UNIVERSITY OF ESSEX

DEPARTMENT OF LITERATURE, FILM, AND THEATRE STUDIES

MA DISSERTATION 2019-20

the walls of brick i have built around myself are so tall and thick, you could rent me out for £400 a month but never own me.

How can autobiographical theatre aid in the de-stigmatisation of Obsessive

Compulsive Disorder?

By

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Submitted in partial fulfilment of the requirements for the award of degree of MA in Theatre Practice

I certify that I have acknowledged any assistance or use of the work of others in my dissertation for the MA in Theatre Practice.

Word count of dissertation: 6553

(Signed electronically) ....

Contents

<u>Acknowledgements</u>

Abstract

Obsessive Compulsive Disorder (OCD) affects an estimated 1.2% of the UK.[1] However, this

estimate could be hugely inaccurate due to the lack of education young people and adults

receive about the symptoms of the mental disorder, resulting in harmful ill-informed stigmas and

embarrassment surrounding OCD. This means that thousands more people could be living with

OCD, and are too anxious to talk about it due to the stigma, therefore not reaching out to seek

professional help. This practice-as-research project aims to create a piece of theatre exploring

various symptoms of OCD that participants feel they cannot speak out about, and refuting the

stigmas that surround those living with OCD, thus encouraging audiences to reach out without

fear of judgement or dismissal. In light of COVID-19 and the restrictions that lockdown imposes

on traditional ways of theatre-making, another aim arises in which I will examine OCD through

the lens of the home, and use "home" as both a stimulus for workshopping, and as a metaphor

that exists throughout the piece in the form of "walls" that have been built around those with

OCD as a way of hiding their symptoms. Contributing to the field of autobiographical theatre, I

ask:

"How can autobiographical theatre aid in the de-stigmatisation of

Obsessive Compulsive Disorder?"

OCD is defined as a mental disorder concerned with persistent mental obsessive thoughts, and

compulsive rituals performed to temporarily rid the individual from these thoughts.

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[1] https://www.ocduk.org/ocd/how-common-is-ocd/

Autobiographical theatre is a form of theatre concerned with performing personal testimony on stage. Stigmas are beliefs about a certain marginalised individual that often results in shame and ostracisation.

The methodology used was a series of devising workshops designed to provoke three participants with OCD to explore their own journey of living with the condition and the stigmas they experience in a creative manner. The personal testimonies revealed through the workshops were formed into a script, and the resulting short film, titled *the walls of brick,* is accompanied by both onymous interviews with participants about participating in the project, and anonymous feedback surveys. I conclude that *the walls of brick'*s process from beginning to end constantly had the fight against stigma in mind, and continuously put the goal of amplifying the participant's stories at the forefront of the project in order to educate and inform the audience about the lived experience with OCD.

Chapter 1

What is OCD and how can it be applied to Erving Goffman's theory of social stigma?

<u>What is OCD?</u>

Obsessive Compulsive Disorder, referred in its abbreviated form in this project as OCD, is a cognitive mental disorder defined by the NHS as:

> "A common mental health condition where a person has obsessive thoughts and compulsive behaviours. An obsession is an unwanted and unpleasant thought, image or urge that repeatedly enters your mind, causing feelings of anxiety, disgust or unease. A compulsion is a repetitive behaviour or mental act that you feel you need to do to temporarily relieve the unpleasant feelings brought on by the obsessive thought."[2]

There has been controversy as to where OCD has been categorised in the newly revised DSM-V, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders which was published in May 2013. The previous edition had placed OCD in a subcategory of 'Anxiety Disorders,' however, "approximately 60% of the 187 respondents" were in favour of moving OCD out of the anxiety section, "whereas 40% disagreed."[3] The main reason for the move was that psychiatrists disagreed that the main feature of OCD was the anxiety response that obsessive thoughts can evoke, and instead argued that OCD should be defined by the symptoms that give it its name; obsessions and compulsions. They argued that OCD was more similar to the characteristics of eating disorders or body dysmorphic disorders, which, too, evoke

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[2] NHS Website, accurate as of the submission of this essay on 3.9.20
https://www.nhs.uk/conditions/obsessive-compulsive-disorder-ocd/
[3] Stein, Dan J. et al, *Should OCD be classified as an anxiety disorder in DSM-V?* Co-published by Depression and Anxiety and the American Psychiatric Association. Vol 10 , Issue 6, 2nd June 2010, p495-506 https://doi.org/10.1002/da.20699

an anxiety response but are categorised separately from anxiety itself. Those who disagreed with the move argued that anxiety disorders and OCD are successfully treated with very similar methods, and often occur alongside one another. Thus, in the DSM-V, OCD was given a category of its own: Obsessive Compulsive and Related Disorders. In this category, OCD is accompanied by skin-picking and hair-pulling disorders (dermatillomania and trichotillonmania, both of which are commonly diagnosed alongside OCD.) OCD is diagnosed in the DSM-V by these characteristics, which I have simplified into six main points:

Obsessions

- Intrusive, persistent, unpleasant thoughts that cause significant distress.

- Attempts to suppress or "neutralise" the thoughts by performing a compulsion.

Compulsions

- Repetitive behaviours in response to an obsession.

- Compulsions are intended to lessen the anxiety that comes with the obsessions.

- Compulsions are excessively time-consuming or distressing to perform.

- There is no logical cause and effect between performing the compulsion and the neutralising of the obsession.[4]

It is important to note that these behaviours are only defined as OCD if they are not related to another mental disorder, such as eating disorders, sexual disorders, hoarding disorders, schizophrenia or autism.

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[4] Paraphrased from: American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders:* DSM 5, 5th ed., Washington D.C. American Psychiatric Publishing (2013) Accessed 11.3.20

The controversy surrounding "Pure-O" OCD

There is a specific form of OCD that I refer to in this essay which has been the subject of polarised opinions within the OCD community; Primarily Obsessional Obsessive Compulsive Disorder, commonly referred to as "Pure-O" OCD. This term refers to someone who experiences often upsetting, violent or sexual intrusive thoughts, and perceives these thoughts to be a reflection of their own moral character. Examples of these thoughts include violence against loved ones, thoughts of committing homosexual, incestuous or pedophilic acts, or the impulse to shout racist or other offensive slurs. Pure-O is a colloquialised term used by some in the OCD community that has been rejected by professionals due to its misleading name. Pure-O incorrectly assumes that the person has mental obsessions with little to no compulsions, such as the stereotypical counting, washing and checking. However, the charities Mind and OCD-UK dismiss Pure-O as it is not actually recognised as a real diagnosis. They also add that those with intrusive thoughts do in fact still have compulsions, such as watching pornographic material and checking for bodily arousal, compulsively seeking reassurance from friends and family, and avoiding interactions with certain people, places or objects that trigger intrusive thoughts.

OCD-UK adds that Pure-O is a rare type of OCD wherein "commonly accepted" topics such as sexual or harm related intrusive thoughts "affects only 5.5% of sufferers."[5] In this essay, I will refer to this type of OCD as Pure-O, not because I wish to support a misleading term, but because it is a term with which I feel comfortable to identify. It is important to keep in mind that whilst Pure-O may suggest that we do not have compulsions, this is not the case. Stigma against Pure-O OCD is what I have to live with, so it is the stigma I am most knowledgeable

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[5] OCD-UK's "Pure-O - The Facts, published 30.1.2019
https://www.ocduk.org/pure-o-the-facts/

about, and referring to it as such is simply an easy way for me to differentiate between types of

OCD that I myself am familiar with, and those I do not personally experience.

Prevalence in the UK

OCD-UK reports that, as of 2019, OCD affects around 1.2% of the population, "from young

children to adults, regardless of gender, social or cultural background."[6] Around 50% of these

cases are severe, and less than 25% are mild.[7] However, because of the lack of education

surrounding OCD, these figures could "potentially be doubled."[8] There is also the fact that

women are more likely than men to seek help, and that, according to OCD-UK, this is because

"women find talking about feelings and emotions more comfortable than men."[9] This means that

while statistics suggest that women are more likely to have OCD, this could be completely false

as the contact rate for OCD-UK is 75% female.[10] Thus, I intend for this project to help not only

women, but all genders to come to terms with their condition, and normalise talking and being

open about the symptoms of OCD. Admittedly, it would have been beneficial to have included

male performers with OCD, however there were none known to me at the time of casting. If I

were to develop *the walls of brick* further, I would definitely include male perspectives too. There

is so much to be learned about OCD, how to identify it, learn about it and live with it, and this

learning begins with an accurate figure of how many people it affects. However, without efficient

education surrounding the symptoms of OCD, and how to get help, these figures will always

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[6] Note: these statistics are due for review in December 2020.
https://www.ocduk.org/ocd/how-common-is-ocd/
[7] Rachman, S. & De Silva, P. *Obsessive-Compulsive Disorder: The Facts Series, Fourth Edition,* Oxford University Press 2009
[8] https://www.ocduk.org/ocd/how-common-is-ocd/
[9] https://www.ocduk.org/ocd/how-common-is-ocd/
[10] https://www.ocduk.org/ocd/how-common-is-ocd/

remain inaccurate, thus making the fight against stigma so much harder. *The walls of brick* aims to educate people both with and without OCD on what symptoms can look like, so that even if the person with OCD doesn't know they have it, their loved ones can learn to look for signs of it too, and assist them in getting the help they need.

Notable historical occurrences of OCD and how they inspired *the walls of brick.*

In the 7th Century AD, a young monk is documented as being plagued by persistent "temptations to blasphemy,"[11] which led him to confide in an elder who wrote of his experience. This was the first recorded case of OCD. The link between religious confession and autobiographical theatre is evident here, as the young monk trusted an elder to listen to his story without judgement, and almost 14 centuries later it still takes a great deal of bravery and trust to open up to an audience about mental health problems. To rid himself of these intrusive thoughts, the monk's compulsions took the form of ritualistic prayer. This is the main difference between historical accounts of OCD and modern testimonies. Whilst in the past, obsessions and compulsions were strongly linked to fear of sin and commitment to God, now as society has become more secular, OCD is linked to a far greater variety of causes and the fear of God has diminished. Instead of seeing a doctor or therapist as is common today, those with troubling thoughts instead felt a compulsion to visit a priest to repent, which is why a lot of the records of perceived OCD before the age of modern psychiatry comes from religious figures, rather than the physicians of the time. What this means in terms of stigma is that those seeking repentance would face huge amounts of judgement and rejection from society, and these assumptions made about the morality of an individual carry on into modern instances of OCD.

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[11] Osborn, Ian *Tormenting Thoughts and Secret Rituals: The Hidden Epidemic of Obsessive-Compulsive Disorder.* New York City, New York: Dell Publishing. (1998) p.212

The earliest word related to a diagnosis of OCD is 'scrupulosity,' a term coined by Jean Gerson and John Nider, commonly used for those who obsess over one's sins and compulsive repetitions of religious rituals, such as repeating prayers or an overwhelming urge to confess. This is seen in modern occurrences of OCD wherein people are seen to have a compulsion to seek reassurance from others for any perception of wrongdoing. Ironically, it is this symptom of OCD that is the most telling, in the fact that the person is technically opening up about their condition by constantly reaching out to others, but in an unhealthy way. It is also another symptom of OCD that many people do not realise is associated with the disorder, and leads to the confusion surrounding Pure-O OCD. I have found that from my own experience and speaking with my participants that seeking reassurance is one of the most difficult compulsions to rid oneself of, due to the fact that it goes undiagnosed for so long that it ingrains itself in your own personality and disguises itself as simply a part of who you are. It is also difficult to spot in someone as a compulsion to constantly seek reassurance can often be seen as a positive trait in an individual; that they are simply empathetic and worry about their loved ones' perception of them as a person.

The most relevant historical case of Pure-O OCD to my own experience of the disorder is that of Margery Kempe, who is said to have written the earliest English language autobiography.[12] She explains her obsessive intrusive thoughts here, written in third person as she was illiterate and had to dictate to a clergyman:

> "Our Lord withdrew from her all good thoughts … and suffered her to have as many evil thoughts as she before had good thoughts … She saw, as she thought verily, diverse

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[12] https://www.ocdhistory.net/firsthand/kempe.html

men of religion … so that she might not eschew them or put them out of her sight, **showing their bare members unto her**. . . . she thought these horrible sights and cursed memories were delectable to her, **against her will.** Wherever she went, or whatever she did, these cursed memories remained with her … She was shriven, and did all that she might, but she found no release, until she was near at despair. **It cannot be written what pain she felt, and what sorrow she was in."[13]**

This autobiographical depiction of Kempe's OCD struck me deeply, as it dictates a near-identical experience to my own. Intrusive thoughts were a symptom of OCD I was determined to open up about in this film, and is one of the most difficult to make people understand, given the similarities of intrusive thoughts to those of a perverse nature, such as paedophilia. Kempe's pain and sorrow in such a religious society must have been unbearable, but I was inspired by her bravery to tell her story in such honest detail to the clergyman. It is this sort of brave storytelling that I wanted to run through the heart of my project, as is evident in the bedroom scene as the intrusive thoughts flash up on the screen. Due to a fear of the stigmas attached to such thoughts, I went years before opening up about them. It is only after reading about Kempe's testimony, and through speaking to my participants, that I was able to realise that my intrusive thoughts were a part of my OCD. If I was either not confident enough to speak to others about these thoughts, or had not come across Kempe's biography, I may have never discovered this symptom of OCD that has plagued me for so long. I now hope that this project will serve for others how Kempe's biography served me, and the scenes I have been confident enough to film can encourage others who may have the same fears I once did. If enough people open up about Pure-O OCD, it can be more widely recognised as a valid experience of the

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[13] Butler-Bowdon, W. *The Book of Margery Kempe, a modern version* London: Jonathan Cape, (1936) (originally 1436), p.352-3;

disorder, thus breaking down any barriers that fuel harmful stigmas about people who experience such distressing thoughts.

Goffman's theory and its links to the project.

According to the leading sociologist in the field of social stigma, Erving Goffman recalls the Greek origins of the term, which was more of a visual depiction of the negative moral status of an individual. These signs were "cut or burnt into the body and advertised that the bearer was... a blemished person, ritually polluted, to be avoided,"[14] In modern society, the term is still used in the same metaphorical sense but focuses more on "the disgrace itself than to the bodily evidence of it."[15] In relation to mental health, Goffman argues that these "blemishes" manifest in a person through "weak will...unnatural passions...and dishonesty."[16] For those with OCD, the stigma arises from when individuals wish to hide their symptoms for various reasons, including embarrassment, fear of rejection by friends and family, or being misinterpreted as something other than OCD when in relation to intrusive thoughts with a sexual or aggressive nature. The cycle continues as the individual refuses to share their thoughts and tries to suppress them, or tries to hide their compulsions such as checking or washing, which often makes them come back even more frequently and distressing. The fear of people finding out about these thoughts, coupled with the common misconceptions about OCD, mean that individuals suffer in silence with these thoughts, sometimes not even realising this is a form of OCD themselves.

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[14] Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity,* London: Penguin, 1963 p.5
[15] Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity,* London: Penguin, 1963 p.5
[16] Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity,* London: Penguin, 1963 p.7

When those with OCD do open up to others about their disorder, communities or confidants are often formed with like-minded individuals who understand that these thoughts and compulsions do not make them an immoral or "mad" person. This reflects Goffman's observation that marginalised communities often appoint a "speaker," someone who serves as a representative of the stigmatised community and "provide a living model of fully-normal achievement, being heroes of adjustment who are subject to public awards for proving that an individual of this kind can be a good person."[17] With *the walls of brick,* myself and the three other participants have appointed ourselves as speakers for the OCD community. Examples of what these representatives speak about to audiences, according to Goffman, includes our "complaints, [our] aspirations, [our] politics."[18] He states that in a stigmatised group, oftentimes "tales of heroes of assimilation who have penetrated new areas of normal acceptance,"[19] are told, as is the case in *the walls of brick* with my own story of treatment and recovery from OCD, as are stories of "extreme mistreatment by normals,"[20] as seen in a few of the scenes in the film. To become a representative of a community, it is interesting to note here that, while not specifically mentioned by Goffman, theatre seems to be a fantastic lens through which to unite marginalised voices and challenge widely-held misconceptions about OCD. When it comes to mental health, it is often difficult to explain objectively what is happening in one's head, whereas theatre is an excellent way to share stories, opinions, politics and abstract ideas.

Goffman's theory of social stigma has successfully informed *the walls of brick* and what I aimed to achieve. It helped me to identify the main characteristics of a stigmatised individual, and know how to represent this sociological occurrence in both the script and film. The content of the film

[17] Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity,* London: Penguin, 1963 p.23
[18] Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity,* London: Penguin, 1963 p.23
[19] Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity,* London: Penguin, 1963 p.23
[20] Goffman, Erving, *Stigma: Notes on the Management of Spoiled Identity,* London: Penguin, 1963 p.23

is sometimes difficult to watch, as mentioned later as I discuss the feedback, however I believe

it is absolutely necessary to depict OCD in all of its many forms so that audiences can get the

full picture of living with the disorder. Through my research into the clinical definitions of OCD,

historical documentations, and Goffman's theory, *the walls of brick* is able to contribute to a rich

history of the disorder, one that is growing rapidly as more people learn the truth of OCD and

thus learn information contrary to the harmful stereotypes that fuel the stigmatization of those

with the disorder.

Chapter 2

Behind the walls of brick: the rise of socially distant theatre-making in the home.

The effect of quarantine on people with OCD

Quarantine has had a huge effect on the UK population, especially so for those with mental

health problems. A study in May by the charity Mind, found that out of 14,421 adults with OCD,

"72% … reported their mental health worsened in the pandemic." In addition to this, "71%

suffered anxiety about getting the virus, compared with 61% of those without OCD." [21]

Mind has listed a few ways in which Covid-19 can affect those with OCD, such as obsessions

about oneself or loved ones becoming unwell, and compulsions surrounding cleanliness. They

note that "this may feel especially difficult since the Government released guidance about hand

washing."[22] It also covers "compulsions about accessing news and information about

coronavirus," such as constantly checking the news for updates and a lack of certainty over

lockdown restrictions, and "compulsions about wanting lots of reassurance from people"[23] over

Covid related issues. The disruption of routine, confinement to the home, fear of infection, and

the simple act of socialisation has been difficult even for the general population, but for people

with OCD, it is a government-ordered living nightmare.

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[21] Russell, Emma, *OCD: More people seek help during pandemic, charities say"* BBC News Online, 25
August 2020, https://www.bbc.co.uk/news/uk-england-leeds-53903593 Accessed 28.8.20
[22] Information accessed from Mind.org
https://www.mind.org.uk/information-support/coronavirus/coping-with-mental-health-problems-during-coronavirus/#collapseeadbb Accessed 20.8.20
[23] Information accessed from Mind.org
https://www.mind.org.uk/information-support/coronavirus/coping-with-mental-health-problems-during-coronavirus/#collapseeadbb Accessed 20.8.20

It feels as if those with germ-related OCD's biggest fear has come true, as Lynn Corrigan states in her BBC interview; ""It's like, what I was thinking at the beginning was true, germs can kill you."[24]

These unprecedented times have seen the biggest rise in individuals reaching out to mental health professionals, and OCD Action in particular has "doubled"[25] its support groups and volunteers are working overtime to meet the high demand. Even those without previous diagnoses have been reported to have extremely low mental health, with approximately 10% of people studied having suicidal thoughts after being plunged into an uncertain future due to unemployment, losing loved ones or facing difficult financial troubles.[26]

Covid-19 has also negatively impacted the widely-held stereotypes about OCD, and after speaking with my other participants, we have all seen a dramatic increase in the amount of OCD jokes told by family members and friends both online and in conversation, due to the sudden worldwide obsession with health and cleanliness. Personally, as someone with OCD who has no issue with germs, hand washing or health-checking, COVID-19 hasn't been particularly difficult for my own symptoms. However, it has been upsetting to see even more evidence of the general public's misinformed view of the disorder, and has evoked an even greater need to educate people about the truth of living with OCD.

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[24] Corrigan, Lynn, interviewed by Russell, Emma, *OCD: More people seek help during pandemic, charities say"* BBC News Online, 25 August 2020, https://www.bbc.co.uk/news/uk-england-leeds-53903593 Accessed 28.8.20

[25] Bamber, Olivia, interviewed by Russell, Emma, *OCD: More people seek help during pandemic, charities say"* BBC News Online, 25 August 2020, https://www.bbc.co.uk/news/uk-england-leeds-53903593 Accessed 28.8.20

[26] Taken from Mental Health UK website: "All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 4584 UK adults 18+. Fieldwork was undertaken between 30th July - 3rd August 2020. The survey was carried out online. The figures have been weighted and are representative of all UK adults." https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/key-statistics-wave-6 Accessed 29.8.20

Whilst quarantine has been evidently difficult, on a personal level it has also pushed a lot of other things, such as extracurricular commitments and socialising, to the side and made me think about how I handle the relationship between OCD and my home, and how this is affected by the prolonged time spent indoors over the past six months.

What is the relationship between OCD and the home?

My OCD has always been triggered by my own personal spaces, particularly bedrooms, as I am solely responsible for the organisation of this space and its contents. Beds must always be in perfect order, every single item in a room must have a particular category and place to be kept, and everything must be free from clutter. A huge part of my OCD is something I refer to as "anti-hoarding," that is, to have as few items as possible and for unnecessary or unused items to be simply given or thrown away. This means that, for me, the home can often very quickly become a claustrophobic space if there are too many unwanted items brought into it within a short space of time, for example birthdays and Christmas can be very stressful times for those with similar symptoms to me. For others, triggers can include the hygiene of a space, or the cleanliness, due to a fear of sickness or contamination. It could alternatively be the presentability of a space, and the fear of what people may negatively think of the individual as they observe their home.

All of these areas of the home came up in discussion throughout the weekly workshops and I quickly realised that one unifying factor of our four experiences of OCD is that they can all be linked to specific rooms in the home.

I was also hugely inspired by my research into theatre or performance art that has taken place within the home. This included IOU's *The House,* a London production that used an undertaker's derelict house, wherein "the occupants of the house were observed in rich detail through the windows, the pursuit of their everyday lives being interrupted by extraordinary visitations."[27] Adding to this research was Bobby Baker's autobiographical *Kitchen Show - One Dozen Kitchen Actions Made Public* wherein Baker invited the audience into her real home and tells stories whilst performing 13 actions (a Baker's dozen.) A member of the audience at the time, Lesley Ferris, recalls the space becoming "a site for sharing, telling, demonstrating and enacting her fantasies of chaos and violence. The kitchen is the space where we serve our guests, but it is also a daily battlefield of onerous tasks and repetitive activity."[28] I wanted to evoke this feeling of intimacy and transform the audience's role of spectator through the use of my own home during lockdown, as even though it would be seen through a screen, it is important for viewers to feel comfortable in being invited behind the walls of brick, into the rooms and listen to the stories that have been lived out behind those walls.

This is where inspiration sparked for the walls of brick, as I found that, similar to Alison Oddey's belief, that "it is the location itself that provides the potential structure, form, content and participants for the piece."[29] I quickly realised that the pandemic, quarantine, theatre-making, OCD and its triggers could all be linked through the metaphor of rooms in a house. I looked at quarantine with a fresh pair of eyes and saw that being in trapped the home, as someone in recovery from OCD and analysing their own mental illness from an artistic perspective was a

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[27] IOU Theatre synopsis for *The House II,* https://www.ioutheatre.org/projects/the-house-ii-306 accessed 19.7.20

[28] Ferris, Lesley, *Bobby Baker,* edited by Barrett, Michele & Bobby Baker. (London: Routledge, 2008.) https://0-doi-org.serlib0.essex.ac.uk/10.4324/9780203938928 p172

[29] Oddey, Alison, *Devising Theatre - A Practical and Theoretical Handbook*, (London: Routledge, 1994.) p.125

hugely unique chance to turn something that could have been devastating for people like myself into something beautiful, informative, and positive. The home is where the walls of brick was born, and that would be what ran through the heart of the project. What better way to battle stigmatisation than to invite those who wish to learn about OCD into my home, and show what it is like to live with OCD within my very own walls. Thus, the title of the play was formed, quickly followed by the structure of the piece.

Chapter 3

What is *the walls of brick*'s place within the world of "hybrid" autobiographical theatre?

<u>What is "hybrid theatre?"</u>

The unusual structure of *the walls of brick* is intended to encourage the viewer to take each scene as a separate portrait of what living with OCD can look like. I was interested in making a piece of theatre wherein audiences do not have to resonate with the entire piece, but with individual moments that they can refer back to their own personal experiences. Similarly described in a review of I.O.U's *The House*, I wished to create "a structure of collage or assemblage, in which an overall framework is given to a collection of elements... creating in total an effect of perceptible, visual information."[30] Due to the nature of OCD and its varying symptoms, it felt important to include a wide range of short stories so that audiences do not feel too alienated. The film is subsequently tied together and still kept as a cohesive piece of art by both the setting of the home and the subject matter as a whole. I deviated from the structure of my BA dissertation performance after undertaking further research into a style of autobiographical theatre that I feel comfortable writing with, called "hybrid theatre." Hybrid theatre is described to be a style of theatre that incorporates a wide variety of art into its performance, such as music, poetry, fine art, physical theatre, television and film. I intended the

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[30] Eilash, M., *Back to the Garden -* Performance Magazine, issue 18, August/September 1982. Referenced in Oddey, Alison, *Devising Theatre - A Practical and Theoretical Handbook,* (London: Routledge, 1994)

result to be almost like a carnival procession of separate occurrences of OCD that follow one another in a loose narrative.

The notion of a hybrid play encompasses the style of writing and performance I wished to research. It tells me that my method of theatre making is more of a collection of a myriad of sources and curating them into one cohesive piece of art, linked by the theme of Obsessive Compulsive Disorder. My research question of how to overcome the stigmas attached to OCD is best answered through the style of hybrid theatre as it allows me to tell multiple stories within one film. Hybrid plays can take on a wide variety of forms, sometimes described as a collage. Paul Castagno argues that collage is an apt comparison for hybrid theatre, as the art of collage "transforms diverse found materials into a new, aesthetic whole."[31]

The art of hybrid theatre finds its roots in the Renaissance, which Castagno links to two words; *inventio* and *dispositio.* The "success of the invention" the writer applied to the materials they collated, be it literature, art, or music, was paired with the "arrangement of parts."[32] This meant that, for the Renaissance, art that was created in this hybrid form was held in higher regard than a piece of work either observed from life, or purely imagined. Therefore, this style of theatre is perfect for creating a script from verbatim interviews, as it allows me to combine other forms of art such as music, dance, cinematography and art. Another characteristic of hybrid theatre is that the "resolution or conclusion exists outside of the play,"[33] as in *the walls of brick,* the resolution can arguably be the prompt for the viewer to reach out to mental health professionals if they recognise the symptoms shown in the film. What this means is that the conclusion comes

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[31] Castagno, Paul C. *New Playwriting Strategies*. Hoboken: Taylor and Francis. 2013. (unable to provide page citation due to closure of Albert Sloman Library during pandemic.)
[32] Castagno, Paul C. *New Playwriting Strategies*. Hoboken: Taylor and Francis. 2013.
[33] Castagno, Paul C. *New Playwriting Strategies*. Hoboken: Taylor and Francis. 2013.

with the help the viewer may receive, or the education the viewer may gain if they do not have OCD, as a result of seeing the film.

Academic Director of Theatre at Tisch NYU, Carol Martin, explains that when creating theatre intended to educate, there is a "desire to produce what Roland Barthes dubbed 'the reality effect,'"[34] this effect being that, in a resulting piece of work, the legitimacy and validity of the narrative is ingrained in the idea that what the audience sees is real life. This is not to say that the piece should be hyper-naturalistic, but more that the piece should be honest, upfront and true to the contributors desires of what effect they wish their stories to have. Martin encourages theatre-makers to integrate "both live and virtual performances of the self and others in a variety of media,"[35] to stay in line with the modern phenomenon of virtual communications. She argues that instead of working with existing texts, devising should revolve around creating images, and that actors should collectively devise "the *mise-en-scene* from the experiences of group members."[36] Extra attention was brought to things such as "Daily experiences, memory, autobiography, and biography"[37] which were regarded as important resources, similar to the resources used in *the walls of brick.* Martin also noted that the change in attitude towards performance, rather than the focus on pre-written text, meant that actors "became acutely aware of their own contributions to the creation of theatrical representation."[38]

We also found this as we created *the walls of brick,* as the stories we were telling were being used verbatim in the script. We realised the importance of our own voices, along with all our "ums," "errs" and any imperfections that came with the narration of our life experiences. All of

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[34] Martin, Carol, *Theatre of the Real,* Palgrave Macmillan (2013) p.5
[35] Martin, Carol, *Theatre of the Real,* Palgrave Macmillan (2013) p.5
[36] Martin, Carol, *Theatre of the Real,* Palgrave Macmillan (2013) p.29
[37] Martin, Carol, *Theatre of the Real,* Palgrave Macmillan (2013) p.29
[38] Martin, Carol, *Theatre of the Real,* Palgrave Macmillan (2013) p.29

the focus in *the walls of brick* is on personal experience, and portraying it in the most educational and artistic way possible. Through portraying myself and my own experiences, I found myself almost playing my former, mentally ill self as a character, and that recreating these lived moments on camera was a strange but reassuring form of self-reflection on how far I'd come in my own personal journey.

How a non-linear structure contributes to the education surrounding OCD.

Another inspiration for *the walls of brick* comes from Spalding Gray's *Rumstick Road,* a play that explores Gray's mother's suicide through a myriad of media, including film, slideshow, phone calls, voiceovers, dance and photographs. Frank Scheck states the filmed version of the play's "multilayered juxtaposition of sounds and images invests it with a haunting air of timelessness." [39] Likewise, I wish for my film to be timeless, as it serves as both a time capsule for this monumental year in terms of challenges and successes in my own mental illness timeline, but also serves as a historical document of what can be achieved throughout lockdown, and a beacon of hope for anyone battling with a mental illness. As Castagno notes, the hybrid form celebrates "aural landscapes and exciting spectacle,"[40] in opposition to traditional narrative structures, and if I were to develop this film into a theatrical context, I would absolutely wish for this to be the same, whilst always retaining the constant drive to de-stigmatise OCD and encourage people to reach out for help. It is important to note here that the biggest obstacle in converting a film into theatre is the scene change. For the film, we opted for a simple blackout between scenes. However, Castagno advises against using unnecessary blackouts to

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[39] Scheck, Frank, *Rumstick Road Film Review,* Hollywood Reporter Online, uploaded 4.30.2014, https://www.hollywoodreporter.com/review/rumstick-road-film-review-700232
[40] Castagno, Paul C. *New Playwriting Strategies*. Hoboken: Taylor and Francis. 2013.

symbolise a scene change, as it can "appear awkward unless integrated into the dramaturgy," and that "blackouts that exist solely to cover scene changes create more problems than they solve."[41] He suggests that playwrights can solve this problem by using "using narrative or dialogue bridges"[42] to guide the audience through the hybrid narrative without ever pulling them out of the world of the play. Through research into Spalding Gray's experience of acting in *Rumstick Road,* this phenomenon was not unique to me. Gray postulated whether his acting confessed that he was in a "constant state of feeling [his] life was an act... What was the reality of [himself] on the other side of that 'act'?"[43] Martin deduces that Gray was asking whether it is true that "theatre and life both consist of fragments of narratives, lit at certain moments, dark at others, and strung together by chance."[44] My participants and I felt the exact same throughout *the walls of brick,* and concluded that creating this type of theatre is the most cathartic when enacted at our most confident in our own mental wellbeing. Participants also agreed that the experience had made them look at their OCD from a different angle, and having like-minded people to speak to in the devising process was a new and welcoming experience.

When creating the script, I took the idea of collage literally and applied a method of cutting up the script and rearranging it on the floor, previously used in my TH983 practical performance. This method was originally used by beat poet William Burroughs, but was brought into popular culture by the musician David Bowie. Burroughs claimed that these cut-ups allow the writer to let their subconscious mind take over the writing process, and that "when you make cut-ups you do not get simply random juxtapositions of words, that they do mean something, and often that

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[41] Castagno, Paul C. *New Playwriting Strategies*. Hoboken: Taylor and Francis. 2013.
[42] Castagno, Paul C. *New Playwriting Strategies*. Hoboken: Taylor and Francis. 2013.
[43] Gray, S. quoted in Martin, Carol, *Theatre of the Real,* Palgrave Macmillan (2013) p.48
[44] Martin, Carol, *Theatre of the Real,* Palgrave Macmillan (2013) p.48

these meanings refer to some future event."[45] What this does is allows the brain to break away from the linear form of writing on a document, from beginning to end, left to right, top to bottom, and instead can work freely. It is a method I am a huge fan of, and I enjoy working practically with words and ideas in other ways such as mind maps or moodboards. By cutting up my script, I can play around with the effect that different scenes would have following one another. It was also extremely useful in creating the Obsessive Compulsive Cleaners poem, as it allowed me to find matching pairs of rhyming couplets in the comments I collected, and put them together into poetic form.

Hybrid theatre often follows a similar structure to documentary theatre, and *the walls of brick* certainly finds many similarities with this category. Carol Martin describes documentary theatre to be "not so much about telling a story that is factually true, but about telling a story in a theatrical setting in which the truth often lies in small details, not in the big or factual picture."[46] Creators of autobiographical theatre "construct the past in service of a future the authors would like to create."[47] *The walls of brick* fits into the world of autobiographical theatre by contributing towards the idea that hybrid theatre can immerse audiences in a polyvocal cacophony of stories and confessions.Similarly to Spalding Gray's *Rumstick Road* and I.O.U. Theatre's *The House,* it combines narrative with a non-linear structure which can include a wide variety of other media such as music, dance and poetry. Thus, the structure of *the walls of brick* allows the audience to look into specific occurrences of OCD in everyday life in the home, and creates an educational and informative environment in which autobiographical moments are staged to inform a future wherein OCD is less stigmatised.

[45] Harris, Oliver *William S. Burroughs: Beating Postmodernism* - The Cambridge Companion to the Beats. Cambridge University Press. (2017)
[46] Martin, Carol, *Dramaturgy of the Real World on Stage,* Palgrave MacMillan 2010, p.82
[47] Martin, Carol, *Dramaturgy of the Real World on Stage,* Palgrave MacMillan 2010, p.19

Conclusion

How has *the walls of brick* successfully de-stigmatised Obsessive Compulsive Disorder?

The walls of brick combines extensive research into the concept of stigmatisation with the postmodern literary technique of hybrid theatre. By putting OCD into the context of the home, I was able to create a cohesive through-narrative for the script and subsequent film, allowing audiences to watch a series of scenes depicting life with OCD, and providing the opportunity to access recovery help at the end of the film. Feedback for the film has been wholly positive, with audiences claiming they learned "the intensity"[48] of OCD and "the beliefs that result"[49] from said actions, others adding that it "definitely educated" and "helped with [fighting] stigma...helping people realise OCD is so much more than being tidy."[50] Feedback also showed me that the audience came from a wide range of perspectives, with some having OCD themselves, others knowing someone with the disorder, and a few who knew absolutely nothing about it. One audience member said that before watching the film, they had "A general understanding from conversations with a family member who has OCD, but nothing too specific as they didn't know how/want to share."[51] This is particularly good as I wanted to be able to stand up as a person with OCD and tell stories that others may not feel brave enough to share.

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[48] Anonymous feedback, provided by SurveyMonkey, 27.8.20
[49] Anonymous feedback, provided by SurveyMonkey, 28.8.20
[50] Anonymous feedback, provided by SurveyMonkey, 27.8.20
[51] Anonymous feedback, provided by SurveyMonkey, 30.8.20

However, some feedback suggested that this made me come across as "trying to be the face of OCD," and that it made the film feel "too self-indulgent."[52]

Audience members also claimed that most of their knowledge of OCD came from the media, even though they "knew that it was misrepresented,"[53] another adding that "cleanliness has been the only form of OCD [they] have encountered in the media."[54]

One audience member, however, wholly disagreed. They claimed that the film "helped reinforce the stigma that people with OCD are crazy," that "it has reinforced harmful stereotypes," and that its "over-reliance on shock value" made it "seem like a horror film and exaggerate[d] all of the symptoms to the level of melodrama." The message at the end of the film was perhaps not evident enough, as this viewer claimed that it "didn't show much regarding how people can get help beyond committing suicide,"[55] despite the film explicitly depicting the main character's choice to open up, get professional help, and not let their OCD get the better of them. It is possible that my writing and editing did not make this apparent, however, so I would definitely take a second look at this for the benefit of the audience of the stage version. If I were to develop the film further, I would absolutely take all of this helpful feedback into consideration to improve *the walls of brick* and reinforce its positive message. With regards to preventing stigma, I believe that *the walls of brick* definitely helped educate its audiences and prevent harmful stereotypes, as is agreed by audience members who stated it was "a very brave piece that tackles the subject honestly and from a personal perspective,"[56] with another adding that its artistic yet informative nature "adds to the knowledge people can access and hopefully decrease the ignorance that facilitates stigma."[57]

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[52] Anonymous feedback, provided by SurveyMonkey, 27.8.20
[53] Anonymous feedback, provided by SurveyMonkey, 29.8.20
[54] Anonymous feedback, provided by SurveyMonkey, 28.8.20
[55] Anonymous feedback, provided by SurveyMonkey, 31.8.20
[56] Anonymous feedback, provided by SurveyMonkey, 31.8.20
[57] Anonymous feedback, provided by SurveyMonkey, 1.9.20

My participants agree that being a part of the project has greatly improved their understanding of not only their own experiences of living with OCD, but also the condition as a whole. One participant has even stated that after opening up so much in the workshops, they are considering therapy for the first time, due to the information that the script has provided about the experience of getting professional help. Another participant's feedback admitted that before the project they were "very ashamed" of their OCD, and didn't have anyone to speak to about it, which meant that her whole lived experience of OCD was essentially "silenced." She now feels like the whole process has helped her "make peace" with her condition and given her "a sense of calmness" to be able to discuss it out loud with people.

Another participant recalls that the experience was "Just as important for the actors to go through … as the audience gets to go through watching it," adding that "the actors were just as influenced by the story as the viewers." They said that, due to COVID-19, it was "strange not being in a rehearsal room" because that is a very personal space, however, as she "wasn't totally comfortable with sharing some stories" due to the fact that she feels she pushed herself too far at times, but it "was good to have the safe space of the screen," as a "protective bubble" for herself. She also worries that, now the film is available publicly, people may recognise her from her poetry, however she is "okay with feeling uncomfortable about it," because it is important that a few people need to "make the leap" in order for the film to help others.

Another participant reflected that "not having as much shame associated with it opened lots of doors." She found out exactly what kind of OCD she has, and has researched the correct type of therapist she needs, which felt "very empowering." Through finding more resources, she says that it "doesn't feel like [she is] crazy any more." She concludes that she hopes "this project works not only for performers and participants but also for those who watch it."

Overall, this project has not only educated others but also taught me a great deal about myself,

how I view my journey of mental illness, and what my place is in the theatre world. I feel as

though *the walls of brick* has solidified my dream to teach others about OCD through theatre,

and this project has been my greatest achievement yet. I cannot wait to see where the future of

the walls of brick takes me, and hopefully next year it will finally see itself transform into a stage

play. Until then, I am extremely proud of the impact this film has had on others, especially my

participants, who have said that taking part in this film has been extremely helpful during

lockdown. In conclusion, I am proud to say that *the walls of brick* has not only helped to

de-stigmatise Obsessive Compulsive Disorder, but has made me immensely proud of how far I

have come from being diagnosed with it exactly a decade ago.

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 "The walls of brick I have built around myself have fallen down, and

                         now I am ready for people to know me."
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