

Method in Our Madness: Seeking a theatre for the psychically disabled other

by Emily Hunka

As a child, in my first year in a secondary state school in Surrey, in the London suburbs, I experienced ‘a type of aggression by which someone who holds a dominant position in a group-interaction process by intentional or collective acts, causes mental and/or physical suffering to another inside a group’ (Yohji Morita quoted in Schott, 2014, 35), experiencing bullying as ‘psychic torture’ (Schott 2014, 21). Singled out as different from my peers, I was, according to Schott, the unfortunate scapegoat for natural human process:

A society is defined by whom it both includes and excludes. Exclusion is necessary to establish the borders of society...Such borders are not rigid, but constantly under pressure to be negotiated. Individuals or groups who are excluded become viewed as ‘the other’ by the society that excludes them’ (Schott 2014, 38).

I am defined as the other, along with many others then, and now, whose differences are deemed reason for being ostracised (those with physical disabilities or differences; learning difficulties; speech and language difficulties; behavioural issues; mental health difficulties) were/are apparently ‘destined’ for this fate (Young Minds 2015, np). For me, the perceived differences from my then peers – primarily in acute sensitivity, public displays of emotion, and the imaginative worlds I inhabited – are also the very differences that now enable me to make a living as an artist and artist-researcher, and to bond with other artists

who have comparable experiences. They are also a collection of traits that have, for me, been linked to a diagnosis: that of Bi-polar Disorder. Since I choose to own it as a practical and political identity, 'Disabled', it connects me to the sub-culture of artists who share similar atypical mental experiences. But there is a third identity I have –that of applied theatre artist/facilitator - that has remained stubbornly distant from the others. I run workshop programmes for young people with “mental health problems”, but, for the most part, this crucial part of who/what I am remains hidden from those I work with. Up to now, I have lived with this reality, with a nudging discomfort; young people who have atypical mental health experiences and I are of what Ken Robinson would call the same “tribe”, sharing attributes and experiences, both emotional and social, as we grapple together with joy and despair, stigma and the complexities of being a mental health (NHS) ‘Service User’. According to Robinson “when tribes gather in the same place, the opportunities for mutual inspiration can become intense” and “can have transformative effectives on your sense of identity and purpose” (Robinson 2009, 197). Through the prism of a society in twenty-first century Britain, this paper seeks to find an identity for this tribe, and whether - circumnavigating the complicated networks of health and illness, normative and other, personal and social, - an applied theatre can, in the spirit of a ‘radical openness’ (hooks 1999, 205), find a joyous and meaningful space in the margins.

In *The Labelling Effect: Drama, mental health and learning disability*, Nicola Hatton suggests that there are inherent problems with the term ‘learning disabled’ as “the effects of labelling on the individual will nearly always be detrimental, a ‘structural oppression’ created by society, which attaches a meaning to physical and mental variation based on a common perception of normality” (2009, 91). However, without that formal disability label those with mental health ‘issues’ are, I would argue, more disenfranchised in describing themselves, and being described. A discussion of emotions, thoughts, and behaviours cannot go far

without quickly becoming inveigled in terminology. As well as the label ‘disorder’, the terms mental health ‘problems’, ‘difficulties’, ‘issues’ are also applied. When I identify as disabled, I do so making reference to the UK Equalities Act 2010, which states (in schedule 1, paragraph 2(2)) that “a disability is a physical or mental impairment that has a ‘substantial’ and ‘long-term’ effect on [a person’s ability] to do normal daily activities, including experiences that are ‘reoccurring or fluctuating’” (*Gov.uk* 2010, np). But I operate in a context of mental health activism and within networks of others who would identify as Disabled. According to the World Health Organisation’s International Classification of functioning, disability and health (ICF), “there is not an explicit or implicit distinction between different health conditions, whether ‘mental’ or ‘physical’” (ICF 2015, 1). But the difficulty of describing that disability suggests, at least on a socio-political level, this is not the case. I prefer ‘disabled’ to having ‘mental health problems’ for example, to describe the day-to-day experience of having an enduring atypical mental health experience, and embracing the notion that my emotional sensitivity and proneness to both mental distress and mental insight are intrinsic, and a self that I choose to own. However, the right prefix is harder to own; ‘mental disability’ has, in the UK, connotations of ‘mentally handicapped’, a term that used to describe those who are now labelled ‘learning difficulties’, and is now considered offensive. Psychological disability comes closer, but by using this term, I am privileging scholarship and practice that follows a psychology model, a therapeutic tradition of psychoanalytic, psychodynamic and behavioural therapy. Its alternative ‘psychiatric disability’ conversely privileges the medical model. ‘Neurological disability’ may also describe neurological conditions such as Parkinson’s disease, or acquired brain injuries. I have therefore chosen ‘psychic disability.’ Although it has unfortunate connotations with its other definition, mind-reading (psychic ability could read as something completely different!), ‘psychic’ as in “relating to the mind or the soul”

(OED) describes a broader experience than can incorporate both brain chemistry and processes of thoughts and emotions, including those that may be described as spiritual; young people with substantial and enduring psychic disabilities describe those who have “acute and complex” needs as identified by the Child and Adolescent Mental Health Service (CAMHS) Tier system (Tiers three and four) (Pugh 2015).

Although ‘Social capital’, has been used for over a century in different contexts, including by Pierre Bourdieu, in this paper, I am limiting an interpretation of it solely to a British twenty-first century context. Here, it is described in *Measuring National Well-being - An Analysis of Social Capital in the UK*:

In general terms, social capital represents social connections and all the benefits they generate. Social capital is also associated with civic participation, civic-minded attitudes and values which are important for people to cooperate, such as tolerance or trust.’ (Siegler 2015, 1)

Its relevance to this paper is its context of the particular political paradigm of ‘moral capital’, used in 2012 by Prime Minister David Cameron, as “that genuinely popular capitalism... allows everyone to share in the success of the market and can promote morality” (Cameron 2012), (although it also extends backwards to refer to a neoliberal ideology of the New Labour Government 1997-2010). Grootaert describes it as “the glue that holds societies together and without which there can be no economic growth or human wellbeing” (in Siegler 2015, 1). Its mass appropriation into the areas of health, wellbeing, culture and education is, I will argue, disadvantaging young people with psychic disabilities. Arguably emerging from Adam Smith’s notion of “human capital” as assuming that capital can rest with the individual labourer, in order to [use] the acquired and useful abilities of the population in a country as part of its capital (Smith 2007 [1776]), its critics, such as Marxist philosopher Henry Giroux, describe this pervading “mode of public pedagogy” as disturbing. It:

not only furthers a market-based ethic, which reduces all relationships to the exchange of money and accumulation of capital, it also de-politicises itself and reframes public activity as utterly personal practices...a creation of atomised individuals who live in a moral coma...and relate to others in a sheer survival of the fittest ethic (Giroux, 2014, 1).

This process of de-politicisation and ‘moral coma’ is usefully contextualised by Pierre Bourdieu’s concept of Symbolic Violence in *Reproduction in Education, Culture and Society* (1977), a mechanism by which the dominant power structure (pedagogic authority) conveys an oppressive agenda that those disseminating information (pedagogic agents) take as the authoritative ‘truth’: “every power to exert symbolic action” suggests Bourdieu “is every power which manages to impose meaning and to impose them as legitimate by concealing the power relations which are the basis of its force, adds its own specificity force to those power relations” (Bourdieu 1977, 9). The culture imposed, according to Bourdieu, is arbitrary, passed into constructs of meanings as if an empirical observable reality (Bourdieu 1977, 9). Young people with psychic disabilities are grievously abused by symbolically violent acts that banish them beyond social borders, undesirable deportees that bring nothing valuable, and yet are forced to peer through the wire wishing for asylum for acceptance. ‘Wellbeing’s proliferation in the UK over the last decade can be linked to two 2008 reports from the *Government Office for Science’s* Foresight Project and a National Wellbeing Audit from the Office of National Statistics in 2011. The first report, *Mental Capital and Wellbeing: Making the most of ourselves in the twenty first century* states:

[the] key message is that if we are to prosper and thrive in our changing society and in an increasingly interconnected and competitive world, both our mental and material resources will be vital. (Foresight 2008).

Five Ways to Wellbeing also emerged from research undertaken for Foresight, by the *New Economics Foundation* (NEF), also published in 2008. The concept of

the “Five Ways” was to enable people to improve their wellbeing and happiness by adopting five self-improving actions – to: “Connect”; “Take notice”; “Be active”; “Keep learning”; “Give” (Aked 2008). Reducing the evidence to five postcards for public use, citizens follow instructions that, ‘if practised regularly’ (Cordon 2008, np), can improve personal wellbeing, as the postcard for “connect,” suggests:

Connect with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. (Aked 2008, 5).

Seven years later its dominance endures. The *Five Ways* have become influential and widespread, “successful in capturing the imagination of many people working in a variety of fields[...] used in a number of innovative ways, from school-based educational programmes to public festivals, and picked-up as far afield as Australia and New Zealand” (Mahony 2011, np). This includes effective use of a capitalism marketing strategy, disseminating the Five Ways in colourful and ‘user friendly’ tools including “puppets, fairy tales...a quiche” and an app for android and i-phone (Wimbush 2010, np).

Overlapping with the rhetoric of the *Five Ways*, the concept of ‘Resilience’, pioneered by the charity Banardo’s, as an approach to influence children’s services since the mid-1990’s, has influenced over a decade of academic and expert practitioners review research about ‘what works’ for health and happiness in children (Newman 2004). The research suggests a list of ‘resilience factors’, which strengthen a child’s reserves and give him a chance for a more successful life. Although far more complex than I am conveying here (unlike the *Five Ways*, it puts the resilience factors in the context of life risk factors such as transition points and acute episodes of stress), its language fits comfortably within the rubric of Moral Capitalism. It suggests ways in which children can acquire stronger chances at happiness. A list of resilience ‘factors’ for those in adolescence and

young adulthood include having social support networks; a sense of mastery and a belief in one's own efforts can make a difference; participation in a range of extra-curricular activities; the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised; the ability – or opportunity – to 'make a difference' by helping others or through part-time work; and not to be "excessively sheltered from challenging situations that provide opportunities to develop coping skills" (Newman 2004, 3-4).

Both these tool-kits begin with an assumption of a norm. They place the onus on the child to participate in civic life in order to accrue mental capital: unless she connects, gives, develops coping strategies, gets a job, learns, like a bank account with no money, she will be deemed a failure. In fact, drawing on neurobiological theories (Schore 1994, Siegal 1999, LeDoux 2002, Van de Kolk, 2005, Cozolino 2006), this advice for psychically disabled young people is both impossible to take, and entirely counter-intuitive.

Tim Cantopher describes depression in particular as a physical illness, a failure of the part of the brain that regulates emotions. Like any other physical system it breaks under significant stress - "the limbic system is a type of fuse mechanism and it doesn't matter how hard you try, you can't achieve anything" (Cantopher 2012, 1).

This is particularly pertinent working with young people with psychic disabilities, not least those who have been neurologically damaged by relational trauma (including by bullying). Geddes claims that these children have an entirely different "internal [biological] working model" from other children in which "they do not assume safety and they cannot relax but must stay constantly hyper-alert to threat." (Geddes in Bomber, 2011, 6-7). As Bomber states:

These pupils are interpreting things very different to the majority and we must never overlook or dismiss this. It's not just a matter of "*just get over it*" as some cynics might comment when they overhear discussions about vulnerability. (Bomber 2011, 6-7)

It is therefore biologically impossible for children with these psychic disabilities to positively implement the Five Ways independently, to ‘connect’, to ‘learn’, or to ‘give’. Cantopher advises (as with a physical injury) rest; Bomber, a stable environment safe from threat. Unfortunately, under a regime of symbolic violence, these young people are led to believe they have failed – because they have not achieved this mainstream ideal, they cannot achieve that promise of happiness, itself a false legitimacy. Instead, for these differences, they are more likely to be punished, bullied and excluded for failure to live up to the wellbeing ideal. School systems, through these systems of symbolic violence, are urged to support the false legitimacy. Strategies for dealing with school bullying provide a useful example of this. Advice in *School Support for Children and Young People who are Bullied Factsheet* advocates a particular approach:

Removing bullied children from school, even for a short time, disrupts their education and can make it difficult for them to reintegrate. It also fails to address the causes of the problem and can send the wrong message that victims of bullying are unwelcome. (Department for Education 2014, 2)

Personally, the feeling of entrapment in my situation when I was thirteen, that in the school corridors, classrooms, and even toilets I could be ‘got at,’ was the most damaging aspect of the experience. If we are to accept that bullying is psychic, then this policy is at complete odds with the ways in which other forms of abuse are dealt. To suggest bullied children should remain in school is the equivalent of asking the sexually or emotionally abused child to remain in that setting. An environment in which a child can neither fight nor take flight leads to other “escape”, including self-harm, attempted or actual suicide. In *The relation between bullying, victimisation, and adolescents’ level of hopelessness*, Siyahhan shows evidence that being a victim of bullying develops hopelessness, describing hopelessness as a state in which a child feels helpless in the face of global events, views himself as unworthy and inferior and believes consequences are unchangeable and have big impacts. Their research indicates that being bullied is

significantly correlative with developing depression and having suicidal ideation and actions (Siyahhan 2012, 1054). It is a perverse logic that holds a child in a dangerous place against his will and judgement in order not to send out a message that ‘victims of bullying are unwelcome’. It is also apparently a false one: a study at Warwick University led by Professor Diете Wolke, shows children who are bullied by other children but don’t experience maltreatment by adults are more likely to suffer from anxiety in the future (Copeland et al, 2013).

By privileging a neurological ‘internal working model’, it might follow that I am also privileging a psychiatric model, a ‘medicalised’ approach to understanding mental health and mental illness. But psychiatric models are as much part of a neo-liberal, market-based capital system as mental capital. In the UK, following the United States model, mental “disorders” are defined in the Diagnostic Statistical Manual of Mental Disorders (DSMV), the last edition of which was published in 2013. If a person is experiencing significant atypical mental processes, she will be referred to a psychiatrist, a trained medical doctor qualified to prescribe medication. If hospitalised, especially if sectioned (detained under the Mental Health Act), medication – for lessening distress, but also for lessening symptoms (non-compliance, agitation, aggression) – is routinely prescribed.

In *Doctoring the Mind*, psychologist Richard Bentall critiques this approach, suggesting that it is deeply flawed and unhelpful:

the dominant paradigm in psychiatry which assumes that mental illnesses are genetically influenced brain diseases has been a spectacular failure. Despite enormous expense, for those suffering with severe mental disorder [improvement] has been slight. It has failed to make a measurable contribution to the wellbeing of society as a whole (Bentall 2010, 3).

But its inculcation into the polar position has been absolute: “If there is one central intellectual reality at the end of the twentieth century” writes Edward Shorter in *A History of Psychiatry*, “it is that the biological approach to psychiatry

– treating psychiatric disorder as a biological disease of the brain – has been a smashing success” (Shorter cited in Bentall 2010, 3). Bentall critiques the development of disorders as linked to pharmaceutical companies, which can be treated predominantly by pharmacological interventions:

When considering the role of the pharmaceutical industry in psychiatric research, it is important to recognize that the industry’s main purpose is to make money for its shareholders. Drug companies are no more driven by the desire to do good than the manufacturers of automobiles, canned soup or household products (Bentall 2010, 197).

I am not unreservedly critical of psycho-trophic pharmaceuticals to treat unpleasant symptoms of neurological distress by altering chemical processes in the brain; currently I am on a combination of medication, which is helpful to me in that it allows me to function, to manage my negative symptoms. But – importantly – medication does not alter my image or take away my sense of self. So-called typical and atypical anti-psychotics are well-known for significant side-effects, which include sleepiness and slowness, weight gain, interference with sex life, an increased chance of developing diabetes, dizziness and, in high level or long-term use, stiffness of the limbs and tardive dyskinesia (Royal 2015, np). As Janet Gotkin, a schizophrenic patient interviewed by Andrew Soloman describes: “I became alienated from myself, my thoughts, my life, a prisoner of drugs and psychiatric mystification; my body heavy as a bear’s lumbered and lurched as I tried to manoeuvre the curves of my outside world. These drugs are not used to heal or help but to torture and control” (Soloman, 2012, 308). Vice Dean of academic psychiatry at Kings College London, Simon Wessely, suggests that without psycho-trophic drugs to treat diagnosis in DSMV, many people would be unable to live in the community (Wessley 2013). However Soloman suggests this is far more complex, and more sinister, citing *de-institutionalisation*, and medication’s role in it, as a brutal mechanism of the state:

The TAC [Treatment Advocacy Center- based in Washington DC] has strongly backed legislation such as Kendra’s Law, a New York Act that allows suits to be

brought against mentally ill people who fail to take their medication. Depressed people are taken to court, fined, and then released again into the streets to fend for themselves, since there is no room or budget for providing more extensive treatment. If they cause too much trouble they are incarcerated as criminals. (Soloman, 2012, 380)

In looking for a theatre for young people, I would naturally turn to Applied Theatre models currently in existence, of which there are several. Applied theatre certainly claims a long history of ameliorative work with those who experience psychic disability. Jacob Moreno, a protégé of Freud, inspired a model of work called Psychodrama (or the now rarely-used ‘Sociodrama’), which, in a development from the theories of psychoanalysis of his mentor Sigmund Freud, was based on the concept of creative spontaneity:

Well, Dr. Freud, I start where you leave off. You analyze their dreams. I give them the courage to dream again. You analyze and tear them apart. I let them act out their conflicting roles and help them to put the parts back together again (Moreno, cited in Holmes 2015, 11).

Dramatherapy traces back to 1973, with the work of Sue Jennings (Jones 2013, 352), emerging from an ideology of the late 1950s and 1960s, that theatre had the power to intervene and make “ameliorative changes”, seeking to change personal behaviour (Heddon 2006, 137). In tandem, there were non-accredited models that tended strongly toward the therapeutic: Jonathan Fox’s Playback Theatre, and ‘the Boal method of theatre and therapy’, the *Rainbow of Desire* (1995), in which “...the human being perceives where it is and where it is not and imagines where it could go” (Boal 1995, 13). However, given these still use (at least in part) Jungian/Freudian psychoanalytic ideas, I perceive such paradigms as examples of symbolic violence from another era and ideology, which Lewis et al denounce as a “dictatorship”:

Freud’s logic was a veritable Mobius strip of circularity. When patients complied with his insistence they remember early sexual material, they called him astute; when they did not, he said they were resisting and repressing the truth” (Lewis 2001, 8).

I might, therefore, turn to a newer trend, which has gained considerable ground since the 1990s: “arts and health,” described by the Sidney de Haan Research Centre for Arts and Health as “the potential value of music, and other participative arts activities, in the promotion of well-being and health of individuals and communities” (Sidney 2015, np). Its establishment as a specific academic and practical field in the first decade of the twenty-first century has meant “the coming of age for arts and health,” according to the editors of the inaugural issue of *Arts in Health: An international Journal of Arts and Health*. (Camic 2009, 3). It is particularly pertinent to me, in my professional working life as an applied theatre practitioner, for various organisations have been working within this paradigm. In 2009, I was tasked with developing an inclusion agenda for Greenwich & Lewisham Young People’s Theatre (GLYPT), and it was through this that most of my work, which had previously been with young refugees, shifted into an “arts and health” context. This included significant involvement as a freelance practitioner with the Bedfordshire and Hertfordshire Creative Partnerships programmes, in which I explored ways to increase confidence and self-esteem, and to encourage ‘good’ behaviour and happiness in the classroom. In 2010, I led a nursery project in Bellingham in the London Borough of Lewisham, in which children explored creativity and happiness through drama and music. This was part of a 2007 Arts Council England initiative, ‘Be Creative, Be Well’, itself part of a large regional initiative called *Be Well London*, in which deprived pockets of the city called *Lower Super Output Areas* were selected to benefit from arts application (Ings 2011, 19). The project sought to connect to government agendas of wellbeing, as the evaluation report attests:

In health terms, when people are happy or fulfilled in themselves, keep fit and active and are actively engaged with others, they are less likely to present symptoms of poor mental health and, thus, may require fewer medical or institutional interventions...There is a strong desire, in both medical and

government circles, to encourage behavioural change towards healthier lifestyle choices (Ings 2011, 14).

The false legitimacy of the participatory arts and health field had me duped as one of its pedagogic agents, making a living by promoting it. By doing so, I was participating in the idea that “artistic instrumentalism would embrace excellence in terms of raising artistic standards and a better understanding of the value of the artistic experience for producer and consumer” (Taylor 2011, 18).

The evaluation of *Be Creative, Be Well*, for example, applies the individualistic improvement model that “in a variety of social and institutional settings including schools, prisons and hospitals, artists are helping people to develop a range of positive behaviours, improving their ability to learn, to take responsibility, to act pro-socially, to take pleasure in creating things and so on” (Ings 2012, 14). That these ‘positive behaviours’ are supposedly most needed by those who fall into the lowest socio-economic postcodes, explicitly links poverty to their inverse ‘negative’ or ‘anti-social’ behaviours – expressions of difficult and complex emotions that do not belong in a society that bases its wellness on the success of its citizens to engage in wealth accumulation.

The arts and health/arts and wellbeing agenda is an example of another ‘capital’. Arts Council England’s *Cultural Capital: A manifesto: Investing in Culture* describes ‘creativity’ as:

[T]he key to economic recovery. Public investment in the arts and heritage helps to generate the cultural capital that feeds the creative industries with knowledge, practical experience and inspiration. Every artist is an entrepreneur, cultural organisations ...nourish the people and ideas that make money for this country. (Arts 2010, 7)

Being more aware of these invisible agendas, and how they are potentially damaging to young people with psychic disabilities is crucial, but, I would maintain, there is not any viable alternative model at present. This agenda, problematically for me, has efficiently dispatched any radicalism for theatre in

working with the psychically disabled, a radicalism that is generally absent (or perhaps hidden) in a psychic Disability movement. In *Far From the Tree*, Andrew Solomon interviews a range of children and parents who are 'different', devoting a chapter to different identities including "Deaf"; "Dwarfs"; "Downs Syndrome", "Multiple and Severe Disability (MSD)", "Autism" and "Schizophrenia". Solomon notes that in the identities of physical and learning Disability, parents and children are given chances to hold their identity as positive through activist and support groups. With Schizophrenia, the opposite is true. This is due, in part, to the fact that conditions like schizophrenia carry stigma of blame that is no longer associated with physical disability, where members of the general public believe that mental health problems are self-induced, the result of bad parenting, or a byword for a violent criminal (Solomon 2014, 306). A further reason why activism may be less developed is that for many, the label of 'disabled' sells the agony they experience short. A parent Solomon interviewed describes this:

People have to play the cards they're dealt with, and they become who they are by doing so, but would anyone seriously wish for their child to develop mental health problems? The reality I recognise from my own experience and my friends and what I've seen on the ward is hopelessness and despair' (Solomon 2014, 338).

Alison Jost (Yale Inter-disciplinary Centre for Bioethics) suggests that activism against stigma does not recognise the reality that "no matter how stigmatised our society becomes, mental illness will always cause suffering" (Solomon 2014, 338).

Perhaps all these factors contribute to greater stigma and shame around having a psychic disability. They are possibly also behind the rarity of a theatre for those with atypical mental health experiences, which, within the Disability Theatre movement, has little presence. According to Collette Conroy, Disability Theatre has roots that stem from a negative socio-historical position, which has "applied to the act of interpolating the other: cripples, freaks, invalids, the retarded", which has "incorporated pity, charity, segregation, advocating eugenics

and the acceptance of restriction for people with impairments” (Conroy 2009, 1). Physically/Learning Disabled theatre practitioners have sought to represent themselves and others in a range of ways, both challenging scapegoating and marginalisation, and firmly occupying a space in the margins, re-appropriating ‘otherness’. This is the case with crip-culture (Conroy 2009, 2) and with companies such as *Graeae Theatre*, founded in 1980 by Nabil Shaban and Richard Tomlinson who shared a vision to “dispel images of defencelessness, together with prejudice and popular myths around disabled people through theatre workshops and training” (Graeae 2015, np) and *Deafinitely Theatre* who aim for “a world where deaf people are valued as part of the national theatre landscape, recognised for the excellence of their work” (Deafinitely 2015, np).

Regrettably, there is no Lunatic Theatre, as such¹. A theatre that addresses manifestations of the marginal experiences of disability, has, potentially, marginalised a group of Disabled practitioners that do not have a clear and definite voice even within the paradigm. The special edition of *Research in Drama Education: The Journal of Applied Theatre and Performance* ‘On Disability: Creative Tensions in Applied Theatre,’ highlights, for me, that this paradigm has excluded a significant Disabled group: the issue offers thirteen papers; only one mentions ‘mental health’ and this, in the title of the paper, is not about mental health theatre, but about labelling involved in learning disability and mental health.

Disheartened by the cultural/mental capital model, and its reinforcement of marginalisation, distress and hopelessness, I am inspired to create a Lunatic Theatre. I am inspired to resist the implied rhetoric of moral capitalism, which suggests the psychically disabled are to blame for their place on the margins, I am interested in discovering the possibility of a theatre that does not have to be

¹ Although there is a growing body of work from solo performance artists making work about their experiences such as Bobby Baker.

complicit in the capital agenda, in how the participatory theatre group for psychically disabled young people can provide a place of celebrated acceptance that is permanent and powerful enough to make those margins a comfortable, safe and pleasurable place to live. The question is, then, what would it look like, and what benefit would it have? Am I simply looking to politically empower young people to enable them to forge an identity as politically aware and motivated artists? For vulnerable young people, I run the risk of what James Thompson cautions against in *The Ends of Applied Theatre: Incidents of cutting and chopping*; by empowering a group through theatre to understand their oppression, their opposition to the state aggressors may put them in severe risk (Thompson 2009, 117-123). Furthermore, the condition of atypical mental health experiences present complexities not present in other Disability identities. As Solomon suggests:

Schizophrenia self-advocacy is different from Deaf Rights or LPA (Little Person's Association) politics or neuro-diversity because members of those movements are presumed to have an accurate understanding of themselves... [and] entails delusion, which complicates claims on identity (Solomon 2014, 332).

Finally, given that their disability is neurological, I might be asking young people to assert the extra effort of will that Cantopher suggests is so neurologically counter-intuitive. I do believe there is a way forward that owns and celebrates the psychic disability, which rests in its nature. Just like crip-culture, which re-casts the 'disabled' body, this will reframe the 'disabled' mind. In the capital model, the artist in applied theatre is effectively incidental. In the "arts and health" model, theatre techniques are used to transform lives, but these techniques are, arguably, part of a toolkit, one amongst many (karate, mindfulness, volunteering at a charity shop for example) to enhance mental capital. But the artists – and here I refer to all artists, because dancers, writers, visual artists, musicians and directors all have a role in creating theatre –that can, and frequently have, used the disabled mind in

powerful and transformative ways. The antidote to the instrumentalism of mental capital, which demands reason to achieve its ends, is a committed emotional one.

In *A General Theory of Love*, Lewis et al suggest the artist has a particular role in interpreting humanity. Artists, versed in embodied experiences of affect are well placed to “sharpen and calibrate [a child’s] sonar, teaching him how to sense the emotional world correctly[...] through a symmetry as compact and surprising as the equivalence between matter and energy, love’s poetry and its science share an unexpected identity” (Lewis 2001, 14). “Long before sites existed, sharp eyed men and women told each other stories about how people are, and stories have never lost their power to enchant and instruct” (Lewis 2001, 15) In *Touched with Fire*, Kay Redfield Jamison, a psychiatrist and academic with a bi-polar diagnosis, directly links the bipolar (including delusions in mania) to the artistic temperament, as she states:

the fiery aspects of thought and feeling that initially compel the artistic voyage – fierce energy, high mood and quick intelligence; a sense of the visionary and the grand; a restless and feverish temperament – commonly carry with them the capacity for vastly darker moods, grimmer energies and occasionally bouts of madness (Jamison 1996, 2).

She makes a case for several well-known (Western) artists, including William Blake, Robert Lowell, Emily Dickinson, Ernest Hemingway and Vincent Van Gogh. In contrast to the frequent persecution of the neurologically disabled as ‘other’ (they have variously been accused of being sinners, sexually repressed, irrevocably insane, and bestial (Solomon 2001; Erenreich 2007)), other historical periods in the West reframed ‘other’ as gifted, intuitive and blessed. “If the middle ages moralised depression,” Solomon states, “the Renaissance glamorised it” (Solomon 2001, 295). Italian philosopher Marsilio Ficino (1433-1499) perceived its existence as a “pre-requisite to inspiration and intelligence” (Solomon 2001, 296). Arguments like Ficino’s became popular towards the end of the sixteenth century and into the seventeenth century across Europe, including

with thinkers such as Levinus Lemnos in Holland, Huarte and Luis Mercado in Spain and Andreas Du Laurens in France, who each wrote of depressive disability (melancholy) as a trait that better and more inspired men would possess. (Solomon 2001, 295-297). Expression of the profundity of emotional experiences has a constitutive place in theatre, especially, Solomon suggests, in Shakespeare, who deepened the complexity of depression as a condition seemingly defeating “infinite reason” and “noble faculty” (Hamlet 2.2.293-310). Its place in the canon firmly suggests that these strong feelings are the cornerstone of human and public life. Romantic era melancholy was the domain of artists, but also philosophers such as Nietzsche, Kierkegaard and Schopenhauer, who endorsed melancholic tendencies as part of their identity as the genius ‘other’.

There are many who label these connotations of artist with atypical mental experiences, then and now, as fashions or fads. In *Mania: A short history of bi-polar disorder* David Healy suggests that bi-polar is a cultural construct, and that histories such as Jamison’s are mis-translating being selective, to bend descriptions of delirium to describe mania (Healy 2008, 16), for example; psychoanalyst Darian Leder in his book *Strictly Bi-polar*, concludes that we live in a ‘bi-polar age’, and that symptoms are more likely to represent the exhibition of relational trauma (Leder, 2013, 1). As well-known actors, musicians and writers such as Stephen Fry, Ruby Wax and Paul Abbott choose to publicise their disability, others are quick to dismiss. An article by Joanna Moncrieff in the Daily Mail online in 2013 decries it as a ‘fashionable’ mental health diagnosis. “Once considered rare and seriously disabling, bipolar disorder has been transformed[...]into a vaguer notion of ‘mood swings’ that can apply to anyone” (Moncrieff 2013, np). However, recent clinical research supports the idea of manic highs, psychotic delusions and visions. In incidents of hedonic schizotypy (psychosis), research suggests that “artistic creatives” and psychiatric patients share unusual ideas and experiences, but that artists can be distinguished by “the

absence of anhedonia and avolition;” unlike schizophrenics who experience negative disturbing aspects of the condition, many artists do not perceive this as illness (Nettle 2006, 876). If, as Lord Byron suggests “We of the craft are all crazy” (Redfield Jamison 1996, 1), there is celebration in reframing adversity and celebrating difference. It may well be possible to reframe the concept of strong atypical emotions and behaviours as exceptional attributes, and to craft theatre practice that not only celebrates, but needs these attributes, reframing a young person with a psychic disability as an artist: within a community of other artists in which in a place of marginality, shared affect is its comfort, its pleasure, its strength.

But this alone is not, I would argue, enough as a standpoint and practice for young people with psychic disabilities. It is the enhanced ability to interpret the world, occupying the place where “poetry transpires at the juncture between feeling and understanding” (Lewis 2001, 4) *combined* with a trope in which the performing arts particularly excel: the dynamic of the group, the collective, the theatre troupe. Based on their work as practising psychiatrists in the US, Lewis et al describe a different picture of the plight of individuals in neoliberal societies, which “plows emotions under” (Lewis 2001, 37). The insistence that wellbeing is a goal achieved by individual effort is not borne out in actuality:

our work makes all too clear the world is full of men and women who encounter difficulty with loving or being loved, and whose happiness depends critically upon resolving the situation with utmost expediency (Lewis 2001, 9).

Theories of neurological attachment posit that a genuine wellbeing is dependent on others; as Sue Gerhardt claims “[w]e are shaped by other people as well as what we breathe and eat. Both our physiological systems and our mental systems are developed in relationship with other people” (Gerhardt in Bomber 2007, 10) and “in some important ways, people cannot be stable on their own. This is disconcerting for a society that prides itself on individuality” (Lewis 2001, 88).

However, they argue “evolution has given mammals a shimmering conduit, and they use it to tinker with one another’s physiology, to adjust and fortify one another’s fragile neural rhythms in the collaborative dance of love.” (Lewis 2001, 84). A theatre can transform lives in a deep and biologically intrinsic way. Its precedent is an age old ability to forge connections between performers and performers, performers and spectators. Jill Dolan’s *Utopia in Performance: Finding hope in the theatre* describes this profundity. Her argument is that theatre for social change is not in didactic representations of oppression, or narratives that will change the world, but is “about sharing breath” (Dolan 2005, 107). Historian Robin Kelley suggests that “the most radical art is not a protest art but works that take us to another place, envisioning a different way of seeing, perhaps a different way of feeling” (Kelley cited in Dolan 2005, 107); From a moment of feeling emerges a reinvigoration of democracy and commonwealth. Dolan also sees it as a powerful platform for those “lost in the indices of mainstream culture” including the poor, and the disabled. (Dolan, 2005, 84).

This marginal community is made up of emotionally intuitive artists, and young people, must be the antithesis of a symbolically violent one. It must offer people connection without any requirement to work for it. In the pervading insidiousness that is capital, I do not want to be an investment banker, guiding young people to make wise financial choices designed to get the best returns. Dolan writes specifically of the affective experiences of spectating, moments when “[theatre] provides a place where people come together, embodied and passionate, to share experiences of meaning-making and imagination that can describe or capture fleeting intimations of a better world” (Dolan 2005, 2). She does so by writing of her affective responses to a series of performances in different settings. The words hope, compassion, humanism and above all, love, are reoccurring tropes:

I am most moved by the words that our work, in theory, once cast into doubt: words like love, truth and beauty as well as the capacious holding place called

‘humanity’. I am moved by the potential that performance offers for polishing away the tarnish of cliché that clings to these words” (Dolan 2005, 163).

A theatre community for young people, I posit, offers hope in that “[s]eeing performance requires that we listen attentively to the speech of others, that we hear people speak and feel their humanity and its connections with our own” (Dolan 2005, 90). This is a vital component of achieving limbic resonance: “If a listener quietens his neocortical chatter and allows limbic sensing to range free”, state Lewis et al, “melodies begin to penetrate the static of anonymity. Stories about lovers, teachers, friends and pets echo back and forth and coalesce into a handful of motifs. As the listener’s resonance grows, he will catch sight of what the other sees inside that personal world, start to sense what it feels like to live there.” (Lewis 2001, 169). One-woman show actor Lily Tomlin comments on the ability of theatre to discover a humanism: “If I have an agenda it’s that all humans have been ridiculed; all of us as a species, we’re so debased that there must be some kind of human embrace that makes us worthy of something” (Tomlin cited in Dolan 2005, 74).

The power of theatre, to attempt to step in time with others, to hear their stories and appreciate and accept their pain and distress, whilst willing transcendence from it, is immense. Arguably, theatre as ritualised *communitas* - an expression of a community as a social glue - as espoused by anthropologists Victor Turner and Roy Rappaport and by performance theorist Richard Schechner (Schechner 2006, 52, 66) might offer a suitable template. There is precedent in applied theatre, which “offers a unique journey within a Ritual Theatre process of dramatherapy, ... [exploring] notions of rites of passage and the importance of myth” (University 2015, np). However, I prefer Barbara Ehrenreich’s reading of the group jubilation explored through her book *Dancing in the Streets: A collective history of Joy*. She examines historical examples of ‘ecstasy’ in a context of, not community ritual but community festival, which “falls under the

same constellation of activities, [but] has been used again to achieve communal pleasure, even ecstasy or bliss” (Ehrenreich 2007, 19). Her argument focuses specifically on dance as age-old, intrinsic and ubiquitous, rather than extra to life:

Go back ten thousand years and you will find humans toiling away at the many mundane activities required for survival: hunting, food gathering, making weapons and garments...But if you land on the right moonlit night or seasonal turning point, you might also find them engaged in what seems, by comparison, to be a gratuitous waste of energy: dancing in lines and circles, sometimes wearing masks or what appear to be costumes, often waving branches or sticks. (Ehrenreich 2007, 21)

Ehrenreich critiques Turner’s notion that *communitas* provided occasional relief from the rigid structures of hierarchy in the form of collective excitement and activity, ‘liminal’, ‘marginal’ and transient (Ehrenreich 2007, 11). She is equally critical of psychological interpretations of ecstatic dance activity as a sign of mental disease – hysteria, compulsions, tics and ‘neuroaesthenias’, and Freud’s suggestions that an unhampered expression of ecstasy through the performative was the result of a sexual repression bursting into uncontrollable frenzy. This reflects contemporary experience; being ‘manic’ carries connotations of incapacity, whether or not those experiences are damaging. Those who experience hallucinations, which in other societies are considered insights, or heightened experiences (Bentall 2004) are given the label ‘psychotic’, which is still confused with ‘psychopathic.’ Ehrenreich claims that dancing and theatre as part of festival are not a sign of mental imbalance or a less developed brain but highly sophisticated and planned. The fact that communities expend significant time and energy preparing for festival performances defeats the notion that it is a spontaneous lack of control. This framing of a shared expression of emotion is, in fact, a powerful social act of the communal against dominant pedagogies: The notion that festival performance is an act of control designed by the state, a pre-ordained ‘safety valve’, sanctioned by the dominant power structures to keep low-status citizens productive for the rest of the year, is also misleading. Festivals *do*

become adopted by the state, but this is more to suppress acts of joy that are held by the community, by making them state-governed; festival origins always were originally (and are) fundamentally 'of the people'. "From an elite perspective, there is one inherent problem with traditional festivities and ecstatic rituals, and that is their levelling effect, the way in which they dissolve rank and other forms of social difference" (Ehrenreich 2007, 44). She also gives an interesting perspective on individual 'dancers' within the community performance. Anthropologists, psychologists and several applied theatre theorists are disparaging about the idea of a theatre of experts and professionals, preferring to privilege non-performative processes of play and exploration "Drama: most people think of performance, theatre, curtains, stage lights [but it] moves more into the spontaneous, into play" (Smail 2013). Instead Ehrenreich suggests:

[Performers] devote great effort to composing music for the dance, perfecting their steps or other moves. They may experience self-loss in the dance, or a kind of merger with the group, but they also seek a chance to shine, as individuals, for their skill and talents (Ehrenreich 2007, 27).

Ehrenreich's perspective of a communal performance that are viewed with suspicion by those in dominant positions, throughout historical discourse, is important to my search for an applied theatre for young people with psychic disabilities. As a marginalised community of the psychic 'other', to engage in combat with the moral capital that pervades invisibly yet totally would be self-defeating and potentially damaging. The false legitimacies are so indoctrinated, that they are often difficult to comprehend as though through a prison mesh. But though the detention camp to which they are banished by state and by school can be terrifying to stateless young people with psychic disabilities, as artists, we can come together in loving support, interpreting experiences of exile. At first, we may simply share our gifts of artistry, as we sit together preparing the performance and the feast, seeking out limbic connections in each other, talking and resting, and loving in order to renew and restore our pain, "in a prime position

to introduce our [participants] to a world of secure attachment by providing the stepping stones they will need to interpret facial expressions, gestures, tones of voice, posture and activity more accurately” (Bomber 2011, 8). Then, we move closer to one another as performers, poets, directors, musicians and illustrators, using our superior gifts to achieve limbic resonance, to reframe what in the mainstream is deemed odd /weird /crazy/ dangerous/ unacceptable, as a festival of celebration of atypical emotion, behaviour and thought, a joy and ecstasy that is unimaginable in a restrictive frame of mental and social capital and wellbeing; then we can engage in the ‘collaborative dance of love’ (Lewis 2001, 84).

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