

# A Level Drama - Devising Log

## Section 1: Rationale

For our piece, we chose *insane asylums* as our stimulus, our other ideas included freak shows and the 1692 Salem witch trials as our rationale was that we wanted to produce something that could be classified as 'horror genre'. We felt this stimulus would be interesting and provide several issues we could look into, such as mental health, sexuality and the abuse of power. Due to this setting, clear possible characters were developed, these being nuns, scientists, guards and patients. Once we had decided on this, I suggested we choose Antonin Artaud as our practitioner as I had researched him and some of his techniques before and our stimulus was well suited to the Theatre of Cruelty, which aimed "to shock the spectator into seeing the baseness of his world" (Antonin Artaud. Encyclopaedia Britannica, 2010) which is something we wanted to do.

We were greatly inspired by the television show *American Horror Story: Asylum* (running from October 17, 2012 to January 23, 2013) which depicts the lives of patients in an Asylum during the 1960s in a shocking way. Below is a picture of the set from the series which we used as inspiration for our asylum's common room.



## Research and Contextual Factors

First we decided to research the different types of therapies that were practiced in asylums. The therapy I chose to research was electroconvulsive therapy (ECT), in which patients would receive electric shocks. It became widespread in the 40s and 50s and rarely used anaesthesia. Other group members researched aversive treatment (in which an aversive stimulus is paired with a behaviour in order to eliminate that behaviour in the patient) and its role in conversion therapy, lobotomy and exorcisms. This research formed the basis of our performance and our three patient characters as each patient would be subjected to different treatments depending on their behaviours. The homosexual patient goes through aversive treatment as conversion therapy, the autistic patient has ECT and the 'possessed' patient is exorcised. We then began to conduct individual research into our character's 'condition'. This was also when we had the idea that one of the characters would be lobotomised and decided that our piece would be set in the 60s as, after this decade, some of these practises were reformed and others were made illegal. All four of these treatments are cruel and present longstanding risks to patients, such as irreversible physical damage and mental illnesses like

depression and post-traumatic stress disorder. Learning these risks led to us establishing our first intention of showing the audience how poorly patients were treated in asylums in the 1960s.

The 60s was a good time to set this due to social attitudes at the time as homosexuals and the mentally ill were discriminated against. Homosexuality was seen as an illness, and even in some places today have been seen as 'broken' or 'ill', particularly in areas with a strong religious community. This led to many homosexuals being forced into conversion therapy or being killed. As for the autistic character, autism only began to be diagnosed and further studied in 1943 with Dr Kanner's study of Donald Triplett, and even today scientists do not fully comprehend the condition and autistic people have had to go through many ill-informed therapies, such as ECT. Many autism studies to this day have only included autistic males and, as a result, females rarely got diagnosed in the past and are likely to be misdiagnosed or undiagnosed today. Therefore, my autistic character Karen will not be explicitly stated as autistic as it would be highly unlikely that she would have received this diagnosis. Exorcisms were not as common in the 60s as they were in the 70s or previous decades, but were still occasionally performed. The 'possessed' character in our piece actually has an epileptic condition as well as several other mental health issues which manifest themselves in a way that Catholics in the 60s would interpret as demonic possession, hence the use of this treatment.

### **Practitioner**

I read Artaud's 'The Theatre and its Double', translated by Victor Corti. The book is a collection of Artaud's essays about theatre and his theories surrounding it as well as his first and second Theatre of Cruelty manifestos, which greatly influenced the creation of our performance.

For example, Artaud wrote in his first manifesto under the heading *The Stage - The Auditorium* (19)

*"We intend to do away with stage and auditorium, replacing them with a kind of single, undivided locale... Direct contact will be established between the audience and the show, between actors and audience, from the very fact that the audience is seated in the centre of the action, is encircled and furrowed by it... with the audience seated below, in the middle, on swivelling chairs allowing them to follow the show taking place around them... In addition, overhead galleries run right around the circumference of the room."*

We made use of the full drama studio, including the balcony along three of the walls, and had the audience on swivelling chairs. We also physically moved the audience to force them into the thick of the action and become fully enveloped by the performance as promenade theatre was ideal for Theatre of Cruelty and felt appropriate to our performance and intentions.

### **Impact of Live Theatre**

Last year I played the role of Verity, an autistic girl who didn't receive the help and support she needed, in a performance of *Find Me* by Olwen Wymark, which influenced the creation of Karen. This play also inspired us to use fire in our performance, in addition to Artaud's (2017) references to 'fire' included "Theatre, which is nothing, but uses all languages (gestures, words, sound, fire and screams)" and "If there is one truly infernal and damned thing left today, it is our artistic dallying with forms, instead of being like those tortured at the stake, signalling through the flames". Having already received some training in using fire on stage, we decided to make use of this skill. I drew further inspiration from Strictly Art's performance of *Freeman*, which I saw at The Place Theatre, as at one point they had several actors being 'electrocuted' on stage, which greatly helped my portrayal of someone going through ECT as I had a point of visual reference.

### **Aims and Intentions**

As a group, we want to highlight the poor treatment of patients in insane asylums in the 1960s and how they did not receive the help they needed. We want to shock the audience and make them feel uncomfortable so this message will be memorable. To do this, we are using Artaud's Theatre of Cruelty techniques, which aim to fully immerse the audience in a nightmarish spectacle. We will also multi role, as was common in Theatre of Cruelty, to show the differences between the staff and the patients as well as to remind the audience they are watching a non-naturalistic performance. While playing Sister Mary and Karen Brown, I aim to show three things: the role that religion played in asylums, that these religious people did not have the patients' best interests at heart and abused their power, and the pain and torture that autistic people went through due to a lack of understanding of the

condition. I will play Sister Mary with an upright posture and a loud, harsh voice with an RP accent to portray her sense of superiority which, combined with her treatment of the patients, should make the audience dislike her as she is the main antagonist of our piece. Karen, on the other hand, will be very childlike, with a quiet voice and slumped posture. This should make her more sympathetic to the audience and make her treatment scene more horrifying.

## **Section 2: Approach to Devising**

Our approach to devising was a mix of improvisation, scriptwriting and Artaudian techniques.

We further researched Artaud and his methods. This was difficult as Artaud is not a practitioner that many theatre companies explore and his techniques are not often taught, so we were limited when it came to studying his techniques. We found an interesting website which was very helpful as it had several techniques. We explored all of the techniques listed in our workshops, but only chose three to feature in our performance, these being 'The Impossible Task' (having to do something physically impossible, such as flying away), 'Walk The Grid' (only being able to walk in straight lines and turn 90 degrees, imagining we were trying to reach something we desperately wanted) and 'Watering Hole' (making use of animalistic and tribal noises to scare each other away and responding). Our teacher taught us other techniques such as 'Fantasy Journey' (linking arms and telling the story of a journey together, moving as though we were really on this journey) and 'Voices' (using sounds in the place of words). These techniques greatly informed the style of our performance as they were different to other practitioners' techniques we had learnt. We also felt this style was best suited to our intentions of portraying the abuse patients received under the guise of treatment in mental institutions.

After finalising our set, we explored it through in-character improvisation. In the corner upstage right we had a body made from pillows in a hospital gown hanging from a noose, which was haunting enough on its own, but as we improvised I interacted a lot with her - hugging her, kissing her and dancing with her. We felt that this interaction was in keeping with our aims and intentions, so I did so during the actual performance.

In his first Theatre of Cruelty manifesto, Artaud wrote "the old duality between author and producer will disappear, to be replaced by a kind of single Creator using and handling this language, responsible both for the play and the action" so as a group we all had input in every factor of the performance, from staging to sound and lighting, rather than each of us being solely responsible for one aspect.

We used the majority of what came from the Artaudian techniques as material in our piece, such as 'The Impossible Task' that we used as an introduction to the patients and 'Walk The Grid' which we used to express the patients' fear of being confined within the asylum. By having the lights off and using only torches flashing on and off occasionally, this should help the audience to feel that same fear and frustration and convey that insane asylums of the past were not safe places that provided help to patients, but instead tortured them and stripped them of their humanity and free will.

I created a soundscape using the website mynoise.net to run throughout the piece so there is never a moment of silence. This soundscape was made from a combination of distant thunder, rain on a tin roof, clocks and church sounds which included whispers. We felt that these sounds worked well with the setting. By having this soundscape playing right through until the end of the piece, our performance became more immersive as well as contributing to the bombardment of the audience's senses which Artaud advocated for. During the patients' treatment scenes we decided to use contrapuntal music in order to make the audience feel uncomfortable and to highlight the horror of the action before them. For example, when my character Karen is receiving ECT, we play the song *Sweet Caroline* by Neil Diamond and play electrocution sounds over the top to create a truly horrifying scene. In addition, when the audience hear these songs again, it should remind them of the scenes that took place during those songs in our performance, making the piece memorable.

We decided to create many crosses out of cardboard to hang from lines of string attached to the railings of the balcony around the room to emphasise our intention of showing the oppressive nature of Christianity in the asylums. We also attached news articles of the period about Asylums and pictures taken from within to the two moveable slats that comprised part of our set. At the beginning of our performance these slats are directly in front of the audience and extremely close, forcing them to read

the articles and look at the pictures which were all rather haunting. The most haunting picture in my opinion was taken in an Ohio insane asylum. On 1st December 1979, the patient Margaret Schilling went missing and the asylum did little to search for her. 42 days later she was found locked in a long abandoned wall, completely naked and her clothes folded beside her. Schilling had decayed so much that an imprint of her body was left permanently on the concrete, and this is the subject of the photograph.



### **Personal development and refinement of theatrical skills**

My biggest challenge with this piece was the stamina required. All of Artaud's techniques that we used were extremely physical and intended to drain not only the audience, but the actor as well. As we had very few moments of calm within the piece, we all required a great deal of stamina. My treatment scene towards the beginning of the performance was particularly draining as, after some physical theatre and use of the 'Watering Hole' technique, I then have to act as though I am being electrocuted, cry and scream in pain for an extended period of time. This is not only physically exhausting, but mentally and emotionally exhausting as well, so it took a great deal of practise to build up enough stamina to help me last throughout the whole performance.

### **Comparing final performance with practices of chosen practitioner**

In our performance, we chose a space that had no clear divide between the stage and the audience, with a balcony above the area that we made use of and had the audience on swivelling chairs in the centre of the action as Artaud wrote in both of his manifestos (first manifesto: "We intend to do away with stage and auditorium, replacing them with a kind of single, undivided locale", "Direct contact will

be established between the audience and the show, between actors and audience, from the very fact that the audience is seated in the centre of the action", "the audience seated below, in the middle, on swivelling chairs allowing them to follow the show taking place around them", "In addition, overhead galleries run right around the circumference of the room." Second manifesto: "all possible height and depth sight lines must be used", "By eliminating the stage, shows made up and constructed in this manner will extend over the whole auditorium and will scare the walls from the ground up along slender catwalks, physically enveloping the audience, constantly immersing them in light, imagery, movements and sound.")

In Artaud's *Preface: Theatre and Culture*, it is written that theatre must use all languages, "gesture, words, sound, fire and screams", so we did our best to include each of these in communicating our piece, pinpointing the moments of heightened cruelty, these being the patients' treatment at the hands of authority. In *Preface: Theatre and Culture*, Artaud also wrote "It is difficult, when everything impels us to fall into a sleep, during which we look about us with fixed, attentive eyes, to wake up and to look about as though in a dream, with eyes that no longer know what use they are and whose gaze is turned inwards." We took this to mean that Artaud wanted his dreamlike theatre to cause introspection in the audience, and feedback from our audience confirmed that our performance encouraged them to think about the treatment of the mentally ill - the core of our group's message.

### **Comparing final performance with initial aims and intentions**

Our group's intention was to highlight the poor treatment of patients in insane asylums in the 1960s and how they didn't receive the help they needed as well as to shock the audience so that this message will be memorable. Artaud's Theatre of Cruelty enabled us to achieve the shock and discomfort in the audience we desired as he believed "Neither Humour, Poetry nor Imagination mean anything unless they re-examine man organically through anarchic destruction", which I believe we were able to achieve. Theatre of Cruelty techniques also allowed us to show the treatment of the patients in ways the audience described as "shocking". Audience feedback also confirmed that they all understood the intentions of the piece and took this message on board.

Through my characters Sister Mary and Karen Brown, I aimed to show three things. Firstly the role that religion played in asylums, secondly that these religious people that claimed to want to help patients did not have their best interests at heart and abused their power, and thirdly the pain and torture that autistic people went through due to a lack of understanding of the condition in the past (and even in present day, as is the case with 18 year old Kyle Gibbon who was sent for a six week assessment for his autism and after a few days was sectioned under mental health laws without his parents knowledge and 13 years later is still locked in a maximum security hospital with murderers and rapists, despite committing no crimes himself and the further details of the case are worse than the asylum horror stories we used as inspiration for our piece, which horrified me to the point of tears when I read about it - and there are many others in the exact same situation). I feel that these ideas all came through relatively clearly as the theme of religion as oppression ran throughout, from Sister Mary's violence and poor treatment of patients and through the set, which featured many crosses hanging from the ceiling, looming oppressively over the action and obscuring the light at times.

Audience feedback also showed that the audience felt an extreme amount of sympathy for Karen, although not all of the audience members understood that she was autistic. I had chosen to have this fact implied rather than overt as a response to the fact that even today autistic females often fly under the radar or are misdiagnosed due to their early development of masking techniques, as well as the lack of research into this demographic.

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