



# Madness in Contemporary British Theatre

Resistances and Representations



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*For Sharanya*

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## Introduction

Madness is everywhere. We have World Mental Health Days and Mental Health Awareness Weeks. Downing Street is lit in green to highlight the importance of our mental well-being. Celebrities come on talk shows to discuss their depression and they are applauded. The Royal Family agree upon a nationwide campaign to end stigma. Self-help books are increasingly inflected with a psychiatric eye. Meme after meme—‘you wouldn’t ask a person who’d broken their leg to walk’—is proliferated on social media. Depression has become a hashtag.

These developments are not all unwelcome: individuals sharing their vulnerability are preferable to the stoic-silence of the yesteryear. But with the cacophony brings along a new onset of problems, a shouting over the more neglected politics of madness. Hannah Jane Parkinson, in an article for *The Guardian*, would term all the blather, the faux positivity, as ‘The Conversation’. She would note how this discourse prioritized those with comparatively manageable, neurotic difficulties, whilst ignoring those ‘deemed more unpalatable – people who act erratically, hallucinate, have violent episodes or interpersonal instability’ (Parkinson 2018, n.p.). Moreover, how the bounty of platitudes has covered the material failings of psychiatric care and the mistreatment of patients; it is much easier to light a house green than to choose to adequately fund and ethically legislate.

There is no easily identified path, or moment of revelation that conceived this work. Rather, it has been the slow sedimentary accumulation of the thoughts and gestures in the world around me, that has led to a fascination with the connection between performance and madness. Far from a Damascene revelation, it has been the observance of ugly trends and quiet violence in everyday life that has formed the intellectual anger that has sustained this work: the persistent assumption that it is possible to read madness upon the body; the shock of the revelation of someone who has managed to ‘pass’ as normal, often followed by a weird form of congratulation; how those who decide to express their status as ‘mad’, through a combination of the voyeurism and an insistent cultural logic, are forced into a foreign, confessional mode; an accumulation of political awareness around psychiatric survivors, around practices of sectioning, around enforced treatment.

Theatre, and the work of watching it and thinking on it, has steered many of these developments. It has variously offered a site to think through, to recoil, to object, to sympathize and to be affected. Alongside this, I am indebted to the conversations (imaginary and literal) with other academics, drawn to similar preoccupations of madness and theatre, across figures such as Vicki Angelaki, Patrick Duggan and Anna Harpin. This monograph, then, is an attempt to formalize these stray conversations and loose thoughts into something coherent—on how theatre can help re-conceptualize our logics of madness.

### *Theatre and Madness*

This book concerns how theatre can, potentially, act as a site of resistance to hegemonic understandings of madness. However, this is not to suggest that theatre is inherently progressive. The relationship between performance and madness is often troubled. There is the potential problem of madness as an exploited, exoticized or sensationalized spectacle, across the history of madness. The treatment of women in the Salpêtrière in the nineteenth century by Jean-Martin Charcot has been compared to a theatre: Carina Bartleet notes that, ‘if hysteria is performative in Judith Butler’s sense of the term, Charcot’s scientific emphasis on its symptoms and recognition through demonstration/repetition transforms hysterical display into performance’ (Bartleet 2003, 245–246). The hysteric is framed as the passive, often unconscious, object of understanding;

Charcot the authoritative expert standing above her, dispensing knowledge. In this spectacle, the division between the observer and observed becomes tantamount to that between the knower and the known. Far from a site of autonomy, the stage becomes another site of oppressive power relations, wherein the psychiatrist instructs, manipulates and defines those deemed mad.

Theatre is in no sense innocent from the accusations of abuse, dehumanization and ethical failing to those deemed mad. Within theatre, madness is often presented as metaphor, as a standby or representation for something else, rather than madness within itself. Greek tragedies are often understood to see madness as divine moral punishment, Christopher Gill suggests in Greek drama, ‘tragic madness incorporates the two stages of Homeric *atē*: it is both mental damage and disaster in events’ (Gill 1996, 252). Elsewhere, madness is seen as a metaphor for social struggle, as Aspasia Velissariou claims of the plays of Henrik Ibsen, who, ‘using mental illness as metaphor for female revolt, demonstrates its ineffectualness before the dominant logic of institutional practices such as marriage and family’ (Velissariou 1993, 89). As Anna Harpin and Juliet Foster note, madness in performance (both in its representation and within its reading) is often placed in ‘a dual role of private affliction and social metaphor’ (Harpin and Foster 2014, 6). In this vacillation between passive ‘illness’ and active ‘metaphor’, we fail to apprehend madness on its own terms. This book does not follow an assumption that theatre and performance are inherently radical, but rather, with an awareness of the sometimes oppressive history of the relationship between performance and madness, attempts to trace the potential of theatrical resistance.

This work asks in what manner can theatre act as a site of resistance against hegemonic understandings of madness. This is not a historical or material overview of the period, but rather an attempt to answer a conceptual question. Given the history of madness, the tendencies to silence mad experience and considering how often articulations ‘of’ madness are re-imagined into an articulation ‘upon’ madness, how can theatre represent madness in a manner that constitutes resistance? How does resistance occur through representation, how can representation take place without in some sense defining madness, or enacting a form of epistemic violence? This work builds upon constantly interrogating this relationship between resistance and representation.

I am concerned with how these modes of resistance are particular to the opportunities of theatre. This is not to suggest theatre is the only

possible site of resistance, or to engage in a comparison of different forms. Rather, what opportunities do theatre and performance particularly offer, that can capacitate resistance and radical representations? In this, I am not interested in how theatre spells out, or simply expresses, various theoretical constructs of madness. Rather than the fundamentally uninteresting (and unoriginal) conceit of theatre illustrating arguments previously expressed on the page, I want to look at modes of resistance specific to theatre, what resistance can be offered through performance.

### *Why Madness?*

At the beginning of *Madness: A Brief History*, Roy Porter declares any definition of ‘madness’ to be impossible (Porter 2002, 4). The language surrounding madness, appropriately, seems to evade definition. Indeed, attempts to define madness can involve a perpetuation of containment and violence, to delimit a fundamentally contestable concept. Rather than fully engage with this conceptual ouroboros, any attempt by myself at definition will necessarily be heuristic.

The difficulty in exploring the language of madness and mental health is the frequent contestability and embedded political significance. Few terms, if any, escape controversy. On the one hand, David Oats (2012), director of MindFreedom, views the term ‘mental illness’ as a stigmatizing phrase that frames behaviour that society wishes to oppress as a ‘sickness’. On the other, in responding to Pat Bracken’s use of the word ‘madness’ in an article, Sue Collinson referred to herself as having a ‘mental illness for two years’ and claiming, ‘notions of mad and madness are highly stigmatising. It is sad to see these terms still being used in the psychiatric profession’ (Collinson 2001, 451). I have no wish to stigmatize or ostracize. However, even a brief overview of the field reveals the impossibility (and undesirability) of any notional ‘neutral’ language with which to discuss. The desire to find a term that rises above these debates is self-defeating: scholarship around madness should not be about locating a presumed objective parapet, but to acknowledge and engage with the mess. Rather, I wish to share my reasonings for the choice of the term.

The term mental illness emerges from the biomedical model. Under these terms, mental illness is an a-historical observation, a diagnosis to a scientifically verifiable condition. In this sense, the term mental illness

partitions the present from the past, allows contemporary psychiatric practice to disavow itself from the historical abuses and, in doing so, neglects the genealogies of power. Terms such as ‘mental health’ and ‘mental illness’ are comparatively new and suggest a rift or shift in psychiatry, a gulf between the lunatics of the past and the patients of the present. In contrast, ‘madness’ evokes the long history of oppression and the complex lineage of political structuration; to use madness reminds us that the persecution and oppression of those deemed mad have not ceased in the advent of scientific advances and that it is possible to have an asylum without walls.

Madness also avoids the automatically pathological connotations of the term ‘illness’. Mental illness suggests a purely negative experience; it implies something that undermines and diminishes our lives, as something desirable to be cured (if ‘mental health’ avoids these specific connotations, its breadth avoids the delimitations of this study; everyone has a state of ‘mental health’, the question is how and when health states and behaviours are deemed aberrant). This presumption—of an inherently negative (preferably ‘cured’) series of behaviours and experiences—precludes appreciation of the breadth of madness, that it can include the experience of both extreme mental distress and mental joy, or even phenomenon that resist such framings. This is not to romanticize madness, to suggest acute mental distress does not exist. But rather, that discussions of madness should involve discussion of its expansive range of different behaviours and experiences.

My use of ‘madness’ as a term follows from the following concerns: firstly, I wish to locate this book in an analysis of the political, social and cultural construction of madness, to situate contemporary developments within larger historical movements; secondly, to acknowledge that, madness can denote a range of experiences, unlike the purely negative connotations of ‘illness’. By using madness as a term, I am anticipating madness as political ideology. I am concerned with madness as the socio-political structures by which we deem certain behaviours and persons as aberrant or abnormal, pathologize them underneath a diagnostic gaze, and exclude and contain them in a variety of institutional and cultural mechanisms. Instead of a monolithic operation, I am interested in a pluralistic apprehension of madness, looking at the multiple operations and logics (sometimes contradictory) through which those deemed mad are defined and silenced.

This is not to make a particular aetiological claim for these behaviours, nor to denigrate particular modes of treatment per se. This thesis is not interested in either pill-pushing or pill-shaming. I suggest that the current medical nosology of mental illness requires a series of discursive practices through which to legitimize its distinctions between the ‘normal’ and the ‘pathological’. My aim is to unearth the ideologies that reify these modes of treatment, and to triangulate the relationship between political structures of madness, the personal experience of those deemed mad, and theatrical representation.

### *Mental Illness and the Contemporary State of Psychiatry*

The term ‘mental illness’ emerges from the contemporary biomedical model, an understanding of mental health premised upon identifying certain behavioural and psychological states as abnormal, and classifying such states into identifiable and diagnosable disorders. Whilst recent developments in neuroscience have consolidated views of mental illness as a neurochemical catastrophe, the genealogy of the biomedical model can be traced prior to the establishment of neuroscience. The belief that madness was ‘written on the body’ was prevalent in Victorian ideas of phrenology, whereby the shape of the skull was indicative of internal character (Donaldson 2002). Whilst throughout the twentieth century there had been a conflict between the psychodynamic and biomedical approaches to the classification and understanding of ‘mental illness’, recent developments in neuroscience have resulted in the dominance of the biomedical model as the paradigm of modern psychiatry (Luhmann 2000).

The biomedical model holds mental illness and physical disease as equivalent and claims to engage in the same scientific practice as modern medicine. Whilst it is contested what fundamentally constitutes the biomedical paradigm, Nick Haslam (2000) identifies four core precepts common to most conceptions; firstly, the notion of mental illness as a neurological aberration; secondly, a distinct aetiology for each, discernible disorder; thirdly, disorders are a-priori discrete categories, rather than a pragmatic, loose grouping of behaviour; fourthly, these disorders are biological diseases and are not bound to a particular cultural or social context.

In terms of practice, this involves the reification of mental distress, behaviour and experience into objectively identifiable ‘symptoms’, in order to make a ‘diagnosis’ (see Wilson and Beresford 2002). This does not necessarily conform to a purely biomedical model; however, models such as the ‘biopsychosocial’ model and ‘vulnerability stress’ model have been accused of positioning ‘social and relational factors as secondary to underlying biological causal malfunctions’ (British Psychological Society 2018, 6). Infamously, part of this structure has revolved around the continual expansion of diagnostic manuals, principally in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification for Diseases* (ICD), both in terms of the number of diagnoses and the remit of what is deemed pathological.

The diverse features of the biomedical model consolidate in an essentialist argument; in other words, it claims mental illnesses are objective phenomena that can be observed, categorized and treated. Haslam (2000) argues that the biomedical model is participating in an essentialist ‘natural kinds’ argument. This follows the philosophy of Saul Kripke, whereby certain words and classifications derive meaning from a result of their inherent properties (as opposed to superficial properties). For Kripke (1980), these properties have a causal relationship to the classification; under this theory, ‘mental illnesses’ are a priori categories, whereby neurological aberrations of the brain represent the causal properties of these categories. Therefore, the biomedical model is engaged, not only in an essentialist argument, but in an essentialism that is based upon a specific causal account of ‘mental illness’. This is not to say that social concerns are not admitted or incorporated within this schema. As with biological illness, social factors can act as determinants, influencing the likelihood or manifestation of a particular illness.

It should be noted, this is not a critique of all psychiatric services, or current research in neuroscience per se. This is not referring to a particular treatment model of the mad, but an ethos and conceptualization of psychiatric services. Rather than for or against the use of medication, I am referring to the ideological structures behind medication. It is about the structures which place the doctor as knowing figure over the passive patient; whereby under existing legislation, the diagnostic control of the doctor takes the form of political control.

### *Philosophical Meaning of Madness*

This work is concerned with the political structuration of behaviour deemed ‘mad’ by society, rather than the aetiology of those said behaviours. The term ‘madness’ has increasingly become contentious, an antiquated relic of past times, and seen as a pejorative or an insult. However, as is evident with queer theory or crip theory, there is a history in marginalized identities reclaiming and appropriating language for their own political ends; in particular, through the use of pejoratives to alert and highlight the long history of oppression. I want to provide a brief overview of intellectual articulations of madness, in order to better situate my meaning.

Foucault’s work on madness has been a necessary step in the conceptualization of madness as a socio-historical force, emerging from the legacy of critical thinkers of science such as Georges Canguilhem. In *Madness and Civilization* (1980), Foucault charts the development of madness across modern history, from the ship of fools to the birth of the asylum. Foucault emphasizes the extent to which these power structures influence and form the political subject. According to Joseph Melling and Bill Forsythe, ‘Foucault was interested in the ways which laws of nature, scientific rules or “games of truth” were formed and in how the human subject was constituted and constituted himself or herself’ (Melling and Forsythe 2006, 2). Foucault argues that madness was silenced at the beginning of the Enlightenment; he cites René Descartes as a turning point, who in the *Meditations* excludes the possibility of madness from his argument for the Cogito, in so doing expels madness from philosophical consideration and language, renders it silent. The Cogito shuns madness, to think is not to be mad. This is quickly followed by the great confinement across the seventeenth and eighteenth centuries, as this exclusion takes form of the imprisonment of the mad into the asylum system. This form of silencing, however, is disrupted by the emergence of modern psychiatry at the end of the eighteenth century, typified by the intellectual developments of Phillipe Pinel. Foucault argues that the language of modern psychiatry, ‘which is a monologue of reason *about* madness, has been established only on the basis of such a silence’ (Foucault 1988, xi, emphasis in original). Psychiatry, rather than simply confine the mad, seeks to define and speak over madness. In contrast, Foucault imagines his project as an ‘archaeology of that silence’ (Foucault 1988, xi).

Foucault's dubious handling of evidential analysis has become notorious, highly criticized by figures such as Andrew Scull and Roy Porter (Melling and Forsythe 2006, 205). On a more conceptual basis, Jacques Derrida subsequently critiqued Foucault's understanding of madness in 'Cogito and the History of Madness', an early essay collected in *Writing and Difference* (2001). For Derrida, Foucault is, to some degree, complicit in the very structures he denounces; to write a thesis upon madness is to write 'upon' the silence of madness:

is not an archaeology, even of silence, a logic, that is, an organized language, a project, an order, a sentence, a syntax, a work? Would not the archaeology of silence be the most efficacious and subtle restoration, the *repetition*, in the most irreducibly ambiguous meaning of the word, of the act perpetrated against madness. (Derrida 2001, 41, emphasis in original)

For Derrida, Foucault is conceptually bereft, making a critique of reason whilst subscribed within reason itself. To perform not a denotation of silence, but an inscription upon silence, a violence upon the silence of the mad. Foucault perhaps anticipates some of these critiques, but for Foucault the difficulty is created by historical circumstance; for Derrida, it is the structure of language. How can we claim to restore the voice of madness, without engaging within reason, seeking on some level to comprehend, and how can comprehension occur without some level of violence? Can we chart a 'history' of madness without some a-historical template for what madness constitutes?

Going further, Derrida countered Foucault's interpretation of Descartes, arguing that Descartes' use of the *malin genie* was precisely Descartes' way of incorporating the possibility of madness; the Cogito is formed, despite the threat of madness. The malin genie is the evil spirit that Descartes uses as an imaginary tool, the suggestion that there may be a malignant entity seeking to deceive my every observation and thought, to facilitate his methodological scepticism. Derrida would later return to this in 1994, "'To Do Justice to Freud": The History of Madness in the Age of Psychoanalysis', a lecture commemorating the 30th anniversary of the publication of *Madness and Civilization*. In this essay, Derrida expanded his idea of the malin genie, suggesting that the evil spirit spread across the history of madness, reoccurring. Far from simply an exclusion, of an untroubled silence, in Derrida's logic of supplementarity, the

attempt to silence madness guarantees its continued presence. Madness ghosts reason, even in its exclusion.

Shoshana Felman would later use the central disagreement of Derrida and Foucault to propel her own placing of literature as ideally placed to expound and explore madness. In ‘Madness and Philosophy or Literature’s Reason’, she would attempt to reconcile the acrimonious debate between Foucault and Derrida. Felman argues that Foucault and Derrida represent complementary, if competing, ways to perceive madness. Felman suggests that, ‘the thoughts on both sides, although no doubt governed by different desires, in fact mutually enrich, re-inforce and illuminate each other’ (Felman 1975, 218). For Felman, this debate reveals that, rather than the logos of philosophy, the pathos of the literary is the only means to speak madness without performing an act of violence. Literature acts as a mode between thought and madness.

### *Mad Persons and Mad Pride*

These overviewed perspectives on the theoretical elaboration of madness focus upon the ideological structures and institutions of madness, often to the neglect of those who are deemed mad. The use of the term ‘madness’ often seems to exist purely conceptually, that it is disembodied. Yet madness is not merely an abstract power structure, intellectual conceit or literary trope: it is diagnostic in its gaze, operating through the infliction and naming of bodies as mad. An alternative approach emerges from psychiatric anthropology, which focuses upon the study of autobiographical accounts and the conception of madness as a ‘lived experience’. The work of Roy Porter, for instance, has sought to emphasize that the structures of madness are inflicted upon mad bodies, and despite claiming the mad are silent, there is a vast archive of mad person’s testimony.

The use of ‘mad people’ and ‘mad person’ has recently emerged from the academic and psychiatric survivor Geoffrey Reaume. As well as creating a course to look specifically at Mad People’s History, with a focus on the testimony of those deemed mad, this has taken the form of his work *Remembrance of Patients Past: Life at the Toronto Hospital for the Insane, 1870–1940* (2009). From Reaume’s perspective, the discussion of ‘madness’ from an epidemiological perspective as a ‘disease’ has ignored the personal and experiential features of madness. Moreover, figures such as Foucault (1988) have been accused of regarding madness as an abstract

social concept, whilst ignoring the voices of the mad people that compose madness. Notions of madness, as discrete from mad people, are accused of becoming ‘a history of ideas about madness, with little or no serious inclusion of the people whose stories make up this history’ (Reaume 2006, 171). According to this approach, it is not only addressing the academic failure to incorporate the voices of mad people (without whom there would be no madness), but also addressing an ethical obligation, giving a voice to those who have repetitively been rendered voiceless.

This speaks to a wider trend, within mental health activism, to recentralize the testimony and experience of those most adversely affected by contemporary psychiatry. Groups such as the Hearing Voices Network, Mind Freedom and a variety of psychiatric survivor networks have worked to put the voices of those deemed mad into focus. ‘Mad Pride’ as a movement has taken increasing prominence, whereby the epithet of madness is proudly reclaimed, and the experiences of those deemed mad not regarded as invalid or fundamentally suspicious. This book is written from a sympathy and political agreement with the need to recentre and redress the grievances of those directly affected by the failures of contemporary psychiatry.

Academic studies emphasizing autobiographical accounts of madness rarely result in a singular, common narrative. Instead, ethnographic approaches often emphasize diversity and heterogeneity of personal experience; academic courses in the history of mad people have included a diversity of perspectives, including psychiatric, anti-psychiatric and undecided positions. Instead of an attempt to consolidate a singular narrative of madness from multiple accounts, it is the act of listening itself that constitutes the study of madness as a lived experience. Firstly, it establishes the lived experience of madness as fundamental, whereby the individual experience is regarded as the object of study, rather than the social abstract. Secondly, regarding mental distress as a lived experience is an attempt to reverse power-structures that privilege the scientist and the academic over the mad person; it attempts to regard personal accounts as something other than material to produce biomedical diagnosis or academic thesis, and allows the possibility of lived experience to resist and inform abstract theoretical structures.

*Voices Ensconced in Madness*

This book is primarily concerned with the theatrical representation of madness. These representations can, and should, be distinguished from the political construction of madness and the lived experience of those deemed mad. Yet, my argument will continually revolve around a triangulation of these three core aspects and the porous boundaries that lie between them.

I understand madness as a series of institutional, legalistic, political and cultural structures, that seek to control behaviour and expression, in an attempt to subdue and undermine the sovereignty of the person dubbed 'mad' to account or speak for themselves. Madness is imposed upon mad bodies and is experienced by those deemed mad; its structures are not simply phantasms in the history of thought, but concrete and applied. Whilst metaphors and analogies may accompany this only too material operation, the material containment or measurement of mad bodies is in no way secondary to epistemological structures. Likewise, if we accept that the silencing of the mad is part of the construction of madness, then the nature of this silencing, or its efficacy, must be done in consideration with the voice of the mad. To simply ignore testimony and background of those deemed mad is to repeat the violence of psychiatric power.

Yet, despite the importance of listening to the voices of those deemed mad, it does not in and of itself provide a fully encompassing methodology whereby we have direct access to the lived experience of madness-as-impairment. Firstly, the 'voice' of the patient cannot be understood in isolation from the socio-political environment in which they are placed; the 'voice' of those deemed mad can only be expressed through structures which are necessarily social and politically situated. Secondly, factors such as treatment and stigma radically affect the experience of mental distress; for instance, the treatment of depression with medication and behavioural therapy cannot be separated from the experience of depression itself. Thirdly, not only is the mode of expression politically embedded, even the personal experience of madness is mediated through social structure. Therefore, experiences of mental distress are understood through political structures of madness. For instance, Ian Hacking (1995) includes cultural technologies such as 'looping' and 'making up people' as modes by which diagnosis and psychiatric power is affirmed by the 'diagnosed'. John Larsen (2004) suggests that mad persons rely upon a 'cultural repertoire'

within which they attempt to understand and express their condition. To engage in this interplay between madness and those upon who it has been diagnosed, between the socio-political and the ethical, is essentially to engage with *aporia*.

Aesthetic representations complicate these bridging areas yet further. The language of the aesthetic draws upon and is influenced by the power structures of madness. Yet, it also informs back. Plays, books and films can influence attitudes, stigma and practice. Likewise, whilst those deemed mad may draw upon the cultural repertoire of the aesthetic, they can also contribute, enlarge its vocabulary and invent new idioms.

Attempts to systematize or universalize these structures and various configurations between these different elements are generally ill-fated. Madness itself contains multiplicities. Those labelled mad can be deprived through the rhetoric of pity (that their situation is a deeply sad one, that they require care), the rhetoric of blame (they cannot behave appropriately, so deserve punishment) or even a mixture of the two (that they require forced care, that they will be punished if they do not welcome the care). It runs from everyday language to the deployment of sectioning. Its constructions contain multiplicities and contradictions. Likewise, to be deemed mad is not simply a homogenous experience, experiences diverge considerably: from diagnosis, to culture, to gender, to race, to material wealth and class. Any study of aesthetic representations of madness will have to contend with the heterogeneity of both power structures and lived experience.

Given the immensity of madness and mad experience, it is perhaps unsurprising that so many philosophical accounts for it have resulted in a conceptual grandeur that puts abstraction ahead of an engagement with the particular. This work makes no claim to ‘solve’ madness, in providing a definition that somehow elucidates without inflicting a form of violence. Rather, through interrogating how theatrical representations have been made, with regard to particular forms and logics of madness, I hope to suggest certain ways of seeing madness, without laying claim to it. It is for this reason this work, rather than exploring madness as an abstract whole in each chapter, has focused upon four particular attributes or logics of madness, anticipating its multiplicities.

### *Chapter by Chapter*

This work is not a historical overview of representations of madness in British theatre, and I do not pretend the plays I have selected have had exclusive impact upon the wider representation of madness. Rather, I have selected works I have found particularly pertinent and illuminating to understanding resistance against structures of madness. This work has accordingly been divided and conceived upon conceptual lines: the modes of resistance themselves.

The plays chosen vary, from work developed in well-established institutions, to more fringe work performed by performance artists in small or non-traditional venues. The concentration alters according to chapter and applicability; the first chapter, of realist plays engaging with institutions of the contemporary asylums, emerges from our own major theatrical institutions of the Royal Court and the National Theatre; the final chapter concerns comparatively lesser known performance work. Likewise, some of the plays have extensive academic literature written upon them (*Blue/Orange*, *The Skriker*, *4.48 Psychosis*) whilst others are comparatively unexplored. If I hope to, in certain cases, draw attention to comparatively neglected work, I also hope to fully expound potential radicalism in more famous work that has been ignored.

The first chapter considers plays set within the ‘contemporary asylum’, namely the institutional and legislative environments that has bracketed and structured psychiatric care for the past 25 years. Situating Sarah Daniel’s *Head-Rot Holiday*, Joe Penhall’s *Blue/Orange* and Lucy Prebble’s *The Effect* in the context of legislative developments such as the 1983 Mental Health Act, the Care in Community Act 1991 and the Mental Health Act reforms of 2007, I suggest these plays offer a ‘practical critique’ to the contemporaneous structures of psychiatric power, through re-situating the bodies of those deemed mad, and through an apprehension of the polyvocal structures of power.

In the second chapter, I unpack the spatial logics of hallucination, noting how theatre can reimagine the pathologization of seeing visions and hearing voices, and their removal from any notion of the ‘real’. Through looking at plays such as Ridiculusmus’s *The Eradication of Schizophrenia in Western Lapland*, Caryl Churchill’s *The Skriker* and debbie tucker green’s *nut*, I suggest that theatre, through the manipulation of space and genre, can offer means to think through madness,