Evidence of healing in *The Eradication of Schizophrenia in Western Lapland*
Theatre & Performance Research Association Conference, University of Worcester, September 2015

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31 Aug 2015

OD circular set up. Make regular and sharp switched between the production and OD

This presentation involves some reflections on performance practice and research, emerging from an engagement with mental health research and innovations, drawing on my experience as a performer with Ridiculusmus during the company's 2015 production *The Eradication of Schizophrenia in Western Lapland*, in Finland, Australia, and the UK including the Edinburgh Festival last year.

Here are some images

Images of *The Eradication of Schizophrenia in Western Lapland*

A notable element in this production was the performance of two scenes from within the same family drama but occurring in different dramatic time periods, but performed concurrently so that the weaving of dialogue presented directly in front of you is laced with wisps of text overhead from the other side of a partition. The effect it has been claimed as one of auditory hallucination or confusions of meaning and is derived from a complex process of synthesizing different fragments from texts that are created from improvisations

Play Salford rehearsal clip David explains the "dialogue" alignment process: show rehearsal text

Jon makes point about it might be like real life

And so it is satisfying that **2 years** later, Maddy Costa said reviewing the show ‘Madness looks confusing, painful, exhausting. It also looks a lot like ordinary life’. Maddy Costa,’The Eradication of Schizophrenia in Western Lapland' The Guardian 18 March 2014, pg34

I want to refer primarily to a couple of moments from the development of the work and in particular to this video recording of a performance of a therapeutic method called Open Dialogue, developed in Finland over the last 30years

Briefly to provide some background to the production and to Open Dialogue therapy: I have collaborated with the artistic directors of Ridiculusmus in various ways, as an actor, and an associate dramaturg, although they would probably laugh at this title, because, in fact their devising ensemble is organised around a anti-hierarchical and open circulation of ideas, and exploration through long improvisations and then the recording, re-construction, and rehearsal of verbatim text, which ultimately could be less evidence of authentic research or of an object of engagement, than symptomatic of the principle constraining device on the companies work: that once texts appropriated from numerous sources coalesce into script, the performers do not make up any part of what they utter, (ums and ahs etc included) and if part of the story is missing during development thenit cant be made up it has to be found in the source improvisation recordings. I am selecting this attribute since it relates directly to the methods of analysis of therapy session conducted by psychotherapists working with Open Dialogue, who are inclined towards a constructivist idea of forms language forming community and meaning.

Open Dialogue therapists intervene very quickly following a psychotic experience but proceed slowly to uncover ways to converse with psychotic voices) and has been successful on reducing Schizophrenic cases by 85% over 30 years and over half of those who are treated return to work.

Yet, Open Dialogue therapy involves not so much a therapeutic method as a kind of interactive practice by medical specialists and post-therapy discourse analysis.

Return to video 28:29

In Jaakko Seikkula's writing on Open Dialogue, and John Shotter's writing following Tom Andersen on Dialogicity, the therapist is exhorted to listen intently and be ready to respond on cue, and yet without hastening and garbling the response.. Citing Bakhtin, the proponents acknowledge the ambiguous status of meaning in inter-subjective interaction, and take this as a basis for a principle they call 'tolerating uncertainty':

> I and [the] other find ourselves in a relationship of absolute mutual contradiction of an event; (…) what the other rightfully negates in himself I rightfully affirm and preserve in him.' (Seikkula and Arnkil: 2015, 6).
> But what we experience is mumbling, self-questioning and humility, reticence.

How do they open dialogic space and is this transferred to the production?

Here we see the practitioners simply talking. Following a suggestion from staff at the Tavistock Centre in London, the company were investigating Open Dialogue.

In 2012 David and Jon were exploring a story of a family, influenced by the film work of in which the father runs a redundant country railway station and the family lives on site. Visited by a social worker responding to a call for help with the son's mental well-being, it soon transpires that the each family member displays a degree of mental illness. The rehearsal space presented opportunities for dividing the audience in a public space, from the family in a private space, behind a ticket window.

By the time of rehearsals in Melbourne, over and over again we played out a drama of sibling rivalry, fatal accident and suicide, parental incompetence and betrayal, trauma and mental crisis in which became simple conversation about food, going to university, and creative writing that, for the family members involved, became clogged with underlying obsessions, fears and hierarchies.

By the time Ridiculusmus, at the invitation of Jaakko Seikkula, Peter Rober and John Shotter joined social workers and psychotherapists at this conference on Open Dialogue therapy at Hämeenlina, in Finland, we all had history, between ourselves, our personalities, psychologies and our *dramatis personae*.

So let's look at this re-enacted therapy in which from right to left Peter Rober, Maarku Sutela and Jaakko Seikkula take part with Jon Haynes (Richard), David Woods (Graham, Dad), Patrizia Paolini (Jade, the step-mum) and myself (Rupert). Firstly, it picks up on a session the day before that followed a short sharing of work in progress, in the round, on the level, with about 300 psychotherapists watching. There were a number of technical problems with the session and so the session was staged again, this time, on a stage and with microphones. How the family members/characters were to understand the staging of their session in this way was mostly ignored by the performers, although at one point David Woods says, 'I feel like I'm being watched by hundreds of people' so we will assume that there was an unspoken decision by actors to pretend that the audience were not there, although Woods is clearly exposing the contradiction of this representation, this re-eactment (and I know others will be discussing such things later in the conference). At one point Maarku also looks out to the cameras, so they are also, naturally, influenced by the artificial set-up here. As the 'young son' I opt to play with the technology: headphones, microphone and it draws attention to this scene setting and the technology I take the microphone with me to the toilet and flush the toilet and this is broadcast to the group.

After these sessions Seikkula says, "we transcribe a specific part of the session or else the complete session. To make a multi-actor perspective possible, the transcript of the therapy

conversation is printed in columns, one column for each speaker. Utterances are written in the columns in temporal order. For a successful exploration, one has to be able to read the text simultaneously with a video or audio recording of the session" 134-5 Jaako 2015, I have not done that for you all – but if you look at the script of the performance you will see a similar interest in the temporarilty of performance the layout of the text on th page.
SO I want to point out some guidelines offered a practitioner Kauko Haarakangas for reviewing the content of dialogues in order to consider the ways in which families and the therapy team are supposedly connected and how they relate to the performance

(RT - and this reminds me of the table work in psycho-physical rehearsals)
A. **divide the session into (discussion) topic episodes**
new episode if the topic changes and register responses to each utterance to identify the contribution by each interlocutor in the following ways:

1. **the team as initiator for new joint language**
B.2**.** team's response: based on utterances
responses to each utterance are analysed
i) note IU - initiating utterance within topic
i) look for meaning of the response following utterance
categories of answer as follows:

1. **degree and type of dominance**
a) **semantic or topical dominance** :introducing new words or new topics (i.e. influence on shaping the content of utterances)
b) **interactional dominance** - by being quiet and thereby soliciting comments (Rupert), or by being a new commentator on a previous situation (Peter Rober?) influence over 'communicative actions, initiatives, and responses (influence on the other parties) (Dad, sighing at having to help Rupert - he was annoyed at not getting Richard to get him back and this was picked up)
the focus is on the shifting patterns of dominance not the individual

what is responded to?

emotion while relating (dad's stillness, almost tearful}

what is actually said (Rupert stating that he's not scared, since he did the looking after; or Richard's annoyance at not getting anywhere with Rupert there)

previously mentioned topics (the chair)

how it was spoken (Richard says that now he's started speaking like the therapists - so in this instance, the actors start taking on the role or techniques of the team, which means they create a common language, but that it is redundant? or they

external things (the toilet flushing)

other issues (the technology)

what is not responded to ? (Rupert having a dig at Richard again); this ma also include hallucinations, other voices within one person. David says he 's got the microphone under his breath, is this the dramaturgical voice? David and Jon acknowledge the 'set-up'

how is the utterance responded to?

-monological dialogue "the speakers own thoughts and ideas without being adapted to the interlocutors"

-closed questions

-one utterance rejects another

the next speaker answers the utterance before it becomes an open dialogue

i.e. not answering and listening one utterance at a time (note the systematic and calm method of Jaakko) better method is to include a word that has already been said in order to involve the speaker and open the dialogue out

C,processes of narration:

indicative versus symbolic meaning - Rupert facts about Mum versus symbolism relating to books, Dad's sarcastic statements about twhat in practice can be done to meet the demand that he imagines Richard is placing: factual

naarrative voice: internal (Rupert, burp etc), external (Jade), reflective (Maarku, Peter in particular David, Jon, Jade)

This is detailed analysis after the event but looking at the performance of the therapy per se as Woods has put it, how can such an unobtrusive, and undramatic therapy be interpreted and then staged by theatre makers looking for , essentially, conflict?

Share script

Conversely, we might examine the process of making the production
in which 'authentic' verbatim-texts derived from improvisation were interwoven but thoroughly edited, if not utterly 'scrambled' in what might be characterized as a fragmented if not psychotic text – nevertheless the style of the performance is naturalistic, real, not acted.
"Certain experiences have come to mark for us turning points in the healing process. They include strong collective feelings of sharing and belonging together; emerging expressions of trust; embodied expressions of emotion; feelings of relief of tension experienced as physical relaxation; and, perhaps surprisingly, ourselves becoming involved in strong emotions and evidencing love. Some others might like to call it a deep trust or some other more neutral term. For us, shifting the focus in a network meeting from an intervention to generating dialogue, we also take a step from applying some specific therapeutic method toward more basic human values." (Seikkula, 2005:13) and expanding on what he means by 'love' here Seikkula follows sociologist Martin Buber to propose that healing is a kind of formative process that forges relational being(s):

> As we become fully absorbed in the profound
> exchanges of mutual attunement in a network meeting,

> we access the feelings that hold us together as
> relational beings and that make us truly human.
> (Seikkula, 2005: 13).

David Woods reports that in the therapy he was able concurrently to sustain his 'fictional' persona and his 'dramaturgical self' to the extent that his response to an epiphany in the therapy was a sort of traumatic "memory" shared with his characterisation: i.e. an intense empathy with the father figure that he was performing in the play that caused him, very unusually, to cry, and required him to ask what the source of this outburst might be from within his own life at that point (Woods: 2015,138). By revisiting this moment as a gesture in the constructed play, a long time after the therapy he was able to open space for questions about the meaning of this outburst, not only as a resolution but as a repeated iteration and ongoing enquiry.

The moment is re-staged in the play. Woods' now playing a doctor, is it seems playing the role of "father" to assist his patient Richard 's rewriting of his lived experience of psychosis, as a form of creative writing, as a play. The doctor sobs, expressing his exasperation as a father and therapist. This is a silent sob erupting through within layers or frames of fiction, but it is also an echo of the moment in the therapy in Finland, which Woods has been able to make some sense of only through repeated playing on stage - he suggests that his unbidden snuffle originally , in the therapy, may have expressed the pressures of fatherhood, or being the leader of this group of actors, of trying to survive as an artist

For my part Ridiculusmus are known for predominance of comedy in their work, and my tendency is to look for laughter in performance, but this process has 'cured' me of that. Since the acting style they demand asks for a suspended state of exposure

The relative reticence of TEOSWL reflects the reticence of the method – it's openness and its tendency to not to justify the reflexivity, the meandering conversations and uncertainty: the refusal of David and Jon to provide an explanation.

In reviews, audience feedback and in rehearsal the question of extent of explanation required to understand the piece arose repeatedly. And repeatedly the company eschewed explanation: from programme notes, to framing devices, to information. Artistic Director David Woods has explained this as a need to avoid info-theatre, or unsatisfying and excessive dramaturgies of family drama, although for a while in the process these were embraced, and in Shoreditch Town Hall we presented as a parody of the Nordic therapists as a chorus of psychologists performing their version of a Greek Tragic prologue

(I will read this out, photo).

The company explicitly promoted in rehearsal, performance and post show discussions, adherence to the values of OD. I would argue that extracts abandoned excised from the script were also removed, perhaps unwittingly at the time, following similar ideals motivating OD reflections on the teams. Interactions. Hence any monologism in the performance, refusal of explanation, self-reflexivity, and an objective of privileging languages and symbols familiar to the medical habitus rather than theatre makers.

Image: heavily edited script.

For instance, a concluding scene that has been cut: Rupert (me), the younger brother, reeling from a drunken argument, staggers into the road outside the house and is wiped out by a speeding truck. Blood on the floor. A crumpled lager can. The lager can was too specific, the blood too literal, the connection of violence and schizophrenia problematic. a ‘moment of clarity’, such as David may have experienced, and that is sought in the latter part of the production as it stands now (this section is intact and is called ‘Clarity’, emerges from an experience of confusion, disorientation and miscomprehension that is generated by making space for polyphony and auditory hallucination.

The excessively rigorous processes of editing and structuring in this production perhaps reflect the subject, Schizophrenia, or if you prefer, psychosis: that is, frequent, highly selective deletion and removal of extraneous information, but on the other hand repetition of fragments of text and whole phrases, indeed repetition of whole scenes, at twice the pace. This heralds, so Ridiculusmus claim, a moment of clarity, brought on not by logical or sequential narrative but by emphatic and speedy repetition of phrases that previously had only been overheard and even then faintly: like the experience of an echo, a revelation or the maturing of an idea.

The production attempts to generate this for/with the audience and the approach to acting, generates a state of exposure suspended in the trajectories of speech that are strung across and echo between the two scenes that are playing concurrently in the production. Each characterisation, it appears is a composite of others in the space.

Thinking back on the accident that was cut. Discussing temporality and event, Massumi uses the illustration of a car crash, stating that such an unexpected and exceptional moment is already experienced by those who are caught up in it as a contradiction: as a surprise and as continuity. The event is untoward and yet, due to uncanny cognition it feels ‘like a déja vue’ (Massumi in conversation with Heathfield). We recognise it and feel swept into the space and momentum of the event. If therapist and client, community and singularity, actor and audience approach ‘the moment’ and ‘being in it’ as a moment of intersection between disruptive and continuous, we can sustain an open-ness and tolerate apparent discontinuity and contradiction in our everyday selves.

I know that Lib Taylor will be discussing this and so to make a link within the working group: to conclude a note on the experience of watching TEOSWL with a different actor playing ‘my role’, in London. Watching the production I was stuck by an atmosphere that was indiscernible from within the performance. Though I knew what utterances may be coming, I did not experience these as familiar lines in a play, or as evidence, if you like that I was ever in the play. Rather I had a feeling of relaxation and a revelation that the job of acting, of being yourself, and of saying the lines you have been asked to say, should be the most stress-free

and pleasurable creative activity: a state of knowing and not knowing what's going to happen. A feeling that although the work seemed intricately woven and the timing of interactions, precarious, eventually they conformed to an emergent and delicate sense of order, and thus the work appeared to be rigorously constructed, highly tuned and secure. My experience - from within - was one of suspension, exposure, rawness and 'not knowing', at the level of interaction between the actors, and between actors and audience.

I echoed that as an informed observer on that occasion, and experienced it as a profound empathy with the 'characters', the performances I was witnessing. The audience then, might be cast as interlocuteurs or therapists for the production, and the demand of the work upon them is not to search for evidence of authentic research, but rather to open to a sublime state of *déjà vue*, in spite, for the most part being newcomers to the piece. The audience are being asked to assume nothing, and to immerse themselves in evidence as event as temporality.

This potential for misapprehension of the other, and the potential, in performance, for falling out of sync with 'the moment' or the other performers, the risk of getting carried with acting, with giving signals and information about one's 'character' if you like', and above all, the danger of forgetting lines, an create a sense of tension and suspension in the performance. Although the style of performance might be characterised as natural, there is no time to apply predetermined psychophysical aspects character, or carefully prepared and rehearsed traits. Woods seemed frustrated, dismayed on tour at the 'woeful' characterisation and brought glasses, a briefcase. I brought a wig, a drawing. We learned whole dances and kept very short sequences of movement. What we kept, was, as an end-point for the first part of the piece kept partially for dramaturgical reasons, to signal the end of the first part, and even then, we were to perform it as a desultory, improvised and half-hearted family ritual. We rejected pacing about, gesturing, so as 'not to let the audience off the hook' - they were to experience the stuck-ness, and the of the characters in the family without the relief of theatrical conceits. For a while I was looking at the audience as if looking at a TV, I abandoned this. For while Mum was tracking the car headlights in the road outside the house.

She may have internalised it, ultimately, but it was not signalled to the audience, in order to provide some stage co-ordinates. We abandoned 'mad-acting', choreography. Internally the landscape was full of residual images, locations, movements. When we tried to drag these up, the performance was laboured, when we forgot they would present themselves, in a posture, or expression that seemed to be in tune with the moment, as it had been called up by others in the same space.

The staging and positioning of the actors then and the way we communicated generated an aesthetic, or an ethos at least, that seemed to serve the intention of exploring the space between the unconscious and the conscious.

For audiences, interpreting TEOSWL presents a challenge, just as psychotherapy presents a challenge. Madness can be understood as condition of diegetic confusion, of the inability to discern between things that are in and out of 'reality', between fiction and reality, creative impulse and actuality and between thoughts, voices, smells, sounds and images that fly up from the unconscious and that which is experienced and shared and acknowledged by others.

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