Madness at the Theatre

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Preface

This is a book about the theatre, about dramatic representations of madness, about the emblems and devices that are deployed to signal madness in the theatre. Conduct, bodily posture, gait, gestures and facial expressiveness, language, and dress are some of the ways that are used to communicate madness to the audience. Why is this subject of interest to a psychiatrist? Psychiatry is principally concerned with psychopathology and this is determined by careful observation of conduct, posture, gait, gestures and language among other things. Attention to language, to the explicitly stated, to the overt meaning, the unsaid and covert meaning, the *mis*-said and *mis*-heard, are part of the stock in trade of psychiatry. Dramatic dialogue, particularly since Henrik Ibsen and in Harold Pinter, relies on the ambiguity of language, the very aspects that psychiatrists too work with in the clinic. Therefore, it stands to reason that the crafts of the dramatist, the actor and the psychiatrist have much in common.

To elaborate on these points further, when a psychiatrist sees a patient who is dressed in bright colours, who is restless, jovial and exuberant, he is likely to conclude that a mood disorder is likely to be present. This is the same thing as saying that manifest behaviour is interpreted as a sign of internal, emotional experience. In the theatre, this same principle is at play: the actors signal internal, inner feeling by visible behaviour. In this, at least, there is a correspondence, if inverse, of method and interest between clinical psychiatry and the theatre. Thus, this book is about the symbolic representation of madness in the theatre and it suggests that codes and conventions exist for denoting mental states. How far these conventions borrow from the behaviour of the mentally ill and how far the theatrical codes themselves influence the behaviour of the mentally ill is uncertain but worth pondering. Do the mentally ill, by a process of cultural osmosis, come to know what is 'expected' of them when in a disturbed state? Are psychiatrists too inculcated into these codes both by their training and by cultural osmosis? There are, as yet, no definite answers to these questions. But, it is intriguing to consider the origins of the many and varied behaviours that denote and signal emotional turmoil and psychiatric pathology.

The overarching thesis of this book is that over historical time there is a clearly delineated trajectory of the methods of denoting madness in Western and Western-influenced theatre. This trajectory moves outwards from unobserved but described behaviours in Greek tragedies to fully observed, truly tragic and public enactments of madness on a grand, Shakespearian scale. Following from this grand method, there is the domestication of madness in the theatre, that is, madness is brought within the smaller but more intimate setting of families in the late 19th and early 20th centuries, particularly in the works of Ibsen. Thus, the displays of madness are more readily made a part of daily life, a part of the potential scenarios within the life story of the middle classes. In the 20th century, the importance of the personal history of the writer in the development of both character and plot became obvious. It was not merely that madness had been domesticated, as in the theatre of Ibsen, but also that the springboard for the enacted madness was the dramatist's own life or that of his family. This is taken as proof of the authenticity of the account. This development is best exemplified in the works of the American dramatists Tennessee Williams and Eugene O'Neill. Two further developments take place. One, that personal madness, aberrant and deviant behaviour in the individual, is more a reflection of a society that has gone mad and not merely a sign of personal malady. This view has echoes in the anti-psychiatry movement of 1960s, especially as espoused by R. D. Laing. The idea is that the mad individual is only symptomatic of a mad world, a visible reaction to that world. This is a recurring theme in Wole Soyinka's theatre. Second, the theatrical space is itself a mirror of the internal world of the dramatist. This is in contrast to the idea that the theatre is a mirror of life, of public experience shared with others. Hence, the words spoken on the stage are embodied, but nonetheless, echoes from the inner world of the author. If the author is disturbed, even suffering from psychosis as in the case of Sarah Kane, then these voices are akin to auditory hallucinations, spoken aloud such that the audience can enter into the author's world. There is a sense in which all theatre is a window into the inner world of the dramatist. However, Sarah Kane pushes the limits of this obvious fact. She portrays her own inner world without the usual conventions of characterisation and obvious plot. But, at least the voices are embodied. The next possible stage in the development of theatre, if one were to take forward this line of reasoning, would be simply to have an empty stage with nameless, unidentified and disembodied voices declaiming by virtue of hidden loudspeakers to truly mirror a subjective and abstract mental space.

To summarise, my thesis is that a demonstrable progression of method and system exists in the portrayal of mental illness, of madness in the theatre. This is often invisible and implicit in the dramatic works. Yet, it is there to see and has implications for the perception of madness by the lay public and perhaps also for patients and psychiatrists. The choice of plays and playwrights is not arbitrary but intentional. The plays and dramatists

that best illustrate my thesis are emphasised. In developing my thesis about madness in the theatre, I am aware that my argument is itself set in the context of developments in dramatic method in general over the period that I discuss. Greek tragedies were set in the polis, in public and the language and personae were hieratic. Later, more modern works utilised different strategies to deepen the influence on the emotions of the audience. These strategies of demotic language use, of ordinary settings, of surprising and unpredictable shifts of internal logic are distinct from the manner in which madness is itself enacted but there are intersections of purpose, correspondences of conception that are outside the scope of this book.

In this book, I have travelled back in time to the Classical Greek period and forward from then to our own time in the 21st century, always attending to how madness is treated and how that informs the concerns of a psychiatrist. Classical Greek tragedy eschewed public enactment of madness but the spoken accounts were immensely vivid and continue to influence literary descriptions to date. The depiction of Heracles (or, as he was known by the Romans, Hercules) as he fights imaginary opponents is practically indistinguishable from that of Mrs Rochester in *Jane Eyre*. It is thus possible to catch a glimpse of the original model of madness in Western literature. Greco-Roman comedy exhibited comic folly to public view. This was, so to say, the safe face of madness; as it was comic it did not frighten the audience. Folly was easier to play and unaccompanied by dread.

It was Shakespeare who brought tragic madness to the full purview of the public. What before him had been merely described was now enacted in all its horror and dreadfulness. Shakespeare left a rich legacy of delusional jealousy, induced jealousy, melancholia, disintegrative madness, pretended madness, folly and more in his plays. These varied and complex conceptualisations of madness allow for an exploration of the accepted conventions of theatrical madness of his day. For example, pretended madness relies on the codes that actor and audience in collaboration agree signal madness. But, how is this to be distinguished from 'true' madness? What is it that separates malingering from authentic madness given that both are only being acted? There is more too in Shakespeare that is of interest to the psychiatrist. There is, for example, the fact that he instructs his audience as to his method. He teaches them how to interpret facial expressions, what inner emotions and particular behaviours point towards, and so on. This is a master class in descriptive psychopathology.

Where the Greeks and Shakespeare had dealt with princely families, Ibsen brought madness into domestic situations and showed how ordinary people might be afflicted despite their ordinariness. Madness was thus democratised. Heretofore madness had brought the mighty low, had reversed their fortunes. In Ibsen, madness was not a distant affliction but a contemporary event, occurring in families that looked and spoke like the audience. The origins were not far-fetched but close to home and the audience was potentially vulnerable. For all this, Ibsen was often using

madness as a metaphor for emotional corruption, a symbol of penance and retribution, and of stigma. In other words, the point was not to accurately capture the nature or origin of madness but to symbolise something else. His interest was not in madness itself but in the nature of family dynamics in a hypocritical society, in how women respond to the oppressiveness of patriarchal society and so on. Nonetheless, Ibsen's characterisation of madness humanised it, made it easier, first, to imagine madness, second, to imagine madness affecting someone that members of the audience knew and loved.

It was Tennessee Williams' treatment of mental illness that focused on the illness itself, not merely as a symbol or metaphor but as a subject in its own right. He fashioned his mad characters from personal and intimate knowledge, drawing faithfully from his sister's history. In Williams, madness was centre stage. However, it was never merely as a study of madness but always exploring and investigating the nature of memory, of insight, of manners and of human relationships even when impaired by illness. This was an updating of Ibsen. The characters were observed within families, hence the power and toxic aspects of family life were scrutinised, much as Ibsen had done. In Williams, however, it was madness itself that was of interest and was portrayed fully and unambiguously, yet with respect.

The next development in this trajectory of the portrayal of madness in theatre was that adopted by Wole Soyinka. He inverted the dramatic mirror to hint that personal madness may be a response, indeed a reasonable response, to the collapse of society. In his drama, the personal is a symbol of collective folly. Both the individuals in the play and the context of the play are deemed mad. The madness of the characters is rendered comprehensible by the social context, the absurdity of war or despotism, for instance. Once again we witness a reversal in the treatment of madness. Here the interest is not in the personal agony of the character, neither is it to do with accuracy of description or understanding of the psychological logic of the progression to disintegration. Rather, madness is a symbol, a metaphor for the ills of society. This is not to say that the characters are not believable or that they are merely ciphers, for they are not. It is to emphasise that the works are not concerned with individual suffering. For a psychiatrist, Soyinka's approach exemplifies what is already a maxim, that context can often render what is opaque and mysterious about a psychiatric case, open to interpretation and understanding.

In the last chapter, I argue that the English dramatist Sarah Kane's later works are the logical culmination of the development of how madness has been treated in the theatre. She wrought of her own mental anguish a theatre of such melancholia and bleakness that it stands as a tribute to all individuals who are afflicted by madness. But, it is less for this reason that she is of interest to a psychiatrist. Her work is, in essence, the display of her internal subjective space on a public platform for the scrutiny of all. The internal subjective space is the abstract space in which mental life is

conducted. Psychopathology, by definition, exists in this space as it pulls and distorts the perception and relationship with objective reality that the person experiencing it has. The characters in these later plays, if they can be called characters, are embodied but nameless voices. These characters have all the features of 'voices', auditory and verbal hallucinations that are the hallmarks of psychosis. In these works, the audience is exposed to the apparently structureless, but nonetheless powerfully evocative, disturbing world of the author. The authenticity of the audience's experience of this mad world is guaranteed as the author has manifestly truly had these experiences.

This book is an exploration of Greek tragedy, through Greco-Roman comedy, to Shakespeare, to the modern theatre of Ibsen, Williams, Soyinka and Kane. Madness journeys from invisibility on the Greek stage to full presence, indeed to such exposure in Sarah Kane's work that the audience is immersed totally in the inner world that constitutes madness.

We ought not to need reminding that madness is a serious, tragic sickness. It is not mere poetic metaphor. It is very real. Yet, it is part of the human condition. Like disease and death, it is feared but attracts attention, interest, and stigma. This book shows the manifold ways in which madness is understood and represented. This wider place of madness as a concept within society is, in my view, part of the field of interest of psychiatry.

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