

Representations of Alzheimer's Disease in Theatrical Contexts:

Examining theatrical representations of Alzheimer's disease and the use of space within the play world and the performance space.

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Abstract:

This thesis examines instances of theatrical representations of Alzheimer's disease as seen in British theatre. The essay concentrates upon exploring the relationship between representations of characters with Alzheimer's disease, as written by playwrights and subsequently portrayed by actors, and the use of space as a means to investigate such representations. The aim of this analysis is to argue against the concept of a representative depiction of Alzheimer's disease within performance contexts, as suggested by Wash Westmoreland (2015). British theatre must not only continue to raise awareness as to the impact of Alzheimer's; in addition, it must further the understanding of how an individual's sense of identity and experience of the human condition is impacted upon by the forces of illness. The construction of space and meaning derived from its manipulation are presented as a framework through which to begin to communicate the experiences of others in a tangible manner. Furthermore, the analysis of space – rather than solely the individual – is seen as an attempt to remove the possibility of engendering a diagnostic gaze between the actor and spectator. The methodology used to analyse the construction of space, in both the play world and performance space, is taken from Anna Harpin (2014). Harpin suggests that individuals' experiences of madness may be likened to geographical encounters, rendering madness as site, or moreover, non-site. Harpin's concept is then linked with Victor Turner's analysis of liminality in order to fully explore the detailing of characters' experiences of Alzheimer's disease. In the final section of the essay, the theory explored in the first section is then developed and expanded upon, in order to practically observe its effects in facilitation of the actor's characterisation of individuals with Alzheimer's disease. This is a part of a critical self-reflection of my own practice as research.

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Author's Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

Introduction:

What does a bad representation of Alzheimer's look like?

Wash Westmoreland, the director of the film adaptation of *Still Alice*, a novel written by Lisa Genova states in an interview with Killian Fox: 'We all know what a bad representation of Alzheimer's on screen can look like' (2015). Whilst Westmoreland's comments are concerned with filmic representations of characters with Alzheimer's, it is possible to apply his critique to theatrical representations also. Specifically, this thesis focuses upon theatrical representations of characters with Alzheimer's disease and in so doing I will address the following central research question: What methodologies are put into practice both from the playwright's and actor's perspective in order to facilitate the depiction of characters with Alzheimer's disease in theatrical contexts? Prior to engaging with the main research question, first I will relay to the reader the specific methodology and research design created for this project. In addition to this the introduction will also serve as a means of outlining my concerns with Westmoreland's assumptions as to Alzheimer's representation within creative media and further argue that this stance is a gross oversimplification of a vastly complex area.

This thesis is structured in order to highlight specifically how I intend to answer the research question, following this I will explain the research design itself. The thesis comprises of two main sections: the first is a detailed analysis of two published plays – although the thesis ultimately will analyse three published play texts, the third will enter discussion in the second

section. The play texts are: *Plaques and Tangles* (2017) by Nicola Wilson, *Still Alice* (2018) adapted by Christine Mary Dunford and *Elegy* (2017) by Nick Payne analysed and then practically investigated in section two of the thesis. This leads me to explain the second section of the thesis and how this ties into answering the central research question. Section two provides an in-depth analysis and critical appraisal of my own practice as research, which sought to harness currently existing and new rehearsal techniques aimed at facilitating the actor's representation and characterisation of those with Alzheimer's disease. The unifying concept which underlines the entire research design and which acts as a framework through which to analyse the representation of Alzheimer's disease theatrically is both the playwright's and actor's relationship with space. The research project has been structured in such a way as to explore how the relationship and subsequent presentation of both literal and metaphorical space can render the image of a character with Alzheimer's as a liminal individual. These unifying theories, borrowed from Victor Turner and Anna Harpin respectively, provide a framework which this thesis proposes as a means to begin engaging with theatricalised depictions of Alzheimer's disease and its subsequent effect upon an individual's identity politics, and finally how this might look on stage.

Briefly, before returning to Westmoreland's comments, I wish to highlight to the reader some of the realities of Alzheimer's disease and its subsequent impact upon British society. These considerations in turn affect the understanding and true impact Westmoreland's comments have in relation to how individuals and society might view depictions of Alzheimer's disease

theatrically. In recent years Alzheimer's has become an ever more topical issue. The facts are plain:

There are 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025. This will soar to 2 million by 2051. 225,000 [people] will develop dementia this year, that's one every three minutes. (Alzheimer's Society, 2018).

As awareness of Alzheimer's disease has increased, so too has the British theatre's focus on this issue and the potential consequences this has on a person's life. Specifically, theatres across the U.K have addressed this concern in a number of key ways. Firstly, through the increase in dementia-friendly performances made available; secondly through drama therapy, utilising specific theatrical techniques to engage and facilitate both carers' and the individuals' suffering; thirdly, there has been a greater focus on representing characters with Alzheimer's disease in performance contexts. As mentioned previously, the purpose of this thesis is to specifically focus upon those representations of persons with Alzheimer's disease as seen from the perspective of the playwright and the performer.

One of the main issues with Westmoreland's observation is it illustrates an oversimplification of a complex topic. The statement adopts a subjective view on performance representations, rather than an objective overview of the methods used to communicate perspectives of Alzheimer's in performance contexts. This is largely demonstrated by Westmoreland's use of the adjective 'bad', implying a binary scale exists from which a person may draw comparisons between a correct and incorrect method of representation. Applying this model against characterisations of those with Alzheimer's in performance is to make a contentious statement, as it further suggests a representative model of Alzheimer's disease exists within

patients facing a diagnosis of this illness. As observed by the Alzheimer's Society, this is not true, as whilst 'there are some common symptoms of Alzheimer's disease, [. . .] it is important to remember that everyone is unique. Two people with Alzheimer's are unlikely to experience the condition in exactly the same way.' (2018). In light of the Alzheimer's Society's observations, Westmoreland's argument proves a controversial point. In fact, Alzheimer's attacks each person differently whether it be a person's short- and/or long-term memory, cognition, language skills, motor skills, experience of hallucinations, the result of which is that a diagnosis of Alzheimer's disease has the capacity to affect both the physical and mental health of a person. If each instance of Alzheimer's disease is unique to that person's own experience, codifying performance representations in a binary format cannot successfully allow theatre practitioners to further develop methods of representing the experiences of others.

I will now outline my methods of analysing this question and point the reader to some of the key research materials which have guided and influenced my process. The thesis will be looking directly at the representation of characters with Alzheimer's disease as viewed both in the written play text and the actor's work in creating characters specifically with this illness. At no point will the essay argue for a definitive methodology to be used, as the introduction of a binary framework for the analysis and subsequent creation of characters with Alzheimer's would severely limit the scope of understanding the experiences of others. Nevertheless, I will be narrowing my focus to one centred on the concept of both literal and metaphorical space which surrounds the suffering character and the associations with

liminality within this concept. Of course, space is a broad term and can be applied to a number of different topics. In the context of this thesis, space and its subsequent analysis have a very precise meaning, which I will now outline under the subheading ‘Taxonomy’.

Taxonomy

Construction and division of space as read within the context of the written play world:

It is important before beginning my analysis of space in relation to the depictions of characters with Alzheimer’s to fully relay to the reader the context of the word ‘space’ and its multiple uses in this thesis. In the first chapter, I will be looking at the construction and subsequent manipulation of spaces as viewed in the written play text, henceforth referred to as the play world. Space as seen in the play world may have multiple functions which prove relevant to the given circumstances of characters. When detailing the world of the play, the playwright often lays out the physical nature of the surroundings, identifying a specific site, country, or location. Further to this, playwrights may also make reference to other sites which are not seen, but are referred to within the context of that world. This may be another physical location, a metaphorical site, or a combination of the two. An example of a playwright’s construction of space which is seen as both physical and metaphorical might be Anthony Neilson’s *The Wonderful World of Dissocia* (2013). In the construction of site here, Neilson builds an alternate world which, despite drawing parallels with reality, the reader understands is on a certain level a metaphor for the protagonist’s experiences of living with Dissociative Identity Disorder. An example of this duality can be seen below:

The elevator begins its descent (although, curiously, it sounds more like an underground train).

Passenger 3 *makes a strange noise, like a groaning moose, but no one (save Lisa) seems to notice. He does this a couple of times.*

Automated Voice *Going sideways.*

Passenger 2 *takes out a mobile phone. She/he talks loudly and cheerfully:*

Passenger 2 *Hi, it's me. Listen – I've been thinking about it, and I really think the easiest thing is to just push her down the stairs ...*

Lisa *can't believe what she's hearing. (Neilson, 2013, p. 12).*

Whilst the structuring of dialogue and stage directions on the page present the surrounding space as an elevator, Neilson alludes to a duality of locations, Lisa however does not question all aspects of the world suggesting that what we the spectator are privy to is a dystopic vision of site. On a certain level, the use of space is one which begins to hint at a conflict within a character's sense of identity – one which they are yet to confront.

Anne Ubersfeld references this concept in her book *Reading Theatre*: 'Stage space can also appear as a vast psychological field in which psychological forces of the self confront each other. The stage is then comparable to a closed field in which elements of the divided, split self confront each other.' (1999, p. 105). Ubersfeld suggests that stage space, a term she uses to describe the space occupied by actors in performance, can be representative of internal psychological struggles made manifest as a vast psychological playing field. Ubersfeld's theory may also be applied to the space as read within the world of the play. Divisions and/or duality of space as seen in the play world may begin to suggest unresolved conflict, either

between different characters or as two aspects of the same person. In order to elaborate, I want to introduce to the reader a theory presented by Anna Harpin in *Performance, Madness and Psychiatry: Isolated Acts*. Harpin considers common idioms associated with experienced madness, such as ‘off with the fairies’, ‘in a dark place’, or ‘driven round the bend’.

According to Harpin, these idioms suggest movement and division within space. She states: ‘A person descends into madness or is driven there. Two things are apparent here. Firstly, there is the recurrent sense of journeying that attends on madness. Secondly, the dominant notion of place renders ‘mad’ experience an inherently geographical encounter. Madness, then, is figured as a location, as site. Or, perhaps more accurately, as simultaneously site and non-site.’ (2014, p. 187). Harpin then proposes a methodology for viewing and constructing the experiences of madness as site and non-site through the study and use of language often associated with those deemed ‘other’. Harpin’s methodology aligns with Ubersfeld’s theory, which as discussed presupposes that space may act as a metaphor for the exploration of aspects and encounters with the self. Harpin’s framework, then, will act as a basis from which to begin my analysis of the theatrical representations of Alzheimer’s disease. This will assist in determining how the playwright constructs the experiences of characters with Alzheimer’s and further determine how instances of this illness are read within the context of the play world.

It is important to note however that by using Harpin’s framework I am not trying to suggest that Alzheimer’s disease is, or indeed should be, categorised in the same way as mental illness. Alzheimer’s disease is a neurological condition, whereas mental illnesses are

classified as psychological. Research is being done into how psychological and neurological conditions relate to one another, however according to an article which appeared in the British Medical Journal: ‘the dominant classifications of mental disorder—the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual (DSM) — continue to draw a sharp distinction between disorders of the mind, the province of psychiatry, and disorders of the brain, the province of neurology.’ (White, Rickards and Zeman, 2012). Alzheimer’s attacks the physical nature of the brain: an increasing number of proteins called Amyloid and Tau begin to sever the reception of impulses between brain cells. According to the NHS:

In the later stages of Alzheimer's disease, the symptoms become increasingly severe and can be distressing for the person with the condition, as well as their carers, friends and family. Hallucinations and delusions may come and go over the course of the illness, but can get worse as the condition progresses. Sometimes people with Alzheimer's disease can be violent, demanding and suspicious of those around them. (nhs.uk, 2018).

From the source above, it is clear that a person with Alzheimer’s may experience behavioural changes, a loss in the sense of their own identity, and in some instances experience hallucinations – similar to some forms of mental illness. Alzheimer’s then, as with a number of mental illnesses, has the capacity to affect a person’s sense of identity and further alter an individual’s personality, albeit due to a breakdown in cognitive function rather than as a result of a psychological issue. Whilst there are similarities between the two, I feel it is important to expand upon Harpin’s framework as used in this thesis and develop the methodology so as to avoid confusion later on in the analysis. For this, I will briefly introduce the concept of liminality as proposed by Victor Turner.

Victor Turner's analysis of liminality is a process which typically refers to individuals who undergo a ritualistic or cultural shift; moving from an established position towards something new. What makes Turner's analysis of liminality so useful within the context of my own investigation is its relevance to site as well as the individual. Turner proposes that:

The attributes of liminality or of liminal personae ("threshold people") are necessarily ambiguous, since this condition and these persons elude or slip through the network of classifications that normally locate states and positions in cultural space. [. . .] they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial. (2011, p. 95).

Turner's description of liminal individuals describes a process of movement, shifting from an established state or cultural position towards a previously unencountered position, or site. The mid phase, or limen, is the threshold in which the concepts of previously encountered site are necessarily distorted and the new site is yet to be revealed. Both Harpin's and Turner's frameworks will be combined in order to analyse the depiction of characters' experiences of Alzheimer's disease as seen in the play world. This will be instrumental in determining whether or not the manipulation of space within the play world renders the suffering character a liminal individual. This theory will be applied to three case study texts, *Plaques and Tangles*, *Still Alice* and *Elegy* with a view to using this framework practically in the case of the last text.

In order to determine whether or not the concept of liminality is present in each text, it is important to note that liminality, according to Turner, is a process which is triggered by separation. Liminal individuals as explained by Turner are those who, for instance, pass

through puberty rites, and in doing so encounter a shift from one state towards another.

Turner notes:

Liminal entities: such as neophytes in initiation or puberty rites, may be represented as possessing nothing. They may be disguised as monsters, wear only a strip of clothing, or even go naked, to demonstrate that as liminal beings they have no status, property, insignia, secular clothing indicating rank or role, position in a kinship system in short, nothing that may distinguish them from their fellow neophytes or initiands. (2011, p. 95).

Turner here outlines a process of division, a separating out of individuals – in this instance neophytes – who then undergo a ceremony which marks the transition from a previous state into a new one. If liminality is defined as a shift from a once previously established state, moving towards another, the instigator of which is an act of separation, then it is possible to view the representations of characters with Alzheimer's as going through a similar process. Devices employed by the playwright in order to create divisions within the play world, such as dialogue and stage directions, may indicate the beginnings of a liminal phase. Both of these aspects of the written text will then be explored as a means of determining how Alzheimer's is represented theatrically in the context of the play world.

The use of performance space in relation to the actor's facilitation of representations of Alzheimer's disease.

Following the analysis of playwrights' constructions and divisions of space within the world of the play (section 1), I will move to analyse the actor's use of performance space in relation to depicting characters with Alzheimer's. Within the context of this thesis, the term 'performance space' applies specifically to that location reserved for occupation by the actor

in performance and rehearsal; a location which not only is given meaning by the actor's movements, but one which is constantly being spectated. This is similar to the concept proposed by Peter Brook: 'I can take any empty space and call it a bare stage. A man walks across this empty space whilst someone else is watching him, and this is all that is needed for an act of theatre to be engaged.' (1990, p. 11). The term 'performance space' then is in reference to an arena in which actions are observed either by external eyes or those who occupy the same space as other actors. It exists as a multipurpose site, one which frames the actor's process of characterisation of world building, both physical and metaphorical, and one of destruction. Gay McAuley in her book *Space in Performance: Making Meaning in the Theatre* discusses the concept of performance space as one which performs multiple functions, as noted here:

The space the spectator is watching during the performance (at least in modern theatre, where the auditorium is darkened and attention is centred on the performers) is always both stage and somewhere else. The 'somewhere else' may be indicated by an elaborately realistic set or by the words and bodily behaviour of the actors or by a hundred other means, but, however convincing the fictional world may be, the stage itself is always also present at some level of our consciousness. (2000, pp. 27 - 28).

When citing the term 'performance space' then, in the context of this thesis, I am referring to both the physical construction of a given site and the representational world then built within this site.

Chapter One, Play Analysis:

Plaques and Tangles (2017) by Nicola Wilson

Following the introduction's outlining of my methodology, I will now highlight to the reader my reasons for selecting Wilson's text against a catalogue of other works which may attempt to detail character experiences of Alzheimer's and dementia-like illnesses. In the introduction to this thesis, I argued that Westmoreland's suggestion that a performance representative model of a character with Alzheimer's was problematic; it therefore may appear conflicting to have selected two specific texts above all others. Firstly, I am not suggesting that either of the two case studies are demonstrative of the perfect representation of Alzheimer's – this would contradict my overall argument. Instead, I am selecting Wilson's and Dunford's texts as each specifically attempts to highlight experiences of living with Alzheimer's disease within theatrical contexts. Whilst other texts may be written and subsequently read, or performed, with an awareness of Alzheimer's, specificity is crucial to the overall success of my analysis. For instance, Shakespeare's *King Lear* may be framed as a sufferer of Alzheimer's, although it should be noted that this has become a more prominent theme of the play in modern presentations. To deviate from this topic within the context of my analysis would risk straying into the realm of speculation, commenting on plays which do not fall within the scope of this thesis's research question; a point which I neglected in my practice as research, as will be discussed in chapter two. In addition to these reasons, Wilson's and Dunford's texts both illustrate a variation on the concept outlined by Harpin in the previous chapter, i.e. both place a significant emphasis on experiences of illness depicted as a transition between site and non-site. In the literary examples that I have selected, I will examine Wilson's detailing of hallucinogenic sites and further identify the methods of division between site and non-site.

Wilson's play *Plaques and Tangles* focuses on Megan, a woman who faces the threat of early onset Alzheimer's disease. Little emphasis is placed on the physical location of the play world – instead, the reader is often presented with the bare minimum of information, applying labels such as 'hospice' or 'hospital'. Wilson focuses upon the construction of time and the assembly of snapshot-like scenes, which often highlights past events within the context of the present tense. This feeds directly into Wilson's questioning of whether or not it is useful to have advanced warning of the likelihood of developing Alzheimer's disease. However, this presentational format, blending past events with present, has another function – to suggest a duality of space and time within the construction of the play world. This is evidenced particularly in the final scene below:

October 2016

Hospital.

Megan (forty-eight) in bed wearing an oxygen mask. Nurse, Ned (nineteen) and Jez (fifty) in attendance. Jez opening the window.

Jez It's too hot in here.

Nurse She's forgotten how to swallow.

Jez I need some air.

Ned Is this it? Is this when ... (we say goodbye)?

The Nurse nods.

Ned clasps Megan's hand.

Sound of hands struggling to get keys in lock. Giggling. Door opens suddenly and Young Megan (twenty-two) and Young Jez (twenty-four) fall into a drunken heap on the floor. She's wearing his stag-night T-shirt. He's wearing her bridal comb and veil. They start to kiss passionately. (2017, p. 109).

Within the context of this scene, Megan is suffering, confined to a body which lays in stasis: ‘*in bed wearing an oxygen mask*’, restricting her ability to express a sense of identity through movement or vocal expression, save that of the suffering character. The appearance of Young Megan and Jez begins to illustrate a division within the play world as well as a blurring of the established site. As the two sets of characters from different time periods begin to interact, the image of the previously established site (in this instance a hospital) begins to dissolve.

What then does Wilson’s structuring of movement of bodies and use of stage directions within the play world actually tell us about the representation of Alzheimer’s disease in this instance? Megan is depicted as frequently dissociating from her surrounding environment through experienced hallucinations, a space in which actions and behaviours become separated from the limitations facing the suffering character’s body.

Megan gets out of bed.

[. . .]

Megan on ice skates. She's stumbling. Jez appears behind her, arms round her waist.

Megan Let me go, Jez.

Jez I can't. You'll fall.

[. . .]

Jez Not yet.

[. . .]

I'm not ready.

Spotlight on Jez and Megan.

Megan tenderly cups his face in her hands.

They kiss. Five times.

He lets her go.

Megan Boom.

She ice skates away effortlessly – spins round and round, an elegant version of fictional cowlick. It's beautiful to watch. (2017, pp. 109-112).

From analysing the scene's detailing of character movements and dialogue, it is clear to see that Jez is representing an anchor point for Megan. The nature of their actions – in this case skating – where the two bodies are united and joined together symbolises Megan's attachment to site. The line: 'I'm not ready', is symbolic of Megan's standing at the edge of the liminal threshold. The crossing from site into non-site is then represented by the physical action of Megan's letting go of Jez. Turner theorises that the behaviour of liminal individuals is frequently: 'passive or humble' (2011, p. 95). Which to some extent is true of the depiction of Megan's condition within the scene above. Turner furthers his discussion on the behaviour of liminal individuals, noting 'they must obey their instructors implicitly, and accept arbitrary punishment without complaint. It is as though they are being reduced or ground down to a uniform condition to be fashioned anew and endowed with additional powers to enable them to cope with their new station in life.' (2011, p. 95). Of course, in the context of the scene above there is no obvious instructor which then presses down upon Megan. However, this concept is still observed; in this instance it is manifested as the force of illness itself. The idea that liminality then humbles or pacifies an individual within a liminal phase begins to raise additional considerations. These are centred around the concept of willingness to cede to punishment and leave behind a previous sense of identity – a point which arguably is contested within Wilson's detailing of Megan's encounter with illness.

The concept of control and identity are bound up with the depiction of Alzheimer's disease in Wilson's text. As her illness advances, Megan is further stripped of the ability to act independently. However, contrary to Turner's assessment of liminality, Megan is seen as a figure defiant against the impending sense of illness and thus further tries to delay the encounter within liminality, or a ceding of status and recognition of her own sense of identity. Evidence of this can be found in an exchange between Megan and Jez, a scene in which Jez is confronted about adopting care techniques which Megan interprets as a further conceding of her former status.

Loud white noise from TV in background.

***Jez** (forty-seven) is slowly walking around the bedroom wearing a pair of swimming goggles and rubber gloves. Dozens of books piled up on the floor. **Megan** (forty-five) enters and watches, angry.*

Megan Jez?

He can't hear her. She picks up one of the books on dementia and starts to rip it up to get his attention.

Jez What are you doing?

Megan I could ask you the same thing.

He switches off the TV.

Jez It's a training technique. For care-givers. Goggles to distort vision, gloves to reduce sense of touch and white noise to induce frustration. So I know what to expect.

***Megan** continues to rip her way through the book.*

Stop it.

[. . .]

Jez I'm gathering information.

Megan So you don't have to talk to me.

Jez So I know *how* to talk to you.

Megan You can't even look at me. You haven't looked at me in weeks.

[. . .]

Megan Because all you see when you look at me now is a set of symptoms.

She's right and he knows it. Ashamed, Jez takes off the goggles and gloves. (2017, pp. 77-78).

In the scene that takes place above, Jez is teaching himself to adapt his understanding and perception of Megan's experience of the surrounding environment as affected by Alzheimer's disease. Wilson frames the exchange between the two characters as an altercation, one which further produces a negative light on Jez's actions. However, if we remove the subjective framework momentarily, it is possible to read Jez's behaviour as the result of a shift in status. Jez notes that he feels as though he needs to alter the methods of engaging with his wife in order to communicate with and care for her. Whilst Jez's intentions may be caring, to Megan this is seen as a further decline in her own autonomy, as she notes that Jez views her without a true sense of identity, instead he observes only 'a set of symptoms.'

Still Alice (2018) Adapted by Christine Mary Dunford

As with Wilson's *Plagues and Tangles*, Christine Mary Dunford's text *Still Alice* specifically details the effects of early on-set Alzheimer's disease and its effects upon characters within the play world. Dunford's text also suggests the experience of Alzheimer's is one which creates divisions between characters and subsequently impresses upon the suffering character a sense of loss of identity. This sense of identity is not only found within the character's sense of self, it is also identifiable in a character's ability to engage with their surroundings and recognise them as familiar. In contrast with *Plagues and Tangles*, Dunford's play places less emphasis on the division of space acting as a representational metaphor for

hallucinogenic sites. Instead, Dunford focuses predominantly upon the concept of identity and the sense of accompanying loss from the perspective of the individual; creating two halves of the same person, both public and private. Dunford adopts a similar approach to that seen in Brian Friel's *Philadelphia, Here I Come!* The divided self in Friel's play, according to Nesta Jones provides us, the spectator, 'with a double focus which enables us to both identify and sympathise, and yet remain intellectually engaged and critically aware.' (2000, p. 21). What differentiates Dunford's use of a split focus is then how this narrative device frames the experiences of Alzheimer's theatrically. It is this dualistic relationship which shall be explored through the lens of a liminal framework. At the end of this analysis, I will draw my conclusions as to both texts' detailing of characters' experiences with Alzheimer's disease. This will conclude that whilst both texts utilise a concept of liminality, each text's application of this methodology produces an alternate focus for the reader.

As mentioned, Dunford utilises a device similar to that used by Friel, creating two halves of the character – Alice and Herself, respectively. Dunford explains this concept in the introductory character notes:

Herself and Alice are the same person in two bodies. She [Herself] is Alice's inner thoughts. However, Herself and Alice can, and often do, have different thoughts in the same moment. She is not Alice's "well" self, or her rational self. She is not omniscient. She progresses through the disease at the same pace as Alice, although she may have moments of lucidity that are different from Alice. (2018, p. 5).

Already it is clear that Dunford's structuring of the text creates a division within space, one occupied by public responses and a separate sphere which is only accessible to both Alice and Herself. The relationship between these two halves of the same person is never revealed to any of the other characters, although it still gives access to a microcosm of thought and behaviour separate to the actions and site occupied by surrounding characters. This heterotopic space is pivotal to how Dunford invites us to relate to the representational experience of Alzheimer's disease in the play world. Two areas in particular become observable to the reader through this setting up of the play world by Dunford. The first is the relationship between Alice, Herself, and the surrounding environment: whilst both are two halves of the same person, a sense of division is observable between each. The second area of interest is the subsequent relationship between Alice, Herself, and other characters, noting how each then responds to the other and how each of these concepts then relate to Harpin and Turner's theories on space and identity respectively.

The relationship both Alice and Herself have with the surrounding environment is pivotal to how we as the reader are invited to view and comprehend Alice's continual declining health – a point further emphasised by the continued sense of physical and visual loss of set items. Dunford notes that: 'Throughout the play, the stage empties of objects and detail until there is little left except Alice, Herself and John. Herself is onstage whenever Alice is, and can move or remove props and furniture, etc.' (2018, p. 6). Herself, as illustrated by the quote above has a degree of freedom to move independently of Alice, although the two figures are each one half of the same person. Simultaneously, their knowledge and relationship with the

surrounding environment also differs in certain moments. In the scene depicted below, Alice in a momentary lapse of memory no longer knows where the bathroom is. Whilst Alice is visibly and physically panicked, Herself appears static:

ALICE. Where's the bathroom?

HERSELF. That's the utility closet.

ALICE. I know. Where's the bathroom?

HERSELF. Where it's always been.

(ALICE runs around the house as HERSELF narrates where she is.)

Back door. Living room. Dining room. Kitchen.

ALICE. *(To HERSELF, angry.)* How can I be lost in my own house?!

(ALICE is completely panicked. She starts to shake and cry. She also pees her pants, standing in the middle of the kitchen. JOHN enters.)

[. . .]

ALICE. I can't find the bathroom. I wet my pants.

JOHN. It's okay, you're right here.

ALICE. It's not okay.

HERSELF. I'm lost. (2018, pp. 48-49).

The concept of loss is evidenced in Alice's inability to navigate once familiar surroundings, begins to suggest a psychological split from her former self, manifested physically – a point further evidenced by Dunford's stage direction: '*ALICE runs around the house as HERSELF narrates where she is.*' In addition to this, through the physical movements of each figure, one is seen as out of control (Alice), whilst the other (Herself) remains static and somewhat removed from the urgency of Alice's actions.

How then does Dunford's splitting of public and private thoughts relate to the concept of liminality and Harpin's notion of experience as site and non-site? As observed in the previous paragraph, the physical dichotomy between the two figures begins to suggest that the two are not always synchronised with one another. This physical and psychological separation between the two figures, Herself and Alice, is further tested when each is able to then perform and experience completely separate events from one another. In the scene below, Alice experiences a hallucination manifesting as a hole in the floor, whilst Herself, although aware something is wrong, does not see the hole.

(ALICE notices a big, open hole where there was once a rug by the front door.)

ALICE. Has that hole always been there? How do people get to the door?

HERSELF. What hole?

ALICE. Do they walk around it?

HERSELF. Oh my god. I'm not sure. Something's wrong, I think.

[. . .]

HERSELF. What's wrong?

ALICE. *(Matter-of-fact.)* There's a hole in the floor; I'm trapped in my house; and I didn't recognise my face in the mirror this morning.

HERSELF. *(Upset she's not getting more credit.)* I recognised you! I told you it was you!

ALICE. It took five seconds. An eternity. It shouldn't take that long. What happens when you don't remember at all?

HERSELF. I may not remember who you are, but I'll still be here, with you. I'm not going anywhere. (2018, pp. 54-55).

The scene details a further breakdown in the relationship between Herself and Alice. Not only do the two figures now experience site in different ways – the two character's ability to physically recognise one another is deteriorating. This scene in particular begins to illustrate the concept of liminality and non-site evidenced in a number of ways. We, the reader,

understand that previously in the narrative, Alice was unable to recognise Herself, a clear indication that Alice's sense of identity is being impaired. Consequently, the spectator (Alice as well as the reader) witness the creation of non-site – the hole in the floor – which is manifested as a visual disturbance of an established site, rendering it non-site. Dunford illustrates that the two concepts, a loss of identity and experience of non-site, are not only linked, but further suggests the two concepts inform one another.

Up to this point, I have discussed the relationship between Alice and Herself and their subsequent interaction with site. In each of the scenes analysed, a division between Alice and Herself was created, which in turn was demonstrated as a physical deterioration in knowledge and the ability to recognise once-familiar site. Whilst each of these instances have detailed a sense of separation between Alice and Herself, the two figures do also evidence moments of solidarity with each other, typically observable when Alice's behaviour is challenged by another character. Put simply, separation within the space of the play world exists on multiple levels, even when Alice and Herself are connected, the two figures may be isolated from their surroundings. Evidence of this is observable in an exchange between John, Alice's husband, and a former student of Alice's along with his wife, Beth. To begin with the stage directions note that whilst Alice and John are drinking wine together, Herself is removed from the two: 'she is serving wine with a tray and eating some herself.' (2018, p. 25). As the scene progresses, Alice experiences a momentary lapse in memory and forgets that she has already made her introductions to everyone else. When performing the introductions again, John, Dan, and Beth immediately distance themselves from Alice's behaviour.

ALICE. Hello. (*Smiles at BETH.*) I'm Alice Howland. I don't believe we've met.

BETH. (*Looks nervously at JOHN.*) I'm Beth.

ALICE. Are you our new postdoc?

BETH. No, I'm Dan's wife.

ALICE. Oh! Wonderful. So nice to finally meet you! Dan, congratulations! Well done!

(DAN and BETH exchange glances. They look to JOHN, who takes ALICE's wine glass and smiles at DAN and BETH.)

JOHN. Wow. Someone's having fun.

ALICE. What? (*To HERSELF.*) What?

HERSELF. I don't know. Give me my wine!

ALICE. (*To JOHN, as she takes her wine glass back.*) What? (2018, p. 26).

Alice's actions and subsequent behaviour are perceived as a result of having had too much to drink. As a consequence, John then takes Alice's glass away from her and attempts to distance himself from her behaviour which is perceived to be causing embarrassment. Additionally, the actions of Beth and Dan further emphasise the concept of socially isolating Alice. Neither Herself nor Alice are aware of the issue and perceive John's actions as a judgement of her character.

Conclusion of findings:

The experience of liminality as proposed by Turner is one which sees an individual transition from one state and a move into another. Liminality in this respect is a framework through which to view an individual's progression of thought and understanding of aspects associated with the experienced human condition. This includes observing shifts in areas such as our

association with culture, status, and sexual maturity. The liminal phase then is a form of initiation, a stripping of the former self in preparation for renewal and entry back into society having undergone a change. This change may be a symbolic or a physical shift, or indeed both. To a degree this theory connects with Harpin's concept of experience as site and non-site. As an individual enters a liminal non-site, they leave behind them a sense of their former selves. An individual's socio-political identity is challenged and ultimately they are forced to adapt in order to prepare for the coming interaction with an alternate site. The application of a liminal framework to both Wilson's *Plagues and Tangles* and Dunford's *Still Alice* reveals that characters' psychological experiences of Alzheimer's disease are evidenced as a process of dissociation. Megan in *Plagues and Tangles* frequently dissociates from her surrounding environment through experienced hallucinations, a space in which actions and behaviours outside of the laws governing the play world are permitted, creating a heterotopic non-site. Alice, in *Still Alice*, also experiences a certain level of dissociation from site, although the play emphasises the concept of identity and loss; this is seen more from the perspective of the individual as opposed to the surrounding environment. Each playwright, whilst sharing the concept of exploring identity as a theme within the narrative, utilises the construction of space differently in order to effectively communicate a depiction of a specific character's experience of Alzheimer's.

On some level then, Turner's concept of liminality alongside Harpin's theory concerning the manifestation of non-site, originating from site, is observed in each of the case study texts.

Both Megan and Alice experience divisions within their respective play worlds, the result of

which is a sense of isolation, ceding of identities and at times dystopic visions of site then projected on to the play world. There are, however, limitations within the study and application of liminality to these plays and the study of Alzheimer's representation. This arises mostly from the concept of liminal entities being described as passengers, who Turner describes as having to 'obey their instructors implicitly, and accept arbitrary punishment without complaint.' (2011, p. 95). Whilst there are instances in each text which align with this concept, largely the depiction of characters with Alzheimer's in the plays simulate sites of conflict. If Megan and Alice are to be classified as liminal individuals, then their passage through this process would not wholly be a passive one. Megan contends her husband Jez's attempts to subjugate her by altering the nature of their relationship. Alice, additionally attempts to retain a sense of her own identity and independence, refusing to be pacified by the actions of others. The characters in each of the case studies illustrate those who suffer, who are in conflict largely with an unseen, invisible illness, the effects of which distort each character's ability to retain a connection with the once familiar. If Megan and Alice are to be classified as liminal individuals, at the very least they are reluctant passengers onboard this process. The point of this analysis was not to definitively assert whether or not characters as seen with suffering from Alzheimer's disease fit neatly into the liminal framework. Instead, the liminal framework was applied with a view to learn more of the theatrical depictions of Alzheimer's disease. What this framework then revealed was the potential to view characters who suffer as determined figures who rail against the impending sense of isolation and liminality.

Chapter Two: Practice as Research

An introduction to Journey: An Installation on developing actor training methodologies in relation to the challenges of representing characters with Alzheimer's disease theatrically.

Identity, as mentioned in the previous chapter, is a key component in relating the implications of living with Alzheimer's disease upon the individual within theatrical contexts. The performance space, as previously discussed by Ubersfeld in the introduction to this thesis, has the capacity to become representative of a vast psychological field, in which an individual may encounter aspects of themselves in a tangible manner (1999, p. 105). It was important therefore to my practice as research that I explored methods of theatrical representations which began to problematise the notion of viewing characters with Alzheimer's as 'other'. Instead, I wanted to focus upon the psychological and physical impacts of Alzheimer's in a manner which became tangible, so as to highlight the impact of illness on individuals' ability to experience fully the human condition and the notion of identity. In order to explore the identified themes practically, it was also crucial to comprehend the relationship between the actor's body and the performance space, using the latter as a platform on which to demonstrate the experiences of others in a holistic manner. As I have previously stated, the sense of liminality and subsequent dystopic visions of site, or non-site, must be seen as originating from the suffering character's perspective and not in reverse. There are a number of reasons for this, the first deriving from an observation made by McAuley here: 'The set conveys a limited amount of information in the absence of the actor, [. . .] but becomes a powerfully expressive instrument when occupied and activated by actors.' (2000, p. 91). The manipulation of site, in this instance the physical performance space, as observed by McAuley, only communicates so much in isolation of the actor. Whilst the performance

space has the capacity to become a liminal site, it is from the suffering character's perspective that this occurs. Second, to suggest otherwise begins to confuse the ability to understand the perspectives of others, suggesting that illnesses which affect a person's psychology are caused predominantly by external environmental factors. Whilst this may be true in some instances, I do not wish to suggest that the physical space surrounding a person is a vector for Alzheimer's akin to a radioactive zone whereby a person becomes ill because of their environment. Alzheimer's is a highly complex illness which attacks each person individually, developing over time and whilst environmental factors may form a part of this, this is not a focus of this thesis.

One of the main challenges associated with depicting characters with Alzheimer's in performance contexts arises from the concept of engendering a specific relationship between the performance space, the actor, and subsequently the spectator. Rachel Proctor, writing for *Everything Theatre*, notes that in instances of theatrical representations of mental illnesses, practitioners run the risk of viewing and subsequently utilising the stage as a 'safe space in which to investigate and unfold these "other" people, these mentally ill. What we have is a chance to be voyeurs in situations where common decency would normally force us to turn our heads.' (2013). Proctor's description alludes to the creation of a medical gaze, one which objectifies individuals and further engenders the notion of scopophilia and subsequently has the capacity to create the image of 'other'. Whilst not in the same category as the male gaze, the concept is similar to that proposed by Laura Mulvey in *Visual Pleasure and Narrative Cinema*: 'In their traditional exhibitionist role women are simultaneously looked at and

displayed, with their appearance coded for strong visual and erotic impact so that they can be said to connote *to-be-looked-at-ness*.' (1989, p. 19). The visual presentation of women in cinema according to Mulvey, fulfils a desire to display the female form for the purposes of 'erotic contemplation' (1989, p. 19). This objective gaze of an individual strips a person of any sense of identity and subjugates all aspects of an individual so as to only focus on one aspect of them.

In relation to my own practice as research and detailing those with Alzheimer's disease within performance contexts, I wanted to test Proctor's notion of viewing others purely on a symptomatic basis. Was the same true of Alzheimer's representation and if so, how could this be avoided? In order to answer this question, I began an intensive period of working practically with actors, aimed at analysing rehearsal methodologies which not only facilitated the actor's characterisation of those with Alzheimer's but furthered the ability to relay perspectives of illness in performance. In addition to this process, I set about evidencing elements of both my theoretical and practical approaches to researching the topic of theatrical Alzheimer's representation and presented this to a live audience – this took the form of a performance installation titled *Journey*. In this last chapter, I will explore the results of *Journey*, the performance installation, and further discuss my practice as research with actors.

Analysing Journey, the performance installation.

Journey attempted to detail my investigation into the representations of Alzheimer's disease within performance contexts and was the result of an extensive research period, which entailed both theoretical and practical research. The performance installation was not intended to showcase my research as a finished product – rather, its purpose was to serve as a checkpoint within the ongoing research project. This would include problematising the representation of Alzheimer's disease in performance contexts and further presenting my theories as to how to begin addressing this. One of the main issues I had encountered within this field was in identifying a methodology purposeful in assisting the actors' representations of characters with Alzheimer's disease specifically. This research question was identified, as with Chapter One, in response to the argument raised by Wash Westmoreland, asserting that binary representations of characters with Alzheimer's exist. As well as analysing Westmoreland's theory practically, I wanted to test the validity of his assumption by observing practice as research. My practical investigation into this topic would attempt to analyse both psychological and physical actor training methodologies and contrast the two areas in a bid to identify which facilitated the actor more within the rehearsal process. The physical performance installation then was designed to illustrate the results of my research project, proposing that continued development of methods of engaging with performance representations of Alzheimer's disease where needed. The reason for selecting a performance installation as a means of communicating my research findings was based largely around the idea that this form of presenting research would encourage practical as well as theoretical engagement from those attending the event. As mentioned, *Journey* was not demonstrative of a finished product, rather as an opening up of my research process and inviting discussion and critique on particular approaches identified which attempted to address this topic.

The performance installation consisted of two main components which were fused as a way to evidence my research in a holistic manner. At the beginning of the event, an invited audience of academic staff, students, and members of the general public were encouraged to explore a curated space, filled with a number of physical structures, termed ‘research sites’. The second half of the event comprised of a lecture and short filmic extracts of my practice as research, or lab work, with actors in the rehearsal room, which is discussed later in the thesis. The research sites attempted to combine observations of theatrical representations of Alzheimer’s disease alongside factual information concerned directly with the disease. This was then presented in a manner which welcomed responses from the spectator. The research areas covered included: a physical wire structure of a brain cell, which spectators were encouraged to place notes on to. This was attempting to represent the physical nature of plaques and tangles building up in the brain. The next site: ‘The dementia training exercise’, encouraged spectators to sit and perform an exercise which was designed to ‘simulate’ the effects of Alzheimer’s, similar to the actions of Jez as seen in Wilson’s *Plaques and Tangles*. Spectators would then listen to an audio exert of the same text which detailed Megan’s response to Jez’s actions. The last site split focus between a desk with partial research materials and notes of my own, followed by instructions and hints as to how to construct the papers in order. *Journey* was designed and executed in a manner which deliberately sought the involvement of the spectator from the beginning in a manner which differs from the act of watching a performance – a point which is explored further in the next paragraph.

There are a number of practical ways in which to demonstrate the theoretical results of a research topic practically; one such method is through the medium of performance. It could be argued that as part of my focus was based on how to practically facilitate the actor's creation of liminal sites in aid of representing Alzheimer's theatrically, that the performance of a play would have been the ideal medium through which to evidence this. However, this can be problematised when considering the nature of public performance of a play. Arguably, a play in this sense has the capacity to be viewed as a finished, or complete product, something which my research is not illustrative of. As observed by McAuley:

The first problem confronting anyone trying to theorise theatrical spectatorship is the ephemeral nature of the performance event. As in every other domain of performance studies, the analyst/critic/theorist is confronted with an absence: the performance is a plenitude, but, when it is over, nothing remains. (2000, p. 236).

McAuley illustrates the temporal nature of the performance as spectacle, once the event is over, nothing remains. Developing McAuley's point, it is possible to argue that the finished performance, with prearranged dialogue, structured movements, lighting, set and sound is far removed from the experimental nature of a rehearsal process. Instead, I wanted to create an exhibition which encouraged the spectator to contribute towards the discussion of how theatrical representations of Alzheimer's disease are created. In this respect, the spectator was tasked to fulfil a number of roles, that of the performer, in order to activate certain aspects of the performance space and as a researcher, one who interrogates and challenges the ideas surrounding them. Placing this level of emphasis on the spectator implies that their response was primarily my concern in terms of gaining insight as to perceptions of the research. Whilst this is partly the case, I should highlight that spectatorship itself is not the major focus of the research. Instead, the spectator would serve as a vehicle from which to interpret, challenge, and feedback perspectives on my research project so as to further develop methods of analysing and constructing performance representations of Alzheimer's disease. The

opportunity to feedback such points was observed in a question and answer session at the end of the lecture.

At this point I would like to draw the reader's attention to one of the influences behind the construction of space within *Journey*. Bobby Baker is a performance artist who, according to Michèle Barrett, editor of *Bobby Baker: redeeming features of a daily life*, is capable of '[transforming] everyday domestic items into highly evocative and aesthetically pleasing 'art objects'.' (Barrett and Baker, 2007, p. 109). The guiding principal in Baker's work is that by utilising domestic items in different ways, she makes the everyday, extraordinary – a point I had hoped to emulate with spectators in *Journey*. Whilst the presence of a physical performer within *Journey* was lacking, it was my intention that on a certain level the spectator would through their own physical interaction with the surroundings achieve something similar to that of Baker's transforming the ordinary into extraordinary – this was designed to be achieved in part through the construction of set, in such a way as to hint at the use of stereotype. For instance, the chair individuals sat in, in order to perform the actions required of the 'Dementia training exercise' was a rocking chair covered with a blanket. Spectators were, in addition to this, welcomed into the space and treated with the suggestion of marking them as 'other'. Spectators were issued with a blanket, offered tea or coffee and the option of a tea cake or biscuit. Baker often uses food and its preparation as a statement, as noted by Barrett: 'Food preparation and serving is a universal female task. Men may work with food as professionals – highly paid chefs, for example, whose creations are admired – but ordinary, domestically, cooking is done by women.' (Barrett and Baker, 2007, p. 159). Barrett

highlights specific roles as gendered, further arguing that because of the divide in sex, the expectations of a woman's role in the kitchen is different to that of a male's. It is however Baker's use of uniform which reinforces the notion of division that proved most relevant to my own work: 'When Baker entered her kitchen, she was dressed in her signature white smock, appearing as part-doctor, part-chef.' (Barrett and Baker, 2007, p. 172). Blankets and tea were used not to demarcate gender roles, instead they were intended to both offer comfort to the spectator, and to suggest a difference in how individuals viewed one another – as some chose to don the items whilst others did not.

The results of the first half of my research process were mixed. As mentioned, the spectator was not the main focus of the research project – their role was rather to act as a conduit in order to facilitate feedback and generate criticism for the project. Arguably the function of the spectator in space in this sense – taking on the role of a performer without specific awareness or guidance as to their allotted task – was a limitation in my critical thinking. The first phase of *Journey* was designed to provoke a response to the use of site as created by spectators in the space. However, an over-reliance upon this had the potential to cause confusion amongst participants. In addition to this, I had not set out prior research parameters or a means of collecting data from the spectator's response to stimulus. As a result, their interaction, beyond my own observations, had no solid basis for analysis of reactions. In contrast, the second phase of *Journey*, the lecture and detailing of lab work, did offer the opportunity for feedback and development during a question and answer session at the end of the talk. In the next section of the thesis, I begin to detail lab work with actors, revealing the

methodology utilised in order to create liminal sites within the rehearsal space. In addition to this, I will further set out how I arrived at the conclusion of insisting new methods of engaging with representations of Alzheimer's disease were required in theatrical contexts, and further highlight the results of this.

Practice as Research:

*Lab work: A critical reflection upon the process of creating
liminality within the performance space.*

As mentioned in the previous chapter, the depiction of characters with Alzheimer's disease as seen within the literature review is one in which the suffering character's experience may be likened to a process of liminality. The liminal journey is one which depicts the psychological and physical experiences of suffering characters by projecting the focus of suffering onto the surrounding environment, creating the impression of a once-recognisable site becoming non-site. It was further asserted that this process should be seen as one originating from the suffering character's perspective and not from the space which contains the suffering character's body. This is relevant to both the space as viewed within the play world and that of the performance space. In this final section of the thesis I will highlight the methodology used in order to facilitate the creation of liminal spaces within performance. This will include detailing the techniques used as well as their application to Nick Payne's *Elegy* (2017), which I shall detail extracts from over the course of my analysis.

Up to this point in my analysis, I have discussed Turner's concept of liminality as one which affects the perception of the surrounding environment from an individual's perspective.

Whilst this remains the focus of the thesis, Turner's framework needs to be re-examined and expanded upon in order to practically apply it to a rehearsal context. According to Turner, the liminal phase is a process which can be mapped: it has a beginning, mid, and end point, similar to the process of childbirth. The moment of conception, the gestation, and finally, birth. Turner draws upon Arnold van Gennep's concept of the rites of passage as a means to further plot his own analysis of liminality. Turner observes:

Van Gennep has shown that all rites of passage or "transition" are marked by three phases: separation, margin (or limen, signifying "threshold" in Latin), and aggregation. The first phase (of separation) comprises symbolic behaviour signifying the detachment of the individual or group either from an earlier fixed point in the social structure, from a set of cultural conditions (a "state"), or from both. During the intervening "liminal" period, the characteristics of the ritual subject (the "passenger") are ambiguous; he passes through a cultural realm that has few or none of the attributes of the past or coming state. In the third phase reaggregation or reincorporation), the passage is consummated. (Van Gennep, 1909, in Turner, 2011, pp. 94-95).

According to Van Gennep there are three clear stages to the process of liminality, each with a corresponding pattern of behaviours and actions associated with it. The first phase marks the separation, comprised by behaviour which differs from the established social structure. The second, the liminal phase itself, is unclear, different from any state previously visited and from the incoming future state. The final point, reintegration, marks the establishment and integration of a new state. Van Gennep's system provided a guide through which to depict the actor's body undergoing a liminal process within the context of the performance space.

In order to observe each of the three stages of liminality according to Van Gennep and Turner, my facilitation of the actor's process placed emphasis on two key areas. The first was to observe the point of entry and subsequent exit between states, an act which often carries significance for the performer as observed by McAuley:

The moment [an entrance] is charged for the performer – actors sometimes speak of 'working up' an entrance – and their physical appearance, bodily demeanour and energy level all receive particular attention at that moment. For the spectator, also, the entrance of a character constitutes an important performance event, so much so indeed that entrances can be said to segment and therefore to structure the performance continuum. (2000, p. 97).

Making an entrance is an act which signifies change. The actor's entrance into the performance space then, according to McAuley, has the capacity to generate meaning within the context of a series of otherwise seemingly random events when other factors are taken into consideration. For instance, the consequences of entering into a liminal phase is given meaning when this is understood to be representative of a significant shift in a suffering character's experience of illness. This leads me to introduce the second focus of creating liminality within the performance space – the construction of atmosphere. The term 'atmosphere' is used by Michael Chekhov in his book, *To The Actor On the Technique of Acting*, and is not representative of a definitive state. Atmosphere according to Chekhov is a complex state which is comprised of a number of factors, the control and manipulation of which is not always a linear or clear process.

Chekhov asserts that the actor and the construction of atmospheres within the performance space are inextricably linked, the two work in tandem with one another to form the ways in

which the mise en scène are then interpreted. Chekhov begins by asking the reader: ‘Have you as a spectator ever experienced that peculiar sensation of “I am looking into a psychologically void space”.’ (2014, p. 49). This Chekhov asserts is the cause of an actor’s misrepresentation of the underlying tone of the given circumstances. The resolution to this error then is surely to communicate exactly what the text demands of the actor. At its most basic level, this includes careful construction of dialogue, movement and pacing so as to engender a specific feeling. Chekhov goes on to assert that the creation of an atmosphere has the capacity to infect the surrounding environment which contains the actors, stating: ‘The space, the air around you filled with atmosphere will always support and arouse in you new feelings and fresh creative impulses. The atmosphere urges you to act in harmony with it.’ (2014, p. 50). According to Chekhov then, the notion of atmosphere is elastic, transient and impermanent to the hard and fast ruling of the actor or indeed the director’s vision. This was a point made evident from lab work with actors whilst working to construct a three stage liminal process within the context of Nick Payne’s *Elegy*. The selected scene used in order to highlight the construction of liminal sites within the performance space, frames the experience of an Alzheimer’s-like illness in a deliberately conflicting manner.

The textual extract below is from the scene used in *Journey* as a means of highlighting the construction of liminal sequences within the performance space. It is evident not only from Payne’s structuring of dialogue, also the use of stage directions, that Lorna, the suffering character experiences a disturbance which manifests as a shift in time and location. The first

state, or pre-liminal site is made manifest by the fact that Lorna is lost within familiar surroundings – this is the precursor to entering the liminal phase.

Lorna I'm sorry, I don't know where I am.

Carrie It doesn't matter.

Lorna I'm sorry.

Carrie It doesn't matter.

Lorna I was looking for a cup.

Carrie Cup?

[. . .]

Lorna No, I don't mean, I'm not – Ah fuck it.

Carrie I'm listening.

Lorna No, I don't know. I thought we were choosing. Choosing the readings, for the ... But now I don't know.

Carrie What readings?

[. . .]

Carrie You were looking for a book?

Lorna What? Yes. I think so. No, I don't know.

Carrie Is that why you came all the way here?

Lorna This is such a beautiful place.

Carrie It is.

Lorna It's my favourite shop.

Carrie Shall we go home now? (Payne, 2017, pp. 31 - 32).

It is evident from the text that, whilst no specific location has been identified within the stage directions, Lorna has travelled. This is made clear by Carrie's questioning of why Lorna 'came all the way here?'. In this instance it is Lorna's recognition of former site which triggers a shift from recognised site into the next stage, liminal, which is presented as though moving through a memory.

A number of aspects concerning Payne's construction of the dialogue now changes. Firstly, the physical typeset has changed to italics, indicative of a shift within the narratives structuring of temporality. Here Carrie is seen as becoming a part of the shift, having left the former site behind, both characters are able to interact with one another in the context of a memory.

Lorna *Right, reckon I've got it, found it, this is the one.*

Carrie *Is it morbid?*

Lorna *A bit, but what's wrong with morbid?*

Carrie *Is it about death?*

Lorna *Will you let me read it to you?*

Carrie *I will.*

Lorna

'Day by nomadic day

Our anniversaries go by,

Dates anchored in an inner sky,

To utmost ground, interior clay.

It was September blue –'

Carrie Lorna.

Lorna 'When I walked with you first, my love –'

Carrie Lorna. Lorna.

Lorna *is adrift.*

Shall we go back inside? (Payne, 2017, p. 32).

The shift from previously established site – henceforward the pre-liminal – directly into one fuelled by memory is sudden, as is the exit from the liminal stage. The scene's construction continually follows this method of rapid entrance and exiting of the liminal site, leaving Lorna constantly suspended on the edge of each phase. This limbo status is one which denies

Lorna the ability to remain grounded in one site, a point which is suggested by Payne's use of the term 'adrift', implying she is unable to control what happens to her.

In order to approach this within lab work, my first task was the physical division of space within the rehearsal site. This was demarcated with a physical line of tape dividing the floor in two, with one half being marked as established site and the other marked as the liminal phase. As previously mentioned, the areas of focus in the practical application of liminal sites in the performance space were entry and exit and the construction of atmosphere within each state. In order to achieve this, first the actor's crossing of this line became a performative act of its own. The sudden shift between each state, made observable in the constructed dialogue above suggested a violent transition between states rather than a gradual inducing of the next phase. In addition to this was the establishing of atmospheres within each state a point which Chekhov further notes typically becomes readable thanks to the displacement of bodies within a given space and set of circumstances. In detailing an approach to the exercise, Chekhov first asks the actor to observe their own immediate surroundings. Once they have sufficiently trained their sense of awareness as to the specific rhythm and mood of their surroundings, Chekhov asks the actor to create their own. The actor is asked to imagine the consistencies of the 'air, around you as filled with a certain atmosphere, just as it can be filled with light, fragrance, warmth, cold, dust, or smoke.' (2014, p. 56). Having noted the consistency of the surrounding air, Chekhov furthers the exercise by asking the actor to consider the quality of movement afforded to them in a given state. The exercise then further tests the actor by requiring the exploration of movements both in harmony with an

established atmosphere as well as moving in conflict with it. It is through the application of such states that Chekhov asserts the actor will then learn how to move within a specific atmosphere.

The discussion and subsequent creation of atmospheres for each state was a shared process, between myself and the actors. The pre-liminal site, in which Lorna felt out of place, lost and as a result dejected, took on the form of a fog like substance, clouding Lorna's vision and making movements more hesitant. In contrast, the liminal phase revealed a clearer image, one in which Lorna appeared in control of her surroundings, the resulting atmosphere was one constructed of warmth. In accordance with the idea of identity and control as mentioned in the previous chapter, here, Payne's construction of liminality is seen as having been reversed from the example previously seen in Wilson and Dunford's text. In evidencing my practice as research, the most difficult aspect to articulate was the third phase, the reintegration. The scene ends with Lorna exiting from the liminal phase and remains trapped within the first phase.

Lorna. Lorna.

Lorna I'm sorry. I don't know where I am.

Carrie is exhausted.

Carrie I can't do this. I'm sorry I can't do this ... (Payne, 2017, p. 43).

This lack of a third phase, the reintegration, was observed by a member of the audience when evidencing my practice as research to spectators. Of course, the spectator who raised this point is correct: within the context of the scene, what I had evidenced was a sequence displaying the actor being pulled between two sites, not three. Thus the liminal process as

proposed by Van Gennep was not fully observed. Whilst it is possible to argue that this equates to a lack of fulfilling the liminal framework within the performance space, it is still possible to contest this point.

The discussion around the concept of liminality thus far has alluded to the fact that there are no set characteristics of liminal individuals. The concept and application of a liminal framework then, appeared to offer the actor a means through which to articulate the complex nature of a characters' experiences of illness. In addition, whilst Van Gennep's outlining of the three stages of liminality was initially useful in guiding me to facilitate the actor in the performance space – this was problematised by its association with a complex illness which refuses to be positioned neatly into one category. I mistakenly sought to present Van Gennep's sequencing of the liminal process as an authoritative, definitive approach to the framing of the actor's construction of liminal encounters. However, as I have argued throughout the entirety of this thesis, the depiction of characters with Alzheimer's disease and as such the actor's process of characterisation behind these depictions cannot follow a representative model. Furthermore, whilst Payne's text does evidence the creation of liminality within the construction of dialogue and stage directions in the sense of following two of the three stages observed by Van Gennep; arguably the entire length of the play must be witnessed in order to view the completion of the liminal phrase. This is also applicable to the previously analysed texts, both *Plaques and Tangles* and *Still Alice*. Whilst a liminal phase can be tracked within a particular scene, the characters' experience of Alzheimer's is detailed over the course of the narrative. The theatrical representation of Alzheimer's then,

within the context of the plays analysed is perhaps best described as noted by Payne in *Elegy*: ‘The disease doesn't work chronologically, or even logically’ (2017, p. 51).

Chapter Three: Conclusion

At the beginning of this thesis, I highlighted a statement made by Wash Westmoreland in which he implied performance representations of Alzheimer's should be viewed within a binary format. This was problematised by the fact that those suffering from Alzheimer's disease, as stated by the Alzheimer's Society, frequently experience symptoms in a manner unique to their own diagnosis. To suggest that bad and good forms of Alzheimer's representation within performance contexts exist then, is an oversimplification of the complex realities faced by those who suffer from this illness. This led me to question then what methodologies are put into practice both from the playwright's and actor's perspective in order to facilitate the depiction of characters with Alzheimer's disease in theatrical contexts – at the same time as attempting to disprove Westmoreland's comments which propose the concept of binary representations of illness in reality and performance exist.

By introducing Anna Harpin's observations of the portrayal of mental illnesses in performance contexts, I established a methodology through which to analyse Alzheimer's

representations. The methodology proposed by Harpin was founded upon the concept of detailing the experiences of others through the establishing of site and non-site. Harpin's framework then was expanded upon to include Victor Turner's conceptualisation of liminal individuals, those who undergo a cultural shift typically found in ritualistic settings. Here the two theories were combined and adapted so as to provide a framework through which to analyse the representation of characters with Alzheimer's disease. The result of this spatial analysis was also informed by a desire not to focus solely upon the physical, symptomatic aspects of suffering – in essence trying to avoid engendering a medical gaze, focusing only upon the physical aspects of illness. Instead, I highlighted the use of the performance space and space contained within the play world as demonstrative of a vast psychological field, a concept borrowed from Anne Ubersfeld. From this point, the proposed framework of liminality was applied to the representation of Alzheimer's as seen in three case study texts: Nicola Wilson's *Plaques and Tangles* (2017), Christine Mary Dunford's adaptation of *Still Alice* (2018) and finally *Elegy* (2017) by Nick Payne.

The results of these analyses were that whilst each text's representation of the suffering character was different, each playwright's approach to this challenge illustrated similar characteristics to the other. The similarities in each text's handling and subsequent portrayal of Alzheimer's utilised the construction and division of space, as a means of expressing the lived psychological and physical experiences of others. It was asserted that through the dystopic alteration of previously established, recognisable sites into non-site was also a metaphor for the continual decline in health and sense of character's identity. Furthermore,

the notion of identity as proposed by Turner was challenged by the findings presented in each playwrights' detailing of characters' suffering. The suffering character was observed as being in conflict with the imposing sense of illness and subsequently a liminal status. This sense of conflict further produced feelings of isolation and a shift from previously recognisable site. It was concluded that, whilst the liminal framework provides a basis through which to relate experiences of characters' in a tangible manner, the notion of liminality was one inherently ambiguous.

In the following chapter, the essay sought to detail my own practice as research and contextualised the performance installation, *Journey*. This was not intended to present a solution to the challenges surrounding Alzheimer's representation in theatrical contexts; rather, this was to act as a signifier of the factors surrounding this topic and further suggest the need for continued development in this area. In addition to this, I attempted to evidence my own methodology behind the creation of liminal sites within the performance space. This again was fuelled by a desire to move away from engendering theatrical representations which create a sense of hierarchy over the suffering character, objectifying the representation and as such treating the character as 'other'. There were, however, limitations to the study, in that the results were only able to evidence two of the three stages of liminality proposed by Arnold van Gennep. In addition to this, throughout the research period and within the context of the thesis, I had expressly focused upon the representation of Alzheimer's disease, a factor which is never specified in Payne's text. The results of my practice as research were then evidenced via a filmed rehearsal of the Payne text, in which I highlighted the use of Michael

Chekhov's observations on atmosphere and the use of entrance and exits. Whilst the results of this process were deemed inconclusive, the process of applying liminal frameworks to text in performance is not a clearly defined area.

The concept of liminality is not one which is always determinable by set patterns, in many respects similar to the realities of living with Alzheimer's disease. At its core, the thesis is an advocate of the continued development and analysis of both practical and theoretical investigation into theatrical representations of Alzheimer's. This is so as to better comprehend and relate to the experiences of individuals and their perceptions of the human condition as seen when affected by a complex and profoundly impactful illness.

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