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‘You were an O. Your black O in the middle of your face’:<sup>1</sup> Madness and Catastrophe in Katie Mitchell’s *Ophelias Zimmer* and *Anatomy of a Suicide*

Katie Mitchell’s work is routinely described as possessing a clinical quality. For example, Christopher Innes and Maria Shevtsova write: ‘Forensic is apt for Mitchell’s way of directing, because she is interested, above all, in behaviour’.<sup>2</sup> Lyn Gardner describes how ‘Mitchell turns an almost forensic gaze on Ophelia, bringing her into focus’.<sup>3</sup> Emma Cole explains Mitchell’s process for her 2007 staging of *Women of Troy* thus: ‘Mitchell assisted her actors in realizing these psychological profiles by working with them to portray such states with an accurate biology of emotions.’<sup>4</sup> Likewise, Rosemary Malague suggests: ‘Stanislavsky’s distinction [between Realism and Naturalism] is helpful in assessing Mitchell’s work, for she clearly chooses setting, objects, and character behaviour not for the purpose of replicating the “surface” of real life, but for their power to reveal *what lies beneath the surface*.’<sup>5</sup> What is emphasised here is the supposed truthfulness of Mitchell’s constructions of an unflinching, intimate gaze. In fact, Dan Rebellato suggests that her very understanding of the director’s role is to create ‘the conditions for actors to work logically, precisely and concretely, and – to use an unfashionable word – *truthfully*’.<sup>6</sup> Mitchell’s methods, then, are taken to reveal not only

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<sup>1</sup> Alice Birch, I, *Ophelias Zimmer*, Royal Court Theatre, 20<sup>th</sup> May 2016, V&A recording, Ref: 16/07/A2/9000, accessed 14<sup>th</sup> June 2018.

<sup>2</sup> Christopher Innes and Maria Shevtsova, *The Cambridge Companion to Theatre Directing* (Cambridge University Press, 2013), p. 211.

<sup>3</sup> Lyn Gardner, *The Guardian*, 18<sup>th</sup> May 2016.

<sup>4</sup> Emma Cole, ‘The Method Behind the Madness: Katie Mitchell, Stanislavski, and The Classics’ in *Classical Receptions*, 7:3, 2015, pp. 400-421, p. 404.

<sup>5</sup> Rosemary Malague, ‘Theatrical Realism as Feminist Intervention: Katie Mitchell’s 2011 Staging of *A Woman Killed With Kindness*’ in *Shakespeare Bulletin*, 31:4, 2013, pp. 623-645, p. 625. Emphasis mine.

<sup>6</sup> Dan Rebellato, ‘Katie Mitchell: Learning From Europe’, in Maria Delgado and Dan Rebellato (eds), *Contemporary European Theatre Directors* (London: Routledge, 2010), pp. 317-338, p. 320, emphasis mine.

surface but depth, and thereby allow us, the audience, access to what's *really* going on.

Indeed, speaking of her production of *Iphigenia at Aulis* (2004), Mitchell said:

Science defines six primary emotions: anger, fear, surprise, disgust, happiness, and sadness. We studied the *negative range* because those are the ones that dominated the play. For scientists, the definition of an emotion is a change in the body, internally and externally. So we did improvisations based on specific emotions and we looked at what happened physically to the body when those emotions occurred.<sup>7</sup>

In this account Mitchell makes a case for definable depths that can be captured by predictable surfaces. There is an explicit assumption here of the continuity between internal and external experience that is laid bare in behaviour. On the one hand, these quotations may justifiably be considered legitimate and uncontroversial descriptions of a creative practice that tenaciously pursues a form of theatrical authenticity in realist terms. On the other hand, however, such rhetoric may also strike one as necessarily fretted with unexamined assumptions, ideological values, and subject positions. Indeed, is it helpful, or even possible, to subtract emotional ambiguity from a given performance? Does such an ambition tacitly suggest that emotions are finite, universal, discrete, neutral? What does it mean for an emotion to be 'accurate'? Might this scientific approach to understanding emotions overlook the fact that these are encultured, unstable concepts? This essay is interested in querying some of the assumptions that are taken-for-granted both by and about Katie Mitchell, when discussing her work as possessing clinical emotional precision. The aim here is to consider politically what we might overlook when approaching her theatre this way. What are the consequences of this kind of taxonomic approach to feeling, whereby, for example, emotions are divided into good and bad categories ('the negative range'),

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<sup>7</sup> Mitchell, in Shevtsova, 'On Directing: A Conversation with Katie Mitchell', p. 8, emphasis mine.

particularly for those living under the description of mental illness who are routinely scrutinised for the appropriateness (or otherwise) of their emotional behaviour?

A key issue with establishing an observer's gaze, as Mitchell does, for an audience is that such a position is fretted with implicit assumptions of knowledge. Consider the analogy of gaze and knowledge in relation to fat bodies and one can draw useful comparisons to related risks when observing 'mad' bodies. Critical writing about women's weight offers a corresponding illustration of the flaws in Mitchell's 'forensic' gaze. Writing about fat women's bodies, Michael Moon and Eve Kosofsky-Sedgwick expose how often gendered flesh is read as evidence. The fat surface, in this sense, betrays what is 'really going on' in the psychological depths. It is as though our bodies cannot help but confess, apparently spontaneously, to our inner pathologies:

Incredibly, in this society, everyone who sees a fat woman feels they know something about her that she doesn't herself know. If what they think they know is something as simple as that she eats a lot, it is medicine that lends this notionally self-evident (though as recent research demonstrates, usually erroneous) reflection the excitement of inside information; it is medicine that, as with homosexuality, transforming difference into etiology, confers on this rudimentary *behavioural* hypothesis the prestige of a privileged narrative understanding of her *will* (she's addicted), her *history* (she's frustrated), her *perception* (she can't see herself as she really looks), her *prognosis* (she's killing herself) – the fat body "outs" itself.<sup>8</sup>

Likewise, the self-starved body is hyper-visible as an apparently knowable disease entity. The error here, as Susan Bordo argues, is to imagine the woman misperceives her reflection. Instead, the self-starved body 'has learned all too well the dominant cultural standards of *how* to perceive.'<sup>9</sup> Thus the privileged assumption that *we* know what's really going on with *her*, that *we* understand *her* via a codified set of pathological,

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<sup>8</sup> Michael Moon in Michael Moon and Eve Kosofsky-Sedgwick, 'Divinity: A Dossier, a Performance Piece, a Little-Understood Emotion' in Jana Evans and Kathleen Le Besco (eds), *Bodies Out of Bounds: Fatness and Transgression* (Berkeley, California: University of California Press, 2001), pp. 292-328, p. 305-306. Emphasis original.

<sup>9</sup> Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California Press, 2008), p. 57. Emphasis original.

diagnosable behaviours is profoundly reductive. By similarly reducing mad women to familiar confessional idioms of tragic disease, Mitchell's directorial tools construct strangling boxes that simply replicate the existing ways in which society condemns these women to die inevitable, airless deaths. As I will demonstrate, by painting her mad women in such rigid, familiar, readable shapes, Mitchell's practice disallows the possibility that madness, politically speaking, is unfinished business.

Speaking of her 2005 adaptation of August Strindberg's *A Dream Play* (in which she firmly located the origin of the dream in a singular dreamer), Mitchell apologised: 'I am sorry I am so literal, but I need to know who the dreamer is'.<sup>10</sup> This is a pattern Mitchell repeated in her 2016 production of Sarah Kane's *Cleansed* when she rendered the whole play as the character Grace's private nightmare. In this way, Mitchell resolved the ontological (and dramaturgical) uncertainties that characterise both original play texts. Mitchell, in her 'forensic' approach to character conditions the spectatorial gaze as diagnostic: mad women's bodies are consistently looked *at* not with (consider the repeated trope of watching women being dressed and undressed or the extensive use of close-up in some of her intermedial productions).<sup>11</sup> The fantasy of diagnostic understanding exposed by this act of resolution is corrosive in the context of mental distress. For centuries, those of us called mad have suffered under such an expert gaze that *knows*, so to reproduce us as specimens of theatrical clarity only serves to ground us further in our historical position as *decipherable*. Moreover, it reasserts the idea that feeling and experience are sovereign and bounded within individuals, as opposed to

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<sup>10</sup> Mitchell, qtd in Maria Shevtsova, 'on Directing: A Conversation with Katie Mitchell', *New Theatre Quarterly*, 22:1, February 2006, pp. 3-18, p. 16.

<sup>11</sup> It would be accurate to say that the men's bodies are also subject to the close ups in the intermedial work but my suggestion is that the meaning of such framing is necessarily different for women's bodies owing to their historical position as the framed and observed sex.

being relational, unfixed, and porous. This is, at best, a reductive approach to contemplating personhood. I propose that a more politically radical position, in the context of mad politics, is to be altogether less certain about who may be the dreamer and to persist in attempting to communicate the dream nonetheless.

Given that the so-called mentally ill are subject to profound levels of control (civic, social, medical, psychotropic, physical and so forth) partly on the basis of the perceived acceptability of our observed feeling states, it is imperative for artists to critically reflect on their contribution to the public images of mad lives. In pursuing the 'literal', Mitchell resolves the political ambiguity of pain. Joanna Bourke has made an elegant case for understanding pain not as a 'thing' but rather as an encounter and exposed how far what one might describe as 'heartache' or even 'hunger pangs' is encultured, inherited, shared.<sup>12</sup> The story of pain, she argues, is both individually and collectively authored. One can make a related case for so-called pathological feelings and thus it is vital that we examine and interrogate the cultural stories by which we come to (think we) know what madness is, does, means, and looks like. As a frequent traveller in this terrain, then, Mitchell's work demands our attention.

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### **Diagnosing real madness**

Within her corpus of work Mitchell exhibits a sustained and hugely valuable engagement with female experience, and particularly experiences of sacrifice, suicide, despair. Her work consistently exposes the structural oppression of women's bodies and minds as witnessed in her engagement with writers such as Sarah Kane and Alice

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<sup>12</sup> See Joanna Bourke, *The Story of Pain: From Prayers to Painkillers* (Oxford University Press, 2014).

Birch, characters such as Ophelia and Iphigenia, plays such as *The Maids*, and themes such as postnatal depression. However, my proposal is that, in the context of her repeated depictions of mental distress, Mitchell's 'forensic' practice that lays claim to a static and finite<sup>13</sup> range of emotions and behaviours that are fixable, communicable, readable, and understandable is highly problematic. Mitchell describes the task of the director thus: 'What a director is actually trying to do is to help actor's replicate life-like behaviour on stage and this is an enormously complicated task – it's a life's work to be able to learn how to do it *accurately*.'<sup>14</sup> For a behaviour to read as accurately life-like on stage means it must possess a certain ordinary familiarity for an audience. Her realist model of theatre making, then, that lays heavy claims to certainty and truth, is unavoidably tethered to ideological systems of understanding about normal, familiar categories of behaviour. Of course, all broadly realist acting relies to a greater or lesser degree on the legibility of feeling and so here my concerns around realism are not exclusive to Mitchell. Rather it is her repeated stagings of mad women, when combined with her tenacious commitment to realism, that mark her out as a particularly striking case study for exploring the limits and problems of realism for depicting mental distress. This is especially so in her case because such problems and limitations are at least partly disavowed by the mantle of scientism that is commonly associated with her direction.

My main argument, then, is that the 'forensic' gaze – both claimed by, and attributed to Mitchell – is blind to the workings of ideology because it relies, by

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<sup>13</sup> I am not suggesting here that the quotation in relation to *Iphigenia* is evidence that Mitchell only engages with these six emotions; rather I am pointing to the general quality of finitude that is at play in her writings about her process.

<sup>14</sup> Katie Mitchell, Interview with Siobhan Davies, [www.siobhandavies.com](http://www.siobhandavies.com) [last accessed 10<sup>th</sup> December 2019], emphasis mine.

definition, on normative scripts and taxonomies of feeling and doing. For example, by relying on ideas of good and bad feeling that can be produced (by actors), controlled (by directors) and observed (by audiences), Mitchell reinforces ideas of emotional sovereignty and implies that feeling states are neatly definable. More specifically, my concern is the precise difficulties of this 'forensic' gaze when exploring so-called pathological feelings and behaviours. I propose Mitchell's pursuit of a legible taxonomy of emotional behaviour in the context of her repeated stagings of mental distress reproduces normative conditions of spectatorship upon those people categorised as 'mad'. This article will argue that, though Mitchell decisively and usefully rejects a kind of lurid and spectacular stage madness of wild hair and wild behaviour, her work repeatedly sustains cultural narratives of female madness as ultimately, and always, personal, catastrophic affliction. I have argued elsewhere for a generative understanding of madness and mental distress that pays careful attention to what is life-expanding about non-normative psychological experiences as opposed to just seeing these phenomena, at both the individual and the social level, as problems to be got rid of.<sup>15</sup> In this essay, I analyse critique ideas of madness as personal and social deficit.

This essay, then, via a discussion of feminism, form, and visuality, aims to critique the politics of two collaborations with Alice Birch: *Ophelias Zimmer* and *Anatomy of a Suicide*. While the focus is primarily on Mitchell, Birch's texts work in political tandem with Mitchell's theatrical framing of mad women's feelings. That is to say, the Mitchell-Birch collaborations reinforce the perception of mental distress as individual, internal catastrophe. The paradox here, I will argue, is that in attempting to

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<sup>15</sup> See Anna Harpin, *Madness, Art, and Society: Beyond Illness* (London: Routledge, 2018).



expose the asphyxiating patriarchal conditions that produce women's despair, the two have created works that actually sustain limiting cultural narratives of gendered affliction. In the context of the soaring rates of diagnoses of mental illness (despite their contested validity), the near-universal use of (often life-limiting) drug treatments, and the levels of control to which diagnosed individuals are subject (including indefinite compulsory detention) such an approach is politically problematic.

### **The given circumstances**

In his historical study of mania, David Healy exposes the ongoing and widespread crisis in mental health care and notes that health outcomes for major mental illnesses have not improved in the last three or four decades:

Rates of suicide for patients with schizophrenia have increased more than tenfold. Uniquely among major illness in the Western World, the life expectancy for patients with serious mental illness has declined. Patients with manic-depressive illness have a several-fold greater rate of admission than they had before the advent of mood stabilizers.<sup>16</sup>

Furthermore, despite the pervasive popularity of theories such as the 'chemical imbalance in the brain' that allegedly causes depression, countless meta-analyses of the psychiatric literature reveal that, in fact, 'there is no established specific physical basis to psychiatric disorders'<sup>17</sup>: 'there are still no discovered bio-markers for nearly all mental disorders'.<sup>18</sup> A key issue, as Joanna Moncrieff explains, is that a disease-centred model of thinking implies that there are stable, agreed upon things that we can confidently call 'mental illnesses' and that the treatments for them are both targeted and corrective (*anti-psychotic, anti-depressant*).<sup>19</sup> The reality is that neither of these

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<sup>16</sup> David Healy, *Mania: A Short History of Bi-Polar Disorder* (Baltimore, Maryland: The Johns Hopkins University Press, 2008), p.243.

<sup>17</sup> Joanna Moncrieff, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment* (London: Palgrave, 2009), p. 23.

<sup>18</sup> James Davies, 'Introduction' in James Davies (ed), *The Sedated Society: The Causes and Harms of Our Psychiatric Drug Epidemic* (London: Palgrave, 2017), p. 5-6.

<sup>19</sup> Moncrieff, p. 9.

assumptions is true and yet despite this, as James Davies has noted, in 2015 there were over '61 million prescriptions for antidepressants in England alone'.<sup>20</sup> Moreover, a growing number of studies has also called into question the efficacy of antidepressants and the increasing awareness of the severely debilitating and enduring impacts of withdrawal from these medications.<sup>21</sup> A further problem of the disease-centred model is that individualises distress instead of understanding it as an embodied, encultured, relational phenomenon. Moreover, the biomedical model affords no generative possibilities for the experiences labelled 'mental illnesses'. To contemplate such generative possibilities is not to engage in panglossian thinking and imply that 'depression', for example can somehow simply become a positive experience if one just changes one's outlook; rather, it is to argue that feelings and behaviours marked as pathological problems, as personal deficits, can also be understood as valuable, meaningful, and richly life-giving. A core aspect of mad politics, then, is to reconceptualise these experiences called 'illnesses' as meaningful forms of personal and social communication that frequently offer resistance to normative expectations not only of what it means to be a person but of how to live a meaningful life. In this sense, mad politics proposes – in contradistinction to the biomedical model – that a mad person is not a faulty thing to be fixed and managed through mental hygiene and long-

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<sup>20</sup> Davies, p. 1.

<sup>21</sup> Both NICE and the NHS have recently had to revise their advice to patients about antidepressant withdrawal to acknowledge that 'Withdrawal symptoms usually come on after 5 days and generally last for up to 6 weeks. Some people have severe withdrawal symptoms that last for several months or more'. This is a significant shift in position which originally said that withdrawal was 'mild and usually lasted less than a week'. Likewise, the Royal College of Psychiatrists issued a Position Statement in May 2019 in response to the growing evidence that challenges the efficacy of antidepressants (especially in mild depression) and identifies the serious risks of withdrawal that were previously minimised. See <https://pathways.nice.org.uk/pathways/depression>, <https://www.nhs.uk/common-health-questions/medicines/how-should-antidepressants-be-discontinued/>, [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps04\\_19---antidepressants-and-depression.pdf?sfvrsn=ddea9473\\_5](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps04_19---antidepressants-and-depression.pdf?sfvrsn=ddea9473_5) [last accessed 28<sup>th</sup> November 2019]

term drugs but rather an unfolding and expanding being with a valuable feelings, actions, and encounters with self, world, other, object.

From *Cleansed* (2016) to *The Yellow Wallpaper* (2013) to *Small Hours* (2011) to *Lucia de Lammermoor* (2016) to *Footfalls* (2016) to *Wunschkonzert (Request Programme)* (2009) to *The Forbidden Zone* (2016) to the two productions that are the subject of this article, *Ophelias Zimmer* (2016) and *Anatomy of a Suicide*, (2017) and more, Mitchell has recently repeatedly staged mad women. Her theatre frames these women as the living dead who are asphyxiated in domestic rooms by patriarchal structures without any political agency to alter their circumstances, and are therefore rendered invisible. This account of madness requires the ‘forensic’ tools of the director’s craft to illuminate their existence. I propose, through the analysis that follows, that in denying any generative political capacity to her characters’ experiences of mental distress, in accepting that they can figuratively emit no light, Mitchell perpetuates a nihilistic vision of madness as catastrophe. Here I wish to explode the myth that is partly generated by a diagnostic gaze – that madness, distress, and difficult experiences are exceptional and without individual, social, and cultural value. Moreover, in offering patriarchy as *the* determining context that drives women mad, the productions explored here render myopic the possibilities for what madness is and how it is made, experienced, and lived through, and foreclose the possibility of resistive agency or radical alterity emerging from within its experience. The tight stage boxes within which these mad women are framed within in these productions, for example, visually assert a causal logic: these women (like Ophelia) are mad because they are trapped. The women’s bodies in these productions thus form illustrations or confessions; their catastrophe is a logical conclusion of patriarchal oppression. Consider, for example, the

domino-like staging of the three women in *Anatomy of a Suicide* who are visually set up in a line from stage right to left to fall upon one another in a line of inherited, inevitable pain. Likewise, the combination of Ophelia's silence in *Ophelias Zimmer* and the scene titles that describe stages of drowning only emphasise the unavoidability of her fate. In this sense, Mitchell's directorial illumination of these women's experiences reveals only a voiceless chasm, which is, in the words of Ophelia's mother, 'like a rip in your face' or a 'black O in the middle of your face'.<sup>22</sup>

I want to propose that, though at times profoundly difficult, madness is a set of generative experiences that expand rather than contract what it means to be a person and to have a good life. Moreover, as I have argued elsewhere, if we are to move beyond a pathological model of madness as catastrophe then artists ought to find ways to look not at but *with* madness.<sup>23</sup> Mitchell's directorial practice openly and stridently maintains an observer's gaze for an audience.<sup>24</sup> This is problematic when staging mad bodies owing to the acute levels of surveillance and scrutiny to which such bodies are routinely subjected. This is especially acute when considering the extensive and steadily rising use of Community Treatment Orders (CTOs), despite 'accumulating evidence from research and clinical practice that CTOs do not improve outcomes'.<sup>25</sup> CTOs set strict conditions for supervised treatment in the community following hospital discharge. Failure to comply can lead to forced treatment and compulsory readmission. Thus, via surveillance, one never really leaves hospital or ever stops being a patient. One

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<sup>22</sup> Birch, II, *Ophelias Zimmer* V&A recording.

<sup>23</sup> For a full account of this argument please see Anna Harpin, *Madness, Art, and Society: Beyond Illness* (London: Routledge, 2018).

<sup>24</sup> Please see my monograph, *Madness, Art, and Society: Beyond Illness* (London: Routledge, 2018) for a fuller discussion of these ideas.

<sup>25</sup> Ritz DeRidder, Andrew Molodynski, Catherine Manning, Pearce McCusker, Jorun Rugkåsa, 'Community treatment orders in the UK 5 years on: a repeat national survey of psychiatrists', in *British Journal of Psychiatry*, 40:3, June 2016, pp119-123, p. 119.

patient described the effects of this system: ‘once under the surgeon’s knife, always under the surgeon’s knife.’<sup>26</sup> From penny bedlam to CTOs, being watched is an enduring historical problem for mad folks, and particularly mad women, and so the construction of gaze upon such stage figures is a paramount political matter.

### Going round and round

*Ophelias Zimmer* was a co-production between the Royal Court Theatre and the Schaubühne, Berlin. In the UK it ran for just one week from 17 to 21 May 2016, playing in German with English surtitles. It was designed by Chloe Lamford with text by Alice Birch. At the most basic level, the play sought to tell *Hamlet* from Ophelia’s perspective. *Anatomy of a Suicide* (hereafter, *Anatomy*), made by Mitchell and Birch with Alex Eales’ set design, was performed at the Royal Court from 3 June to 8 July 2017. It tells the story of three generations of women who experience mental distress, suicide, and their legacies. Or, in the words of Margaret Perry in this issue’s ‘Back Pages’, *Anatomy* is ‘about the hereditary determinism of inherited depression’. A key distinction between the two pieces in terms of their composition is the more collaborative model that was employed in relation to *Ophelias Zimmer* as compared to *Anatomy*. Mitchell said of the former: ‘All three of us made it. There wasn’t a sense that Chloe is the designer, Alice is the writer, and Katie is the director. We’re just like three adults together working out how to do it.’<sup>27</sup> However, she speaks of Birch’s *Anatomy* in more delineated terms: ‘it is probably one of the most exciting forms I have ever had presented to me as a director’.<sup>28</sup> The form of *Anatomy* is, in effect, three plays (typographically laid out side by side in the

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<sup>26</sup> <sup>26</sup> Anonymous, quoted in Christina Katsakou et al, ‘Psychiatric Patients Views on Why Their Involuntary Hospitalisation Was Right or Wrong: A Qualitative Study’ in *Social Psychiatry and Psychiatric Epidemiology*, 2011, 47:427, pp. 1169-1179, p. 1174.

<sup>27</sup> <https://www.youtube.com/watch?v=iGUTiCr3Snk>, 00:01:31 [last accessed 6<sup>th</sup> August 2018]

<sup>28</sup> <https://www.youtube.com/watch?v=6qEUIHyXtUM>, 00:02:14 [last accessed 6<sup>th</sup> August 2018]

script) to be performed simultaneously in what Birch likens to a musical round form.<sup>29</sup> Despite their differences in process and form, however, the two plays share core themes: suicide, matrilineage, patriarchy, and inheritance. As noted above, such themes are in abundant evidence across Mitchell's canon from the last decade. However, in both *Ophelias Zimmer* and *Anatomy* the triad of suicide, gender, and inheritance play front and centre. Indeed, Mitchell describes *Anatomy* as a play about 'inherited suicide' (as though such a notion were an agreed concept).<sup>30</sup> Similarly, *Ophelias Zimmer* is partly scored by a voice-over track that explicitly frames Ophelia as an echo of her mad mother: 'I'm here. I'm just here... Lean against the solid and I'll press on mine and we'll shorten the gap.'<sup>31</sup> In both plays, madness is a round, a sequential and circular form, played out in gendered perpetuity. It can never be completed and nor can it ever move on.

The critical responses to both productions reflect this sense of doomed continuity. Catherine Love, for example, laments the constriction of Ophelia to 'quiet, helpless misery, giving her no more agency than she has in Shakespeare's telling'.<sup>32</sup> Likewise Aleks Sierz troubled the production's 'reactionary' politics in 'the suggestion that Ophelia's psychological misery is the fault of her mother, or that her family have some genetic flaw which sees depression as passed down from one generation to another.'<sup>33</sup> By contrast, Lyn Gardner found beauty in Ophelia's matrilineal fate: 'There is something heart-breaking in the piece's hints about the legacies that mothers pass on to

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<sup>29</sup> Please see interview of Alice Birch by Simon Stephens on <https://royalcourttheatre.com/podcast/s2-ep1-alice-birch-talks-simon-stephens/> [last accessed 6<sup>th</sup> August 2018] for further discussion of this.

<sup>30</sup> <https://www.youtube.com/watch?v=6qEUIHyXtUM>, 00:01:20 [last accessed 6<sup>th</sup> August 2018]

<sup>31</sup> Birch, II, *Ophelias Zimmer* V&A recording.

<sup>32</sup> Catherine Love, [www.catherinelove.co.uk](http://www.catherinelove.co.uk) 20<sup>th</sup> May 2016 [last accessed 6<sup>th</sup> August 2018]

<sup>33</sup> Aleks Sierz, [www.sierz.co.uk](http://www.sierz.co.uk), 27<sup>th</sup> May 2016 [last accessed 6<sup>th</sup> August 2018].

their daughters'.<sup>34</sup> Descriptions of *Anatomy* are both more overt and more ghoulish regarding the play's presentation of suicide and female inheritance. Dominic Cavendish details the drama's 'wretched souls' with their 'inherited curse'.<sup>35</sup> Natasha Tripney, with horror-inflected tones, notes that 'damage is handed down... Death follows them too. It has been allowed in.'<sup>36</sup> While Paul Taylor describes the 'reverberating chaos passed on after maternal suicide.'<sup>37</sup> It is, perhaps, Matt Trueman's review, however, that best exposes the clichéd modes of viewing that the play invites: 'Mental illness becomes a baton passed between three generations... Katie Mitchell's clinical staging forces us to watch forensically, sifting for clues about causality. Is this nature, nurture, or social structure?'<sup>38</sup> The reviews, then, reiterate the play's treatment of distress and suicide as disastrous ghostly contagions – as daughter shadows mother off-stage to inevitable, bleak death (see Figure One).<sup>39</sup>

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<sup>34</sup> Lyn Gardner, *The Guardian*, 19<sup>th</sup> May 2016.

<sup>35</sup> Dominic Cavendish, *The Telegraph*, 12<sup>th</sup> June 2017.

<sup>36</sup> Natasha Tripney, *The Stage*, 11<sup>th</sup> June 2017.

<sup>37</sup> Paul Taylor, *The Independent*, 12<sup>th</sup> June 2017.

<sup>38</sup> Matt Trueman, *Variety*, 13<sup>th</sup> June 2017.

<sup>39</sup> The play is staged with the three women playing side by side but scenographically framed in separate times and spaces. As the play progresses Carol leaves the stage after her suicide. She is later followed by Anna following hers. Finally, the whole stage space is left to the remaining woman, Bonnie.



**Figure One: *Anatomy of a Suicide*, Royal Court Theatre 2017. Photo Credit: Stephen Cummiskey**

I am struck by how far the reviews are both familiar, and comfortable, with the cultural narratives of madness as a white, middle class, woman's domestic catastrophe. While I recognise that the character of Bonnie was played at the Royal Court by Adelle Leonce, an actor of colour, it is notable that *nowhere* in the script or staging was ethnicity acknowledged, let alone explored, as an intersectional reality, and when Mitchell revived the play in Hamburg in 2019 at the Deutsches Schauspielhaus, all of the women were white. The play and its staging treat ethnicity as if it were visible but irrelevant. This renders Bonnie part of a white story, in which neither she nor her Black father (played by Gershwyn Eustache Jnr) is ever able to articulate Black consciousness or experience. Moreover, Jamie, the character of Bonnie's Dad, is a somewhat absent and unreliable father in the play and thus the casting inevitably placed the actor in the



position of perpetuating the stereotype of the errant Black father. Given that the play and its semi-realist production lay emphasis on determining contexts (such as class and gender) that produce despair, it is all the more glaring that Bonnie's ethnicity was categorically erased. This is particularly politically problematic given the reality of the overrepresentation and overtreatment of people of colour within mental health services owing to, amongst other things, profound systemic racism. Given that the reality is that people of colour are far more likely to receive more serious diagnoses (Black men, for example, are far more likely to receive a diagnosis of schizophrenia than their white counterparts) and experience more severe interventions (such as longer hospital admissions), then it is incumbent upon realist productions to render such realities luminous rather than invisible.<sup>40</sup>

The character of Bonnie, moreover, is framed primarily as a consequence or effect of two white women's stories insofar as she functions partly as a composite image of aftermath and antithesis. Whereas both Carol and Anna hurt their arms, Bonnie fixes her lover's arm. Motherhood, which is framed as a passing on of confinement, is likewise arrested in Bonnie's story. Bonnie also inherits a house, of which she divests herself as a form of self-protective purging. Since her distress is framed, thus, as the consequence of carrying these the two preceding women's histories, Bonnie has, in a sense, no story beyond inherited tales of despair: She becomes just another figure in a white story. Moreover, as Trueman's review exposes, there is no question that we, the

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<sup>40</sup> There are numerous studies about the overrepresentation of people of colour in mental health services. These vary in emphasis from arguing for genetic predisposition to those arguing for social causes to others pointing to the racial biases in systems of diagnosis and treatment. See for example, Rebecca Pinto, Mark Ashworth, Roger Jones, 'Schizophrenia in black Caribbeans living in the UK: an exploration of underlying causes of the high incidence rate' in *British Journal of General Practice*, 55: 551, June 2008, pp. 429-434, the Race Equality Foundation's Health Briefing 5 <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-brief5.pdf>, and Phoebe Barnett et al. 'Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data' in *The Lancet*, 6:4, March 2019, pp. 305-317.

audience, are positioned as the sane, diagnostic (implicitly white) viewers assessing these women unravelling. Our gaze is never disrupted as being stable and true. Indeed, while Benjamin Fowler argues that Mitchell's practice stages 'lives lived in all their messy, complex multiplicity', I would instead concur with Margaret Perry who proposes that 'Life is always messier than it's shown to be in Mitchell's work.'<sup>41</sup> We, the audience, are not challenged with mess, but comforted by neat, familiar shapes of despair redolent of Sylvia Plath and Ophelia. In this sense, we are allowed to consume stories of sad women in tidy, domestic boxes all the while comforting ourselves that we are tackling mental illness in brave, unflinching manners. We do no such thing. The circles that these plays move in – in all senses of this phrase – predominantly reproduce an essentialised madness that's safely over there, in Perspex boxes animated by living-dead dolls (See Figure 2).

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<sup>41</sup> Benjamin Fowler, 'Introduction' to *The Theatre of Katie Mitchell*, p. 1.



**Figure Two: *Ophelias Zimmer*. Photo Credit: Chloe Lamford**

### **It's like that and that's the way it is**

Feminist debates about realism have commonly centred around the uncertain capacity of this form to accommodate a resistive social politics. The central concern is the extent to which realism necessarily reproduces and thus reinscribes the dominant order.<sup>42</sup> However, in relation to Mitchell's staging of Thomas Heywood's seventeenth century tragedy, *A Woman Killed With Kindness*, Rosemary Malague claims that it is precisely 'Mitchell's incorporation of naturalistic elements that enabled a powerful feminist critique of that system.'<sup>43</sup> The rationale for this, Mitchell suggests, is that:

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<sup>42</sup> See, for example, Jill Dolan, *The Feminist Spectator as Critic* (Ann Arbor, University of Michigan Press: 1988). Kim Solga, on the other hand, makes the case for what she calls Mitchell's 'radical naturalism' in 'Body Doubles, Babel's Voices: Katie Mitchell's *Iphigenia at Aulis* and the Theatre of Sacrifice', *Contemporary Theatre Review* 18.2, pp. 146-160.

<sup>43</sup> Malague, p. 624.

the best way of approaching [a play like *A Woman Killed With Kindness*] is to put the woman in the historical context, be as true to that as is possible, even if it is offensive, because sometimes in portraying the woman as the victims they are textually, it can actually awaken people to more sense of the need for equality.<sup>44</sup>

The rejection of facile hope in the pursuit of consciousness-raising is valuable here.

*Anatomy* concludes with a hope-tinged 'reveal' of the expansive, warmly-lit interiors of the bruised family home with the stage direction '*The light changes. Just a little*'.

Elsewhere, however, optimism is thin on the ground in *Anatomy* and utterly absent from *Ophelias Zimmer*.<sup>45</sup> However, I would argue that, politically, hope is, in fact, a red herring. Instead what seems paramount is to agitate or disturb the frame in which hopeless realities are made and lived and further to question the capacity of realism to adequately capture the bloody textures of despair. This is something Mitchell partially achieves in this article's case studies and certainly achieves elsewhere, perhaps most obviously in her intervention into *Fräulein Julie* (2013) through the synthesis of technology and a shift of perspective to that of the commonly disregarded female servant. However, in both *Ophelias Zimmer* and *Anatomy*, the overall precision and steadiness of the framing – which pursues its own logic of oppression to its stifling conclusion – ultimately starves these women of political oxygen. In effect, in these plays, audiences are presented with sewn-up case histories in manners that recall the long history of mad women put on display by and for patriarchal analysis (from Charcot's hysteria shows to drug adverts since the 1950s). The absence of mess, the absence of uncertainty, the offer of the women's suffering as the logical and inevitable conclusion of patriarchal realities steals the characters' political three-dimensionality and their plays' wider aesthetic opportunities for resistance.

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<sup>44</sup> Mitchell, qtd in Katie Normington, 'Little Acts of Faith: Katie Mitchell's *The Mysteries*' in *New Theatre Quarterly*, 14:54, 1998, pp. 99-110, p. 105.

<sup>45</sup> Birch, *Anatomy*, p. 237.

## Cast-offs

Carol, Anna, Bonnie, and Ophelia are all historically located characters. All four women are boxed up in their times and embody the gendered constraints of their realities.

Carol, dressed in red, repeatedly says 'No' and represents a form of feminism that sought to resist the roles assigned to women – though she does so in a relatively passive manner. Anna, dressed in green, defaults to 'Yes', and represents an angry and confused post-feminism of the 1990s that sought a form of masculine freedom, which – it quickly became clear – was easily commercialised and thus reabsorbed by capitalist hegemony. Bonnie, dressed in white, relies on 'Maybe' and represents a future-tense feminism that appears predicated on resilient, closed, self-determinism: a defiantly blank page.

Ophelia, dressed in black, says very little and represents the absence of possibility: 'I was promised lakes, Ophelia... You were supposed to be a boy... Not a little girl I can't give or promise a single thing to. Get smaller Ophelia. Breathe in. Slip into the walls.'<sup>46</sup>

Carol, Anna, and Ophelia are united in pathology and succumb to their inevitable deaths. Thus, Mitchell's repeated framing of female madness serves to collapse history via pathology. These women are all alike in their frailty. Indeed, all three are frequently shouted for like dogs by men, they are dressed like rag dolls, they are cleverer than the lovers who ignore them, they repeat (and in the case of *Anatomy* hand on) routines, and their deaths are always associated with water. Even, Carol, who kills herself under a train, ensures that her death is reported to Anna by a cliff-top and their final conversation is staged by a river. The visual impression of an absence of agency in all three of *Anatomy's* female protagonists is deliberately marked: 'Between scenes each

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<sup>46</sup> Birch, II, *Ophelias Zimmer* V&A recording.

woman stands like a mannequin, as clothes are slipped on and off, as if life were simply draped over them and pulled tight around them.’<sup>47</sup> In related manners, Ophelia accrues dresses during the inter-scenes that punctuate the production with ethereal meditations from her dead, mad mother. The layering of clothes here serves to bloat Ophelia’s body in visual anticipation of her drowning, revealing the symbolic, feminised anchors that have always already determined her ending. In both works, then, madness is cast as a trans-historical scene, located but unchanging.

The second striking aspect of lineage lies in Bonnie’s divergence from the patterning in *Anatomy*. Bonnie, unlike the other women, remains. Specifically, Bonnie’s choice of sterilisation and performance of resilience (the matter-of-factness of her register and no-nonsense, direct delivery in production) form a curious, somewhat reactionary counterpart to her mad stage ancestors. There is, of course, a reading of this decision to be sterilised as pathological, as a sign of inner despair (which is certainly the Doctor’s reaction within the play-world) but I think the invitation is to understand Bonnie’s action as radical self-care. Bonnie, unlike Carol and Anna, is conferred agency to alter the hand-me-down dramaturgy of her life. For example, just as with the wounded arms and healing arms noted above, although the spaces of the play are passed on, Bonnie does not have the same relationship to them. All three opening scenes take place in ‘Hospital’, but while Carol and Anna are patients, Bonnie is the Head of an A&E department. A later scene repeats this pattern with both Carol and Anna being offered ECT by their doctors, whereas Bonnie is consulting her GP about sterilisation. Structurally, then, Bonnie comes to form a dramaturgical full stop. There is, of course, a degree of ambiguity about how ‘well’ Bonnie really is (‘I’m going to suggest

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<sup>47</sup> Susannah Clapp, *The Observer*, 18 June 2017.

you have some counselling Bonnie'), or whether she eventually succeeds in her quest for sterilisation.<sup>48</sup> However, it is unambiguous that her character is able to redirect linear 'fate' away from simply reproducing for herself the mad scenes enacted by her mother and grandmother (and, intertextually, by her ur-mad forebear, Ophelia). This presentation of Bonnie's choice sits oddly against the fate to which Carol and Anna fell victim. On the one hand, the entire play and its production evoke an atmosphere of tragic inevitability. Even the ambiguity of the final outcome for Bonnie leaves an audience with the possibility of inescapability. On the other hand, Bonnie's choice to make herself the point 'where it ends' via sterilisation evokes a problematic sense that despair is something one can simply opt out of, thereby arresting the destructive, inherited cycle.<sup>49</sup>

This assumption of Bonnie's capacity to choose is further compounded by her tough, 'resilient' characterisation. Resilience is a neoliberal form of self-governance that locates responsibility for mental health squarely within the individual. Resilience, as a technology of health hygiene, is unconcerned with racism, sexual violence, systemic inequality and so on, but rather only with our own individual fortitude and 'inner' psychological resources for surviving adversity. Under a regime of resilience, vulnerability is not only a failure, but is assumed to be exceptional. Moreover, resilience is all too often unaware of the smuggled privilege that supplies its armour. Under its logic, Bonnie is making a strong, empowered choice, seemingly unfettered by the patriarchal constraints of her mother and grandmother. She's creating her own fate. Indeed, Jonathan Wakeman interpreted the conclusion on just this basis: 'She's [Bonnie] clear-eyed about the costs of her decision, but isn't that the only honourable kind of

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<sup>48</sup> Birch, *Anatomy of a Suicide* (London: Oberon, 2017), p. 233.

<sup>49</sup> Birch, *Anatomy*, p. 234.

happy ending: a hard choice taken with courage and hope.’<sup>50</sup> I would counter, however, that to accept this as a happy ending is to endorse an idea that madness is certainly a catastrophe, but it is one you can opt out of with the right attitude and (inner) resources. Whichever way you dissect *Anatomy*, then, both the text and its production present madness as a curse and sanity as a choice. I would counter that they are neither.

In both *Ophelias Zimmer* and *Anatomy* the structuring theme of inheritance means that depression – which is the implied state of these women – is a *thing*, a ‘baton’ to use Trueman’s metaphor, a quasi-object that can be passed on. The domino-effect staging of *Anatomy*, mentioned above, in which spaces, events, and feelings clatter from stage right to stage left, only serves visually to underscore this feeling of a flattening, relentless tide of consequence. Indeed, the movement from the left of the frame to the right (for a Western audience) is also a movement that is implicitly ineluctable: the left side is dominant and the right side subordinate. Likewise, the synthesis of maternal voice-over with the accumulation of dresses that will weigh Ophelia’s drowning evoke an amplified sense of inescapability, rooted in the past. Her bedroom is akin to the death traps that one finds in cinema or TV in which the walls start closing in around the hero. In Ophelia’s case, the water rises: ‘There’s water in my room.’<sup>51</sup> The play is also structured as five acts, each begun by a projected title narrating one of the ‘Five Stages of Drowning’. There is no way out. This approach, I propose, falls into the problematic tendency that Bridget Escolme identifies in contemporary stagings of *Hamlet* in which Ophelia is ‘trapped in and confined by her state of madness in ways that tend to erase

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<sup>50</sup> Jonathan Wakeman, [Back Pages of this issue](#), pp. XX, p. X

<sup>51</sup> Birch, IV, *Ophelias Zimmer* V&A recording.



her as a disruptive force'.<sup>52</sup> In both productions, then, depression is a fateful object that, once inherited, is beyond escape. In a sense, it is irrelevant whether this inheritance is determined by biology (as Bonnie implies) or by patriarchy (as one infers from Ophelia's heinous abuse by Hamlet and all other men), or both. Here again we return to the wearied nature/nurture debate that underpins reviews such as Matt Trueman's of *Anatomy* discussed above. The major problem, however, lies in the clarity with which Mitchell frames depression, in the rigid certainty of its contours.

Several common misapprehensions attend on depression: that it is caused by a chemical imbalance in the brain; that it is a defined, agreed-upon disease entity; that it can be treated by targeted drugs that will act as correctives to faulty chemistry; that anti-depressant drugs 'work'. However, as Mark Rapley, Joanna Moncrieff, and Jacqui Dillon have comprehensively demonstrated, 'more than a century of intensive psychiatric research has yet to find *any* form of organic grounding for the overwhelming majority of the "mental disorders" listed in the *DSM* [*Diagnostic and Statistical Manual of Mental Disorders*] and psychology likewise has failed to provide any coherent alternative justification for this attempt to catalogue the "problems of living"'.<sup>53</sup> Moreover, despite a conservative estimate that approximately 9 per cent of the UK population are currently taking antidepressant medication, there is no stable evidence that antidepressants are any more efficacious than an inert placebo (and they have, of course, many adverse effects that placebos do not). The recent, large-scale study led by Andrea Cipriani of the NIHR [National Institute for Health Research] Oxford Health

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<sup>52</sup> Bridget Escolme, 'Ophelia Confined: Madness and Infantilism in Some Version of *Hamlet*' in Anna Harpin and Juliet Foster (eds), *Performance, Madness, and Psychiatry: Isolated Acts* (London: Palgrave, 2014), pp. 165-186, p. 166.

<sup>53</sup> Rapley, Moncrieff, and Dillon, *De-Medicalising Misery: Psychiatry, Psychology, and the Human Condition* (Basingstoke: Palgrave, 2011), pp. 1-2, emphasis original.

Biomedical Research Centre that concluded that antidepressants 'work' has been heavily criticised by Moncrieff and others who exposed the flawed methodology and misleading narratives that have become attached to this research.<sup>54</sup> Moreover, despite the extensive and rising use of pharmacological treatments (including amongst children), rates of diagnosis and disability claims have risen exponentially in the same period. Given the damaging life-effects of antidepressants for many users, it is unhelpful to further underscore such myths of mental illness. In her theatrical treatment of madness, Mitchell risks implying that such debates are closed by further reinforcing myths that depression is a clearly defined phenomenon that can be passed on. In this sense, her directorial practice re-enacts orthodox psychiatry's tidying away of life's mess.

### **Surface dive**

Dan Rebellato identifies three primary phases in Mitchell's career: anthropological, actor-centred, digital.<sup>55</sup> The anthropological and actor-centred phases can be witnessed not only in her approach to staging *Iphigenia* discussed earlier (in relation to which she described the 'negative range' of emotions) but also in an almost word-for-word repetition of these ideas in an article she wrote for *The Guardian* in the same year as *Iphigenia* (2004). Here Mitchell states that there are 'six primary emotions which are *universally recognised* by people throughout the world. They are happiness, sadness, fear, anger, surprise and disgust'. In the course of the same article, Mitchell describes 'social emotions – like jealousy or envy', 'secondary emotions' (caused by the imagination), and 'background emotions... like when you say you are feeling "a bit

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<sup>54</sup> For a detailed and rigorous debate on this topic please listen to 'Antidepressants: A Debate' on [www.myownworstenemy.org](http://www.myownworstenemy.org), Episode 58, 28<sup>th</sup> June 2018 [Last accessed 13<sup>th</sup> August 2018].

<sup>55</sup> Rebellato, p. 323.

down” or “under the weather””.<sup>56</sup> She concluded by saying that ‘if the work was clearer I owe it to three scientists’ (Charles Darwin, William James, Antonio Damasio). Setting aside the somewhat uncritical deference to (white, male) ‘science’ here, I wish to linger on four tacit assumptions that are exposed in these comments and are widely shared. The first assumption is that there are such things as universal emotions.<sup>57</sup> The second assumption is that there are positive and negative feelings. The third assumption is that emotions are clearly delineated, singular, identifiable units. The fourth assumption is that only certain emotions are ‘social’, which implies others are private (antisocial?). Quite apart from being unconvinced that any of these three assumptions are correct, I am interested in the implications of these assumptions for acting, and specifically for acting *mad*. In his diaries, Simon Stephens writes that ‘Katie’s told me she has no interest in the audience. Ever.’<sup>58</sup> Later, in his recollection of the previews of *The Cherry Orchard*, he notes:

After the preview on Monday night she was frustrated by the unpredictability of the actors. She was angry at the idea that actors are “organic”. “It’s not an organic process, it has to be forensic.” ... I cherish the liveness of the things. She finds it maddening because it can lead to performances that are what she would describe as being “unstable” ... For her the relationship with the audience should be very simple. They should feel as though they are peering into a world that is real and their experience should be that of the voyeur. She hates the idea that the actor would be aware of the audience and the audience aware of their awareness. She finds laughter intolerable. She finds the fragility of the actor’s stability in the heat of that relationship maddening.<sup>59</sup>

If one combines this desire for forensic certainty with this disinterest in the unpredictability of a production’s interactions with its audience then it is possible to discern a clear understanding that emotions happen *within* the subject and are thus sovereign, individual. Personhood is thus a closed system of delineated inner feelings. They possess a certain ‘mineness’ that serves to decontextualize how feelings are made

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<sup>56</sup> Katie Mitchell, ‘Acting Out’, *The Guardian*, 25<sup>th</sup> September 2004.

<sup>57</sup> For a persuasive critique of such universalising thinking please see Ethan Watters, *Crazy Like Us: The Globalization of the Western Mind* (London: Robinson, 2011)

<sup>58</sup> Simon Stephens, *A Working Diary* (London: Bloomsbury, 2016), p. 200.

<sup>59</sup> Stephens, pp. 246-247.

and experienced in relation to self, world, other, objects. In this sense, Mitchell's practice cannot accommodate a relational understanding of emotions. Instead of a messy, atmospheric contract with others, her approach argues for emotions as neat units of feeling that can be deciphered by an audience viewing precise, repeatable, readable behaviours. Furthermore, one of the central modes of excavating such apparent depth of characterisation is through research. Stephens expressed alarm at receiving 225 questions about the script before rehearsals had begun for his 2011 play *Wastwater*, directed by Mitchell.<sup>60</sup> According to this logic, if one simply asks enough questions of the right type one can excavate the truth. The process here bears uneasy echoes of a psychiatric assessment against *DSM diagnostic criteria*.

Psychoanalyst Darian Leader is concerned to expose the manners in which biomedical psychiatry collapses surface and depth. He argues that, in the move away from causation and toward treatment in psychiatry in the latter half of the twentieth century, one can witness a shift away from examining the depth of experience and toward evaluating the surface manifestation of a problem. For example, here, anorexia becomes a problem of not eating enough as opposed to being rooted in a complex psychosocial life history. He suggests that such a move towards surface diagnostics and treatments also serves to create and proliferate illness categories: 'If the drugs affected mood, appetite and sleep patterns, then depression consisted of a problem with mood, appetite and sleep patterns. Depression in other words, was created as much as it was discovered.'<sup>61</sup> In this sense, orthodox psychiatry, through a battery of questioning and surface assessments seeks to reach stable conclusions. Bodies and behaviours are read

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<sup>60</sup> Stephens is quoted in Charlotte Higgins, 'Katie Mitchell: British Theatre's Queen in Exile', *The Guardian*, 14<sup>th</sup> January 2016.

<sup>61</sup> Darian Leader, *The New Black: Mourning, Melancholia, and Depression* (London: Penguin, 2009), p. 14.

for clues of inner pathologies according to pre-established taxonomies of normative behaviours and emotions and are treated accordingly. In understanding patients' feelings as individual, as positive or negative, as decipherable, orthodox psychiatry all too often erases the complexity of personhood as well as the generative, life-giving qualities of non-normative experience. Paradoxically, therefore, I propose that, in seeking depth, Mitchell's process only manages to achieve a surface dive. She thereby enacts a diagnostic move akin to psychiatry that only redoubles the challenges faced by those living under a description of mental illness to alter the shapes and signs by which we are commonly read and (mis)understood. In contracting character research into a fixed system of communicable signs, Mitchell necessarily relies on habituated norms of feeling and behaviour. The 'science' in her system reveals a deeply normative understanding of the range, contours, and values of feeling and experience in the context of mad lives and mad bodies. Her diagnostic gaze turns mad subjects into absences: they become 'Black Os' or 'rips' in faces. It has been a vital battle in the field of mad studies to resist ways of making madness understandable and legitimate via orthodox categories of being and doing, but instead to create the social, political, and personal conditions which enable people to live within the shapes they make themselves. In this context, boxing women up in neat tales of stable distress does not challenge orthodoxy, it comfortably reinscribes its ideas. In leaving the coordinates and orthodoxies of normative gazing upon mad folk intact, both *Anatomy* and *Ophelias Zimmer* reiterate the ideological project of treating madness as an exceptional catastrophe and an absence of meaning.

## **Gut feelings**

Turning to Anatomy Theatres may provide a useful parallel with which to conclude the concerns raised above. Anatomy Theatres promised new knowledge of the heretofore unseen. Peering within dissected bodies revealed secrets to the watching medical spectators. Mitchell's 'forensic' practice promises such bloody insights through a process that seeks to dredge the inside out for audiences to discern in fine, stable, close-up detail. The assembled voyeurs, in this sense, can peer inside her dissected realities to encounter submerged, eroded, or neglected truths. There is enormous value in this practice, especially with regard to illuminating canonical plays in new feminist light. Moreover, in the context of mad characters, the surgeon-like precision of her work dispenses with the florid spectacle of stage lunatics so often in evidence in cultural treatments of despair. As Darian Leader complains: 'why is madness always made so visible, so tangible, so audible? People talk to imaginary companions, they foam at the mouth, they have terrifying hallucinations, they blabber incessantly, they rant and rave about a plot against them... they are depicted either as incredibly clever or incredibly stupid, as genius or brute, yet with little in between.'<sup>62</sup> The calmness of Mitchell's staging and characterisation usefully drains madness of its lurid glory. Indeed, ECT [Electro-Convulsive Therapy] in *Anatomy* and suicide in *Ophelias Zimmer* is presented as a visually unremarkable affair so as to disrupt a sensational gaze. Mitchell stages, in this sense, a quiet madness.<sup>63</sup> This may well speak of a desire on Mitchell's part not to appropriate madness and, therefore, to claim to speak *for* the mad via a detailed theatricalisation of mental distress. Furthermore, with respect to *Anatomy* my concerns relate equally to Birch's script as to Mitchell's treatment of it. Nevertheless, in both plays (and indeed elsewhere in her canon of mad stage women), Mitchell frames

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<sup>62</sup> Darian Leader, *What is Madness?* (London: Hamish Hamilton, 2011), p. 9.

<sup>63</sup> I am here drawing on Leader in *What is Madness?* and his discussions about the invisibility of quiet madness in cultural scripts of despair.

madness as stable, knowable, and readable. Her staging of isolated women in boxes decontextualizes their experiences, strips them of agency, and erodes their specificity by rendering these women as simply iterations of one another. There is, of course, a valuable political point at stake here insofar as Mitchell is making luminous the repeating violence of patriarchy on women's minds and bodies. Nevertheless, in so doing she renders madness a neat metaphor for inherited oppression. I would not quibble with Mitchell that social contexts profoundly shape psychological experiences. However, the overarching neatness and trans-historical approach that figures women as doomed echoes of one another perpetuates damaging ideas about madness: that it is an affliction with no generative potential; that it is an agreed upon phenomenon; that it is a curse or a choice; that it exists within ourselves as opposed to having relational, worldly qualities; that it can be overcome through sacrifice or resilience. These are myths that sustain limiting conceptions of both what it means to be a person and the acceptable horizons of experience. There is, of course, no way to do madness 'right'. Claims to the contrary labour under myths of pathological accuracy and authenticity. This strikes me as peculiar as trying to do being a person 'right'. However, there is a political and critical obligation to examine the taken-for-granted assumptions that lie beneath our biases, assumptions, and cultural narratives. In her repeated 'forensic' treatment of mad women as decipherable, as catastrophic bodies of patriarchal oppression, as stable images of instability, Mitchell fails to capture their political density and dimensionality and instead stages mad women as void shapes. This essay has thus exposed the limits of realism as a means to imagine the complexity of mental distress. It has highlighted the political consequences of the unreal rigidity of seeking to stage "accurate" emotions. It has critiqued the construction of a diagnostic gaze that serves to reproduce women as decipherable objects. While pointing powerfully to the structural

oppressions of patriarchy and their consequences on women's lives, therefore, Mitchell's staging of distress, to date, ultimately comes to re-confine those voices and minds she aims to liberate.