UNIVERSITY OF CALIFORNIA SANTA CRUZ

THE COMBINE BLUES

A thesis submitted in partial satisfaction of the requirements for the degree of

MASTER OF ARTS

in

THEATRE ARTS

by

NEIRY ROJO

June 2014

The Thesis of Neiry Rojo is approved:

______________________________
Professor Paul Whitworth, Chair

______________________________
Professor Patty Gallagher

______________________________
Professor Daniel Scheie

______________________________
Professor James Bierman

________________________________________
Tyrus Miller
Vice Provost and Dean of Graduate Studies
Table of Contents

Abstract iv
Dedication & Acknowledgements v
The Project 1
Why *One Flew Over the Cuckoo’s Nest* 2
Concept: Why Psychophysical? 4
Design Concept 9
Casting 10
Process: Challenges and Rewards 11
*The Combine Blues* 20
Creation of the Text 21
The Creative Process 25
In Practice 31
Conclusion 32
Appendix 34
Bibliography 52
The Combine Blues by Neiry Rojo

Abstract:

This study is intended to explore the neurophysiological principle that movement can generate thought and feeling. I am focusing on how an actor might portray mental illness through a psychophysical approach, why physical work is crucial for actors in order to understand a psychological state, and how this influences the performance of mental illness through a work of physical theatre.
This work is dedicated to:

All individuals suffering from a mental illness and all those who work to better the lives of those individuals. To my Tio Tavo: welcome back.

Acknowledgements:

I would like to acknowledge the following professors: Paul Whitworth, Patty Gallagher, Danny Scheie, Jim Bierman, Brandin Baron, and Michael Chemers for their constant dedication to their students.

Lastly, I would like to acknowledge my colleagues Wendy Burr, Daniella Zuccolotto, and Ken Chang for offering their insight, knowledge, and support.
The Project:

This project explores how and where we place ourselves on the spectrum of sanity & insanity as well as how we approach a work on the spectrum of psychological/physical embodiment as performers. As someone who suffers from bouts of depression, I noticed a relationship between the conflict I often feel between my body and brain when I am in a depressive episode and the conflict (or harmony) I sometimes experience as a performer when the psychological and the physical aspects of a character are not merging. Performers carry the responsibility of portraying individual human struggles to society at large. We speak for those that cannot speak and embody metaphors that express the complexity of what it means to be alive in a specific time, place, and state of mind.

During the rehearsal process of *One Flew Over the Cuckoo’s Nest*, it became clear that in order to fully navigate the waters of a psychophysical production dealing with mental illness, I had to delve into the psychophysical acting process myself in order to gain first-hand knowledge of such an approach. Thus, I created and performed an original piece of theater, *The Combine Blues*, that combined all of the elements mentioned above. The text focused on society’s perception of the mentally ill, how that perception perpetrates specific idea of sanity, and the impact it has on the individual. My goal was to re-contextualize *One Flew Over the Cuckoo’s Nest* with real people, through their own words.

Both projects will be discussed in terms of theory and practice. The
physical approach to these projects are different since The Combine Blues was not originally part of my work this year, but was birthed by my work on One Flew Over the Cuckoo’s Nest and my desire to test the theory and challenge myself as a performer.

Why One Flew Over the Cuckoo’s Nest?

There have been many advancements in the world of psychiatry, diagnosis, and the care of the mentally ill. Ethical treatments have replaced practices we now know were unethical (such as the practice of performing frontal lobotomies and electroshock therapy, both popular during the 1940’s through the early 1950’s, and insulin comas which were practice through the 1960’s) but the question remains: in time, will we view the way we currently treat the mentally ill as unethical? We, as a society, believe that with all our advancements we are doing the best we can to treat individuals suffering from a mental illness, but with all the cracks and empty spaces present in a diagnosis it is both easier and more difficult to deal with an illness. It is easier to diagnose people because we now have more knowledge of the working of the human brain than we did in 1962 at the time Ken Kesey’s One Flew Over the Cuckoo’s Nest was published. However, with more specificity come more diagnoses and an increasing number of individuals begin to be categorized as mentally ill. According to the American Psychiatric Association, 1 in 5 Americans “suffer from a diagnosable mental disorder during any given year.” This statistic also holds true for school-aged
children. However, even as the numbers continue to grow, our discussion and openness of the topic does not. We have moved past the point of silence concerning this issue, but the conversation has come to a halt at the categorization of it. We are a nation that discusses mental illness in the general sense, in other words: we have no problem recognizing that it exists and is an issue, but we are not prepared to condense the general into the personal. We “deal” with the idea of mental illness, but we do not deal with mentally ill individuals. We acknowledge that there is a line that separates the sane and the insane, but we don’t know where the line is or where it begins to blur. One Flew Over the Cuckoo’s Nest is my attempt to explore where that line is, who it is created by, and why it has been created.

Dale Wasserman’s adaptation of Mr. Kesey’s novel gives viewers the opportunity to see the relationship of individuals in an insane asylum to one another, to authority figures (representative of society), and to people on the outside. It provides an insight into the effect individuals with power (e.g. Nurse Ratched) hold over the mentally ill and how it affects them. There is a clear hierarchy of power demonstrated between Nurse Ratched, Aides Williams & Warren, Nurse Flinn and the rest of the inmates. Furthermore, we witness how the power dynamic shifts when Nurse Ratched is not present and leaves Aides Warren and Williams alone with the inmates. Ultimately, we learn that although they are controlled and at times mistreated in this ward, some of the inmates are there voluntarily. As Harding, one of the inmates, states, “I’m not committed. As
a matter of fact, there aren’t many on the ward who are” (Wasserman, 55). They were not able to function in society and feel safer in an institution.

In my readings of accounts of madness, which will be touched upon when discussing *The Combine Blues*, I have found that many people state they felt safer in an institution because they had the freedom to finally “be” without worrying about following societal norms. It is crucial to question why we have created a society in which individuals feel they are safer when they are removed from it, than when they are a part of it

**Concept: Why Psychophysical?**

“In the beginning was emotion, but at the beginning of emotion was action.”

Antonio Damasio

In my training as an actor and my education as a theatre practitioner, I have found that I am most engaged and connected to a production that is engaged physically with the material. After being exposed to Pina Bausch’s work as an undergraduate at UC Santa Cruz and taking Physicality for Actors course with Dorothy Cosby-Atkinson, I discovered that I must be intellectually and viscerally stimulating as a performer. In other words, I must strive to portray my feelings, thoughts, or emotions onto my body regardless of the presence or absence of dialogue. This is what I search for as an audience member as well. I must understand the characters’ state of being both physically and psychologically in order to be captivated.
Additionally, I wanted to confront the mind-body dualism of acting approaches present in our training as performers. I believe this parallels how we approach mental illness in this country— we isolate the mind, treating it as a lone element as opposed to treating the entire body. We assume that if we fix the mind, the body will follow. But what happens when we approach a character through physical work not after the psychological analysis, but simultaneously? This was my main focus point.

The separation of mind and body has its philosophical roots in Plato and, is often closely associated with the work of 17th century French philosopher Rene Descartes’ who defined humans “as the union of a thinking soul and an extended, material body that interact causally with each other, i.e., mind and body are two distinct, separate things” (Blair, 25). Too often we mistake Konstantin Stanislavski, the individual regarded as the father of realism in the theatre, as a practitioner whose approach to a character or production was solely psychological. We ignore his later method of physical actions in which he “attempted to overcome what divided ‘mind from body, and knowledge from feeling, analysis from action’” and observed that the actor’s “optimal state of awareness and concentration [was] one in which he ‘reacts not only on his sight and hearing, but on all the rest of his senses. It embraces his mind, his will, his emotions, his body, his memory, and his imagination” (Zarrilli, 13-14). This view, as it turns out, later came to be backed by neuroscientific findings that “by adjusting the body-state, by changing physical behavior, the actor can effect and
change emotion and, hence, feeling... Moreover, the higher the state of emotional arousal, the higher the number of brain systems that are activated to facilitate responsiveness and learning... That is, the more neurochemically engaged you are as an actor, in terms of sensory and imaginative givens, the better able you will be to engage and explore the scene... The connections among emotion, feeling, and memory... Bear out the importance of emotional arousal as key to efficacy” (Blair, 69-70). We approach the work with the incorrect presumption that only once we have psychologically broken a character down can we inhabit them physically -- we assume that logic comes before feeling. We now know this is false.

In *Looking for Spinoza: Joy, Sorrow, and the Feeling Brain*, neuroscientist Antonio Damasio writes that what makes a feeling “deserve the distinctive term feeling and be different from any other thought, [is] the mental representation of the body or of the whole body as operating in a certain manner. Feeling, in the pure and narrow sense of the word, [is] the *idea of the body being in a certain way*” (Damasio, 85). He further states that, “the images that flow in the mind are reflections of the interaction between the organism and the environment, reflections of how the brain's reaction to the environment affects the body, reflections of how the body's adjustments are faring in the unfolding life state.” As a result Damasio concludes that “the mind exists because there is a body to furnish it with contents” (Damasio, 206). This conclusion brings us back to the question at hand: What might it be like, as a performer, to experience the mind of a mentally ill character through the conscious exertion of the actor’s body?
In *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, Damasio states that bodily “responses create an emotional state, and at that point, an external observer can appreciate the emotional engagement of the organism [body] being observed” (Damasio, 79). Humans relate empathetically to other bodies in particular states as if they were in those same positions. This is supported by research on mirror neurons and the Theory of Mind “which explores what we might call empathy or identification, our capacity to understand others- real or fictional-, by running cognitive simulations that allow us to pretend to be in their situation, in order to project their possible responses and actions” (Blair, 79). Richard Kemp, professor of acting and directing at Indiana University of Pennsylvania, expands on this subject in his book *Embodied Acting*, “we are able to reason about the actions and emotions of others at a conscious level, when we choose to, but [Vittorio] Gallese argues that mirror neuron system responses occur without any reflective mediation, without passing through the phase of conscious cognition. Thus, to a certain degree, we are actually experiencing the actions and emotions of others as we watch them” (Kemp, 141). This explains why we wince as we see others fall, twist a limb, or be physically attacked. Additionally, what one witnesses does not have to be an event happening to a body, but simply the state of a body. Therefore, I found a psychophysical approach in which the bodies in space were to create very clear pictures the right approach for my production of *One Flew Over the Cuckoo’s Nest*. In order to close the gap between individuals with a mental illness and those
without, I had to create a production in which the audience could relate to the bodies in space, regardless of their personal understanding of a specific mental illness. I wanted to be very clear, with the way the bodies were used in the space about what the overall narrative and each character’s story was, what their relationship was to each other and what they were feeling, so that even if there was no text, the story could exist and be vibrant on the stage.

My physical training as a performer has consisted mostly of theatre practitioners Anne Bogart and Tina Landau’s Viewpoints and Vsevolod Meyerhold’s Biomechanics. Viewpoints training “allows untamed feeling to arise from the actual physical, verbal and imaginative situation in which actors find themselves together” (Bogart & Landau, 16). Since this is in line with the theory Damasio describes above, it was the perfect starting point. Viewpoints is a “philosophy translated into a technique for (1) training performers; (2) building ensemble; and (3) creating movement for the stage” (Bogart & Landau, 7). There are physical and vocal viewpoints. I focused on physical viewpoints, such as kinesthetic response, repetition, shape, gesture, rhythm, duration, and composition.

The building blocks of Biomechanics are otkaz, posil, and stoika (preparation, action, and endpoint). In other words, there is a beginning middle and end to every action, moment, scene, and act (Pitches, 115). The training focuses on balance, precision, economy of movement, expressiveness,
playfulness, and the grotesque. In Biomechanics, the grotesque refers to a genre of surprise, it breeds discomfort through contradiction by “mixing opposites, celebrat[ing] incongruities, challeng[ing] our perceptions, and stretches the natural to the extent that it becomes unnatural or stylized (Pitches, 61).

**Design Concept**

“Under the hypnotic power of modern materialism, actors are even inclined to neglect the boundary which must separate everyday life from that of the stage [...] They are perilously prone to forget that the real task of the creative artist is not merely to copy the outer appearance of life, but to interpret life in all its facets and profoundness, to show what is behind the phenomena of life, to let the spectator look beyond life’s surfaces and meanings.” -Michael Chekhov

**Set & Props:**

While my focus on this production was on the physicality of the bodies on stage, I also wanted to create a very specific world. I wanted a general sense of deterioration and claustrophobia. The ward had to look and feel like a forgotten space where forgotten people live. All the props were to be worn, old, maybe falling apart, or objects that passed for something other than what they were to parallel individuals passing for something other than what they are in society.

**Costumes:**

For the patients, I was inspired by muted, pastel colors and soft, easy to
drape and light fabrics; elements that could be easily molded or manipulated to become something else to represent their vulnerability. For the Staff I was initially inspired by very dark, heavy, structured garments and harsh lines. I wanted them to seem sterile, cold, and lacking empathy with a de-feminized and masculine energy. Lastly, I wanted their eyes to be covered so that their interaction with the patients became dehumanizing. The costume designer, Ellen Howes, and I accomplished this by using dark, reflective sunglasses.

**Casting**

This play calls for 13 males and 4 females. All of the eight inmates are men. The only women are characters with control Nurse Ratched and Nurse Flinn (who aspires to be like Nurse Ratched) and those from the outside world, Candy Starr and her friend Sandy. I made the decision to cast the best actors for the roles, regardless of gender. Depicting the characters’ stories, struggles, and joys was my main priority and took precedence over casting actors of the same sex as the characters.

Aides Warren and Williams were double-cast in order to demonstrate that who is sane and who is insane is a matter of perception. As Dr. Spivey states, “society decides who is sane and who isn’t” (Wasserman, 23). By having a staff member of the ward appear to have two separate personalities or a voice other than his own that spoke to him, I was hoping to offer commentary that labels of “sane” or “insane” are often incorrect.
Process: Challenges and Rewards

“Merely discussing the character, analyzing it mentally, cannot produce [the] desired effect, because your reasoning mind, however skillful it may be, is apt to leave you cold and passive, whereas the imaginary body has the power to appeal directly to your will and feelings” - Merlin Donald (Kemp, 123).

The actors were asked to keep detailed journals of their experience with Viewpoints, Biomechanics, and their personal experience of exploring their characters. The expected outcome was that they would feel a deeper understanding of their characters, that they would discover something about their mind/body connection and gain a clearer understanding of what it means to approach a work through a combined focus on the psychological and physical aspects of a character/production. The actual outcome was quite different. The first week of the rehearsal period was spent on table-work and the following two were used for Viewpoints and Biomechanics. Some actors experienced a disconnect because they felt the bulk of the work should have been psychological. Some of the responses to the work, in the actors’ own words, are the following:

“We did biomechanics exercises and walking-around-the-space-in-exotic-ways stuff today. To be honest, I’m losing sight of what these exercises are made to accomplish. I guess that [they] are supposed to teach you to make conscious decisions about your movements and explore different ways to move. I just don’t find it helpful because I see my character as someone that’s pretty rigid, [she’s] not going to bust into some gremlin wall...

Maybe I’m fighting it in my head because I was brought up with “old school” theatre, where you go to rehearsal, block, talk to the director about
the scene and your role in it, and create a unified ensemble by coming together under a common understanding of the vision and the goals set by it. I’m not used to this new-age stuff. I’m still trying to understand how it will affect my performance. I’m trying to stay optimistic... but my natural instinctive reaction to it is dismissive.”

I find these statements telling of our current state of mind/body dualism approach to training that the actress did not find the exercises helpful because she had already made a decision of how her character moved. This is in direct contrast to the purpose of this work: “Viewpoints relieves the pressure to have to invent by yourself, to generate all alone... It helps us trust in letting something occur onstage, rather than making it occur... It frees us from the statement: ‘My character would never do that’” (Bogart & Landau, 19). This was frustrating as a director because when an actor purposefully throws away a note or does it with the intent to fail, it eliminates the possibility of finding the subtleties of a character or scene. At the end of training, however, she expressed “I now get that it is supposed to teach you to be deliberate in the way you move and the choices you make.” While she was not able to connect with the work, she ultimately understood the purpose of it.

Responses from another actor:

“This rehearsal was dedicated to a physicality workshop. We experimented with many different movement strategies, levels, and tempos. I found some of these exercises tedious throughout rehearsal, but I was able to experiment with some interesting movement methods which will be helpful...

These days were again devoted to physicality work. I found these workshops to be frustrating because I want to get into working with the script already. I feel like I am not gaining much more from these exercises
anymore without engaging with the script.”

Again, Anne Bogart and Tina Landau express that Viewpoints “helps us recognize the limitations we impose on ourselves and our art by habitually submitting to a presumed absolute authority, be it the text, the director, the teacher” (Bogart & Landau, 19). Many of the actors felt they were lost without their scripts. They saw it as a safety net and did not feel they needed to gain awareness of their bodies, to learn their abilities and limitations. It is my understanding that instead of seeing the time we spent working on Viewpoints and Biomechanics as an opportunity to widen their scope of choices, gain freedom, and “no longer [be] bound by unconsciousness” a few saw it as work that was interesting, but not essential. Furthermore, all actors ceased keeping a journal when blocking started because, in their eyes they “had finally started working on the show.” With a script in hand, they were safe.

One actress was very receptive to the physicality work and her character work demonstrated that. She wrote,

“The intense expressive gestures exercise [was] interesting; it definitely made me open up to my character, especially [name redacted]. Her backstory mixed with the physicality really helped me a lot on discovering my character. It made me realize how crazy [she] could be... We also started working on biomechanics which was cool because I have never done that. It was a little confusing at first, but eventually I got the hang of it.”

The most interesting response, however, came from a cast member who divulged that she is bipolar and had been institutionalized. Referring to an exercise that consisted of the actors being interviewed as their characters in their
character bodies, she wrote:

“I found this exercise to be fun and useful for getting into character. [It] was very helpful for me in the way that it made me gain an understanding of my character and his intentions. I felt a transcending experience like I really was [my character]. I felt his joy, excitement, pain, and desire to be free…

It was exciting to use [isolations] when I was in character. It really helped me to let go and play. Using blocks and other props made the images that were created more interesting and dynamic. At the end of the exercise we were saying the poem and I got on a block and so did Harding. I felt a strong connection with him, like he knew what I was feeling as [my character].”

This actress seemed to get the most out of the psychophysical approach. Whether or not it had anything to do with the fact that she has a mental illness, I do not know, but it does provide a certain insight that connecting with her body and finding a separate body for her character made something click. It joined the character’s mind and body for her.

Towards the end of our work with physicality training, my colleague Wendy Burr led an hour of physical exercises and activities. This was done to see if the same information would hit them differently if it came from a person other than me. Ms. Burr led a plastiques exercise from work she did while studying at University of Kent in Canterbury, England. The plastiques exercise comes from theatre practitioner Jerzy Grotowski, a proponent of psychophysical training for actors. This exercise consists of two individuals partnering up. Partner B stands in a neutral position with an equal amount of weight distributed and balanced in the feet, knees slightly bent, tail bone tucked in, solar plexus engaged, arms by the sides of the body, and gaze
straight ahead. Partner A picks a certain part of the body and, without touching Partner B, “pulls” as if there is a string growing out of that body part that Partner is holding between the index finger and the thumb. Partner B isolates this body part and lets Partner A move them about the space. The partnership is like that of a puppeteer and a puppet. During this exercise, it became evident to me that this movement represented the relationship between Nurse Ratched and the inmates. As a result it became the repeatable behavioral gesture we used to demonstrate the power dynamic between them. This was extremely effective and became one of the signatures of the production. For this, I am grateful to Ms. Burr and her brief time with the cast.

Ms. Burr was called in to the rehearsal space due to the fact that three of the cast members had begun to dismiss the physical work we were doing. When one actor is not engaged during the rehearsal space, it creates a ripple that impacts the entire ensemble. I found myself having to be stricter than I prefer to be. It was my responsibility to create a work space that nurtures creativity, trust in impulse, and camaraderie. However, that was not the atmosphere that was fostered during the third week of rehearsal. This was furthered by the comments of a colleague who observed rehearsal and noted that I was not “asserting my power.” While my colleague was attempting to be helpful, the comments made me doubt my approach to directing. I worried I was too lax, and thus became more strict. I understand now that I should not have allowed those comments to inspire doubt. In doubting my abilities I changed my approach and saw detrimental results. After
three such rehearsal sessions, I engaged my cast in a discussion about our work and its importance. Following this discussion, we were able to move forward and work through the challenges together. I am grateful for having gone through that difficult rehearsal time, because I now know that harsh enforcement is not compatible with my directing style; an open and honest dialogue does.

Blocking for a scene usually began and ended in the same way: it would begin by me instructing them that this was their time to do whatever felt right, to move around the space when they felt the impulse to move, to change levels if they felt a shift in power dynamics, play with spatial awareness and kinesthetic response. Inevitably, it would end with me creating a sort of choreography for the scene. We experimented with rhythm and tempo a lot, as well as with behavioral and expressive gestures that were built in to the show at very specific moments and only for a specific amount of time. Chief Bromden’s character had many scenes in which he spoke by himself. Given that I chose to keep the other actors on stage during these moments, they would perform expressive gestures for “regret” or “fear” at a slow tempo while setting up for the following scene while Chief Bromden performed his monologue under a spotlight.

Randle McMurphy was often on a higher level than the rest of the inmates. One particular instance, after the first group meeting in which he confronts Harding and the rest of the inmates as to why they do not defend themselves, Harding psychoanalysis him. During this scene the actor playing McMurphy was
standing atop a large actor’s block while the inmates circled him slowly and sized him up. He was the newbie, and as such he would be put on display and investigated.

The character of Ruckly was the most interesting, challenging, and rewarding to explore. Having undergone a lobotomy, Ruckly is catatonic. He is described as having a “slack body, empty eyes” (Wasserman, 68). The actress was having difficulty finding a walk for her character, so we dedicated an hour of one-on-one rehearsal time to find the walk, the posture, the mask, and the essence of the body since she would have to descend to the floor, sit, lie down, and be on all fours for long periods of time. Ruckly’s character was not allowed to move without the aid of the other inmates. By the time blocking began, the cast had become so close and aware of each other and their tempos that they accomplished the task mainly through nonverbal communication. The other characters included Ruckly in the happenings of the ward by moving his body to an inclusive position in the space. In the script, during the mock-matr

Harding “(Mounts a chair as BILLY and CANDY link hands before him and the GROUP forms up in rough semblance of a wedding.) Mac, would you bring Ruckly? We need a centerpiece. (McMURPHY brings RUCKLY, arranges him in a crucifixion pose)” (Wasserman, 74-75).

I was inspired by this exchange to have the inmates physically engage with Ruckly in the same manner throughout the play. In the first group meeting, for example, Harding fetches Ruckly from his position atop a horizontal beam,
gently pushes him toward the group meeting taking place stage left, meets him on the other side, stops him, and leans on him as if he were a post. In the second group meeting, the character Scanlon is using Ruckly as a table on which he sets his box containing his “bomb-building” materials. In the opening of Act II, we see Ruckly standing atop a large actor block, wearing an ill-fitting helmet, and his arms positioned out in front of him as a basketball hoop. He was reduced to human furniture. My goal with Ruckly was not to use him as a prop, but to demonstrate with Ruckly the ways we, in society, treat the mentally ill. I perceive Ruckly to be one of the most compelling characters because he is forced to communicate everything—his story, opinions, desires and fears, through three simple words “Fuck ‘em all.” He is the cautionary tale, the sacrificial lamb.

It was not until dress rehearsal that the actors began to get more specific with their gestures, the quality of their movements, their character bodies, and their relation to each other. Perhaps this was due to the fact that there was a large number of bodies on stage at all times, (usually no fewer than nine) and the actors wanted to be sure of their role in the dynamic of each scene or because the character’s bodies and the rhythm of the production had not yet been set in their neural pathways. Whatever the reason, the production was enriched by details the actors added to their movements during the week prior to opening night. I saw a willingness to try new things in the actors that had not been there before. I was privileged enough to witness some actors shift from disengagement with and, distrust of their bodies, to fully embodied actors that had learned that an impulse
that is born in their body could always be trusted. In the words of one of the actors, “[t]he training was difficult. We did a lot of physical training, and it was challenging and not always enjoyable. But in the end, it gave us a freedom to try different things. We knew we could go onstage and try anything, because you allowed us to.”

Overall I believe this production was a success in that it created a dialogue around mental illness, and resonated with audience members. Many individuals verbally expressed their gratitude to me for having put on this production and said they felt deeply moved. Some audience members who suffer from a mental illness firsthand or have a loved one with a mental illness, communicated that they felt the subject matter was dealt with in a powerful and empathetic manner. A few of my actors, though initially resistant to the non-naturalistic, physical approach to the production, later stated that they “discovered that the physicality practice definitely paid off because we implemented much of what we did in those workshops into the play. Training for those two weeks did take up a lot of rehearsal time, but it was still helpful for our character building. It also helped us build a strong cast bond. This is the closest I have ever been to a cast before [...] overall great experience.” I believe one of the reasons this cast became so close was because of the nature of the work. As discussed in Concept: Why Psychophysical?, neurological findings show that humans relate empathetically to others by mirroring their actions and emotions. “Philosopher Robert Gordon was the first to propose that we simulate the mental states of others in order to
understand their behavior, or to predict their decision-making… Gordon’s proposal would mean that one imaginatively places oneself in another’s situation in order to understand them” (Kemp, 140). Vittorio Gallese, one of the neurophysiologists who discovered mirror neurons states, “When [one] see[s] a goal-directed motor act, not only the visual part of [one’s] brain is stimulated, but also a part of the motor brain… The motor strip is activated not only when we act, but when we see other individuals acting… the same mirroring mechanism is applied to other domains of social cognition, emotions and sensations” (Kemp, 109). Because the actors saw themselves in states of distress, joy, confusion, frustration, and saw it represented in their body, I believe they were able to relate to each other quicker and at a deeper level than on a production in which the main emphasis is that of a psychological approach. Lastly, I believe this is why it was so crucial to perform this play with an emphasis on the body- if the viewer could consciously or unconsciously relate to the bodies on stage, the same areas of their brain would be activated as if they themselves were in the same position as the actors. In order to move forward as a society in accepting individuals who suffer from mental illness, we must expose ourselves to their presence, however disturbing or difficult it may be. We do not do the insane a favor by locking them away; we do the sane a disfavor by eliminating the possibility of relating to them as humans and thus see them as an “other” that exist separately from mentally healthy people.

The Combine Blues
In my work as a director for *One Flew Over the Cuckoo’s Nest* I became privy to the fact that the information that was coming my way, was secondary. In order to analyze practice as research, I had to practice it *myself*. Before the rehearsal process for the production began, I slipped into a depressive episode that severely impacted my ability to work. Not having had an episode of such severity in 9 years, I feared that if I communicated this to my peers or professors, I would be seen solely in the light of the mental state I was in *in that moment in time*. I was afraid that the quality of my work, my drive, and my work ethic would be called into question. What I wanted most of all was to work and to create, but those were the very things I could not do. I could show up, but I could not make my brain and my body agree to carry out a shared goal. I then realized that if my goal with *One Flew Over the Cuckoo’s Nest* was to begin a dialogue and to initiate the process of recognizing the individual in relation to a mental illness, I had to take the first step myself. I had to put myself in the work instead of expecting it to speak for me. This was the seed for what became *The Combine Blues*.

**Creation of the Text**

In my desire to make this work more personal and nearer to the Santa Cruz community, I decided to create a piece that re-contextualized *One Flew Over the Cuckoo’s Nest*. My goal was to join the past and the present in order to demonstrate that we are still dealing with the same issues and will continue to
deal with these issues. Mental illness will always exist, but our ability to understand and treat it can continually improve. In order to get first-hand accounts of madness from living individuals, I created a questionnaire that people would respond to anonymously. The following are a few of the questions included:

“1. What type of mental illness have you been diagnosed with? If you have not yet been officially diagnosed, what do you feel you suffer with? (Ex: depression, anxiety, panic attacks, paranoia, etc.)
2. If you could explain to people what it feels like to live with this, what would you say? What is a typical day like? Furthermore, what would your ideal day look like?
3. Does your mental illness interrupt your everyday life? How so?
4. Is it difficult for you to connect with people? In what way?”

In total, I received fifteen responses to the questionnaire, two of which made it into the final script of “The Combine Blues.” The two mental illnesses discussed were depression and psychopathy.

The other four accounts of mental illness used in The Combine Blues were found in The Inner World of Mental Illness, edited by Bert Kaplan, and Minds that Came Back, by Walter C. Alvarez, M.D.. While there were many fascinating and enlightening accounts, the accounts that were chosen had to have an element of theatricality.

Lara Jefferson, whose story has been included in all the texts I consulted regarding first-person accounts of madness, wrote an extremely detailed and vivid account of her madness. On going insane, she wrote, “there came to me a feeling of rest and freedom, as I floated on the current of my thoughts without any of the old struggle to keep my thinking in the channels I had been taught were right! So I
let my thoughts run wild and free. All the things I had striven for, during a lifetime of fierce wanting, fell so far away from I did not know I had ever suffered disappointment- or unrest- or fear” (Alvarez, 48). These comments are important because it reinforces the idea that all humans have the ability to go insane and part of the problem is the inability to reach the expectations and standards one feels society has set. Thus, I found Lara’s story to be the most fitting for the narrator of *The Combine Blues*.

Of all the characters, Robert was the most disjointed but one of the most important to showcase. His story was contributed by his doctor, Dr. E. Robert Sinnett, in Kaplan’s *The Inner World of Mental Illness*. His account is one of the few that are not reflective. It was written not after an episode of madness, but in the midst of it. It is “not an account of the experience of psychosis,” writes Dr. Sinnett, “but consists rather of the psychotic thought processes themselves” (Kaplan, 185). The patient was a “white male in his twenties,” who began writing “spontaneously at the onset of a period of profound disturbance and disorganization […] The period of extreme disturbance lasted approximately two weeks and he ceased his journal spontaneously at the end of this episode” (Kaplan, 186). The patient, who is referred to in *The Combine Blues* as Robert, was diagnosed as schizophrenic. It was my aim to represent individuals across the spectrum of mental illness; from those who suffer from depression to schizophrenics, psychopaths, and hallucinations.

As previously stated, two of the characters were created from responses to
a survey I created. Character 3, a depressive person, and 15, an individual diagnosed with antisocial personality disorder whom identifies himself as a psychopath were used because they provided a clear explanation of their experiences. 3 provided a metaphor through which any individual, sane or not, could understand the workings of his/her own brain. While 3 did not clearly identify in his/her responses, I chose to portray the individual as a male. This was due to the fact that I wanted to equally represent both male and female narratives and in my belief that mental illness does not attack gender- it simply attacks. 15 identified as a male as well. Although the survey was anonymous, 15 chose to identify himself in responding to question five. If I wanted more information, he said, he could provide it. While I was grateful to have an account of psychopathy, having a respondent identify himself was problematic to my process. Ultimately, I chose to use this account because I believed it necessary to represent an illness we often hear so little about from a first-hand experience. However, my creative process was deeply affected by it. In the future, I would not include this account because I found myself to be uncomfortable with the idea of possibly performing this piece in front of said individual. I would not want my work to be seen as an imitation or mockery of an individual, but cannot trust that it will be seen as a character created independently of my knowledge of the respondent’s physical traits and characteristics.

While the script underwent various revisions, the final version tells the story of 6 individuals (Lara, Cecil, 3, Robert, Mary, and 15) suffering from a
mental illness, using the group therapy format from *One Flew Over the Cuckoo’s Nest*. The seventh character in the piece, Combine, represents the voice of society. All dialogue that did not come directly from an individual with a mental illness came from *One Flew Over the Cuckoo’s Nest*. In the end, what we see is Lara experiencing a delusion of Shakespeare whom writes characters who live in the psychiatric ward in Lara’s head. A group therapy session which parallels the sessions in Wasserman’s play takes place. Lara’s awareness of her madness and ability to remove herself from the situation provides a unique insight.

**The Creative Process**

Before the rehearsal period began, I made the choice to approach these characters based solely on physical work. Because I had answers to personal questions that allowed me unparalleled insight as to their psychological state, I decided to focus on the physical embodiment of these characters. In order to understand the psychological state of these individuals I created a physical blueprint of my understanding of their described emotional state. What would happen to me, the actor, once I adopted these characters’ perceived physical bodies? What kind of emotional response would I have? Would my understanding of their mental states be heightened or disabled? Empathetically, where would I stand in relation to the character I was portraying? How would my adoption of their body schema affect that of my own? Thus, my co-director Wendy Burr and I approached the work with these questions in mind. We did not discuss intentions, objectives, super-objectives, etc. All the psychological information needed had
been provided already.

**Yoga**

In preparing for the physical embodiment of these characters, I sought to establish an active stillness in my neutral body. In order to achieve this I committed to a daily yoga practice. As actor/director and Professor at Exeter University, England, Phillip Zarrilli states, “daily repetition allows the actor time to explore ever-subtler dimensions of the body, the mind, and their relationship-in-action” (Zarrilli, 29). The purpose of this work is to enhance the consciousness of the body, perception, and the senses. Through this work, the “practitioner begins a process of exploring the subtleties of the relationship between the physical and mental/cognitive/perceptual elements woven simultaneously together and at play in embodied work” (Zarrilli, 29). My focus was on the breath, gaze, and active engagement of the entire body even while at rest. My findings were that, as in my daily yoga practice, my breathing in performance is often shallow and restrictive. In my previous work as an actor, I have noted that instead of seeing the breath as a tool through which to regenerate the body and the mind, to join the two together, I unconsciously view it as an interruption. I put off having to take a breath until I am out of breath, which leads to an actual interruption of work. I experience an abrupt separation from the character I am portraying while I attempt to control my breath again. Yoga taught me to breathe through the difficult periods and to use the breath as a signifier of a new phase or cycle.
Additionally, I noticed that in my yoga practice my gaze is frequently limited. My gaze is often forward, but slightly tilted downward and therefore limiting to my range of sight and peripheral vision. I find this parallels my presence onstage. This is not the case at all times, but it happens often enough that I view it as a barrier I need to break through in order to be a more inclusive performer. If my presence is limited to approximately three feet around me, I will only reach a small number of individuals. I refer to this as exclusive versus inclusive acting. When my awareness of the space around me is condensed to the immediate objects surrounding my physical body, that is the extent to which my performance will reach. However, if I expand my gaze to my surroundings, I feel my presence expanding as well. Instantly, I begin to include the viewer into the world of the character I am portraying. When my gaze in my yoga practice is limited, so is my practice; when it is expanded, my practice becomes whole and universal. This is what I aim for in performance.

Physical Blueprints

In keeping with my theory that all individuals can empathize with mentally ill individuals, regardless of one’s personal mental health record, due to shared basic human emotions, I was inspired by acclaimed psychologist Paul Ekman and his extensive research on facial expressions and emotions. He and his team of researchers have identified seven basic human emotions: happiness, sadness, fear, anger, disgust, contempt, and surprise (Kemp, 169). Unlike Ekman,
however, my work in learning about Facial Expressions of Emotion and his Facial Action Coding System, was not to identify what emotions others were experiencing, but to use those expressions as an actor and see how my character portrayal was affected by it. As Kemp notes in *Embodied Acting*, Ekman’s “specificity of description allows the actor to practice the generation of emotion through voluntary muscular activity in each configuration” (Kemp, 169). Additionally, “physical adjustments lead to shifting emotional and feeling states; these demonstrate that changing the body-states changes the feeling-state” (Blair, 69).

In terms of the rest of the body, I was inspired by reading about Rudolf Laban’s basic effort actions in *Embodied Acting*. Basic effort actions are:

A) Weight: firm or gentle.

B) Time: sudden or sustained.

C) Space: direct or flexible.

In approaching these characters, I often felt physical impulses to move a certain way as their emotions represented themselves in my body. Mary MacLane’s character body, for example, presented itself as a combination of flexible, sustained, and gentle movement dominated by spherical shapes and a suspended, floating quality. I approached a very simple version of his method of movement. I would consider my exploration of character embodiment using his
principles as novice-level. It was used because it provided a method, other than Viewpoints and Biomechanics, through which to access and experiment with movement.

A few examples of how I adopted this work are the following:

Cecil: in reading Mary Cecil’s account found in *The Inner World of Mental Illness*, I sensed a combination of fear, sadness, joy (she demonstrated a sense of humor in her writings) and pride. I also perceived her to be a nervous individual and thus built her physicality around these observations. Her facial expressions were dominated by eyebrows that were turned upwards towards the center and downwards in the outer edges, lower eyelids tensed, and lips slightly parted and, at times, stretched laterally. The gaze was often shifting from the floor to an eye-level focal point, accompanied by frequent blinking, and the chin slightly lowered so that the gaze would come from under the brows. In terms of the body, I worked with sudden, gentle, and a combination of direct and flexible movement, mostly focused on the use of the hands when speaking.

Robert: in reading Robert’s writing in the midst of a schizophrenic episode, I was overwhelmed by the pulling of various forces that he described to be occurring inside his mind and body. In attempting to replicate this in his character body, I experimented with a high amount of tension in the limbs and fingers. I searched for opposition in energy and found it in the following body: left arm across the chest with left wrist stretched back, right arm hanging by the
right side of the body, right wrist curled in, right foot bent so that the sole of the foot became parallel with the wall on the right side of the space, head rolled to the right, neck muscles engaged, and chin directed upward while the right side of the face sunk in the direction of the floor. Adjusting Robert’s character face to allow for the addition of Ekman’s work on facial emotions was difficult, but though the adjustments might not have been visible to the viewer, they greatly changed the way his character body felt. The emotional facial expressions assigned to him most often were that of fear, anger, and sadness. This meant a furrowing of the brow, upper eyelids pushing against the lowered brows, chin pushed forward, and nostrils raised.

15: a very contained, collected, and aware individual. Every expression, gesture, and inflection of tone was with a purpose. He consciously adopted non-threatening body cues such as open availability of the pelvis, the palms, and the face. His responses inspired a slow, sustained, flexible and gentle quality of movement. While his hands are in his pockets often (to convey safety to others), when they are out, the palms are facing outward, toward the individual he is speaking to. His face is open with the corners of the mouth slightly raised, the outer upper areas of the cheeks moved outwards and upwards to convey joy. However, there is no visible activation of the corner of the eyes (crow’s feet). This is a signifier of authentic joy, not a chosen, conscious expression of an individual attempting to seem non-threatening.
In Practice:

I found this method of approaching a performance to be key to allowing me, as an actor, to better embody the psychological state of a character. Although there were no conscious intentions or objectives identified, my body language was clearly intentional. As a performer I felt an easier transition into both the physical and psychological state of a character through this approach. My emotional body responded to my physical body, but did not overtake it. I felt I was able to access “emotions,” but still maintain a clear separation of actor and character. In short, my embodiment was more controlled than in prior work. Furthermore, Ms. Burr’s constant reminder to use the breath as an aid to transition into different character bodies helped the process tremendously. I felt calmer, more energetic, and present in the performance. This is a huge learning experience for me as an actor, because it is something I have struggled with in the past. One of my goals was to work on being active in stillness, and while I did feel I made progress, it is something I need to continue to work on. I note that I am more available to active stillness when embodying characters whose bodies are very different to mine. Robert, for example, was easier to access than 15. Lastly, my work with expanding my gaze could continue to be improved as well. Granted, many of the characters themselves had narrow, exclusionary gazes, but there were clear instances when I could have brought the gaze upward and outward to better include the audience to communicate the character’s emotional and psychological state more effectively.
Embodying the characters in such a way affected me psychologically while performing them. While playing Robert I felt helpless, conflicted, lost, overwhelmed and alone. I felt my body was not big enough to contain the emotions arising within me. With 15, I felt collected, calm, patient, and available. The character who affected me the most was Cecil. In her body I felt insecure, small, and insignificant. I also felt defiant, as if no matter how many times I was knocked down, I would continue to get back up.

Conclusion

In sum, I found that in using a psychophysical approach to both directing and acting provides an artist and the audience the opportunity to be affected both intellectually and viscerally to the happenings on stage. I do not rally for purely non-naturalistic productions. I believe One Flew Over the Cuckoo’s Nest was an even mix of naturalistic and non-naturalistic elements. There were specific moments on stage, such as Nurse Ratched’s pulling of the inmates with an invisible string, some scene transitions, and Chief Bromden’s monologues that were clearly non-naturalistic. The shift was used to highlight the fluctuation between sanity and insanity occurring in the characters and, as Biomechanics is intended to do, it stretched the natural to the extent that it became unnatural. I both gained insight to the actor’s process and was deeply satisfied with the way the physicality training was present in the work shown to audience members.

The Combine Blues was a one woman piece, but it did not aim to be either
naturalistic or non-naturalistic. I endeavored to approach a piece in a different physical manner than I have before (i.e. not using Biomechanics or Viewpoints). Through working with Paul Ekman’s Facial Action Coding System and Rudolf Laban’s physical efforts, I gained insight to and knowledge of an approach that greatly benefited me and strengthened my connection to my body and mind as a performer. I see myself using this research and methodology in future projects because it has deeply changed the way I approach understanding the psychological state of a character.
Appendix:

Questionnaire:

These questions are meant to provide a guide for your written account. Feel free to respond to all or a select few. Again, by submitting an account you agree to it being used directly or indirectly in a theater piece/performance (your account may be paraphrased or quoted verbatim).

1. What type of mental illness have you been diagnosed with? If you have not yet been officially diagnosed, what do you feel you suffer with? (Ex: depression, anxiety, panic attacks, paranoia, etc.)

2. If you could explain to people what it feels like to live with this, what would you say? What is a typical day like? Furthermore, what would your ideal day look like?

3. Does your mental illness interrupt your everyday life? How so?

4. Is it difficult for you to connect with people? In what way?

5. In medical literature, times in which an individual has been severely affected by their illness are referred to as episodes. Please describe what your worst episode has been like. What triggered it? How long did it take for it to subside? Did you take an active part in your ‘recovery’? (I am using ‘recovery’ to describe the process through which you arrived back to your neutral state, whatever ‘neutral’ means to you)

6. How do you perceive yourself? How do you feel others perceive you?

7. Do you have a significant other? How has this impacted your relationship?
If you are not in a relationship, how has this mental illness affected your ability to have/maintain one?

8. If you are a student, how has this illness affected your educational experience?

9. Have you sought help? If so, do you feel your efforts were successful? If not, why?

10. If you personally do not have a mental illness, but have been affected by someone close to you who does, what has that experience been like?

   If you would like to provide any information that is not listed, feel free to do so.
The nurse just now picked up one of the sheets I have written. She read it-looked at me oddly- and asked what in the hell I thought I was doing. And because she expected an answer in keeping with my strange occupation- I did not have the heart to disappoint her. So I gave her an answer that fitted. I told her I was Shakespeare, the reincarnation of Shakespeare trying to sidestep a strait-jacket. (I’ll admit that I feel queer enough to be the reincarnation of something but I doubt if Shakespeare would claim me.) But hurray! She came back down the aisle with a whole ream of paper and said to me: “Go to it, Shakespeare.”

Verily, verily, Shakespeare, I had no idea you could be called from your quiet English grave with so little effort. In my present predicament, I know of no one who could be quite such a fortunate choice for a delusion of grandeur. So welcome! I hope you will be as pleased with the arrangement as I am. Poor fellow, this is surely a come-down from your former position.

Perhaps this is penance-expiation- an atonement you must make for filling so many pages of drama in your former existence with madmen.

But you did not choose me- I chose you- and you should not mind it- for here is an endless array of the theme you like best. And offering no disrespect to your very great genius- I am willing to wager that you will not find madness so intriguing when you have to be a mad person yourself- and have only those of your like to live with.

Combine
Such a lot to get done. Nevermind, we’d best get started, hadn’t we?

Medication. All patients to the Day Room. Medication.

(Walk to chair, grab glass of water, drink, sit down.)

Cecil

What’s going on?

15

Group Therapy. Every day this time.

Combine

Now, then, would anyone like to begin?

3

I guh-guess I ought to talk about this.

Living with depression is like having to perform every action through the surliest printer ever. To clarify: imagine every action you want to take is a document you have to print. Printers are finicky pieces of shit on the best of days. And this one is a real stinker.

Every time you want to do something -- ESPECIALLY things that require you to leave your room -- you have to run it through this fucking printer. You have to turn the printer on and wait until it decides it wants to recognize your computer. You have to try to print the thing, sometimes several times. You have to connect it to wifi. You have to connect it using a cable. Finally, you MIGHT get the damn thing printed, if you're lucky. Or it might come out and the paper got all crunched up. Or the ink is smudged. Or only half of it is there. Or the ink ran out. And you went through all that trouble, and now guess what? The lousy thing didn't even print. Your brain is this
lousy fucking printer and all it spat out at you was this lousy fucking half-printed sheet of garbage and you went through all that effort ...You put in all this work just to fucking EXIST and the world keeps telling you: out of ink.

**Combine**

You really ought to face it, you know.

3

What for?

**Robert**

Because God help those’s who help them self.

Doctor help me to slow down a be content whe ever I am at. Help me to slow down and think Mental Illness is a emotion the person can not under why he did some things he or she did or craved and could not understand But with God help an a doctors help they can become well and never will be sick again.

Lonelies boy on capitol hill Story sure hits me as I feel so loney with without my love Jim I am here to try and change my love emotion from men to wemen.

**Mary**

I’ll b-bet he’s afraid.

**Robert**

Not afraid!

**Mary**

Okay, scared!

**Robert**

It might be fair to say… intimidated.
Same thing.

Cecil

Leave the guy alone.

Combine

We are trying to help you.

Robert

I can’t do what I feel I am esposto to.

Red- stop amber-caution purple-be on lookout Green-go ahead with what you are doing God help us to take advice from other people and show them we can take being talked about and not get mad or lose you temper. A schizoid person is a person who has has two typ’s of forse’s going on an unable to make up his mind. In a hospital we feel we are protected from other peoples ideal and feel we are very secure. A good salesman uses Psychology.

Combine

I am interested in this statement… Well? What about that?

Robert

May I stay on 3-A till I leave the hospital I feel I need other people around me to get me forget Jim.

Combine

The important thing is to let nothing fester inside you. Talk! Discuss! Confess!

Robert

I used to love Jim so much I enjoyed kiss any part of his body.
Mary

Wouldn’t it be a lot easier if you was to just come out and admit you’re a faggot?

Robert

Doctor may I go home and take my medisson and come out here in the day time. This is a ward where the people on it cann’t make up there mind.

Combine

You see, we operate on the principle of the Therapeutic Community. That means that this ward is society in miniature, and since society decides who is sane and who isn’t, you must measure up.

Robert

I’ve started to make up my own mind here this last year. Before I had been living my life as others wanted me to do and letting other people run my life. Some things I have done cause me to be very upset emotion’s

Sometime I feel I am unable to face some of life problem’s by my self.

1. Marriage
2. Church
3. Work, what type
4. Schooling
5.
6.
7. .
8. .
9. .

40
10. .

Why do sometimes I feel like I am some bible character's.
I had to become sick to realize God’s will. 666-sick sick sick.
Lust, remorse, hatred, revenge, sin A dungeon A gambling house Mucic Lorance Welck-

Combine

Music is considered therapeutic.

Robert

What in the hell is therapeutic about Lawrence Welk?

Cecil

It’s all right--

Robert

Whattaya mean it’s all right?!

3

Lissen, buddy, you don’t hafta take this shit.

Robert

I need to relax more and feel more like myself. Don’t think so much about what I am doing.

Cecil

Sweet thing, you want some help?

Robert

I’m too little. I have too much love for people What will I do when I am alone The man who wouldn’t die Some night God is going to come.
Say, is this the way these leetle meetings usually go?

**Combine**

If [we] hear another patient say something of significance, [we] write it down in the Log Book for all to see. Write it down in the- write it down-write it down.

**Lara**

I cannot stand it, Shakespeare! For God’s sake, where are you! Sit here and help me hang on to this pencil! I tell you I cannot stand it. I feel the roots of my hair drawing together so I know it is standing on end and the flesh of my arms is all goose-bumps. Feel of my hair, Mr. Shakespeare, and tell me if it is not standing on end-no, never mind, I know it is.

You do not like nuts, do you, Mr. Shakespeare? They are not nearly so interesting when you are one of them and have to live, see, and hear them when there are no others for variation. I cannot say I like them either, but I know I am as insane as the wildest one here.

You did not know what sort of a jam you were getting yourself into. But now you are here I cannot turn you loose to let you go back. Your education is being completed, Mr. Shakespeare. Now you can write about nuts from experience and you will not have to depend upon your comfortable imagination. I'm disappointed in you, my friend. I had judged you were more intelligent. But it's evident I made a mistake. Oh, yes, I also noticed your primitive brutality. Psychopath with definite sadistic tendencies, probably motivated by unreasoning egomania.
Psychopathy isn't always as debilitating as people think. It affects everything that I do, but in a typical day I do not notice it at all. I lack the ability to connect with people emphatically, where most people would instinctively share in an emotional state, I must actively chose to adopt it. I can be with people in their suffering and happiness, but I cannot be in it with them. I suppose it can, at times, feel isolating, but I don't really have a frame of reference.

Mary

So it’s as simple as that? As stupidly simple as that?

Robert

Try it buddy, they’ll ship you right on up to disturbed.

This hunger is actually rather accurate, but is often misunderstood. Just like everyone else, we feel a need to connect with people. We crave to be felt, and violence is a quick way to accomplish that goal. There was one vivid memory I have of when I was a teenager, threatening my mother with baseball bat in anger. I don't recall the reason. We both had a moment of realization that I was sincerely in a place where I could have killed her, and that's when I was diagnosed. That was the only time I've ever been close to acting out a sociopathic episode.

Mary
What’s the trouble, friend? Losing that revolutionary spirit?

As a very high functioning sociopath, my "hunger" is satisfied through praise. It was less of a conscious choice on my part, and more of a product of a very supportive upbringing, but I have essentially replaced violence with vanity. I know it sounds terribly vain, but everything I do, I do for compliments. I live for the applause. It's how I know I'm doing right by the world.

Welcome to the club.

Mary

I am a genius.

Combine

If you wish to speak, you must first be recognized.

Mary

You mean you don't know me?

Combine

I know you, but I don't recognize you.

Mary

I am of womankind and of nineteen years. Mary MacLane, for whom the world contains not a parallel. I am convinced of this, for I am odd. I am distinctly original innately and in development. I have in me a quite unusual intensity of life. I can feel. I have a marvelous capacity for misery and for happiness. I am broadminded. I am a genius. I am a philosopher of my own good peripatetic school. I care neither for right
nor for wrong—my conscience is nil. My brain is a conglomeration of aggressive versatility. I have reached a truly wonderful state of miserable morbid unhappiness. I know myself, oh, very well. All this constitutes oddity. And so, then, my daily life seems an ordinary life enough, and possibly, to an ordinary person, a comfortable life.

That's as may be. To me, it is an empty damned weariness.

I rise in the morning; eat three meals; and walk; and work a little; read a little, write; see some uninteresting people; go to bed.

Next day, I rise in the morning; eat three meals; and walk; and work a little; read a little, write; see some uninteresting people; go to bed.

Again I rise in the morning; eat three meals; and walk; and work a little; read a little, write; see some uninteresting people; go to bed.

Truly an exalted, soulful life!

I can talk to a roomful of dull people and compel their interest, admiration, and astonishment. I do this sometimes for my own amusement And when I choose to talk in my charmingly original fashion, embellishing my conversation with many quaint lies, I have a certain very noticeable way with me, an “air.” An interesting creature, Mary MacLane.

Lara

The Doctor was through again. All these Doctors have got us all analyzed and psychoanalyzed down to insignificant daubs of protoplasm- and personally my Ego is not a bit flattered by the things they found out about it. Drat them!

They call us insane—and in reality they are as inconsistent as we are, as flighty and
changeable. This one in particular. He has dinned into my ear a monotonous dirge-
“Too Egotistical-too egotistical-too egotistical. Learn to think differently-Learn to
think differently-Learn to think differently.” - And how can I do it? How-how-can I
do it? How the hell can I do it? I have tried to follow his suggestions but have not
learned to think differently. It was all a wasted effort. Where has it got me?
And if you really do have a bad case of infected, growing Egotism- you get a pencil,
the backs of old letters, sit down in the dormitory, call yourself Shakespeare and set
out to tell all.

Mary/Combine?

To continue-

My vanity and self-conceit have attained truly remarkable development. Not the least
remarkable part of it is that I know my egotism and vanity thoroughly-thoroughly
and plume myself thereon.
These are the earmarks of a genius- and of a fool. There is a finely drawn-line
between a genius and a fool. Often this line is overstepped and your fool becomes a
genius, or your genius becomes a fool. It is but a tiny step.

Combine

Very well, if there's nothing further-

Mary

I am not prepared to say how many times I may overstep the finely-drawn line, or
how many times I have already overstepped it. 'Tis a matter of small moment. I know
things, I know that I know them, and I know that I know that I know them, which is a
fine psychological point.
Is that all?

Mary

Hell no. Just warmin’ up.

Lara

You are seeing Madness here, Mr. Shakespeare; at first hand-and you have nothing but the stub of a chewed up pencil to protect yourself with. You are going to sit here and and keep putting something on paper. That is the law and I’m laying it down to you. You shall not run out on me. I need you now if I ever needed you. And remember, Mr. Shakespeare, one little squawk and your goose will be cooked. You are not a genius in this present inferno, only a nut in a bug-house.

Your reason has left you already and the only thing keeping you from becoming another howling maniac is just not turning loose and being one; for you certainly have the makings of a real one.

Write faster, you fool, if you do not want to disintegrate into a jittering idiot. Shut up and say it on paper! You are a bigger jackass than I. Genius-Bah! Nut-brother nut!

Whatever genius you may have had you lost coming to me.

It’s not like a jail sentence. In jail you’ve got a date ahead when you know you’ll be set free. But here… if you’re committed…they don’t bust your outright. They work on you, ways you can’t even see. They get hold of you and install things… I been talking crazy. It don’t make sense.

Cecil

I first went to Out-Patients at a mental hospital accompanied by a very voluble devil.
How we ever reached there at all I don’t know, because he would keep buzzing the wrong directions at me. But we found the place at last, and after walking three times around the building, an entrance grew up where there had not been one before. Once inside there was a long wait during which we argued the best way to deal with the doctor. He turned out to be a dark sallow man with quite extraordinary likeness to Satan himself.

“You’ll be a fool,” warned my companion, “if you tell this one anything. He’s as bad as me. Worse, probably.”

We were hurriedly on another doctor. He was more fortunate with his face and I liked him at once. There was a cosiness all around him.

So I did tell the warm doctor, though tactfully, and with reserve.

“I don’t think you’re going mad,” the warm doctor said largely. It was just what I wanted to hear.

“How about coming into hospital for a while because I do think you have a nervous disorder.”

What excellent wording! Now if he’d said mental disorder I would never have trusted him again. I was always trying to strike a bargain with my resident in that he could drive me to a nervous breakdown but not a mental one. Well, I said I’d rather try and fight him myself for another week, and the warm doctor said all right, good luck.

For the best part of a week I fought a grim battle. I cancelled out each notice as it arrived, so that this sort of quick-fire argument went on:

“I’ll get you yet”

48
“Pah! You don’t exist.”

“We’ll see about that!”

“A mere figment of the imagination.”

“Yes? You poor fool, lunatics always think they’re hugely sane. You’re falling into another of my traps.”

He had me there. I began to wish I’d stuck to thinking myself mad.

The following afternoon we all went before the board. The psychiatrist was the cold kind. He said bitingly:

“You’ve made a pretty good fool of yourself, haven’t you?”

“Yes, haven’t I.”

“Been behaving very oddly indeed, haven’t you?”

“Very,” I agreed again, and again.

“Your parents will fetch you tomorrow, and you’d better behave yourself in future.

Next case.”

They were throwing me out. They didn’t think I was ill. What was I to do? All that night I watched with envy other people proving their lunacy by sudden signs of the cross or by lying naked on the floor or by loud talking to their spirits (in my advanced state of clairaudience I could make myself hear entirely by thought). But the more I considered these proofs, the shyer I felt. I did try some noisy weeping which was agony to do, but it wasn’t nearly spectacular enough and nobody noticed.

It was a strain living at home. I had to pretend to be normal without stopping, and those days when my devil put me under a vow of silence I stayed in bed so that it wasn’t so noticeable.
Cecil

I have come along way since that first year when the reactions of everybody to one’s gruesome Past is worrying. At a dinner party with my husband I was in a cold sweat wondering if they knew. If they did, they might be studiously kind, a shade wary, or plain curious. If they did not, they would wonder what on earth was the matter if I said something idiotic or nothing at all. The two men present, both pathologists, discussed the play “Harvey.” They quoted the best bits and we all laughed. This led to inspired imitations, and everyone roared. They related anecdotes from people they knew who knew people who saw things. Neither of the men possessing first-hand knowledge, and being saddened by this, they consoled themselves with a medical summings-up. It then dawned on me that the hour of supremacy we wait for all our lives, was upon me. I was the very person these brilliant men had longed to meet in the flesh. “Excuse me,” I murmured, “but I’ve been seeing much more interesting things than rabbits, just lately.” The announcement fell like a crash in the middle of the table. The men went beetroot in colour. The wives rushed in with first-air, bandaged up the crisis, rinsed out the atmosphere, put my triumph in splints, and wheeled in a healthy topic which everybody leapt on and crammed with any old words that came to tongue. All the same, for a minute I had felt Somebody.

Lara

I must make the most of my pencil while I still have it; and Shakespeare, with me. For I cannot take him to that semi-civilized purgatory’ upstairs.

I suggest we close the meeting. May we terminate the meeting?

Shakespeare is worn out and eager to get out of this racket and slip back to his quiet
grave far in England. So goodbye William. You were one grand delusion! If you had not come to me, perchance this transfer would have been to a place still lower in this limbo - instead of the step upward. I shall hate to lose you - but I cannot take you with me [...] I am most grateful to you for coming to me. Goodbye. And may long years of peace and rest attend you in your quiet English grave.
Bibliography


