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Mental Illness through the Lens of Theatre



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Honors Thesis

Section 1: Intro

Mental Illness is treated as taboo. We often see mentally ill people on news and TV shows who commit violent crimes and hurt others. There's this unshakeable negative light on them in most media. Theatre, on the other hand, places people with mental illness in the spotlight. There's a warmer, more positive view that gives the mentally ill their humanity back. The audience can relate to them as fellow people. This thesis project hopes to explore these viewpoints and analyze how theatre influences its audience on the topic of mental illnesses. The biggest obstacle in understanding people with mental illness is education. This section will focus on the history of mental illness, its perception, and why it is even worth discussing.

Mental illness healthcare has a long and unpleasant history. Isolation and mistreatment have plagued these individuals from the beginning. Prior to the late 1700s, these people were considered mad, kept in dungeons, and chained to the walls. Their humanity was blatantly ignored. In the late 1700s, Phillippe Pinel, a French doctor, forbade the use of chains and other cruel restraints at the Bicêtre insane asylum. He gave them access to sunny rooms and space to exercise. Unfortunately, his asylum was the exception to the norm. In the 1840s, Dorothea Dix, a U.S. reformer, documented mistreatment of the mentally ill in Massachusetts where she saw people locked up without light, heat, or toilets with evidence of being chained up and beaten. Dix fought for the establishment of state hospitals and spread knowledge of this problem. It is not until the early 20th century that Sigmund Freud and Carl Jung developed a treatment called "talking cures" for the mentally ill. This was the advent of psychoanalytical therapy sessions for those with neurotic disorders. In 1908, Clifford Beers published *A Mind that Found Itself* in which he documented his three-year experience in as a patient in an institution for the care of the mentally ill. Beers, a Yale graduate, suffered from depression, anxiety, and paranoia, and

attempted suicide by jumping from his bedroom window. He was hospitalized at three different institutions in Connecticut where he was abused physically and mentally. After his autobiography was published with these details and a call to reform, the reader response was immediate. What made this event so influential while others had been exposing these institutions' malpractice years before Beers' book? Readers responded to the full disclosure of Beers regarding the seriousness of his illness and related to him as a fellow human. This insider view gave those without mental illness an opportunity to empathize and advocate for those suffering. The National Committee for Mental Hygiene was founded as a direct result of Beers' platform. Giving the mentally ill a voice is so important and Beers' book marked the very beginning of this phenomenon.

The National Committee for Mental Hygiene, established in 1909, initiated legal reforms for mental health care, awarded grants for research to the causes of mental illness, and raised public awareness through new publications on the topic. But, the problem was far from solved. Drugs, electrotherapy, and invasive operations were still being used to treat severe illnesses. Research was just beginning. In 1946, Harry Truman passed the National Mental Health Act which boosted research into the most effective treatment plans for patients. As awareness increased, so did the patient admission rates. European and American mental health institution population was at its highest in the 1950s as behavior therapy emerged to train the human mind to overcome smaller mental illnesses such as phobias. However, a few steps forward often result in one step back. In 1961, Thomas Szasz published *The Myth of Mental Illness* which is the most famous spark of the anti-psychiatry movement. Szasz argued that illnesses of the mind do not exist and the term "mental illness" is inherently incoherent since the medical and psychological concepts are incompatible. This idea brought back many religious ideas of hysteria as immorality

from before the 1700s. Szasz viewed madness as a moral issue rather than a medical issue. Erving Goffman, another great influence in the anti-psychiatry movement, criticized mental health institutions saying they do not effectively simulate real world life. He argued that in the artificially created social environment of a “total institution”, patients lose possession of their role in the world. Goffman’s impact, along with Szasz and many others, led to the removal of many mentally ill patients from institutions. Deinstitutionalization led to a rising need for community-based mental health services. The Community Mental Health Centers Construction Act of 1963 marked the first time the federal government provided monetary support for the mentally ill. The treatment became voluntary, which sounds respectable in theory, but many severely mentally ill patients do not have the ability to seek help for themselves. But, anti-psychotic drugs continue to improve and became more available as research continues despite the change in environment for the mentally ill.

Perception of the mentally ill has remained problematic throughout history. Views of hysteria in women due to their sex, or studies investigating schizophrenia stemming from people of African descent are both incredibly prejudiced understandings of mental illness, fed by ignorance and misunderstanding of people. This misunderstanding leads to isolation of the individual. An estimated 25% of homeless people suffer from a severe mental illness, according to the Substance Abuse and Mental Health Services Administration. Schizophrenia and bipolar disorder are especially frequent among the homeless population, which are among the most isolated. A study by John Hopkins Bloomberg School of Public Health found that “news stories often link violence with mental health illness, even though people with mental health illnesses are rarely violent”. Over the past twenty years, top-tier media outlets continue to portray mentally ill people with violence. Leader of the study, Beth McGinty says, “Anyone who kills

people is not mentally healthy. We can all agree on that. But it's not necessarily true that they have a diagnosable illness. They may have anger or emotional issues, which can be clinically separate from a diagnosis of mental illness. Violence may stem from alcohol or drug use, issues related to poverty or childhood abuse. But these elements are rarely discussed. And as a result, coverage is skewed toward assuming mental illness first." Obviously, this leads to a strong public perception that people with schizophrenia are violent. To quote *Blue/Orange*, a play about a patient with schizophrenia, "If people get the word wrong- if people just get the meaning of the word wrong, how can they get the person right?" Harmful stigmas are formed by this negative representation in the news. A stigma, as defined in John Macionis' textbook, *Sociology*, has characteristics that discredit people (i.e. blindness, deafness, mental disability). Stigmas "blemish" and discredit a person's claim to a "normal" identity. Theatre helps balance out the playing field in this sense. For example, *Blue/Orange*, the play that will be thoroughly discussed in Section 2 of this essay, centers around a black patient with schizophrenia in a mental institution in the 20th century. Through the observational method, the audience sees the juxtaposition and reversal of identity and stigma. We see two white doctors stigmatize the patient for his African decent while they identify him by his mental illness. In a perfect world, his race would be part of his identity and his mental illness would just be a condition, monitored and treated. Stigma would be thrown out the window. Through this play, we see the corruption and problematic nature of stigmatizing, and a more accurate representation of schizophrenia than many top-tier new outlets.

Of course, there are pros and cons to staging mental illness in theatre. Some pros, as already discussed, are erasing stigmas and increasing representation for these individuals. Diverging from the violent mentally ill character is a way theatre separates itself from mass

media. Theatre, in general, takes subjects that are “a little difficult to digest” and eats them up. Many successful shows in theatre accept any possible state existing in another person's life experience and make the audience sympathetic to that possibility. Raising awareness and encouraging education is an incredibly beneficial way to make a difference in societal views and beliefs. However, theatre has a significantly smaller audience than mass media, television, and movies. Joe Penhall, playwright of *Blue/Orange*, says, “As for trying to generate any kind of change, I don’t know that it does in the short term. In the long term, theatre, like film, music and all the art forms, does have a very slow, gradual effect on our society. [...] People see films of theatre and hear music, and they do start to think about it, and the status quo begins to change. It doesn’t change the whole society, only a very small minority that goes to the theatre. But it does change those people and maybe, when talking about it, they change other people.” So, there is hope for this societal change born from theatre, but it is a slow process. Also, theatre-goers have a reputation to over-accept the absurd. They are quick to suspend disbelief as to fully appreciate the art-form. For example, audience members leaving *Blue/Orange* said, “What’s so fascinating is that he [Christopher] might not be schizophrenic,” to which Penhall responded, “That’s liberal wishful thinking: he really is sick” and “The idea that the mad are sane and the sane are mad is a cliché.” Penhall makes a great point here to establish the legitimacy of schizophrenia. His character really is sick and he really is treated awfully. If the audience analyzes the play too abstractly and metaphorically, they lose the overall message in the process.

Mental illness deserves so much more representation. With more awareness will come more research and cures for these ailments. The National Alliance on Mental Illness “fights stigma, provides support, educates the public, and advocates for equal care.” NAMI tells us that, “Taking action and raising awareness of mental health conditions can break down obstacles and

improve the chance of recovery.” Mental illness ranges from dementia, which is extremely common in elderly people, to schizophrenia, which is vastly misunderstood. We need to change how mental illness is portrayed in the media so these members of humanity are properly assisted and more included.

Section 2: *Blue/Orange*

“We should always remember that there are two ways of looking at madness; it can be observed from the outside or experienced from the inside. The difference between experience and observation is always passed over in silence and the hidden story of madness is never told.” The above quote, by Yannick Ripa from *Women and Madness*, brings up a good point about the difference between observing mental illness and experiencing it. Many times, it is simply observed and documented without consideration of the experience. There is no attempt to empathize or use perspective-taking skills. Applying this thought to theatre, there are two methods of looking at mental illness. The observational method, as seen in many plays including *Blue/Orange*, allows the audience to observe and assess the events happening to and around the mentally ill character as an outsider. On the other hand, the experiential method plops the audience into that character’s mind to experience the world from their different point of view, as evident in plays like *The Curious Incident of the Dog in the Night-Time*. This section will focus on the observational method of mental illness in a close-reading of the play, *Blue/Orange*, and how it compares to and contrasts the experiential method.

Joe Penhall’s *Blue/Orange* does not pull any punches with its commentary on social issues. The play centers around a black patient and two white doctors in a psychiatric hospital. The two doctors debate on whether to send the patient back into the community where he has no support or to keep him in the hospital where the younger doctor, Bruce, thinks he should be

diagnosed with schizophrenia. The older doctor, Robert, wants to let the patient go because he has a hospital to run and there are not enough beds. Both doctors are hesitant to refer to the patient by his race or mental illness, two forms of his identity. *Blue/Orange*'s strictly observational method of viewing mental illness is manifested in how Christopher's identity is assigned, his internal reality remains a puzzle, and his performance is true to the nature of the illness.

Blue/Orange, in so many ways, is a play about identity and the instability of that identity. Bruce tells Christopher he has been diagnosed with borderline personality disorder but that he's "beginning to think...it's a little inaccurate". He is beginning to believe Christopher is schizophrenic, but to affirm this, they would have to keep Christopher in the hospital longer and change his patient status to more severe, which the other doctor, Robert, is firmly against. From the very beginning we see how Christopher's identity is being refuted at every turn. For example, Christopher says, "I'm a free man. D'you know what I mean?" and Bruce replies with, "Well...aha ha...OK." Bruce is thinking about keeping Christopher in the hospital longer, which would take away his suggested status as a free man. Every label that Christopher gives himself is refuted and proved wrong by the doctors. Christopher says he is son of Idi Amin, a former president of Uganda, which we are made to believe is just crazy-talk. The doctors label him in every single way. One scene that sticks out in this sense is when Bruce says "They'll think you're a, a, an 'uppity nigga', that's what they'll think. Kissing your teeth. It's not you. It's silly. It's crazy. You're not a, a, a, some type of 'Yardie' - " which Christopher refutes with, "Now you're telling me who I am?" and Bruce replies, "I'm telling you... to be You." But, as Christopher struggles with identity, and the audience only observes the scene through outsiders' eyes, no one can know what being Christopher really means. Even Christopher's race as identity

is undefined. He's irrefutably black, but the different characters assign different meanings to this fact. Christopher finds a regality and importance to his color through his supposed father Idi Amin. "And if he knew where I was now I would not want to be you," declares Christopher to the doctors. His heritage, whether real or imagined, helps him to maintain a degree of self-respect. The white doctors, however, think otherwise. Bruce assumes because Christopher is black that he is a drug-user. "If you'd just wanted drugs you wouldn't really be here, would you? You'd be out there. Scoring off somebody..." There is no other evidence to suggest that Christopher did drugs. Bruce is simply labeling him as a drug-user due to his skin color. Robert has a more complicated view on Christopher. He believes that his mental illness is due to his genetic lineage leading back to his heritage. "He's not sick, it's a cultural thing." Robert wants to write and publish "A Cure for Black Psychosis" and he assigns that baggage to Christopher's identity as well. In Act Two, Robert and Christopher have a conversation in which Robert is manipulating Christopher. He suggests that Bruce put his own thoughts in Christopher's head. "I'm think someone else's thoughts?" asks Christopher, as Robert makes him believe that his mind is not his own. Overall, both doctors manipulate Christopher's identity and his idea of himself.

One very important observational aspect of this play is that we never see a blue orange. We assume aspects of Christopher's internal reality but our viewing window into it is small. Bruce makes Christopher tell Robert what color the oranges are, and Christopher replies that the skin and the inside of the oranges are "bright blue". On stage, the audience sees orange oranges. Only Christopher sees the color blue. We are not experiencing the world through Christopher's eyes but we get a significant glimpse. We are outside observers and, though we never even get a scene with the mental patient alone, we can observe how he interacts on stage as the protagonist.

If, however, we were given a peek into Christopher's brain and the oranges on stage were indeed blue to the audience's eyes, then we would begin to see more experiential features.

In Rachel Fensham's essay called "On Not Performing Madness", she discusses the stereotypical physical signs that convey mental illness to actors or spectators and how actors should avoid them. For example, women conceived as mad generally seem physically unfeminine according to Fensham. They writhe and throw themselves to the floor to shock the audience. It's difficult to avoid this crutch as an actor depends on their body actions to show much of their character's personality. But, Fensham identifies how problematic this can be for societal views of madness and specifically gender in her essay. Joe Penhall, with *Blue/Orange*, does a tremendous job sticking to the facts of the disease. He does not overdramatize the symptoms of schizophrenia, but rather focuses on how doctors respond to the normal symptoms rather poorly. "Classic hallucinatory behavior" with the blue orange. Delusions about his father being Idi Amin and "...this morning he told me his father was Muhammad Ali." When Christopher expresses distress at racial prejudice, Bruce labels it "Paranoia. Nihilism. Persecution." With this, Penhall makes a greater statement about the state of mental health care and leaves audiences thinking productively about the issue rather than simply shocking them with a horrifying spectacle of an insane asylum. Christopher does not act mad in the stereotypical sense, nor does the actor playing him use stereotypical movements for the sake of aestheticization. Relying on physical manifestations of the illness to express it is not an effective way to portray mental illness, as much of it is not physical, but rather psychological. In the play, Robert says, "We spend our lives asking whether or not this or that person is to be judged normal, a 'normal' person, a 'human', and we blithely assume that we know what 'normal' is. What 'human' is. Maybe he's more 'human' than us. Maybe *we're* the sick ones." This further

exemplifies how Robert is pulling on threads to make something out of nothing to get his Ph.D. As an audience trying to make sense of the outside symptoms without seeing the inside experience of Christopher's mind, we see how *Blue/Orange* maintains its status as an observational play.

The scenes and themes that give *Blue/Orange* the observational view of mental illness have pros and cons. Through objective observation, the audience gets a better glimpse into the social issues that Penhall is drawing attention to. The state of psychiatric hospitals and their lack of beds is stated over and over by Robert. "What we have here is No Beds and, more importantly, a patient who has No Need of a Bed." The lack of funding dictates who gets the care they need and who is sent back out in the community without further treatment. Robert also shows the hierarchy of authority in the mental health profession. When Bruce expresses that he is trying to do what he believes is right for the patient, Robert responds, "Well, you know, Doctor, with respect, that isn't good enough...it's naive". And later, "Schizophrenia is the worst pariah. One of the last great taboos. People don't understand it. It scares them. It depresses them. It is not treatable with glamorous and intriguing wonderdrugs like Prozac or Viagra. It isn't newsworthy." Some doctors in the profession do not act solely for the best health of the patients and Robert is our sample of that. Through the lens of the observational method, we can possibly see more truth of the situation than if we saw this through Christopher's eyes. Schizophrenia remains a misunderstood taboo that this show is slowly changing through awareness.

"Le Monde est Bleu comme une Orange" is the poem by Paul Eluard referenced in the play, and it means, "The World is as Blue as an Orange." This poem reeks of surrealism and is an analogy for how Christopher thinks: with rationality outside the norm. The title of the play, *Blue/Orange*, has a slash in between the colors, suggesting a split between them. Christopher

sees the oranges blue and everyone else sees them orange. The world is split by how mentally ill people see it and how “normal” people do. The observational method of this play allows the audience to look across the gap between “normal” and mentally ill. Experiential method forces the “normal” to cross the gap and see through the eyes of the mentally ill. So, in observational *Blue/Orange*, the title seems to divide us while the poem unites us in the surreal. The World is as Blue as an Orange.

Section 3: *The Curious Incident of the Dog in the Night-time*

This section will focus on the experiential method of mental illness in a close-reading of the play, *The Curious Incident of the Dog in the Night-Time*, and how it compares to and contrasts the observational method. This play, adapted to stage by Simon Stephens from Mark Haddon’s novel, utilizes the experiential method through Siobhan, the dialogue structure, and the staging.

Siobhan is Christopher’s school teacher who serves as the narrator for the play. Siobhan interacts with Christopher in memories as the teacher and in real time as the narrator reading his book. The play that the audience is witnessing is based on Christopher’s book, being put on by Christopher and Siobhan as a play. They break character only a few times, one of which when Christopher insists Judy and Roger deliver their lines correctly. “It was Mother who gave me the milkshake not you. You need to shout more loudly at him. Like you’re really angry with him, not just being nice.” This solidifies that we are seeing the truth as Christopher remembers it. His viewpoint is the only source of information made available to us. He is the author, playwright, director, and main actor of the show we are attending. Another breach of the fourth wall occurs

when Christopher goes to take his exam. Siobhan, as the teacher, tells Christopher that he doesn't have to solve the question aloud, "Christopher, people won't want to hear about the answer to a maths question in a play. Look why don't you tell it after the curtain call? When you've finished, you can do a bow and then people who want to can go home and if anybody wants to find out how you solved the maths question then they can stay and you can tell them at the end. OK?" In this way, we see Siobhan's continued guidance role in Christopher's life. Christopher goes to school in a Special Ed program where we learn he is the highest functioning student. "Nicholas, for example, who comes to school on Thursdays needs help eating his food," and "I'm the first person to take an A-level from my school because it's a special school. All the other children at my school are stupid. Except I'm not meant to call them that, even though that is what they are." Christopher has Asperger Syndrome which is known to be on the higher functioning end of the Autism Spectrum. Autism Speaks describes behaviors of Asperger syndrome to be: "limited or inappropriate social interactions; 'robotic' or repetitive speech; challenges with nonverbal communication coupled with average to above average verbal skills; tendency to discuss self rather than others; inability to understand social/emotional issues or nonliteral phrases; lack of eye contact or reciprocal conversation; obsession with specific often unusual topics; one-sided conversations; awkward movements and/or mannerisms". It's as if author Mark Haddon had this list next to him as he wrote each scene, including one or more symptoms per scene. Christopher is able to function well compared to many with ASD (Autism Spectrum Disorder) but his problems with human touch and loud noises would make it hard for him to succeed in a mainstream classroom. In the first scene, when the policeman tries to touch his arm, Christopher screams and hits the officer. He does not like to be touched and he responds every time by screaming and sometimes wetting himself. These inappropriate social actions place him in a

Special Ed classroom where Siobhan teaches him some appropriate social interactions and explains to him some confusing ones. "...people do a lot of talking without using any words. Siobhan says that if you raise one eyebrow it can mean lots of different things. It can mean 'I want to do the sex with you.'...And it can also mean 'I think what you just said was very stupid.'" These nonverbal social cues that people without ASD would notice and adopt innately are unclear to Christopher and must be taught explicitly. Siobhan is his teacher in this respect, but Siobhan, as the narrator, serves as a teacher to the audience as well, keeping us informed and filling in the gaps Christopher would neglect to fill due to his illness.

The dialogue is structured to immerse the audience into the thought process of Christopher, the protagonist with Asperger Syndrome. This mental illness is characterized by inappropriate social interactions and awkward or one-sided conversations. Christopher's dialogues with other characters bring to light these symptoms in an endearing and funny way. For example, when the duty sergeant asks Christopher if he has any family, he replies, "Yes I do," without elaborating. The sergeant presses, "And who is your family." Christopher answers with, "Father and Mother but Mother is dead. And also Uncle Terry who is in Sunderland. He is my father's brother. And my grandparents too but 3 of them are dead and Grandma Burton is in a home because she has senile dementia and thinks I'm someone on television." Christopher has no idea that he is oversharing. As the play progresses, his lines and manner of speaking are not so awkward to us as we increasingly understand his rhythm and logic. This experiential show strengthens our understanding of those on the Autism Spectrum and introduces us to the idea that different logic is not necessarily incorrect or wrong logic. Christopher is incredibly intelligent and insatiable in his thirst for knowledge. One of many examples of this is when Christopher asks the Reverend where Heaven is but is unsatisfied with the answer. "There isn't anything

outside our universe Reverend Peters. There isn't another kind of place altogether. Except there might be if you through a black hole. But a black hole is what is called a Singularity which means it's impossible to find out what is on the other side because the gravity of a black hole is so big that even electromagnetic waves like light can't get out of it, and electromagnetic waves are how we get information about things which are far away. And if heaven is on the other side of a black hole then dead people would have to be fired into space on a rocket to get there and they aren't or people would notice." This is an incredible burst of argument from a 15-year-old. Christopher's logic is sound but he cannot grasp abstract thought or metaphors due to his condition. He constantly bases his life on set principles. His relationship with Mrs. Alexander does not change because although they have chatted like friends, he says "I can't be on my own with you because you are a stranger." In addition to Christopher's manner of dialogue, we get an experiential bonus of hearing Voices. The Voices and Siobhan signify Christopher's thought process. When Christopher steals his dad's credit card, five of the six different Voice characters repeat the PIN number "3558" that Christopher remembers so he can use it to travel while running away. Siobhan, the narrator, reads from Christopher's journal throughout the show and interacts in dialogue with Christopher, showing the abnormally self-centered nature of Asperger Syndrome.

Staging this show plays huge role in the immersion of the audience in Christopher's head. The three walls of the stage are all interactive, and through lights and projections show the numbers that Christopher says. As Christopher solves the exam question "Show that a triangle with sides that can be written in the form $n^2 + 1$, $n^2 - 1$, and $2n$ (where n is greater than 1) is right-angled." at the end of the play, the equation is solved visually for us in lights above Christopher's head as he explains his solution. The spectacle and theatricality of this bit really

shows how much Christopher values his math skills. He throws a fit when his mother attempts to reschedule his A-levels exam for the next year. But, as he finishes explaining the exam question and solution to us, confetti pops and flies everywhere and Christopher beams with joy. This is something he can fully control and excel in so he is confident and exuberant. The train scene is easily the most powerful experiential scene. As Christopher finds his way to the train station on his way to London, the noisy, populated environment overwhelms him. The prerecorded voices are snippets of overlapping information bombarding Christopher. Someone without Christopher's mental illness would walk in, ignore the many signs and advertisements, and simply scan the room for their train destination display. They may have half an ear listening for their destination, but they can filter the amount of stimulation available. Christopher, however, cannot. He and the audience hear loud, overlapping bits of announcements, leaving everyone feeling overwhelmed and confused. The only relief from the confusion is when Siobhan, in Christopher's head, tells him to "imagine a big red line across the floor. It starts at your feet and goes through the tunnel". Suddenly, a literal big red line appears on the stage floor. We see Christopher, head down, follow this line to his destination. After he gets to the tube, we experience his new fear of the subway train. It is loud, windy and people push and nudge each other to get on before it leaves. In this scene, the sound is unbelievably loud and everyone on stage moves with the force of the train's entrance. In between trains, Christopher realizes his pet rat is escaped and went down to the tracks. There's a great gap in the stage with tracks to give the full illusion of the scenario. From the balcony, audiences can see Christopher scrambling around to catch the rat while the noise and headlights of the next train increases, but not nearly to the same level as before. It is a breath-takingly stressful moment for the audience who is fully aware of the danger before he crawls back up to the platform safely with his rat. This train is

much quieter than the previous ones because Christopher's fear has died down. Every scene is staged perfectly centering Christopher and his experience, which fits the self-centeredness of Asperger Syndrome. Viewing himself or anything through anyone else's eyes is simply not an option for someone with his illness.

The Curious Incident of the Dog in the Night-Time is a fun, interactive show in which the audience members are given an opportunity to win a prize by doing some math that would appeal to someone on the Autism Spectrum. During the show, we see the numbers and calculations displayed above the action. Christopher truly gives us a glimpse into his mind. We see the world through his eyes as he embarks on adventures. Experiential method in theatre is a strong way to get the audience to sympathize with the illness. In this play, the audience is endeared to Christopher and we finally begin to see the person above the illness.

Section 4: *The Father*

This section will focus on a close-reading Florian Zeller's play, *The Father*, and how it incorporates both the observational method and the experiential method of mental illness.

"I can still hold my dad's hand, but I miss him every day," expresses Anna Copley, a daughter turned caregiver for her aging father. This quote is a sentiment that the protagonist of *The Father* would agree with wholeheartedly. She has lost her father to Dementia's cold grip and she fights her emotions to give him the best care in this heart-breaking show. *The Father* illustrates the experience of severe dementia from all angles by utilizing staging, character changes, and scene organization in a unique way.

Staging is one of the most consistent and telling features of this play. In scene 1, set in André's flat, we see a room filled with furniture and objects of different value. After each blackout, some item or piece of furniture is removed. These represent André's memories slowly being taken away. This is not written in the script but rather a choice made by the director and set designer of the Broadway production, Doug Hughes and Scott Pask. These visual cues are extremely effective and leave us staring at a near empty room by the end of the play. The father is constantly confused at what flat he is in and the audience sees an identical set for both apartments. However, we are able to observe the daughter's reaction to deduce whether we are in Anne or André's flat. In this way, we experience André's confusion but have the observational advantage to figure out the truth, whereas the father lives in confusion throughout the play.

The audience and André are subject to disorienting character changes throughout the play. The play has a cast of six: André, Anne, Man, Woman, Laura, Pierre. The Man and Woman characters play such an important role to give the audience an experiential peek into André's mind when he does not recognize someone. The first time we see the Woman, André asks her "Where's Anne?" and she replies, "I'm here, Dad, I'm here." It is nearly as confusing for the audience who sees a completely different actor than Anne claiming her identity. However, as we sit outside the situation, we understand the beautiful confusion on stage is representative of the experience every caretaking family member fears most: that their dementia-stricken loved one has lost them and is therefore incapable of loving them back.

Each scene is numbered but that does not by any means denote that this play is ordered cognitively. Scenes are mixed out of chronological order, and some scenes have bits of other scenes injected in the middle of them. This shows how those suffering from dementia can get lost in memories and lose touch with present happenings. For example, in Scene 2, André asks

the Woman he learns is his daughter who the Man is, and she replies “Who?” “Are you doing this on purpose?” he asks, “I’m talking about...him. Who just left with the chicken.” The Woman says, “The chicken? What are you on about, Dad?” He responds, “Right here, just a minute ago. Did you not hand over a chicken to someone? The chicken! A minute ago, you were holding a chicken, were you not? A chicken! *A chicken!*” She makes it clear that she has no clue what he is talking about. However, just a little earlier in this same scene, the Woman brought home a chicken and the Man took it into the kitchen. In this case, the audience is the only one who understands the character with dementia and we are left feeling equally confused.

As the audience in this blended experiential-observational play, we understand through our own confusion. We see more of the unhealthy relationship than the father can possibly observe. He has no idea how much he is burdening his daughter because he barely has a hold of his daughter in his memory. We make sense of the world along with the father but we see so much more. Not only do we empathize and experience the father’s dementia, but we observe the effects on the family surrounding it as well. This goes to show not one method is better than the other; they are both effective at raising awareness and telling the story of the mentally ill character. Recognizing and highlighting the similarities and differences helps us to fully digest these plays and their powerful messages.

Section 5: Conclusion

Statistically, nearly everyone has a loved one touched by a mental illness of some sort. Oftentimes, because of the stigmas attached, the mental illness goes untreated and the individual is labeled as “moody”, “hysterical”, “crazy”, etc. These labels are largely unhelpful. Identifying

mental illness and treating it gives the afflicted individual strength and an over-all higher quality of life. We need to break these stigmas and free our society to discuss and research these illnesses. Raising awareness through representation is where it starts. Theatre is one of the few mediums that gives mental illness an appropriately positive voice. Mass media needs to take the opportunity to educate people on the mental illnesses they are stigmatizing. The movement starts here. It starts in the drama community. As Penhall said, after people attend these types of show, “they do start to think about it, and the status quo begins to change. It doesn’t change the whole society, only a very small minority that goes to the theatre. But it does change those people and maybe, when talking about it, they change other people.” This is the beginning of the movement. This generation will live to see the day that many mental illnesses are destigmatized and suffering individuals will seek help knowing there is hope in treatment.

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