain people’s thinking, emotions, and behavior as saliently and pathologically deviant. But madness’s uncertainty and erraticism extend to our ability to categorically and definitively identify it, which in turn gives it qualities of translucence, hermeneutic ambivalence, and ontological doubt. Indeed, the history of psychiatry is one of continually changing and competing ideas on what actually constitutes madness and how to describe it. (For example, as I write this, the American Psychiatric Association has just released its fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. Even before its publication, it faced a flurry of controversy regarding the validity, utility, and political consequences of many of its classifications.) The inability to indisputably and irrevocably identify madness when we see it is one of its great strengths, both as resistance to oppressive categorization and dismissal, and as an analogy.

Because madness refuses to be wrangled into neat categories, it continually reveals psychiatry and normative society as inadequate to fully understand and manage our thinking and behavior. And this unruly power to resist oppressive norms can translate as metaphor to other doctrines as well. Because Weiss uses madness to create instability between the layers of reality that the audience perceives on stage, this may encourage the audience to see analogies of political oppression and violence between different historical periods and with the microcosmic world of the asylum. But madness’ quality as a moving hermeneutic target readily serves as a pre-packaged challenge to any stated belief or argument. This is why madness supports Weiss’s Brechtian goal of pushing the audience into critical thought. When a “mad” character puts forth a nevertheless clearly articulated political or philosophical opinion, one is immediately compelled to judge the claim more closely and critically. For example, the Charenton inmates’ cries for justice and freedom are for the most part communicated clearly. The audience is therefore compelled to consider the merits of their assertions and demands. But as mad patients, the inmates are by definition unreasonable. Therefore one must question their arguments and look for any logical fallacy or misstep. In the end, their complaints are so understandable that the audience is forced to critique normative society’s rejection of those complaints. Weiss thus uses the inmates’ madness to not only critique totalitarian power structures but also push his audience to rethink the reasonableness of such authority. At the same time, Weiss’ De Sade character uses his fellow patients’ madness to encourage his Parisian audience (which is, of course, the same audience as Weiss’s) to challenge Marat’s socialist agenda and belief in historical determinism, which depends upon assumed basic abilities of humankind to sustain a harmonious and progressive society. The fact that the inmates’ madness results in an inability to

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sustain their theatrical performance and cause them to descend into violent chaos is, of course, the main thrust of De Sade’s rhetorical argument.

Psychosocial Disability and Neoliberal Individualism

Madness’ metaphorical strengths of ontological uncertainty and linguistic incompatibility reveal a major challenge for people with psychosocial disabilities, one that contrasts markedly with those who only have a physical disability: normative notions of neoliberal individualism that demand a certain level of cognitive and interpersonal functioning in order to be granted certain rights by society. Today people with physical disabilities are generally accepted as qualified to advocate for themselves. But these advocates have earned this allowance, in part, by relying on neoliberal individualism of the mind that separates the rights of people with physical disabilities from those with psychosocial disabilities.

The disability rights movement continues to generally emphasize the social model in order to argue that the main “problem” with disability is not a person’s impairment but social inequality and other aspects of oppression that can only be eliminated through universal access and a change in societal treatment. A main thread of this argument is that when society finally establishes access and changes its social perception and treatment, all people with physical impairments will gain necessary control of their lives. This demand for greater awareness, physical access, and other support requires a shift in Western societies’ understanding of independence. Earlier, when disability studies was finding its grounding as a field, Michael Oliver wrote that, “professionals tend to define independence in terms of self-care activities such as washing, dressing, toileting, cooking and eating without assistance. Disabled people, however, define independence differently, seeing it as the ability to be in control of and make decisions about one’s life, rather than doing things alone or without help.” On the surface, Oliver’s argument is unassailable. Yet within this seemingly innocent deconstruction of independence lies a deeper, entrenched ideology of ability that excludes and further disables those with psychosocial disabilities. It argues that with proper physical, economic, and social resources, everyone can achieve self-control, decision-making ability, and emotional psychological subjectivity on par with those of normate society. Indeed, this parity is the “proof” that what is pathological about disability is society’s perceptions and treatment. The need to move pathology of disability off of the individual and onto social perceptions and behavior has therefore resulted in a strong drive to deny any distress or lack of functioning that would undermine this strategy. But this denial results in a theoretical platform for difference that excludes those with psychological and emotional difference that is inherently marked by distress and impairment.

Disability studies has begun to move beyond somewhat the simplistic social model. Miriam Corker and Tom Shakespeare, for example, consider not only postmodern ideas of the subject but also how to embrace and reassess feelings of distress and dysfunction.

34 Ibid., 91.
35 In the introduction to their edited volume *Disability/postmodernity: Embodying disability theory* (London: Continuum, 2002), 15, Marian Corker and Tom Shakespeare note that “both the medical model and the social model seek to explain disability universally, and end up creating totalizing, meta-historical narratives that exclude important dimensions of disabled people’s lives
Nevertheless, disability studies has been slower to come to terms with its normate expectations of cognitive and psychosocial ability. This is understandable considering that disability studies itself often relies upon normative intellectual and academic practices, such as research, writing, and teaching at the university level. But a consequence of privileging the Cartesian mind as the subject of identity is the idea that one must demonstrate a normative mind in order to be taken seriously. To the extent that individuals are deemed mad, they are denied such authority. To put it another way, a person becomes qualified as mad only by being disqualified to speak for herself. In part, this is because if a person is unable to discursively formulate her thoughts and present herself as a linguistically competent subject, it is assumed there is no stable subject “there”. As Sander Gilman notes, “the mad are perceived as the antithesis to the control and reason that define the self.”

This is perhaps another reason why Weiss calls upon an anonymous, psychiatric patient to portray Charlotte Corday. Just another girl in a madhouse, the anonymous actor is not only unrecognizable but ultimately lacks subjectivity. The politics of Marat’s murder, when committed by a somnambulistic, unthinking shell of a human being, begins to be seen as not as a necessary and just strike against tyranny, but rather an empty act of violence and answer to the question of what sort of social reform humanity, in the end, is capable of achieving. The nameless inmate’s madness renders her a marionette that is literally pushed and pulled around the stage as a prop for De Sade’s argument that Marat’s socialist dreams are futile because human beings are ultimately irrational and base creatures lacking self-control.

Even though psychosocial disability presents such a challenge to disability studies, many authors do attempt to acknowledge it and include it in comprehensive lists of disability. But token inclusion is not the same thing as critical inclusion, particularly when true integration necessarily demands a reworking of current theorization. For example, in *Narrative Prosthesis* Mitchell and Snyder make an initial effort to include at least some aspects of psychosocial ability in their work on narrative prosthesis. They use the term “cognitive difference,” which most likely suggests intellectual disability but could certainly include parts of madness. But their project ultimately looks at how the “physical body is used to counterbalance the meaning-laden and ethereal projections of the mind.” This mind/body split becomes problematic when they uncritically equate psychosis with a seemingly unwanted human state, which they term “psychic discordance.” For example, when discussing the representation of physical difference in the Middle Ages they argue that such representation “draws the same bold equations between external deformity and psychic immorality that are embodied in the medieval grotesque.”

While this is undoubtedly true, this represented “relationship between physical disability and psychic malfeasance” assigns physical disability the role of tenor (meaning subject to which an attribute is described in the analogy) while the psyche uncritically serves as the vehicle (meaning

and of their knowledge.” One of these aspects includes personal knowledge and experience of pain and distress.

38 Mitchell and Snyder, 49.
39 Ibid., 97.
40 Ibid., 102.
41 Ibid., 117.
the object from which the attribute is borrowed.) In other words, while such observation notes how spoiled identity is metaphorically marked by physical disability, there is little or no analysis that madness itself is very often used as a tenor (e.g. Weiss’ “madhouse world”) and as a vehicle of a variety of interpreted values.

A specific analysis of physical disability as narrative prosthesis more clearly reveals this distinction. Closely reading Melville’s *Moby Dick*, Mitchell and Snyder note that “[t]he captain’s body serves as the medium that reveals his personality; and his physical inadequacy symptomatically belies his raging psychic life.” But Mitchell and Snyder never interrogate Ahab’s “raging psychic life.” His psyche remains, in their analysis, a natural condition that simply is. There is no discussion of how the negatively perceived qualities of his psyche are brought into being through our language that describes and devalues them. In summary, psychosocial disability is behind every part of Mitchell and Snyder’s analysis of narrative prosthesis, yet it fails to be recognized as itself a linguistic and cultural construction. Instead it is discussed as the natural, fixed meaning that ludic language and physical difference as a semiotic signifier end up denoting. They show how Ahab’s “inescapable destiny” of monomania and psychic tragedy is “overdetermined” by his prosthetic leg. But the monomania and psychic tragedy itself remains overdetermined as a neutral, unassailable fact of nature that remains somehow outside of language. Although Mitchell and Snyder note Descartes’ “fallacy […] of mind over body” as they deride physiognomy and champion a poststructuralist understanding of language, they maintain his mind/body split by continuing to refer to the psyche as a fixed, natural state that lies beyond hermeneutics. While they suggest that the body should be “jettisoned as insufficient and a non-defining coordinate of identity,” they present the mind and personality as unassailably definitive. Their otherwise exemplary, useful analysis of the representation of disability thus tends to uncritically default to the Cartesian mind as the seat of identity and yardstick by which human worth is assigned.

More work on psychosocial disability has begun to appear within disability studies within the last decade, although this sort of disability is seldom referred to as “psychosocial” but rather “mental,” “cognitive,” or even the distinctly medical “psychiatric.”) Yet even within these works, a persist normative ideology of ability lingers that offers a judgment of who should and should not be valued, as well as how we should support people with such disabilities. Ultimately, this revised ideology of ability rests on morality. It judges individuals by how well they performed empathy for others. In doing so, it seeks to identify and separate out the type of mental impairment that results in “malfeasance.” For example, Margaret Price’s *Mad at School* raises important issues of accommodation in academia for people with psychosocial disabilities. She offers the scenario of a job candidate, who due to high levels of anxiety is unable to perform in an interview situation with a normative level of social grace. Search committees and interviewers, she argues, should therefore be aware and accommodating of such personal difference. They should understand that when a candidate gives minimal eye contact, it may be due to anxiety and not disinterest or intention of being rude. She suggests that search

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42 Ibid., 131.
43 Ibid., 137.
44 Ibid., 137.
45 Ibid., 137.
committees could be proactive in anticipation these concerns of inclusion. For example, perhaps interviewers should incorporate nametags in consideration of those who have difficulty remembering introductions in high-pressure environments. Such suggestions are well and good. Price notes that if universities widen their expectations of acceptable behavior, they will enrich their faculty with people with a greater range of skills. And yet she also adds a caveat: the guidelines for when we should apply such adjustments to support those among us with psychosocial disabilities are not always self-evident. After all, she writes, how do we know if candidates who appear insulting or dismissive are behaving so unintentionally due to having Asperger’s, or anxiety, or schizophrenia, and therefore should be given a pass regarding their unpleasant behavior and accommodated to ensure inclusion during the interview process? Or, alternatively, she stats, perhaps these unlikeable candidates are “just jerks?”

This tendency to shirk off morality from other aspects of madness tacitly dismisses immoral or unethical malfeasant behavior—and those who perform it—as unacceptable and beyond critical contemplation. This is a significant problem because mental illness is linked to immoral and unethical behavior not only by literature, theater, and the media but also medicine and the law. The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM V) names an entire grouping of disorders, called personality disorders, that exist primarily through their manifestation of anti-social or otherwise unseemly behavioral traits that are not the clear byproducts of other mental health symptoms but exist as their own pathologies, sometimes without biological treatment options. Like other diagnoses, these disorders are not classified by etiology but simply by clusters of symptoms unwanted by the person and/or society. When these symptoms are synonymous with deviant morality, it can become very tricky to decide what degree we should consider them as a form disability, or even “mental illness.” For example, as I mention in an earlier note, current debate on gun control identifies the illogical mass-murderer as mentally ill. Although sometimes legal defense teams can successfully point to other mental health symptoms such as auditory hallucinations and endorsement of delusional beliefs, this is not always the case. It is fair to say that then society’s general diagnostic response towards the public shooter is that he is still mentally ill, haven proved himself crazy not because he hear voices but because he randomly shoots innocent people without any logical or even identifiable motive. We as a society are therefore far from accepting madness as a legitimate subjectivity in part because we remain uncertain what role ethics and morality play within madness. Although most of us probably feel that we can sometimes clearly identify madness when we see it, we are hard-pressed to explain its ontology. Within such nebulous terrain, the sometime presence of immorality within psychosocial subjectivity, which often remains linked to other aspects of madness, is perhaps the main concern that keeps the rest of disability studies somewhat at bay from psychosocial disability.

The question of what we can possible do with madness as a category of disability is therefore immensely vexing. But if we shy away from the integral politics of empathy within madness we will continue to elide foundational ethical questions of acknowledgement and inclusion of psychosocial disability within society. To advocate for some aspects of psychosocial disability while rejecting others when at the same time we truly to not understand how they are connected simply reifies the old Cartesian social model that strives to cleanly remove impairment from identity and thereby leaves psychosocial disability unaddressed. This unexplained and diagnostically problematic status of psychosocial disability’s moral
“malfeasance” remains a large conceptual problem, and also informs how literature and theater metaphorically uses both psychosocial disability and physical disabilities.

Madness as Metonymy

In *Vogue Diagnoses: The Functions of Madness in Twentieth-Century American Literature*, Taylor Donnelly categorizes ways that literature uses madness as a metaphor. Some of these, such as using madness to denote the status of the underdog or victim, can readily be seen in *Marat/Sade*. For example, the play uses mad asylum patients to represent the suffering of the proletariat in France. But upon closer investigation of how *Marat/Sade* uses madness, it seems to me that the reason that madness is so prevalent in literature and theater is because madness is never used purely as a metaphor at all. Instead, it primarily operates as metonymy. Madness as a concept of dysfunction, breakdown, irrationality, pathology and malfeasance is so widely applicable to a variety of targets (i.e. subjects to which the attributes of madness are assigned through the metaphor) and contributes such deep definitional status to those targets that madness can never truly be separated from any of them as only a metaphor. Madness as “metaphor” always seems to perform both the role of vehicle (i.e. the figure or source of the attribute that is being assigned) and target (i.e. the tenor or ground of the metaphor) because madness is seemingly always predetermined as a definitional component of the metaphor’s target. Instead of a true separation between madness and the subject to which madness’s attributes are assigned, madness immediately inheres in the target as part of its make-up. Therefore, when madness is used “metaphorically,” it seems to simply be assigned definitional status to its target and then emphasized, often to hyperbole. This is a major difference between how psychosocial and physical disabilities are used as narrative prosthesis.

To better understand this distinction, consider how physical disability can always be clearly separated from psychosocial dysfunction. At face value, this may appear to be a tautological observation. But it is nevertheless important to think about because such comparison emphasizes that psychosocial disability appears forever linked to a pathology that infuses a person’s identity, while advocates can claim otherwise for physical disability. There is no reason why, for example, Captain Ahab’s loss of a leg must result in monomania and misery. But how can we argue that his monomania and misery can be truly separated from his so-called psychosocial dysfunction? While Ahab’s madness is arguably used by the novel to explore a variety of themes that can be separated from madness (e.g., an exploration of the destructive qualities of revenge), the pathology inherent within Ahab’s monomania cannot be separated from his monomania. Ahab’s madness may “stand in” for ruinous revenge; but it also remains an example of itself.

Disability studies has rightfully eschewed the idea of ranking disabilities in terms of oppression. After all, through identifying similarities and joint concerns, the disability community has come together to achieve significant reforms. The implementation of Section 504 of the 1973 Rehabilitation Act and its legal successor the American with Disabilities Act (1990) was possible because diverse groups of advocates with disabilities came together in solidarity. Nevertheless, it is important to note the unique role of psychosocial disability in oppressive analogies. Time and again writers have complained that physical disability is wrongfully used to stand in for a character’s malfeasance. But what they don’t acknowledge is these physical disabilities are being wrongfully used to stand in for psychosocial disability. Unless we are willing to accept an ontological status of madness that is untouched by the social
construction of culture, language, sociohistorical context, and political oppression, we must recognize and interrogate this double-disablement of psychosocial disability. Each time we note that a physical disability should not stand in for a spoiled psychological identity without also acknowledging the social construction of that madness, we reify psychosocial disability as natural, individual, and beyond deconstruction. This, in turn, pushes people with psychosocial disabilities away from the community of those who are otherwise best positioned to support them.

Madness as metonym runs throughout Marat/Sade. Weiss’s play does not use madness to further its plot. Madness is the plot to a large extent. Within the first subjunctive level of the play, 1808’s Charenton, the plot is simply about a group of mad patients in an asylum performing a play for therapeutic purposes. The narrative can be told in two sentences: 1) Charenton’s anonymous, mad inmates attempt to put on a play about the assassination of Jean Paul Marat; and 2) right after the narrative climax of their performance, they become overexcited and out of control, resulting in the performance falling apart and descending into mayhem. Furthermore, Marat/Sade does not use madness to clarify its characters. Rather, madness wholly constitutes the characters as their only identifying characteristic. For example, Coulmier initiates the play by introducing the actors as simply “patients,” who are performing for their “rehabilitation.”48 Next as the Herald moves about the bathhouse introducing the inmate actors, the only information he tells the audience is that one is an “afflicted soul” with melancholy who hopefully won’t forget her lines, while another is simply “a lucky paranoiac, one of those who’ve made unprecedented strides since […v] introduced […] to hydrotherapy.”49

Setting the play within an asylum and introducing the actors only in terms of their psychiatric status arguably reifies a medical view of madness where such experience is purely a cluster of pathological symptoms. When the display of such distress is then appropriated for the gratification of a voyeuristic audience, the play threatens to move quickly into exploitation. This concern is valid. Although the play has been a popular choice among many theaters in the past fifty years, some commentary suggests a wider tacit understanding that the play is somewhat insensitive to people who have experienced mental illness. For example, in the 1970s when Jayne Mooney Brook, a clinician and drama group coordinator at a private, in-patient psychiatric hospital, proposed to her fellow staff and patients that the resident theater group produce Marat/Sade, she received numerous complaints and concerns about the stigma that would be re-focused upon their patients.50 In 2011, when the RSC revived the play for the company’s 50th year anniversary, critic Heather Neill observed that, “it is still disturbing to see healthy people aping the mentally fragile.”51 Perhaps what is most disturbing in such a depiction is the drastic power imbalance between the audience of “normal” citizens and the abject patients represented on stage. The incarcerated, tortured, anonymous inmates were historically stripped of their own clothes and legal rights. Here they are also stripped of their names and personal stories. Then, much like animals in a zoo, they are called upon to perform for the pleasure of The Parisian

49 Ibid., 19.
audience. Actors who subsequently “ape” these abject creatures on stage can clearly be seen as exploiting the powerlessness and distress of mentally ill patients both then and today.

Equally egregious is how such a performance simultaneously reaffirms and reassures the normality and conformity of the public who gaze upon the (non)subjects. By literally distancing the patients from the public and then elevating their appearance and behavior to that of fascinating anomaly and delight, the performance threatens to recreate a freak show that reiterates a fictive normalcy of the public supposedly devoid of such madness. Nevertheless Weiss, and particularly Brook’s 1965 production of the play, does not represent madness in a consistent manner that uses disability as a barometer against which the reader and audience can reify a sense of what it means to be “normal.” This is because madness as a metonym in Marat/Sade immediately exceeds any stable frame of normalcy within which it would otherwise be separated and contained.

*Marat/Sade’s* madness therefore cannot be understood to share the same normalizing function as physical disability does in freak show performances as observed by Rose Garland-Thomson. It overwhelms any stable, logical structure of representation. This instability allows madness to operate in a manner quite different than physical disability does as narrative prosthesis. Madness in *Marat/Sade* overwhelms any normative structure of representation because the play’s different facets of madness, when conjoined, are confusingly equivocal. For example, how do we, asks John Gross, reconcile Duperet’s erotomania, which is coupled with a lack of analytical complexity, with Roux’s critical clarity and speech while he is wrapped in a straight jacket and bellowing desperate rage against censorship and extreme political oppression? Even more confusing is the inmate who plays Marat in Brook’s production. Played by a “paranoia” patient, i.e., the early 19th Century equivalent of a severe thought disorder, the patient/actor stares ahead with glassy-eyed, flat affect. He often needs to be prompted his lines, and yet at other times can deliver a Marxist diatribe with highly fluent prose while displaying full, animated facial expressions. This inconsistency not only fails to reflect the reality of such an inmate, but also leads to confusion regarding the logical “reality” of the asylum performance. There is no explanation why the patient should fluctuate through such dramatic swings of ability and inability. Lastly, consider the Herald. Perhaps the most competent patient/actor of all, he able to speak clearly and nimbly and adjust contemporaneously to each and every disruption throughout the play with memorized verse. While there appears to be no separation between the nameless mad monk inmate and his character, Roux, there also

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54 Non-quoted descriptions of Brook’s New York production are drawn from my own viewing of the filmed version of the stage production, which, per critics who saw both stage and film version, very accurately documents the actor performances and blocking in the live staged production. Bosely Crowther, for example, reported that for the filmed version, “Mr. Book has gone ahead serenely and photographed action and text almost precisely as performed by the Royal Shakespeare Company in one set, he has used the same performances as he had on the stage…” The persecution and assassination of Jean-Paul Marat as performed by the inmates of the asylum at Charenton under the direction of the Marquis de Sade, directed by Peter Brook (1967; Santa Monica, CA: MGM Home Entertainment Inc., 2000), DVD. Also, Crowther, “Marat/Sade – or Who’s Looney Now,” 109.
appears to be no difference between the inmate/actor playing the Herald, the inmate, and the professional RSC actor. Is the Herald mad? He is a patient, so would one say, yes, of course he must be. But he performs with virtuosoic ability identical to the RSC actor, Michael Williams, and Williams is assumedly not mad. In summary, the Herald/inmate/actor appears to have no individual subjectivity at all. He seems to exist outside the world all together as a sort of meta-actor or, alternatively, simply as a spokespiece for De Sade, or perhaps Weiss, or perhaps Peter Brook. The inability to identify and locate the subject that is ostensibly controlling the Herald’s performance is itself maddening.

The only two characters not relegated to a mad, non-subjectivity are De Sade and Coulmier. De Sade is an historical person and seems to have his mental faculties currently intact. Therefore, one might look to him as a possible standard of sanity against which madness can be measured and categorized. But even if he isn’t cognitively detached from his surroundings of the reality of 1808, he possesses a narcissistic desire for self-gratification that places him off the charts of what would be considered normal. His description of Damien the regicide’s execution and his scene of self-induced flagellation leads Gross to argue that he is “sick, sick, sick.” This narcissism over-determines De Sade’s entire being. He is seen as someone selfishly acting out a depraved and prurient fantasy who, in the end, has no interest in his play reaching any critical conclusion. Gross considers De Sade as someone “using the theatre less to advance an argument than to excite himself.” In effect, the last hope for sanity/normalcy in Charenton seems to lie with the director Coulmier. But even Coulmier appears irrational. Not only is he, as Gross observes, literally trapped within the mad asylum he is supposed to direct, he clearly has no comprehension of the physical danger in which he has placed himself and his family. And his historically inaccurate, buffoonish qualities render him as equally incompetent for running the show as his charges. The director therefore becomes yet another illogical cog in Weiss’s topsy-turry mad-house world.

One might argue that even though the first subjunctive level of the play consists only of madness, the play-within-the-play might offer a stable sense of reality from which the audience can gain its bearings and be able to differentiate between what is “normal” and what is madness. But the play-within-the-play’s secondary “reality” is so diffused by its status as third-order-reality that it offers no anchor upon which to provide the audience a measure of sanity or consistent meaning. Part of this diffusion results from the play-within-the-play’s intense use of Brechtian alienation tactics, such as use of the Herald as narrator, direct audience address, placards announcing scenes, pantomime and songs with critical lyrics, and abruptly stopping the narrative right before the climactic moment in order to diffuse any emotional investment in the story. These tactics break apart De Sade’s play to the point that the world of 1793 comes through only in stylized, incomplete, striking shards. And, of course, the strongest tactic of alienation for the inmates’ presentation of De Sade’s play is their madness itself, which results in the inmates forgetting their lines, disrupting the play, or simply ignoring that there is a play going on at all. The inmates’ staging of their bathhouse production thus follows normative western theatrical rules regarding the inner play’s relative mimetic depth and complexity of semiotics in relation to the outer, first subjunctive level. Darko Suvin notes that the device of a play-within-a-play within modern drama typically results in a polarization of artificiality and

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56 Ibid., 59.
57 Ibid., 58.
naturalism, where “the usual effect of the play-within-a-play is to validate the illusionary reality of the main play (the frame or outer circle) by stressing a contrario the artificiality of the ‘inner circle.’” In order to maintain a clear distinction between the inner and outer subjunctive spaces, there is a natural tension that pulls the inner space to artificiality and the outer space to naturalism. De Sade’s play is therefore so crudely drawn that all that is reified as “real” in the relationship between levels is the first subjunctive level, which, again, consists of only madness. The consequence of this diffusion and reification of madness is that there is no yardstick of sanity against which madness can be seen as separate and upon which madness can operate as a metaphor. In conclusion, Marat/Sade’s text doesn’t simply use madness as a metaphor or even as a distinct metonym. Madness, as much of the play’s subject matter and structure, exceeds any definitional certainty, which of course is an integral quality of madness when fully played out. This can be more fully appreciated if we look at how madness is used as a theatrical prosthesis.

Within Brook’s RSC production, madness, as materiality and structure, is not confined to the dramatic text, but includes its staging as well. The liminoid space of Brook’s experimental theater event is itself a type of “madness” because the audience did not fully know the rules of engagement. That, indeed, is what made it experimental and thrilling. The RSC production’s uncertain and ambiguous parameters as art and social event were never fully clarified for some audience members who felt anxiety that the actors might breach the most basic theater conventions and attack them. Marvin Carson reports that

more specific to this production was an aura of assault, one might even say of physical threat, posed by a particular foregrounding of physical bodies. No barrier separated stage and audience, and the physical violence and psychic irrationality displayed on stage constantly threatened to spill over into the house. I specifically recall inmates interacting from time to time with audience members in the front rows, and the famous curtain call, where the actors advanced on the audience and reduced them to stunned silence, provided a memorable summation of this uneasy physical relationship.

This “aura of assault” and primal uncertainty of what was actually occurring, led to a sort of madness extending to the very edges of the material space of the theater. Madness served not only as a subject of representation but a tool that strained and transformed the act of representation itself.

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59 Mel Gordon, who attended the New York production in Spring 1966, reported, “It was really scary […] because you didn’t know where it was going. I’ll never forget these characters, like Duperret, because you didn’t know if they were going to come off the stage.” Interview with recorded by the author, September 11, 2012, in Berkeley, CA.
Madness as Theatrical Prosthesis

John White argues that by locating the play within an asylum, Weiss is able to set up a “pattern of analogies” for larger political structures. Marat/Sade likens the relationship of the Reign of Terror to Napoleon’s dictatorship fifteen years later in order to compare Nazism to the continuation of fascist forces in post-war Germany and other western democracies. The asylum offers a microcosm of the oppressive relationship between totalitarian leaders and their subjects, with the inmates directing their cries of freedom to Charleton’s director, who “likes to adopt a Napoleonic pose.” These analogies are emphasized by the inmates’ madness, which continually makes strange (i.e. Brecht’s Verfremdungs Effekt) the play’s subjunctive realities and blurs the historical periods and their relationship to one another. For example, the inmate playing Duperret deviates from De Sade’s script by making references to his own contemporary period of 1808. Referring to Marat as “a layabout from Corsica sorry I mean Sardinia,” the incompetent actor conflates the historical situation of the Terror with Napoleon’s era of oppression. “Marat the name sounds Jewish to me,” he adds, clearly referring to the horrific conclusion of anti-Semitism in Nazi German that took place only two decades earlier. De Sade emphasizes this reference when he declares, “Haven’t we experimented in our laboratories before applying the final solution?” thus noting Nazi torture of both Jews and other “undesirables,” including those with disabilities. Madness thus generates ambiguous space and characters that take the audience out of the play’s narrative, providing an aesthetic distance for the audience’s critical engagement with the play’s main ideas.

While Marat/Sade’s madness provides analogies and critical distance for a sharper understanding of the play’s themes, it also functions as a structuring performance device outside of the narrative to generate a tension that is usually provided by opposing forces within a dramatic plot. The characters of the Marquis De Sade and Marat debate the nature of humanity and whether it will ever allow true political and social progress. But this opposition is arguably not charged enough to produce adequate dramatic tension. Marat is, after all, a character written by De Sade. Therefore any argument between the two of them can be understood, to quote

62 Weiss, Marat/Sade (Eng.), 12.
63 Weiss, Marat/Sade (Eng.), 60.
64 Weiss, Marat/Sade (Eng.), 36. White observes that the original German text uses the word Behandlung, which references the Nazi euphemism, Sondernbehandlung (meaning “special treatment”) for the systematic mass murder of the Jews, disabled people, Roma, homosexuals, and others. I would add that the psychiatric location of De Sade’s play offers another chilling analogy between the “humane” hydro-treatment of the mentally ill with the efficient killing in the death camps’ gas chambers, which were disguised as shower rooms. The fact that people with psychosocial disabilities were the very first to be targeted in Nazi extermination is not specifically raised in Weiss’ text and it is unclear whether Weiss intended for Charenton’s bath house and water treatment of patients to function only as a metaphor of state oppression or as a contiguous analogy. But when read through a lens of critical disability, Marat/Sade also clearly references modernity’s continued violence and mistreatment of people with psychosocial disabilities under the specter of “medicine.”
Gross, as “still-born” because the debate comes fully formed from De Sade alone. In other words, Marat can be seen as a straw man built up by De Sade only to be knocked down. The unresolved question between the play’s opposing forces therefore must reside in the register of live performance itself, namely between the discursivity of De Sade and Marat’s language and the ostensibly non-discursive practice of the mad inmates. The inmates’ rebellious and instable madness works against the play’s philosophical and political linguistic debate by repeatedly collapsing the levels of reality and seeming to revert the play’s semiotics to a base materiality, individualism, and raw emotion that threatens to unravel the performance into chaos and nihilism.

In other words, *Marat/Sade*, lacking dramatic tension within its actual narrative, relies on an irreconcilability of Brechtian critique and an Artaudian refusal of language in order to create not so much an unresolved dramatic question, but a theatrical tension. This dynamic, of course, cannot exist on the written page. The tension can only be realized through its staging, and Peter Brook’s production most famously rose to Weiss’s challenge to flesh this dynamic out.

For Brook, *Marat/Sade* challenges the director, designers, and actors to employ an Artaudian cruelty that privileges materiality, paralinguistic semiotics, and an expressionism that gesture towards metaphysical “truths” that exist outside of and in opposition to normative discursive practice. Artaud’s refusal of mimesis and yearning for a purity of a presence that avoids repetition and representation of the no longer relevant past struck a particular chord for many artists and activists in New York City’s theater avant-garde in the 1960s, particularly those who rejected their society’s staid, dominant values and bourgeois literary and aesthetic practice. Brook’s production was hailed as the first successful demonstration of Artaud’s Theater of Cruelty. Today we can identify the RSC’s *Marat/Sade* as the harbinger of subsequent work by theater artists who sought a new theater that cast off the hollow, meaningless, boring, and complacent mainstream traditions in order to achieve a new theatrical event where the artist, per Brook, “impatiently seek[s] for what he calls the truth.”

As a theatrical prosthesis in Brook’s *Marat/Sade*, madness does not operate as a compartmentalized metaphor of difference like much other types of disability in theater. It takes center stage as the integral component for a type of experimental theatrical practice that sought to rekindle the magic of immediate presence and access so-called truths that could not be found in the civilized logos of discursive practice and daily living. Madness, far from being pushed off stage or relegated to a minor character, therefore became a main strategy and materiality of much experimental New York theater, the vestiges of which remain very much with us today. In order to appreciate Brook’s use of madness and its reception, it is helpful to contextualize the RSC production within the theatrical avant-garde in the 1960s, and indeed a general trend of the

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66 In “The provocative ‘Marat/Sade,’” *New York Times*, January 9, 1966, 3, Stanley Kaufmann notes that Charleton’s inmates are the locus of tension between Brecht and Artaud’s competing theories: “There is a fundamental discord between the social Brechtian method and the instinctual Artaud approach, between straightforward iron vigor and the flickerings of the unnamed and unnameable.” This tension is ultimately unresolved for Kaufmann, who also judges this staged ambiguity as lacking any purpose.
67 The English translated writings of Antonin Artaud’s ideas for such a metaphysical, non-discursive theater are most clearly described in his *The Theater and Its Double*. Trans. Mary Caroline Richards (New York: Grove Press, 1958)
western avant-garde within the 20th Century. Madness promised a lack of inhibition, iconoclasm, and dissolution of the conditioned and fettered aspects of self that cultural revolutionaries accused of maintaining conformity and denying growth. Madness also allowed for a seemingly non-discursive subject, upon which theater could seek to build ever more virtuosic aesthetic accomplishment.

Many experimental theater artists have been dissatisfied with the theater’s bourgeois, conservative tradition that lulls audiences into inertness and complacency. Throughout the 20th Century, these artists used various strategies to reinvigorate the so-called moribund theater, but nevertheless shared one specific viewpoint: the rejection of theater that shapes its participants into intellectually and physically passive spectators. With the rise of the bourgeois theater in the 19th Century, class restrictions limited disruption among participants and transformed theater into a comfortable commodity that required certain conditions to be properly consumed. New lighting technology, scenery, and seating arrangements placed authorship and control in the hands of the performance in a way that left no space for critical thought or contribution by the audience. The 20th Century avant-garde has therefore consistently shared the goal of agitating spectators out of their complacency. For example, Alfred Jarry’s Ubu Roi first shocked its audience’s with his language and course themes. The Dadaists, Futurists, and Surrealists followed with non-traditional staging and content that sought to agitate spectators into becoming rowdy, vocal participants. Brecht and Erwin Piscator’s epic theater in turn tried to engage the audience’s intellect and thereby move them to social action. By the 1960s, the avant-garde was still very much impatient with the bourgeois theater’s mode of stultifying audiences.

Peter Brook, in his influential book, The Empty Space, critically termed this state of affairs, “The Deadly Theater,” claiming that it had nefariously ensconced itself on both Broadway and London’s West End. The Deadly Theater wasn’t just bad theater. Even worse than the unequivocally poor productions were the “proper” professional productions of the

69 This overall movement included various groups, including the Italian Futurists, the Dadaists, the Surrealists, the Epic Theater, the Absurdist, communal groups that emphasized counter cultural and progressive social values, and eventually early postdramatic work by artists and playwrights such as Robert Wilson, Peter Handke, and Heiner Müller. Within New York City by the 1960s, it included a variety of groups and works that were influenced not only by the European avant-garde but also American artists such as Gertrude Stein, John Cage, Merce Cunningham, and others at Black Mountain College, and Abstract Expressionism. These artists included Allan Kaprow and others’ Happenings, the Open Theater, the Judson Dance Theater, the Living Theater, the Performance Group, and other work that Robert Brustein at the time dubbed “the Third Theater.”


71 Brook, The Empty Space ,10.
classics that Brook asserted “everyone secretly finds excruciatingly boring.”

Even the scholar, he insisted, who at least gained an esoteric, intellectual satisfaction from the text, still craved the missing “true experience” of theater. It is difficult, if not impossible, to quickly parse out what Brook’s phrase “true experience” might mean, much less the philosophical and sociohistorically contingent assumptions upon which it relies. But some of the underlying concerns wrapped up in his desire for a true experience focus on the concepts of originality, essence, and presence…qualities that Brook sums up with his term “immediacy.”

Concerning the professional yet “excruciatingly boring” performances of classic texts, Brook observes that unsatisfied artists at the time were calling for the text to be performed “once again, the way that it [was] written.” But he notes that no one had firsthand knowledge of how such texts were once “brought to life.” “The real antiques have all gone—only some imitations have survived, in the shape of traditional actors, who continue to play in a traditional way, drawing their inspiration not from real sources, but from imaginary ones, such as the memory of the sound an older actor once made—a sound that in turn was a memory of a predecessor’s way.”

Brook thus voices a desire for a return to the original act, word, gesture, and meaning contained therein. But such originality, he argues, appears to be inaccessible through contemporary speech and behavior. For example, he condemns Method acting’s reliance on projections of the actor’s own daily self because such actions are heavily conditioned by living in a specific culture and society. Citing his company’s initial experimentations with Artaud’s Theater of Cruelty, he claims that even the most seemingly improvised behavior was quickly revealed to be nothing but a hollow link in a long chain of significations, resulting in embarrassing clichés that never seemed to connect to the true impulse and meaning in the moment. He offers the amusing example of Pavlov’s dog-turned-Method-actor who still salivates when he hears the bell but now mistakenly considers it a creative act. “I’m dribbling,’ he would say, proud of his daring.”

During the time of RSC’s Marat/Sade, Brook was therefore seeking a fresh alternative to theater’s seeming etiolation brought about by what Jacques Derrida calls différance, the inevitable repetition of signs that signify the absent original.

This desire for originality and “true” presence and meaning can be seen across much avant-garde performance in the 1960s, and can explain why Marat/Sade’s audience so enthusiastically received Brook’s use of madness through an Artaudian aesthetic. New York’s downtown theater sought a type of performance that moved beyond mimesis, reaching into

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72 Ibid., 10.
73 Ibid., 10.
74 Ibid., 98 – 141.
75 Ibid., 12
76 Ibid., 12
77 Ibid., 112.
visceral reality and social space in order to create, as Richard Schechner called them, “actuals.”

Joseph Chaikin’s Open Theatre, The Living Theater, The Performance Group, Allan Kaprow, Merce Cunningham, John Cage, Yvonne Rainer, Steve Paxton and others with the Judson Dance Theater, and a whole array of performance artists soon to establish themselves all strove for an immediacy and presence that John Wiles soon thereafter termed “performance theater.”

For many, and especially for New York’s Downtown theater artists, Artaud became a prophet who demanded an alternative to representation that celebrated a corporeal action that transcends the usual semiotics of theater, and indeed his concept of western civilization, in order to reveal something powerful and seemingly pure.  For radical artists, Artaud’s rejection of not just bourgeois theatrical practice but also discursive language and psychology promised to disintegrate oppressive civilization and give birth to an unadulterated esprit of life force.  This disintegration, per Artaud, would be necessarily “cruel.”  He envisioned a theater that was akin to the plague, finding its power through the destruction of the body and mind of the individual and society. This evil force, operating through rupture, chaos, and even gratuitous and pulchritudinous acts of violence and deviance, would demolish current stagnate systems of society, culture, and art. From such pain, suffering, and demolition would spring forth powerful action, immediacy, and deep truths, a primacy of experience that exists outside of, and indeed in opposition to, civilization.

Artaud did not actually offer any alternative, utopic vision for the “liberated” individual. He was clearly against the idea of Marxist revolution, which pitted him against his surrealist contemporaries and the socially conscious work of Brecht. He chose instead to stay focused on the moment of destruction, revealing in the purity and immediacy found with “victims burnt at the stake, signaling through the flames.”

His idea of freedom thus seems to lie in the obliteration of the subject. Nevertheless, his cries to reject the straitjackets of tradition and civilization were seized upon by theater artists and cultural and political activists in the 1960s who were looking for an aesthetic that could reject normative/oppressive regimes and thereby make room for new liberal politics, culture, sexuality, and language.

Artaud’s acolytes have embraced his writings through an interpretative lens of madness for good reason. In Artaud and His Doubles, Jannarone details how Artaud’s psychiatric internment influenced both his reception in France and in the Anglophone world. His writing became popular in France only after his hospitalizations, when, returning to Paris in 1946, he

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81 Jannarone, Artaud and His Doubles, 12. As specific evidence of Artaud’s apolitical stance, she cites one of his letters that rejects the Surrealists’ communism: “As if from the viewpoint of the absolute there could be the slightest interest in seeing the social armature of the world change or in seeing power pass from the hands of the bourgeoisie into those of the proletariat.” Antonin Artaud, Selected Writings, trans. Helen Weaver, ed. Susan Sontag (Berkeley: University of California Press, 1988), 140. It is noteworthy that in his footnote on the same page of Sontag’s collection, Artaud cites his own madness as the reason for rejecting Marxist politics: “What does all the Revolution in the world mean to me if I know that I will remain in endless pain and misery in the charnel house of myself?”
was “crowned with the image of a mad poet or poète maudit.”

Artaud’s iconography, particularly within his most widely read works in English translation, *The Theater and its Double* and *Selected Works*, emphasizes the ravages of his mental distress and a beatification as a result from his suffering. He is in fact, Jannarone argues, often given Christ-like status as the modern martyr for theater because of his madness. Jannarone refers to Susan Sontag’s introduction to his translated collected writings, in which she describes Artaud’s suffering as a “Passion of thought” that is “almost too painful to read” while considering his practice of language “perpetual calvary.”

In sum, Artaud’s vision and promise for the theater’s potential is seemingly thought by his inspired followers to come directly from his psychic suffering and deviancy. Artaud’s work was blasphemous, irreverent, scatological, and poisonous, a productive rejection of “normal” structures of language, thought, society, and culture. Artaud appears to have believed this to be true as well, at least to a certain extent. Even in his earliest writings, before his psychiatric internments, he claimed that his art found value specifically through his “psychic malady” and an evil force that hampered his communication and left him “panting on the doorstep of life.”

This suffering clearly guided Peter Brook and his cast in their search for a new theater. They sought to deploy madness as a theatrical prosthesis for extreme accomplishment in the art and craft of acting, where liberation from societal constraints and self-censure was felt to be achieved through personal suffering. Each actor constructed their own performed, subjunctive madness, which in turn pushed them to their breaking point. “I hate doing this play, I loathe it, I hate every breathing minute of it,” reported Ian Richardson several months into the New York run. “It’s absolutely physically exhausting. I don’t think any member of the cast enjoys it.”

Susan Williamson added, “Most of the actors have chosen a madness near their own idiosyncrasies. If it’s played every day—and in London it wasn’t—it becomes dangerous. After all, one is likely to have selected something without knowing that it reflects one’s own fears and anxieties. It can be draining.”

This suffering included exhaustion, depression, broken bones, people knocked unconscious, real blood, and missing teeth. Glenda Jackson reported, “It’s a play that breeds sickness, with no release for the tension.” But this sacrifice of pain, injury, and illness was purportedly required to achieve a higher virtuosity of performance and truth. Brook’s actors became Artaud’s disciples, self-flagellating to cast off the sin of civilization and achieve a purity

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84 Ibid., 7 – 11.
85 Susan Sontag, Introduction to Artaud’s *Selected Writings*, xx.
86 Artaud, *Selected Writings*, 45.
87 Weinraub, “Recording the Marat/Sade Madness,” 112.
88 Ibid., 112.
89 Ibid., 112.
90 “Marat/Sade Forum” TDR, 10, 4, 1966, 222.
91 Jackson continues with, “One of the actors who plays in a straitjacket has rheumatism from it. Another has developed a permanent crossed eye and suffers from backaches. At 7:30 every night I become so terribly frightened that I shake all over. I do everything I can think of to delay the moment when I have to walk into that theater.” Rex Reed, “Love Batman, Loathes ‘Sade’,” *New York Times*, April 3, 1966, 2.
that ostensibly pushed them into new metaphysical realms, allowing greater awareness and possibility of the self. Richardson reported,

[The production] changed my professional life. In the past I’ve always been prepared to give the audience possibly 50 per cent of myself, but always kept the other 50 per cent. It was the one line, I felt, between my work and sanity. Here I’m giving the audience 100 per cent. I’ve found it’s freed me completely as an actor. I don’t mind standing naked anymore in front of an audience—either physically or mentally.92

By no longer keeping the “50 per cent” of himself safe and private, Richardson felt that he removed the distinction between his art and madness and was therefore able to transcend the barrier of restraint that was stopping him from fully realizing his artistic potential. But, in his view, what was restraining him? What was that 50 per cent holding him back? Reason? Social norms? The Freudian superego, or even ego, of self-regulation that tamps down the forces of the id? Interestingly, Richardson’s formulation of insanity isn’t simply a lack of logos, i.e., an absence of meaning, but a fruitful, dangerous potential that resides in all of us, which can only be released and aesthetically used in the absence of civilized restraint and control.

This concept of artistic self-sacrifice had just begun to take hold on the fringes of New York’s downtown theater scene where actors sought to become secular priests and martyrs at the altar of theater, giving over their bodies and souls. And whenever such sacrifice was discussed, it was aligned with madness. For example, in 1964 the Living Theater staged The Brig where actors rehearsed the torture and discipline of their play’s events to the point of blurring the lines between inmate and actor. Along with the actors’ intense physical commitment to experiencing their characters’ situation while onstage, they also subjected themselves to similar off-stage discipline surrounding the rehearsal process. If an actor was late, failed to pass clothing inspection, misplaced any props, or otherwise failed to pass muster, he would be disciplined in the same manner as his character would be by the prison authorities.93 The purpose of this self-sacrifice was that by committing oneself so completely to the artistic process the actor would achieve a new language of the theater and truth through performance. For this goal, director Judith Malina cited Artaud and his madness as her inspiration and guide: “To Artaud, my madman muse, never absent from my dreams, I speak in a private language. He it was who demanded of the actor the great athletic feats: the meaningless gestures broken off into dances of pain and insanity; who cried out in his crazy-house cell for a theatre so violent that no man who experienced it would ever stomach violence again.”94

As a side note, it is irrelevant whether Artaud was “mentally ill” as we understand it today. Critics within mad studies and disability studies rightfully argue that it is misleading to

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92 Weinraub, “Recording the Marat/Sade Madness,” 112.
Mental illness is socio-historically and culturally contingent, and assigning a contemporary DSM diagnosis to Artaud in order to better understand or analyze him would take him out of his social, cultural, and historical context and impose an interpretation of his experience that literally would not have “made sense” in his time and place. But we might at least acknowledge Artaud’s distress and psychosocial alterity because his pain and others’ perception of his madness, including his psychiatric internment, clearly produced many of his ideas and their reception and dissemination. After all, the qualities of Artaud’s Theater of Cruelty and a 1960s western understanding of madness are so similar, that in many ways they appear to be one and the same. Both appear to reject normative language and reason. Both are located in disintegration and rupture and work against normate social, political, and intellectual systems. Furthermore, madness at the time was most fashionably understood by psychoanalysis to be a dysfunction of the mind, not the organic brain. Madness lay not in the misfiring of synapses or a chemical imbalance but a mismanagement of powerful psychic forces that lay beyond the ego. Artaud’s theater, by the stripping away of tradition and constraining civilization and social conditioning, promised to unleash similar psychic forces and truths that were closer to the core of humanity. Madness, in other words, was considered destructive but also chock-full of metaphysical, pre-discursive force. The psyche, although perhaps structured as a language, was considered pre-linguistic. Therefore, for artists who were dissatisfied with the status quo of the self in a society fettered by stifling norms, madness was seen as a desperate and worthy act of resistance, an attempt at self-liberation from constrained subjectivity. As Malina’s eulogy makes clear, Artaud’s incomprehensible “pain and insanity” was the means to deliver oneself away from society and its ills.

Critics and acolytes alike often note that Artaud’s theater is unattainable in its purest form. The Theater of Cruelty promises that which is impossible to achieve or even clearly describe. But this impossible wish serves a purpose because it names the problem, if not a practicable solution, namely the dissatisfaction of language as locutionary. This is why some poststructuralists and dissatisfied theater artists have found Artaud so appealing. Jacques Derrida empathizes with Artaud’s yearning to move beyond the enclosed circle of representation of Western thought, of infinitely deferred origin, that restricts not only one’s understanding but ability to definitively perform logos in the world. Peter Brook shares Artaud’s impatience with deadened, ineffectual representation of language, an experience that Artaud describes as “living through a period […] when the word, passed through a sieve, sees its old values crumble.” Brook equally condemns theater for “imitating the externals of acting because it only perpetuates manner—a manner hard to relate to anything at all.” Both seek an elusive internal presence

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96 Derrida, who himself must unhappily remain within a closed set of grammatical signs, affirms the desire to transcend beyond metaphysics while acknowledging that such escape is always imaginary. “Whatever their importance, all the pictorial, musical, and even gesticular forms introduced into Western theater can only, in the best of cases, illustrate, accompany, serve, or decorate a text, a verbal fabric, a logos which is said in the beginning.” In Jacques Derrida, “The theater of cruelty and the closure of representation” In Writing and Difference, 236.
97 Artaud, The Theater and its Double, 115.
98 Brook, The Empty Space, 12.
and meaning that is not continually deferred. And even though theater may never be able to transcend this closed circle of representation, it appears that madness offers the best chance to try because it moves directly against Derrida’s closed set of grammatical signs, against logos that provides the substitute to what would be “true” communication. After all, even though madness continues to rely on society’s normative forms, it shatters them, rearranges them, or performs them poorly. Madness betrays the rules and people’s expectations and sometimes rudely casts off that which tries to restrict it. Through deviancy, madness can do this with exceptional force.

When Weiss was asked why he set his play in an asylum, he responded, In a surrounding like that, it is possible to say almost everything; in the surrounding of insane people, you have an absolute freedom. You can say things which are very dangerous and mad, whatever you want, and at the same time you can mix them with the political agitation, which I want to get through too. If I should do this play in a pedagogic way, as Brecht perhaps might have done it, I couldn’t get the strong emotional effects, which I wanted. I think just because those people are mad everything gets so much stronger when they express it.  

But he then immediately goes on to contradict himself. “[The inmates] are very much like ordinary people in life; they live in this madhouse and they have great difficulties in expressing it; they have no freedom at all, they can’t say what they want, and, if they say it, it would be misunderstood or the ruling people will say they’re only madmen.” So which is it? Does madness offer the freedom to speak or not? If one accepts for the moment that Marat/Sade’s madness is present on stage at least to some degree, whether as a concept, individual thought or emotion, or action, then it is clear that something is being expressed through madness. (At the very least, Brook, his actors, and the theater critics seem to think so.) Therefore, what is at stake in Weiss’ contradiction is not whether or not madness can speak, but rather who has freedom to speak through madness. If madness is that which cannot be said from within a normative point of view, then its alterity offers a freedom of expression outside of social constraints. But paradoxically, madness is also seen as the failure of logos, the inability to speak or make meaning, and therefore represents the epitome of that which is rejected and dismissed by society because it fails to mean. In this alternate sense, madness as a social construction operates as a tool of discipline used to draw boundaries around behavior and thought deemed appropriate and relevant. Society uses it as a means to regulate the self and others. From this point of view, the freedom of madness, as argued by Derrida, is only a wish, a deferred space that can never be truly known. Madness occupies a negative space that cannot be filled or even recognized by Reason.

If we visualize madness as Janus-faced, the Theater of Cruelty could be understood as occupying one of the faces and viewed akin to what Foucault calls Unreason. This Unreason should be understood as different from insanity in that insanity lacks productivity. Unlike insanity, Artaud’s Unreason is a powerful, creative force that Reason cannot access. However, modern psychiatry, per Foucault, has banished Unreason, leaving behind only a madness understood as a pathological lack. But Brook’s version of the Theater of Cruelty in Marat/Sade

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99 Alverez, “Peter Weiss,” X3.
uses an alternative, productive madness. The production attempts to become an aperture through which shines the brilliance of what Foucault calls “Reason dazzled.” Artaud’s productive transgression not only critiques deadly, ineffective, and oppressive forms but also affords an aptitude, an productivity, that psychiatric conceptions of madness shut out. Artaud’s madness is therefore not mental illness. As theatrical prosthesis, it stands as a positive force of alienated demarcation, ostensibly outside of systems of thought and society. Nevertheless, when we are ruled by sanity, we find his Unreason ultimately inaccessible because we are trapped within “civilized society” and our reasoning subjectivity. Artaud’s full vision thus remains unarticulated in what we can see, say, and do. In turn, his madness becomes visible only via negativa, in that which is not there. Artaud’s Unreason remains the impossible wish-fulfillment of the normate sane, the critical voice of society that longs to realize something anew from within language that does not allow such transgression.

**Madness as Proxy**

If Artaud’s Unreason remains unintelligible, then perhaps it maintains value only through its representational role as Outsider, even though such a role is utilized by those who remain inside our closed set of grammatical signs. How can such a wish fulfillment gain forceful presence on stage in the theater? In order for such metaphysical cruelty to find form on stage, it therefore requires a proxy that ultimately remains inside of normate structure, language, and gesture. Artaud’s fervent followers find such a proxy in their conception of their prophet’s own ravaged mind and body. The performance of insanity and extreme psychic distress thus become a literal Passion play and a secular Eucharist that intends to conjure forth what Artaud demands. This ironic re-staging of Artaud’s torment and torture in order to birth an original presence arguably must fail. But perhaps like religion all over the world, its power lies not in its categorical veracity, but in its promise of something that cannot be found elsewhere. Brook’s *Marat/Sade* is one example of how such madness gains value for audiences and artists who strive to create a theater that ultimately cannot exist, and in doing so realizes several registers of thrilling spectacle, agitation, and impactful “meaning.”

In one of the more effusive mainstream reviews, *Time*’s theater critic likens Brook’s production to “a hypodermic needle plunged directly into the playgoer’s emotional bloodstream. It hypnotizes the eyes and bruises the ear. It shreds the nerves; it vivisects the psyche—and it may scare the living daylights out of more than a few playgoers.” Like other reviews, the critic makes sense of the production in terms of madness, reporting that “as soon as the insane stumble and jitter onstage with their dreadfully absent eyes, their bodily tics, their slavering mouths, their heads lolling like half-decapitated flowers, it is clear that the asylum keeper of the evening is Director Peter Brook.” Brook is consequently described as “a mad scientist […] running a controlled experiment to see how much chilled sweat could be squeezed from the audience’s brow,” using “every weapon in the theatrical arsenal to mount a sustained barrage on

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101 Ibid., 243.
102 For an alternative, specific staging strategy that attempts to represent mental illness completely through the strategy of negativa or absence, see Kirsty Johnston. “Staging Schizophrenia: The workman Theatre Project and Terry Watada's *Vincent*,” *Modern Drama* 47, no. 1 (2004): 114-32.
the senses.” However, what made this sustained barrage on the senses particularly valuable to the audience was the fact that the madness was controlled, virtuosic. Madness was shaped into a carefully planned and executed performance text, an oeuvre of madness that is ultimately anything but chaotic, despite its celebration as such. In fact, the actors need their precision and accomplishments in order to encourage their audiences to see madness as Unreason. The cast uses their virtuosic ability to signify meaning that only gains legibility through able proxy. “Paradoxically,” continued the Times critic, “it is when the play is most sane that it makes the least exciting sense.” The critic reports the production’s positive results through such negative syntax for a reason. By backing into the assertion, the critic avoids the straightforward, reversed positive of the claim which would be that “the play makes the most exciting sense when it is insane,” a claim that comes across as rather nonsensical. After all, how can insanity make sense? But while insanity has ceased to signify anything positive in contemporary society, the absence of normative sanity suggests an outsider position that, if not legible, is at least demarcated as a powerful imaginary. Brook’s actors perform such a position through a virtuosic materiality of “mental illness” that powerfully signifies the illegible.

Alternatively, perhaps the “exciting sense” that the critic refers to in the absent positive are those senses that are usually understood in terms of being excited: our emotions and corporeal sensations that are not primarily understood in terms of rationality or language. The 1960s avant-garde was fed up with mimesis, grammatical structures, and the cordon off of art from life. Brook’s production can be seen as using madness to foreground a materiality of performance that appears to exist outside of and in tension with semiotics. All of live theater possesses a tension between the materiality of an actor’s body and its semiotic function as signifier. But Brook’s Marat/Sade uses madness as the tool to literally dismantle the dramatic text and assert a dominance of materiality over semiotics. Marvin Carlson argues that this tension is specifically staged between Marat’s representation of signification and De Sade’s advocacy of the materiality of the body.104 As the playwright/organizer of the play-within-the-play, De Sade draws on the madness of Charenton’s inmates to, per Carlson, “demonstrate the superiority of his corporeal world view over the abstract intellectual visions of Marat.”105 Brook’s production, with its aura of assault, pushes this tension to the breaking point. Weiss instructs that at the end of the performance, the inmates, like victims of Artaud’s plague, fall into chaos and descend upon the audience “fully at the mercy of their mad march-like dance”106 while De Sade laughs in victorious pleasure over his triumph of corporeality and emotion over language and dramatic form.107

The most celebrated consequence of Brook’s use of madness to privilege materiality is the resulting perceived virtuosity and sense of extreme commitment in the production’s acting, which follows the style of psychological realism. Disability has, of course, often been used as the ultimate test of aesthetic commitment within the arts. Regarding Breugel’s paintings, Mitchell and Snyder note that such “portrayal of cripples would often be claimed as proof that an artist remained committed to recording even the most disturbing products of humankind and God.”108 Some of Brook’s cast in fact prepared for their virtuosic performances of madness by

104 Carlson, 10 – 17.
105 Ibid., 11.
106 Weiss, 96
107 Carlson, 12.
108 Mitchell and Snyder, 4.
studying those paintings.\textsuperscript{109} The act of voluntarily placing oneself within a disabled subjectivity, even within a temporary fictive space, seems to engender immediate respect and admiration by audiences, as evidenced by the number of times non-disabled film actors are nominated for an Academy Award for portraying disabled characters.

Along with showcasing virtuosic acting technique, a materiality of madness in performance can also heighten the power of the spoken text and structured acting choices. Glenda Jackson, with her physical beauty, youthful sexuality, accomplished voice, precise physicality, and consummate concentration, has been singled out for her performance. But her virtuoso performance specifically achieves its power because she deploys a material madness that contrasts and thereby heightens her use of the text, her specificity of acting choices, and the set structure of her role as Corday in the play-within-the-play. In the filmed version of Brook’s production (which, again, reportedly faithfully replicates the blocking and acting choices of the live production), Jackson’s inmate character first appears comatose, propped up against a wall with her eyes closed. When the play-with-the-play reaches Corday’s first scene, a nun wakes the anonymous, mad girl up and leads her to the center of the stage. Jackson totters off-balance, as if her legs were made of wood, while a ragged bonnet is quickly placed upon her head, making her look like a discarded doll. Her arms strangely stretch out like a figurine of a warped ballet dancer, while her fingers splay in an odd manner and her thumbs clench inward. With such physicality, her body momentarily trumps clear, normative meaning and gestures to a state of being that is contrary to a “civilized” notion of the subject.\textsuperscript{110} When she does speak, her words come out haltingly, as if she is barely able to remember the text. She breathes at odd intervals that break up her expressions of thought. This, along with her continual state of somnolence, suggests confusion and otherwise lack of cognition. But this seeming dearth of meaning eventually offers shocking contrast when she throws off her disorientation long enough to deliver her monotone lines with a searing, caustic rhythm and emphasis on certain syllables that appear to draw from a resentment and disgust deep within her. The anonymous mad girl’s power gains force from Corday’s text of horror as she recounts witnessing the Terror’s crimes. And her power is doubled through suffering from the intersectional experiences of psychosocial disability as an asylum inmate and perpetually semi-conscious rape object of Dupperet’s monomaniacal sexual assaults.

At this described moment, Jackson’s representation of disability provides both metaphor and materiality for aesthetic achievement. But after she finishes speaking and hesitatingly begins to sing a song, her detailed presentation of impairment is troubled by a dulcet voice that demonstrates perfect pitch and timing with the accompanying musical instrumentation. Her sweet, soft, soprano lullaby, which describes her task of preparing to assassinate Marat, disturbingly contrasts and compliments her mad affect, clothes, fellow patients who look and sound exceedingly ill, and her hypnotic fascination with a large knife being waved in front of her by De Sade. This odd mixture of impairment and virtuosity doubles the tension between language and materiality because Jackson’s performance of madness consequently cannot be clearly relegated to “mental illness” or “reality.” Her madness necessarily remains a fiction that nevertheless draws from a strong and precise corporeal presence, ability, and action.

\textsuperscript{109} Weintraub, “Recording the Marat/Sade Madness,” 112.
\textsuperscript{110} Just as physical disability as metaphor is usually linked to psychosocial disability, Jackson represents madness by relying upon non-normative physicality. Psychosocial and physical difference is truly always somewhat linked together.
The Western psychological realistic style acting that Brook’s cast drew upon to present their inmate characters is rather peculiar because psychological realism strives in many ways to be what it ultimately cannot be. This genre of acting seeks to so accurately present powerful actions, intentions, and emotions that the audience suspends its disbelief that what they are seeing and hearing is not real. Albert Hunt, who collaborated with Brook, reports that “…Brook asked his actors not to ‘act’ mad but to ‘be mad.’ He wanted the illusion of madness to be total.” But this quest for ever greater authenticity is ultimately paradoxical because if the acting on stage were fully successful in duplicating reality then the cast wouldn’t be acting at all. Their performances would be “real life.” Psychological realism requires both theater’s liminoid social frame and status as subjunctive reality in order to retain its aesthetic status and definition as an aesthetic form.

So if prosaic reality is not the true aim of the theater artist within the style of psychological realism, then what is the actor’s ultimate goal? The answer for Brook’s production lies in its contemporary conception and representation of madness. Within the style of psychological realism, the closest that an actor can get to being “real” without actually crossing over into representation of one’s self in everyday life (and thus negate one’s craft of artifice) is madness, which is forever impossible to completely pin down and squarely categorize as “reality.” Within such a performance, the actor strives to corporeally and psychologically fluctuate within a liminal state between concepts of real and fake, teetering between the two worlds with the virtuosity of a tightrope artist. The longer that the performer can sustain this tension, the more exceptional and thrilling her performance becomes. This fluctuation, empowered by madness, also operates at the level of the entire stage “reality” as well, where the audience, shocked by the extremity of corporeal realism, has difficulty distinguishing between the subjunctive space of Weiss’s play, the limits of Brook’s physical staging of the production, and the outside world which demands the entire performance is nothing but high-brow aesthetic make-believe. The critics and casts’ emphasis on how emotionally, nerve-wracking, physically debilitating, and possibly ultimately unsustainable the performances were for the actors both affirms and celebrates this nebulous, liminal state.

Conclusion

*Marat/Sade* exemplifies ways that madness operates similarly to other disabilities as metaphor. But the production also shows how madness is unique in that it functions as metonym; madness is not really about difference but rather extremes and hyperbole. Furthermore, madness can provide the ultimate negative and sensational attributes that ground the “spoiled” aspect of a physical disability being used as metaphor. This relationship to physical disability reveals deep challenges that psychosocial disability poses to disability theory in general. Finally, when madness is deployed in live theatrical performance, as Brook does with Weiss’ play, it offers theater artists unique opportunities to construct tension and conflict outside of unresolved dramatic questions. Even more importantly, madness pushes against traditional boundaries and audience expectations, expanding what is possible or desirable within the theater event. This disability can even be used as a tool for achieving new aesthetic levels of acting.

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Nevertheless, for all of the talk about assault, shock, Robert Brustein’s discussion of “hitherto forbidden dramatic territory,” and a theater of cruelty that transcends everyday reality, it is difficult to ignore the fact that Brook’s *Marat/Sade* is a Broadway production performed by paid professionals and lauded by a select intelligentsia, artist community, and bourgeois audience who probably went home each night to the security and comfort of their privileged worlds, all of which were not directly concerned with psychosocial disability. There is no evidence that the psychiatric patients at New York City’s Bellevue Hospital rumored to be performing in the production were ever truly present, either on stage or in the audience. Therefore, in the end Weiss and Brook’s deployment of madness remains a representation of disability from “the outside in” without any apparent awareness of the political import of such representation. To be sure, *Marat/Sade* cherishes and values madness. This is important in our society where mental illness is conceptualized ever further under the yoke of medicine as only pathological lack that needs to be eradicated. But *Marat/Sade* values madness not as a truly lived experience within everyday life but an aesthetic and rhetorical tool to achieve an artistic and political goal that arguably has nothing to do with the reality of people with psychosocial disabilities, even though the play takes place in an oppressive asylum that abuses its inmates who cry for their emancipation.

As in the case of prosthetic use of disability, there has been no evident, sustained political critique of *Marat/Sade*’s use of madness. Perhaps the production’s “aping” of mental illness was so convincing that nobody considered it as such. Or perhaps the fact that it was a fictitious play set in an historical setting encouraged people to not relate it to contemporary issues of mental illness. At the end of one of the New York performances, a woman from the mezzanine did reportedly boo at the cast. It isn’t clear, however, if the woman disapproved because she perceived the work to be insensitive to people labeled with mental illness or because her aesthetic sensibilities had been offended. In return, actor Ian Richardson shouted back, “Boo to you, too!” He had perceived the woman’s disapproval a response to their staged aesthetic, later commenting, “she was completely incapable of realizing the fantastic control and effort of everyone involved.” Regarding the rest of the audience, I cannot know what people with psychosocial disabilities thought about the production because, tellingly, I have found no comments about the show from the disability community at the time.

Even though the production was hailed by critics as a “vivid work that vibrates on wild, intense, murmurous and furious levels” and an event that “shreds the nerves” and “vivisects the psyche,” its presentation of madness is ultimately cradled and cushioned within theater’s conservative, liminoid frame. Although Brook’s avant-garde production was shockingly new, it remained within the genre of dramatic theater, which today continues to be critiqued by some experimentalists as ultimately traditional and bourgeois. And while *Marat/Sade*’s madness constantly threatened to break apart the production, which in turn gave its participants such a

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113 Weinraub, “Recording the Marat/Sade Madness,” 112
thrill, it never actually did so. At the end of the performances, the cast did erupt into madness. Whistles blew, people shrieked and flailed as violence exploded onstage and the asylum’s keepers appeared to lose control of their charges. But then the house lights went on, encouraging the audience to applaud or simply leave. Because the show remained a show by the Royal Shakespeare Company, the house, perhaps momentarily stunned into silence, eventually applauded. In London, the cast reorganized at this moment to sardonically clap back at the audience in one last Brechtian gesture. In New York, the chaos simply continued until the activity on stage eventually toned down, returning to a homeostasis while the cast patiently waited for the audience to leave. Therefore, even though Brook’s Marat/Sade extends beyond a prosaic representation of mental illness to embody a materiality that opens up new aesthetic force, its madness is an etiolated version that retains power only within the limited time and space of the normative theater event, controlled by careful thought and execution. There were physical injuries and depression, but these were voluntary, calculated costs. The danger and chaos on stage was ultimately planned and carefully executed. Actor Bob Lloyd confirms the virtuosity that underlay such madness.

Every night I had to do a run from the back, in a straightjacket, up to a bath-top that was lying on its side. It was quite a narrow ridge to run up and then jump off at the end, and it was dangerous to do if the bath-top wasn’t being supported. And I’d look down a few lines before I had to do the run and I’d see this slobbering lunatic, John Harwood, with foam coming out of his mouth, rocking and moving, and yet on the same cue every night, for all those months, his right foot would come out and he would support the bath-top, spot on, and the person in front of him would move a hand round and support it from the other side, and that was it…There was a safe framework, but it looked so dangerous in the theatre.

In the case of Marat/Sade, able-bodied and neurotypical actors utilize madness as a theatrical prosthesis and proxy to reach for that which they yearn but cannot ultimately know or express while retaining the comfort and privilege of normate lives. In the end, the political reality and

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116 For London’s audience reaction, see Susan Sontag, “Marat/Sade/Artaud” in Against Interpretation and Other Essays (New York: Picador, 1966). As a sample of New York’s audience reaction, Mel Gordon, who attended a performance in Spring of 1966 reports, “The show really didn’t end. The [stage] lights were kept up. Then they put up the audience lights. And you didn’t know whether to go or not. There was no curtain call. I remember this distinctly. It just went on. And the audience lights went up, which everyone knows [means] you are supposed to leave. But no one even knew whether to applaud. And because it’s the Royal Shakespeare Company, you had to applaud. If it was any other group, I don’t think they would have. Eventually, the actors calmed down. They weren’t screaming, but they didn’t leave the stage. They were crawling around and so forth. People were still fighting, but their physical energy and activity was way down. So you knew that it was kind of over.” Interview with author, September 11, 2012, in Berkeley, CA.
117 Gordon.
118 Sonntag, “Marat/Sade/Artaud.”
119 Hunt and Reeves, Peter Brook, 94.
individual experience of psychosocial disability, just like the “girl in the madhouse” who disappears behind Glenda Jackson’s Corday, recedes into the background, becoming a tool to be used for others’ purposes. To find theatrical performance that attempts address political concerns of madness, we need to look elsewhere. In the following chapter, I therefore first turn to elementary, dramatic interventions in order to identify some of the basic critical, aesthetic, and ethical issues at stake.
Chapter 3. Combating the Stigma of Mental Illness: Dramatic Interventions

Exposing the stigma of mental illness is one of the reasons we wrote the show, why we pursued telling this story. We both feel that an awful lot of people try to live up to a standard of what they consider ‘normal’ and that actually can be as destructive as anything.¹

--Brian Yorkey, librettist of Next to Normal (2010)

We could do a pity play where everybody's going to go, 'Oh, didn't the loonies do good tonight?' Or we could do a good play where people go, 'Wow! These people are actors!' I think the work we're doing is vital, so screw stigma: We have the guts to stand up and say, 'Yeah, we might have disabilities, but look at what we can do.' And we're trying to help you, too!²

--John Bicknell, actor and co-creator of Tuesdays at Four (2004)

If theater has the power to negatively influence attitudes about people with psychosocial disabilities, can it do the opposite as well? Librettist Brian Yorkey and composer Tom Kitts think it can. They created the widely successful Broadway musical, Next to Normal, partly because they wished to raise awareness about people with these disabilities. In the above quotation, Yorkey reports that exposing the stigma of mental illness was a main catalyst in creating the show. The play’s reviewers often state the show does expose the truth of mental illness. Lawrence Toppman lauded Next to Normal as “brutally honest,”³ and Tony Brown called it an “unblinking look at mental illness.”⁴ Critic Misha Barton reports that it “attempts to paint an authentic picture,” adding “it’s about time.”⁵ After receiving positive feedback from many fans, lead actor Alice Ripley commented, “I think we are performing a public service!”⁶

These comments are predicated on the belief that stigma related to psychosocial disability derives from erroneous stereotypes and can be ameliorated by presenting the objective truth about such disability. For these interlocutors, an “unblinking,” “honest” representation of mental illness depicts psychosocial disability in a locutionary manner that avoids rhetorical aspects that would distort its subject matter or mislead its audience. But one can also argue that language and theater are always at least partially performative in that no representation reflects reality in a

⁶Tobin, “Tackling Stigma from the Stage.”
purely neutral manner. Theater necessarily shapes perception and might even help construct that which it describes through its naming and presentation. Disability studies’ social model, of course, makes this very argument regarding disability, which can be understood as largely constructed through discursive action. With these points in mind, it is important to ask whether Next to Normal’s work of exposing stigma is truly neutral and objective or whether it is doing something much more complex and ambivalent.

What particularly interests me about Next to Normal are its various strategies for welcoming psychosocial disability into mainstream society. Yorkey observes that standards of normalcy can be exclusionary and destructive for those that do not fit the bill. The musical in turn argues for the acceptance of people who are normally excluded. But how does it attempt do this? And is it successful? The musical has a large fan-base, including some people who have struggled with stigma of mental illness. In additional, the prominent, national advocacy group, National Alliance for Mental Illness (N.A.M.I.), has also praised the production. Nevertheless, a close analysis of the production will reveal that Next to Normal’s positive reception actually belies a deeper and most certainly unintended yet powerful exclusion of disability that occurs not despite its theatrical strategies but because of them. In considering how the musical works against stigma, we will be able to identify conceptual problems of stigma and mental illness, the value of an intersectional approach to disability, and limitations of the traditional dramatic form when it depicts psychosocial disability.

Part of Next to Normal’s representational challenge, we will come to learn, might have to do with its lack of autobiography in its narrative and neurotypical cast. I therefore next turn my focus to the far other end of the commercial/amateur theater spectrum with another anti-stigma play, this one performed by actors who possess more personal credentials to speak to the issue. Tuesdays at Four is a fictional play based on life experiences by The Fisher Players, a Detroit theater troupe of actors who have personal experience receiving mental health services. Actor and co-creator John Bicknell asserts that Tuesdays at Four disabuses its audiences of stigmatizing beliefs by presenting actors who have psychosocial disabilities. The production therefore offers a case study to which we can apply the question of whether autobiography can somehow avoid stigmatizing representations of psychosocial disability and provide an alternative, emancipatory depiction.

The answer to this query might be both disheartening and revealing about the ineluctable nature of psychiatric discourse, which can be found in both Next to Normal and Tuesdays at Four. Nevertheless, an analysis of the amateur production demonstrates clear benefits of autobiography when representing psychosocial disability. What is perhaps most interesting about Tuesdays at Four is not that it uncritically uses oppressive language in much the same manner as Next to Normal, but that its strategies for asserting voice and valuation for people with psychosocial disabilities lie within an alternative theatrical aesthetic. This aesthetic derives from psychosocial disability itself and shows how theater can uniquely offer an additional way for alienated and abjected people to gain attention and valuation, encouraging its audiences to adjust its perception of the work and perhaps those who perform it.
It’s 9 p.m. and I’m sitting in a Starbucks café in the Tenderloin District of downtown San Francisco. Across the street in the elegant Curran Theater, the Pulitzer Prize– and Tony Award–winning Broadway musical Next to Normal is in the middle of the first act. I’ve been coming down here to interview audience members for the past week. Before each performance begins I approach people outside on the sidewalk and ask them what they have heard about the show and why they chose to come. I keep the questions open-ended, but I really hope that they mention mental illness. I want to know if this specific theme interests them. What preconceptions or experience do they have with mental illness? Do they hope to see anything specific tonight? I then invite them to come back out after the first act and share their first impressions with me.

It’s now almost time for intermission. Before the show, the sidewalk was alive with a large crowd of well-dressed people standing under the twinkling lights of the marquis, laughing, smoking, and talking on their cell phones. Now the street is almost empty. Everything is quiet and the energy has changed. The few pedestrians who remain stand still or walk alone, often changing direction. Many are dressed in dirty, ill-fitting, or incomplete clothing. The street is no longer a place where people pass through or gather before entering the warm, brightly lit theater. It is a destination in itself.

One older man stands near the wall of the theater, hunched over his cane. I recognize him as a former client from the days when I worked as a psychiatric social worker. With baggy pants five sizes too big and a wild ring of hair around his bald crown, he looks like a caricature of Jack Nicholson without the fiery twinkle in his eye. He stands scowling and muttering to himself. When I knew him, he lived alone in a squalid single-occupancy-rate hotel and would not leave his tiny room for weeks on end. He had no family or friends, so I would check in with him every day. He wouldn’t bathe or brush his teeth and had that familiar and specific street-homeless smell, a pungent mixture that is both acrid and sweet. His flattened expression and disorganized speech were always a little unsettling. Whether it was because of the side effects of strong medication, a disorganized thought process, or his personal distress, he never specifically asked me how I was doing. One time, however, when I mentioned that I participated in theater, he

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7 San Francisco’s Tenderloin District, although centrally located, is one of the oldest, poorest, densest, and most run-down neighborhoods in the city. After spending significant time there, one observes a unique community of industrious people from a wide variety of ethnic backgrounds. Nevertheless, the area is mainly known for its high level of homelessness, crime, illegal drug trade, prostitution, and single rate occupancy hotels (SROs.) One can find convenience and liquor stores on every corner while healthy and affordable food is far scarcer. The high level of homelessness is maintained by its proximity to downtown, transit centers, and its number of SROs. People released from the city jail and local hospitals with nowhere else to go find themselves immediately at its doorstep. What is curious about the Tenderloin is that it has up until now resisted gentrification despite its central location. It juts almost right up against Union Square and its luxury hotels, high-end stores, and restaurants. The periphery of the Tenderloin is also home to San Francisco’s theater district.

8 Next to Normal won the 2010 Pulitzer Prize for Drama and three 2009 Tony Awards, for Best Original Score, Best Performance by a Leading Actress in a Musical, and Best Orchestration. The U.S. touring production, in which Alice Ripley played the lead role, performed in San Francisco from 25 January to 20 February 2011.
seized upon this and began telling me how much he loved theater. From that time, he would talk
to me about various actors or shows from years past, even though he no longer had the resources
to attend performances. I have now seen him down here several nights in a row. Perhaps he is in
the habit of standing next to the theater just to be close to it.

Inside the theater, an actress is portraying an upper-middle-class, white suburban mother
named Diana who has a psychiatric diagnosis of bipolar disorder.9 Alice Ripley, who originally
played the role of Diana on Broadway, offers a normative beauty that is, as one critic notes, “the
very image of an attractive mother on a TV drama.”10 Diana lives in a beautiful house with a
loving husband and daughter, and at first glance it would appear that she has no troubles to speak
of. And yet something is very wrong. The musical tells the story of her struggles with
psychiatric symptoms and the powerful side effects of medication that leave her feeling empty
inside. Sometime during the first act, Diana decides the meds aren’t worth the side effects. With
soft piano and cello music playing in the background, she slowly sinks to her knees and looks off
into the distance. She begins singing with sorrow and longing about the pre-medication days
when she felt alive. Soon, an upbeat acoustic guitar tempo joins in and a spark comes into her
eyes as she remembers the highs and lows of her past extreme feelings.

Back outside the theater, my gaze rests on my former client, who continues to stand alone,
mute, on the sidewalk. As his former therapist, I cannot ethically approach him in public
uninvited. But I would have liked to have known what he would have thought about the show
going on inside. How much would he or the others walking around the street that night have
identified with the way Diana’s disability is represented in the play? If there is a significant
difference between the story unfolding in the theater and the lives of those who were outside that
night, what is it? If Next to Normal’s version of mental illness doesn’t adequately represent real
lived experience, why did its creators choose it? What does this sanitized version offer? And
what does it neglect?

Next to Normal clearly offers something that is welcomed by some theater critics and
advocates of people with psychosocial disabilities. The Pulitzer Prize Board called the show “a
powerful rock musical that grapples with mental illness in a suburban family and expands the
scope of subject matter for musicals.”11 Affiliates of the influential nonprofit advocacy group
National Alliance on Mental Health (NAMI) have co-sponsored awareness nights in conjunction
with performances of the play.12 Nancy Tobin, the executive editor of NAMI’s magazine bp,
claims that the show has become “a powerful ally in educating audiences.” Facebook fan pages and other website forums have popped up where audience members share enthusiastic responses and talk about how the show mirrors some of their own experiences. Next to Normal has become a poster child for mental health advocacy and a rallying point for those who wish to fight stigma and oppression. As librettist and lyricist Brian Yorkey states, “Exposing the stigma of mental illness is one of the reasons [composer Tom Kitt and I] wrote the show, why we pursued telling this story. We both feel that an awful lot of people try to live up to a standard of what they consider ‘normal’ and that actually can be as destructive as anything.” The key word here is “normal.” Yorkey suggests that normal is a concept that separates some individuals from others and can harm those who are unable to meet its standards. He thus echoes the basic argument of disability studies that society constructs an impossible, unnatural standard of what is normal that alienates and disenfranchises people who cannot meet that standard. But how does Next to Normal represent this concept of “normal?” And what does the “next to” signify?

In an effort to reduce the stigma of its subject, Next to Normal reduces psychosocial disability to mental illness, a biological condition located within the individual. When discussing the show, librettist Brian Yorkey and composer Tom Kitt frequently use terms related to pathology. Yorkey told an interviewer that more families are touched by mental illness than we know—depression, bipolar, and anxiety. For [the] most part, people don’t tend to share that. I think we realized that and that’s what we wanted to show. An illness like that thrives in the dark, and light may not kill it, but it certainly helps to start the healing.

This language frames psychological and emotional difference as sickness, and it conjures madness as a threatening entity that thrives and grows through neglect and ignorance and that must be destroyed by bringing it out into the enlightened gaze of “normal” members of society. To bring it out into the light is to openly name it as an illness that must be eradicated. The musical embraces this medical model in an effort to eliminate moral judgments about people who behave inappropriately. Modern medicine states that we all have biological bodies that are prone to illness; anyone can become sick regardless of his or her moral values and choices. In this respect, the medical model “normalizes” emotions, thoughts, and behaviors that are considered deviant. If the audience cannot blame the protagonist for her feelings and behavior, then the musical has succeeded in removing one important barrier to empathy: moral judgment.

with the Next to Normal cast, as well as information about NAMI’s free educational and support programs for both family members and consumers dealing with mental health issues.” See “NAMI Awareness Night—Next to Normal Performance,” http://www.yelp.com/events/san-francisco-nami-awareness-night-next-to-normal-performance.

13 Tobin, “Tackling Stigma from the Stage.”

14 See the official Facebook page for Next to Normal at http://www.facebook.com/n2nbroadway.

15 Tobin, “Tackling Stigma from the Stage.”

The musical begins by introducing a seemingly “perfect, loving family”\(^\text{17}\) that is haunted by the specter of pathology. In a hypomanic episode, the mother finds herself on the floor, caught up in a frenetic enthusiasm for making sandwiches and claiming that the room is spinning. Her daughter Natalie is practicing the piano, singing that although “Mozart was crazy, flat-fucking crazy,” his music was “not-crazy” but balanced and nimble. If only she can obtain an early admission to college, she will escape the similar “disease” in her family, she sings. The husband, meanwhile, questions his own sanity in his spousal relationship: “Who’s crazy? The one who sees doctors or the one who just waits in the car?” The protagonist wife and mother is then definitively introduced to the audience by her psychiatrist, Dr. Fine: “Goodman, Diana. Bipolar depressive with delusional episodes. Sixteen-year history of medication.”\(^\text{18}\) Through this medical interpellation, all previous representations, narratives, and experiences of Diana are corralled and flattened into the purview of psychiatry. Her doctor reduces her to a psychiatric diagnosis, and his medical framing is never questioned in the world of the play. This is because diagnosis-first language is the acceptable, standard discourse in our society around mental illness. Consider, for example, a recent New York Times headline that reduces an individual to his diagnosis by linking psychosocial disability with medical language and violence: “A Schizophrenic, A Slain Worker, Troubling Questions.”\(^\text{19}\)

This medical reduction is also reflected in the stage set. An abstract scaffolding depicts their self-designed, three-level home gleams with steel, brilliant colors, and an industrial shine that suggests an antiseptic cleanliness. This sterility suggests a clinical space free of any external factors that might contribute to madness. Any illness present in this story, therefore, cannot possibly come from the environment. In fact, the environment has little significance at all beyond functioning as a mirror of Diana’s mind, which suggests that all the vital aspects of Diana’s madness lie behind her two eyes, which are literally printed on the second-story windows. In fact, the entire house is a pictorial and metaphorical representation of her head. The upstairs attic of her unconscious is inhabited by a hallucinatory version of her dead son and a chorus of voices that sings about how medications are interacting with her brain. The live band that provides the amplified music of her moods is located in the upper, dim recesses of the set and of her mind. The spectacle of bright lights that floods the cyclorama, pillars, and floor of the set are always the consequence and literal reflection of Diana’s internal feelings, not her social world. When she feels depressed, a deep blue pervades the space. When she is manic, electric lights flash, casting Gold and white across the set. When she attempts to kill herself, red light pools across the floor and walls like blood emanating from her body/mind, the true source of her pain. The relationship between Diana’s internal state and the external environment is thus a one-way street, suggesting her madness stems not from an ecological relationship between the

\(^{17}\) In the opening song, “Just Another Day,” the protagonist Diana begins “They’re a perfect, loving family, so adoring / And I love them every day of every week.” Yorkey, Next to Normal, 8.

\(^{18}\) The discursive practices of psychiatry are deliberately reductive. The point of clinical language is to create an intelligibility and uniformity of description and treatment so that one doctor can pick up where another has left off. One of the many downsides of this practice is that people are reduced to their medical symptoms. This is a significant problem because psychiatric symptoms can never be truly separated from cultural values and lived experience.

individual and her world, but solely from her within her body, in her psyche, her neurochemistry, and her genetic predisposition.

In keeping with society’s acceptance of psychiatry as the main arbiter of and solution to madness, Yorkey and Kitts state that they are opposed to a strictly political antipsychiatry message: “We were not interested in setting up a straw man of a doctor who was part of the problem. The story that was interesting and most compelling to us was about the very competent doctors who are still struggling with finding the treatments that are right for their patients.”

This seemingly fair-minded representation of psychiatry as doing the best it can echoes psychiatry’s claim that it is an objective tool that is used to treat a biomedical condition. However, while psychiatry may be part of the solution, it is also always part of the problem: its practitioners are the very ones who exercise the power to label madness as pathological. Yorkey and Kitts are right to avoid returning to the black-or-white antipsychiatry stance of the 1970s.

But Next to Normal offers no awareness of the vital role that sociological and cultural critiques have in assessing and reshaping psychiatric treatment. As Bradley Lewis argues that psychiatry’s claim that it has an objective position in society results in undeserved authority.

By disavowing ideology, psychiatrists remove any possibility of a critique of the power and potentially harmful ideas and practices of their field. As long as the problem of psychosocial disability is considered to originate solely in the individual patient’s brain, psychiatry can be judged only on how well it understands and fixes that brain’s illness. This is not the case; psychiatrists can do harm or exacerbate distress. And their ability to shape society’s perceptions, values, and responses to psychological and emotional difference extend far beyond the clinic.

Anyone who has been associated with psychosocial disability has experiences with clinicians that presents a very different picture of the field than the neutral picture its practitioners like to present. Often the relationship between individuals with emotional and mental disabilities and their clinician is very uncomfortable. This discomfort occasionally surfaces in Next to Normal in the form of a gentle critique of the power imbalance inherent in psychiatric discourse. For example, in her song “My Psychopharmacologist and I,” Diana wryly notes that while her doctor knows her deepest secrets, she knows only his name. But such moments of discomfort are underdeveloped and are treated as unfortunate but necessary side effects of clinical treatment by very competent doctors who may not know all the answers but are certainly not part of the initial problem. The musical thus accepts psychiatry’s claim to neutrality within its medical paradigm of madness. Diana cannot escape the biochemical etiology of her distress, and Next to Normal accepts psychiatry’s assertion that its objectivity and authority makes it impervious to theoretical and cultural critique. While psychiatry doesn’t have all the answers, “it is the best we’ve got,” Diana’s therapist sings.

Next to Normal does acknowledge that psychiatry is far from perfect. In an effort to accurately depict the legitimate struggles some people go through in accepting psychiatric treatment, the story reveals that Diana’s medication regime has resulted in unpleasant side effects, leaving her emotionally empty. In her song “I Miss the Mountains,” Diana sings with sorrow and longing of her pre-medication days, when she felt truly alive. A fire alights in her eyes as she remembers the “manic, magic days / And the dark, depressing nights.” Soon the music

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20 Ibid.
swells, and so does her voice and resolve. Defiantly, she rushes to the bathroom and dumps her dulling medication into the toilet, belting out:

I miss the mountains,
I miss the highs and lows,
All the climbing, all the falling,
All the while the wild wind blows,
Stinging you with snow
And soaking you with rain—
I miss the mountains,
I miss the pain.22

At this point the musical offers a viewpoint similar to that of self-advocacy groups such as The Icarus Project, which asserts that such experiences have intrinsic worth, despite or even because of the pain associated with such moments.23 Diana claims that she cannot simply dismiss her madness as an illness that should be eliminated because these “sick” feelings that psychiatry rejects constitute a positive aspect of her identity. Recalling her past as a “wild girl running free,” she uses nature as a metaphor for the invigorating essence of her life. The sensations of “fire,” “soaking rain,” and air that “cuts . . . like a knife” reminded her that she was “real.”24 This viewpoint resonates with some audience members, particularly those who have a similar relationship with psychiatric medication that numbs thoughts and feelings. One young man who returned to speak with me at intermission commented:

So I think that that one song, “I Miss the Mountains,” . . . I remembered that from that piece on NPR. That was one of the reasons I wanted to see the show. It sparked my memory, so I really wanted to come out here and tell you this. That, uh, I remembered that from the piece. Because . . . I mean . . . I was on meds. And that was how I felt.25

The musical seems to offer a social space where normally taboo subjects can be discussed. I was surprised at the number of people who came back to speak with me in order to disclose that they, like Diana, had had personal experiences with psychiatry. An older man told me:

I was committed in [city X.] I hated it. I wanted out. Everyone was drugged out except me. It was horrible there. It was like an Edgar Allen Poe piece. The pigeons flew in. There were no windows. Just iron bars. And the pigeons would shit on us from above. (Laughs.) I know it doesn’t sound real, but it is true!26

Such positive audience identification suggests that, on some level, the musical honors important experiences and perceptions of some people with psychosocial disabilities. Nevertheless, its audience is ultimately instructed to toe the psychiatric party line; the narrative warns that resistance to treatment is not only unwise but ultimately untenable. After Diana defiantly

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25 Interview recorded by the author during the intermission of the 8 February 2011 *Next to Normal* performance at the Curran Theater in San Francisco.
26 Ibid.
discards her medications, her pill-free hypomania becomes unsustainable as she slides into suicidal thoughts and action. This assertion that psychiatry knows best has been echoed by some theater critics as well. Diana’s short-lived rebellion of “I Miss the Mountains” is criticized by critic Chris Caggiono as an irresponsible depiction of best psychiatric consumer practice. He writes, “[Diana] romanticizes the highs and lows of bipolar disorder. But the truth is the ‘highs’ are not refreshing, they’re debilitating. And the ‘lows’ are characterized not by wistful melancholy but by active self-loathing and destruction.” In his earlier review of the Off-Broadway version of the show, he argued, “Manic depression is a disease, not an alternate lifestyle. . . . Would Yorkey counsel diabetics to stop taking insulin because of the inconvenience? Would he suggest that heart patients forgo their nitroglycerin because it’s not organic?”

Perhaps in response to such feedback, which urges a retreat from any anti-psychiatry message, the show was reworked before it moved to Broadway. Director Michael Greif and others successfully encouraged Yorkey and Kitt to remove the main song “Feeling Electric,” which focuses on the doctor and psychiatric power of electroconvulsive therapy (ECT). In the original staging, the psychiatrist sheds his surgical gown for rock star attire and sings to Diana with raw vocalization and lyrics full of hubris:

Only I can reconnect you, only I can make you whole . . .  
I see the word and you’ll see the light . . .  
The thunder’s under my command  
I hold the lightning right in my hand.

Yorkey and Kitt replaced the song with Diana’s “Wish I Were Here,” which does critique psychiatry. But the critique is more subtle and focuses on the unfortunate side effects of treatment. As Diana sings about her sense of depersonalization, her doctors remain silent, professional, and only indirectly responsible for what may be a necessary consequence of appropriate care.

I am not suggesting that madness does not sometimes result in suicide or that ECT is not an important treatment option. Rather, I wish to emphasize that Next to Normal encourages the audience to understand Diana only as a compilation of mental illness symptoms. The musical focuses on Diana’s role as patient, and Dr. Fine’s medical chart tracks this story with details of dysfunctional behavior, diagnoses, treatment regimens, and repeated relapses as Diana spirals downward into attempted suicide. With this clinical story, what do we really learn about her? Along with her individual symptoms, she ultimately fails as a housewife and mother and seems to possess no outside interests or friends. Although some will argue that Diana’s journey realistically mirrors that of many psychiatric patients, the musical’s storytelling privileges her failures and pain to a degree that erases other potentially valuable and rich facets of her life.

A richer understanding of psychosocial disability is offered by The Icarus Project, a network of local chapters throughout the United States that builds community support around issues of distress and healing and creates opportunities for creativity and celebration in the forms of writing, film, live performance, sharing skills, and lectures and other social gatherings. Its mission statement offers a positive and collaborative valuation of madness:

We believe these experiences [that are often diagnosed and labeled as psychiatric conditions] are mad gifts needing cultivation and care, rather than diseases or disorders. By joining together as individuals and as a community, the intertwined threads of madness, creativity, and collaboration can inspire hope and transformation in an oppressive and damaged world. Participation in The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness.  

Founded by people who have experienced being labeled with bipolar disorder, The Icarus Project sidesteps the binaries of the medical model and draws new conceptual maps that offer a more affirmative social space between sane and insane where “sensitivities, visions, and inspirations are not necessarily symptoms of illness” and “breakdown can be the entrance to breakthrough.”

Instead of condemning Next to Normal’s narrow representation, it is more useful to analyze why the musical frames Diana’s disability only as a biological illness triggered by psychological trauma. Once the musical’s strategy is understood, we can evaluate that strategy in terms of its efficacy and unintended consequences. Because Next to Normal explains socially deviant behavior as the result of neurochemical processes in the brain, it is able to dismiss the concept of madness as moral deviance and claim that mental illness is not the fault of the individual any more than diabetes is the result of poor moral choices or lack of willpower. This strategy is not without merit. Contemporary U.S. society maintains stereotypes of mental illness that are linked to immoral behavior. These stereotypes are particularly prevalent in television and film. Perhaps this is why N.A.M.I. has embraced the musical as a tool to try to reduce stigma.

The strategic attempt to use science to remove moral responsibility from madness developed in tandem to psychiatry’s paradigmatic shift in the early 1980s with the publishing of the third edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-III). In the past thirty years, psychiatry has shifted from a psychodynamic model to one based on neurobiology. This new psychiatry rejects the psyche as the ultimate cause of mental illness. Revolutionary research in genetics, neurochemistry, brain imaging, and psychopharmacology promote the belief in U.S. society that the etiology of mental illness ultimately resides in the biological brain and nervous system. Therefore, “mentally ill” individuals are not morally responsible for their condition and deserve the same compassion as those stricken with cancer or diabetes. However, even though the new psychiatry claims to delink concerns of morality from the concept of mental illness, it has not removed stigma. Instead, the new psychiatry has naturalized it by likening it to physical illness. This

30 “The Icarus Project: Navigating the Space between Brilliance and Madness.”
31 Ibid.
naturalization promotes an overreliance on psychiatry to conceptualize madness and treat aspects of distress that are actually caused by discrimination and compounded in an intersectional manner by other forms of social injustice.

In order to understand how stigma persists within a medical understanding of madness, it is helpful to review Erving Goffman’s original formulation, which states that stigma derives from “an attribute that is deeply discrediting.” These attributes range from physical appearance to individual thoughts, feelings, and behavior to socially constructed identities such as race and ethnicity. Importantly, however, he emphasizes the socially constructed quality of all attributes, in that consequent disrepute and rejection should be understood not as a result of the actual attribute per se but rather a social dynamic borne from microsocial interactions around those attributes. Focusing on role deviancy, he considers how certain attributes fail to meet others’ expectations for a specific social role. In doing so, the subject deviates from “normal” and is reduced from a “whole and usual person” to a “tainted, discounted” one. In such a manner, an attribute is “neither creditable nor discreditable as a thing in itself.”

Although it is fairly easy to theoretically conceive of a neutral attribute that is only subsequently discredited, this idea of neutrality can get us in trouble when we fail to recognize how pervasively cultural our understandings of “neutral” can be. For example, Goffman himself repeatedly falls into the trap of personally assuming the privileged and unexamined position of “normal” from which he proceeds to categorize others who fail to match up to his society’s norms on race, gender, and ability. Consequently, he never addresses the fact that his subjectivity as an able-bodied, white, educated, heteronormative male is as socially constructed as his so-called deviants. Instead, he offers his “normal” position as a yardstick from which others fall short. In other words, while Goffman recognizes that “spoiled identities” are socially constructed because they possess certain attributes deemed to be saliently different, he doesn’t acknowledge that his normate position is socially constructed as not being saliently different.

Goffman’s problematic use of “normal” has, of course, been critiqued by post-structural theory, particularly with regard to gender, race, sexuality, nationally, and most recently disability. But what is still worth noting about his normative schematic is its apparent legacy within subsequent discourse around stigma of mental illness. Just as Goffman considered his race, sexuality, body, and mind to be objectively neutral, many mental illness stigma theorists deem the markers of ideal mental health to be neutral. This naturalization of the mental health yardstick therefore allows a naturalization of subsequent symptoms of illness.

Within the field of social psychology, publications on the stigma on mental illness often continue to refer to mental illness as clusters of culturally neutral attributes, a biochemical “disease” that is essentially like other body diseases, to which stigma is then assigned. Jennifer Crocker, Brenda Major, and Claude Steel emphasize that the mentally ill subject possesses an “often objective” attribute or feature that conveys a discredited or devalued identity in a certain social context. In his edited volume on understanding and intervening upon the stigma of mental illness, Julio Arboleda-Flórez claims that “stigma is a negative differentiation attached to

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36 Ibid.
some members of society who are affected by some particular condition or state." Well and good. But when these “conditions” or “states” are considered objective or acultural, discussion continues to revolve around the impact of stigma on mental illness as if it were indeed a neutral attribute. This potential elision misses the fact that any symptom is ultimately only an aspect of mental illness in so far as it is discursively constructed to be so. For example, Next to Normal represents Diana’s mental illness as an objective, atheoretical, scientific fact. But her illness is legible only through emotions, thoughts, and behaviors that are discredited and devalued by discursive formations specific to her culture. It is therefore impossible to consider her psychosocial disability as an illness essentially no different than diabetes, as critic Caggiono asserts.

Bruce Link and Jo Phelan revise Goffman’s somewhat linear concept of stigma to one that consists of a co-occurrence of mutually reinforcing facets of discursive practices, all of which depend upon social, economic, and political power to achieve authorization and circulation. These interrelated components include labeling of certain differences as meaningful, linkage of those salient differences to negative stereotypes, social separation of individuals with said attributes, loss of social status, and consequent discrimination. Finally, all of these components only occur through the exercise of power. This power, as Foucault argues, is “deployed and exercised through a net-like organization” that includes our social practices. Because all of these various facets affect another at the same time, it is impossible to short-circuit the process by addressing only one casual link. This more sophisticated understanding of stigma suggests that an adequate intervention against stigma must operate on a multiplicity of social registers. Such a comprehensive intervention is a challenge however because the most primary stage within the manifold of social construction is also the most difficult to recognize,

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39 I am not arguing that mental health symptoms are only linguistic constructs that have no other force or phenomenological presence in the world. I am asserting that those symptoms are socially devalued, assigned to the category of pathology, and succeed to mean something only within specific cultural and historical contexts. All aspects of mental illness come into being only within certain culturally dependent moments. Peter Kramer and exemplifies this by tracing the changing boundaries of acceptable mood and behavior for adult women in the U.S. from the 1950s to 1980s and beyond. Previously, when women’s ideal social role was that of homemaker, society desired they possess compliant behavior and a stable mood tolerant of domesticity. Subsequently, a high percentage of anti-anxiety medications were prescribed. The working woman since the 1980s, however, has required an assertiveness, emotional resiliency, and risk-taking behavior that is better served by Prozac and other anti-depressants. Whether this later demand has fueled the boom in research and production of new mood enhancement drugs or vice-versa continues to be considered. See Peter D. Kramer, Listening to Prozac (New York: Penguin Books, 1997).
namely the moment when a facet of humanity is rendered saliently different/pathological in the first place.

Diana’s thoughts and behavior are judged to be abnormal. This salient difference is rendered acultural when she is presented as having an individual, internal illness with biological predisposition. The musical thereby represents social, cultural, or political practices as having no role in creating her condition. The musical then further promotes her difference as natural because Diana is “normal” in all other aspects. Yorkey states, "We wanted to write about a woman, a suburban mom, with a regular life. Because that's the story that doesn’t often get told." Fair enough. He thereby avoids sensationalistic tropes such as the psychotic killer or tormented artist, both stereotypes of madness. But by making Diana unremarkable in all other respects, her character loses all saliency except for her illness, which becomes her defining identity. This, of course, is the main critique psychiatric survivors have about contemporary concepts of mental illness. The modern patient ceases being a person and becomes a diagnosis.

Why are certain differences identified as salient and labeled “mental illness” while others are not? This problem is dauntingly complex, obviously contingent upon a myriad of factors, and partially beside the point when trying to understand current stigma of mental illness. Instead of rejecting the validity of such salience, it is perhaps more helpful to focus on the process and consequences of the labeling itself. Consider the National Alliance on Mental Illness (N.A.M.I)’s response to the 2011 shooting of U.S. Representative Gabby Giffords and 13 others:

Words can’t begin to express the sorrow that Americans have felt over the recent tragedy in Arizona. Unfortunately, words used by news media and others--“psycho” and “lunatic” to name only two--reinforced the stigma too often associated with mental illness. […] Let’s have a civil discussion. Let’s abandon the stereotypes and the stigmas that distort the nature of mental illness.  

In this statement, what is really being condemned and ameliorated? Resisting pejorative labels such “psycho” or “lunatic” do little in and of itself to change oppression because without addressing societal perceptions, values, and behavior that drive those labels, one is simply and continuously replacing one unwelcome term for another. After all, what is the performative difference between naming someone a “lunatic” versus “a person with schizophrenia?” Both terms denote individual pathology; and, in the case of the Arizona shooting, associate the disability with incomprehensible murder. Instead of focusing on word choice, it would be more productive to discuss the relevancy of the diagnosis of schizophrenia to violence and how the media’s rhetoric conflates the two. Although research does suggest a modest link between mental illness and violence, people diagnosed with mental illness commit only a fraction of the violence in our communities. Furthermore, only a small percentage of people with mental illness actually commit violence. The Institute of Medicine reports that

42 Berson, “Next to Normal, coming to 5th Avenue, tries to paint authentic picture of mental illness.”
43 “Arizona Tragedy” on N.A.M.I. Website’s Stigma Busters-Fight Stigma, accessed January 24, 2012,
stereotypes of incompetent decision-making and dangerousness are refuted by strong evidence showing great diversity in the decision-making abilities of individuals with mental/substance abuse illnesses—just as there is in the population without these illnesses. Variable proportions of “normal” research subjects have been found to have deficits in decision-making. Many situations (e.g., stress, serious illness, pain, or, more commonly, poor judgment) can undermine mentally healthy people's decision-making capacity. Moreover, individuals with mental/substance abuse illnesses are a minor source of the acts of violence committed in society; most acts of violence are committed by individuals who traditionally would not be considered mentally ill.44

But due to our tendency to aggrandize sensational violent crimes committed by people with mental illness, such acts become perceived as representative of all people with mental illness.45 When the media foregrounds such events, everyone labeled with mental illness then becomes associated with violence. Therefore if we wish to address the stigma of mental illness, instead of primarily focusing on labels, we should focus less on labels and more on analyzing the rhetorical processes of how those terms are used.

The DSM defines “mental disorders” as clusters of symptoms (i.e., attributes). Because psychiatry deems these symptoms unacceptable, the act of diagnosing always immediately judges patients as being in a state of unacceptable deviance. The very name of the DSM includes the word “disorders.” Thus, although the biochemical model suggests that the patient is not ethically responsible for their disorder, this new model now labels the patient as essentially defective. This initial assignation of difference as pathological is then stigmatized even further through negative stereotypes, such as violence, other disagreeable behavior, occupational dysfunction, lowered ability to maintain social relationships, etc. However, we cannot simply dismiss those stereotypes from “mental illness” because the stereotypes are, in fact, actual symptoms for various diagnoses. In summary, devalued attributes, which meet criteria only in so far as they are devalued, are the substance of mental illness. The effort to somehow separate the fundamental markers of mental illness from stereotypes and other negative judgment while maintaining mental illness as a viable concept is the same as attempting to remove threads from a tapestry while trying to maintain the fabric’s integrity.

Negative judgment is not only written into psychiatry’s mental illness; it permeates throughout social and cultural understandings of psychological and emotional difference. And once someone is diagnosed with mental illness, a patient has great difficulty removing that label in the future. The new psychiatry’s biomedical model exacerbates this label’s “stickiness.”46 Once the defect is presumed to be part of one’s genetic makeup, the threat looms that it will surface at any time. First-person accounts describe how this deleterious concept follows people for decades.47

Because *Next to Normal* focuses on mental illness, it inadvertently ignores the humanity and gifts of the psychosocially disabled person. And by ignoring broader social considerations, the play also disregards intersectional concerns, meaning an ecological perspective that considers how a person’s health is influenced by multiple factors on various registers: intrapersonal (biology and psychology), interpersonal (social and cultural), the physical environment, the community, and public policy. These factors interact with one another to produce a cumulative effect. The most effective support for people with psychosocial disabilities recognizes this matrix of influences and seeks intervention that takes all of these factors into account. A fuller, ecological representation of a person with psychosocial disability would honor these experiences and possibilities.

*Normate Versus Comprehensive Representations*

*Next to Normal*’s creators wanted to present Diana as a relatable person and not an outlier in the human condition. So first of all they dismissed romantic notions of madness or a narrative that dwells on creative genius or spiritual affiliations with otherworldly forces. Yorkey reported, “There were people who suggested that we make Diana an artist, a creative person, but we chose to make her an ordinary woman. Not everybody who becomes a great artist has this disorder and not everybody who has bipolar is creative.”

“Ordinary” sounds quite egalitarian and inclusive. But what does ordinary mean to Yorkey with regard to race, ethnicity, gender, sexuality, age, class, and other disabilities? One could argue that Diana is not ordinary at all but rather exemplary in terms of dominant imagery and culture values we perceive in mainstream media. She is a “sexy, sharp,” upper-middle class, professional suburban mom in her thirties or forties. Both actors cast in the Broadway role have been white (although one understudy was Asian), with blue eyes and dark blond or red hair, and possess a type of beauty that is often used to sell detergent on television. And such normative appearance does not stop with the mother. Diana has a “handsome,” loving, and devoted husband and a talented (albeit stressed out) teenage daughter. Both parents are financially successful, educated professionals who designed their own home and have no difficulty accessing health care or experience with other forms of social injustice.

In sum, *Next to Normal* presents Diana’s experience with psychosocial disability as one that is limited to intrapersonal problems. The only interpersonal trauma she has experienced happened seventeen years earlier when her infant son died. This framing of the character presents her true problem as a biological propensity toward bipolar disorder. During her initial psychotherapy session (which she seems to able to afford with no difficulty), she shares with her therapist, “When I was young, my mother called me ‘high spirited.’ She would know. She was so high-spirited they banned her from the PTA.” Doctor Madden responds, “Sometimes there’s a predisposition to illness, but actual onset is only triggered by some . . . traumatic event.”

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49 Tobin, “Tackling Stigma from the Stage.”
50 Yorkey, *Next to Normal*, 1.
51 Ibid.
52 Yorkey, *Next to Normal*, 39.
The performance thus suggests that the ingredients of Diana’s madness are genetic, inherited from her mother who experienced her own dysfunctional “high spirits.” By controlling for all other possible causes of her distress, *Next to Normal* presents a mentally ill patient who is in distress only because of her biological makeup. Even the traumatic death of her son is eliminated as the ultimate source of her dysfunction. Diana’s husband, who also experienced the trauma, is able to remain functional (although psychologically repressed) because he does not have the biological propensity toward mental illness.

The musical goes even further in narrowing its depiction of disability. Unlike my former client who stood outside the theater, Diana’s symptoms appear quite palatable. This representational strategy elicits identification and therefore hopefully empathy and concern from audience members. But in this effort to encourage identification, the musical renders Diana . . . well . . . “normal.” Her manic behavior is limited to energetically making too many sandwiches on the kitchen floor. Even this deviant behavior is tempered by the fact that upon seeing her husband’s concern, she immediately recognizes what she is doing and states with chagrin that is simultaneously assertive and funny, “I just wanted to get ahead on the lunches.”

One way that *Next to Normal* demonstrates a re-inscription of ableist ideology even in its effort to combat stigma is by always narrating Diana’s other deviant or dysfunctional behavior in the past tense so that in the present she can agree in a rational manner that such behavior isn’t acceptable. While this tactic might be considered fair and considerate because such representation essentially argues that the person is (now) considerate of others, responsible, and therefore worthy of respect, by placing such distress and deviancy in the past tense, the musical arguably excludes current “dysfunctional” people from empathetic representation. As Diana looks at family photos with her daughter, Natalie, who describes some of her mother’s past behavior (e.g., jumping in the pool during Natalie’s swim meet at school), she turns to Natalie and sings, “Your life has kind of sucked, I think.” By acknowledging her past mistakes and taking responsibility, Diana opens the way to be forgiven because she is now, in fact, normal. But what if she were to conduct such transgression on stage?

Aside from overenthusiastic sandwich-making, Diana’s inappropriate behavior in the present is limited to benign symptoms such as baking a birthday cake for her dead son or feeling sexually attracted to her therapist, who, in Diana’s delusional mind, appears to sporadically jump up amid flashing lights during a guitar riff and sing sexually suggestive lyrics to her. But even this inappropriate feeling toward Dr. Madden is tempered by the fact only she and the audience notice her hallucinations, which again focuses on only the intrapersonal experiences of psychosocial disability. After the doctor performs his libidinal acts, he sits back down as if nothing happened, indicating that what the audience just saw only occurred in Diana’s mind and feelings. This intrapersonal focus erases the frustrating power imbalance in the doctor-patient relationship that many people face. As Diana discusses the side effects of her medication with Dr. Fine, she simultaneously struggles with her “tingly” response to his sexual dynamism. She states, “I sweat profusely for no reason. Fortunately, I have absolutely no desire for sex [with my husband]. Although whether that’s the medicine or the marriage is anyone’s guess.”

“I’m sure it’s the medicine,” Dr. Madden replies in a professional, reassuring manner.

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53 Ibid., 14.
54 Ibid., 73.
Wrongly interpreting his reply as expressing sexual interest in her, she smiles and says, “Oh thank you, that’s very sweet.” With a meaningful look, she then adds, “But my husband’s waiting in the car.”

The audience consistently laughs at this moment, but the psychiatrist shows no recognition of her feelings. Instead, he only pauses in a momentary confusion that is quickly dismissed. He doesn’t comment about or discipline her for what normally would be labelled “erotic transference.” The result is that Diana’s “inappropriate” behavior is presented to the audience as solely internal. Her symptoms are trite, nonthreatening, and without impact. Even for herself, apparently, her desire has no negative or positive consequences. It’s just there as a symptom for only the audience to note. What is missing in the exchange is what would typically happen in a therapeutic relationship: the clinician would label such feelings as misplaced and pathological; and the patient might feel rejection when told that it is inappropriate to have such feelings for an officially disinterested authority figure. Of course, such a dismissal would have an even greater impact if the patient had no other personal relationships or outside social support and therefore had reached toward the clinical relationship as his or her only intimate interaction with another human being. Diana, who has a loving husband and an oblivious clinician, avoids this difficulty from both ends. Because the musical doesn’t show many symptoms that are painful to others, it cannot explore how such symptoms might be painful to Diana as well.

Diana’s most extreme experiences take the form of hallucinations of her dead son, Gabe, whom she sees as the teenager he never became. But because the audience also sees Gabe and because what they see is an attractive young actor singing and behaving in a more or less normal way, even Diana’s hallucinations appear acceptable. In fact, the first plot twist consists of the audience’s discovery that her teenage son only exists in her mind. The blocking and dialogue at the beginning of the show is such that Gabe’s lines and actions fit neatly in with rest of the family’s interactions, as if the husband and daughter are aware of him. Only with the birthday scene, during which the mother lovingly brings out a cake with flickering candles, is her delusion revealed. Again, the consequences of this deviant behavior are within normal limits. Natalie swears and childishly stomps off stage (perhaps marking herself as a little dysfunctional because she cannot empathize with her Mom or show understanding). Her husband whispers a song of gentle, loving support to her, “He’s Not Here.”

Diana’s normative appearance and behavior contrasts markedly with many people’s experience of psychosocial disability. They often find it challenging to present themselves in a way that others deem acceptable. Their facial expressions may appear flattened. They may have difficulty dressing in certain ways or may no longer share society’s norms about how often to bathe. They may find it impossible to relate to others in a way that meets society’s demands. Indeed, their “deviant” performances of self in everyday life often mark madness in the first place, leading to stigmatization that creates alienation, discrimination, and the absence of support. The DSM often emphasizes disorganized speech, grossly disorganized behavior, a flattened affect, decreased verbal communication, and an inability to maintain personal hygiene as symptoms that signal mental illness and lead to a specific diagnosis. Diana exhibits none of these stigmatizing traits. Rather, her extreme feelings are represented through what Ben Brantley describes as a “surging tidal score” and Alice Ripley’s virtuosic voice, which

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55 Ibid., 21.
56 Some Facebook and YouTube comments gush about the actor’s good looks and the fact that he appears bare-chested on stage.
“capture[s] every glimmer in Diana’s kaleidoscope of feelings. Anger, yearning, sorrow, guilt and the memory of what must have been love seem to coexist in every note she sings.”

Diana always dresses nicely and speaks with clarity and intelligence. Critic Cindy Warner observes that, “One reason we like Diana so much and feel for her is that she never tries to hurt anybody or act indulgently, she remains the innocent and confused victim who only tries to hurt herself to escape. I would dare say real bipolar sufferers get much scarier.”

Even Diana’s suicide attempt is a sweet, haunting moment with her son, a moment that is bathed in gorgeous stage light. Dressed in a white dinner jacket, Gabe slowly dances with her and beckons her to go with him to another world, “a place we can go where the pain will go away.”

Promising her “there’s a world where we can be free,” he leads her off stage. The depiction of the suicide attempt is limited to the psychiatrist’s authoritative spoken words, which are inserted between the lyrics and sanitized with clinical language: “Goodman, Diana. Discovered unconscious at home. Multiple razor wounds to wrists and forearms. Self-inflicted. Saline rinse, sutures and gauze. IV antibiotics. Isolated, sedated and restrained. Damn it . . . ECT is indicated.”

In sum, one can critique Next to Normal’s sanitized representation of Diana’s psychosocial disability as inaccurate. The musical’s lack of abjecting behavior, images, and smells strips madness of its power to remind us of the consequences of society’s standards of normalcy and structural inadequacies. But would a grittier, more realistic account be better? Popular culture typically makes sense of contemporary madness through sensationalized and negative traits that seem inherently stigmatizing. Most of us rely on these symptoms to describe psychosocial disability. Consider the problems with how I described my former client outside the theater. In order to emphasize his psychosocial disability, I described him in ways that are associated with stigma: poor hygiene, flat affect, an inability to empathize with me. I suggested that there is a specific “street-homeless” smell, which although it is the result of the actions of society (i.e., the failure of society to care for some of its citizens) connotes a choice made by the individual who fails to bathe. Doesn’t this more “honest” description further stigmatize my former client? It might. But the main problem is not that I used abjecting language. My mistake was that I didn’t go further to represent his personal experience. As his former clinician, I kept my clinical distance and adhered to an ethical code that I must not approach him on the street. But what if I had interviewed him? In fact, instead of just sticking with Next to Normal’s audience members, what if I had interviewed everyone on the street that night? Why didn’t I approach others who were “dressed in dirty, ill-fitting, or incomplete clothing” and experienced the street as “a destination itself”? What if I had asked them what they had heard about the play? Or what they thought about their own lives? Why didn’t I invite my former client to tell me why he comes down to the theater night after night? The reach of the clinic is long indeed. Even with

58 Cindy Warner, “‘Next to Normal’ the Pulitzer Winner Opens Pandora’s Music Box at Curran Theater,” San Francisco Examiner, 28 January 2011.
59 Yorkey, Next to Normal, 52.
60 Ibid., 53. It is unclear why Diana would be restrained after being sedated or indeed why she would have even been sedated. Perhaps these clinical actions were uncritically described for their dramatic effect even though they only amplify negative stereotypes of the mad patient who is violent and must be restrained.
my intention to critique Next to Normal’s use of psychiatric discourse, I allowed questionable professional ethics and conventional thinking to limit my understanding and representation of my subject.

Next to Normal’s sanitized characters, who are already fairly “normal,” live within a narrow medical framework. In an effort to avoid stigma, the show thus uses strategies that exemplify a catch-22 people with psychosocial disabilities who wish to advocate for themselves face. In order to claim that madness is acceptable and natural, advocates often rely on perspectives about what is normal that have the effect of disempowering the very people they are advocating for. This leads to the question of whether it is possible to represent madness without including stigmatizing language and ideas. For example, would audiences even recognize psychosocial disability without relying on the concept of mental illness? In order to speak to their experience as abjected subjects, it appears that “mentally ill” people must first accept their interpellation as such. Theatrical representation appears to be in the same bind.

Nevertheless, my choice to not speak with my former client outside the theater that night suggests that this catch-22 isn’t the only problem that needs to be solved. The concept of disability appears to be forever caught within oppressive language because disability as a social construction is constituted by stigma. Therefore, instead of attempting to completely avoid this language, we need to somehow not let it control or limit us. One solution is not to shy away from how people already think and talk, but to exceed those narrow perceptions with many representations that include people’s distress, shortcomings, and gifts: in short, representations that fully honor our humanity. My former client’s “street-homeless” smell might seem like a less significant trait if we knew more about him. What did he look like as a child? Who is his family? Does he have any dreams or wishes about the theater today? His story remains untold, and this omission helps separate him from others.

Not only a lack of representation, however, alienates my former client. Standing alone on the sidewalk, he performed a literal isolation that results from society’s demand that people take care of themselves. Full independence is, of course, a myth for everyone. But society’s ideology of ability promotes this myth. This can be seen in Next to Normal as well. At the end of Diana’s story, the plot takes a decidedly nontraditional turn for Broadway musicals when Diana chooses to leave her husband. In doing so, she follows contemporary U.S. mainstream society’s paramount value of individualism:

So anyway, I’m leaving.
I thought you’d like to know.
You’re faithful, come what may.

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Louis Althusser argues that ideology transforms individuals into specific subjects by means of interpellation. Through discursive practices, ideology hails individuals and assigns them specific social meanings, which they must use to identify themselves as subjects. As such, they are subject to the authority and laws of that ideology and proceed to think and behave in socially acceptable ways. This is not to say that subjects cannot resist such authority. But they must operate within the parameters of their own subject formations insofar as they remain subjects. Individuals therefore resist and seek to change power structure and social values by destabilizing such ideology by identifying its inconsistencies and contradictions. Louis Althusser, “Ideology and Ideological State Apparatuses,” in Althusser, Lenin and Philosophy and Other Essays, trans. Ben Brewster (London: New Left Books, 1971), 121–173.
But clearly I can’t stay,
We’d both go mad that way—
So here I go. . .

I’ll try this on my own.
A life I’ve never known.
I’ll face the dread alone . . .
But I’ll be free.

With you always beside me
To catch me when I fall,
I’d never get to know the feel of solid ground at all.

Rather than argue for a community solution to madness that acknowledges interdependence as the main reality of how we live our lives, the musical suggests that we achieve self-actualization by ourselves. Furthermore, Diana claims she is doing the right thing because she is releasing her husband from her problems. Otherwise, she sings, he would also go mad. All too often, individuals with severe and persistent mental health issues do separate from their families, but for a very different reason; their deviant behavior has long since exhausted their support. When a psychosocially disabled person’s family no longer feels able to provide support, he or she is forced to turn to a solitary life on the street with inadequate public health and social services. The musical doesn’t acknowledge this absence of community involvement in “mental illness” in U.S. society. Perhaps in an effort to champion the idea of self-empowerment, the musical’s lyrics state that Diana will be “free” and will experience self-actualization (“the feel of solid ground”) when she tries life on her own. Drawing from an ideology of independence, the lyrics deny the need for an interdependent approach to support and disregard the painful consequences of society’s demand for self-sufficiency. This myth of self-sufficiency remains unexposed in the musical because when Diana claims that her madness makes it impossible to stay with her family and that she must strike out on her own, she actually does not end up having to face the world alone. The audience learns that she has conveniently returned to live with her parents. What would have happened to her if she hadn’t had anyone else to turn to, as is often the case for many individuals who live with severe psychosocial disability? One needn’t ask. Just go down to the Tenderloin District in San Francisco, grab a cup of coffee at Starbucks, and look out the window. The show is going on right outside.

On the night I saw my former client, I walked across the street during intermission to once again interview audience members. One older couple was generally pleased with the music and acting. One of them added that the play seemed to be pretty accurate, as she knew someone who suffered from depression. However, she thought it provided an unfair view of psychiatry:

I think that it is a little anti-medication, all of these pills that don’t help her. And I’m not sure that that’s accurate. I’m not sure. Maybe it is. Certainly there are practitioners out there that overmedicate people. I don’t know. I do know there are a
lot of people that have depression but are successfully treated by medication. I do think that sometimes it is a cheap shot. But part of this is entertainment, too. (She laughs.)

Perhaps for this audience member, the musical’s only flaw is that it doesn’t fairly represent psychiatry as being able to entirely effective in treating Diana’s mental illness. The underlying assumption that psychological and emotional difference should be seen as individual pathology is invisible and unchallenged. Her comment suggests that even the musical’s critique of psychiatry is offered simply to provide dramatic tension in what otherwise would be a dry, realistic representation of psychiatry and a tragic illness. This acceptance of Next to Normal’s “realistic” representation of psychosocial disability reveals the inherent problem with the medical model. By asserting an objective truth about “mental illness,” the model erases its own contingencies, misrepresentations, and exclusions.

The woman’s companion added that the first act ends on a depressing note with Diana’s attempted suicide: “I hope that there is some sort of positive resolution to this thing. In real life it seldom does. So if it is just like real life, we’ll be walking out of here in another hour and a half feeling just as bad as we do right now. And I’m hoping that that’s not the case.” At first glance, this comment suggests that pleasurable theater is at odds with the goal of engaging audiences on this important social issue because in real life psychosocial disability is an unpleasant thing to behold. The theatergoer reports feeling bad because he has just been shown the real image of psychosocial disability. But Next to Normal’s representation of “real life” is quite incomplete; and it may be that some audiences may respond negatively to its biomedical depiction of disability not because Diana expresses sorrow and pain but because this “realistic” portrayal of her character fails to show that her pain and struggle has any value.

Next to Normal’s attempts to generate empathy with a sanitized depiction of Diana in which her “true” self is separate from her biochemical disease. But this effort ironically decreases the character’s humanity and subsequently the audience’s capacity to connect with her. Although Diana expresses wry humor and defiance, her story is ultimately a disabling, medical narrative of a woman who is delimited by a cluster of symptoms hung on the frame of a sanitized “normal” person. These “normal” aspects serve as reminders of what she cannot be. In the end, psychiatry fails to cure her and she must remove herself from her family in a gesture that echoes a harmful ideology of ability and individualism. This medical model deprives Diana of agency to be more than a poster child for psychiatry, a sum of unwanted symptoms.

The dehumanization of Diana’s character mirrors the typical social construct of disability where people with physical, intellectual, and emotional differences are rendered as beings outside the margin of what is humanly acceptable and serve as a foil to “normal” people. As a “next to normal” subject, Diana offers the audience less humanity to appreciate, celebrate, or empathize with. In other words, the man who worried about leaving the theater feeling bad may have rejected the representation of Diana as unsatisfying because Next to Normal’s full “reality” of psychosocial disability via the medical model lacks the humanity that is actually experienced by people with psychosocial disabilities. Although it may appear counter-intuitive, a less comfortable but fuller depiction of Diana that includes the hardships, the grime, the quirks and

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62 Interview recorded by the author during the intermission of the 10 February 2011 performance of Next to Normal at the Curran Theater, San Francisco.
63 Interview recorded by the author during the intermission of the 10 February 2011 performance of Next to Normal at the Curran Theater, San Francisco.
imperfections, the inexplicable, the quotidian joys, and the full challenges of social injustice and knowledge gained by living through the trials and tribulations of psychosocial disability might provide more humanity for the audience to understand, empathize with, root for, and, ultimately, value. Instead of bringing us closer to those with psychosocial disabilities, the medical model keeps us at a distance.

While I was speaking with the couple, an older man with a knotted beard, long gray hair, and dirty, tattered clothes walked up to us and with a shaky voice asked for money. I smiled at him and replied, “Sorry, not today.” He turned away without replying and asked someone else. I looked at the couple, and they returned my gaze without speaking. The woman gave a short, uncomfortable laugh. At that moment the lobby bell rang, signaling the beginning of the second act, and they quickly excused themselves.

Daily experiences of psychosocial disability remain so under-discussed in society that Next to Normal’s elementary move toward greater inclusion of intimate experiences of mental illness is welcomed by individuals who feel that their concerns are ignored in public discourse. By depicting Diana’s deprivation and struggle, the musical validates various theatergoers’ personal experiences, including the young man’s frustration with dulling medication and the older ex-psychiatry patient’s outrage and sense of disbelief of his horrible treatment in the asylum where he was “sh*t on from above.” Even though the play only presents Diana as “next to normal,” this acknowledgement by means of partial inclusion is better than nothing at all because it at least presents psychosocial disability as an important topic for discussion. But along with providing affirmation, audience feedback also reveals unspoken and perhaps even unrecognized problems with the dominant biomedical model of madness, including the tendency to disregard integral factors of social injustice that comprise psychosocial disability. Next to Normal’s problematic representation can therefore push us to consider how theater and society in general might engage madness through a critical model of disability that foregrounds these social concerns. Such representation would highlight the deleterious power wielded by clinicians and pharmaceutical companies. It would eschew the narrow and ultimately false concept of mental illness as only a genetic and biochemical brain disease that is stigma-free and can be understood and treated apart from cultural and social forces. It would address intersectional factors such as class, race and ethnicity, sex and gender, legal and social institutions, and other forms of disability that lead to oppression and increase individual distress. Lastly, it would consider not only this distress that so prominently delineates current concepts of madness, but also madness’s inherent value and the critical knowledge that rises from experiences of psychosocial disability.

Done for the night, I turned away and walked down the sidewalk. As I approached my former client standing on the corner, I looked at him and smiled. But it had been a long time since we worked together, and he did not appear to recognize me. He looked past me with an unfocused gaze and a frown on his face. Important ethical problems of clinical practice, such as whether it is ever permissible to approach a former client uninvited, never have a single, obvious answer. That night I said nothing and continued down the street. Next time, I’ll stop and ask what he’s thinking.

Tuesdays at Four’s Patient Recovery

Next to Normal exemplifies standard dramatic and aesthetic tactics for engendering audience empathy. It renders its protagonist likeable and worthy of respect in many of the same ways that advertisements seeks to gain favor for their products. The psychosocially disabled
subject is physically and vocally beautiful, witty, seemingly independent, financially successful, and replete with social grace. By appealing to normative, ableist values, the musical essentially reaffirms much of the exclusionary standards that abject people with psychosocial disabilities in the first place. I therefore now turn to The Fisher Players’ *Tuesdays at Four*, a modest community theater production that lacks *Next to Normal*’s high end production values and normative aesthetic appeal but nevertheless also seeks to eliminate stigma of mental illness. Although *Tuesdays at Four* also problematically utilizes a medical model to represent psychosocial disability, its autobiographical component offers a disability aesthetic that is arguably more successful in engendering audience empathy. The production also suggests some specifically theatrical strategies that can be used to unsettle the boundaries between “normal” and “disabled.”

The Fisher Players is an amateur theater troupe of people who identify as mental health consumers. Their name derives from the Fisher Clubhouse, a day center in Detroit, MI where at least some of the actors received psychosocial services. Even though the troupe performed in coordination with a local theater, their appellative bind to the clinic runs deep in their work, an essential cord that not only ties the production to discourses of psychiatry and pathology but also supplies the material out which their stories are woven. *Tuesdays at Four* (2004) was written by four of its members. Its characters have fictitious names but their stories are based upon the actors’ personal experiences, which were initially discussed within group rehearsals and then acted out through improvisations. The troupe performed their production several times at a sponsoring neighborhood theater and several mental health venues. They also video-recorded a performance for wider distribution.

*Tuesdays at Four* offers individual narratives of suffering and recovery to its audiences with the goal of educating them about the personal distress its actors have gone through due to stigma. Actor Melanie Ortiz reported, “People don't have a clue about what we have to go through.” Actor Mary Conley added, “[T]he whole campaign was anti-stigma. This particular play addresses the mental illness issues dead-on.” By showcasing seven characters undergoing mental health issues, the actors hoped to rectify such ignorance. The actors reportedly hoped that if their audiences increased their empathy of people with psychosocial disabilities, they would reduce or eliminate their stigmatizing perceptions and beliefs.

At the top of the show, a paper easel stands on a modest proscenium stage with the words “S.A.M.I.: Support Alliance for the Mentally Ill” scrawled by hand with imperfect lettering and spacing. Seven institutional chairs form a semicircle facing outward, as if waiting to be completed by the audience also participating in the group. This sense of inclusion is perhaps strengthened by the tiny theater itself, which has a maximum capacity of 50. Upstage stands a coffee maker, seemingly ubiquitous at 12-step meetings. As the show begins, the members of

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64 Private correspondence with *Tuesdays at Four* director, Alisa Lomax, December, 12, 2011.
65 The performance observations for this research are drawn from an un-released videorecording of one public performance at the Matrix theater in November of 2004.
68 Lomax, private correspondence with author.
S.A.M.I walk out, pause for coffee, and sit down in their chairs. Over the next hour, they narrate to one another’s personal challenges with “mental illness.” From the get-go, two members mention that they have a “problem,” are “in recovery,” and that the group helps them in this process. Despite their intention of anti-stigma, this introduction frames the production’s foundational perspective that psychosocial disability is rooted in individual pathology.

During the show’s fifty minutes, the other five characters follow a standard model of personal transformation shared by many 12-step programs. They initially deny having a problem and then later, after confrontation from their peers, experience a breakthrough by admitting their disease (in this case, mental illness) and powerlessness to deal with it on their own. In the tradition of psychoanalysis, each member individually addresses early personal trauma through dramatic reenactment. Once this testimony is given, each ostensibly is able to “no longer be controlled by fear” and embrace love and acceptance from others, albeit with the caveat of accepting that they are mentally ill and need to take responsibility for their “recovery.” This capitulation and self-naming with the language of pathology allows them to settle onto a path of self-acceptance and healing.

As the lights fade up, Conley, playing “Molly,” enters cradling a bundled-up, life-sized doll. She is a heavy-set woman wearing a plain floral blouse. Her facial expression is somewhat blunted, and she wears no visible make up or jewelry. Her facial hair is dark and thick enough to form a mustache and goatee. As a recording of a baby’s cries is played over the loudspeakers, Molly comforts the doll. Speaking in a flat tone, she gently says, “It’s okay, honey. You’re all right. Are you hungry? You need to eat?” She kisses the doll and then places it at her covered breast. A young woman, Laurie, then enters and sits opposite her. Scowling at Molly, she pointedly asks, “Excuse me, but what are you doing there?” Molly looks at her defiantly and answers, “Feeding my baby.” Laurie incredulously responds, “Baby? That’s a doll.” Rolling her eyes, she then circles her finger at the side of her head, indicating that Molly is crazy.

Molly’s doll is thus the production’s first example, or perhaps metaphor, of madness, a clear marker around which people can assert personal experience, contest perception, and identify oppression. Molly’s treatment of the doll is clearly in conflict with normative perception and stigmatized as “crazy.” This may seem like a simple negative representation of stigmatized difference, and in one sense it is. But the Players utilize normative theater conventions to at least initially disrupt this interpretation because the audience is first encouraged to align with Molly’s point of view before she is stigmatized by Laurie. As Molly enters carefully holding the doll and cooing to it in a loving fashion, the loudspeakers play a realistic sound of a baby crying. Theatrical norms encourage the audience to empathize with Molly’s reality and suspend their disbelief that the baby is not real. Thus when Laurie enters with her stigmatizing language, the audience may access at least a sliver of direct empathy for Molly’s situation, having, if only briefly, accepted the subjunctive reality that the doll is real and should be regarded as such. But this use of theater convention is a double-edged sword because it also negates Molly’s point of view. When Laurie intervenes and states that the doll is a doll, even in the subjunctive world of the play, she subordinates both the initial theatrical narrative and Molly’s perception by relying on standard reality outside the theater as the arbitrative truth. Laurie’s voice of reason is soon backed up by another character, Jaspar, who looks at Molly and adds, “You know, I gotta tell you, I used to work at Ford, and sometimes I deal with plastics, and…that is plastic.” The audience is thus re-aligned with normative reality and encouraged to regard the character of Molly as blatantly mistaken.
Does the recording of a real baby crying therefore de-stigmatize or further stigmatize Molly’s character as mentally ill? Once the other characters, backed up the phenomenological reality experienced by everyone in the theater, confirm that the doll is a doll, Molly’s perception of reality is marked as saliently different and rejected as an anomaly that cannot be supported by others. At the same time, the sound of the crying encourages the audience to give credence to her subjective feelings. The phenomenological force of the recording suggests the importance of recognizing Molly’s perception of reality as truly impactful for her. So in a sense, the theatrical device of the baby’s cry both validates her feelings while further entrenching normate perception of reality as having final authority. This authoritative view of reality (i.e. the baby is a plastic doll) is never truly challenged because the recording of a real baby crying in a theater is traditionally understood to be a theatrical device to represent something but having no true substance in the moment. There is no present live baby who is crying.

Theater is often thought of in what J. L. Austin terms the “non-serious” or “hollow” speech act, where things said and done on stage are ultimately taken as nonsubstantive replicas or citations of what happens off-stage in the real world. But while Austin attempts to cordon off such “etiolated” performatics by ranking them as ill, i.e. comparing them to the blanched, weakened plant deprived of sunlight, Jacques Derrida problematizes such a distinction between theatrical acts and “real” speech acts by noting the citational quality of all language, suggesting that any performative contains this sense of etiolation. Andrew Parker and Eve Kosofsky Sedgwick have subsequently mined Austin’s use of etiolation to emphasize the performative’s queer properties specifically with regard to sexuality and gender. But etiolation’s signification of illness offers additional understanding of certain aspects of performativity. Susan Schweik, while recognizing the value of a queer reading of Austin’s term, returns focus to its sickly nature, suggesting that such an emphasis reveals the performative nature of disability. Discussing mendicancy and the dissimulation of the disabled beggar in late 19th century New York City, she considers performative disability as a reiterative performance that inheres in the theatrical staging of the infirmed body in public. Schweik’s Bowery beggar performs a disability drawn from “real” infirmed bodies and/or accouterments such as prosthetics, signs, and gestures that hyperbolize a staged illness. I am in turn thus interested in how Molly’s disability, i.e. her “sickness,” derives most explicitly from the perceived infelicity of her speech act. In other words, the main “proof” of her illness lies in her staged failed performative. While Conley, the performer, also brings non-linguistic markers of psychosocial disability (e.g. blunted affect) to the stage, those aspects do not appear to be intentionally staged as is her linguistic deviancy. Her etiolated assertion about her baby’s liveness does not draw from or reflect a sickly body but

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69 Austin opines that “a performative utterance will, for example, be in a peculiar way hollow or void if said by an actor on the stage, or if introduced in a poem, or spoken in soliloquy. […] Language in such circumstances is in special ways—intelligibly—used not seriously, but in ways parasitic upon its normal use—ways which fall under the doctrine of the etiolations of language.” How To Do Things With Words (Cambridge: Harvard University Press, 1975), 21.


rather constructs that sickness. This sequence of signification may indeed be an important ontological difference between physical disability and psychosocial disability, which is so clearly borne out of the etiolation of discursive practice, even when much of it is non-linguistic.

In Conley’s case, the relationship between performativity and theatrical performance is key. Her etiolated speech act does not occur “in real life,” where it would indeed remain “unhappy.” Instead, Conley’s performs her speech on stage in a manner that is indeed intended to fail. Her speech act finds its ultimate felicity by means of its “hollow” nature. In the play’s narrative, Molly’s performance of self in everyday life is etiolated and consequently negated by Laurie and Jasper who possess authoritative knowledge on what is real and fake. However, by claiming such etiolation in the name of disability, the performance ironically succeeds in using theater’s failed performative nature as a metaphor of society’s ubiquitous rejection of the actor’s disabled perception. Along with encouraging audience empathy for Molly’s point of view, her doll remains a symbol of her dissatisfaction of how normate society treats her, in turn opening up space for psychosocial disability to gain voice, albeit from an alienated position.

Importantly, Molly never truly contradicts Laurie and others’ claim that the doll is plastic. Rather, she insists on playing out a narrative that the doll is real. This insistence possesses a Brechtian quality in that the conventions of theater suggest that Conley, the normative actor, is aware that the doll is plastic. Because the character Molly is an autobiographical proxy of Conley herself, the etiolated nature of her disabled position as speech act performs from a double-consciousness73 that is aware that her etiolated position is both indicative and subjunctive, meaning an “as if” or “pretend” proposition that must necessarily fail in order to make its point. Conley thus avers that her feelings are as real and important as those who only see the doll as lifeless plastic. Her subjunctive view of the doll is an assertion that her subjectivity is as valid as normate experience, even though hers is dismissed via stigmatization of her “mental illness.”

However, when Molly attempts to perform felicitous speech acts within normative discursive parameters (i.e., reason) that are in contrast to embracing her etiolated subjectivity, she only succeeds in further abjecting herself. Responding to Laurie and Jaspar’s ridicule, Molly responds, “Why don’t you people shut up and leave me alone? I have enough problems. When I was a little girl people picked on me, and I shouldn’t have to put up with it from people I’m supposed to in recovery with!”

“What are you in recovery from, Molly?” asks another member.

“Well,” she responds, “My doctor says there is something wrong with me, but I don’t know what he’s talking about. As far as I’m concerned there is nothing wrong with me.”

Molly thus exemplifies a central conundrum of any patient labeled mentally ill. She disagrees with her doctor’s judgment of her pathology, but in order for her to resist his devaluation of her and the subsequent stigma she receives from society, it appears she must first utilize his rhetoric. For example, she retorts to her fellow patients that at the very minimum, she should not have to be picked on by those with who she is “in recovery.” Recovery, particularly under the auspices of the mental health clinic, signifies a pathological issue or other deviant problem that requires individual responsibility and healing. In citing her doctor, Molly’s voice of discontent is therefore caught up in medical discourse, confirming her role as patient even

73 I am, of course, drawing on W.E.B. Du Bois’ term, which he describes in terms of racial subjectivity. “It is a peculiar sensation, this double-consciousness, this sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity.” *The Souls of Black Folk* (New York: Tribeca Books, 2013), 3.
when though she disagrees with having any sort of diagnosis. Molly’s resistance to her doctor’s discourse that “something’s wrong” with her is ineffective because she a) reaffirms it by saying that she’s in recovery; b) does not offer an alternative reading; and c) performs insanity by asserting that her doll is a live baby.

What does Conley attempt to achieve by presenting Molly’s seeming delusion with the doll? By setting up a character who is labeled “crazy” she gains the opportunity to speak out against her oppression (e.g. “Why don’t you people shut up?”) But she does not offer reasons why others should cease their criticism aside from the fact that she already has “enough problems.” She limits her argument, stating that others should not be cruel to her because she is already suffering enough. She thus remains an unhealthy, tragic figure, whose legitimacy resides solely in her ability to argue from a medical perspective that keeps her pathological.

Nevertheless, the others’ dismissal of Molly affords another member of the group, Talia, to step in and declare, “Let’s remember the sixth principle of S.A.M.I, that each member has his or her own beliefs. Nobody has the right to tell Molly what to believe.” Talia asserts aphorisms of individual rights, need to support each other, and the idea that “love is all around you, you just need to look” throughout the production. Her interventions are always uncritical and rely on an a priori logic, but Molly’s sacrificial role as the ridiculed does allow opportunity for Talia to speak up against alienating and negating perspectives of difference, albeit from a canon agenda.

Tuesdays at Four encourages its audience to take Molly’s stigma seriously by tacitly adhering to normative theater conventions, through which Conley presents herself as both a psychosocially disabled person and as someone with the legitimacy to speak. This is done by closely overlapping Conley’s and her character’s subjectivities. Conley and Molly’s appearance and behavior are similar in almost all aspects. Conley’s presentation of self during the performance’s talk back-session is congruous with how her character speaks and appears during the play. Molly’s physical or vocal qualities that may be typically marked as “mental illness,” e.g. blunted affect, flat verbal tone and cadence of speech, therefore do not seem to be fabricated by Conley. They instead appear to originate with the actor’s off-stage persona. In fact, there seems to be only one significant difference between Conley and her character, Molly, which is that Conley does not persist in behaving as if the doll is alive as Molly does. (For example, during flashback scenes that do not require the doll, Conley handles it like a prop, having no problem placing it on the ground.) Along with adhering to the normative belief that her baby is plastic, Conley also successfully performs other basic duties of an actor, such as remembering her lines and hitting her marks. This adherence signifies that Conley, while seeming to possess authentic, personal experience with psychosocial disability, is also able to ultimately agree with the authoritative, “non-crazy” view of reality possessed by the others and the audience. Because the actor and character appear the same in all other aspects, Conley’s legitimacy may lend proxy force to her character’s argument against stigma. After all, Conley created Molly and appears to be speaking politically through her. (Indeed, Molly’s attachment to her doll baby is reportedly based upon Conley’s own experience.)

By successfully performing theatrical conventions, Conley presents her position as psychosocially disabled yet legitimate at the same time. Theater’s subjunctive thus allows a space for deviant perspectives while nevertheless relying on authoritative standards of comportment. Although this reliance further alienates and negates

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74 This is suggested by Lomax who writes, “[She] came up with the idea [for the doll.] Her believing the doll was real was part of the issues she dealt with.” Correspondence with the author, December 12, 2011.
such difference, it also allows that difference to speak through legible and legitimate proxy. If this is so, the phenomenological force of Conley’s autobiographical self, namely her psychosocially disabled presence on stage, pierces the stigmatizing dramatic fiction and refuses to be relegated to a stereotyped and silenced representation of madness. In sum, the seemingly authentic presentation of the actor’s psychosocial disability, not the character’s, lends authority to Molly’s resistance to stigma.

The limitations faced by the creators of Tuesdays at Four (what Petra Kuppers calls the “straitjackets of representation”) are imposed on everyone labeled with mental illness. Since the Age of Enlightenment and the privileging of Descartes’ cogito, people have been required to possess reason in order to be considered fully human. Because people with severe mental illness have been silenced by modern definitions of the legitimate and even legible subject, their artistic practice has typically been understood by others as therapy. If society tends to understand psychosocial disability art in this manner, it is understandable that The Fisher Players embrace medical discourse and reproduce a staging of mental illness where all their characters become “case studies.” Indeed, the group’s director reports that the cast chose a mental illness 12-step support group “partly because they've all experienced being in that setting, but mainly as a device to introduce the characters.”

If, however, the psychosocially disabled subject accepts the role of patient, she must then grapple with the double-bind of illegitimacy that everyone who is psychiatrically diagnosed faces. If patients resist their diagnosis of mental illness, psychiatry can argue that they prove themselves to be mentally ill by their lack of insight. But if the patients obediently accept their diagnoses in order to prove their rationality, then they are still mentally ill, having affirmed their condition through self-interpellation. Is there ever a third alternative? If this double-bind is read in reverse, then maybe so. If patients perform awareness of their own irrationality, they paradoxically become rational enough to comment on their deviancy. Perhaps through such meta-commentary, patients open a discursive space in between, or beside, the rational/irrational binary. Emily Martin suggests that performed insight into one’s “irrationality” does indeed provide some purchase in commenting on and even critiquing stigmatizing language and treatment. She offers the example of a patient who is aware that the inner voices she hears are

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75 The physical appearance of Molly physically mirrors the play’s language of her having a psychosocial disability. She possesses various characteristics that are typically marked as saliently different. She is obese and also has a non-normative amount of facial hair. While many women can grow facial hair, social pressure to remove it is significant. Thus, while some women choose to retain facial hair, such a choice invariably becomes a political choice unless one is unaware of such transgression, or unable to avoid it due to severe socioeconomic conditions. Conley’s blunted affect and speech patterns suggest unaware transgression of social expectations or, at minimum, a tendency to not adhere to normate expectations of self-presentation. All of these characteristics, in tandem with her un-stylized hair and ill-fitting clothes, may be received as markers of psychosocial disability.


77 Foucault, History of Madness.

78 Lomax in correspondence with the author.

hallucinations and chooses to compare them to the sounds of the ocean heard by placing a shell to one’s ear. She notes that Louis Sass calls this “double bookkeeping” where a patient diagnosed with schizophrenia “live[s] in two parallel but separate worlds: consensual reality and the realm of their hallucinations and delusions.”

Might this double bookkeeping allow a performance to move into resistance even though it must engage in normative and oppressive language in order to become legible? Perhaps Conley/Molly does experience delusions of her doll being real or otherwise uses it in a manner non-normative for an adult. As an actor, she demonstrates awareness that it is stigmatizing for an adult to carry around such a doll. At the same time, however, this belief or delusion or perhaps play-acting may afford her necessary comfort. By performing insight into this irrational but simultaneously personally legitimate behavior, she is able to both acknowledge others’ often oppressive views of her transgression while maintaining the legitimate purpose of her irrational position. Being able to comment on one’s irrationality pushes against the notion that the mad cannot partake in community, or have a voice. Martin notes that double-bookkeeping can include appropriating clinical language through parody or by intentionally performing irrationality to emphasize one’s awareness and self-management of behavior or other symptoms. This, of course, is what the Fisher Players do in Tuesdays at Four, where each one performs symptoms and narratives of mental illness in order to emphasize awareness and self-management. Unfortunately, these performances also further psychiatric perspective that is ultimately unaccommodating of such difference in society. Nevertheless, those who can capitulate with authority, who can more closely engage with oppressive language and perform their role as required, become less threatening and therefore gain recognition and some means of support. The reformed mental health patient who sees herself primarily as her psychiatrist sees her becomes a success story. Insight is cooperation and capitulation. It is also, per the medical model, the road to recovery and resources.

Audiences may or may not conflate Tuesday at Four characters’ claim of being “in recovery” with a disciplinary sense of being “reformed.” The spiritual discourse of recovery in 12-step programs stands in opposition to the medical model of recovery. However, the psychiatric language that pervades Tuesdays at Four’s S.A.M.I. group suggests an atmosphere more similar to a clinician-led therapy group than a true 12-step program, which would not be directly tied to an institution and therefore unlike the Fisher Clubhouse, a day program for adults with mental health issues.

Do the Fisher Players have no other alternative than playing the role of patient? For example, what if they stood onstage and refused to accept the label of mental illness? What

81 Lomax: “[Conley’s] believing the doll was real was part of the issues she dealt with. I think the doll was kind of a security blanket…I think giving the doll away was a sign of trusting someone else and an effort to try to improve her mental health.” Personal correspondence with author. While it is impossible to ascertain what purpose the doll served for Conley, appears that she has viewed her personal relationship with the doll has stigmatized. At the end of the performance, Molly gives the doll to Laurie, stating “I think you now need this more than I,” perhaps signifying a shared sense of struggle around mental health with the other character, as well as a sign that the doll is a marker for individual pathology, something which Molly/Conley wishes to outgrow.
options would their audience have in receiving their performance? If the actors performed to a normate standard of behavior, language, and appearance, they would avoid being labeled with mental illness. But they would avoid the label not because they deconstructed or otherwise refuted its stigma, but because they avoided performing its markers of salient difference. Such normate passing would simply remove the Players from the stigmatized category, which would remain meaningful intact.

What then if the Players persisted in their psychological and emotional difference but refused to engage normative language in their self-definition? David Mitchell and Sharon Snyder argue that if a body falls too far from an accepted norm, it must be subjugated by placing it within a “regime of tolerable deviance.” There is a place for certain deviance within social norms and then there is other deviance that is troublingly unknowable and therefore unacceptable. Within normate ideology, the latter, wild, non-subject requires prosthetic narration in order to become tame and rendered knowable. This prosthesis is provided by the psychiatric model, defining deviance via diagnoses and an individual responsibility to self-heal by accepting one’s pathological condition and seeking support through authoritative discursive practice.

Disability artists’ first political move was to represent disability in a manner that privileges the personal experiences and perspectives of disabled instead of how normate society perceives their disabilities and uses it for its’ own metaphorical and narrative purposes. These new perspectives present rich and complex lives full of not only challenges but also positive experience. Does Tuesdays at Four share such distinction? Or does it fail to do so because its characters are one-dimensional and utilize only a medical model of mental illness that focuses on trauma and loss? In their talkback session, the actors state that their characters represent various mental illness diagnoses: schizophrenia, eating disorder, alcoholism, borderline personality disorder. The three characters who aren’t specifically labeled are also characterized solely in terms of deviancy: Molly with her doll delusion; Jaspar, a NRA endorsing survivalist who experiences paranoia and plans to blow up the Ambassador Bridge in Detroit; and Laurie, a young, irresponsible mother who loses her children to Child Protective Services. The play’s restriction to self-help testimonies of individual trauma limits the complexity of the characters,

82 Mitchell and Snyder, Narrative Prosthesis, 7.
83 Mitchell and Snyder coin the term ‘narrative prosthesis’ to denote the relationship between disability and narration in literary representation, "Narrative prosthesis is meant to indicate that disability has been used throughout history as a crutch upon which literary narratives lean for their representational power, disruptive potentiality, and analytical insight" (49). According to the Oxford English Dictionary, a prosthesis is “the replacement of defective or absent parts of the body by artificial substitutes.” However, with regard to disability, Mitchell and Snyder prefer a “literal sense” where “a prosthesis seeks to accomplish an illusion.” (6) Their mentor and interlocutor, David Wills, defines prosthesis as “a term that mediates between the realm of the literary and the realm of the body.” (7) In each case, prosthesis provides compensation for bodily lack or dysfunction. Applied to psychosocial disability, a psychiatric meaningfully constructs psychological and emotional difference as mental illness, thus taming behavior, thoughts, and emotions that threaten normative experience.
which are constructed out of clichés and denunciatory language. And yet, the materiality of psychosocial disability that comes with such autobiographical representation offers the audience something more than just clichés and dismissal.

Consider “Edward,” played by Douglas Pearson. Edward reports that he had been a highly successful chef but is now forced to live off of Ramen Noodles due to his schizophrenia: “It seems like I have lost everything: my status, my girlfriend, my job, my house, even my parents! Curse this dreadful illness! Who would have thought that schizophrenia would stress someone at the very essence of their being?” Edward’s testimonial flashback shows a manic episode during a busy Saturday night in the restaurant’s kitchen. Frenetically miming cooking, Edward cries out, “I am making the finest creation ever to be devised in a kitchen! The elixir of immortality! Can someone get me some more garlic?” He quickly becomes overwhelmed and his staff yells at him that he is behind and customers are walking out. As his stress level reaches a crescendo, he stops, pants, and places both hands to forehead, and cries out, “I just get so confused! Between the bread sticks, the sauce, and cooking everything in the kitchen, I can’t keep up! I have too much to do! I can’t keep up! I’ve got to get out of here!”

Edward’s personal life is mainly limited to the individual consequences of his “dreadful illness” and the trauma of losing his family. Confiding in Jaspar, who also experienced parental divorce, he reports in wooden speech, “I was the person who broke them up. I can’t think about her without crying, and thinking how pitiful I am!” Pitiful is used by several characters in the production to describe a person with mental illness. Does Edward intend to communicate that he deserves pity as in regret and lamentation, or rather that he is inadequate, insignificant, despicable, or contemptible? In either case his claim is a declaration of inefficacy. Someone to be lamented, his language reproduces a tragic subject.

But despite such victimizing language there is something about the actor Pearson’s phenomenological performance that counters the stereotyping and silencing effects normally associated with mental illness labels. His acting offers an individual struggle and complex, earnest representation that encourages audience empathy. This struggle has little to do with his character’s narrative. Similar to Conley’s performance, the secret to this intervention lies in the

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85 Pseudonym.

86 For the reader conversant with the DSM-IVTR, it will be clear that Edward’s manic episode actually represents a symptom of Bipolar Disorder or Schizoaffective Disorder, not Schizophrenia. Although his character self-labels as having schizophrenia, Pearson clarifies in a talk-back session that he identifies with the diagnosis of Bipolar disorder and takes medications typically used to treat Bipolar or Schizoaffective Disorder: “…I did want to point out that I am bipolar, and um, the doctor, my doctor has looked up on the internet to study my condition because he couldn’t find out, he couldn’t come to the conclusion why I was acute to the medication. There’s, something in me, there’s something in me that bypasses the effects of the medications. I still take my medications as an effort to, to make, to remain in society, to live in society. Even though the medication I take, (sic) Depakote, Prolixin, Prolixin doesn’t counteract my mood swings, my rapid mood swings, you know. However it’s given me my (unintelligible) a lot of energy I have, it’s really a great advantage to acting in a play, I can use my, skills, and, what I’m gifted with in a, in a play, performing in a play, which is, which has been a really pleasant experience for me.” Pearson’s sharing of his personal experience with mental health issues and medical treatment suggests an autobiographical component to his character’s dramatic narrative.
quality of Pearson’s acting, which, like all of the Fisher Players, is particularly inept by normative standards. His “bad” acting ironically allows the autobiographical aspects of his body, affect, and delivery of language to shine through in spite of the staging and script’s one-dimensionality. The authenticity and fullness of Pearson’s attempt to perform to normative acting standards delivers a believability and earnestness because, paradoxically, he so markedly fails to do so. He strengthens his authority to speak as a subject of psychosocial disability through his inability to achieve a semblance of authentic dramatic action on stage.

This authentic “failure” in performance ultimately may present to the audience a richer, more empathetic subject than, for instance, Next to Normal’s Diana. Again, autobiography seems integral to such disability performance. Like the other actors, Pearson’s presentation of self in the post-performance talk is the same as his presentation of his character Edward, although certain qualities are amplified when he acts on stage. His affect is flat and his speech is stilted, sounding as if he is speaking purely from rote with equal emphasis on each word. His gaze fixes more or less straight ahead and seems to avoid eye contact while he produces a repetitive gesticulation with his arm and hand, seemingly to convey an importance or urgency to his lines.

Contemporary Western acting theory on psychological realism suggests that effective acting contains a high degree of specificity, which in turn is gained by reading fellow performer’s verbal and non-verbal cues and then providing unique reactions to those offerings, in turn suggesting an immediacy, liveness, or presence. Equally important is the idea of performing an intended action that is employed to achieve an immediate goal of some importance. While Pearson’s character does not appear to perform any of these choices, the struggle of Pearson the actor to reproduce the pre-planned dramatic action (i.e. the so-called “restored behavior” of the narrative developed in rehearsal) does in fact replicate these efforts. In fact, the immediacy and “truth” of Pearson engaged in a phenomenological act on stage cannot be denied. As clearly as Molly’s doll is fake, Pearson’s effort is really happening and thus takes on full authority and legibility.

Kuppers notes that full, lived-experience of disability is usually pushed off-stage while its use as metaphor and aesthetic strategy is ubiquitous in cultural representation. Pearson and the other actors’ earnest autobiographical performance directly addresses this elision by bringing lived disability experience back onto the stage. The efficacy of Tuesdays at Four therefore seems not to be the narrative of its characters but rather the subjectivity of the actors themselves who bring their bodies, language, and behavior into the public sphere. The phenomenological presence of the disabled body, mind, and social self silently doubles the fictive narrative. These

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87 For an accessible introduction to psychological realism acting technique that focuses on specific character objectives, obstacles, and tactics, see Robert Cohen, Acting One, 5th Ed, (Boston: McGraw Hill, 2008).
88 Richard Schechner’s model of restored behavior postulates that conventional Western dramatic theater, as well as many other types of performance, treat living behavior in the same manner as a film editor manipulates strips of film. These “strips of behavior” (35) are rearranged and reconstructed over time in the rehearsal process and then performed in a separate performance frame independent from the behavior’s origins, thus taking on a life of their own. See Richard Schechner, Between Theater and Anthropology (Philadelphia: University of Pennsylvania Press, 1985), 35 – 116.
89 Kuppers, Disability and Contemporary Performance.
private subjects with ostensibly undisclosed stories give authority to the banal, facile stories of their fictive characters.

Furthermore, the actors’ inability to perform at a normative (much less virtuosic) level is the very component of the performance that may engender empathy in the audience. The act of acting in any case is an act of revealing, a moment of vulnerability and earnestness where the performers open up not their own life stories but their aesthetic effort at dramatic portrayal. The Fisher Players’ disabilities thus provide strength to their acting. They show a struggle to overcoming an obstacle, something that is inherently dramatic and interesting. And while disability studies has understandably long eschewed the narrative of struggling to overcome, the Players’ salient failure to perform in a non-disabled manner succeeds in highlighting their desire, work, and subsequent legible subjectivity. The earnest endeavor of their performance solicits the audience to engage with their effort and root for their success while acknowledging that any success will not be normative.

To test this point, imagine if Tuesdays at Four was performed by normative actors with a high level of skill. The narrative would overly remain simplistic, formulaic, and perhaps even insulting in its expectation of the audience’s interest. With such actors “disappearing” into their characters, all attention would focus on the crude script and insipid staging. However, the Players’ markers of psychosocial disability instead create a Brechtian Verfremdungseffekt that allows the audience to retain a critical lens on the performance, focusing on the meta-commentary instead of the stigmatizing particulars.

This insertion of psychosocial disability into normative performance expectations will most likely not succeed in all dramatic texts or staging. It appears that the salient differences that society chooses to read as psychosocial disability must be employed in a performance about psychosocial disability (i.e. a political understanding of psychological and emotional difference) in order for this critical efficacy and perhaps empathy to take place. Consider if The Fisher Players attempted to perform a Shakespearean play with heightened text, cognitive complexity, and genre conventions that typically demands a highly skilled and normative level of acting. There would be no narrative framing device within which to add value to their inability to perform at a normative level. Perhaps the audience would tend to consider their subsequent efforts only through an instrumentalized aesthetic of therapy, thereby severely limiting the ability to shift aesthetic registers away from an idea of autonomy to that of the social. But with Tuesdays at Four, the actors specifically intend to perform salient difference. And even though their acting normatively fails to provide fully realized characters acting in a realistic manner, this failure shines through as authenticity at the ur-level. Ironically, their failure to act in a virtuosic manner achieves a success more complete and authoritative than any normative representation by a skilled non-disabled actor that the audience perceives ahead of time to not be psychosocial disabled.

When the play’s theme is about psychosocial disability, a psychosocially disabled performer immediately forces the audience to consider its own disabling gaze. The audience must know at some level that it is judging, measuring, evaluating, and rejecting by normative standards the performer’s ability. This rejection resounds loudly, reverberating throughout the play’s narrative that nevertheless continues to stigmatize. This failure to perform normatively, through the etiolated lens of theater that rests on the greater authority of “reality,” in turn realizes its greatest efficacy. In this manner, the unhappy performative by the normally silenced, disabled subject, thus finds its greatest felicity. The psychosocial disabled actors refuse to be silenced even as they discipline themselves into to the status of non-subjects.
Inserting autobiographical markers of psychosocial disability into acting not only offers a critical lens but might also solicit empathy by encouraging the audience to shift its aesthetic register in reception of the work. I felt more empathy for those actors who most clearly demonstrate salient psychological and emotional difference as understood by their affect, language, physicality, and lack of timing. For example, both John Bicknell (Jaspar) and Douglas Pearson (Edward) act in what I deem to be a quite amateurish manner. Bicknell is difficult to understand at times, as he rushes through his sentences and seems to have no awareness of the need to emphasize consonants. Like Pearson, Bicknell’s dialogue seems very scripted. While Pearson sounds as if he’s speaking purely from rote, Bicknell seems to be focusing on how he appears to the audience instead of attempting to truly engage with Pearson’s character, such as increasing his understanding of Edward or somehow otherwise influencing him. Bicknell’s acting, like Pearson, therefore appears to be full of indication, meaning that his language and behavior appears devoid of inner life: an empty, semiotic shell separated from personal intention or situation. But despite the similarities between the actors’ performances, there is also a difference that might have resulted in quite different audience reception.

Bicknell performs with much fuller affect than Pearson. He offers a normate control of grammar, wider range of voice inflection and rhythm, and a physical presentation of self on stage that resembles that of a neurotypical person. Unlike Pearson who sits in a somewhat stiff and irregular manner onstage, Bicknell leans back and crosses his legs in a more relaxed, pedestrian manner, his arm casually draped over an adjoining chair. This may signify a sense of confidence and control of the space. Bicknell’s physicality is in direct opposition to Pearson who performs typical mannerisms associated with psychiatry’s symptoms of a thought disorder or extrapyramidal side effects common with anti-psychotic medication. The result is that while Pearson clearly carries socially salient markers of psychosocial disability, Bicknell may “pass” as a neurotypical person who happens to have very limited acting ability. Because Bicknell appears to lack visible salient difference in his autobiographical person, I found myself judging his acting ability by normate standards, whereas Pearson’s performance demanded an immediate social and aesthetic re-framing that takes into account his disability. Consequently, I found myself evaluating and rejecting Bicknell’s performance and arguments on rational grounds: I was emotionally unswayed by his character and did not “believe” the truth of his actions on stage. In contradiction, Pearson’s autobiographical, material performance of psychosocial disability made his flawed acting (in the normative sense) irrelevant and beside the point. From Pearson’s delivery, I received the line as his internalization of oppressive discourse instead of a demand to rationally accept his argument. In fact, I felt empathy for Pearson to the point that his self-stigmatizing cry “curse this illness!” did not bother me as it might have if delivered by a normate performance.

In a somewhat troubling vein, I may also have been more ready to empathize with Pearson’s performance because I found his presentation of self and viewpoint as less threatening to my own views. I felt that he spent the majority of his time and effort just attempting to gain the audience’s—and by extension, society’s—acceptance. He appears to confirm this in the talkback session when he explains that he carefully follows his doctor’s instructions “as an effort to, um, to make, to remain in society, to live in society.” In other words, those who clearly mark themselves as lacking power and authority immediately gain my empathy because they do not threaten my perspective or attempt to assert their authority on me as an audience member. Normate culture needs the extraordinary body in order to make sense of itself, to maintain its
borders and sensibilities, and this appears to hold true for extraordinary thought and behavior as well. Society is able to reassure its own position as securely normal and acceptable only by delimiting those that are unacceptably different. While this reassurance might have been operating with Pearson’s performance, I did not identify salient differences in Bicknell’s self-presentation that would mark him as psychosocially disabled. Not seeing him as substantially “different,” I therefore found myself continually judging his performance by normative standards and felt critical of his representation on disability. I did not forgive his “poor” quality of acting because he appeared to not be disabled.

Disability performance as exemplified by Pearson therefore shifts the registers of aesthetic and political reception. Owen Smith argues that

the appearance of dancers with physical impairments demands the reappraisal (if not the deconstruction and reconstruction) of aesthetic evaluation so that it might effectively, and comprehensively, serve the interests of artists (similarly interested in maintaining standards and quality of work) who represent a plural vision of society and culture: the construction of aesthetic criteria that reflect the diverse and challenging realities of human experience.

The desire to maintain standards and quality of work will always remain extremely problematic. After all, who chooses the standards by which quality will be measured? Nevertheless, disability artists can insert autobiographical difference into performance in order to shake up complacent norms that ignore or devalue certain people and lives. Closely reading a physical performance of one disabled artist Emery Blackwell, Steve Paxton appreciates that he required about 20 seconds to accomplish the feat of raising his arm above his head, “We observers can get entranced and see that he is pitched against his nervous system and wins.” While the dancer’s efforts can be framed as inability, it can be also offer space for empathetic and intrigued focus. The audience can appreciate this effort within the larger and normative aesthetic frame of dance, suggesting that disability performance can be valued not only for its instrumental or political efficacy, but also appreciated in an autonomous fashion (i.e., “art for art’s sake”) where the audience meets the work on the artist’s own terms. Certain performances in Tuesdays at Four can be read in a similar manner.

Dave Robinson plays “Roscoe” with a physical specificity that would receive high accolades if he were non-disabled. Roscoe is a recovering alcoholic possessing an additional, unspecified psychiatric diagnosis. His hand continually shakes in the manner of extra-pyramidal side effects, possibly a permanent long-term side effect of taking neuroleptic medication. His

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93 Pseudonym.
larger muscle movements are stiff. His affect is flat. His speech is loud, nasal, atonal, contains mild slurring of consonants, and possesses hesitation that connotes momentary confusion or thought-blocking. His physicality and facial muscles appear to possess a level of rigidity. His brow is permanently raised with wrinkles on his forehead while his eyes remain drooped, as if he can barely stay awake. However, Robinson appears this way on stage even when he performs other characters who are not meant to have a disability. His acting choices appear to be more or less limited to his own presentation of self in everyday life. Nevertheless, whether or not Robinson can make other acting choices is irrelevant. His disability allows him to offer an alternative disability aesthetic, a revaluation of disability that is made possible by the production’s theatrical frame.

As Roscoe haltingly performs his speech about the anniversary of his wife’s death, he states that both he and his wife were alcoholics and that at the end of her life when she was dying of cirrhosis, he would visit her in the hospital, bringing her “good ol’ 5 o’clock vodka.” Each sentence appears to be a struggle to remember, organize, and speak the words. As Robinson slowly raises his shaking hand in the hair to mark the point, he pauses, then states, “I sure miss the love of my life around…who happens to be my drinking partner.” Robinson’s affect is striking and powerful but not because of the tragic narrative, which, like the rest of the characters, is narrated in a one-dimensional manner that does not offer enough information to pull in the audience. Instead, similar to Paxton’s reading of Blackwell’s dance, Robinson’s performance holds sway not as a subject to be pitied, but as an aesthetic of effort that strives for clear goals and achieves its beauty in its unique presence.

This reading of the disabled person struggling against adversity and overcoming will ring alarm bells among disability artists who demand that we moved beyond representation of pitiful victims. But I found Robinson’s efforts to be arresting in a manner quite apart from the tragic narrative. His performance is beautiful to me not because of lamentable struggle, but because the stage frames his extraordinary movement and effort in a manner that shifts the aesthetic register away from victimhood and toward that of the individual artist performing with integrity and unique specificity.

The character’s story offers a frame within which the actor’s performance can be understood and appreciated; and Robinson’s performance enriches and lends credibility to his character’s dramatic narrative. The actor’s appearance, physicality, and speech, which clearly is consistent with how he appears in everyday life, suggest a shadow story behind the character’s narrative. Whether Roscoe’s story is the mirror autobiography of Robinson or simply a narrative form for the psychosocially disabled markers of difference in Robinson’s performance, the story receives an authority and greater depth, which is derived from the disability aesthetics of Robinson’s performance. Because The Fisher Players self-identify as consumers of mental health services, and because Robinson’s performance remains consistent across characters and as himself in the talkback session, the audience may assume that Robinson knows firsthand a thing or two about Roscoe’s situation.

Carrie Sandahl calls this firsthand knowledge “epistemic privilege,” which only a disability artist can bring to the role of a character with a disability. In this case of

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94 For a compilation of such disability playwrights, see Victoria Ann Lewis, *Beyond Victims and Villains*.
psychosocial disability, however, not only does the lived experience of disability provide the actor insight into how to authentically portray his character, it shapes the actor’s performance into an alternative aesthetic that wields its own discursive power. If a normative actor gave this virtuoso performance, he would likely be highly praised and awarded for such a performance. But at the same time, the audience would have to trust that he captured the “truth” of the disability, that he did his research and accurately presented someone drastically different than himself. This is not an issue with Robinson. His psychosocial disability is marked on his body and in his speech. Even though his performance is limited to medical discourse and represents a one-dimensional character stigmatized by mental illness, Robinson succeeds in presenting a critical disability aesthetic that functions outside of and against normative aesthetics and consequently ableist expectations. It invites the audience to enter into a difference relationship with both actor and his performance, one that encourages a different sort of empathy, perhaps a new political perspective and reception of the art.

Conclusion

If we recognize that mental illness is not an acultural, objective condition but rather a complex social, biological, and political experience, then stigma can never be truly removed from mental illness. Rather, stigma is inherently part of mental illness as a label and social experience. Subsequently, Next to Normal, Tuesdays at Four, and indeed any theatrical performance that attempts to remove stigma of psychosocial disability while maintaining psychiatry’s concept of mental illness face a paradox: how can they represent madness without employing the very stigmatizing language and ideas that calls it into being in the first place? The short answer is, they can’t. Melanie Ortiz ends Tuesdays at Four’s talk-back session by entreat the audience, “If I, if I, if I can leave you with something, something to take with you, take with you the fact that we are people first and mentally ill second. We’re not just…we’re not mentally ill people. We’re not loonies.” Circling her finger next to her head, she continues, “we’re not crazy. We’re not psycho. We’re not psychotic killers like the media portrays us to be. We’re just people like anyone else…that have a mental illness.” In expressing dissatisfaction with the consequences of being considered mentally ill, Ortiz must emphasize the very same oppressive concepts and language of psychosocial disability that she attempts to resist.

We may have to operate within our contemporary discursive regimes, but Next to Normal and Tuesdays at Four exemplify performance strategies that nevertheless do seem to interfere with, and perhaps even reverse, facets of stigmatization. They draw attention to oppressive qualities of normative discourse around psychosocial disability. They empower psychosocially disabled participants or audiences by providing them a voice, sense of efficacy, and authority. Perhaps they can re-structure audience perception and intentional behavior toward so-called psychological and emotional difference. Although stigma cannot be removed from the concept of mental illness, theater can critique the social construction of madness as a stigmatized subjectivity. In doing so, theater may open new perspectives that, although incomplete and even contradictory, offer space for an acceptance, support, and even appreciation of diverse aspects of the human condition that are currently disciplined, alienated, and ultimately rejected as madness.

The difference between Broadway’s Next to Normal’s highly successful but also rigidly normate narrative and production qualities and The Fisher Players alternative casting and amateur capabilities reveals that autobiography can play an integral role in the political reception of disability. The artists’ saliently different (i.e. “deviant” and “ill”) bodies, language, and minds
appear to be key ingredients to critically presenting psychosocial disability. Theatrical performance, as a normative institution, can offer the opportunity for productive “failures” (both intentional and unintentional) to achieve certain standards that in turn allow psychosocial disability to assert itself and offer its own aesthetic. Those failures might not only encourage audience empathy and regard but also challenge normative expectations of how we should experience theater.

*Next to Normal* and *Tuesdays at Four* represent beginning dramatic interventions that rely upon normative conventions and psychiatric language. They do so in order to first gain legibility, and secondly to claim legitimacy. Such tactics re-inscribe oppressive discourse as they attempt to resist them. But can theater go further? Can theater openly contest those labels on stage while suggesting more inclusive and valued approaches? What are the challenges and opportunities in specifically confronting psychiatric discourse onstage? Sticking with autobiographical performance of madness, the next chapter addresses these questions.
Chapter 4. Fighting Fire with Fire: Resisting Psychiatric Discourse On Stage

Next to Normal’s lack of first-person account and Tuesdays at Four’s disability aesthetic suggest that autobiography can play an important role in a political critique of psychosocial disability. This suggestion, of course, echoes disability activism’s central mantra that there should be no representation of disability without direct participation by people who have disabilities. However, Tuesdays at Four makes clear that not every autobiographical representation of madness includes an active awareness or critique of the discursive practices that label people as mentally ill in the first place. In fact, in my search for current autobiographical theater on madness, I find such direct critique to be the exception instead of the rule. For example, although there have been several recent one-person shows in the San Francisco Bay Area that address madness, these autobiographical performers do not resist their interpellation as mentally ill. Instead, they tend frame their emotional distress as apolitical and continue to narrate their madness as an individual pathology. This is not to say that they ignore social stressors in their tales of madness. But they ignore its discursive nature of madness and refer to medical treatment as objective and apolitical.

One good example of this tendency is Brian Copeland’s The Waiting Period, in which he shares his struggles with severe depression and suicidal ideation. While the production offers a moving and educational look at his experiences of sadness, guilt, anxiety, and burden as a single, African American father, it strongly asserts that Copeland’s problem is fundamentally an individual, biological illness. Echoing Next to Normal’s medical model and urge to shed light onto the unnecessarily shameful subject of mental illness, Copeland submits his personal tale as a warning, exhorting his audiences to speak up and tell someone if they experience depression or know someone who might be severely depressed. As he does so, he refers to medical authorities as the primary solution. The Waiting Period’s desire to speak openly about depression is commendable. But I briefly mention this production here in order to offer an example of how even important, autobiographical performances tend to reiterate psychiatry’s authoritative hold on how we currently tend to speak about madness. In doing so, these types of shows fail to challenge, and in fact further entrench, the language and concepts that stigmatize people with psychosocial disabilities.

Despite the preponderance of the uncritical medical model in the representation of madness on stage, I did find one autobiographical performer who both identifies with mental illness and strives to clearly reject that label. His show fits the bill, so to speak, of a research site upon which we can test this problem of discursive resistance to “mental illness.” In fact, it may be helpful to introduce him with a description of his show’s actual advertisement poster.

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1 For a wide range of examples of how activists world-wide have utilized the social model of disability to speak out against oppression, see James Charlton, Nothing About Us Without Us: Disability Oppression and Empowerment (Berkeley: University of California Press, 2000).
2 Three recent autobiographical shows about madness that have been recently staged in San Francisco include Marilyn Pittman’s It’s All The Rage (San Francisco Marsh), Paolo Sambrano’s Bi-Poseur (Stage Werx Theatre), and Brian Copeland’s The Waiting Period (San Francisco Marsh).
3 Brian Copeland’s The Waiting Period premiered in February 2012 at The Marsh Theatre, San Francisco, CA and continues to perform in various venues around the San Francisco Bay Area.
Joshua Walter’s Madhouse Rhythm

Joshua Walters’ photograph on the bill is rendered into the likeness of a watercolor painting. His naked, pink shoulders and muscular neck suggest both intimacy and carnality. Along with a short growth of beard, he is adorned by a bacchanal headdress with multi-colored flowers, leaves, and curved ram horns that jut forward. With his brow bunched together, his eyes widen, nostrils flare, and mouth opens to comically express a look of surprise and consternation. He seems to have been caught in the midst of a mad revel, although the source of his dismay or confusion is unknown. The blurb underneath reads, “Performance artist Joshua Walters stars in the one-man show Madhouse Rhythm, an autobiographical collage based on his experience with bipolar disorder. A variety of styles, including hip-hop theater, spoken word, and beat-box infuse this humorous tale. Walters takes audiences inside the mind of a man trapped in the throes of a psychotic breakdown, forced to make sense of being locked away in a madhouse.”

Above the picture, a headline summarizes the show, “Madhouse Rhythm -- A Funny, Frank Look at Mental Illness.” Perhaps Walters looks surprised because his revelry has been disturbed by the viewer’s gaze. Or maybe his expression represents a purely internal confusion of his thoughts. But I am tempted to interpret his look of consternation as a frustrated response to the advertisement’s description of him and his show, a dismay amplified by the fact that Walters wrote the description himself.

Walters’ use of the terms “mental illness” and “bipolar disorder” is rather curious because he has repeatedly claimed that he dislikes referring to his experiences as mental illness. He says that he rejects the term because he does not see his condition as strictly pathological. He declares that a medical description devalues his experiences and perpetuates psychiatry’s authority to discipline and treat his thoughts, feeling, and behavior while serving conservative institutional values and economic interests such as the pharmaceutical industry. Walters thus often playfully swaps the word “inflicted” with “gifted” and rewites the phrase “mental illness” as “mental skillness,” thereby turning negatives into positives by referencing his skills in hip hop, beat boxing, and social critique. He does acknowledge the distress that can accompany extreme psychological and emotional difference, but he usually chooses the non-medical term, “madness,” to describe himself. Madness is, he states, an “old term” that exceeds the signification of the clearly pathological “mental illness.” The older term is more inclusive, he explains, its meaning more difficult to pin down.

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4 This advertisement was most recently used for the performance run at the Berkeley Marsh Cabaret from July 28 to October 6, 2011, accessed July 20, 2012, http://www.goldstar.com/events/berkeley-ca/madhouse-rhythm-1.
5 Along with Walters sharing this opinion during interviews with the author on September 8, 2009 and September 13, 2011, he has also publicly announced this during a presentation at the Townsend Center Doing Disability Working Group, University of California, Berkeley, April, 20, 2010 and during several talkback sessions after performances of Madhouse Rhythm at SF Playhouse, San Francisco, CA, 2010 and Berkeley Marsh Cabaret, Berkeley, CA, 2011.
7 Townsend Center Doing Disability Working Group, University of California, Berkeley, September 13, 2011.
But if Walters dislikes the term “mental illness,” why does he use it and other clinical phrases like “bipolar disorder” and “psychotic breakdown” in his advertising? Furthermore, if he does not wish to cede power to psychiatry, why does his ad copy reaffirm the clinic’s authority by including a quote from a psychologist who claims, “I worked as a professional of mental health for over 40 years and never saw such a lucid exposition of the reality of symptoms, medication, and awareness. This message should be broadcast”?8

The answer to this perplexing choice and Walters’ apparent dismay can be found in the psychologist’s quote, specifically in his phrase, “lucid exposition.” In order for Walters to have his opinion about madness understood and acknowledged by his audience, he must speak from a subject position that is clearly recognizable. He must be seen as both legible and legitimate. This means that even though he doesn’t wish to be seen as a mentally ill patient, he must use language that will render him legible to contemporary U.S. society, which currently sees extreme consciousness and “abnormal” psychological and emotional difference as mental illness.

Although Walters ultimately wishes to critique such negative and narrow portrayals of madness, challenge the psychiatric power that he finds oppressive, and affirm madness as a valuable aspect of humanity despite the distress that it brings, he first has to get people into the theater. He therefore has to pique their interest. And the only way he can do that is by speaking to potential audiences in a language that they can understand and will find interesting. In other words, if Walters wishes to resist the label of mental illness, he must begin by declaring that he is mentally ill.

Unlike the creators of *Next to Normal* and *Tuesdays at Four*, Joshua Walters publically announces his desire to resist and move beyond a medical understanding of madness. He also affirms that his madness should be seen as both creative power and social critique. But because madness is to a large extent only understandable today as mental illness, Walters must use pathological language to make these claims legible to his audience. And in order to entice and entertain, he also employs aspects of freakery and stereotypes that set him further apart from “normal” people and work against his affirmation that madness should be embraced as part of the human condition. This clinical and sensational language reinforces the oppression of those with psychosocial disabilities.

Nevertheless, Walters doesn’t just repeat dominant representations in his performance of *Madhouse Rhythm*. He also employs subversive reinscription by repeating language and tropes in a social context that playfully call attention to the constructed nature of such language and the contradictions within dominant discourse of mental illness that has been naturalized by psychiatry. *Madhouse Rhythm* therefore exemplifies a sort of performance of resistance that does not attempt to achieve an impossible, autonomous subjectivity liberated from oppressive discourse but instead uses dominant language with the intention of resisting oppressive perceptions of madness, including ideas of how it should be treated and valued. Sometimes this re-inscription fails and Walters remains trapped in the very discursive pitfalls that make up his spoiled identity as a “mentally ill” person. But sometimes he succeeds in revealing how his psychosocial disability is socially constructed, tied to psychiatry’s power imbalance between clinicians and patients, and possesses its own internal contradictions. At these moments, *Madhouse Rhythm* encourages its audience to rethink the terms of mental illness and their assumptions of the binaries of sane/insane and normal/abnormal. Walters thus begins to gain

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voice and agency for those in society who are subjected as mentally ill and consequently denied basic rights including valuation of experiences that many deem to be aspects of oneself that should be disciplined and cured.

Emotional and cognitive distress and dysfunction are part of the human condition. And the concept of providing support and treatment is valid and important. Next to Normal and The Waiting Period are good examples of theater that educates the public about certain facets of emotional distress and encourages people to seek help. But the issue at hand with regard to linguistic and other representational practice on psychosocial disability is not how language works to represent what is already “out there” in the world, but rather how it performs transitively to social construct or alter what we see, think, and do. The problem with an uncritical deployment of psychiatric language is that it can reinforce inequitable, limited, and even distressing perceptions of people with experiences of madness.

Many people with psychosocial disabilities find labels of mental illness harmful. Diagnoses and the experience of being a patient can haunt people for decades and deeply influence and limit how we see ourselves and others.9 We are all vulnerable to these diagnostic labels and other discursive medical practices because language is necessary for our very social existence. Language, in many ways, prefigures and constitutes our identities. Individuals socially exist not just because they are recognized by others, but because they are recognizable to others by means of language that has come before them, by language that in effect renders the individual into a subject.10 Because language has the ability to sustain the individual’s recognition, it can also threaten or limit his or her social existence. And psychiatric language is particularly powerful in this aspect because its main purpose is to label people, manage them, dictate how they should be treated, and instruct them how to think and behave.

In his lectures on psychiatric power, Michel Foucault argues that the clinic has been used as a diagnostic and classificatory site to actually make possible the discovery of mental illness. The clinic subsequently provides a site of confrontation between madness, disturbed will, and deviant passion and the so-called healthy wills and orthodox passions of clinicians.11 Through such confrontation, which may include public or private cross-examination, clinical treatment and punishments, moral talks, obligatory work, preferential treatment, and sometimes a servitude that binds patient to doctor, the doctor becomes “the master of madness” by first making it appear and then dominating it.12 In other words, the clinical concept of mental illness was literally borne out of ongoing power struggles to name and control individuals who possessed aberrant conduct. In this formulation, psychiatry doesn’t just reveal mental illness as a disease; it produces the truth of mental illness.13

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9 For a succinct example of how psychiatric labels can pursue and wound an individual even decades after a single act of diagnosis, see Ann Wilson and Peter Beresford, "Madness, Distress and Postmodernity: Putting the Record Straight" in Disability/Postmodernity: Embodying Disability Theory, Ed. Miriam Corker and Tom Shakespeare (New York: Continuum, 2002), 147 – 150.
12 Ibid., 340.
13 Ibid., 335.
But this psychiatric construction of mental illness and its related dispositifs do not act upon patients in a unilateral, or top-down, manner in the sense that doctors have exclusive power to make sense of madness and patients are regulated to the status of passive subjects. Psychiatric power is not something that can be exclusively held by one and then exercised upon another. Foucault observes that “power is never something that someone possesses, any more than it is something that emanates from someone. Power does not belong to anyone or even to a group; there is only power because there is dispersion, relays, networks, reciprocal supports, differences of potential, discrepancies, etcetera. It is in this system of differences, which have to be analyzed, that power can begin to function.” Working as power/knowledge, psychiatric language circulates as a microphysics of discursive exchange in which we all participate and propagate, even though power is exercised non-uniformly. These relations of asymmetrical power can be exemplified in the struggle between clinicians and patients to represent and therefore bring into existence different conceptions of madness. While clinicians utilize language to master and treat aberrant thoughts and behavior in their patients, those patients often contest such authorial control with practices of resistance that can be called “antipsychiatry.” However, Foucault notes that such resistance does not withdraw from clinical language in the attempt to “reduce [madness] to zero,” but rather attempts to dismantle psychiatric discourse by transferring the power of producing one’s madness and the truth of that madness to the patient.

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14 Ibid., 4.
15 Power/knowledge, which Foucault more fully develops in Discipline and Punish, is a useful theoretical frame to understand the personal and political impact of psychiatric language. Psychiatry not only claims the authority to describe the reality of mental illness. It actually has the power to make such reality “true” in the sense that once psychiatry’s language has been decreed and put into action, it has real world effects on us in terms of constraint, regulation, and discipline of our thoughts and behavior. “[T]here is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time, power relations.” Michel Foucault, Discipline and Punish: the Birth of the Prison, trans. by Alan Sheridan (New York: Vintage), 27.
16 The perhaps inaugurating example of this can be seen in the struggle for control between the famous 19th Century French neurologist Jean-Martin Charcot and his female patients, where simulation of hysteria can be read not as a pathological problem but as a spectacle of struggle. Charcot’s female patients performed hysterical simulations that were in effect sexual pantomimes. Charcot attempted to offered these simulations to his medical colleagues as samples of undeciphered residue of the hysterical condition. By isolating and producing symptoms of epilepsy, these displays justified the medical status of hysteria by calling up recognizable symptoms of an organic disease. But Charcot’s patients ultimately performed these displays of “illness” in excess of their doctor’s direction, offering a sexuality that at the time could not be acknowledged as part of the differential diagnose of hysteria and thereby detached their actions, suffering, and desire from their diagnosis and called attention to the productive role of the clinician in the “truth” of hysteria. These “counter-maneuvers” worked as the “militant underside of psychiatric power” to trump the neurologist’s authorial voice. See Foucault, Psychiatric Power, 308 - 322.
17 Ibid, 344.
18 Ibid.
These struggles to produce knowledge of madness are, of course, historically and culturally situated. Within contemporary U.S. culture, when we attempt to either support or undermine psychiatric discourse, we reiterate a language of mental illness that perpetuates problematic ideologies of individuality and ability that change through time but also date back to the Enlightenment. These ideologies inform beliefs and oppressive practices around madness that are in turn charged and perpetuated by various cultural practices, socioeconomic forces, current health care structures and policies, and linguistic practices that dictate not only our social roles but also the possibilities and limits of how we understand ourselves and others. Today, dominant contemporary language on madness is rooted in psychiatry and signifies such difference as pathological. This signification is not just a label; it makes certain thoughts, emotions, and behavior definable only as pathology. It is impossible to escape the connotation of deviant sickness when referring to such difference.

This deviancy is in fact inextricable from the concept of disability itself. Consider how disability activists are constantly replacing certain terms that carry pejorative connotations with new ones. Exchanging the old term “cripple” with “disabled” may help ameliorate the superficial sting of such language, but no new word is able to fully avoid an oppressive meaning of disability because the very concept of disability requires referencing a long history of abjection and discrimination of people with certain physical, psychological, and cognitive differences deemed pathological. This leads to the question of how can we possibly use language to resist oppressive signification when that signification always precedes and haunts all uses of such language in the present?

Judith Butler’s work on performativity and subjection is helpful in addressing this conundrum. Drawing from J.L. Austin’s thinking about speech acts, Louis Althusser’s idea of interpellation, Foucault’s concept of discursive practices of power/knowledge, and Jacques Derrida’s notion of reiteration and the inherent inability to perceive a system of language from outside of its limits, Butler postulates that everyone, as subjects, are radically socially constructed and can only realize their subjectivity within the discursive practices that continually re-make them. Because this language precedes us and dictates the terms in which we find our subjectivity, it is impossible to speak from an autonomous position apart from the oppressive terms and ideologies upon which we are dependent. However, while we are bound to our discursively constructed understandings and experiences of the self, she argues there is room to resist how we are represented and understood, albeit imperfectly and always in a manner that is ambivalent.

Importantly, Butler notes that Althusser represents interpellation as working with immediate illocutionary force. In Althusser’s example of the police officer who hails the pedestrian and thereby calls that person into being as a subject of the law, the officer’s power is based in the authority of the State. This understanding of the performative speech act draws from a theological framework that conceives of the power of the speech act as a divine source, where the authority of interpellation resides in the immediate speaking voice. In a manner, and in certain instances, this quality of performativity seems quite evident. For example, a judge can sentence a convicted criminal with a voiced proclamation, and an appropriate church official can christen a child. Butler observes, however, that the vast majority of interpellation occurs in a context where the power of the speaking subject is derivative, drawn from a prior use of that utterance. In these cases, Derrida’s formulation of language as citational practice suggests that

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interpellation is not a discrete, integral moment, but rather works as a sedimentary process that precedes and exceeds the individual and immediate speech act. This has significant consequences for how we describe madness and contest dominant, unwanted descriptions.

Althusser’s concept of subjection requires that the pre-subject turn and acknowledge the hail. But our first interpellations occur before we are even aware of being named. As Butler notes, “one need not know about or register a way of being constituted for that constitution to work in an efficacious way.”\(^{20}\) This is because efficacy does not lie in a “reflexive appropriation” but in a chain of signification that precedes and succeeds the named subject’s “circuit of self-knowledge.”\(^{21}\) Therefore, we are still constituted by discourse, but always at a distance from ourselves. This formulation speaks to the moments when we feel that others’ labeling of us seem to somewhat miss their mark, even though we know they are speaking about us; the names the call us can feel not only dissatisfactory but downright askew, an imperfect fit. This is because language that names us always exceeds us; and we in turn always exceed that which we are named. This is not to say that interpellation fails or succeeds on a locutionary basis, for the subject does not exist before it is being named. Interpellation, Butler argues, is inaugurating, not descriptive. Interpellation is neither false nor true. Instead, it signifies and establishes a subject by producing its subjection’s “social contours in space and time.”\(^{22}\)

The imperfect fit between what we are named (e.g. “mentally ill”) and our reaction to that naming suggests that interpellation more often works not by illocutionary but rather perlocutionary force. Because the efficacy of speech acts always depends upon the social and citational context, such speech acts’ success or failure is multifarious, depending on their legibility, citational authority (i.e. legitimacy), and proper fit in the immediate social moment. There is therefore a space between any speech act and its social uptake where the performative’s efficacy can be determined through layers of felicity and unhappiness, to use J. L. Austin’s terms.\(^{23}\) It is within this perlocutionary gap that interpellation works. And because this gap consists of a manifold of citations and temporalities reaching back before the event and also exceeding it into the future, such citational practice can be directly referenced in the act of representation, including theater that includes additional layers of citation, repetition, and self-reflexivity. This self-referentiality allows for imperfect re-inscription, including parody, excess, and doublings that can critique and trouble unwanted interpellation. In summary, within such contested space, injurious language is still repeated. But even though the phrase “mental illness” always carries a negative connotation, this repetition can be directed in new ways that draw attention to both psychiatric language’s discursive legacy and the contingencies of its performative force.

This concept of linguistic performativity can illuminate Joshua Walters’ efficacy and mishaps in his struggle to resist oppressive language and ideas of his madness. He must obey certain rules in his self-interpellation that he may wish to avoid, but he tries to employ such inscription in a way that leaves space for critique. For example, in order to convince audience members to come see Madhouse Rhythm, Walters needs to make sure that his show’s content is legible (e.g. “it’s a show about mental illness”) and legitimate (e.g. “it is an accurate and interesting depiction.”) By quoting a psychologist with 40 years of experience, the

\(^{20}\) Ibid., 30.
\(^{21}\) Ibid., 31.
\(^{22}\) Ibid., 34.
advertisement draws on the clinician’s legibility and legitimacy. But such legibility may not be enough to bring in audiences. While the psychologist’s credentials and language define the show as legitimate, this clinical context alone may be too sterile to ensure interest by the general public. Therefore Walters also uses sensational language to entice his audience. Like many films, television shows, and theater events that present madness as thrillingly exotic, Madhouse Rhythm’s advertisement promises to offer a titillating exposé of the “madman locked in the throes of a psychotic breakdown.” In doing so, the ad copy reflects the 19th Century freak show’s tactic of seizing upon public anxiety of uncertain parameters of embodiment and mind.

Nevertheless, Walters’ freakery can be considered an assertive appropriation of the oppressive ideology of normalcy. He uses the very language that marginalizes him as a means for increasing ticket sales. Freak show artists have long exploited not only this public anxiety but also fascination of difference. By using specific tactics of exoticization and aggrandizement of what are actually natural and fairly prosaic human characteristics, such performers have historically been able to achieve a certain commodity status and thus make a living.24

Unfortunately such sensationalism and exoticism is appealing because this marginalization works to reassure the public of its own sanity and normalcy. Rosemarie Garland-Thomson argues that by marking some people as extraordinary outliers of the human condition, such freakery reassures everyone else (i.e. the “normals” in society) that they belong.25 Freakery therefore becomes a “most democratizing institution” by flattening difference and assuring commonality of mind, corporality, ethnicity, gender, and nation.26 Such performance of difference marginalizes those with disabilities even as it affords them a sense of economic and rhetorical power. This rhetoric is exemplified in Madhouse Rhythm’s advertisement quote of the psychologist, who cites his credentials as a clinician with over 40 years of experience and thereby interpellates Walters as a medical subject. Echoing medical theaters of the past, the clinician’s statement encourages the audience to see the mad person from the safe distance of a theatrical show. The public is promised a view of fascinating difference through the lucid lens of science, after which they may leave at the end of the night with the knowledge that madness has been relegated to a marginal place in the world.27

The language in Madhouse Rhythm’s advertisement promises a peregrine, mad Other, thereby citing pre-modern Western conceptions of madness as otherworldly, a conception of human difference that madness used to share with other forms of disability. Before madness was reduced to mental illness, European cultures regarded such difference as divine, demonic,

26 Ibid., 5.
27 Charcot exemplified the use of performance through a medical lens to construct the opposing categories of mental illness (namely, hysteria) and normalcy. Interestingly, however, these performances also established new legitimacy for people complaining of psychological and emotional dysphoria. Through a performance of medicine, those who previously were accused of malingering now deserved to be heard. In such a way, Madhouse Rhythm’s mark of approval by a psychologist also legitimizes the performance. See Elaine Showalter, The female malady: Women, madness and English culture, 1830-1980 (London: Virago, 1987), 147 – 154.
inspired, or otherwise beyond the knowable everyday world. Madness therefore contained intrinsic value because it offered additional truth about humanity and the world.\(^{28}\) Although the modern clinic now reduces madness to a pathological condition defined by lack of reason, truth, and value, vestiges of these earlier conceptions of madness continue to linger in contemporary cultural production. Tropes in films, television shows, and theater commonly represent madness as belonging to another realm, although that titillation is also steeped in tragedy and horror. Walters’ advertisement therefore draws from both medical and pre-modern discursive practices in order to gain both legibility and legitimacy. This tactic proves to be a double-edged sword, as Walters employs oppressive language in order to gain a voice that will then hopefully refute that language.

At the beginning of his show Walters repeats his advertisement’s rhetoric, promising his audience an exotic trip into madness, a destination away from the normal. With more than a tinge of intrigue in his voice, he seduces them with an invitation: “Why hello there. It’s good to see you. I mean me. I mean you. Come along with me on a magical mystery adventure. Come get into my space craft, otherwise known as a Golden Chevy. Let’s go for a ride.”\(^{29}\) This representation of his personal story as exotic might simply reinforce the idea that people with madness are inherently different than the rest of humans. But Walters’ performance doesn’t adhere to this binary. He sets it up in order to later deconstruct it. While he takes his audience on an autobiographical trip into the far reaches of his madness, the performance never actually leaves the “normal” world behind. Walters weaves his madness back into mundane life, eventually finding his way back to the actual stage in the present. He thus encourages his audience to see that madness and normalcy are not separate but actually interdependent strands of the human condition. The more he spins his autobiographical tale the less the threads hold their opposing ground. The end result may be that his audience sees and feels only a fabric of experience that must reject such differentiation as artificial. The performance suggests that to ignore madness is to ignore humanity.

At the top of the show, foreboding, eerie electronic music plays from the loud speakers and Walters enters the stage, where a red curtain hangs down to the floor behind him. The space is set up similar to a stand-up comedy act, privileging the interaction between performer and audience. Walters hunches over, wearing a hat and Mexican poncho with sun motifs. Giving the audience a slightly maniacal grin, he straightens up and looks off into the distance. Through “ethnic” costume and gesture to a far off place, he puts forth the idea of a surreal, exotic expedition. He licks his lips, indicating a sense of the primal and sensate. Then, seeming to oppose a cool, rational mind, he offers an off-kilter grin that denotes unusual and erratic intention, possibly danger. Last, like madness that sneaks up without your awareness, he exits the stage, not walking like a rational human, but creeping in an animalistic manner. The audience waits in anticipation until the music subsides and lights return to normal. Walters then walks back onstage wearing conservative slacks and a dressy, button down shirt with the collar open. Yet he continues to offer an occasional mischievous, wild smile. Merging the exotic difference of madness with the prosaic and rational human, he retains both personas: Joshua the Madman and Joshua the Performer. He maintains this tension throughout his 80-minute show.


In other words, even though Madhouse Rhythm employs a marginalization of madness as the exotic, Walters’ performance resists disabling discourse on “mental illness” by calling attention to the ludic, fluid nature of certain binaries that masquerade as natural and immovable: normal/abnormal, sane/insane.

Walters’ main strategy for revealing the citational and recursive nature of these binaries is to use the stage both as metaphor and metonymy for how society socially constructs our understandings and treatment of extreme consciousness and psychological and emotional difference. He shifts through competing, subjunctive spaces in a way that reveals the instability between how reality is perceived and understood by different people, even between the shifting perspectives of one person. He thus challenges his audiences’ certainty of perception and suggests that dominant and oppressive understandings and reactions to madness also are flexible and worth challenging.

Walters’ story begins with him as a teenager at home, late at night in his bathroom where his inspired flights of fancy become their own show. He tells his audience that these first performances took place in “a very small venue, consisting of only a couch of water and a porcelain chair. An audience of one and cast of one, in front of the bathroom mirror.”

Looking at himself in the imaginary mirror, Walters offers the bathroom as a portal for the audience to move temporally and spatially between different locales and conditions of his identity and personal experience. By doubling this past nighttime ritual on the current, actual stage with a real audience, Walters encourages his audience to empathize with his past experiences. And by emphasizing the contiguous yet ultimately differentiating relationships between his moments of madness and those with whom he interacts, he encourages his audiences to shift between those subjectivities in a way that trouble the certitude of any one perspective.

Using mime and beatbox technique, Walters creates the sound of his mind and bodily passion revving up. Turning a large imaginary knob in the air, he voices the dialing of large radio knob inside his head, rushing through a multitude of San Francisco Bay Area stations that seem to represent voices, real or imagined: “This is KPFA, Free Speech Radio. Earlier today a man was seen talking to himself for eighty freakin’ minutes…Yo, Dude, it’s Live 105!” He then begins to sing Kurt Cobain’s song Lithium. “I’m so happy, ‘cause today I found my friends inside my head…” Cutting himself off, he then speaks as a radio caller with an urban accent. “Yo, man! Play my song! 106! KMEL Jams!” Beatboxing, he raps a phrase from Cypress Hill’s Insane in the Brain, “Insane in the membrane; got no sane in the brain!” Morphing into a radio evangelist, he then continues, “And now turn to John 3:16. Today we study the good scripture, each letter carefully…” He then shifts his subjectivity once again; he pulls a toothbrush out of his pocket to use as a microphone and belts out Gnarls Barkley’s Crazy with wild abandon. “Cause y’all think I’m crazy, you all think I’m crazy!” Referencing local radio stations and popular song lyrics, Walters reminds his audience that madness and its references are very much part of daily culture. Additionally, by equating his present 80 minute autobiographical theater show with the rants of a madman on the street, he conflates sanctioned performance with the madman on the street who offers a performance that is very similar in some ways but also seen as illegitimate.

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30 Even this comment is subjunctively made not to the actual audience in the theater, but to Terri Gross, the host of National Public Radio’s Fresh Air, by whom Walters fantasizes being interviewed after being nationally recognized as a prominent artist: “Actually, Terri, I got my start in a very small venue. It consisted only of a couch of water…”
Suddenly, in the middle of this radio babble, there is a knock on the bathroom door. Walters’ father (who, along with all other characters in the show, is played by Walters) asks his son if everything is all right. Walters, as himself, freezes in mid-song looking at his toothbrush like a deer caught in headlights. The audience laughs, perhaps empathizing with the experience of being caught in a private moment. His father sternly asks whether he is brushing his teeth.

Still staring at himself in the mirror, Walters offers an obvious lie. “Yes.”

“It doesn’t sound like it.” The voice is filled with patriarchal authority.

Walters hesitates a moment further. It is clear that the magical ride, at least for the moment, is over. He finally capitulates with a meek “Yes” and begins to somberly brush his teeth.

By repeating his father’s reprimand, Walters replays his own subjection for the audience. But because this disciplining is actually a replay of a past moment couched in subjunctive theatrical space, Walters offers a self-reflexive, silent commentary that explores the tension between what he wants to think, feel, and do and what he is told by others. In other words, he is told that there are appropriate times and places for flights of fancy, and there are other times when they are impermissible. But by contextualizing the normative zone imposed by his father within theatrical space where a liminoid craziness is acceptable, Walters highlights how the socially constructed difference between what is normal behavior and what is crazy. By overlaying these competing moments of subjunctive space, Walters shows how he is compelled by both desire and disciplining discourse.

Such tension is perhaps familiar to most of us. After all, Walters’ bathroom performances began at an age when many teenagers begin to experience powerful new emotions and explore new identities that are fueled by passion and also often jut up against authoritative dictates. Walters explains, “When I was sixteen I thought I was invincible. I guzzled Bacardi and smoked fat blunts with the stoner kids, wore earth tones and hemp jewelry. Nothing could hurt us, and nothing could stop the furious force of our rhymes. Because when I was sixteen, I was hit by Hip Hop:

Liquid swords dropped off papyrus reams
And the boom bop was returned
That for my birthday I saw The Roots for the very first time
And I played their live album on repeat until the batteries ran out
And I played it in my mind
You know the words! Sing along!
We are the ultimate, rock-rockin it!”

The enthusiasm of playing the music in one’s mind long after the batteries have ran out might on one hand refer to an unbridled passion of youth. On the other, it may refer to literally hearing voices as if one were listening to live headphones. The latter, of course, suggests auditory hallucinations or persistent and pervasive thoughts that overcome what one actually observes around oneself. By introducing these otherwise psychiatric symptoms within normate discourse of regular teenage enthusiasm, Walters hints at removing the strict separation between normal and abnormal. His language may leave his audience in doubt, unsure whether to see him as a normal kid, a psychiatric patient, or perhaps both.
Along with this rather usual tale of youth culture and adolescent rebellion, however, Walters also confides to his audience that at the age of sixteen he began to experience some rather unusual moments of wonder and mystical meaning. A rainbow streak of gasoline in a sidewalk puddle, smoke from a manhole, and lyrics on the radio all presented themselves as unquestionably divine signs. Walters explains that because his personality was already somewhat wild, his newly acquired messianic conviction did not appear totally incongruous with his previous behavior. Therefore his friends were reportedly not immediately disconcerted when he began to treat them as his “apostles,” although they eventually became alarmed by his labile mood and inexplicable joy and tears. His high school teachers, however, balked at his subsequent extreme behavior, particularly the day he stood up in class and categorically announced that he was, in fact, Jesus Christ. His parents were called, and Walters soon found himself in the hospital.

Walters explains to his audience that he no longer believes he is God. But even though he no longer insists it, he never dismisses his past conviction as categorical error. Instead, he narrates his past spiritual experiences as part of a passionate and rebellious stage common to teenagers, thus overlapping his madness, minoritarian identity, and regular adolescent exuberance. While his obsession of listening to The Roots, particularly in his head without batteries, can be seen as clinical “perseverance” or even auditory hallucinations, he narrates his passion as youthful enthusiasm. Furthermore, he hints that his passion (or perhaps “Passion,” following his experience with involuntary hospitalization) has led to his current self-averred role as “a modern day shaman.” Walters thus offers an autobiographical tale of madness that exceeds psychiatric language’s description of his experience, e.g. delusions of reference, narcissistic thoughts, labile emotions, inappropriate and disruptive behavior in the classroom. By blending the usual with the unusual, the acceptable with the unacceptable, Walters attempts to bridge yet also trouble the divide between “normalcy” and “abnormal” psychology and emotions.

Walters does not offer a utopic conception of madness that is free from oppressive discourse, perhaps because there is none to be found. Although he states that he wishes to reframe mental illness into “mental skillness,” he nevertheless continues to use the concept of dysfunction to define his condition. When I pressed him to explain what he means when he uses the term mental illness, Walters responded, “I don’t think people with a mental illness are so different, they’re just much more sensitive to those emotions and triggers […] that everyone deals with day to day. I think everyone experiences madness at some point. I don’t think everyone experiences insanity or a point where they can’t handle it. And that’s really the difference: the sensitivity level and the ability to cope and function.” Walters thereby echoes Lennard Davis’s conception of disability as located along the continuum of human experience. Instead of rejecting pathology wholesale from madness, he accepts that illness is part of the human condition and touches all of us to some degree.

Walters’ inability to advocate for an identity of madness that escapes pathology highlights a crucial difference between psychosocial disability and other minoritarian identities that can claim an ontological foundation that, at its ultimate core, might be free of such negative self-interpellation. Black Pride, for example, certainly finds its subjectivity based on hundreds of

years of oppression and spoiled identity, but the pathology assigned to African Americans can be consciously disavowed by its members and reframed as a history of crucial yet mistaken subjection. But it is unclear whether or not psychosocial disability can even dream of such a utopic future. Because the social meaning of madness today seems inherently tied to pathology and dysfunction, it seems impossible to reconceptualize it in a manner that is completely emancipated from negative or unwanted traits. A solution to this conundrum might therefore require moving beyond minoritarian identity politics and focus on a reformulation and expansion of how we conceive of pathology and dysfunction.

Walters’ solution is not to disavow but rather differ from and exceed medicine’s clinical description of his madness through imperfect citation and ambivalent representation in space and time. He then augments this *différance* by using bodily, vocal and rhythmic texts to provide a phenomenological description of what full-blown mania feels like to him. Beat-boxing into his head mic and swinging his arm like a grandfather clock, he sculpts mood through four-dimensional space. Looking at the audience, he explains, “Some people think of bipolar as happy and sad. But it’s more than that. It could be in [he sucks in air] and out [he forcefully exhales]. It could be focused [he vocalizes a sharp, ‘DING!’] and unfocused [he offers a swooshing dissipation]. It could be faith [he sings ‘hallelujah!’] and doubt [he speaks with low breath, ‘I give up.’] But to me…it’s a matter of fast and slow. It’s a matter of time.” Over a steady 4/4 meter, Walters begins to beatbox a single rhythm like the pendulum of a clock, seemingly to perform what a balanced, centered subjectivity feels like.

After a short while, Walters demonstrates what it is like to feel “a little bit good,” by moving into a double-time rhythm. While his meter stays the same, he now subdivides the beats and complicates the rhythm with syncopation. This effect suggests a richness and specificity to his new mood.

Soon, he narrates that “hypomania [is] taking over” where “the insides are going fast and the outside is a manageable slow.” His meter remains 4/4, but the beats are subdivided yet again. They skip and trill with timbre, as he begins to blur the rhythm.

Finally, Walters rockets into “full blown mania” where he attempts to divide the beats yet again. But now the underlying meter is troubled by the speed, which challenges and hints at overwhelming his mouth, lips, and tongue’s ability to articulate. This manic rhythm is accompanied by an electric, frantic revving sound similar to a racecar downshifting. With a gesture towards virtuosity, he momentarily maintains the rhythm while several audience members call out encouraging approval.

He then cycles down to the representation of dysphoria and then finally “full blown depression,” where he emphasizes a drawn out, deep vocalization. The clock’s pendulous arm slows at the bottom of each swing as if drawing through molasses, dragging him into the ground.

Walters thus uses rhythm as an augmentative signification of mental illness and a means to build a sense of community in a way that clinical language cannot. Time signatures set common understanding and expectation as to what should happen next. Rhythm can thus be a satisfying, nurturing process. By establishing a meter, Walters allows common language with the audience, and also paves the way for a demonstration of noted spectacle, i.e. a performance that is special and worth viewing. His complicated, trilling pace of mania comes across as virtuosic and therefore may be celebrated as extraordinary aesthetic value. For the moment, mania is not about dysfunction, but aesthetic accomplishment.

And yet Walters’ presentation of his subjectivity is not autonomous from an ideology of ability that oppresses many people with psychosocial disabilities. By drawing from a virtuosic
skill to dazzle his audience, his recuperated presentation of mania re-marginalizes people with psychosocial disabilities who cannot perform such feats. This could be described as a mental health version of the supercrip phenomenon, where people with disabilities are seen as acceptable and valuable only if they are somehow extraordinary.\textsuperscript{33} Such individuals with disabilities are lauded and socially accepted because they “overcome” their impairments by means of extraordinary effort, moral fiber, or over-development of another facet of ability. Society’s celebration of these super-human efforts may set unrealistic expectations for others, re-emphasize an ideology of ability and individuality that negates those who cannot live up to such performance, and reinforce the idea that a disability should be seen mainly as a personal tragedy that is to be endured and overcome.

Along with relying upon virtuosic ability to gain valuation, Walters’ performance also works against the idea that madness is a common aspect of the human condition. He thereby re-inscribes the socially constructed oppositional binary between madness and “normal.” While his manic rhythm appears more difficult to perform than his ‘centered’ tempo, both rhythms actually require skill and practice. A common strategy in performing spectacle is to frame certain performance practice as easy or ‘straight’ against which the now saliently extraordinary can play. Walters portrays mania as extraordinary in comparison to “normal” time. Thus, the seemingly inescapable binary of normal/abnormal remains in play.

Having introduced his audience to the varying phenomenological qualities of his moods, Walters next proceeds to mix them, reflecting what psychiatry describes as a mixed episode of bipolar disorder. As he speeds back up with increasing mania, his mind begins to churn out poetry, quicker and quicker, first tangential and then seemingly nonsensical:

\begin{quote}
Riveting rhythms, Batman. The bottom fell down like a flunky on my boom box. 
I wanna wish like an artisan culinary to hear the blast, back to the beats, melting to the mouth like an African, I came from [unintelligible], waiting on the tracks, tickling timber this woods about to wiggle you better watch out before I affect a bee like a buzz from the friction underneath your feet. Frolic my friend, frolic! Flowers flicker doze ducks and dimsum all ready to be served she shimmers, tickle my tassels like one of those feel the fallopian tubes nothing accidental about anticipation this act I don’t seize the seasons like the springtime anguish in August its possible big baskets of bananas its going to be a good six months from now, GOTTA GET IT WHILE THE GETTING IS GOOD!
\end{quote}

Madness is often understood as thought processes that are illegible and void of meaning. If a mad person’s thoughts have no meaning, then their very subjectivity as a person can be voided, the underlying argument being: why pay attention to someone who is nonsensical? To some, Walters’ flight of tangential alliteration might reflect a void of meaning. Yet various conversations and interviews with Walters reveal that one can find subjective meaning within the seeming chaos of his text. Walters has explained that his mood is tied to certain times of the day and seasons of the year. In the above speech, he notes his annual doldrums of late summer, when he experiences a strong depression and must encourage himself to hold on until spring, the time when will be able to feel “good” and buzz like a bee. Spring is the time for Walters to “get

it while the getting is good.” Such poetry stems from alternative emotional experience and thought processes, where people deemed “crazy” often experience tangential thinking, alliteration, and flights of ideas. If Walters were to recite this string of sentences while standing on the street, his speech act may fail to mean anything to fellow pedestrians and thus interpellate Walters as psychotic. But if one is able to hear Walters’ personal story, such “crazy talk” becomes legible and legitimate. I do not doubt that is the case for all psychotic language, if only we could contextualize it. There is always some sort meaning, even if cannot operate within normative discourse.

I do not know whether Walters’ audiences tracked the meaning within this specific manic text. But by performing it on stage, as opposed to conducting an impromptu performance on the sidewalk or in his bathroom by himself, he provides a legitimizing context for his behavior and his language. The performance event itself encourages the assumption that the language has some sort of meaning. In other words, the theatrical frame suggests that his language is planned, intended for an audience, and therefore worth appreciating. Because of this normalized yet liminoid space34 that is more tolerant of transgressive behavior than a public street would be,

34 Here I am drawing upon Victor Turner’s theory of the liminal and liminoid. Moving beyond Claude Lévi-Strauss’ functional structuralism, Turner argues that symbolic structures and representations must be understood through lived experience. He uses the metaphor of drama and performance to understand how ritual and various practices of “leisure” relate to social structures, individual roles, and sociocultural processes and settings that generate new symbols and thus subvert or change normative values, practices, and paradigms. Drawing from his understanding of how rituals function in “tribal” or “agrarian” and “pre-industrial” society’s, Turner sets up a cyclical or generational social process that can be understood as social drama, where symbols are used to restore order or create new order. This can be broken up into three steps: preliminal, liminal, and postliminal. During the liminal phase, usual social roles and symbols are inverted, removed, or otherwise altered allowing for a new, temporary experience of social identity and behavior. This “antistructure” is an inversion of standard social structure. The setting is usually delimited temporally and spatially and empowers its constituents with alternative ways of interacting with each other and interpreting behavior. The social space is marked by ambiguity and paradox, where participants are liberated from usual social obligations and play with familiar elements of society in order to defamiliarize them. During this time, members experience communitas a collective group identity and positive acceptance where “persons see, understand, and act towards one another…[in] an unmediated relationship between historical, idiosyncratic, concrete individuals.” (45) These liminal processes are obligatory and supported by all members of society. Even though liminal phases tend to subvert norms, the repetition of communitas develops social structure over time. In this sense, Turner regards liminal processes in pre-industrial societies as essentially conservative. However, Turner’s understanding of liminality in post-industrial societies changes. With the separation of work from leisure, these societies construct temporary, liminoid spaces. Liminoid events are also collective experiences, but can more individualistic or driven by only a small section of society. They are voluntary and develop out of a person’s leisure time. They share with the liminal a ludic quality where symbols can be rearranged and created anew. Whereas liminal events are central and integral to societal norms, liminoid events take place on its margins and become areas ripe for subversion and social change. From Ritual to Theatre: The human seriousness of play (New York: Performing Arts Journal Publications, 1982).
audiences can assume that Walters is acting appropriate for his social context. They therefore do not need to worry that he is out of control, dangerous, or in need of assistance. Unencumbered by anxiety about Walters’ otherwise inappropriate discursive practice, audience are free to seek meaning in his text or perhaps even appreciate his performance on an aesthetic level that exceeds discursive meaning.

As Walters increases the speed and complexity of his beat-boxing and lyrics, he demonstrates a level of both virtuosity and abandon. “Flow” in Hip Hop refers to desired ability in performing rhythm and rhyme. Mihaly Csikszentmihalyi uses the same term to describe a moment of complete absorption of the activity at hand where the performer is in a state of intrinsic motivation, completely involved in the activity for its own sake, where one’s whole being is involved and one’s skills are being used at their utmost potential. Walters’ state of flow valorizes a level of skill and ability that may be understood to marginalize any disabled performer who cannot attain it. But it also places Walters’ psychological and emotional difference in a position of value, drawing from conventions of spoken word and freeform jazz that celebrates the individual, creative moment. It must negotiate and ultimately exist within the norms of such performance practice. But it is also able to engage psychiatric ideas of mood disorder without simply repeating psychiatric language that does not allow for such individuality and creativity.

By using virtuosic beat-boxing, hip hop, and spoken word to positively signify his madness, Walters takes advantage of contemporary U.S. culture’s increasing view of mania as desirable. One example of this revaluation can be seen in Kay Redfield Jamison’ Touched with Fire where she argues that many of our most celebrated artists and authors of the past were pushed and inspired by extreme emotional highs and lows. Combining this historical reading with a contemporary exploration, Emily Martin argues that, along with creativity, hypomania offers the flexibility, motivation, audacity, and productivity that neo-liberal economics, globalization, and rapid changes in our personal experiences of time and space demand. For example, historical accounts and contemporary culture valorize Ernest Shackleton’s drive, comedians Robin William and Jim Carrey’s rapid wit and silliness, former Apple C.E.O Steve Job’s creative genius, and the sort of manic energy hyperbolized in Jim Carmer’s investment advice television show, Mad Money.

Walters’ appeal to society’s desire for mania demonstrates how bipolar is a particularly convenient label and concept of madness when advocating that society should accept and champion psychological and emotional difference. First, hypomania is creative and productive...qualities that are highly valued today. Secondly, “bipolar disorder” signifies an authorized, psychiatric diagnosis of madness. By using this label, Walters immediately gains a level of legibility and legitimacy. Third, and perhaps most importantly, “bipolar” madness is particularly suited to those who wish to resist oppressive responses to their psychological and

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emotional difference because people who are diagnosed with bipolar disorder usually experience windows of “insight” between their bouts of madness. During these moments, they restore to sanity and are thus capable of behaving appropriately, i.e. “normally.” These periods of normalcy offer people with bipolar disorder the opportunity to communicate with others through the shared logos that constructs normate society.  

People who meet the clinical criteria of bipolar disorder may be unable to think, feel, or behave in socially appropriate or even legible ways during episodes of depression or mania. But they also usually have periods of restored reason when they can pass as “normal.” During these periods of normalcy, they are able to reflect upon and even narrate their past expeditions into madness. By narrating them within acceptable, normate language, they are thus able to better explain themselves and perhaps even validate their past experiences, at the time of which they were unable to defend or legitimize themselves. But this strategy of using normate language comes with a price. It order to speak with legibility and legitimacy, such explanations must rely upon the dominant expectations for behavior and use of language that marginalizes the mad in the first place.

By contrasting bipolar disorder as a category of psychosocial disability with other severe and persistent diagnoses such as chronic schizophrenia, it becomes evident why most advocates for psychosocial disability today exemplify madness with symptoms that typify bipolar disorder, whether such madness is anachronistically applied to past artists, valorized in current members of society such as CEOs and entertainers, or represented in grass roots organizations that celebrate madness’ “brilliance,” such as The Icarus Project. As opposed to those diagnosed with mood disorders (e.g., depression, anxiety, or bipolar disorder), those with severe and persistent thought disorders are regarded as continuously failing to share logos with normate society. Many such individuals become dependent upon the state or, if they are lucky, their families. Furthermore, those who cannot consistently demonstrate “insight.” i.e. mastery of

Allen Thiher argues that the concept of logos, i.e. our shared perception of how society and reality is ordered, has been a central tool for Western cultures to differentiate the mad from the sane for thousands of years. Seeming to reject Foucault’s discontinuous history of madness, he argues that even though madness as been understood and treated differently in various times and places, it is continually “incumbent upon us when something in human reality goes askew.” He claims that since the time of ancient Greece, the concept of logos (i.e. reason and language) has allowed us to discover alterity, that “otherness that seems incommensurate with logos.” Whether this alterity is fixed transhistorically or a trope that only occasionally materializes, his formulation that we currently use logos and the lack thereof to define and identify madness is a helpful way to how madness today becomes saliently different from normate presentations of thought and self-experience. Allen Thiher, Revels in madness: Insanity in medicine and literature (Ann Arbor: University of Michigan Press, 1999).  


“Severe and persistent” as a clinical term is gradually replacing “chronic.” The term denotes a negative prognosis for improved functioning in the long term and suggests high probability of recidivism or relapse. I am using the category of “thought disorder” as created by the DSM IV-TR, which gathers diagnoses such as Schizophrenia, Schizoaffective Disorder, and Psychosis NOS as a group distinguishable from mood disorders, such as Major Depression or Anxiety Disorder. Thought disorder formally means disorganized speech associated with a deficit of
logos, are regarded by psychiatry and the law as less than fully competent. This incompetency often plays out not only in financial and legal arenas, but also social ones, where they are deprived of the agency to speak with authority and legitimacy. Therefore, the inroads for advocacy and affirmation of madness are typically found in relation to the experience of bipolar or other mood disorders that allow a cyclical experience of madness, where the individual makes exotic forays into insanity and then return to the fold of the normal with regales of magic that are nevertheless rooted in sane language and perspective. The hidden problem with such critical success in that these strategies of critique and appeal for social inclusion rely on normate values that further marginalize those who cannot perform to such standards. This is clearly seen in Walters’ virtuosic beat-boxing and performance skills.

But the diagnosis of bipolar disorder includes more than creativity and productivity. And having committed to a psychiatric narrative of his madness, Walters must follow the celebration of his superb “ups” with a description of his dysfunctional meltdowns. Walters enjoys his hypomania. As demonstrated by his flowing poetry, his energy at this time is high and he needs little sleep. He feels creative, productive, invincible. But such power has its price. As the rhythm of his beatboxing continues, Walters shares with his audience how he eventually careens out of control, going “Faster, faster, faster, faster, faster, faster, faster, faster” until “Relapse! Relapse! Relapse!” His virtuosic beatboxing becomes unsustainable, and he freezes with his arm up in air. The lights on stage begin flashing and then shift color as aggressive hip hop music blares with the lyrics “WHO UNDERSTANDS MY MADNESS? WHO UNDERSTANDS MY MADNESS?” Walters crouches down, dances, and spars around the stage as the lights dim, flashing in and out, and mirror the music’s sense of assertiveness, abandon, danger, and, finally, complete lack of control.

After a black out, cool lights come up on Walters sitting in a chair in a psychiatric ward with his arms wrapped around him like a straitjacket. He speaks in a hushed tone. With a sense of confusion and shame, he notices that he has wet himself. Previously, Walters spoke with extreme confidence and asserted messianic truth. Now, he acts like a cowed child. He peaks his head out of his room and a nurse sternly reprimands him, “Go back to sleep, Josh.”

In the hospital, Walters explains that he still experiences madness, such as auditory hallucinations, but now his narration challenges and rejects those experiences with dismissive humor. “Flying through outer space, the outer reaches of the unknown, into the intergalactic executive function. There are many other symptoms of thought disorder diagnoses, but what they hold in common is a tendency towards executive dysfunction and/or, again, poor insight. Mood disorders, on the other hand, group around dysphoric mood and related behavior that significantly decreases activities of daily life. In these cases, cognitive abilities and insight are not necessarily egregiously impacted. Bipolar I Disorder bridges these groupings since it carries mandatory symptoms that belong to both. It is important to note, however, that psychiatric diagnoses are all understood via clusters of symptoms and not etiology. There is thus considerable overlap in individual experience. Few people continually present with symptoms that fit neatly into one category. Uncertainty in diagnosis is common, if not the norm. For current descriptive research on psychopathology and neuropsychology of formal thought disorder, see Barrera A & Berrios G E, “Formal Thought Disorder,” *Psychopathology* 42 (2009): 264-269. I acknowledge that even though I am dissatisfied with many consequences of psychiatric discourse, I too find myself continually resorting to clinical language to name and understand madness.
mind travelling, secret of the scrolls, inside the most powerful wisdom thinkers, and I’m not alone. My journey isn’t complete...the voice inside my head: James Earl Jones.” As he begins to breath heavily into his head microphone, he holds his hands over his eyes and mimics the evil *Star Wars* character, Darth Vader.

“Joshua.”

Walters replies in a sensible, matter of fact tone. “James. How’s it going?”

“Joshua. It is time.”

“James, maybe we can hold off on that a little bit. I, uh, haven’t been taking my meds, haven’t been sleeping that well. Right now your voice is really loud inside my head.”

“JOSHUA! Do not patronize me.”

“James, has anyone told you that you sound a bit like Sean Connery?”

“He sounds a bit like me! Come with me or you will soon…”

The performance is flippant and encourages the audience to laugh. Perhaps the humor also renders the experience of hearing voices as less threatening or scary by including silly pop cultural references. But Walters mainly seeks audience empathy by dismissing his madness as an unimportant or even meaningless hallucination. Furthermore, as he plays his prior psychotic self he lends that self his current rationality by means of proxy. Walters, playing his former, hospital patient self, calmly informs the voice that he knows better than to pay attention to hallucinations. He tells his hallucination that he is hearing voices only because he hasn’t been taking his medication. This retrospective rejection of his own madness is then reinforced by Walters’ witty observation that the voice he is hallucinating is not even really Darth Vader but the actor who played Darth Vader. In other words, the voice in Walters’ head is now deemed even less legitimate because it is only the voice of an actor playing a role. This additional layer of citation reduces Walters’ investment in his delusion by yet another degree; and his tactic of negation echoes Austin’s own dismissal of theatrical speech as a pale, “etiolated” version of true, felicitous speech acts. Walters’ ironically uses theater’s etiolated, subjunctive space in order to argue for his own legitimacy in “real life,” a legitimacy that Walters cannot find in his past “serious” speech as a psychotic person because such serious authentication would paradoxically rest on his own self-rejection.

Derrida would of course argue that Walters is able to draw from a legitimacy embedded within such “parasitic” language because all language is in fact parasitic:

Every sign, linguistic or nonlinguistic, spoken or written (in the usual sense of this opposition), as a small or large unity, can be cited. […] This citationality, duplication, or duplicity, this iterability of the mark is not an accident or an anomaly, but is that (normal-abnormal) without which a mark could no longer even have a so-called normal functioning. What would a mark be that one could not cite? And whose origin could not be lost on the way?42

Walters achieves legitimacy through a felicitous reinscription of oppressive dismissal of madness that must, in actuality, rely on an authenticity that, like all “true” speech acts, must forever defer its proof of authenticity, or rather, finds its proof solely in its citationality. Walters’ successful albeit “etiolated” dramatic speech act is successful because it relies upon, and in turn reveals, the

fact that even “serious,” illocutionary acts operate under an assumed primacy that is actually fictional. Whether this revelation is apparent to the audience is questionable. But the playful failure of his otherwise deadly serious hallucinations might draw attention to the fact that all speech acts around madness rely upon the contexts of reception, which do not remain stable across people and time.

Walters’ recuperation of legitimacy by means of etiolated speech might understandably be celebrated by performance theorists and theater artists who look to the theater for social efficacy. But Walters’ stage language is efficacious because it draws on conservative speech that rejects his prior moments of madness as meaningless. By conservative I mean discourse that preserves, keeps intact and unchanged as much as possible its normative interpretations, expectations, and meanings. Walters’ recuperation of the efficacy of theatrical speech therefore hints that theater in general operates efficaciously through conservative discursive force. This in turn suggests that theater reproduces normate discourse not just because it is reflects normate culture but because the legibility of theater itself requires normate discursive practice. Theater doesn’t just reflect normate cultural practices because that’s what’s “out there” in the world. The language of traditional theatrical practice itself must contain a normative grammar in order to function in a traditional manner. The pitfalls against successful subversive resignification within traditional dramatic theater therefore may exist down to the very building blocks of how theater makes meaning.43

After using an Austinian etiolation of speech to get around his own otherwise inevitable moment of negating self-interpellation, Walters draws even further from the fiction of the authorial original with meta-commentary on his own immediate stage performance. After noting that Darth Vader’s voice is just an actor, he next critiques his personal impersonation of James Earl Jones’s voice, stating that perhaps it sounds more like Sean Connery. Seeking validation from his audience through these layers of appeal, Walters solicits and most likely achieves audience empathy by drawing on commonality of perception and critical aesthetic evaluation of the immediate moment. But this tactic further re-inscribes normative divisions between a rationality in the present and Walter’s past irrationality of madness. By arguing against his hallucinations and self-presenting as emotionally unruffled while doing so, he claims mastery over his madness in a manner similar to Foucault’s psychiatrists who manage and treat their unruly patients. Repeating the clinic’s sites of contestation, Walters’ uses humor to discipline himself. He thereby firmly establishes himself within the normative, “sane” camp, doing so through an alliance with the audience who legitimizes him with their laughter.

In personal interviews, Walters argues that humor is vital to his work. He states that while serious slam poetry can be thoughtful and critical, it can also be solipsistic and difficult for the audience to engage in.44 Humor emphasizes similarities in perspective and experience, encouraging the audience to empathize with Walters. But humor about madness becomes a

43 The idea that dramatic theater itself perpetuates a normative lens of meaning-making suggests that theatrical strategies that self-reflexively challenge and break from such practice might indeed be naturally aligned with disability critique. I investigate this potential in Chapter 6.
44 Joshua Walters: “…for me when they’re laughing, that’s the best editor. You know? That’s like the best response because they get it when they’re laughing. They’re getting what you’re saying. A lot of my intense, real intellectual, text-heavy spoken word stuff…I never knew if they got it because it wasn’t meant for them to get. It was just meant to be done. There’s no laugh. There’s no ‘yeah!'” Interview with the author. Berkeley, CA. September 8, 2009.
double-edged sword when it presents such difference as deviant without drawing attention to the fact that such difference is rendered salient through social perception and process. Such uncritical humor creates a sense of community by isolating and emphasizing deviancy.

In replaying his admittance to a psychiatric hospital, Walters presents himself as a patient with pathological traits. He re-inscribes psychiatry as the authoritative way to stabilize his emotions and thoughts. He privileges reason and dismisses his psychosis as meaningless. Nevertheless, he also includes critical commentary that encourages his audience to question psychiatry’s claims of offering objective treatment free from political and cultural biases. Once he achieves legitimacy by championing the hospital’s perspective and rejecting his own hallucinations, he then turns around and critiques the institution. “Being in here isn’t a solution to madness,” he says. “It’s a reason for madness.” Walters’ assertion can be interpreted in three different ways.

First, he might be arguing that institutionalization causes madness by forcing patients to endure inhuman and unnatural conditions: “Looking at the same brown, carpeted hallway I got confused and disoriented, the same stale air for the past two weeks, the sun doesn’t shine.” He might be arguing that psychiatric medication further inhibits normalcy: “To keep us sedated, they give us brain candy twice a day. Little round tablets to make sure we stay detached from reality.”

Secondly, Walters might mean that institutionalization uses madness as a statement of fact—real or alleged—to distinguish the normal from the abnormal and to condemn and control aberrant behavior: “There are those who aren’t psychotic and are just here by a mistake. Like Jesse, who was sent here because of his violent arrest. We played checkers. He told me about life on the outside in the manner of a St. Louis thug.”

Or thirdly, he might be using the word “reason” as in a “logical” response to madness where society rationally organizes and treats insanity in order to remove its threat of crazy talk that sometimes makes a little too much sense: “In ancient times I would have been seen as a visionary, a shaman, a priest. But today I’m seen as crazy. What if Moses appeared today talking to God on the mountaintop? He’d be tied up with a straightjacket and committed faster than you could say Hallelujah.” Walters’ ludic re-inscription of the word “reason” highlights the word’s different facets and draws attention to its narrative power to make and discipline madness in various ways.

Madhouse Rhythm also restages psychiatry’s own language and institutional roles with parody and imperfect citation in order to draw attention to psychiatry’s deficiencies, problematic power imbalances, and even contradictions. By playing with the social context in which certain performatives are spoken, Walters allows them to misfire or be read against their usual framework. This speaks specifically to Butler’s perlocutionary gap that assists in an emancipatory uptake of disabled language that is normally disciplined and abjected. Looking at his audience, Walters declaims, “I’M ON DRUGS. But it’s not the kind of drugs you’re thinking of. It’s not the festive joint to hand, the fresh white line of powder up your nose. No, not any of that stuff! I’m on bipolar drugs, which are the un-fun drugs.” By introducing his use of prescription drugs in terms of illicit street drugs, he playfully complicates and undermines the firm binary between “legitimate” pharmaceutical drugs and the illegitimacy of illegal substances used for recreation. He also suggests that psychopharmacology is imperfect and even contradictory in its treatment strategies: “These are not the kind of drugs that take you on a wild, crazy adventure of a Hunter S. Thompson novel. These drugs take you on a wild, crazy
adventure…of a hibernating bear. It’s kind of backwards being bipolar and taking drugs for it. I take drugs to be sober. And then when I’m sober…IT LOOKS LIKE I’M ON DRUGS!”

Underneath Walters’ staged frustration may lie serious frustration about psychiatry’s ironic irrationality of prescribing “normalizing” medication that actually make its patients appear and feel less normal. This critique of pharmaceutical treatment is also extended to the legitimacy of psychiatrists themselves. Again, Walters conflates the social context of the actual clinic with a staged reenactment in order to draw attention to the discursive authority ascribed to his doctors, “To get these drugs,” he says, “I go to a special drug dealer called a ‘psychiatrist.’ These drug dealers sometimes know what they are doing, and sometimes, well, they don’t know what they are doing.” Walters then proceeds to act out therapy sessions with several of his past psychiatrists, pointing out their flaws through hyperbole. In doing so, he reveals the hidden narratives of power that they rely upon.

The first doctor is a young intern whom Walters nicknames, The Quack. With a quiet tone and hesitant delivery, The Quack speaks with false sincerity of someone who relies upon institutional authority and stock language in order to probe intimately into the patient’s emotional state, doing so without first earning that right through mutual respect. The intern speaks through his nose with a contrived calmness that attempts to mask an underlying uncertainty. Looking at his patient, he tries to place all attention on Walters, “I’d like to talk to you about how your day was, okay? How was your day?” The doctor’s formulaic questions focus singularly on the patient, drawing on psychoanalytic tradition where the analyst evades scrutiny and insists that the source of mental health problems reside solely in the patient and are fundamentally untouched by the clinical relationship.

Walters, next playing himself, does not accept this language and challenges the doctor by adopting the persona of an angry urban youth, a persona steeped in bravado that is resistant to authority. “How was my day? How was your day, Suckah? Suckah-Deals!” Refusing to use standard vocabulary in speaking with the clinician, Walters calls attention to the fact that the doctor is not a disinterested party as psychiatry professes but rather has a financial and social stake in the exchange. Suspicious of the doctor’s motivations, Walters emphasizes the political realities of the doctor-patient relationship and suggests that he may not be interested in what psychiatry is selling. By shifting the medical gaze onto the clinician, Walters protests the clinical position of anonymity and the power/knowledge that is afforded to the doctor’s supposed disinterested, “objective” position. Walters thus uses the theater to call attention to the contact zones in which the clinician and patient hold different power and perspectives, echoing Emily Martin’s observation that patients commonly attempt to reverse the tables on doctors in order to challenge their authority and thereby negotiate cultural meanings.45 There is a significant difference between such encounters that happen in the clinic versus those on stage. In the actual clinic, such critique may have more difficulty gaining credence because the patients can easily be further interpellated as “guarded,” “resistant to treatment,” or even “combative.” Any time the patient refuses to adhere to proper decorum their behavior can be charted as “inappropriate,” which within the context of the clinic immediately suggests inability to behave appropriate. On stage, Walters is able to speak and behave with greater leeway.

Walters’ staged encounter, however, replays his experience of the actual clinic. And it seems that Walters The Patient felt quite ambivalent about his madness. Quietly looking up, he asks the intern, “No, for real, for real…when do I get normal again?” Walters’ plea and use of

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45 Martin, Bipolar Expeditions, 100.
the loaded label “normal” by default accepts psychiatry’s categorization of him as deviant and needing psychiatry’s knowledge to return to a more “normal” state. But this theatrical reenactment of capitulation also resists such subjection on another level because it forces the doctor to demonstrate that he actually possesses the purported answers to mental health. After Walters’ earnest query, The Quack pauses as if he has no answer, or is perhaps uncomfortable with directly stating psychiatry’s verdict that those with severe thought and mood disorders must use medication for their entire lives, powerful medicine that brings unpleasant side effects and often does not bring someone back to their “normal” sense of self in any case. The intern swallows uncomfortably and rocks in his chair. He anxiously tongues the inside of his cheek and looks away beyond the patient. “Okay, that’s a tough question,” he finally says while avoiding eye contact. “Not sure I have the answer for you right now. Maybe you could come back—” He then desperately looks at his watch. “Wait, wait, wait...look! Well, that’s all our time for this session!” He smiles with relief and then chirps enthusiastically, “I’ll see you next week, okay?” In Walters’ parodic replay, The Quack is forced to reveal that he doesn’t have an appropriate answer. Caught up in psychiatry’s declaration of categorical knowledge while being unable to deliver when his authority is called to task, the doctor is found lacking. The only way out of his dilemma is to fall back on the power of his position and institutional discourse by declaring that the session has run out of time, saving himself from having to answer that which he cannot. Walters thus critiques the protocols of therapy as serving interests that have nothing to do with “truth” or the patient’s interests.

Walters dubs his next psychiatrist “The Expert” and shifts into a mature, extremely confident doctor with a slow, smooth, deep voice and hint of a foreign accent. Gazing into his patient’s eyes like a hypnotizing serpent, he rubs one hand on top of the other over his crossed legs. Echoing filmed depictions of Dracula, he gestures with two fingers, indicating that Walters’ eyes should be locked onto his. Licking his lips, he then speaks. “Joshua. I’d like to address what makes you unique. What makes you special. What makes you...different. Do you think you are a...genius? Hmm?” Holding his pinky finger up to the corner of his mouth like the satirical Austin Powers film character Dr. Evil, The Expert seethes confidence and a perverse pleasure in possessing full knowledge/power. Walters, switching to the role of himself as patient, modestly denies any claim to genius, although he does state that that he is ”perhaps somewhat observant.”

“Observant, you say?” snaps the Expert. “Excellent, excellent!” With this tidbit of information, the doctor quickly types out a plethora of clinical notes, asserting authority with every keystroke. Walters thus apes the ritual of knowledge production and the rhetorical force of the medical model that furthers certain social positions and viewpoints by disciplining others as objects of the medical gaze. Walters the Patient’s observations and thoughts are immediately turned against him, becoming morsels to be gobbled up by The Expert, who by doing so furthers his own position of authority.46

46 Within his later work, Foucault specifically looks at how knowledge and power intertwine, resulting in a concept he terms power/knowledge. It is simultaneously created by and applied to discursive practices and regulates behavior and subjectivity: “There is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time, power relations.” Michel Foucault, Discipline and Punish: The Birth of the Prison (New York: Vintage Books, 1995), 27.
Although his first two psychiatrists were unhelpful, Walters tells his audience that he found success with his third doctor, The Godsend. It is perhaps not irrelevant that the third doctor is female or that she has shared with him that she herself has experienced bipolar disorder in her family. Equally important for Walters is the fact that his latest doctor’s empathy is bolstered by her personal stability. She is, he says, impervious to his personal tempests of emotion and passion. Her “normal” voice on her answering machine is soothing and healthy. Walters does not lampoon The Godsend or critically redress her discursive practice with him. In his matter-of-fact reporting of his success with her treatment, Walters therefore ultimately situates himself as an advocate for psychiatry as long as it is humanistic and effective. With the help of his doctor, he is able to identify the appropriate mix of medication and achieve balanced functionality. Although Walters claims to embrace madness as a gift, he also sees it as a potential detriment to healthy functioning. He therefore considers psychiatry as necessary, unlike the psychiatric survivor/ex-patient movement that gained momentum in the 1970s and rejected psychiatry as impossibly oppressive and even mistaken in its formulation of madness as pathological. Walters affirms that madness challenges his personal functioning. He must keep his madness in check through a strict regime of medication, talk therapy, family and friends, consistent meals, exercise, and sleep. Walters may therefore be categorized within the contemporary mental health consumer movement exemplified by the advocacy group National Alliance for the Mentally Ill. (Indeed, he has performed at several of their events.) However, although Walters accepts psychiatry’s knowledge and treatment, he sees himself as the primary decision-maker in his care, not his psychiatrist or pharmacologist. Only through respectful collaboration with his doctor, where each party recognizes the strengths and limitations of the other, is he able to balance his passion with control, his fast with slow, his alchemy with rationality.

At the same time that Walters affirms the importance of psychiatry and medication he uses performance to critique the logic and power of the pharmaceutical industry. This power, of course, extends to and is supported by the authority and discourse of the clinic. As The Quack and the Expert, Walters lampoons clinicians who rely on psychopharmacology with a single-mindedness that results in proliferation of such treatment.

Concerned about his patient’s side effects from the medication, The Quack leans forward in disapproval and concern, “Now, Josh, I think you are over-medicated, I think this is too much…”

Adding his two cents, the Expert emphasizes the details of the side effects. “You are eating and sleeping all day. You are flunking out of high school. You can’t even read.” The Expert pauses in thought, thinking of the necessarily solution. “I know! Why don’t we give you more pills for the pills that you are already on?” He enthusiastically explains to his patient, “These pills are kind of pushing you down. Let’s get some other pills to push you up…and sandwich you in the middle!” Standing up, The Expert pushes one hand down and the other hand up, creating a large sandwich in the air. With gusto, he then proceeds to take a large bite out of it. Walters thus highlights how the pharmaceutical industry drives standard medical treatment by: 1) potently influencing, and arguably limiting, clinicians’ treatment methodologies through ethically problematic financial and professional incentives; and 2) targeting patients and

their families by advertising prescription medication to them directly as if they were regular consumer products.

Certain audience members laugh at the sandwich routine because of personal experience. During the show’s premier, one person yelled out, “I know it!” during this sequence. Similar to Next to Normal, Madhouse Rhythm appeals to audience members who have undergone psychiatric treatment. Walters’ audience demographic is thus important in his attempts to build community that asserts critical voice in relation to general perceptions and treatment of madness. Interviews with Walters, audience members before and after performances, and audience comments written into Walters’ performance guest books reveal that his performances attract the artists’ friends or family, participants in his bipolar support group, and others who consistently report madness in themselves, their families, or friends. For example, when Walters cites the brand name of one neuroleptic, Zyprexa, individual audience members often voice a sense of disgust and rejection. Another time, a person held up their pills, shook them, and yelled, “I’m holding!” with tone of defying the stigmatization that such a claim usually would invoke.

Perhaps these voices offer a sense of solidarity for others in the theater who also experience psychosocial disability. At certain moments in the performance, Walters draws from the culture of Hip Hop to request specific acknowledgement of shared issues, calling out, “Can I get a whoop-dee-whoop?”

“Whoop-dee-whoop!” reply several members.

Personal experience of the clinic is not widely shared outside of its physical structures due to stigma of being identified as a psychiatric patient. Erving Goffman splits stigma into two categories, which in turn can be used to make sense of the effects of psychiatric language as it is discursively practiced in different social spaces. Goffman calls the first type of stigma “discredited” because the tainted attributes are clearly recognized by others at all times and in all social situations. The second is “discreditable” because the attributes, while discountable, are only identifiable to others in certain contexts. A mental health patient who is able to manage appearance and behavior in an acceptably “normal” manner outside of the clinic therefore carries a discreditable or hidden stigma of madness.

Discreditable stigma is not necessarily less difficult to bear. Even though their status is not visible, psychiatric outpatients must self-monitor and regulate their behavior in order to not reveal their spoiled identity. This oppression may further isolate them from others when outside of the clinic’s physical domain. Stigmatized individuals may therefore achieve a sense of agency in coming together with others outside the clinic and voicing personal experiences that

48 I observed audience responses and interviewed audiences before or after the performance on the following dates: August 15, 2009 at the Climate Theater, San Francisco, CA; July 11, 18, 25 & August 1, 2010 at the San Francisco Playhouse; February 22, 2011 at the San Francisco Marsh; and July 28, and August 4, 11 at Berkeley Marsh, Berkeley, CA. Joshua Walters has also made available to me all of his performance journals with audience feedback since 2008.

49 Psychiatry discourse is widely disseminated throughout public space. Note, for example, the ever-increasing direct-to-consumer advertising on television, printed material, and the internet for pharmaceuticals. Nevertheless, my personal observations and clinical background lead me to believe that personal experience of psychiatry is not widely shared, sometimes even among friends and family, due to stigma.

occur within it. In other words, stigmatized people may achieve a sense of affirmation and power by circulating self-targeting oppressive discourse outside of its originary context.

Of course, the outside setting for this self-disclosure must be considered safe for such vulnerability. *Madhouse Rhythm* appears to offer this context for some participants. By claiming recognition of a stigmatized drug and then hearing an affirmative recognition by others in a social context that already draws upon a counter-discourse, an audience member may experience a sense of positive psychosocial disability in critical relation to dominant discourse.

The Zyprexa scene is therefore an example of Simi Linton’s claiming disability, a critical, affirmative, and community interpellation of self that both acknowledges and resists society’s oppressive perception and treatment of physical, cognitive, and emotional difference. 51 For certain *Madhouse Rhythm* audience members, to be able to discuss the tools of the clinic outside its physical domain, even while adopting its specific discourse, is to gain control of it away from its clinical masters. Onstage, or in a support group, one may invoke the name of a pharmaceutical in approval, critique, parody, or dismissal. Finally, one should not discount the power obtained by simply naming one’s stigma and thereby refusing to carry out the self-disciplining of shameful silence that is normally required by society.

Nevertheless, psychiatric discourse remains dangerous even outside of the clinic and away from its clinicians. Institutional rules and the medical categorization of people retain power when we uncritically use psychiatry’s language and values in everyday situations. Through such deployment, people identified by psychiatric labels continue to regulate themselves even without direct institutional intervention. This reinscription of oppressive tropes can be seen in *Madhouse Rhythm* when Walters acts out a bipolar support group meeting, representing in turn its six members.

The group begins with its members introducing themselves via their medical diagnoses such as “Bipolar One,” “Major Depressive,” “Schizoaffective.” These labels are then humorously reinforced by exaggerated symptoms throughout the scene. Unfortunately, these caricatures leave each member distinguishable only by their stigmatized attributes, such as extreme anxiety, paranoid delusions, anhedonia, limited affect, hypersexuality, grandiose thinking and narcissism, and inappropriate social behavior such as an unbecoming manner of eating and expelling of bodily fluids. Walters most likely does not intend to make fun of the individuals at their expense. But his humor clearly pulls from disabling notions of madness and difference. As I watched each lampoon, I doubted anyone would wish to be represented thus. This is one significant danger of using theatrical parody to represent psychosocial disability. It is difficult to use stereotypes to fight stereotypes because one must differentiate when one is ridiculing the stereotype itself versus the abjected individual who is being stereotyped.

There is occasional truth to some stereotypes. Perhaps that is why they can be funny. *Madhouse Rhythm*’s support group scene in turn attempts to make light of disturbing facets of madness and thereby perhaps palliate the significance of their abjection. Nevertheless, the scene partially dehumanizes madness by limiting its characters to stigmatized attributes. The support group becomes a freak show where deviant persons are isolated and held up for entertainment. As Garland-Thomson argues, the hyperbolized difference on stage functions to “normalize” audience members because they are encouraged to see the marginalized support group members as clearly abnormal. They can then laugh and think to themselves: thank God I’m at least not like that.

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But even though the support group scene reinforces negative stereotypes, it also comments on how abnormal behavior continues to be disciplined in the absence of clinicians or law enforcement by means of psychiatric discourse and the threat of involuntary institutionalization. At one point after a group participant casually mentions suicidal thoughts, the facilitator abruptly becomes a wailing ambulance, claiming that he cannot be responsible for such unacceptable talk. Using technical language around self-harm and clinical protocols, he then disciplines the participant to cease saying such things. Later, another member rambles on about aliens leading others to complain. The facilitator reminds him that “this group is for mental illness, but...it’s not a place for crazy people or crazy talk. So please keep that to a bare minimum.” Walters delivers this admonishment as a punch-line, suggesting that his audience should recognize how the term “mental illness” is being used here to discipline socially unacceptable thoughts and behavior, i.e. “crazy people” and “crazy talk.” Perhaps the line also plays with the slippery meanings of the term. Does “mental illness” mean a state of being crazy? Or does it mean the tamed state of crazy people who have been controlled and treated by medicine?

The support group scene also raises critical awareness to how sexuality, when crossed with gender politics, can be used to either normalize someone or render them deviant. One character, Penelope, is a young, attractive woman who manifests her madness mainly in terms of inappropriate sexuality. She seductively looks around the room and says, “You know, I just want to find someone who really likes me. I’ve been feeling rather hyyyyyper-sexual lately.” She reaches out and sensually rubs the air as if it was someone’s head. “And, um, I think the group is a good place to find upstanding, young gentlemen.”

The facilitator confirms for the audience that Penelope is sexuality attractive. “She is cute,” he says in a soliloquy. “But if she’s in here she’s probably damaged goods. That being said, I could so go for a decent nut job right about now.”

Penelope then proceeds to express interest in the paranoid and delusional participant whose madness is emphasized by his lack of sexual interest. Instead of gladly accepting Penelope’s advances, the young man persists with his alien fixation and accuses her of being an alien, which garners a hearty laugh from the audience. The humor, of course, resides in the fact that this man is so obsessed with his delusions that he passes up an offer that any normative (i.e. heterosexual and sane) male would take.

While it is clear how Walter’s stereotyping can be read as detrimental, there is yet another way of interpreting the support group reenactment. Instead of looking at each characters as one-dimensional caricatures that stigmatize its members, one could argue that each of these characters actually represents aspects of Walters himself, or in fact anyone. Is it not common for humans to occasionally feel paranoid, lascivious, disgusting, irritable, nonsensical, depressed, and on top of the world? This alternative interpretation acknowledges the fullness of human nature by accepting aspects of life that many choose to suppress due to an assumed deviancy. In this case, whether or not the audience reads Walters performance as abject versus affirming depends perhaps on each audience member’s own history. Those who have personally experienced unacceptable aspects of madness carry a double-consciousness of psychosocial disability that may allow them to see the performative nature of Walters’ negative stereotypes

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and therefore regard the support group scene from an insider perspective. This critical insight would then diminish the perlocutionary force of such representations. Such members would be cognizant of the social context of the performance, in which Walters, who himself has a psychosocial disability, is also speaking from a position of double consciousness. They might therefore immediately seek or construct an added layer of commentary that Walters surely intends to accompany his stereotypes. On the other hand, those that are limited to dominant perceptions and experiences of madness might embrace such caricatures uncritically and their uptake of Walters’ representations would remain unproblematic. The stereotypes, deemed felicitous, would go unchallenged.

Conclusion

Joshua Walters tells his audience that “the only difference between [himself] and a crazy person are two things: a stage and a microphone.” His claim signifies that madness is by definition delegitimized and ignored. If this is so, then to voice madness from a position of legitimacy and clarity is to automatically resist its oppression. This resistance is then doubled when Walters defiantly embraces madness as an aspect of humanity that should not be completely eliminated. He affirms his madness by foregrounding the qualities of creativity and productivity that are ever increasingly valued by society. In order to make his madness legible and interesting, he employs the metaphor of a magical trip to an isolated, exotic land. But he also refuses to keep his madness marginalized. Reverting to a metonymic understanding of his madness, he folds it back into his present “ sane” subjectivity and onto a “normal” stage that operates by means of normative discursive practice affirmed by his public audience. Walters thus allows his unreason to stand with his reason, demonstrating that he is simultaneously both.

Employing a linguistic agency that does not begin or end with himself, Walters is complicit with oppressive psychiatric discourse. Instead of claiming an original subjectivity apart from that which he resists, he engages in citation that reiterates that which he finds unsatisfactory. But by means of this normative performance and sanctioned linguistic practice, he embraces that which he paradoxically must not be. And through this ironic doubling Walters challenges and deconstructs disabling discourse of madness by demonstrating that such discourse is not stable but rather constructed, dependent upon context, never completely adequate, and always in play.

This tactic of subversive resignification in the theater has its limits because it relies on significant levels of ability. In order to gain voice and legitimacy, Walters must be competent in his use of the stage. He must employ knowledge of dramaturgy and a language of theater that by default legitimizes his rationality. His fluency in performing a scored, theatrical text of restored behavior reveals competence in relating to others through stable social conventions. Consider if

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53 Similar to what W.E.B. Du Bois writes with regard to African Americans, individuals who experience an oppressed minoritarian identity may perceive their identity through both their immediate subjective experience, as well as that of dominant society. This double-consciousness allows for a critical insight of subjecting forces within society that may go unnoticed by those who are oppressed by such forces. *The Souls of Black Folk* (New York: Tribeca Books, 2013), 3.
he instead simply stood on the street corner and talk back to the voice of Darth Vader, which was heard only by himself in his head: the public would dismiss him as crazy. Walters acknowledges this at the end of the show when he reminds his audience, “[Without a stage and a microphone,] I’m the guy on the back of the bus, frantically obsessed with his own psycho-babble, speaking of religious references that sometimes make a little too much sense.”

Madhouse Rhythm’s efficacy suggests that if one adheres to normative practice too closely, resistance disappears because madness is only truly understood as madness when it contains language or behavior that is nonsensical. Productive disruption of an unwanted subjection of madness therefore seems to rely upon a mixture of both irrational rebellion and adherence to norms. For Walters, the stage offers this conflation of sanity and insanity, normalcy and deviancy. As an autobiographical narrative, his tale capriciously shifts between pasts, present, and fiction. Creating a discursive relationship with the audience, he rapidly cycles through subjunctive, historical, subjective, and communally created space. One moment the stage presents Walters’ bathroom at night during his first psychotic break at age 16. Then next, it becomes an aesthetic space where he is allowed to currently embrace his madness with celebration. Following that, it transforms into the immediate present where he speaks normatively and honestly about his phenomenological experience and allows his audience to assert their feelings as well.

Toward the end of the show, Walters returns to his past where the stage once again becomes the bathroom portal to exotic fancy. Once again he begins to perform manically into the mirror. This time, however, instead of the father interrupting, his mother knocks on the door and speaks in a quiet, careful tone.

“Well, hi. Uh, I can hear you down the hall. Maybe this is just a mother talking, but…you seem just a little bit manic. Um, don’t get mad at me, but um, did you take your meds? Hmm? Did you take them?” His mother pauses, not wishing to offend her son. “I’m just—”

Suddenly she stops speaking, as she hears her son’s explanation. She then replies, “Oh. You’re practicing for your show. I see. Practicing for your show.”

Walters’ manic bathroom performance thus embraces and realizes its madness through immediate performance while also ostensibly rehearsing for the future. His justification that the immediate performance is a rehearsal for a performance intended to recreate past reality troubles notions of the stable subject. The actual stage, supposedly safely situated in sanity and normalcy, is presented as both a prosaic bathroom and, through autobiographical performance that uses personal phenomenology of madness, a theater for madness and deviant affirmation and delight. The stage is thus an unsetttled, liminal threshold, a portal through which Walters ostensibly takes his audience on controlled expeditions of madness. But at the end of the trip, the audience recognizes that it has never left the theater or Walters himself. Madness is among us and part of us. Madness is interwoven within normalcy and reason because sanity depends upon madness for its own existence. In such a way, Madhouse Rhythm strives to “normalize” madness by bringing it back within the continuum of human nature and community. Despite the ubiquitous landmines of disabling discourse around madness, Walters thus begins to bridge the divide between madness and normalcy by suggesting that there can be no true separation. His madness is central to who he is. It is part of everyday life and a part of the community that makes up his theater. Madness, for Walters, is not just a trip to the hospital. It is a nightly ritual in front of the bathroom mirror. And it is performing on a stage for 80 minutes, where he shares his memories, desires, concerns, and experiences within the immediate moment.
Madhouse Rhythm’s popular following by local audiences nevertheless raises an important question yet to be answered. His subversive reinscription of psychiatric language and ideas requires a level of competency and even virtuosic performance that garners praise but also seems to reinforce an idea that performers with psychosocial disability need to nonetheless possess certain capabilities in order to gain agency on stage. Might the cost of Walters’ acceptance by normative theater crowds ultimately be the dismissal of performers with psychosocial disabilities who cannot develop, rehearse, and sustain such a performance? Does Walters’ resorting to normative virtuosity encourage us to ignore and further marginalize individuals with psychosocial disabilities who cannot momentarily pass as “normal?” In other words, does a performer actually need the discipline and rigor exemplified by Madhouse Rhythm in order to gain the agency necessary to contest disabling perception and reaction to madness? Or are there alternative modes of aesthetic practice that remain open to performers with psychosocial disabilities who deviate further from the norm? Is it possible to stage madness in an efficacious manner without such normative linguistic and performance competence?

The Fisher Players’ Tuesdays at Four hints at such possibility. It is notable not for its linguistic engagement with stigma but rather the cast’s ability to perform in an alternate aesthetic register that is only made possible by their psychosocial disabilities. The production suggests that theater artists can gain voice and valuation in affective and aesthetic registers that are not completely independent of psychiatric discourse but nevertheless gain force specifically because of their psychological and emotional differences. But another possibility exists as well. Instead of adjusting the aesthetic register of the performer, it is also possible to alter the aesthetic structure of dramatic theater. If dominant values and ideology inheres within the form of traditional theater itself, then a critical restructuring of the art form might opening up a new critical disability aesthetic. I therefore move to this subject of performance strategy in the following chapter.
[Theater] must seek new paths toward supraindividual points of contact. It finds these in the theatrical realization of freedom—freedom from subordination to hierarchies, freedom from the need for perfection, freedom from the requirement of coherence.

--Hans-Thies Lehmann

Drama can successfully call attention to certain political issues around psychosocial disability, such as how society classifies people as mad and sometime mistreats them. For example, Dale Wasserman’s adaptation of Ken Kesey’s One Flew Over the Cuckoo’s Nest stages the consequences of mainstream culture’s definition and proscription of mental illness by following the experiences of an unruly free-spirit who is inappropriately sent to a locked psychiatric ward. The protagonist McMurphy is a recidivist convicted of statutory rape who successfully seeks psychiatric admission in order to avoid prison. But he soon learns that hard labor would be preferable to how the mentally ill are treated. The hospital’s unrelenting demands to conform to social expectations are personified in the humorless, reactionary Nurse Rachett who brings the full disciplinary weight of the institution down upon him. Although McMurphy is resourceful and strong-willed, he ultimately is unable to effectively resist Rachett’s power. By the end of the narrative, she has him lobotomized, stripped of his humanity and the ability to think and feel. The play thus critiques conservative social disapproval of alternative cultural values and, more specifically, mid-20th Century inpatient psychiatry’s behaviorism that included blatant and subtle coercion, which exemplify Michel Foucault’s understanding of medical knowledge/power and forms of discipline. The play’s narrative challenges us to re-consider the consequences of psychiatry’s authority to name someone as mentally ill and suggests that iatrogenic treatment and institutional policies can not only exacerbate madness but also manufacture it.

In a more recent example, Joe Penhall’s Blue/Orange (2000) examines how race, culture, and neo-colonialism intersect within current psychiatry. Two white psychiatrists fight over their diagnostic uncertainty and treatment plans of a black patient, Christopher, who in turn utilizes available discursive tactics to advocate for himself and resist unfair treatment. These narratives of struggle reveal institutional racism and a microphysics of power between not only patients and their doctors but between clinical staff as well. The drama thereby brings race, class, and national politics to bear on the question of how, why, and when we consider people crazy.

These two plays effectively frame major concerns about mainstream society’s perception and treatment around madness. And yet they ultimately come up against limitations in their ability to fully represent the political experience of people with psychosocial disabilities because they show such disability from a mainstream perspective, i.e. from the view of those who are not

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deemed mad. *One Flew Over the Cuckoo’s Nest* is limited in that its characters who are most brutalized by psychiatry never report or exhibit deviant psychological or emotional distress, extreme consciousness, or uncertainty of their own feelings or understanding. In fact, McMurphy’s situation reveals faulty psychiatric practice specifically because he does not meet psychiatry’s own criteria for madness. He malingers in order to escape prison, and transforms into a “true” psychiatric patient only after being lobotomized. Likewise, McMurphy’s fellow patient Chief Bromden is able to show a second example of psychiatry’s egregious treatment because he malingers, faking aphasia as a deCerteaudian tactic to avoid further subjection by mainstream culture’s neo-colonial hegemony. In this manner, the play shows that McMurphy and Bromden’s personal distress stem from their social treatment. In contrast to these two main characters, the ward’s patients who do portray psychiatric symptoms such as extreme anxiety, catatonia, and delusions do not contest their mental illness nor offer an ontological challenge to how we should understand their madness. Their behavior is consistent and uncomplicated with clear symptoms that reassure the outside observer of their status as unquestionably mentally ill. All of the madness and psychosocial disability in *Cuckoo’s Nest* thereby remains clearly explainable through a cogent, normative perspective that understands madness as either “true,” i.e. properly diagnosed as an individual biological condition, or “false,” i.e. nonconformity that is misdiagnosed and subjected to unethical discipline. The dramatic text thus does not present ontological doubt or ambivalence of madness. It instead focuses on ethical questions of institutional power. Such certitude allows the play to pointedly criticize psychiatric discourse and reactionary social forces; but it does not afford space for the uncertainty, lack of final resolution, and individual distress that cannot be assigned solely to a social or biological model of disability.

Similar to McMurphy, *Blue/Orange*’s mad character, Christopher, shares his frustration with the hospital and raises important critiques about psychiatric practices that include racist ideology and power imbalances between patients and clinicians. And yet the play focuses on the clinical debate and power struggle between two psychiatrists who argue the validity of their theories of treatment. They debate the underlying single “truth” of Christopher’s madness and the ethics that arise from an intersectionality of race, neo-colonialism, and psychiatric power. While Christopher speaks his mind and has many lines in the play, his words mainly serve up a diagnostic puzzle for his doctors and the audience. Is he speaking the truth about being the offspring of Idi Amin or is he delusional? Does he actually see the color blue when he looks at a bowl of oranges, or is he speaking figuratively? Or perhaps he intends to deceive the doctors? The dramatic text posits these questions as if there is can only be one correct answer, which could be ascertained by the psychiatrists if only they had access to factual evidence such as newspaper clippings and collateral information from family members. In this mystery narrative, Christopher’s perception and experience exist mainly to test the efficacy and ethical practice of his doctors. But the play does not consider whether or not Christopher’s point of view and feelings are internally consistent. For example, what if he is just as confused and searching for answers as his doctors? In this case, should the main dramatic question continue to be whether or not he actually sees the color blue instead of orange and whether his belief about his father can be definitively corroborated or discredited by independent sources? Or might he have more pressing concerns? If so, what might they be? By keeping the doctors’ diagnoses and power-struggle in the foreground, the play arguably deprives its audiences of more fully empathizing
with Christopher’s position because they are encouraged to align their perspectives with the doctors and focus on mainstream society’s judgment of people with psychosocial disabilities. Both Cuckoo’s Nest and Blue/Orange effectively engage with political facets of psychiatric treatment and emphasize how society can “make” people mad in the eyes of others and/or exacerbate people’s distress through labeling and treatment. But the plays nevertheless continue to look at the mad subject from the outside in, from the position of “normal” society that strives to understand the mad subject through conventional narratives and perspectives that maintain a unity of clear causation, stable subjects, and a premium on hermeneutic mastery of madness. In sum, these dramas are limited in their ability to represent the complexities of psychosocial disability not because of their individual narratives per se but rather because they follow specific dramatic structures that adhere to traditional expectations of theatrical representation. Such structure tends to emphasize the current, dominant ideology in play at the time. In the case of psychosocial disability, such contemporary beliefs and ideals on madness and mental illness approach the subject from the “outside in” in a way that empathizes with and attends to the normate observer more than the mad subject, who arguably cannot, by definition, be fully represented through a masterful narrative and whole, omniscient perspective.

Drama continues to hold great influence on how audiences and artists approach contemporary western theater, arguably offering us the norm against which all theater is understood. And drama is limited in its ability to fully represent and examine psychosocial disability due to its fundamental, even definitional, components. Ever since classical Greek theater laid down the basic tenants of tragedy, western drama has drawn upon and perpetuated certain classicistic guidelines. Such theater is expected to represent people and the rest of the world through a mimetic, logical, and unitary framework. It should have a linear narrative that follows casual action where one thing leads to another in an understandable, reasonable manner. These actions are carried out by stable characters within a discrete, fictive cosmos and viewed by a collective audience with a unified perspective, from which they may judge the characters’ actions. From such a formula, the audience is meant to make sense of and appreciate not only what is occurring on stage but also greater truths about the world.

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5 This conclusion is informed by my ethnographic research on a 2012 production run of Blue/Orange at the Lorraine Hansberry Theater (LHT) in San Francisco, which hosted several post-performance talkback sessions between the audience, cast, and director. The question of whether audiences empathized mainly with the psychiatrist characters or Christopher may be partially answered by the fact that every audience member who shared their thoughts on the play identified as a mental health clinician, not as a psychiatric consumer or survivor. While this may be explained by stigma that can clearly discourage publically outing oneself as being labeled with mental illness, this audience response was in direct contrast to Joshua Walter’s 2012 San Francisco talkback sessions after his autobiographical show on madness and living with the diagnosis of bipolar disorder, Madhouse Rhythm, where the majority of comments voiced perspectives as mental health consumers and survivors (see Chapter 4.) In fact, Blue/Orange’s emphasis on the white psychiatrists’ perspectives and struggles instead of their black patient led one audience member to complain to the artistic director that Blue/Orange did not adequately speak to personal experiences of Black identity and therefore was not the type of play that LHT, an African American theater company, should be producing.

6 Hans-Thies Lehmann asserts that “the concept of drama functions as the latent normative idea of theater.” Postdramatic Theater, 33.
But when it comes to psychosocial disability, such dramatic mastery of representation and comprehension strips the complex, always incomplete, and partially inexplicable experience of madness. It also can neglect to address the frustratingly ambiguous, uncertain ethics involved in judging the behavior and perspectives of not only mad individuals but those who judge them. By wrangling madness into a normative, linear, and cohesive framework that leads to understanding and resolution, dramatic representation is incapable of representing the contradictions, unintelligibility, and un-resolvable ontological status of psychosocial disability, including madness’ social, discursive processes.

These aspects of drama can be traced back to, and explained in terms of, Aristotle’s *Poetics*, which arguably laid the foundation of dramatic theater that has persisted for over 2500 years. They include: 1) the instructional role of mimesis; 2) a championing of representational logos that demands a coherent, unified perception of reality, which can in turn explain and judge individual behavior; 3) a casual, linear narrative of tragedy that moves from the pole of prosperity to affliction, with the reverse for comedy; and 4) the deployment of empathy and fear for tragedy in a way that affords the audience katharsis and thereby a transcendence of the pain represented on stage. This transcendence includes a regimentation of proper feelings and thoughts by the audience, serving to forward societal norms.

*Instructional Role of Mimesis*

Ever since classical Greek drama, Western theatrical performance has been intimately informed by the concept of mimesis, which can be generally understood to signify both the process of creating an imitation of reality and the product of that imitation. Aristotle’s *mimēsis*, and subsequent dramatic concepts of it, is not an unmediated reflection of raw reality. Michael Davis explains that mimesis frames reality in a way that qualifies its content as not simply real. It “seems to be a stylizing of reality in which the ordinary features of our world are brought into focus by a certain exaggeration, the relationship of the imitation to the object it imitates being something like the relationship of dancing to walking. Imitation always involves selecting something from the continuum of experience, thus giving boundaries to what really has no beginning or end.” We should therefore consider the limitations and performative force of these boundaries in establishing social norms and values when the subject matter is disability. What happens to those aspects of reality that become closed off to dramatic representation? What are the consequences of suggesting to audiences that such aspects remain outside of what is knowable, manageable, or even accessible? Perhaps such reality seems to disappear from the realm of the humanly possible.

Mimesis is a representation of reality that inherently reminds its viewer that it is not actually that which it signifies. But even though it is framed as a representation one order removed from its subject, its also claims to contain an inherent truthfulness about its subject. Stephen Halliwell explains that even though this mimetic material cannot be described in terms

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of direct truth, audiences and readers consider it as offering a view of human experience in ways that unmediated reality cannot. Mimesis instructs us not by holding a mirror up to nature but rather providing a structured, more comprehensible view of universal themes and truths that are thought to inhere in reality. Aristotle argues that imitation is a natural way for humans to learn, as can be seen when children imitate their elders. Mimesis draws upon our natural proclivity to learn through imitation:

[W]e take pleasure in looking at the most accurate images of [things of real life]. The reason for this is that learning is a very great pleasure, not just to philosophers, but in exactly the same way to any ordinary person even though he has only a slender stake in learning. That is why people enjoy seeing the images: when they look at them they find they are learning by working out what each thing is, when they say ‘so that’s what it is.’

Halliwell notes that by considering the instructive role attached to our pleasure in looking at “the most accurate” (and therefore specific) images of real life, Aristotle places a tension between universal truths and the specificity of individual moments of life played out by unique people. Because individual accounts offer discrete and disconnected episodes, in can be difficult to identify the general truths contained in such moments. But Aristotle claims that if those images are offered as possible and probable fiction comprised of logical, casual action of finite, proper magnitude with a beginning, middle, and end, then such specificity can be understood as universal in that it will be understood as having applicable meaning for everyone’s own circumstances. Hans-Thies Lehmann describes this finite and logical world of drama “a fictive cosmos,” perhaps the most defining aspect of dramatic representation.

Drama’s Linear Sequential Action

Aristotle argues that drama is based on a unity of action, where each unit of conduct possesses a meaningful and clear relationship to the other elements, “[f]or anything whose presence or absence has no clear effect cannot be counted an integral part of the whole.” This desire for wholeness relates to his notion of aesthetic beauty, which has persisted through time and many cultures:

[A]ny beautiful object, whether a living creature or any other structure of parts, must possess not only ordered arrangement but also an appropriate scale (for beauty is grounded in both size and order.) A creature could not be beautiful if it is either too small – for perception of it is practically instantaneous and so cannot be experienced – or too great, for contemplation of it cannot be a single experience, and it is not possible

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9 Halliwell, Aristotle’s Poetics, 73.
11 Lehmann, 31.
to derive a sense of unity and wholeness from our perception of it (imagine an animal a thousand miles long.) Coherence [must be] maintained.\footnote{Ibid., 39-40.}

Aristotle’s ideal experience of an object of beauty requires a single, comprehensive perception, and this wholeness requires a logical relationship between all of the object’s parts. Unlike the muddled and partial experience of reality where different things don’t always fit together in a lucid manner, drama provides us a fictional reality, i.e. “events that could occur,”\footnote{Ibid., 40. Aristotle: “It is a further clear implication of what has been said that the poet’s task is to speak not of events which have occurred, but of the kind of events which could occur, and are possible by the standards of probability or necessity.”} that affords an intelligible, explicable view of the unfolding events. This can be seen in the teleology of the tragic plot, a succession of events that can only result in a single end.\footnote{Halliwell, 104.}

When drama tries to represent madness, it therefore corrals it into lucid unity. It attempts to show madness, as part of the greater framework of the plot, through a paradoxical sensibility where the appearance of madness is explained from an outside narrative. For example, madness might result from personal grief, unrestrained obsession, or drive for revenge. And when it isn’t explained, it often serves the plot as a function of something else, such as a narrative device to jumpstart the dramatic question by giving a reason for a character’s behavior that leads to the conflict of opposing forces. For example, In Blue/Orange we never know why Christopher is mad. Nor do we explore his madness. His symptoms only serve to allow his psychiatrists (and the audience) to debate their views and the consequences of psychiatry’s discursive practices.

**Unified Perception and Judgment of Human Actions**

Another way that reason and logic is woven into dramatic theater is through the fact that the represented action is driven by human intentions and choices. While those choices may certainly not always be the most logical, they are presented in a way that can be reasonably assessed by the audience. Through this action, drama helps instruct us how we should behave, think, and feel. Behavior committed by individual characters that can be judged in a rationally identifiable manner offers the audience what Halliwell describes as a “sphere of ethical dispositions and choices.”\footnote{Ibid., 74.} As Aristotle puts it, “character is the element which reveals the nature of a moral choice.”\footnote{Ibid., 38.} Characters’ choices comprise the heart of drama. In fact, “some people,” Aristotle observes, “derive the term drama itself from the enactive mimesis of agents (drôntas.)”\footnote{Ibid., 33.} He later summarizes,

Since tragedy is a representation of action, and is enacted by agents, who must be characterized in both their character and their thought (for it is through these that we can also judge the qualities of their actions, and it is in their actions that all men either succeed or fail), we have the plot-structure as the mimesis of action

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\item \footnote{Ibid., 39-40.}
\item \footnote{Ibid., 40. Aristotle: “It is a further clear implication of what has been said that the poet’s task is to speak not of events which have occurred, but of the kind of events which could occur, and are possible by the standards of probability or necessity.”}
\item \footnote{Halliwell, 104.}
\item \footnote{Ibid., 74.}
\item \footnote{Ibid., 38. In fact, Aristotle notes that “…some people derive the term drama itself from the enactive mimesis of agents (drôntas.) (33).}
\item \footnote{Halliwell, 33.}
\end{itemize}
(for by this term ‘plot-structure’ I mean the organization of the events) while characterization is what allows us to judge the nature of the agents, and ‘thought’ represents the parts in which their speech they put forward arguments or make statements.\(^{19}\)

If drama is to encourage audiences to judge characters’ behavior, then that behavior needs to be understood through a discernable frame of understanding, i.e. the plot-structure and language that reveals individuals’ thoughts, with applicable, common guidelines for assessment. These guidelines are, in effect, dominant social values and expectations. In such a way, drama appears to be inherently geared towards relying upon and thereby reinforcing normative perception and practice. When drama’s proscribed ethics and values fully encompass and make sense of the characters’ behavior and experience on stage, dramatic theater suffices in honoring its subject. But when our experiences and perspectives cannot be encapsulated or understood by normative linguistic practice from a single, stable, objective point of view, then the values and ethics enforced by dramatic representation will judge those experiences from an over-determined and reactionary knowledge that possesses insufficient awareness of the mad subject’s position and concerns.

Such normative representation and assessment can again be exemplified in *Blue/Orange*’s subject, Christopher. Christopher reports that he sees blue oranges, the same oranges that the doctors and audience see as orange. One psychiatrist argues that Christopher thinks the oranges are blue because he is psychotic. The other agrees that Christopher sees the color blue but that he is using the color as a metaphor to communicate his experience of racial oppression and that his psychosis derives from his social treatment and is therefore a reasonable symptom that reflects society’s pathology. While the doctors differ in interpreting Christopher’s behavior, the dramatic question at hand stems from an authoritative view of reality possessed by the doctors and audience that the oranges are actually orange. This view reinforces mainstream perception of the oranges and reduces Christopher’s experience to a deviancy that can only be approached and made sense of through a normative medical or social critique. While these critiques are relevant and useful, Christopher’s own complex perspective is never heard. Nor is his experience of the blue oranges ever embraced or explored from a first-person perspective. There is an understandable reason for this. If Christopher is mad, such a perspective would likely not be linear, logical, or stable. It would be uncontainable within a normative dramatic text. *Blue/Orange*’s dramatic, instructive mimesis challenges the audience to strive to understand Christopher and critique psychiatric practice. But it does so from the mainstream, powerful viewpoint of the clinicians that keeps Christopher’s experience and perspective at bay.

*Anagnôrisis and Karthasis*

Drama’s unity is cemented by the teleology of the tragic plot, a succession of events that can only result in a single end.\(^{20}\) The linear plot often contains both reversals and recognition, or *anagnôrisis*. For Aristotle, “Recognition, as the very name shows, is a change from ignorance to knowledge, bringing the characters into either a close bond, or enmity, with one another, and

\[^{19}\] Ibid., 37.

\[^{20}\] Ibid., 104.
concerning matters which bear on their prosperity or affliction.”

By dictating that the characters, and thereby the audience, move from a state of ignorance to knowledge, dramatic convention relies upon standards of reference, definitions, and logic. This knowledge of humanity becomes standardized for everyone in attendance and reproduces, as Karen Jürs-Munby notes, “prevailing ideologies.” Such normative meaning-making can be elusive to many who experience madness. But equally important, such recognition and knowledge production of the character’s affliction, when that affliction is madness, leads to a pat resolution and transcendence of the pain and suffering in such a way as to dismiss the ongoing struggle and life experience of psychosocial disability that is seldom, if ever, wrapped up in a neat solution.

To clarify this claim, it is helpful to note the third component of Aristotelian plot structure in suffering (pathos), which derives from “a destructive or painful action.” In Aristotle’s Rhetoric, he considers pathos, which along with logos and ethos consist of the three means of effecting persuasion, as “to understand the emotions—that is, to name them and describe them, to know their causes and the way in which they are excited.” Halliwell adds that Aristotle’s pathos is not about “static scenes of suffering.” Nor is it the suffering that comes from the recognition of knowledge itself. Rather it is an integral component of the tragic situation. The suffering is linked to the uncovering of ignorance through a moment of recognition. Within drama, therefore, the suffering of madness is only included in so far as it makes sense and gains purpose within the teleological narrative, which, again, is told and understood from an outsider, universal perspective.

The tragic plot, with reversal and recognition, offers eventual katharsis of emotions, where the audience experiences fear and empathy for the characters. Aristotle’s concept of catharsis has, of course, been interpreted in various ways over time. However, it can be understood as more than simply purging emotions. Halliwell argues that it is “a powerful emotional experience which not only gives our natural feelings of pity and fear full play, but does so in a way which conduces to their rightful functioning as part of our understanding of, and response to, events in the human world.” Using this definition, we can see that when such powerful emotions relate to madness, drama offers instructions on how such emotions fit into our lives and assigns them a normative meaning and social function. Halliwell continues. “The combination of pity and fear is meant, therefore, to comprise both a strong flow of altruistic feeling towards the tragic agents themselves, and the underlying recognition that their tragedy exposes the vulnerability of the humanity, and the conditions of existence, which we share with them.”

Although Halliwell uses the word “pity,” the key concept here is pathos, or empathy, because what is emphasized is the recognition of shared vulnerability and conditions of existence. But this “pity” is essentially impossible in many cases of madness, for madness often consists of a breakdown of empathy...both the inability of the mad to perform empathy for others and for others to fully empathize, i.e. share in the Unreason, with the mad subject. When we cannot

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21 Ibid., 43.
22 Ibid., 43.
24 Halliwell, in footnote on 120.
25 Ibid., 90.
26 Ibid., 91.
empathize with such madness, drama must therefore make the agents un-mad in order to foster normative empathy. Otherwise, the audience will not be able to achieve catharsis and thereby transcend that pain. The irony of drama’s solution to this representation of madness is that such transcendence would be paradoxical because such pain was never actually understood and felt.

Postdramatic Theater

Not all drama faithfully adheres to every dramatic tradition. In the past century, the Western avant-garde has challenged many aspects of mainstream theater, such as decorum and linguistic propriety (Alfred Jarry’s Ubu Roi), the ontological status of character and actor (Bertolt Brecht’s epic theater), logical unity and causation of all components of the performance text (Eugène Ionesco’s The Bald Soprano), and a clear demarcation of the boundaries between mimesis and the “real world” (The Performance Group’s Dionysus in 69). Nevertheless, Hans-Thies Lehmann argues that, before the 1970s, aside from a few outliers such as Robert Wilson, “the plexus of the dominance of the text, the conflict of figures, and the totality of plot and world representation (however grotesque these may be) that characterize dramatic theatre remain[ed] intact.”

By the 1970s, however, such challenges to Western dramatic structure for imparting values and knowledge onto the viewer gained critical mass within particular productions to the point of exploding the genre of drama in ways that demanded a new designation: postdramatic theater. Lehmann explains that, despite its prefix, postdramatic theater does signify theater that succeeds and replaces drama, but rather a performance potential that exists within and in reaction to drama. The postdramatic operates and gains its force not simply in the absence of drama, but in direct relation to the dramatic traditions that it saliently challenges, toys with, and rejects. When such theater breaches tradition, its transgressions gain aesthetic and social power specifically through disruption of normate expectations and standards. Additionally, postdramatic theater does not just draw upon and often confound assumptions, values, and expectations of traditional drama, it also taps into drama’s inherent anxieties, paradoxes, and unresolved issues.

Postdramatic theater’s awareness and resistance to dramatic tradition offers an inherent disability critique for psychosocial disability. In fact, postdramatic theater can be seen as inherently carrying a psychosocial disability critique because it goes against the logic of the dramatic model. Drama is based upon logos, which reflects normative standards of society. Allen Thiher observes that with classical Athenian theater, “logos—or reason and language as conceived by the Greeks—first reflects back upon itself and discovers alterity, or that otherness that seems incommensurate with logos.” Therefore, when drama depicts madness, “reason makes unreason an object of representation.” Lehmann in turn notes that dramatic theater privileges and relies upon the written text as the primary conveyor of meaning. He observes that

27 Lehmann, Postdramatic Theater, 54.
30 Ibid.
ever since text was introduced into theater, “text as an offer of meaning reigned; all other theatrical means had to serve it and were rather suspiciously controlled by the authority of Reason.”\(^{31}\) In this sense, we can consider postdramatic theater as the theatrical aesthetic double of Michel Foucault’s Unreason. Unreason is not the lack of reason but “reason dazzled,” a productive force that operates outside of and yet directly against the domain of Reason.\(^{32}\) Postdramatic theater, which works against such normative mastery of madness, pushes for alternative representations that operate at least partially outside of drama—and thus society’s—logical, normative dictates.

The upshot of drama’s reliance on reason can be understood thus: whereas dramatic theater is restricted in its ability to represent and explore psychosocial disability, postdramatic theater, with its simultaneous refusal of and dependence upon dramatic structure and conventions, is equipped to represent the oppressive and controlling experience of madness within normative, contemporary Western cultures. This is because there is a strong parallel between the discursive nature of postdramatic theater and ideological practices that shape psychosocial disability. Postdramatic theater does not simply reject dramatic theater any more than madness operates completely outside of and apart from rationality, language, and social expectations. Rather it plays with dramatic expectations, gaining its own powerful representational practices in direct proportion to the way that it troubles drama’s form, structure, and traditions, which rely upon the same logos, values, and demand for understanding that drives our current normative practices around madness. Postdramatic theater can therefore present madness in a confounding manner that encourages the audience to approach it through a more critical perspective.

In order to exemplify how postdramatic theater might better represent such disability, I will in the remainder of this chapter examine a production that provides autobiographical experiences of madness through postdramatic strategies: The Wooster Group’s *Rumstick Road* (1977). One of the earlier examples of postdramatic theater in the U.S., this production works directly against many conventions of dramatic theater and offers critical psychosocial disability perspectives on madness that stem from the subject’s autobiographical experience, struggles, and feelings. In order to do so, it withholds any clarifying narrative. In addition, the performers and “characters” disavow a complete mastery of understanding their own experiences and deny their audiences full understanding as well. Instead, they represent madness as so intertwined with complex and uncertain relationships, ethical concerns, incomplete “facts,” and other unknowns that theater can never fully encapsulate it as a whole and discrete subject to be comprehensively explained on stage. This lack of mastery of representation disallows transcendence of the distress, anxiety, confusion, or doubt that necessarily accompanies all madness at least some of

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\(^{31}\) Lehmann, 47.

\(^{32}\) Michael Foucault, *History of Madness* (New York: Routledge, 2009), 243. In his foreword, Ian Hacking notes that Foucault’s definitions of Unreason and Madness often contrast in his work. For example, Foucault exemplifies Unreason in the productive artistic work Hölderlin, Nietzsche, and Artaud, whereas he sees madness as a lack of an oeuvre. (See Foucault, *History of Madness*, 577.) But ever since 19th Century psychiatry’s medical claim on madness, Unreason has disappeared, and even the above artists have been understood in medical terms of schizophrenia, dementia, bipolar disorder. Although Foucault makes a distinction between Unreason and madness, I do not wish to relegate the term madness to a similar unproductive realm. Today it maintains rhetorical force specifically because it contrasts with psychiatry’s “mental illness.”
the time. The production thereby encourages audiences to better appreciate madness’ complexity and, ultimately, our inability to fully master our understanding of it and even its social repercussions. In this way, the production paradoxically helps the audience better appreciate and comprehend its subject matter.

*Rumstick Road* (1977)

*Rumstick Road* grew out of a need on my part to make something, to try to understand...to concretize some of the fears I had after getting back from India: that I was identifying with my mother so much, that I had inherited the genetic quality of manic-depressiveness. And those fears provided a terrific drive for me to make that piece, to get that out in the open, to explore.

--Spalding Gray

The Wooster Group emerged from the remnants of Richard Schechner’s second iteration of The Performance Group during the latter half of the 1970s in New York City. Led by Elizabeth LeCompte, the Group’s first four productions, which eventually became referred to as *The Rhode Island Trilogy*, evolved from a variety of material and sources that drew heavily from aspects of Spalding Gray’s life. The first production, *Sakonnet Point* (1976) is a non-textual, dream-like, movement piece that incorporated a variety of found objects and sounds introduced into the rehearsals by Gray, LeCompte, and other members of the Group. Theater critics and the artists themselves have interpreted the show as loosely associated with Gray’s young childhood. Their second production, *Rumstick Road* (1977) moved much more clearly in the direction of autobiography. LeCompte, Gray, and the others developed the piece out of and in

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34 For a history and analysis of The Wooster Group’s earlier years (1976 – 1984), see Savran, *The Wooster Group*.
36 Gray reports, “We (Leeny Sack, Ellen LeCompte, Elizabeth LeCompte, Alex Ivanoff, myself, and Erik Moskowitz) began our work on Sakonnet in the spring of 1974 in an open space at the Performing Garage. I would bring in certain props that had taken my interest. Some of these props were found in the streets and others were gathered from Woolworth's on 14th Street. They were all props that set off associations for me. I would bring these props into the rehearsal space and perform certain silent associative actions with them. The other performers would watch me do this.” Spalding Gray, “Three Places in Rhode Island,” *TDR: The Drama Review*, 23, no. 1 (1979), 36. Director Elizabeth LeCompte reports that *Sakonnet Point* introduces Gray’s relationship to many elements, props, and iconography in the “story to come” of the Rhode Island Trilogy. See Elizabeth LeCompte, “An Introduction,” *Performing Arts Journal*, Vol. 3, no. 2 (1978): 81-86. Gray described the piece as “innocent,” and Savran writes, “the title evokes an oceanside town in southern Rhode Island where Gray spent his summers as a boy and the piece is suffused with the atmosphere of childhood remembered.” See Savran, *The Wooster Group*, 58.
reaction to specific texts, images, and music associated with Gray’s family history and Gray’s struggle to come to terms with his mother’s mental and emotional distress that culminated in her suicide. His investigation was partly driven by his own potent moods and thoughts that were unsettling his personal life and relationships at the time.37

*Rumstick Road* was initially staged in a modified proscenium format in the intimate Performance Garage in the SoHo district of New York. It ran approximately 75 minutes without intermission. Directed by LeCompte, the performers included Spalding Gray (“Spud” or “Spalding Gray”), Libby Howes (“Woman”), Ron Vawter (“Man”), and Bruce Porter (“Operator”). The set, or “performance environment” as Gray and LeCompte referred to it, was designed by Jim Clayburgh and LeCompte. Many aspects of *Rumstick Road* were legible to critics and other audience members as theater, even dramatic theater.38 For example, the subject matter onstage clearly refers to a historical reality. The “characters” and “story”, although disjointed, revolve around the history of Spalding Gray’s family and his mother’s bouts with madness. In this sense, the production is indeed very closely related to drama, leaning on it heavily. And yet the show refuses to present a cogent, single perspective, totality of the events depicted. In fact, it can be seen as a piece about memory and forgetting: losing one’s memory and trying to regain insight in order to understand what happened before. Even though the production can be generally thought of in terms of dramatic theater, it is ultimately impossible to encapsulate the piece’s most notable and powerful aspects as one might typically summarize a dramatic production because *Rumstick Road* deviates from and works against traditional theatrical structure and expectations that such a summary would normally rely upon.

James Bierman observes that *Rumstick Road*’s structure is “architectural rather than linear,” with the performance text seeming to have evolved out of spatial dynamics instead of a “compelling psychology.”39 The performance space prominently displays, side-by-side, two rooms built in forced perspective with their fourth walls missing. The rooms, built with bare plywood, appear rather unfinished with no dressing. They are bifurcated by a center control booth that faces out to the audience. Porter remains in this booth for the entire show, operating the sound equipment and occasionally reading letters into a microphone in a matter-of-fact,

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37 Gray: “…just prior to making *Rumstick Road*, I began to experience nervous symptoms similar to those my mother had experienced nine years earlier.” “Three Places in Rhode Island,” 36.


39 Bierman, Three Places in Road Island, 17.
impersonal, and somewhat halting manner as if he were reading them for the very first time. Behind this booth, a closed-off space with matching, mirrored doors connects the two rooms. Downstage a black apron runs the entire length of the set, on which the actors freely move between rooms. Below the control booth center stage stands a table upon which Gray and Howes lie during certain scenes to be examined by Vawter as if they are patients or corpses part of a medical lecture/demonstration. The room stage right has a screen taped to the back wall for a carousel slide projector. In the room stage left stands a bulbous red tent. Built into the upstage wall is large picture frame window without glass. Behind this window, a tiny house floats in the darkness. The small audience, also seated in darkness, is configured in the shape of a pyramid with the sides angling away from the stage, leaving an ever-increasing distance between the spectators and the work. With these two rooms and central control booth, LeCompte reported that, “the piece was constructed as a triptych with three central focuses always.”

At the beginning of the show, Gray stands downstage center, introduces himself, and announces that the piece is dedicated to his parents, who he also names. What follows is a collage of personal letters, projections of family photos, sound recordings of personal conversations, and music from Gray’s family’s past. The material often reports, reproduces, and reenacts individual reflections on Gray’s mother’s mental and emotional condition, including the events of an early morning in 1967 when she went out to the garage while her husband was still asleep and started the car, killing herself with the exhaust fumes. This material does not follow a linear, temporal, or causal path. In addition to autobiographical material, the production also includes components that were never explained as directly relating to the autobiographical material the collage had begun to assemble, such as the blaring of music (e.g., Nelson Riddle’s “Route 66), found objects (e.g., the red tent), choreographed movement (e.g., a game of tag, a struggle over a pistol that morphed into a tango dance, and Howes undressing and dressing inside of the tent), and Vawter presenting a ludicrous yet disturbing medical lecture/demonstration of a new technique for the “effective elimination of excess tension and nervous energy” where he man-handles, tickles, and then unrelentingly licks the ear canal of a nearly naked Howes until her laughter turns into cries of torture.

Gray, who at the top of the show introduces himself as “Spalding Gray, Spud,” clearly references himself and his own life throughout most of the various segments. Sometimes he directly addresses the audience and refers to the immediate theater event. At other times he reenacts actual past moments with his father and grandmother, silently mouthing his own words while their voices play over the loudspeakers. Yet another time he reenacts a phone call with his mother’s psychiatrist, speaking out loud into the phone as if the dialogue were live, although the psychiatrist voice is an edited recording. In contrast to who Gray consistently references his own past, Vawter and Howes never perform as full “characters.” Sometimes they engage in various physical activities as nameless bodies on stage. At other times, they stand in for people in Gray’s life. Porter remains a technical component of the theater apparatus in the present and never “acts” as any sort of individual persona, although he does read an actual letter from Gray’s neighbor and thus offers his voice as a substitute for hers.

40 Elizabeth LeCompte, “Who Owns History?” Performing Arts Journal, 6, No. 1 (1981): 51. This intention of divided and equal focus is important to keep in mind when viewing the video of Rumstick Road produced by The Lincoln Center for the Performing Arts because the camera operator instead focuses almost solely on either of the two side rooms for the length of the performance.
Thematically, *Rumstick Road* can be seen as representing Gray’s attempt to examine and come to terms with his mother’s madness. Gray has since stated that the production was a way for him to “try to develop some meaningful structure into which [he] could place the meaningless act of [his mother’s] suicide. Perhaps it was the hope that this newly created structure would somehow redeem and put in order the chaos of [his] mother’s world.”

However, the performance does not build a cogent argument or arrive at any conclusion as to what definitively occurred in past events or what brought them about. In fact, *Rumstick Road*’s components form a collage that do not neatly relate and dovetail into one another at all. They instead clash, often following one another with abrupt, jarring changes in light, sound, and content. Because the various texts and materials often do not clearly relate to one another, much less in any single, definitive way, they offer an uncertainty and multiplicity of interpretation for the audience. Sometimes they demand a suspension of meaning all together. In effect, the production confounds the audience’s comprehension on many levels. But, ironically, it is this very lack of unity and singular meaning that, along with other postdramatic strategies, supports a fuller representation and exploration of Gray’s mother’s madness and his own personal struggles and concerns about what lay in store for his own mental health in the future. *Rumstick Road* offers this fuller examination by working against the normative rules, structure, and expectations of dramatic theater that inherently reinforce dominant ideology and reactions to its subject matter.

By employing postdramatic strategies, *Rumstick Road* deconstructs these aspects and an ideology that encourages a normative, reaction and assessment of madness.

The tenets of drama instruct us that representation of a person’s personal experience, such as Gray’s struggle with his mother’s history and his own madness, must adjust that reality by framing and depicting it in a manner that becomes universally accessible and instructive to the audience. This is exactly what *Rumstick Road* refuses to offer. The production first confounds audience expectations of full comprehension by presenting a performance event that denies a coherent, finite, fictive cosmos.

One way it does so is through a postdramatic tactic that Lehmann calls parataxis, meaning a nonhierarchical relationship between the production elements that resists coherency and unified meaning. In fact, these elements not only refuse to cohere to one another in a singular fashion, they also do not fit fully and solely within a make-believe world of the stage. For example, all of the props in *Rumstick Road* except for the miniature house that floats behind the upstage window are found items that do not appear to be fully prepared illusionary props built for the show. Natalie Crohn Schmitt observes that these props, such as the red tent, are never fully subsumed by the production in service of any one narrative or historical moment, meaning that they are not subordinated by that which they are sporadically called upon to represent.

During one segment of the performance, the audience might imagine the tent to represent an intimate moment of exchange between Gray and his father as Gray and Vawter sit inside it in silhouette while a recording of their actual conversation is played over the speakers. At another moment, the tent might signify the garage in which Better Gray killed herself. During yet

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42 Lehmann, 86 – 87.
43 Natalie Crohn Schmitt, *Actors and Onlookers: Theater and Twentieth-Century Scientific Views of Nature* (Evanston: Northwestern University Press, 1990), 50. I would add that many of the props and iconography, including the miniature house, are part of a larger world of the Rhode Island Trilogy, which in turn takes almost all of its components from “real life.”
another moment, Gray and Vawter silently pick it up and, accompanied by the sound of wind blowing, gently move it up and out through the window, which might very well signify Bette Gray’s soul floating away or, alternatively, the displacement, resolution, or passing of time of her family’s grief and anguish of her suicide. At other times, Gray and Howes individually dress and undress inside the tent or chase one another around it. And yet, as Schmitt notes, it also always remains just a red tent. This stubbornness of the found object to continue to signify its prosaic qualities emphasizes the ultimately subjunctive nature of the audience interpretation. By continually signifying its real world properties as a tent, the prop reminds audiences that the performance is not an autonomous, independent artwork and that its meanings cannot be prioritized and lined up in an authoritative order that points in one clear direction, which is contained within the production. (The tent had, in fact, been taken from the upstairs area in the Performing Garage, in which LeCompte and Gray had previously been sleeping. It had also appeared, along with other props such as Vawter’s flashlight, the white sheet the Gray walks around in, and the tiny model house, in the previous production, Sakonnet Point. The tent therefore took on additional meanings that extended beyond the immediate production to include not only past and future productions—it would soon reappear in Nyatt School to signify yet new meanings, such as a giant chicken heart—as well as the personal lives of LeCompte and Gray.)

Within the production’s non-hierarchy of elements, even mistakes were included so that, much as in real life, the audience must sift through the flotsam of life’s objects and select the elements it must focus on and then choose how much to weigh their significance in relation to other components of the production. For example, in Part III, Slide Show, a slide is placed inside the carousel project upside down during a recorded conversation with Gray’s grandmother. This choice was a replication of the initial historical mistake. Also included is the uncertainty of certain facts. When Grandmother Gray asks Gray the street address of the house in the photo, he answers “forty-six.” She then asks him if it was forty-six or sixty-six. “Uh…sixty-six,” Gray responds. But then two slides later when looking at the House on Rumstick Road, Gray observes, “It’s a beauty,” before repeating, “forty-six,” thus inadvertently drawing attention to the uncertainty of the facts being reproduced onstage. In such a manner, even Gray, who would seem to be the expert on his own life, is shown to be an unreliable witness.

The production most likely did not only include mistakes recorded in Gray’s actual life, but also those in the process of making theater because LeCompte shapes the performance text out of what the actors and designers bring to her instead of instructing them to carry out her initial vision. During the rehearsal process, LeCompte often decides that she likes certain unintended actions or discoveries made by performers and instructs them to keep them as part of the restored behavior. Her performance texts therefore seem to always contain idiosyncrasies that are impossible to make definitive, logical sense of in relation to the other material. The subsequent unruly and scattered ties of meaning place the work of interpretation in an ambivalent collection of audience responses, suggesting that all participants will have equally valid/invalid and partial understandings. Even Rumstick Road’s set, consisting of unfinished plywood walls, retains its raw, material state, suggesting that the production is a work-in-progress. The audience is thereby called attention to the production’s lack of autonomy and the audience’s role in interpreting the proceedings.45

44 Spalding Gray and Elizabeth LeCompte, “Play: Rumstick Road,” 103.
45 Schmitt, 51. The concept of work-in-process is a signature of The Wooster Group’s productions, all of which have been constantly developed and altered throughout their
Rumstick Road’s use of found objects and refusal to offer a fictive world that mirrors the autonomous art object is a postdramatic tactic that Lehmann calls the “irruption of the real.” Aspects of the performance breach, or downright reject, the idea of the autonomous art object by gesturing to and muddling the theatrical frame itself. The production does not hide its technical equipment in an effort to encourage the audience to suspend disbelief of the fact that it is inside a theater watching a show. The show presents its technical equipment forthright, including the Operator’s booth which takes center stage and transforms the playing of recordings into a performance itself, thus removing any possible illusion of the proceedings onstage taking place is some other place and time that is fully removed from the theater and its audience.

Also, the production calls attention to and upsets normative uses of non-diegetic music. Early in the show, Nelson Riddle’s Route 66 plays over the radio. Perhaps Gray chose the song because it reminded him of his father or the optimism found within pop culture of the early 1960s. But the song isn’t allowed to play in the background in an unobtrusive manner that supports the proceedings on stage. It starts abruptly, played at an extremely loud volume, and is paired with the unexplained stage action of Gray and Howes playing a clearly choreographed, unrealistic game of tag. When the pair disappears offstage, the music is cut off mid-note without warning. After a momentary pause, another song begins mid-stream, accompanied by Gray and Vawter’s jumping out in the room in midst of the gun struggle and tango dance. In such a manner, the otherwise non-diegetic music suddenly draws attention to itself in such away as to assert itself as a present object as equally present and important as the other action on stage, even though its purpose remains unexplained.

As Gray and Vawter exit, the Riddle song cuts off again, leaving the room in silence while Howes enters and sits on the floor like a rag doll. She takes off her shoe and, as she swings it up in the air, the music blares again. As she drops the show and collapses onto her back like a ragdoll, as the volume cuts off once again. Vawter then re-enters the room in a no-nonsense, hurried manner and carries her seemingly unconscious body to the table for his medical demonstration. These jarring jump-cuts from one moment to the next thereby emphasize a lack of logic and unity, pointing to the performance’s aggressively dually artificial and real nature. In other words, the actions and sounds are left to exist in their own right, begging interpretation while withholding any clear sense of meaning. In a final example, Spalding Gray later places a record of Bach music for unaccompanied violin on a small turntable player on stage, after which Porter then plays the actual music through the sound system. The gap between the start of the turntable and the beginning of the actual music calls attention to the artificiality of the representation. This discrepancy further inhibits any normative suspension of disbelief of any fictive world being created onstage.

While dramatic theater rests upon the concept of mimesis, it also has a clearly diegetic component of privileging a narrative that is recounted by certain people (“characters”) from certain perspectives. These strands of mimesis and diegesis work together through characters than are to be understood and judged through normative ideology, which reinforces those standards and values. But Rumstick Road complicates and confounds such narrative. LeCompte

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performance histories. Even the publically released films of various reproductions, such as The Emperor Jones, House/Lights, Brace Up!, To You, The Birdie!, and the forthcoming video compilation of Rumstick Road move beyond simple documentations of live performances to become their own unique video artworks.

has since claimed that she “want[ed] as many interpretations as possible to coexist in the same
time in the same place.” Rather than presenting normative, instructive storytelling, *Rumstick Road* offers its audiences an equivocal representation that refuses to provide any stable, authoritative point of view or even causal sequence of events. For example, Part I contains
the following five units of action: Direct Address (Gray introducing the piece to the audience); Letter from Alice Mason (Porter reading a letter); Dance with Gun (Vawter and Gray fighting and then dancing with a gun); The Pick Up/The Ghost (Vawter picking up a comatose Howes while in the other room Gray walks around with a white sheet over him); The First Examination (Vawter giving a medical lecture/demonstration). Because each part provides no expectation or explanation for what follows it, the production suggests that any interpretation of its subject matter must be only partial because its elements cannot to be grounded within a single hermeneutic frame.

This ambivalence and lack of certainty even exists within each individual unit. Consider how The Letter from Alice Mason provides second, third and fourth-hand accounts of how the actual road, Rumstick Road, received its name. Introducing the unit, Gray informs the audience that during a conversation with his grandmother she suggested that he contact a neighbor, Alice

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47 Savran, 53.
48 *Rumstick Road*’s organization of text and movement, grouped into discrete segments, is listed thus:

Part I
- Direct Address
- Letter from Alice Mason
- Dance with Gun
- The Pick Up/The Ghost
- The First Examination

Part II
- Direct Address
- House Slide
- House Dance
- Interview with Dad in Tent
- Flying the Tent

Part III
- Direct Address
- The Scientific Statement of Being
- Scene Change (The Move)
- Slide Show
- Letter from Mom
- Interview with Dad in Chairs
- Telephone Call / Woman in Tent
- The Second Examination

Part IV
- Direct Address
- Letter from Dad
- Family Snapshot
Mason. The Operator then impersonally and hesitatingly (as if reading it for the first time) reads into the microphone a piece of hand-written text from a piece of paper that may or may not be the actual letter from Mason, who wrote that she called another neighbor who reported hearing from yet another person an account of the road’s naming. Mason’s letter asserts that her father had “also heard” this version but adds additional information. She ends the letter by offering a third version of the origin of the road’s name that contradicts the first two, commenting that the third version is “highly improbable.” The performance text thus pointedly raises the problem with identifying any discursive practice as objective and unquestionably true. This compulsory lack of hermeneutic mastery allows space for beliefs and values that might differ from dominant, majority perceptions. Perhaps the most powerful result of this uncertainty is the message, or perhaps dawning realization by the audience, that no one perspective holds the definitive, authoritative truth. When the subject matter includes psychosocial disability, such as Gray and his family’s struggle with madness, this realization may create a welcome and productive space for those among us who are otherwise constantly silenced and disciplined when our perspectives of madness and mental illness do not cohere with society’s mainstream values and expectations.

Another way Rumstick Road deprives its audiences of confident interpretation is by withholding consistent, discrete characters. The three main performers all confound audience expectations to perform in a stable, subjunctive manner, i.e., “as if” they were separate and consistent fictional characters operating within a single story and behaving in understandable and intelligible ways. Instead, they perform a patchwork of identities with missing or uncertain components. This holds true even for Gray, the performer who signifies the most stable and clearly identifiable persona onstage. In Part I’s Direct Address, Gray initiates the performance by introducing himself to the audience using his own legal name and nickname used by his family: “My name is Spalding Gray. Spud.” With this statement, he appears to presents himself in a straightforward autobiographical nature, as if the character he is portraying is one and the same as himself when he is outside of the theater. And yet, the production problematizes his actual subjectivity and the certitude of what Gray narrates through LeCompte’s staging and Gray’s style of performance, which he later developed and used in his monologues throughout his career. As Gray stands downstage center facing the audience during his opening speech, a sharp, single spotlight shines on him from the house, much like Samuel Beckett’s light of interrogation in Play.49 But the circle of light cuts him off at the neck, leaving his face unseen in the darkness. This jarring image immediately suggests that something is awry with Gray’s presentation and perhaps with Gray himself. While his body and voice are present, his face, perhaps the most important component of one’s social identity, is missing. The obliteration of his face literally shows the audience that they will not have access to the whole image (or person) of what will be represented on stage. The omission of Gray’s face might also suggest that he himself is working under imperfect conditions; he has an imperfect memory as well as personal limitations on how clearly he can see, comprehend, and report upon what is about to be presented.

This ambivalence of identity was confirmed by Gray during one audience talkback session at The American Place Theatre.50 Responding to an audience member’s question about his family, Gray insists that he was not playing himself in the performance. The person onstage,

50 The Wooster Group, Rumstick Road, 2 videocassettes (74 min.); sd., NTSC ;, ¾ in. U-matic), The American Place Theatre presents the Wooster Group production, New York, 1980.
he asserted, “was not Spalding Gray” but rather “Spud.” On the face of it, this assertion seems rather nonsensical because so much of the performance text, such as the slides and audio recordings, are clearly of and about Gray and his family’s past. On one hand, one might interpret Gray’s comment as meaning that the material presented on stage was Gray’s past and not his current self. But on the other hand, much of the archival material, including all of the recorded interviews were obtained fairly recently in relation to the onset of the production and certainly after Gray was already an adult, even after Bette Gray’s suicide. Furthermore, *Rumstick Road*’s material does not restrict itself to a discrete past; it also includes recent and ongoing attempts by Gray to collect, assemble, and examine various “facts” and discussions about his past. This suggests not a childhood “Spud” but a contemporaneity that merges the past with Spuds recent past and current adult self. In the recorded conversations between the adult Gray and his father, Rockwell Gray Sr. continues to call his son “Spud.” In another not too distant recording of him speaking to his mother’s doctor, the psychiatrist calls him “Spalding.” So what does Gray mean when he says that what was presented on stage was not him?

The answer to this riddle may be unsolvable because LeCompte’s staging and Gray’s style of performance insert a consistent level of uncertainty as to whether Gray is truly speaking and behaving onstage as he would if he were offstage or if his behavior is a staged-persona that derives its ontological status specifically through the act of performance. Gray later summarizes this conundrum thus: “In *Rumstick*, I’m a fictive character in my own world and I’m myself in the performance.”

*Rumstick Road* is one of the first times this tension between “Gray the Performer” and “Gray the Performed” appears in a significant manner. This powerful quality appeared throughout Gray’s career. Gray found this performance subjectivity liberating. Ever since his first acting role in high school, when he extemporaneously stepped outside of his set character and performed a simple impromptu physical act as himself, Gray felt compelled to do “that thing that was other than acting.” He first found support in this endeavor from director Richard Schechner, who, Gray reports, “reversed the process” for him, by “emphasizing the performer, making him more than, or as important as, the text.” But even though Gray saw himself doing something other than acting (i.e. other than losing himself in a character), he wasn’t exactly his onstage self onstage either. Rather, his onstage performance of Spalding Gray playing Spalding Gray gained performative power through his relationship to his audience. Previously, in The Performance Group’s 1970 production of *Commune*, Gray performed one of the production’s “Songs of First Encounter” about how he came into contact with The Performance Group. This was his first move toward autobiographical performance, where he played a character called “Spalding.” But instead of seeing his character as true to how he saw himself onstage, Gray saw the character as how his director saw him. He later explained in an interview, “My character was very much how Richard Schechner perceived me, how he saw me from the outside as a kind of watcher. [The character Spalding] would watch and comment on the action.” A parallel can be made between this act of the artist looking at himself and representing himself in his art and the act of looking at one’s own madness and the act of representing that madness. Beginning with *Commune*, Spalding the Performer developed as a self-reflexive character that found his

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53 Ibid.
ontological status in the performative nature of both being watched and commenting upon the act of representation that was happening onstage, including his own. Gray describes this self-reflexive essence as, “one who sees himself seeing himself.”

In the case of *Rumstick Road*, Gray’s ambivalent role draws a self-reflexive, critical awareness to the uncertainty of both his and the audience’s ability to objectively judge the proceedings. Because Gray sometimes talks to the audience as himself in the present, the audience must immediately assume that what is being said and represented is filtered through a self-aware, editorial process. But as soon as one realizes that Gray’s direct audience address in the moment is itself also restored behavior (i.e., the product of rehearsing and setting certain “strips of behavior”)56, one recognizes that Gray’s onstage persona carries within itself both self-reflexivity and at least some lack of authenticity, i.e., immediacy or happening for the first-time, because it is pre-planned and set. Furthermore, Gray’s deadpan, delivery contains a quality of flatness that appears both matter-of-fact and extremely self-aware that what is being said is being performed.

The flatness or emotional disconnect of Gray’s performance in *Rumstick Road* might also derive from the fact that he never actually says what he feels about what he reports, even though the subject matter is incredibly personal and emotionally charged. But even though he does not announce or assert his judgment or emotions about the subject matter, his self-presentation does not come across as guarded or dishonest. Rather, Gray performs with a sense of directness and truth than nevertheless cannot be fully captured. Theater critic Richard Coe describes this style as “distanced vulnerability,” a “private need for constant revelation followed by nuanced qualifiers, a need to put “[the] cards on the table then casually grab them up and reshuffle for the next game.”57 Gray’s quality of self-reflection seems non-committal, as if he is far from certain what he should conclude from his report. This uncertainty, coupled with obvious mistakes and the unclear relationships between various elements of the performance text, suggests that much about Gray and his family’s struggle with madness, and interpretations of those struggles, must remain up for debate. This dubiousness is categorically asserted by Gray near the end of the performance. The very last piece of evidence that *Rumstick Road* reports upon is a letter from Gray’s father, which Gray received when he was a resident actor at Smith College in 1966. Introducing the letter, Gray/Spud dispassionately tells the audience, “After reading it and re-reading it I was forced to re-examine all the material I had collected so far.” He then reads the letter. But after reading it, he doesn’t offer the audience any sort of new assessment that benefits from his re-examination. Instead, he simply says, “Thank you for coming.”

Because *Rumstick Road*’s performance text undermines the audience’s confidence in their ability to interpret the proceedings, the audience is thereby faced with grave uncertainty.

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55 Gray, “About Three Places in Rhode Island,” 34.
56 Richard Schechner considers the theater rehearsal process as partly that of creating and establishing a “restoration of behavior,” which starts with the act of identifying and separating behavior and aspects of oneself from oneself. Once this is done the actor can hone, adjust, and manipulate that behavior. Schechner: “The performers get in touch with, recover, remember, or even invent these strips of behavior and then re-behave according to these strips, either by being absorbed into them (playing the role, going into trance) or by existing side by side with the (Brecht’s) *Verfremdungseffekt.*” See Richard Schechner, *Between Theater and Anthropology* (Philadelphia: University of Pennsylvania Press, 1985), 31.
57 Robert Coe, “Making Two Lives and a Trilogy,” 118.
about their own hermeneutics. Gray confirms that self-reflexive awareness was indeed partly the point:

> It was not just the information about my mother that interested us but the way in which information was revealed and spoken. It was an interest in the idiom, in the way in which my grandmothers and my father would express themselves . . . the choice of words and phrases. It was the way they spoke that began to tell me a lot about who I was and why I thought and related to the world the way I did. It began to be a kind of autobiographical insight.  

If Gray’s performed identity in *Rumstick Road* is somewhat in question, Howes and Vawter’s identities are even less stable. While Vawter and Howes seem to stand-in for certain historical people at times, they never telegraph single, stable characters. Rather, they appear to remain unidentified people and perhaps partially themselves, much like the set itself seems partial and only a stand-in for whatever it is supposed to represent. Vawter first appears in the Gun Dance, which remains unexplained or discussed in the production. Then, wearing the same shirt and jacket, he picks up the comatose Howes and performs a medical lecture-demonstration as an unnamed clinician/scientist/professor. Continuing to wear the same clothes and present with the same physical mannerisms, he next sits down with Gray and precisely lip synchs Gray’s father. Later still, he puts on an unrealistic mask and wig that portrays an old woman and physically interacts with Gray during a recorded conversation between Gray and his grandmother. But while he earlier synchs with Rockwell Sr.’s voice in a flawless manner, this time his mouth cannot be seen moving behind the rubber mask. Furthermore, he remains in masculine clothes, flexes his muscular arm, and at one point hops up onto a table in a manner quite unlike a very elderly grandmother. The upshot off all of this is that Vawter does not disappear into any one role, but presents a proxy for the various characters. Some of these personas have no clear identity or even purpose within Gray’s exploration of his family’s history. And for those characters who are more clearly identifiable, such as Rockwell Gray Sr., the production inserts a powerful aesthetic distance between them and Vawter’s body on stage.

This perception is supported by Vawter on thoughts on the work. He reported that he saw himself “not as inhabiting an imaginative or fictional world of my own, but of being a theatrical ‘stand-in’.” He says, for example, “I never tried to act older, or like I thought his father would be. I always saw myself as a surrogate who, in the absence of anyone else, would stand in for him. [...] I’m there in place of the real thing or of anyone who’s watching it. (Italics mine.)” By refusing to disappear into the character of Gray’s father, Vawter also stands in for anyone who is watching the performance, thus inviting everyone present to judge Gray’s father’s speech as investigators who are aware that they not only have incomplete information, but also information that is coming from a specific social exchange between two people who directly influence what is being said.

During the segment “Interview with Dad in Chairs,” Gray and Vawter silently sit down while Gray holds a microphone attached to a tape recorder. Both performers time their physicality, breath, and the placement of the microphone in such a way as to almost but not quite

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60 Ibid.
perfectly embody the conversation being played by the Operator over the loudspeakers. The near perfect synchronicity ironically draws attention to the palimpsest quality of the representation and emphasizes that the performers are self-reflexively standing in for a past, private conversation between Gray and his father about the sensitive and painful topic of Bette Gray’s madness. Although the audience can hear the actual voice of Gray’s father, it must listen to the exchange with the knowledge that the words were initially meant only to be heard by Rockwell Sr. and his son Spalding. By standing in for Gray’s father, Vawter becomes a hermeneutic locum for the audience who is encouraged to imagine themselves in Vawter’s place. He reminds the audience of its own interpretive acts and limited ability to hypothesize what actually occurred or what the conversation meant. Meanwhile, Gray’s own re-enactment reminds the audience that Gray himself is revisiting this discussion, trying to get mastery over that which he can never fully reproduce. Lastly, the conversation itself reveals the inability of Gray and his father at the time to agree upon or ascertain the unequivocal facts about Bette Gray, whom they attempt to understand in relation to their own memories of what she did or did not previously say in an even earlier past moment.

SG/SPUD: …when Mom had her first nervous breakdown…she said that she had a vision of Christ…coming to her in the living room.
RG/MAN: When did—when did she say that to you because I don’t recall anything like that.
SG/SPUD: She wasn’t healed by that?
RG/MAN: Well I’m…she had…did she tell you this when you were…uh…grown up? Or when you were a little fella?
SG/SPUD: Yeh, yeh, when I was thirteen.
RG/MAN: She had no visions of Christ you know that very well and I know that very well.
SG/SPUD: She…she…she told me that she had a vision of Christ and that she told you about it.
RG/MAN: Are you sure she told you that?
SG/SPUD: Yeh.
RG/MAN: Because I, eh…she never…this is…this ridiculous as far as I’m concerned. She had no visions of Christ. [Gray then continues on to describe to his father what his mother told her until he is interrupted by his father.]

RG/MAN: Oh, Spud, you’re talking dreams as far as I’m concerned because this is nothing that we ever chatted about. I don’t know where you’re getting this sort…When—when did she tell you these things?
SG/SPUD: When I was…uh…fourteen I guess.
RG/MAN: Oh hell. You couldn’t remember those things when you were fourteen…ther…floating up to the ceiling with Christ.
SG/SPUD: No Dad. (laughing)
RG/MAN: I…I mean this. You’re…you’re…you’re now thirty-five years old and this is…uh…twenty years ago and your mother’s been gone for…

\[Spalding Gray and Elizabeth LeCompte, “Play: ‘Rumstick Road,’” 104-105.\]
Throughout the course of the conversation the only thing that becomes clear is in fact that it is uncertain what is actually being debated. While Spud attempts to gain his father’s opinion on his mother’s experience of visioning Christ, experiencing floating up to the ceiling, and being temporary healed by music, Rockwell Gray is unwilling at first to accept as fact that his wife actually reported such visions. Not wishing to give any credence to his wife’s Christian Science beliefs, he tries to attribute his wife’s madness to “a physical problem,” from which she “happily” recovered.

Along with the spoken text, the manner in which the conversation is theatrically staged further muddles not only the meaning of the initial conversation, but calls attention to the impossibility for the audience to master that meaning. Even though Vawter performs with a virtuosic synchronicity, he makes no attempt to take on the actual appearance, physicality, or idiosyncrasies of Gray’s father, which inserts doubt into the objectivity of the representation. Why not, after all, replicate that information as well? Secondly, Gray, although performing his own past experience, does so in a self-conscious way that seems to broadcast that what he is doing is twice removed from that which came before. It is obvious that what is on stage is a recreation, and yet that recreation itself seems to be intentionally done imperfectly. For example, Gray holds the microphone in an unusually hesitant and timid manner, as if he is uncertain how to use it. This strange anxiety/hesitancy also impacts how he relates to “Rockwell Gray/Man.” At the end of the conversation, music swells over the loudspeakers, and the pair begin to rise from their seats. As “Gray/Spud” starts to get up, he stops and, gesticulating in a rather artificial manner that would be termed “indicating” in the language of psychological realistic acting, he appears to suggest that he feels uncertain about who should rise first, or perhaps whether either of them should stand up at all. Vawter, in response, stops halfway up in confusion, while Gray hesitantly bobs up and down and gestures with his arms that perhaps Rockwell Gray/Man/Vawter should go first. Such comic formality with large gestures seems oddly out of place at the end of such an intimate, actual conversation between father and son. Next, immediately thereafter as the music continues to drown out their supposed conversation, the two actors gesticulate as if discussing how to strike the chairs and end table from the stage. Again, Gray performs an uncertainty as to who should remove what. And yet this uncertainty is clearly staged because the production has already been performed many times. The audience is thus forced to ask whether it is the historical Gray, the past actor Gray in rehearsal, the current Performer Gray, or maybe None of the Above who actually was/is uncertain. In sum, by emphasizing the aspect of pretending during an otherwise hyper-naturalistic exchange, Gray and Vawter muddle their identities of father, son, actor, and actor, thereby drawing attention to the artificiality of their performance while nevertheless reminding the audience that this actual

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62 Ibid., 105.
63 Ibid., 105.
conversation did take place...although the specifics of what happened cannot be truly and fully replicated or known by the audience even though one of the parties is still present.64

Ironically, LeCompte reported that she was interested in *Rumstick Road* presenting “just the facts” of Gray’s family and his mother’s suicide on their own terms to the audience.65 But even seemingly simple facts, such as the audio-recordings of Gray and his father, becoming immediately entangled in discursive relationships regarding not only the position and situation of what was said when, but who is hearing what was said then and now.

Along with disrupting mimesis, linear narrative, and stable dramatic characters that would otherwise offer both confident interpretation and normative judgment on *Rumstick Road*’s examination of Gray’s family, the production completely frustrates audiences’ ability to make sense of its madness and thereby achieve transcendence of Gray and his family’s pain and Bette Gray’s suicide. This denial of transcendence short-circuits disability’s normative function of reassuring our sense of ourselves as normal and ultimately untouched by the madness that hopefully only befalls the unfortunate outliers of society. The production does so with a brutality that can be hard to stomach and produces an ethical dilemma that essentially assaults its viewers with complicity in its ethical transgressions.

At the most basic level, *Rumstick Road*’s brutality stems from its irruption of the real in moments when the performance text refuses to be contained to the subjunctive or past tense. During some of these sections, the production’s examination of madness hits the audience with unapologetic force in a way that suggests its creators were unconcerned about the repercussions of their choices, or were perhaps even intentionally flagrant in their provocations. The extension of the performance text into “real life” raises questions of the audience’s own complicity in what they are watching and forces an understanding of psychosocial disability as truly imbricated and dependent upon complex social relations for which we are all responsible. The first moment that bears mentioning with regard to postdramatic strategy is the House Dance, where Libby Howes/Woman performs an extended physical movement of excruciating duration and dubious safety in front of a projection of Gray’s childhood home while a recording of Gram Gray voices her observation of and opinion about Bette Gray’s suffering.

The section begins by dovetailing out of the end of the previous unit, House Slide, where a large projection of Gray’s childhood home is displayed on the back wall and Gray is finishing relaying aspects of his childhood to the audience:

> Directly behind the house was an outhouse and a chicken coop. We didn’t have chickens when I was growing up. We used to tie Judy Austin up in the chicken coop and torture her by sweeping up dust around her with a broom, and then leave her. And,

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64 In fact, the most intimate part of the conversation in Interview with Dad in Chairs, the moment when Rockwell Gray/Man seems to be describing his early morning discovery of Bette Gray’s body in the garage, is markedly withheld from the audience with swelling music and the dimming of lights, which directs attention to the other side of the stage where Howes makes shadow puppets on the wall with her hand. This uncertainty and lack of complete knowledge about the historical conversation between Gray and his father emphasizes both the active role and limitations of the spectator in making sense of and judging what is presented on stage.

65 Savran, 91.
uh, she liked it. I know that she liked it because after the dust settled down we’d let her go, she’d come back. She’s always come back for more.  

As Gray speaks, a piece of Bach’s music for unaccompanied violin begins playing, first in the background and then rising in volume to the point where Gray must shout to finish. The haunting strings of the violin mix with the tale’s sadism and masochism to set the mood for what happens next. Gray crosses to the room stage left while Howes, wearing a long dark green dressing gown, enters the now vacant room and stands in profile in front of the projection of the house slide, planting her one of her feet in front of the other. As the music continues, she silently begins undulating from the lower back, slowly swinging her upper body, head, and long dark hair one hundred and eighty degrees, over and over again. A distant voice of Gram Gray fades in until it is quite prominent. Gray’s grandmother describes Bette Gray’s madness and increased suffering in the year of her suicide: “…It was a mental illness. She was…she was just…just sick…mentally and there was no way of our…knowing why—the reason for it.” Old and weathered, Gram Gray’s voice is also strong and carries a sense of pragmatism that comes from the wisdom of having seen so much over so many years and the knowledge that many things simply cannot be understood:

But it’s a…of course it’s a real mystery to me how she could have done it…or what condition the minds gets in. Course we have no conception of what the mind can do. And how could it could’ve turned that…light-hearted, full of pep…woman…into what she turned out to be was just unbelievable. ‘Course there was no question in my mind she was suffering.

In front of, and yet covered by, the house projection, Howes continues to undulate, her shadow whipping behind her on the wall. Even though I was only watching the dance on video, I began to fear for Howes’ well-being, afraid that she would injure her lower back and neck. A body can only sustain a certain amount of unnatural exertion, I thought. Viewing the performance live must have been even more concerning. One such audience member who did view it live shared his reaction with me. “It was endless. Just…after a while…I just wanted her to stop. Is she going to pass out? Is she going to do this until she passes out? Or stops the blood circulation short?” Similarly, in her written analysis, Natalie Crohn Schmitt describes that Howes continues the repetitive movement “until we think that she and we cannot tolerate the action anymore” and are afraid that that movement will “inflict discomfort, if not violence, on the actress’s body.”

But Howes doesn’t stop. When it is seems that she cannot continue, she turns around to shift the strain on her back. Later, she turns around again, resting one arm on her leg and keeps undulating even more frantically than before in what appears to be self-torture. Later still, she grabs onto the wall on top of the projection of the roof and one of the house’s columns, appearing to silently bang her head repeatedly against the home, similar to a child rocking back

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66 Gray’s lines are quoted as he as performed in the previously cited video documentation. They differ from the placement in the published play in P.A.J.


68 Schmitt, 56.
and forth. As I watched the video, I was reminded of Peter Brook’s *Marat/Sade* where Glenda Jackson’s Corday lashes de Sade with her hair, evoking both visceral violence and psychic pain. Even more distressing, I recalled one of my psychiatric clients who would inexplicably and repeatedly bang his bloodied head into the cell wall. As Howes persists, Gram Gray continues her recollection:

> It was awfully tough to be with her. I can remember going over there days ... in the middle of the day and spending part of the day with her. But we just didn't get anywhere, you couldn't do anything with her; she was just this way all the time so tense. And all ... she sit there and all of a sudden she'd jump up and run the length of the room. Well, all I could do was just want to get out of there ... that was all ... get away, I couldn't do anything.

Perhaps the live audience watching the dance also wanted to escape. In one of the video-taped performances, three audience members get up at this moment and excuse themselves.

The House Dance offers a brutal beauty that is echoed by Gram Gray’s pity and the violin’s continuously rising and falling plaintive cries. What it doesn’t offer is an explanation or understanding, i.e. empathy, for Bette’s madness. All it does is seemingly say, Here it is. The performance also doesn’t explain why it is reproducing such pain, which would otherwise make it more palatable. And even though the production is ostensibly Spalding Gray’s examination of the facts, he is of little help at the moment. As Howes continues her ritual of self-torture, he stands in the other room, at first gazing out the upstage window at the tiny house suspended in dark void. A single, warmly lit window seen from afar suggests what we are watching in the other room is also being observed from some greater, unknowable distance. As Gray gazes out, he starts mirroring his mother/Howes’ idiosyncrasies by jerking his body is stiff, robotic movements. He eventually turns and slowly crosses to the other room, shaking his hands up and down towards Howes as if he were an exorcist purging her demons. At first it seems to work when she hangs over at the waist, relatively still while Gray backs out. But as the music continues, Howes soon re-starts her undulation, this time holding her hair. Meanwhile, Gray has begun running back and forth between the walls of the second room in his own cycle of repetition.

The House Dance’s unrelenting pain is brutal partly because it refuses to explain or justify itself and leaves the audience unsure as to what, if anything, it all might mean. But this refusal of meaning might also make audiences complicit in the brutality by forcing them to either consider the performance on a purely aesthetic basis or to define and objectify it. W. D. King asks, “Is it a violation to refer to this ‘corporeal wail’ as ‘beautiful,’ or to insist that a woman in such violent outburst represents passivity? The imposition of an interpretive scheme can have the effect of depersonalizing and abstracting its nature, and this highly disturbing image resists the effort to define or objectify it, which would be to violate it.”

In this quote, King responds to David Savran’s analysis of Libby Howes’ performance, which Savran notes for its silence and passivity. Savran writes, “In a culture that values the speaking voice above any other means of communication, the Woman’s silence becomes a mark of powerlessness because it shifts the

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focus to her body, now an object in space. Whether being ‘worked’ by the Man, beating her hair against the house, or sitting in the red tent, she does not explain herself and continues in isolation until the end of the piece.”

Savran’s observation suggests the perspective that *Rumstick Road* uses Howes’ body in a seemingly callous and perhaps even sadistic manner that can been considered exploitative. Unlike Gray, Vawter, and Porter, Howes remains almost completely silent throughout *Rumstick Road*. Her prime function seems to be serving her near-naked body up to the audience to be gazed upon, chased, prodded, literally and figuratively projected upon, and tortured. The only time she speaks is when she parrots a few absurdly exuberant lines from Bette Gray’s letter that was seemingly written during a phase of mania after returning from a sanatorium. And this moment defaces and brutalizes Howes as well. As she speaks the lines from memory, a projection of Bette Gray’s smiling face perfectly covers her own, which remains passive. Roderick Mason Faber describes the resulting image as “grotesque and moving: It is a smile on top of a frown, and what we see is a hideously living clown’s grin on the face of an actress who has not moved a facial muscle.” As Howes recites the words, Gray speaks over her, yelling out the sentences himself with ever-greater ferocity. He ends the letter screaming out “Love, Moooooooom!” and jumps up to seemingly to strike Howes in the face. Savran considers both Howes and Gray’s mother at this moment to be victims of “defacement.” “In the momentary conjunction, the Woman does not become Bette Gray but rather becomes, like her, deformed by a role that is imposed upon her. Her image remains, no longer the corpse to be dissected, only a pattern of colored light which reflects the various images projected onto her by others: wife, daughter, mother, madwoman, suicide.”

One might argue that because *Rumstick Road*’s performance text had been set in rehearsals, Howes was voluntarily playing her part, and that, much like Judy Austin in the chicken coop, she wouldn’t keep returning for more if she didn’t like it. But just because someone accepts certain treatment doesn’t mean that they prefer it. In any case, Howes’ feelings about the project remain underexplored. Considering how LeCompte discovers material in rehearsal, I suspect that the first time Vawter spit in Howes’ ear and tickled her relentlessly, her shrieks of discomfort were unplanned. And her cries during subsequent performances sound equally genuine, even if they were anticipated and intended. But equally disturbing to me is the fact that the silencing of *Rumstick Road*’s Woman extends to Libby Howes’ participation in the Wooster Group. Her personal voice is almost never heard, neither onstage nor in the many interviews with Group members and articles written about *Rumstick Road*. After the Rhode

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70 Savran, 88 – 89.
72 Ibid., 84.
73 This can be partly explained by the fact that Libby Howes left the Group in 1979, which is quite early its history. Another factor is the fact that Howes may have been neglected in interviews and commentary because, as a woman, she was most likely seen as a minor partner in the Group. Director LeCompte has commented that in the beginning of the Group, Spalding Gray was assumed to be the leader and main author of the work primarily because he was male. Nevertheless, I suspect that part of this hole in the Group’s history is due to the stigma and silence around the issue of mental illness, with which Howes was personally associated. (See following footnote.) Perhaps Howes’ lack of record is due to the Group and its chroniclers’ sense that such issues should remain untouched.
Island Trilogy, Howes disappeared from the Group with only rumors of mental illness left behind. Twenty-eight years later, the only published references to date on her personal life are from Group member Kate Valk, who comments, “Libby was like a mad aristocrat. It’s a long story.”  Richard Schechner is then quoted as adding, “[Howes] was nuts. She was put in a mental institution. It’s ironic that she represented the spirit of Spalding’s mother in *Rumstick Road.*” Howes’ personal story may be long, but it remains untold. And her lack of narration and treatment in the production and beyond extends *Rumstick Road*’s brutality in ways that refuse to contain and justify madness and psychosocial disability to a mimetic world that explains itself in a manageable, reassuring manner. Whether this is commendable or desirable can be debated, but it is clear that the production’s irruption of the real allows madness to remain an uncontrolled and untamed force.

*Rumstick Road*’s pain also consists of a number of choices that stem from what King calls an “unmasked brutality that pervades the scene in the conflict of variously unresponsive and irresponsible authorities.” Questionable acts and failure to act responsibly include acts by Gray’s family members, Bette Gray’s psychiatrist, Gray’s behavior toward LeCompte at the time of *Rumstick Road*’s inception, Gray and LeCompte’s decision to secretly record conversations without others’ knowledge, and finally the Group’s choice to publically play those recordings without asking permission and even, in once case, despite an explicit request to keep such material private. Gray acknowledges these concerns, calling the acts a “chain of brutality.”

This series extends from Gray’s past life to The Wooster Group’s artistic choices in *Rumstick Road* to their audience members’ personal lives after they leave the theater.

When Gray sat down to interview his family members, he did not inform them at the time that the recordings would be publically shared. (In fact, Gray later reported that he himself did not have such intention at the time, not knowing what he would use them for.) But there is also a sense of manipulation in getting some of them to speak about certain issues. In one recording, his father specifically tells Gray that he doesn’t want to talk about his wife’s death. It is, for him, an “unpleasant subject.” He tells his son, “Spud, I do know… I…. it’s the sort of thing I don’t like to talk about… I… I don’t like it to be recorded you know….” There is something troubling about silently, voyeuristically listening in as Gray doesn’t acknowledge his father’s wishes and gets him to keep talking. This exploitation is then doubled by having Vawter mouth the father’s words to the point that it is almost not clear if it is the father or Vawter who is actually speaking at the moment. At this moment, Rockwell Gray Sr.’s words seem to truly have been taken away from him.

But Gray’s father is not the only one whose words were illicitly taken and used in the production. In The Telephone Call, Gray re-enacts a call he made to his mother’s psychiatrist, who is never informed that he is being recorded or that what he says will be played to others. LeCompte and Gray then emphasize the audience’s inclusion in this breach of trust by splicing the doctor’s recorded voice with Gray’s live speech, who says into the phone, “I’m here tonight.

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75 Ibid.
76 King, 77.
78 Gray, About Three Places in Rhode Island, 38.
with four members of our [theater] company, and…ah…we’re performing this conversation for an audience and I’m wondering if you have any records…” The doctor responds, “Umhum,” as if he understands this and agrees. This violation of trust is then doubled (or perhaps tempered depending on one’s interpretation) by the following conversation. While the doctor agrees to spend a few moments speaking with Spalding about his mother, his genuinely kind intentions are undone by a supercilious aura of medical authority that comes across as cold, uncaring, and ultimately uninterested in the human-factor of Bette Cray’s case. This unawareness is accentuated at the end of the conversation when the doctor unnecessarily mentions that Bipolar Disorder has a hereditary disposition:

DR: And I don't want you to think that a man who's been president of the associated staff there and president of the American Psychiatric and I'm a fellow and taught this stuff and treated thousands of cases, that... uh ... I don't know. There ... there is reported all over from all over the world a hereditary tendency.

SPUD: Uh huh.

DR: But don't be frightened.

SPUD: You, you don't think...

DR: You may not necessarily get it...

SPUD: You, you don't think there's anything...

DR: Yes.

SPUD: Yeah.

DR: Don't be frightened.

SPUD: OK, well... uh...

The doctor’s ominous reassurance thus reveals the iatrogenic history of his trade as another link in the chain of brutality around madness that Gray then replicates and circulates to his audience.

But in the most flagrant abuse of trust, Gray introduces a recording of his maternal grandmother reciting from memory Mary Baker Eddy’s Scientific Statement of Being from Science and Health with Key to the Scriptures. Before the tape is played, he unapologetically informs the audience, “She asked me not to use this tape in this piece. She wanted me to keep it for myself. Something personal, a personal thing.”80 Theater critic Michael Feingold protested the inclusion of such unauthorized private recordings. “I feel cheapened,” he writes, “by having been made to participate in the violation of a stranger’s privacy…to make a point of including dishonorable transactions like this in it to brutalize the audience, implicating them in the artist’s pain instead of offering them a share in its transcendence.”81 He later clarifies, “I don’t mind sharing the pain; I do object to not feeling the transcendence.”82

Feingold’s objection to participating in the violation of another’s privacy is understandable. But what merits pause is his expectation, in fact his perceived right, to transcend Rumstick Road and Gray’s pain. Feingold desired to surmount Gray’s grief, uncertainty, and anxiety. On one hand, this, too, seems reasonable. After all, how many of us attend theater to feel lousy, confused, or guilty? But on the other hand, what are the consequences of demanding that Gray’s pain be couched in a manner that submits to theatergoers’ needs for emotional and

80 Gray and LeCompte, “Play: ‘Rumstick Road,’” 100.
intellectual mastery over what they observe? The most ethical examination of disability is not about surmounting its challenges and pain; it acknowledges pain on its own terms as an on-going part of life to which we must adjust and continue. Furthermore, this fuller examination recognizes that such disability remains connected to all of us through social perception and carries a mandate for ongoing discussion about its causes and the best way to support those among us who are touched by madness.

Gray responded to Michael Feingold’s accusation by acknowledging that his use of the doctor’s and his grandmother’s recordings was “a brutal act.” But, he adds,

so was the treatment [the psychiatrist] gave her before her suicide. […] I have been working from a pain that often bleeds through. […] Feingold wonders if I realize what such exploitation leaves me looking like. I have a view: I am dressed in black with a high black collar and a dirty light gray straight jacket. I am standing on a giant rug that is 14 inches off the floor from having so much swept under it all these years.

Gray seems to be saying his own madness is not only linked to his mother and her treatment, but also the inability to reveal how he really feels about what he has experienced over the years. His performance is therefore a declaration of his right to speak out about his madness, which is at least partially constructed from the straightjacket of normative social expectations on what is appropriate to say and share.

Feingold’s condemnation, however, is but one link in *Rumstick Road*’s chain of brutality where Gray’s actions return to affect him. The reason Gray reveals his breach of his grandmother’s confidence to the audience in the first place is because LeCompte forced him to do so, thus acting in a somewhat brutal fashion herself. She reports,

Yes, I think he was uncomfortable with that. It’s not his way. And he wouldn’t have done that. He would have been more politic with the critics. But then I knew that he would also play the piece in front of his grandmother—he invited her to see it but she declined. I wanted to be true to the facts, to the relationships, and I think explaining her view and then watching Spalding countermand it showed important things about Spalding, the character, and our way of making theatre.

LeCompte states that she “needed to state the facts” in order to “confront the material.” The material, in the case, also includes Gray’s own actions, and he and LeCompte had a long, intimate history together that certainly influenced *Rumstick Road* and LeCompte’s commitment to showing the facts. In the later half of 1976, just prior to the development of the piece, Gray and LeCompte had been touring *Mother Courage* with The Performance Group in India. On the way home, Gray stopped in Amsterdam where he experienced a nervous breakdown: “At the time I was unaware of my weakened condition and the fact that I had lost twenty pounds in India […] I was on a kind of self-destruct spiral. I could not will myself to leave Amsterdam and spent days and nights wandering the streets obsessed with Bali and Greece…I could not make up my

83 Ibid.
84 Savran, 91.
85 Ibid., 91.
mind. I started to get overwrought and just plain crazy.”  

A week later LeCompte met him at the airport bus station, and Gray was unable to withhold his distress. “As soon as she got off the bus I thought how ugly she is. She smiled at me and I thought she was ugly. I wanted to run but instead I stayed and beat her down with my ‘madness.’ Looking back on it I’m not clear whether I built this madness up to drop on her like a bomb. I was out of control.”

Gray reports that his condition got worse in back New York. He could not sleep or concentrate and felt a constant, useless energy. A psychiatrist told him that he was psychotic. His mania then changed to a deep depression. He writes that LeCompte took care of him through it all with unconditional support. Then, as soon as he was able to stabilize his mood and work, they began to work on *Rumstick Road.* But it was at this time that Gray began having an affair with a young woman. He summarizes his mistreatment of LeCompte thus: “Looking back on it I see myself as being totally destructive to Liz. […] It’s beyond me how I could have done this but I did it. I feel guilty about this betrayal. I feel I used Liz. I feel I punished her for caring for me. I punished her for loving me. I resented her for helping me.”

During Gray’s life, he gave much joy and beauty to others through personal relationships as well as his aesthetic work. But, as his journals reveal, he also extended much of his personal distress to others, often by mistreating those who loved him the most. LeCompte knew Gray well, and I suspect that she well-honored his madness in *Rumstick Road* by not hesitating to address some of his more challenging qualities by placing them onstage, even though the moral ramifications for doing so were unknown and perhaps unsolvable. My point in noting their relationship is not to gossip about people’s personal lives, but to point out that *Rumstick Road*’s autobiographical madness contains an irruption of the real that extends from the Gray’s family to Spalding himself to Gray the Performer and The Wooster Group and then ultimately to the audience. As Savran observes, *Rumstick Road* shows us that any “act of dehumanization cannot be contained and isolated.”

Savran also notes that “the forces that comprise the collective pathology, that institute the process of dehumanization, are the same ones that allow the theatre to exist.” Here he is referring to Gray’s attempt to give some critical distance to his fears of, and identification with, his mother’s madness by placing them within a theatrical structure. By taking the personal—the historically specific—and objectifying it, Gray attempts to turn it into a universal emblem as part of the general social process, much like Aristotle’s understanding of a dramatic character. But *Rumstick Road* is a case where such efforts productively fail. Rather than conceal such objectification, the production draws attention to its theatrical processes. Concealment would have suggested that we can and should contain, regulate, and fully understand of madness, maintaining such dehumanization while eliding its work through traditional structures. If Savran is correct in noting that theater dehumanizes, then dramatic representations of madness are not

87 Ibid., 43.
88 Ibid., 43 – 45.
89 LeCompte reports, “What was most interesting about *Rumstick* for me, in the long run, was the confrontation, the moral issue of the material. Because that’s something which has never been […] As with Route 1 & 9, I still don’t understand its ramifications.” Savran, 94.
90 Savran, 95.
91 Ibid., 94.
just harmless fantasies or inadequate examinations, but potentially irresponsible treatments
because they ignore their own performative consequences.

Conclusion

*Rumstick Road* exemplifies how theater that seeks to examine a fuller representation of
madness should not try to present it as a manageable, discrete subject that doesn’t extend to the
artists and audience who might otherwise maintain a safe distance. The production shows how
theater can honor madness by showing how messy it really is, how we are unable to fully
understand it, and how it confronts us with ethical questions about how to engage with
psychosocial disability. *Rumstick Road*’s postdramatic strategies thereby shape a critical
disability aesthetic that reveals complex interpersonal dynamics around madness and
psychosocial disability. The production forces its audiences to engage with Gray’s family’s
distress on Gray’s own incomplete and uncertain terms. We must stay with the production’s lack
of resolution around Bette Gray’s suicide and Gray’s own pain and fears. *Rumstick Road*
thereby withholds transcendence that surmounts disability’s challenges. It thereby represents the
hermeneutical impasse that so many people who live with psychosocial disability are forced to
grapple with their entire lives. And by ethically confounding its subject matter, it implicates its
audience members who may not to sit outside of and apart from what they examines. Unable to
leave the theater thinking and feeling that madness is only a concern of psychiatry and its
patients who are relegated to the borders of society, they must take the pain with them and
question their own participation in what they’ve observed.

Not all postdramatic strategies automatically create a critical disability aesthetic. For
example, Magda Romanska argues that *Mabou Mines Dollhouse*’s postdramatic strategies, which
revolve around director Lee Breuer’s casting all of Ibsen’s male characters with people of short
stature, exploit disability as a negative and demeaning metaphor. Cloaked in the respectability of
pointedly addressing feministic concerns with a virtuosic, postmodern staging, the production
can nevertheless be considered as essentializing physical smallness with the qualities of pettiness,
meanness, and insignificance. Postdramatic theater is therefore not a panacea for the politics of
representation. Nevertheless, the unruliness and discomfort of the postdramatic, which inhere
within resistance and redress of dramatic theater’s conservative traditions, can offer tactics for
fuller and more critical representation and exploration of psychosocial disability, which
continues to contend with society’s default to reason, logic, order, control, propriety, and
authoritative meaning-making in its practices of dramatic representation.

*Next to Normal*, *One Flew Over the Cuckoo Nest*, and *Blue/Orange*’s limited ability to
critically represent important aspects of psychosocial disability suggest that there is something
inherently disabling about normative Western theater conventions, which are at least partly
rooted in Aristotelian drama. Jill Dolan previously argued a similar point regarding feminism
and the Western canon, observing that traditional dramatic texts tend to perpetuate patriarchal
structures and marginalize women by pushing forth settings, images and characters that
encourage “psychological identification again women’s own good.” In her 2nd edition twenty-

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92 Magda Romanska, “Mabou Mine’s *Dollhouse*: Escape from the Circus,” *Hunter on-line
theater review*, accessed October 31, 2013, [http://hotreview.org/articles/escapefromthecircus.htm](http://hotreview.org/articles/escapefromthecircus.htm)

five years later, however, she concludes that dramatic realism has finally “accumulate[ed] a
certain kind of difference” that includes women and intersectional concerns of race and
ethnicity.94 There is therefore apparently nothing inherently marginalizing or reductive about
dramatic realism with regard to feminism and race. Dramatic texts need to simply include those
diverse perspectives. But such inclusion arguably remains less possible for psychosocial
disability because the very structures that make drama what it is reinforce fundamental aspects of
disabling thinking about cognitive and emotional differences. These structural traditions suggest
that countering postdramatic strategies allow another way for theater artists to aesthetically
“claim disability” in the political sense formulated by Simi Linton.95 The Wooster Group’s
Rumstick Road is, of course, one such example. This second production of the Rhode Island
Trilogy not only pushes participants to engage with psychosocial disability in new,
uncomfortable ways, it also shows how psychosocial disability can propel normative theater
aesthetics in new directions. In this case, transgressive aesthetics themselves lead to critical
disability interventions.

There is no evidence that Gray and LeCompte sought to critical shape audience
perception on disability per se. LeCompte stated that she wanted to provide an objective view of
Gray’s family history.96 Gray, meanwhile, reported that his main purpose of Rumstick Road was
to bring resolution and closure to the distress of his mother’s suicide. But, as we have seen, the
production’s aesthetics achieved neither. Instead they forced the audience and Gray into
uncharted theatrical territory where madness asserted itself as intractable and unknowable. In
doing so, disability turned the tables on the signifying theatrical machine, calling attention to
theater’s semiotics and disrupting the audience’s certitude that they would ultimately remain in
cognitive and emotional control. In LeCompte’s attempt to show impartial representation, she
ironically disabused the audience of the belief that drama ultimately relates to an objective,
universal, knowable reality.

LeCompte was able to do so because she does not seek to control the hermeneutics of her
work. Instead, she works as a magpie,97 creating unique collages that allow unruly texts,
performers, and other design elements to maintain and produce their own, often competing,
semiotic work. By allowing contradiction, opacity, and social transgression to assert itself
without apology or explanation, LeCompte afforded madness to unleash its true power. No
longer defined as a cypher, absence of meaning, or lack of function, Rumstick Road’s madness
began to work as a productive force much in the manner of Foucault’s Unreason.

This does not mean, of course, that LeCompte was absent as an authorial force in the
production. She maintains great control over the outcome of each of her productions. Willing to
spend many months, and even years, in rehearsal, no minute detail is trivial to her. This attention,
coupled with the Group’s strategy of intimately incorporating the design process into rehearsals,

94Ibid, xxxii.
95 Simi Linton, Claiming Disability: Knowledge and Identity (New York: New York University
97 This metaphor is often applied to LeCompte. See, for example, Wooster Group company
member Scott Shepard’s commentary in Anna Miller, “New York stories: The Sun Also Rises
January 10, 2014, http://edinburghfestival.list.co.uk/article/27156-new-york-stories-the-sun-also-
rises-and-vieux-carre-hit-edinburgh-2010/.
results in LeCompte’s command over a wide swath of the production process. When we consider the politics of disability representation in *Rumstick Road*, we must therefore emphasize LeCompte’s weighty signature. Whether oppressive or benevolent, LeCompte can be seen as something of a dictator whose selection of heterogeneous ingredients force the work into its particular shape. Her directorial power pushed Gray to reveal his, and the production’s, ethical transgressions. For example, Gray never would have directly admitted to the audience that he was going against his grandmother’s wishes in playing her audio recording. ²⁸⁹ LeCompte, however, did choose to call attention to it and amplify the betrayal by compromising the audience along with Gray. And this choice is what, in part, makes *Rumstick Road* powerful as critical disability theater. Instead of Gray’s madness being regulated to meet social decorum, such inappropriate, cruel behavior is foregrounded, both provocatively and unapologetically.

LeCompte’s directorial control and power as auteur is quite common within postdramatic theater, which raises an interesting question regarding the politics of postdramatic representation. The position of the director demands certain skills and abilities in organization, communication, facilitation, and leadership. Certainly many people with psychosocial disabilities possess these skills, but cognitive, emotional, and interpersonal dysfunction that remain the hallmark of psychosocial disability make it difficult to perform a normative leadership style and assume overall responsibility for the production process. This means that even within theater groups that include psychosocially disabled participants, the director is more than likely to carry a cognitive and psychological ability that allows them full access to and acceptance within normate society. Although I am confident that there are exceptions, all of the theater and performance groups I know of that specifically engage with psychosocial and intellectual disability possess a director who can at least pass as not being psychosocial disabled. Therefore, if one main concern of disability activism is the importance of disabled people being able to set their own parameters on how they are represented, the neurotypical director as benevolent dictator appears to limit such control and, ultimately, the voice of people with psychosocial disabilities.

Consider, for example, the European theatre company, hArt Times, which is seated within a *Kontaktstelle*, or day center, in Hannover, Germany that provides artistic and social contact opportunities for people referred by their mental health providers.²⁹⁰ All actors of the company are clients of the center. Their director, Frank Matzke, however, is not a client. Along with his position in social work and the arts at a nearby university, he is employed part-time by the center to teach acting classes and direct the company. The work of hArt Times over the years has been highly lauded, and their productions have been invited to a number of national and international festivals. Part of the reason for this success is Matzke’s exceptional ability to tailor his directorial vision and rehearsal process to his casts’ abilities. The resulting postdramatic work is atypical with regard to many aspects of dramatic theater. There is no sustained fictional narrative, coherence or consistency of fictional characters, or arduous amount of memorized text that would be difficult for many people with psychosocial and cognitive disabilities to master. Additionally, Matzke selects from the blocking and other choices that his performers come up with on their own in rehearsal. In this way, the rehearsal process does not demand that the actors learn and execute movement qualities or intentions that are initially foreign to them. Because Matzke brings strong abilities in visual and temporal composition and

is able to create a production within the semiotic parameters given to him by his cast, his style of work, which in some ways is not dissimilar to the magpie technique of LeCompte, contains high production values, internal coherence, and aesthetic sophistication similar to other mainstream, professional postdramatic work. Therefore, although the work of hArt Times relies upon its diverse and disabled performers it also relies upon the talent and abilities of its neurotypical director. Should this latter fact be considered a problem?

The beauty of theatre lies partially within its interdependent nature. Although true independence is a fiction in that we are all interdependent with others in the vast majority of activities and needs, theater foregrounds this interdependency. Theater is therefore particularly primed despite its normative parameters and structures to include disabled artists and audiences as full participants in its work. Not all actors, for example, must possess typical abilities in cognition and communication because the production can always be shaped within those given parameters. Furthermore, other participants can provide ancillary support to ensure full inclusion. Graeae Theatre Company in the U.K., for example, uses many strategies to ensure inclusion such as providing access and support workers, audio describers, sign language interpreters, scribe/note-takers, and creative enablers who provide communication support and facilitation in live performance.100 Because all theater is inherently interdependent, perhaps it is not necessarily a problem that most companies utilize normate abilities of their directors. But it is noteworthy that even autobiographical madness in the theater seems to ultimately require fluency in normate theater practice by at least one member of the company who assumes both social and aesthetic leadership. What would a theater without such neurotypical ability look like? Would it be received legibly as theater? Or would it be dismissed, as Joshua Walters has suggested, as the ranting of just another madman on the back of the bus?

Epilogue

The bulk of this dissertation considers the relationship between theater and psychosocial disability through a political lens, focusing on the politics of representation. As an introduction to the subfield of psychosocial disability and theater, this is highly appropriate. People with psychosocial disabilities have historically been misrepresented, denied the right to share their perspectives, and excluded from many social spheres. Any beginning exploration of this subfield must therefore foreground how people are typically represented and then ask how we can more accurately, critically, and inclusively represent madness and disability onstage.

Nevertheless, there is more to disability than minoritarian identity politics. Disability, as a critical lens, can be applied to any normate practice in society and thereby disrupt tacit assumptions and practices and in turn offer new, creative ways of perceiving and working. Indeed, this is partly what Carrie Sandahl and Philip Auslander mean when they refer to disabled “bodies in commotion.” Critical disability not only works to address social injustice and claim voice and full rights; it agitates and excites. And part of what is exciting about disability is not just sedition but creativity. In other words, disability needn’t be seen as the inability to do things or solely the experience of being marginalized and mistreated but rather and also the work of doing things differently. When we recognize and utilize disability as a creative, generative force, disabled people and disability studies can move out of their current ghettoization and into mainstream discussion on practically any topic one might imagine. Minoritarian politics must remain central to disability studies, particularly at this time when disparity remains rampant for many disabled people. But full disability inclusion requires expanding notions of disability to recognize and explore how disability impacts and enriches all of our lives.

This study has begun to address ways that madness and psychosocial disability can indeed operate as a positive, creative force that spurs reassessment of theater aesthetics. Such analysis is meant to also place emphasis not on what theater does to disability but what disability does to theater. Peter Brook’s Marat/Sade embraces madness not just as narrative prosthesis but also as a model and guide for aesthetic and political transgression and accomplishment. Several of the Fisher Players’ acting performances in Tuesdays at Four exemplify how a disability double-consciousness and affective and cognitive difference can bring critical depth to an actor’s performance, reframe virtuosity in a manner that infuses the work with a deeper appreciation of contingent effort and specificity, and even challenge us to rethink normative goals of psychological realism. The Wooster Group’s Rumstick Road reveals how madness, when allowed to push against normative theatrical traditions, can open up postdramatic aesthetics that in turn challenge and reshape how we think and practice theater. As one of the early, landmark productions of the postdramatic, Rumstick Road offered a blueprint to not only the Group’s future work but also many other postdramatic artists.

When we recognize psychosocial disability as a minoritarian identity shaped in part by performative language, action, and social perception, we can see similarities and differences from physical disability that are greatly shaped by psychiatry’s discursive practice that we can then address the conceptual problem of how theater “makes” madness. The first step is to call attention to inaccurate and oppressive representations that are generally circulated. By understanding their functions and allure, we can better appreciate the social construction of

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disability. Next, by recognizing our dissatisfaction with normative views and treatment, we can seek and theorize alternative representations that address these concerns. We then begin to ask how theater can represent such disability in a more accurate, comprehensive, critical, and appreciative manner. By embracing a theater that is aware of its challenges, limitations, and hopes, we can raise important questions and possible solutions to critical disability approaches to theater and madness.

The most general question we might ask is how theater can perform a madness beyond contemporary mental illness by including intersectional concerns and, equally important, other aspects of a person’s being and experience that bring the mad subject back into the fold of humanity. *Next to Normal’s* flattened depiction suggests that an ecological representation of disability would allow us to better understand the forces that both disenfranchise and shape opportunities. Such a fuller perspective requires greater awareness of how we use madness as metonymy. When we sensationalize admired qualities of madness, we can revalue aspects of psychosocial disability. But such synecdoche also tends to hyperbolize and designate mad people as so uncommon that they are readily seen as abnormal and aberrant. Therefore, when we dramatize madness, perhaps we need to include a counter-balance to such aggrandizement. For example, the quotidian is a potentially powerful way to engender empathy and understanding. Thinking back on my clinical work with my ex-client whom I later saw standing on the sidewalk outside of the Curran Theatre in San Francisco the night *Next to Normal* was performing, I now recognize that the best way to more fully understand him was not to focus exclusively on his extreme appearance, homelessness, and social isolation, but to emphasize his past, information about his family or other social contacts, interests and activities that he has explored over time, and even the minutia of his day-to-day life. I do recognize his social challenges or psychiatric symptoms: they are not only important but also interesting. Such drama is what drew me to clinical social work in the first place because significant problems, pain, and extreme emotions are part of what makes life so rich and interesting. And of course I enjoyed trying to make a difference in their lives. But I was the most effective doing so when I more fully understood them. This meant regarding them not just as patients or clients but complex people with lives and experiences that far exceeded the clinic.

In order to represent and critique psychosocial disability in the fullest manner possible, theater requires knowledge that is only held by disabled people, knowledge that Carrie Sandahl terms epistemic privilege. Autobiography is therefore integral to such an enterprise. The process of creating such a project generally requires first-hand knowledge of disability whether or not the plot or depictions on stage reflect an actual life of one or more of the participants. Disabled artists’ first-hand knowledge will result in more accurate depictions and significantly impact what the production emphasizes and represents.

How might theater raise awareness of the constructed nature of mainstream views of madness and disability including psychiatry’s powerful discursive impact on normative perception? Although mimesis is generally perceived as locutionary, a playful use of its semiotic schemes and traditions can disrupt theater’s fiction as functioning solely a mirror of society. As discussed in Chapter 4, Joshua Walters’ *Madhouse Rhythm*, illustrates two potential strategies: subversive re-inscription and shifting subjunctive space. There is a price to pay for these strategies. Walters must use the very language and ideas that he wishes to refute. His subversive

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re-inscription therefore constantly negotiates a minefield of discursive practice that occasionally works against his political project by reinforcing normative values. And yet the production does occasionally turn tables on psychiatric power. In a sense, Walters fights fire with fire, using the medical model of disability to achieve legibility and legitimacy while at the same time rejecting psychiatry’s final authority by calling attention to the arbitrary nature of its language and power structures. He does this in part by shifting subjunctive space in order to reveal the poststructural quality of language and suing liminal space to build community and seek validation from others.

At the same time, Madhouse Rhythm’s strengths as critical disability theater also reveal the limitations of the show’s tactics. Walters claims that he avoids being seen as just another crazy guy talking to himself on the back of the bus because he uses a microphone and performs onstage. I agree and suspect that audiences most likely honor his request for validation and respect him as a “mad one” in part because of his adept use of normate theatrical conventions and virtuosic performance techniques. It is true that Walters is erratic and wacky enough to come across as somewhat of a loose cannon and free spirit. This social transgression is part of his charisma. Nevertheless, during the first two runs of Madhouse Rhythm, Walters was also consistently organized and disciplined enough to rehearse, adhere to a regular performance schedule, and offer his audiences a production with clear, memorized text, accomplished beat-boxing, and dramatic sketches that more or less fit expectations of what theater could and should be.

Other generative aspects of psychosocial disability with regard to theater remain to be explored. The most pressing is how psychosocial disability carries unique strengths in generating a type of performativity based upon affective force as opposed to semiotic expression based in language or gesture. Chapter 4’s analysis of Joshua Walters’ Madhouse Rhythm focuses on linguistic performativity in order to ask how subversive reinscription can deconstruct or otherwise draw attention to the discursive work of psychiatry and its knowledge production and marginalization of those labeled with mental illness. But there are others aspects of his work, particularly in his latest run of the show, which I have not yet described, that raise questions regarding the ability of “bad” affects and impropriety to generate compelling interpersonal moments, including a sense of communitas, within theatrical space.³

A prevalent marker of psychosocial disability is behavior that signals, accurately or falsely, a lack of empathy for others. In other words, much of what makes mental illness deviant, anti-social, or otherwise unfavorable in the eyes of others is the perception that the psychosocially disabled person is unable to fully understand others’ feelings, thoughts, and needs. When it appears that a person is behaving without such empathy, madness is quite discomforting. For example, when a person appears to be psychotic, their behavior threatens to radically veer away from social mores without concern for others’ welfare. Even non-psychotic behavior can be off-putting because most of us tend to prefer the company of people who act within understandable and agreeable social scripts.

In the earlier runs of Madhouse Rhythm, Walters demonstrated a mastery of social mores and expectations, including clear and charismatic empathy for his audience. But Madhouse Rhythm drastically changed its format in its last incarnation. At the time, Walters described the

³ Madhouse Rhythm, written and performed by Joshua Walters, Berkeley Marsh Theatre, Berkeley, CA, July 28 – September 22, 2011.
shift a “metamorphosis.” Some audience members used less neutral terms, such as stating that the once well-organized show was now at best a “workshop” or “work in progress.” A less-charitable observer might have even dubbed the transformation an unraveling because the show had taken on a completely improvisational and disjointed format. Some audience members, and the host theater, found the unmoored and radically shifting performances disconcerting. Several patrons complained that they were confused about what the show was supposed to be. Others were clearly turned off. Having seen the earlier runs, I too was also disenchanted at first. The new, unstructured format lacked a former precision and clarity. In fact, I felt that it was downright sloppy. My notes included the frustrated jottings, “self-indulgent, even embarrassingly so at times” and the adjectives “amateurish” and “solipsistic.” I couldn’t help think that the drastic shift was related to Walters’ personal life, at which time he reported significant changes regarding his housing, relationships, and regimen of self-care, which he reported were fettering his creativity and sense of independence. Nevertheless, it was during Madhouse Rhythm’s metamorphosis, at which time Walter’s performance choices became more extreme, disjointed, and powerful, that psychosocial disability’s potential for affective performativity became most apparent.

One moment during the third performance of the run, Walters did something that made his audience, including myself, very uncomfortable. Unannounced and unplanned, he walked out into the audience and pulled an audience member, renowned disability artist Neil Marcus, out of his chair and dragged him onstage without prior consent. What was particularly discomfiting about this act was not only the abrupt physical break of the theatrical fourth wall but the fact that Marcus uses a wheelchair for transportation and found Walters’ unsolicited manhandling quite shocking, as did others. But through this discomfort, Marcus gamely and warmly embraced Walters’ transgression. A transgressive performer in his own right, Marcus figuratively and literally rose to the challenge by holding onto Walters to remain upright onstage.

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4 Interview recorded by the author, September 13, 2011, Berkeley, CA.
5 For a sample of audience responses, please see Goldstar user reviews online: http://www.goldstar.com/events/berkeley-ca/madhouse-rhythm-1.
6 Walters: “Some of the older folks approached the founder and artistic director of the Marsh [Theater]; and after we extended for six weeks, I saw on the front of the website, regarding my show, ‘This is an improvisational workshop.’ And I emailed them, and I was like, ‘No, it is not a workshop. It’s been going on for three years. It’s not a workshop anymore. It’s experimental, but it’s not a workshop.’ And they were like, ‘Well, we’ve come under fire. We’ve come under criticism for your performance and we need to take a step back, we need to, kind of like, curb people’s expectations.’ And they were like, ‘would you want to call it a preview?’” And I was like, ‘what is it a preview to?’” Interview recorded by the author in Berkeley, CA on September 13, 2011.
7 One online reviewer writes, “Very strange. Guy is beyond weird. Not at all interesting. The mania was hard to take.” Another writes, “Although we appreciated much of his performance, it lacked continuity and a solid pace. Of the other performances I have seen thus far at The Marsh, this one was the least ‘polished.’” A third added, “I give him props for his courage to do what he does on stage, but the show is in serious need of both a director and an editor. It’s a work in progress and could stand some cleaning up and tightening. I got bored about a third of the way in, too much rambling in too many directions,” accessed August 8, 2012, http://www.goldstar.com/events/berkeley-ca/madhouse-rhythm-1/.
With his halting, dystonic, and powerful voice Marcus loudly asked him, “Why….me?!!” When Walters replied, “Because I see you,” Marcus cried back, “I…SEE…YOU!!” The two then crashed to the floor and began thrashing around in a disturbing yet beautiful dance. Afterwards, audience members told me that Walters’ impropriety was appalling and disturbing. But they also used the words “powerful,” “beautiful,” and “redeeming.” It appeared that a sense of collective shame and anxiety, borne out of psychosocial disability, was ultimately felt as rewarding to many in the theater and shaped a performance of difference that somehow moved toward inclusivity instead of re-inscribing a particularity that must be rejected and disciplined.

The moment was never repeated in any of the other shows. It was a one-time, ephemeral event that has nevertheless stuck with me. The moment was made possible only by Walters’ outrageous choice, an act that significantly transgressed standards of acceptable behavior. Walters’ transgression revealed to me that psychosocial disability is inherently rich with emotional or affective performativity. As the so-called affective turn gains greater attention in the humanities, psychosocial disability and performance are poised to show how “bad” affects and transactional behavior might positively shape our identities and relationships with others.

I was equally struck by the fact that the felt “redemption,” a public feeling that began as a breach of trust and then transformed into a collective moment of social cohesion and acceptance, was made possible when Marcus returned Walters’ embrace. It is most significant that the person Walters chose to embrace was a physical disability artist, someone who was willing to return that gesture through his discomfort. Perhaps Marcus’ own epistemic privilege pushed him to do so.

Psychosocial disability remains significantly different than physical disability to the point that the psychiatric survivor/ex-patient/consumer and Mad Pride movements, the Icarus Project, and perhaps other advocates and mental health consumers do not routinely use the label of disability. And disability studies often overlooks psychosocial disability as well, particularly within the nascent subfield of disability and performance. But the political realities of those who experience madness and are labeled with mental illness clearly have much in common with physical disability, and both academic fields and camps will benefit from greater collaboration. As demonstrated within this dissertation, much of disability theory that was initially developed with physical difference in mind can be directly applied to psychological and emotional difference. And many psychosocial disabled people will greatly benefit from the acceptance and support of the greater disability community. In turn, psychosocial disability, as an insider/outsider to the field disability studies, can offer critical leverage to current understandings and practices, which to date have tended to study the consequences of corporeal difference while leaving normate values of psychosocial capabilities, including the ability to perform empathy of others, intact. Theater, with its interdependent nature, emphases on identity, social values and structures, emotions, beauty, and the extremes of the human condition, is a bountiful site within which to test this purchase. As we do so, we will better realize how psychosocial disability is not just about some of us; it shapes all of us.
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