

MAD OR JUST ACTING? Insanity and Theatricalisation

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A very common figuration of madness suggests that it is not simply 'blindness', but blindness 'blind to itself'. This construal of insanity figures the mad as those who have supposedly lost the distanciation in consciousness that would allow them to be both subject and object to themselves; it suggests that they can 'act' but cannot see themselves 'acting'. This conception is indispensable to legal constructions of subjectivity: to commit murder, one must have *mens rea*, a guilty mind. It follows, then, that the capacity for choice, the distinction between actor and act, is a fundamental assumption in our notions of punishability. And it is this assumption that this paper attempts to question. It sets out to examine those figurations of madness which deny that it can be as much 'strategic' as 'pathological'. To this end, the paper will utilise a number of examples drawn from philosophy, literature and film. The inclusion of this collection of texts serves to illustrate a rarely questioned logic, best exemplified by the question that we feel we must ask about Hamlet: is he mad or is he merely acting mad? It may turn out, on closer examination, that he is both.

Towards the end of Susan Sontag's novel *The Benefactor*,¹ the narrator reflects on his life and concludes that he could not have been insane, because his life has been a series of *decisions* which — despite their idiosyncrasies — should not be mistaken for evidence of mental pathology:

The issue of my sanity cannot be easily dismissed, but after long consideration of the matter, I hold that I was not insane. Call it eccentricity if you like — but do not explain it away. The acts of the eccentric and the madman may well be the same. But the eccentric has made a choice, while the insane person has not ...²

Likewise, for the literary critic Shoshana Felman, what characterises insanity is 'not simply blindness, but a blindness *blind to itself* ...'³ Sontag's narrator claims to have not been blind to himself. A predominant conception of

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¹ Sontag (1963).

² Sontag (1963), p 272.

³ Felman (1987), p 206.

madness, exemplified by the reflections of Sontag's narrator, holds it in opposition to voluntarism; mad people have lost the requisite distancing in consciousness that would allow them to be both subject and object to themselves. To put it in a slightly different way, they have lost the capacity to perform.

By performance, I refer to what Richard Schechner details in his influential essay 'Restoration of Behaviour': a cultural mode of corporeal and psychic action, founded on the central feature of distancing. The moment a disjunction is made or perceived between an 'actor' and a 'role', the mode of performance is invoked. Schechner includes a palpably wide spectrum of cultural activities in his notion of performance: shamanism, theatre, trance, exorcism, psychoanalysis, performance art, ritual. All of these activities share, and are predicated on, an awareness of distance between role and person:

restored behaviour is the main characteristic of performance. The practitioners of all these arts, rites, and healings assume that some behaviours — organised sequences of events, scripted actions, known texts, scored movements — exist separate from the performers who 'do' these behaviours.⁴

Schechner argues that it is precisely the separation of act and actor, via the mediation of tacit or explicit 'scripting', that allows for the transmission of various forms of ritual, theatre and gesture. The passing down of these (discursive and non-discursive) texts introduces a split in consciousness that allows the performer to be separated from their performance.

Taken in this highly specific sense, performance has profound connections with agency, in that it can be read as a necessary condition of legal subjectivity. Without the capacity to separate actor (self) from action, no meaningful account of agency or volition can be figured into the law. To commit 'murder', one must have *mens rea*, a guilty mind. Mad persons, by definition, cannot commit murder because they are not considered legal subjects. Following a precedent set by the *M'Naghten case* of 1843,⁵ the common law insanity defence requires the accused be deficient in what is now known as 'volitional criteria'. As IG Campbell argues, the capacity for choice, the distinction between actor and act, is the 'fundamental assumption' of punishability.⁶ And in an observation pertaining to both legal and psychological narratives of humanity subjectivity, Peter Hutchings points to the importance of certain presumptions regarding human rationality, and thus in turn, rational humanity:

Lacking the appropriate volitional and cognitive qualifications, the mad person is placed below the threshold of legal humanity; by exclusion,

⁴ Schechner (1985), p 35.

⁵ *Queen v M'Naghten* (sic) (1843) 4 *State Trials* 847-943.

⁶ Campbell (1988), p 117.

and by contrast, the mad murderer comes to delineate the limits of the responsible human subject. The mad 'murderer' is no murderer at all.⁷

In the psychotherapeutic arena, this presumption (of the absence of 'volitional criterion' in the mad) functions to suggest that the only 'actors' in psychotherapy are its therapists. This is a presumption that can be read in terms of its dramaturgy, not only because literature, drama and film often concern themselves with this very issue, but on account of the actual *theatrical stagings* of medical correction that histories of psychotherapeutics can provide.

Christopher Durang's absurdist play *Baby with the Bathwater*⁸ is highly suggestive of the central preoccupations of this paper. It dramatises a number of episodes in which the audience is subjected to repeated displays of grossly dysfunctional parenting. In the first scene of the play, we witness new parents, Helen and John, attempting to make their new child act 'normally' and be cheerful. In so doing, they resort to a variety of methods of coaxing, coaching, and castigation:

Helen: Smile, baby!

Both: (Angry.) SMILE! SMILE! SMILE! SMILE!

Helen: (Pleased.) Oh, John, look, it's smiling.

John: That's right, baby.

Helen: Do you think it's just pretending to smile to humor us?

John: I think it's too young to be that complicated.

Helen: Yes, but why would it smile at us when we shouted at it?

John: I don't know. Maybe it's insane.

Helen: I wonder which it is. Insane, or humoring us?⁹

The crux of Helen and John's dilemma can be introduced by a number of related questions. Does the child have a mental condition or is it just acting? Is this pathology or *strategy*? Is it mad or just *playing* with them? The aim of this essay is to question some of the presuppositions on which these questions are most likely predicated: it seeks to problematise the stability of the opposition between 'madness' and 'acting' on which such 'decisions' are repeatedly founded.

This paper attempts to engage with the notion of madness in its relationship to agency and theatricalisation. It will seek to problematise figurations of madness which rely on the collapse of the distinction between 'actor' and 'action', the loss of the ability to perform. But first we will need to outline some of the ways that madness has been figured as the 'other' of reason in order to make clear what is at stake epistemologically. Although the work of Descartes provides an initial orientation — the epistemic need to purge madness in order to secure veridical perception of an external world — it is perhaps Michel Foucault's *Madness and Civilisation*¹⁰ that stands as one

⁷ Hutchings (2001), p 54.

⁸ Durang (1984).

⁹ Durang (1984), p 23.

¹⁰ Foucault (1971).

of the most interesting examinations of the relationship between madness and epistemology. As such, a brief examination of some aspects of Foucault's text will lead us to consider some diverse 'cases' of theatricalisation as a medical-epistemic strategy.

'The Soothing System'

It is generally difficult to conceive of an attitude towards madness bereft of the language-based representationalism that has come to dominate the contemporary era. Apart from the obvious heterodoxy of Wilhelm Reich's 'bio-energetics', psychoanalysis has historically figured itself as the 'talking cure'. Psychotherapies, generally, have required that the ill recognise their illness; the mad must come to recognise their madness, their loss *to* or subsumption *within* their madness — they must come to recognise the loss of agency that their illness entails. Yet one may question whether this aim is achievable when the patient is the declared Other of reason, incommensurable with the order of truth and falsity? As will be shown, there often seem supposedly few options other than intricate theatrical 'stagings' and bodily manipulations of patients. When the irresolutely Cartesian reason of a doctor meets the equally axiomatic reasoning of a patient, one may witness psychotherapeutics in its agonistic and theatrical mode. In the realm of 'possible worlds', solipsism gives up begrudgingly, if it ever truly gives up at all.

In the chapter entitled 'Doctors and Patients', Foucault details the following case, originally reported in the *Gazette Salulaire* on 17 August 1769:

The case is cited of a sufferer who thought that he was dead, and was really dying from not eating; a group of people who had made themselves pale and were dressed like the dead, entered his room, set up a table, brought food, and began to eat and drink before the bed. The starving 'dead man' looked at them; they were astonished that he stayed in bed; they persuaded him that dead people eat as much as living ones. He readily accommodated himself to this idea.¹¹

In this case of 'cure by theatrical representation', the laborious task of awakening the patient via the deployment of reason seems to have met its match; the treatment requires a wholly imaginal framework, confident that a confrontation of the unreal with itself can precipitate a form of epistemological neuralgia (somewhat like the function of actors in a morality drama, where a staged death could always prevent an 'actual' one).

In a strategic manoeuvre that Foucault perceives as 'anti-dialectical', illusion is set up to cure the illusory; the work of the normal imagination goes to work on the pathological one. The acting of the doctor must be taken as 'real' by the patient; he must feign madness in order to bring it to crisis. One should 'pretend to the same substance', 'continue the delirious discourse', the

¹¹ Foucault (1971), p 188.

madman's logic must be understood and adhered to.¹² In other words, madness is to be led to an internal collapse; faced with itself, the weight of its own unreality should force a crisis and the 'spell' of the pathological phantasms can be broken: 'It must be led to a state of paroxysm and crisis in which, without any addition of a foreign element, it is confronted by itself and forced to argue against the demands of its own truth.'¹³ The technique of theatrical representation must stay perilously close to a confirmation of the delirium; it only escapes madness itself through its self-realisation as a form of deliberate dramatisation: 'If it represents it as the risk of confirming it, it is in order to dramatize it.'¹⁴ Ultimately, the key to this mode of correction somehow lies in its relation to theatricalisation and yet, through the conception of 'cure by theatrical representation' as 'anti-dialectical', Foucault's theory seems to *deny madness a dramaturgy*.

The medical efficacy of this treatment — rather than merely its theatrical efficacy — is contingent, Foucault informs us, on the presence of a ruse that adequately disguises the doctor's altered register. In other words, the doctor's ruse suggests a capacity for performance, an element that surreptitiously disrupts the autonomous operation of the delirium through a deception. The medical intervention must come without corrupting the discourse of the delirium; madness must be turned back upon itself if it is to reveal its own truth. The ruse, if it is to be successful, must be bound to the back of the delirium without being tied to its *truth*. Foucault provides an example:

The simplest example of this method is the ruse employed with delirious patients who imagine they perceive within their bodies an object or an extraordinary animal. When an invalid believes that he has a living animal shut up within his body, one must pretend to have withdrawn it; if it is in the stomach, one may, by means of a powerful purge, produce this effect, throwing such an animal into the basin without the patient's knowing.¹⁵

In relation to the notion of 'restored behaviour', the 'cure by theatrical representation' is predicated on a performative distancing for its supposed epistemic and therapeutic efficacy. The 'non-being' of the delirium can only be allotted a therapeutic space by luring it out into a world of reality — the 'reality' of theatrical fantasy. The task is to then hold it captive until more orthodox Cartesian approaches can be applied.

Foucault claims to deal with a 300-year period: from the Middle Ages to the start of the eighteenth century. Yet his characterisation of a therapeutics in which madness is forced to confront itself raises some questions — and attests to some practices — that are not necessarily specific to the era that he discusses. Indeed, this interesting therapeutic motif seems to display less

¹² Foucault (1971), pp 187–88.

¹³ Foucault (1971), p 188.

¹⁴ Foucault (1971).

¹⁵ Foucault (1971), p 190.

historical specificity than most other aspects of the texts to which such representations belong. André de Lorde's play *The System of Doctor Goudron and Professor Plume*, presented for the first time on 3 April 1903 at the Théâtre du Grand Guignol, bears some striking similarities to what Foucault describes:

Goudron: The method that I use for the treatment of the sick — a method which I call 'the soothing system' — is my invention. But this method has been very seriously modified in certain parts by my illustrious friend. (*He indicates Professor Plume.*) The treatment that we use on our patients, gentlemen, is one of the utmost simplicity. We do not contradict any of their whims. Just the opposite. Not only do we go along with them, but we even encourage them. It is thus that we have been able to bring about a certain number of radical cures: approximately 60 per cent.

Jean: (*Writing.*) Sixty per cent?

Henri: (*Also writing.*) Really? In that proportion?

Goudron: Absolutely! There is no argument that so touches the feeble reason of the madman as the '*reductio ad absurdum*'. We have had, for example, patients who believed themselves to be chickens. The cure was to insist upon the thing as a positive fact and thus to refuse him any other diet for a week except that which properly pertains to a chicken. In this manner a little corn and gravel were made to perform wonders. Some corn ... some gravel! (*He laughs. They all start to laugh.*)¹⁶

As funny as the good doctors find this technique, and despite his claims to originality, we know that Doctor Goudron did not invent this 'soothing system'. In fact, the attempt to out-mad madness is evinced in a startling array of literary, filmic and medical texts — a vast proliferation of instances which demand an expanded frame of inquiry if we are to appreciate some of its nuances. As we will see, there is a generic logic to this theoretical-therapeutic-theatrical motif that seemingly transcends high and low culture, theatre and film, and even 'theory' and fiction.

To Out-Mad Madness: A Medico-Epistemic Strategy

The cure by theatrical representation that Foucault and Goudron describe could be loosely dubbed 'homoeopathic'. Homoeopathy is a medical philosophy invented by the German physician Samuel Hahnemann in the early seventeenth century. Opposing an allopathic orthodoxy that 'unlike should cure like', Hahnemann adopted an approach that worked on the principle of like curing like.¹⁷ When employed in the psychotherapeutic context, however, the 'homoeopathic' approach is somewhat different. It relies on a conception

¹⁶ de Lorde (1974), pp 48–49.

¹⁷ Weil (1983), pp 3–38.

of the patient as utterly devoid of agency, even when they are construed as consummate performers.

Shakespeare's *The Taming of the Shrew* tells the story of a wealthy statesman from Padua named Baptista, and his eldest daughter, whose loud and intemperate behaviour has earned her the nickname 'Katherine the Shrew'. Baptista had agreed not to allow any of his other daughters to marry until Katherine was wed. Petruchio, a visitor to the town, on hearing of Baptista's wealth and influence and unperturbed by Kate's reputed ill-humour, sets about convincing Baptista to allow his eldest daughter's hand in marriage.

Although Baptista is somewhat taken aback by Petruchio's strange request, he sets the day for the wedding. However, strange things begin to occur: on the designated day, all of the wedding guests arrive except for Petruchio and his entourage, who stumble in very late and in entirely inappropriate attire. Baptista responds thus:

Baptista: Why, sir, you know this is your wedding day,
First we were sad, fearing you would not come,
Now sadder that you come so unprovided.
Fie, doff this habit, shame to your estate,
An eye-sore to our solemn festival.¹⁸

It is only a few lines later, however, that Tranio — Lucentio's servant and confidante — admits to seeing a 'meaning in [Petruchio's] mad attire',¹⁹ although none of them quite seem to be aware of the meaning or trajectory of Petruchio's strategy. Needless to say, Petruchio's own 'shrewish' behaviour goes on unabated; during the rites of the church ceremony, when asked if he wants Kate as his wife, he swears so loudly that the vicar drops his bible, and when the vicar bends over to pick it up, is promptly pushed over by the bridegroom. The guests are shocked by Petruchio's behaviour as, up until this day, he had showed himself to be a gentle and well-mannered man (if somewhat eccentric).

At the conclusion of the ceremony, Petruchio abandons the feast that has been laid out and takes his new wife home. During the couple's farewell, Lucentio enquires of Bianca what she thought of her sister's wedding, to which she replies: 'That being mad herself, she's madly mated.'²⁰ At first glance, Bianca seems correct. On arriving home, Petruchio promptly finds fault with all of the bedclothes, food, and garments that have been prepared for his new wife.

Petruchio: What's this? Mutton?
First Servingman: Ay.
Petruchio: Who brought?
Peter: I.

¹⁸ Shakespeare (1968), III ii 96–100. All further references will be to this edition of the text.

¹⁹ Shakespeare (1968), III ii 23.

²⁰ Shakespeare (1968), III ii 243.

Petruchio: Tis burnt, and so is all the meat.
 What dogs are these!
 Where is the rascal cook?
 How durst you, villains, bring it from the dresser
 And serve it thus to me that love is not?
 There, take it to you, trenchers, cups, and all.
 (*He throws the food and dishes at them.*)
 You heedless joltheads and unmannered slaves!
 What, do you grumble? I'll be with you straight.
 (*Exeunt Servants hurriedly.*)²¹

Petruchio's explanation in such circumstances is that the goods offered are not of a high enough standard for his new wife. Yet these histrionics are soon revealed to be part of a broader strategy of correction. Indeed, Petruchio's method for curing Katherine's shrewishness is laid bare in his dealings with the dressmaker. After publicly castigating the tailor for the inadequacy of his garments, the following exchange occurs:

Grumio: O sir, the conceit is deeper than you think for.
 Take up my mistress' gown to his master's use!
 O fie, fie, fie!
Petruchio: (*aside*): Hortensio, say thou wilt see the taylor paid.
 (*to the Tailor*) Go take it hence, be gone, and say no more.²²

Hortensio then privately informs the tailor that the garment will be paid for the next day, and instructs him not to take notice of Petruchio's 'hasty words'. Eventually, the story goes, Petruchio's strategy — unrevealed, one presumes, to Kate — is so remarkably effective that it becomes widely known that Katherine has become the best mannered and most obedient wife in all of Padua.

Of course, in Kate's behaviour — both her 'illness' and her 'wellness' — we recognise not so much 'madness' as 'badness' and not so much a 'cure' as 'coercion'. Kate's behaviour and its characterisation as a kind of pathology attest to the role of social codes and inscriptions in determining diagnoses of behaviour. In not seeing — or in not wanting to see — the performative, strategic aspects of her actions, Petruchio — and perhaps the play itself — works to nullify the agonistics of Kate's behaviour, and thereby 'enacts the defeat of the threat of a woman's revolt'.²³

Like Foucault's case of the 'dead man' and Goudron's 'soothing system', Petruchio's ruse appears to share certain premises with the 'cure by theatrical representation'. When Peter suggests that Petruchio will kill Kate 'with her own humour', he recognises that there is no straightforwardly dialectical opposition in Petruchio's behaviour; all is done for her supposed 'benefit' and with the temper to which she herself is accustomed. In other words, madness is

²¹ Shakespeare (1968), *IV i* 143–153.

Shakespeare (1968), *IV iii* 157–161.

²³ Gay (1994), p 86.

again faced with itself: the 'healthy' imagination of Petruchio wages war with the 'madness' of Kate through a continuation of the delirious discourse. Kate's aberrant logic is adhered to until it collapses under the demands of its own register, a collapse which supposedly causes her to realise the truth (of her own madness).

The story of Kate's remarkable 'recovery' finds strange analogues in the cure of Leonard Zelig in Woody Allen's film *Zelig*.²⁴ Leonard Zelig is portrayed as the 'human chameleon', changing his physicality (degree of adipose tissue, skin pigmentation, accent, etc.) in the presence of other people. Allen seems to want to literalise the idea of the 'personality deficient', those who would turn themselves into mimetic doubles of any group of people that they happen to be spending time with. In the film, a number of 'experts' posit theories as to the origin of his illness: glandular dysfunction, brain tumour, eating Mexican food, misalignment of the spine, and so on. However, all of their attempted explanations and interventions fail. Finally, the brilliant psychoanalyst Eudora Fletcher, who had initially treated Zelig, is given a final chance. In the presence of Fletcher, Leonard Zelig turns into a psychoanalyst; he reads the works of Freud during the day and speculates extensively on penis envy. At first, Fletcher is adamant that Zelig is a patient and that *she* is the analyst. Zelig scoffs at the suggestion and retorts that he'd better leave, as he is late for a course that he teaches at a local college on 'masturbation'.

One night, while out to dinner, Fletcher conceives her 'brilliant and innovative plan'. Her breakthrough comes when she finally stops dialectically *opposing* Zelig's insistences that he is a Freudian analyst, and instead begins to ask him about his psychoanalytic practice.

Fletcher: Dr Zelig ...

Zelig: Yes.

Fletcher: I ... I wonder if you could help me with a problem.

Zelig: (*fidgets nervously*) Yeah, I'll certainly try. Of course, we can't promise anything.

Fletcher explains to 'Dr Zelig' that she lies about who she is, because she wants to be liked and desires to 'be like everybody else'.

Zelig: (*increasingly nervous*) You're a doctor ... you ... you should know how to handle that.

Fletcher: The ... the truth of the matter is ... I'm not an actual doctor.

Zelig: (*shifting about in the chair.*) You're not?

Fletcher: No doctor. No I ... I've been pretending to be a doctor to ... to fit in with my friends. You see, *they're* doctors.

Zelig: (*confused*) That's *something* ...

Fletcher: But ... but you're a doctor, and you can help me. You *have* to help me.

Zelig: I don't feel that well, actually.

²⁴ *Zelig* (1983).

Lured by 'momentary disorientation' (film narrator), the patient is able to be hypnotised by Fletcher. It is at this point that Zelig's pathology is brought to crisis and movements towards a cure can be entered into. Through *mimesis*, Fletcher is able to enter Zelig's communicative register and bring it to a crisis.

Madness and Strategy

Applying Schechner's notion of 'restored behaviour' to the 'cases' thus far detailed, one can say that the (so-called) mad are perceived as wholly without such a facility. Indeed, it is the presence of restored behaviour — the particular state of consciousness that allows one to appear to oneself as a self, as a self engaged in repeating performative strips of behaviour — that endows the 'treatments' in these instances with their purported medico/epistemological efficacy. Without restored behaviour, none of these forces of 'correction' could operate, as their ruses operate wholly within the economy of performance; the 'therapists' are able to mimic a communicative register in order that it be brought to crisis.

However, it stands to be asked whether such presumptions — those entertained by Foucault, Trallion, Petruchio and Fletcher — can be substantiated. One should ask whether or not such 'cures' were indeed effected, and whether or not, if they were, they in any way understood their own efficacy. Even in the cases taken from film and drama, whose instances are those of 'fiction', it is strictly undecidable as to what extent the 'illnesses' have been purged. In the case of *The Taming of the Shrew*, theatre directors are obliged to decide the extent to which Kate is 'cured', the extent to which she is 'coerced' and even the extent to which this distinction could be performed by an actor. Perhaps the oversight of both Foucault's and Petruchio's accounts is to reduce madness to a silence: to invoke accounts of theatricalisation without dramaturgy, to figure the dramatic without *agon*.

In the introduction to *Madness and Civilisation*, Foucault suggests that he will be writing not about the historical languages of madness, but about the archaeology of the silences.²⁵ This introduction is not without critical weight, as it outlines a theoretical standpoint that forever allows the mad *themselves* no strategy; they can never act, but only be forever *acted upon*. In the words of Foucault in *The Archaeology of Knowledge: A Discourse of the Human Sciences*: 'Whether excluded or secretly invested with reason, the madman's speech did not strictly exist ... it was taken for mere noise.'²⁶

However, the efficacy of the 'theatrical ruse' is perhaps predicated on a certain theoretical naiveté, without which it could not function. The mad person is thought not to possess the capacity to perform, to counter-strategise against a doctor perceived by them as a foreign consciousness, a consciousness that might itself be construed by the patient as 'mad'. In this sense, the classical era's experience of madness enacts a certain anxiety that epistemology held towards illusion: that it could be strictly controlled for the purposes of the achievement of an ever more secure apodicticity. In his first

²⁵ Foucault (1971), p xiii.

²⁶ Foucault (1972), p 170.

meditation, Descartes himself enters a kind of 'madness' — an absolute subjectivity — which entertains the possibility that the world may prove to be an elaborate illusion. Undoubtedly, Descartes' 'madness' is to cast doubt on the obvious, yet this very act of critical distancing is what separates him from the mad: madness is excluded by the doubting subject. Insanity is entered into only so that it can ultimately be eliminated by reason. As Shoshana Felman has reformulated the *cogito*: 'I think, therefore I am not mad; I am not mad, therefore I am.'²⁷

If Descartes' *Meditations* attests to the fact that metaphysics is haunted by the illusory, then the inverse might also be argued: illusion may prove to be a kind of metaphysics:

Illusion is certainly the source of every difficulty in metaphysics, but not because metaphysics, by its very nature, is doomed to illusion, but because for the longest time it has been haunted by illusion and because, in its fear of the simulacrum, it was forced to hunt down the illusory. Metaphysics is not illusory — it is not merely another species of this particular genus — but illusion is a metaphysics.²⁸

In *Artaud and the Gnostic Drama*,²⁹ Jane Goodall recounts a battle between Antonin Artaud and his psychiatrists, centred on a series of stagings of 'correction'. Artaud participates in a dialogue with his protagonists about his supposedly 'paranoid' state, where at each stage Artaud raises the stakes through recourse to a previously overlooked 'orthodoxy' from which those who wish to correct him may be manoeuvred into a position acknowledging that it may be *they* who are in need of 'correction'. They — the doctors — may be representatives of the false imagination, of heresy, of the 'evil demon' that they attribute to Artaud's discourse in order to invalidate his epistemology. Goodall picks up on the assumption in Foucault's discourse that the only true 'actors' in the psychotherapeutic performance are the doctors. Thus she argues:

The physician is pitted against the madman as philosopher and hermeneuticist, charged with the task of outmanoeuvring him by imposing upon him, often by quite violent tactics, the logics of Cartesian thought. But Foucault's presentation of madness ... as that which is always acted upon and cultivated by those who have an investment in the teleologies of correction, cannot accommodate the possibility of a competition between patient and doctor in which both are strategists, and the madman's investment in what his opponent calls 'error' is also teleological.³⁰

²⁷ Felman (1975), p 210.

²⁸ Foucault (1977), p 170.

²⁹ Goodall (1994).

³⁰ Goodall (1994), p 171.

Goodall's argument is cogent. In 'A Matter of Identity',³¹ the neurologist Oliver Sacks describes a patient suffering with Wernicke-Korsakov's disease. According to *The Merck Manual of Diagnosis and Therapy*, the aetiology of Korsakov's disease, in its early stages, involves what is described as 'confabulation', where a patient substitutes wholly imaginary experiences and identities to fill in the cognitive gaps produced by amnesia.³² Sacks' chapter, which is worth quoting at length, opens thus:

'What'll it be today?' he says, rubbing his hands. 'Half a pound of Virginia, a nice piece of Nova?'

(Evidently he saw me as a customer—he would often pick up the phone on the ward, and say 'Thompson's Delicatessen'.)

'Oh Mr Thompson!' I exclaim, 'and who do you think I am?'

'Good heavens, the light's bad — I took you for a customer. As if it isn't my old friend Tom Pitkins ... Me and Tom' (he whispers in an aside to the nurse)' was always going to the races together.'

'Mr Thompson, you are mistaken again.'

'So I am,' he rejoins, not put out for a moment. 'Why would you be wearing a white coat if you were Tom? You're Hymie, the kosher butcher next door. No bloodstains on your coat though. Business bad today? You'll look like a slaughterhouse by the end of the week!'³³

Sacks continues the recounting of the sorry tale of William Thompson, a patient whose existence is a whirlwind of 'improvisations', of identifying, mis-identifying, half-identifying himself and others, without actually ever identifying himself or his situation 'correctly'. Sacks reports how confidently Mr Thompson shuttles from one 'identification' to the next, never stopping to wonder, and never embarrassed by his admitted mistakes. Sacks claims that, for Mr Thompson, the world was not a 'tissue of ever-changing, evanescent fancies and illusions, but a wholly normal, stable and factual world. So far as *he* was concerned, there was nothing the matter.'³⁴

On one occasion, Mr Thompson went for a day trip, declaring himself 'the Reverend William Thompson' at the front desk, ordering a taxi and spending the day telling the cab-driver a series of fantastic stories about people he had met and places that he had visited. On his return, the cab driver expressed astonishment: 'I could hardly believe so much was possible in a single life,' he said. 'It is not exactly a single life,' we answered.³⁵

³¹ Sacks (1985).

³² Berkow and Fletcher (1992), p 1397.

³³ Sacks (1985), p 103.

³⁴ Sacks (1985), p 104.

³⁵ Sacks (1985), p 105.

Sacks' explanation of Korsakov's syndrome is predicated on the biographical identity of the 'normal' human subject.

For Sacks, all of us have biographically based 'innermost stories' that serve to ground our lives and provide for each of us 'a single narrative, which is constructed, continually, unconsciously, by, through, and in us'.³⁶ Patients with Korsakov's, however, have had this 'innermost story' denied them; Korsakov's, according to Sacks, is an inability to sustain a narrative of personal continuity. It reduces its hapless victims to a delirium, a 'shimmering' surface that lacks depth and feeling. Yet, for Sacks, this lack of human depth or feeling is ultimately an epistemological issue. Mr Thompson's improvisational frenzy bypasses emotional depth, and thereby evades the duality of truth and falsity:

under his fluency, even his frenzy, is a strange loss of feeling — that feeling, or judgement, which distinguishes 'real' and 'unreal', 'true' and 'untrue' (one cannot speak of lies here, only of 'non-truth').³⁷

This statement by Sacks is a key to understanding his conception of Korsakov's syndrome: by denying Mr Thompson the capacity for 'lying', he denies him the capacity for strategy against the neurological institute. Mr Thompson's discourse can only ever be seen thus as exhibiting a general incommensurability with the symbolic order, never as *a force deployed against it*. Once again, madness and performance are placed as mutually exclusive. Is this not like the decision one must make about Hamlet — is he acting or is he mad? It might very well prove, as we shall see, that he is *both*.

For Sacks and Luria (who was, in many ways, Sacks' mentor), the most desperate of patients are the ones who are utterly lost to their condition: to paraphrase Foucault, they have somehow lost the capacity to internalise their subjectivity and make it for themselves an object of reflection. In *The Man with a Shattered World*,³⁸ Luria describes in unabashedly heroic terms a patient named Zazetsky, who is constantly labelled a 'fighter' — a man ever conscious of his state and forever waging a battle against it. But read in other terms, Zazetsky is forever waging a war *for Luria*. For Oliver Sacks, Mr Thompson is damned because he doesn't realise that he is damaged. Of course, a specific question begs to be asked: how we *know* that Mr Thompson isn't 'aware' of his condition — of his placement in an institution, of his designation as 'insane', of Sacks' and others' attempts to 'cure' him, to proffer him a coherent biography and identity, to stop his incessant 'confabulations'? When Mr Thompson books a cab as 'the Reverend William Thompson' for a day trip, how do we know that he isn't fighting just as hard as Luria's heroic Mr Zazetsky — just for the *wrong side* — and what's more, using the very presumptions inherent in his prognosis that suggests that he is incapable of performance, that he isn't *fighting at all!*

³⁶ Sacks (1985).

³⁷ Sacks (1985), p 107.

³⁸ Luria (1972).

Décision

Christopher Durang's new parents, John and Helen, have to make the same decision that needs to be made about Hamlet. It is the decision that Petruchio has already made about Kate, Oliver Sacks about Mr Thompson, and Eudora Fletcher about Leonard Zelig. But there is perhaps something false, or at least forced, about this choice. If the 'imaginal framework' is perhaps the only one that produces therapeutic results, then psychoanalysis is in the strange position of always being imbricated in what it attempts to expunge. As Shoshana Felman indicates: 'Fundamentally, the dialogic psychoanalytic discourse is not so much informative as it is performative.'³⁹ And insofar as analysis appears to be clinically effective, its effectiveness is not related to its capacity to reveal the truth about the patient to him or herself, but rather the way its discourse situates the patient to those around him or her. Put another way, the clinical function of analysis does not involve primarily an epistemological task of knowing the subject or even 'accepting' their language, but the ethical one of *replying* to them. Jacques Lacan states:

the decisive function of my own reply appears, and this function is not, as has been said, simply to be received by the subject as acceptance or rejection of his discourse, but really to recognize him or to abolish him as subject. Such is the nature of the analyst's *responsibility* whenever he intervenes by means of speech.⁴⁰

Perhaps this is what is lacking in Petruchio's response to Kate and Sacks' response to Mr Thompson: the assumption that the 'mad' are behaving honestly but incomprehensibly entails that no genuine 'reply' can ever be entertained. The attempt to elicit epistemological neuralgia through presenting the unreal with itself, the 'continuation of the delirious discourse', the 'anti-dialectical manouvre', ensures that the strategic dimensions of any 'madness' are elided and that the social codes which endow the it with its disruptive potential are kept at arm's length. Ultimately, it is not simply a case of the mad (or bad) being able to 'perform', but that the rupture that is assumed to exist between madness and performance ensures that the social inscriptions of these 'pathologies' are repeatedly kept from view, and that a proper response to performative disruption invariably supplants *reply* with *diagnosis*.

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³⁹ Felman (1987), pp 118–119.

⁴⁰ Lacan (1977), p 87.

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