The Relationship between Psychophysical Acting Techniques and the Portrayal of Obsessive-Compulsive Disorder on Stage

Volume 1 of 3: Thesis

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Abstract

This thesis examines the relationship between psychophysical performance techniques and their ability to support the actor when portraying characters with obsessive-compulsive variants. By using three practical case studies, this research will examine specific techniques which can develop the work of the performer in both rehearsal and performance. It will also identify key areas where new working methods must be developed. This practice-based research is conducted across three distinct theatrical platforms, ensemble theatre, multimedia new writing and solo verbatim, and allows the research to build and develop project to project. Medical research into obsessive-compulsive disorder will underpin the practical psychophysical findings and will challenge current psychophysical thought into holistic practices, inner monologue and difference & repetition in thought and movement.

Key Words: *Psychophysical; Obsessive-Compulsive Disorder; mind-body; cognitive science; Stanislavski; Roznowski;*

Author's Note

One lunchtime, towards the end of this process, I was walking to Marks & Spencer's to get a sandwich. As I was crossing the road, I had an urge to throw myself into the oncoming traffic for no other reason than had had a terrible thought about my eighteen-month-old son and I couldn't stop repeating it in my mind. If I ended it there, then the terrible thing wouldn't happen. It was at that moment that I realised what I had been rehearsing, performing and writing about for this period of my life.

It is important that actors find a working construct for portraying those with mental health conditions. It is important that they realise how that extra voice can almost take over the whole body. How it can almost act without consequence. Taking away my own personal OCD, which at times was very hard to do during this research, I had to approach variants of the condition I had never considered before and yet still had to conduct the necessary research, both academic and practical, to find myself at the point of performance. This meant finding a means to communicate this condition to the audience with honesty and without apology.

I didn't throw myself into the traffic. I made my way to Marks and Spencer's and bought a BLT brown bread sandwich, cracked black pepper crisps and still cloudy lemonade. As I do every day, because if I don't, something bad will happen to someone that I love.

David Edwards.

27/07/2021.

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Key Terms

Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder (OCD) is a highly disabling psychiatric disorder. It is characterised by unwanted, obtrusive thoughts which can be 'recurrent thoughts, images, impulses, or doubts that create awareness of the potential for danger which the person can cause or prevent' (Bream, et al., 2017, P.4). This can then lead to compulsive and ritualistic repetitive behaviours defined as 'actions or reactions that are intended by the person experiencing the obsessions both to prevent the danger of which the obsession has created awareness and to diminish responsibility for its occurrence, or to undo or neutralise things which may have already happened' (Bream, et al., 2017, P.4).

The historical diagnosis of OCD can be traced back as early as the 1500's 'often under social or religious labels' (Berrios, 1996, P.140) but the true cause of the condition is 'still unknown, however, researchers strongly suspect that a biochemical imbalance is involved' (OC Foundation, 2006).

OCD affects as many as 1.2% of the population, although many will be undiagnosed or high-functioning. The World Health Organisation has ranked OCD as one of the top ten for most disabling illnesses of any kind. It is generally agreed that no two OCD sufferers are the same and, when entering therapy, time must be taken to discuss and understand the specific obsessions and compulsions of the individual.

Cognitive Behavioural Therapy

Commonly regarded as the most successful treatment for OCD patients is Cognitive Behavioural Therapy (CBT). CBT is a talking therapy which can help change how patients think and act. It 'focuses on the here and now problems and difficulties instead of focussing on the causes of (a patient's) distress or symptoms in the past. It looks at ways to improve (a patient's) state of mind now' (Cognitive Behavioural Therapy (CBT), Royal College of Psychiatrists, 2021). Many find CBT alone to be a successful aid to recovery whereas some require both CBT and specific medication. CBT works on the understanding that 'thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts and feelings can trap you in a cycle' (Overview - Cognitive behavioural therapy (CBT), NHS, 2021). CBT is a practical therapy which aims to improve the individual's state of mind and break negative cycles.

Cycles

It is generally perceived that OCD works in a cyclical process which increases the symptoms with each passing of the cycle. The desire to perform physical compulsions is driven by a need to reduce anxiety but if the cycle isn't completed correctly, it serves only to increase the distress of the sufferer. This is a form of self-perpetuation in that 'checking behaviour…produces conditions that promote doubt/uncertainty, and that these perpetuate checking behaviour' (Radomsky, et al., 2014, P.30). Generally, although not always specifically, a thought will affect the emotion which increases the physiological disturbances and it is this that prompts a physical compulsion.

Exposure Therapy

Exposure Therapy, or 'flooding', is often used in treating anxiety disorders such as OCD. The therapy was developed by Thomas Stampfl, although it was here described as 'Implosive Therapy' (Stampfl & Levis, 1968, P.31) and involves forced, prolonged exposure to the stimulus which is the catalyst for the anxious behaviour. It is a development of classical conditioning pioneered by Dr Ivan Pavlov, and finds the patient exposed to the stimulus in an attempt to break the association. For the obsessive-compulsive, this involves the individual immersing themselves in the situation(s) they fear most and staying in that situation in an attempt to break the mental/physical cycle. There are generally considered to be two variants of this therapy 'including graduated versus intense (and)…brief versus prolonged' (Craske, et al., 2014, P.10). It has proven to be an effective treatment for OCD and related anxiety disorders and is 'distinguished from standard CBT' (Craske, et al., 2014, P.10) due to these exposure strategies.

Harm/Protection Obsessive-Compulsive Disorder

Harm and Protection OCD variants find the patient harbouring intrusive thoughts regarding harming others, or sometimes themselves. This also sees ritualistic behaviours being completed to *stop* the incident taking place. The thoughts may often be mental images of conducting violent harm to specific individuals. Harm/Protection OCD can involve specific physical compulsive behaviours as well as avoidance and mental compulsions which are not as easily observed as physical ones. This variant of OCD centres on 'obsessional thought content (that) frequently focuses on the prevention of harm to oneself or others and is consistent with…dysfunctional beliefs like inflated personal responsibility and the tendency to overestimate threat' (Ecker & Gönner, 2007, P.897). Here, as with other variants, the patient

believes that their obsessive-compulsive thoughts have power and that the individual can control future events.

Infection Obsessive-Compulsive Disorder

Another variant of OCD can be found through physical responses to infection in germs. It can also relate to the fear of catching a condition such as HIV/SARS. Recent research related to the COVID-19 pandemic has seen 'approximately 50% of OCD sufferers, across cultures, (reporting) at least some contamination fear' (Sheu, et al., 2020, P.1-2). It can also be found in mental contamination which can often has a catalyst in a traumatic event. This can then find 'an association between physical cleanliness and morality…and in religious rituals' and this in turn has seen 'a series of laboratory studies (show) that people use physical cleaning to alleviate concerns with moral misconduct' (Reuven, et al., 2013, P.224).

Pure-O

Pure-O stands for 'purely obsessional' and this form of the condition is often used to describe 'a type of OCD where (the individual) experiences distressing intrusive thoughts but (without) external signs of compulsions' (Symptoms of OCD, Mind, 2021). The internal compulsions can range from repeating numbers or phrases, checking bodily sensations or checking internal feelings such as love for a partner or child. Again, similar to more external displays of OCD, Pure-O can take many different forms.

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My thanks also go to the creative teams of the three case study productions. For *A Winter's Tale* I'd like to thank Dr Hannah Davies and Dr Tom Cornford for their practical support through the rehearsal process and tour.

For the final two productions I would like to express how lucky I am to work with such talented people who I am also pleased to call my close friends. Playwright and colleague Jonny Bussell, multimedia director John Kirkbride, director Andrew Berriman and Professor of Behavioural Psychology, actor, director, Q&A leader, and all round annoyingly nice person, Daniel Nettle.

I would like to thank the various organisations that have supported the projects, including Arc Stockton Arts Centre and Chief Executive Annabel Turpin, Common Ground Theatre, Vivid Theatre, Northern Stage, Newcastle College, the Northern School of Art, Arts Council England and OCDAction.

Finally, I would like to thank my family and friends for all of their support over the past eight years but also, because of the subject matter explored in this thesis, their support throughout my life. I'd also like to express my love to my wife Alexandra and baby son Daniel. I'd also like to thank Snug the Cat who messed up so many research papers that he truly is a 'Cat of Academia'.

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.

The play scripts included in Volume 3 are acknowledged to the following authors:

A Winter's Tale by William Shakespeare, Hannah Davies and Tom Cornford

Just Checking by Jonny Bussell and Andrew Berriman

Bizarre Love Triangle by Jonny Bussell

Methodology

This thesis is based on practice-based research conducted in both studio and performance environments. To avoid issues of subjectivity, the writing has been supported by rehearsal and performance diaries written at the time of the creative process and also case studies written after the event which used relevant psychophysical and medical research to underpin the discoveries. Together, these methods of documentation have shaped a creative, analytical process which offers both insight into the artistic developments but also the practical progress discovered in both the rehearsal room *and* performance venues.

Practitioner research is supported by observational rehearsal/performance diaries that allow a distanced perspective. Following this, the three case studies have been fully documented through research & development, ethical considerations, script drafting, rehearsals and performance. This evidence allowed a robust examination of the use of psychophysical acting techniques as they were developed whilst also being supported by medical research on obsessive-compulsive disorder.

This research was developed to question psychophysical acting techniques and their support of an actor portraying an individual with OCD. This also meant discovering where gaps of knowledge lay and how these areas could be developed whilst following the lineage of these techniques. This practice-based methodology provides new approaches that can be implemented in creative work in other rehearsal rooms as actors approach characters with this condition and discover the practical and ethical considerations in these roles. This research is relevant to the domain of psychophysical relevancy and developments in this area whilst also being specific to this particular element of OCD and mental health theatrical performance.

Literature Review

This section will present a brief overview of prior research conducted into obsessive-compulsive disorder. Throughout this thesis there will be relevant discussion of both historical and contemporary analysis of obsessive-compulsive disorder research. This 'in chapter' work will focus on the specific variants of OCD examined within the performance case studies.

This Literature Review will follow a chronological structure as it is important to consider how the research has developed over time from a moral/religious emphasis to a more progressive focus on cognitive science and therapy-based support. These elements will also be discussed within the case study chapters.

A Definition

The common definition of obsessive-compulsive disorder (OCD) is a 'psychiatric disorder manifesting with obsessions and compulsions. Obsessions are intrusive, recurrent, and persistent unwanted thoughts. Compulsions are repetitive behaviours or mental acts that an individual feels driven to perform in response to the obsessions' (Bokor, 2014, P.1). It was through Rachman and de Silva's ground-breaking research on obsessional behaviours that, although most of us entertain unwanted thoughts, it is the 'frequency, duration, intensity and consequences' (Rachman & de Silva, 1978, P.233) which differentiates the obsessive-compulsive. It is this cycle between mind and body, and the oft extreme nature of the obsessions and 'undesired behaviours' of the compulsions (Hurst, 2014, P.1) which has led to it being described as a 'hidden epidemic' (Fennell & Liberato, 2007, P.306). At its basis, OCD is a psycho-physical disorder as the thoughts of the patient often translate to either physical, or psychological, repetitive behaviours and patterns which the individual feels compelled to perform.

It is also widely agreed that no two obsessive-compulsive diagnoses are the same due to the 'hetrogeneous pattern of…the obsessions (and) the thoughts' (Knopp-Hoffer, et al., 2016, P.2). This is largely due to the different life experiences of the individual and the changes in variants can differ wildly.

Obsessions can include a 'preoccupation with germs, preoccupation with order and symmetry, fear of causing harm to others, excessive focus on religious ideas, or unwarranted fear of losing items' (Bokor, et al., 2014, p.116). These obsessions are 'unwanted, intrusive, recurrent, and persistent thought(s), images(s), or impulse(s). Obsessions are not voluntarily produced, but are experienced as events that invade a person's consciousness. They can be worrying, repugnant, blasphemous, obscene, nonsensical, or all of these' (De Silva & Rachman, 1992, P.2). The individual does not precipitate these thoughts and will usually resist them. The obsession is passive because it 'happens' to the individual and can quite often disrupt a previous action or thought and so the intrusion is dealt with via a signifying compulsion.

Compulsions are, quite often, a physical response to the obsession. It 'is a repetitive and seemingly purposeful behaviour that is performed according to certain rules or in a stereotyped fashion. It may be wholly unacceptable or, more often, partly acceptable' (De Silva & Rachman, 1992, P.6). The behaviour is not a complete action in itself but is usually completed (or, aimed to be completed) to prevent a negative event or situation taking place. The word compulsion is relevant because the individual feels a strong desire to complete the act and often this act will bear little relevance to the potential negative event with acts including 'touching a relative's photograph a certain number of times, in order to ensure that no harm comes to the relative' (De Silva & Rachman, 1992, P.6) Physical compulsions can also be more atypical to mainstream research findings such as 'excessive hand washing and excessive checking of locks, switches, or appliances' (Bokor, et al., 2014, P.116). These physical

compulsions can also be found in other variations which find co-morbidity with other disorders including Tourettes, Hypochondriasis and Body Dysmorphic Disorder (BDD).

The experiences of one diagnosed obsessive-compulsive will therefore be completely different to another due to a combination of life experiences, catalytic event and cerebral activity. It is therefore important to follow a brief chronology of OCD diagnoses to explore the differing medical viewpoints of this condition. The religious/psychosexual thinking leading up to the early 20th century has now largely been replaced by a more cognitive understanding. It is in this early research though that we can see an initial understanding in the variants of OCD which are still found in contemporary diagnoses.

Psychoanalytic Research in OCD

Although earliest direct records of obsessive-compulsive disorder can be traced to the seventeenth century, with the writings of Richard Baxter and the Margery Kempe, there is largely an 'excessive focus on religious ideas' (Bokor, et al., 2014, P.116). This can be traced back to the first century with Plutarch's writings on scrupulosity, the pathological guilt about moral or religious issues and 'fearing sin where there is none' (Abramowitz, et al., 2014, P.140).

Many of these early descriptions, through both centuries and cultures, considered scrupulosity, with the inherent latterly recognised traits of OCD, as a malady, a 'possession by outside forces that necessitated a ritual exorcism by witch doctors, mystics, or religious leaders to force out the undesirable invaders' (Salzman, et al., 1981, P.286). This early link between religion and OCD can even find a linearity with the original meaning of the word 'obsession' as an 'actuation by the devil or an evil spirit from without' (Greenberg, et al., 1991, P.554). This consideration of scrupulosity is still inherent in contemporary research with de Silva writing 'a scruple is a state of indecision and fear arising from improbable conjectures' (De

Silva, 2006, P.402). This takes us back to the initial definition of OCD as one of thought and potential, deferring action.

The 19th century saw a greater understanding of OCD develop although it was dependent on a nationalistic psychological viewpoint as 'the English concentrated on the religious perspective of OCD and viewed the disorder as a melancholic illness, the French stressed the loss of will, or volition, and identified anxiety at the heart of the disorder. German writers...identified irrational thoughts as neurological events that had a cognitive representation' (Krochmalik, et al. P.4, 2003). Just from these three varying strands of thought, modern perspectives on OCD can find a through-line back to three core concepts – melancholia, anxiety and the loss of will.

Following these nationalistic strands came a a more psychiatric perspective developed by Pierre Janet through his essential text 'Obsessions and Psychathenia' (1903). Although not as well-known as his contemporary Sigmund Freud, his work has now become largely recognised as seminal for the time. Here he suggested that 'obsessives tend not to worry about things outside of their control but rather about things within their 'imagined' control' (Pitman, 1984, P.293). He breaks his work down into the following four areas:

1. Mental Agitations - 'the patient can't stop thinking'
2. Motor Agitations - 'behaviours (that) have a forced quality and occur out of context with environmental circumstances'
3. Emotional Agitations – 'the emotions…are almost always disagreeable'
4. General Characterisation of Forced Agitations – 'tends to come in crisis…of agitation' (Pitman, 1984, P.294-298).

Sigmund Freud's work was gaining more traction however due to his psychoanalytic research which held a firm focus on the reasonings *behind* the compulsions. He considered obsessional ideas as 'transformed self-reproaches which have re-emerged from repression and which always relate to some sexual act that was performed with pleasure in childhood' (Westerink, P.83, 2009). Regularly, Freud would consider his patients obsessions from a psycho-sexual standpoint to discern the base reasons *why* an obsession was occurring. He claimed that 'a feeling of hypermorality (was) characteristic for individuals with OCD' (Moritz, et al., 2011, P.180) which will see a through-line into 20th century research with Salkovskis' research on 'inflated responsibility' (Williams, et al., 2002, P.45). It is through Freud's work though that we do see a move to the contemporary definition of OCD we began with:

> 'Freud called this entity [i.e., OCD] Zwangsneurose; by way of different translations, Zwang became "obsession" in London and "compulsion" in New York. Subsequent authors, apparently unaware of this fact and eager to ascertain what is meant by "obsessive" and what by "compulsive," settled for the unhappy designation "obsessive-compulsive." (Rado, 1974, P.195).

20th Century Cognitive-Behavioural Developments and Therapeutic Responses

The mid-twentieth century saw the psychoanalytic theories of Freud begin to be considered outdated as the paradigm shift towards behavioural psychology and exposure therapies began. This research is still continued through to the present day with, 'response prevention (being) an effective technique in the treatment of obsessive-compulsive behaviour (Boersma, et al., 1975, P.1). Essentially, there was a definite move from reasons behind the condition and more into the cognitive support that could be offered.

The development of behaviour therapies found an early, ethically suspect, model in Arnold Lazarus, citing Joseph Wolpe's (1958) research, who used electric shock therapy 'where patients endure uncomfortable shocks from an induction coil' (Lazarus, 1963, P.72). It was through Victor Meyer's 'behaviour therapy, through exposure and response prevention' (Podea, et al., 2009, P.222) that laid the ground for this form of support and was the groundwork for modern Cognitive-Behavioural Therapies (CBT). Behaviour Therapy can find a through-line from Pavlov's conditioning research of the 1960's and it was these learned behaviours that began to move through contemporary research. In the UK, Wolpe's 'experimental induction of neurotic behaviour in animals laid the basis for fear-reduction techniques' (Rachman, 2009, P.101). It was here that the scientific voice became more prevalent as the learning theories based on these therapies became enhanced and it was Professor H.J.Eysenck's development of behavioural therapies and his claim that 'most neurotic problems are acquired by learning processes, notably conditioning' (Rachman, 2009, P.103).

This technique of exposing oneself to the situations, physical or mental, and not acting on the compulsions was initially developed further by Dr Stanley Rachman who clearly mapped out the development of these therapies in that 'behaviour therapy…emerged in the mid-1950's, cognitive therapy in the 1960's, and (then) the two approaches merged into CBT in the 1980's' (Rachman, 2009, P.99).

It was the 1989 development of the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) which began a more stringent methodology for actual diagnosis of those with OCD symptoms. It is a 'clinically-administered semi-structured interview that contains 16 core items scored on a five-step Likert scale' (Mortiz, et al., 2002, P.193). This Likert scale, or survey scale, is still used today and is commonly regarded as the entry point to the specific therapeutic model needed for the patient.

Behavioural psychologists rejected the psychoanalytic path and focussed on these learned therapies as a means to support OCD patients. Behavioural therapy also had its critics in that it wasn't tailored to the individual and was 'mechanistic' (Rachman, 2009, P.103). It is here that CBT found its groundings as an 'evidence-based psychological therapy…(that places the) central emphasis upon the role of cognition in determining the cause of cure of emotional disturbance' (Robertson, 2018, P.133). It was latterly Rachman who also developed the Thought-Action Fusion (TAF) or 'magical thinking' where the individual believes their thoughts have power so they have to complete a physical or mental act to stop a specific action from occurring. There are variants of the TAF model which include 'Moral Thought-Action Fusion' which is 'the belief that thinking about a bad action is morally equivalent to doing it' (Veale, 2007, P.438) and 'Thought-Object Fusion' which is 'a belief that objects can become contaminated by 'catching' memories or other people's experiences (Veal, 2007, P.438).

CBT found a relationship between the talking therapy approach and the later behavioural techniques from the 1950's onwards. Here, there must be a detailed understanding of the individual's obsessions and compulsions, with each patient's OCD being individual to them and the therapist understands 'the phenomenology and the mechanism by which specific cognitive processes and behaviours maintain the symptoms of the disorder' (Veale, 2007, P.438). Here, exposure therapies began to be developed where the patient 'question(s) these processes and the appraisal of their intrusive thoughts and urges (not the content)' (Veale, 2007, P.442). There has recently been a coupling of this form of clinical support with Eye Movement Desensitization and Reprocessing (EMDR) therapy which was first explored in its current form in 1989 as a form of 'CBT with trauma focus' as it 'aims to reduce subjective distress and strengthen adaptive cognitions related to the traumatic event' (Shapiro, 2014, P.71). It was Shapiro's work in this area which created a link to CBT as 'the client is asked to recall the worst aspect of the memory together with the accompanying currently held negative cognitions

and associated bodily sensations. (They are then) directed to move their eyes from side to side' (Logie, 2014, P.512). This acts as a means to desensitise the patient and reprocess the memory. Again, this links to individuals with OCD as often early life events and traumas have created the catalyst the for cognitions they now have.

This chronological review has sought to consider the historical developments of OCD research and also the therapeutic support avenues currently being offered. This is significant because research in these areas is still being conducted and developed as the community seeks to better understand the many variants of OCD. Again, the emphasis on current medical research is on both a greater understanding of the condition *and* a support system for those diagnosed with OCD. Additional studies are conducted annually and the current Covid-19 epidemic has seen a rise in literature regarding contamination and infection OCD variants as psychologists seek to support obsessive-compulsives and their differing symptoms further.

INTRODUCTION

Introduction

This thesis will explore the practical challenges of applying psychophysical acting techniques to the performance of obsessive-compulsive disorder (OCD) on the stage. This research is structured across three case study performances. Each piece develops from the last and raises specific questions for the actor regarding the demands of both internal and external performance.

OCD could be termed a psychophysical condition itself, one where the mind (the obsessions) has a causational impact on the physicality (the compulsions). The initial catalyst for this research came from my own personal history with OCD, having being diagnosed in 1997. While there has been an increase in artistic investigation on the condition, there is currently a lack of practical and academic research into a meaningful portrayal. With the rise of theatre which addresses mental health in the past two decades, there is a notable absence of critical literature or documented practices. Due this combined personal and artistic interest, I feel this work is both timely and relevant.

The first case study production is an adaptation of William Shakespeare's *A Winter's Tale* (sic) performed by Common Ground Touring Theatre Company. Here I diagnosed Leontes as an obsessive-compulsive after witnessing a traumatic event, thus seeking to explain his later behaviours. I found the use of soliloquy particularly interesting during this production and this developed into the second case study entitled *Just Checking*. Here, through my company Vivid Theatre, and in association with Arts Council England and Newcastle University, we created an original piece that examined the role of internal and external voices in both rehearsal and performance. The final case study production is a verbatim piece called *Bizarre Love Triangle.* This was again created through Vivid Theatre and supported by the national charity OCDAction. This piece sought to amalgamate the work of the first two and consider the performance challenges of how thoughts impact on the compulsive physicality,

and vice versa. Here I also considered the development of repetitive physical techniques and advanced the research into the dualities of thought and movement.

The practical nature of this research allowed me to sculpt the performances around the research questions that emerged through the processes. This also meant that three different forms of OCD could be investigated using varying psychophysical methods. The layering of this work with my own experiences of the condition meant that there was a strong personal objective that the attending audiences understood the painful realities of OCD. A line from *Bizarre Love Triangle,* taken verbatim from a personally conducted interview, perhaps best sums up this sentiment – 'it's one of the mast mental health disorders that people take the piss out of still' (Bussell, 2018, P.6).

It was clear from the outset that the key challenge of this research would be my own personal experience of OCD. When rehearsing, performing and writing, I needed to keep in check that the focus of this work was how an *actor* could approach playing a *character* with this condition. The research had to have a factual basis according to the different techniques and methods applied or it would be in danger of becoming over-subjective. It was also decided early in the academic process that three different forms of OCD would be explored, moving them away from my own personal diagnosis. This meant that I would have an intellectual understanding of the variant but would now approach it as an actor as opposed to a version of myself. In rehearsal and performance, this was where the role of director became imperative.

The research and development points on all three projects however did become the time where my personal experiences were important to the process. Here I could both explain my specific OCD traits and also discuss the research undertaken as part of this academic process leading to the current project. These points were significant because, from a scripting point of view, it saw the pieces move away from myself and towards the character being created. The obvious danger during these case studies was that they would simply become three similarly

autobiographical performances. This wouldn't have allowed the performative subjectivity required and for this research to remain relevant, my personal experiences as the actor should be there to aid others encountering similar performance challenges when developing a character with this condition.

Once the initial research and development had been conducted, and the script completed, the project became the directors to lead. This was important as the subjectivity of the piece would remain based around final performance demands, and not my personal bias. A further consideration was, obviously, to create three professional pieces of theatre for external audiences, not research pieces for scholars. This duality helped me personally as I felt there was ensemble ownership of the pieces and not simply my research demands driving the final performances.

This subjectivity needed to intertwine its way into this thesis as well. The capital 'I' in my research does play a role throughout and is discussed during the three reflections, but it should not be an obstacle to other performers. For me, my OCD is a personal complication and is often found in a rehearsal room due to its connection to moments of stress, and this is discussed. Again, though, I wanted to create a roadmap of practice-based research and practical techniques as opposed to a personal dissection of my own obsessive-compulsive disorder. There will be discussion of my OCD at points, particularly when discussing the various 'voices' actors and characters have, but this should only be as my personal approach as an actor and should never be seen as an obstacle for other actors encountering similar challenges.

The first chapter explores my role playing Leontes in a professional touring production of *A Winter's Tale*, produced in 2014. Here, I was employed as a professional actor attempting to determine reasons for Leontes' sudden personality change after witnessing his wife and best friend touching hands. I had to understand his actions and almost diagnose the character thus

finding a justification with the director for this sudden psychological shift. As the first case study in this project, I decided to consider Leontes as one who has a dormant, at least up until that specific moment, infection OCD which then spreads through his whole mind and body. The director worked primarily with psychophysical performance strategies and this in turn began the consideration of OCD as a psychophysical condition, the mind affecting the body and vice versa. This chapter specifically explores the work of Konstantin Stanislavski, Michael Chekhov and Maria Knebel as I developed the investigation into how the obsessions impact on his choices in the play. This could allow me to diagnose the seismic paradigm shift in his actions. I investigate how my research into infection OCD, jealousy and cyclical thought progressions allowed me to question Leontes' actions and find performance strategies for the key events in the play. This project primarily allowed me to investigate how useful these theories still are to the contemporary actor as the director rehearsed on a workshop basis. This meant developing the work using specific exercises from the named practitioners, often with little deviation.

The second case study production allowed me to develop the findings from the first and extend the key research questions which were beginning to underpin my work. A key element that I needed to explore was the role of 'voice', both in performance *generally*, and in the performance of obsessive-compulsive disorder *specifically*. I used the catalyst of Rob Roznowski's work on Inner Monologue Acting, and further researchers into this area such as psychologists Christopher Hopwood, Katherine Hitchcock and Brian Bates. Through rehearsals I considered both the importance of voice in the portrayal of OCD but also discovered that the role of volume, particularly when linking obsessive-compulsive disorder to internal anxieties, was also imperative.

Unlike *A Winter's Tale*, I was able to develop a project from the ground up to explore the portrayal of OCD. The play was developed by both myself and a close creative team with a clear aim of scrutinizing these questions of voice and volume. We developed the piece, entitled *Just Checking* through a successful Arts Council England funding application which was developed and performed in 2015. In rehearsal we developed the piece through a variety of research discussions and improvisations before playwright Jonny Bussell scripted the piece and continued to develop it in response to findings in the rehearsal room.

The play traversed the question of how Kevin, a diagnosed obsessive-compulsive, deals with his variant of the condition, harm OCD, as he embarks on a new relationship with Clare. As their emotions intensify, the text explores how he attempts to cope with the fear that he will violently hurt his partner. As the research questions developed from the last play, I also wanted each case study to reach out to different audiences and performance spaces. Whereas *A Winter's Tale* was a rural tour that included pubs and village community halls, *Just Checking* focussed on more traditional theatre spaces. The piece was also accompanied by Q&A's and post-show discussions which allowed the audience to reflect on the work and discuss the themes raised in the piece.

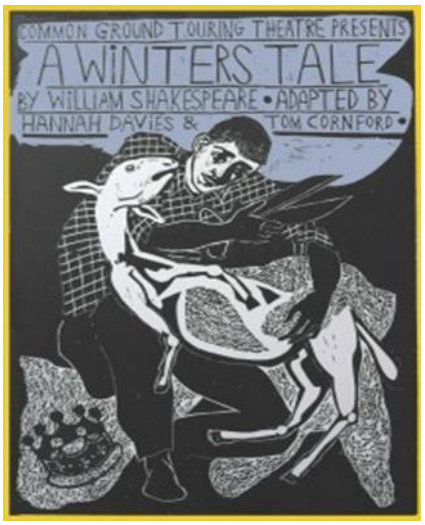
The final chapter again changed theatrical emphasis and focussed on a solo-show format, albeit with projected voices and characters. It was tailored to a more educational audience too, specifically post-18 students. *Bizarre Love Triangle*, developed and performed in 2018, built on the research into voice from *Just Checking*. I now also looked at how the psychological specifically impacts on the physical, and vice versa, through both repetitive cycles and the physical representation of these. I also wanted to continue to develop the previous work by exploring how the volume of the OCD voice can impact on the performance.

This piece was supported by the national charity OCDAction and was curated from a selection of verbatim interviews that both myself and Jonny Bussell conducted. We then carried out an extensive interview with myself which formed the basis for the character of Steve and his protection OCD. Unlike harm OCD, protection OCD focuses on physical and mental compulsions that will protect those that you love. I wanted to explore the relationship between cognition and physical embodiment in the piece and how this could allow me to explore both the physical compulsions but also the differences between hidden and explicit repetitions on the stage. To do this, I needed to explore the holistic mind-body relationship and how both the mind affects the body, and the body affects the mind.

This thesis will examine the differing performance demands of obsessive-compulsive disorder. As with any mental health condition, a diagnosis of this condition is specific to the individual and so the actor must recognise this and focus on an accurate portrayal. My research questions advance from chapter to chapter but all examine the specific demands of practical performance.

The first chapter examines pre-existing practitioner theories and their contemporary relevance. The second and third chapters develop these theories into more contemporary research but also in discoveries made in the rehearsal room which advance this research further. Again, the specificity to OCD is an important one as the medical focus on the body and mind has a through-line to that of the psychophysical performer and this was my intention, to support performance in this area through clear, practical research.

CHAPTER 1:
A WINTER'S TALE



***A Winter's Tale* – An Introduction**

This first case-study allowed me to focus on my work as an actor, cast in a professional production. I therefore had little direct control over the rehearsal room approaches and the

general creative ensemble processes. This meant that I was clearly directed through the rehearsals but was also expected to research and question the events in the play. The text was an adaptation of Shakespeare's original play, with Hannah Davies creating the returning motif of a group of rural 'Autolycun' players. These new characters would perform the play and multirole the text whilst also singing and playing live music. Due to these changes, the piece took on a more carnival form and whilst key dialogue and events from the original remained, the Autolycuns allowed humour and chaos to permeate the presentation to a live audience. The text also deviated from Shakespeare's original scenic structure and was instead divided into units and each of these focussed in a new development in the text. The first unit, 'Welcome' saw the twin intentions of both the Autolycuns 'welcoming' the audience and also the shift in the opening scene of the main text. This then moved into the 'Obsession' unit as Leontes' thoughts begin to manifest and change. This unit structure allowed both the Autoloycun characters to move in and out of the action but also helped us develop and refine sections of the text where scenes had been amalgamated by Davies.

The intention of this case-study is to explore my role as a professional actor trying to find answers into the, often extreme, actions of Leontes. This chapter will analyse how approaching the role through the lens of OCD would allow me to explore the psychological processes in the character. Through rehearsals, that took place in two-week blocks over five months before a three-month tour, I was able to both advance my character work *and* find time for reflection during the productions development due to these necessary breaks.

I made the creative decision that Leontes is impacted not only by a delusional jealousy forged through watching his wife Hermione and best friend Polixenes interact, but by an obsessive-compulsive infection. This is in reaction to the hand touching between wife, (faux) lover and himself. By viewing his obsessional behaviours through the lens of OCD, I could begin to make sense of the extreme choices he makes. Through this chapter, I will analyse how

this creative decision functioned within the context of the studio work of Tom Cornford, who used techniques developed by Konstantin Stanislavski, Michael Chekhov and Maria Knebel, in rehearsals. Specific moments in the text became key to this framing of Leontes as an obsessive-compulsive and we explored these in both rehearsal and performance. A central question then is how the approaches of the aforementioned practitioners either supported of hampered my work as I developed the thought patterns and psychological life of one inflicted by OCD.

Although I played several characters throughout the piece, my primary focus was the role of Leontes, a character often thought to contain the kernel of the problem within the 'problem play'. Many early critics have noted 'an almost uniform denial of significant motivation in the representation of Leontes' jealousy' (Schwartz, 1973, P.250). However, later actors such as Tim Piggott-Smith and Anthony Sher have problematised the psychological aspects of his nature to mine answers. It was through this lens that I examined the psychological impulses coursing through Leontes and the concept of infection OCD as a route through both his initial jealousies and also his later language and repetitive actions.

What should be noted is that my process as an actor in the final ensemble piece. *I* chose to diagnose Leontes as a means to find a reason behind his unreasonable actions. The rest of the ensemble also had to find their own routes into the characters and it was not for me to turn the production into one about an individual with OCD. I used Cornford's mainly post-Stanislavskian techniques as my route into the psychophysical demands of the character so I could explore the score of the play without pulling focus. This had to support the work that was presented, and not become a distraction.

Diagnosing the 'Problem' in the 'Problem Play'

Leontes has long provided intense complications for the contemporary actor with many stating that it is hard to find a rationale for his impulses. Jo Stone-Fewings, in Lucy Bailey's 2013 Royal Shakespeare Company production said, 'there are quite a few challenges in this part, particularly the 'hand-break turns' of Leontes' jealousy when his profound feelings seem to come from nowhere' (Stone-Fewings, 2013). Also, Billy Campbell, in the 2014 Old Globe staging, states, 'traditionally the problem with the Leontes is that…his jealousy comes out of nowhere' (Campbell, 2014).

When initially approaching the text from a performance perspective, it is almost inconceivable that the Leontes who is introduced in the first scene of the play will end the very same scene in such a violent tumult. This 'inexplicable jealousy' (Irons, 2019, P.64) means that, from the start, the actor cannot ignore this issue, whether it is locating where the emotional changes occur which set up the violence of the first three Acts (or the first half of the Common Ground adaptation) or the repetitive redemptive acts of Leontes in Acts IV and V. Indeed, as Julian Curry states, when interviewing Tim-Piggot Smith about his 1989 National Theatre performance of the character, 'the actor playing Leontes has the challenge not only of negotiating his dangerously mad behaviour (but) he also has to make sense of such a text' (Curry, 2010, P.8).

The moment the jealousy strikes appears to be incredibly precise. Although seeds of doubt could be played before, 'He'll stay my Lord/At my request he would not' (Shakespeare et al., 2013, 1.1: 10), the explicit moment comes on the stage direction, not stated in the Common Ground text but followed in performance, '*giving her hand to Polixenes*' (Shakespeare et al., 2013, 1.1: 9). It is in this physical touch, sexualised by Leontes from that point on, that makes the lack of evidence of jealousy beforehand 'intractable (and) broken backed' (Bailey, 2014). What cannot be argued at this specific point though is that a vexation

consumes Leontes, coursing through his mind and body. Indeed, as quickly as it infects his psychophysical impulses, in Common Ground's adaptation, it courses rapidly through the whole of Sicilia as the country is transformed into a police state. During initial rehearsals I found these changes particularly difficult to navigate as they were so rapid.

The first 'hand-break' turn comes in the form of Leontes wanting his closest friend Polixenes to stay 'one se'enight longer' (Shakespeare, et al., A Winter's Tale, P.8) before, moments later, careering headlong into the infamous 'Too hot, too hot' speech (here found in the Common Ground adaptation under the title of 'Obsession'). It was here, early in rehearsals, that I found these crucial changes almost impossible to emotionally understand and, as Curry again states, '(this soliloquy is) well-nigh impenetrably difficult' (Curry, 2010, P.7). It was on approaching this speech though that I found the manifestation of Leontes' jealousy becoming a clear focus for me in rehearsals. I found that 'the image of…another body clawing its way out of another seemed to fit the psychological state of Leontes' (Edwards, 2013) and this psychophysical picture gave me the impetus to make externalise the internal.

Approaches to the 'Problem'.

In the rehearsal room, Cornford used a variety of rehearsal techniques, mostly derived from later Stanislavski and his contemporaries. A major area of his academic research is in Michael Chekhov and this told in rehearsals. Many of these earlier sessions involved creating the world of the play through studio work on 'atmosphere'.

The idea of 'atmosphere' is one that can have several meanings. Primarily, where does the atmosphere come from? Is it the actor or the ensemble as a whole creating the 'feeling' in the space? It is here that Konstantin Stanislavski and Michael Chekhov vary in what constitutes atmosphere and the actor's role in creating it. Chekhov believes an 'atmosphere' is something that can be created and the actor does not have to subscribe to it. In rehearsals, we, as the ensemble, had to create the atmospheres as there was no set to speak of (bar two stage blocks and a ladder) and no stage lighting bar a standard wash (in theatrical venues). If we didn't create the atmospheres in accordance to the locations then the characters would have no world to live in and no emotive frame of reference for this subscribed world. Stanislavski, believed that the actor must have some experience of said atmosphere to create it in detail. To some extent, this was helpful in rehearsals as we created the Bohemian atmosphere based on previous experiences of parties and positive recollections of said moments. As Whyman says:

> 'His (Chekhov's) way of proceeding would enable someone else to have the experience of, for example, creating an atmosphere, but the interpretation of process undergone is another matter. Chekhov might have believed that atmospheres come from other worlds, but an actor could claim to create an atmosphere by going through the process Chekhov describes without subscribing to this belief; all that would need to be true was that such a thing as an atmosphere can be created.' (Whyman, 2013, P.151).

In one regard, the Chekhovian ideal, that one need not subscribe to the belief by simply interpreting the atmosphere was partly useful for the Police State where personal experience is negligible. Stanislavski's model, that the atmosphere does exist and can be subscribed, was useful for Bohemia. In this respect, both theories were helpful at different points of the play. This may well be because, as actors in the 21st century, knowledge of certain aspects of society has changed but it also shows that different techniques must be used for a successful creation of atmospheres in the rehearsal room.

Within the creation of atmosphere, there came the psychophysical discoveries, the 'mood' and its impact on the character. This finds a direct correlation to the work on the play as, for instance, Leontes' *mood* changes rapidly throughout the piece dependent on the atmosphere he is in. The different locations he finds himself in affect the emotional states of mind from power to fear to forgiveness. The 'mood' is the disposition in the world of the individual character. It is in the *feeling* though that is the response to the mood. It is a physical sensibility which comes in response from the actions in the created world. The atmosphere, as previously discussed, is the prevailing mood which hangs over the piece. It informs the psychophysical choices that are made in that world. Characters will obviously react differently but the atmophere determines the thoughts and actions that are made in that scene. Also, it is a surrounding entity which, if a character is distant from, Leontes during the trial for instance, they are still aware of it and make conscious decisions made in relation to it.

Once this area had been investigated, and broken down into a 'score of atmospheres' (Chekhov, 1953, P.195), we began to break down the units of the text and specific events within the play. Here we followed Knebel's work on active analysis and often improvised around the text. This meant that we could play with both psychological and physical choices with our task being 'to filter the given circumstances through (our) own sensibility in order to 'evaluate' the

facts, to understand their meaning in the context of the play and to start the process of 'feeling (ourselves) in the role and the role in (ourselves)' (Jackson, 2011, P.170).

Though various early improvisations were used to delve into the relationships including kinaesthetic response exercises and psychological gesture work (which will be discussed later) the transition between physical action and internal awareness was difficult for me to navigate. Previous productions have made the feelings between the trio particularly explicit. Christopher Wheeldon's 2016 ballet interpretation saw 'the two men and Hermione repeatedly dance enlaced, with the belly as a sort of fourth participant, the product…of all their loves…(and) there are hints of very strong feelings between Leontes and Polixenes' (Acocella, 2016). The opportunity for physical exploration of these feelings often became easier to probe through Cornford's improvisational directions than it was in the early navigation of the text.

We worked on a series of etudes, which began to make physical sense to me, starting with investigating the space around us from a central, pivotal point. The exercise makes the actor aware of the world around their body - above, below, left, right, forward and back through either legato or staccato movements. It is an excellent exercise to begin to give a physical movement a psychological grounding. Over time, this work began to move the psychological blocks that the text had created as I examined the physical representation and relationships in the space. I found that dragging, pushing and throwing movements began to make sense of the catalytic moment between his wife and friend. As per Chekhov's advice, I 'let these sensations sink into (my) body' and they became 'the first psychological qualities to be absorbed' (Chekhov, 1953, P.6) in these early rehearsals. This allowed me to begin to explore the psychological through a purely physical means, which was a different technique to ones I had previously used. I would often focus on text and subtext early in the process as a means to understanding the physicality of a character. Here, by reversing my usual strategies, I found a freedom in exploration which began to unpick the difficulties I was encountering.

Moving on from this exercise, we examined the connection between movement in the space and how psychophysical responses can change the air around us. I found that a 'moulding' movement during the 'Too hot, too hot' speech, arching the back, ringing the hands and focussing on the ring finger, played at odds with the otherwise radiating atmosphere in the room as the other three actors moved almost regally through the space. I again found a specificity in my movement work which channelled into the thoughts of Leontes. By repeating these etudes daily, we began create movement pieces which helped develop the thought processes of the characters and I began to understand 'that vagueness and shapelessness have no place in art' (Chekhov, 1953, P.10). The form and nature of these exercises created both physical and psychological sensations in my body and allowed me to adapt and fine-tune the psychophysical work. It began to remove my personal blocks surrounding work of this nature as I had both never really explored rehearsal exercises such as these. Essentially, this work allowed what Chekhov finally desires in that the actor will have, 'psychophysical achievement at your command' (Chekhov, 1953, P.8).

Through this physical understanding, I decided to investigate the complicated nature of jealousy from a psychological standpoint. I felt that I needed to understand this emotive catalyst further as it is this which causes the dormant OCD to course through his body and mind. I hoped this understanding would help me consider the physical *and* physiological changes that Leontes encounters. This jealousy throws the world of the play into disarray, and it changes the nature of Sicilia. The personal ramifications of this extreme change become the catalyst for the ensuing dramatic incidents, which we were investigating through the etudes but I did still want a psychological understanding of these feelings.

It is argued that jealousy 'begins with a person interpreting a real or imagined other as a threat to a relationship' (Stets, 2018, P.289) and for me it was this focus on the 'personal' which was striking. As Gillard states, the domestic route of '(jealousy) turns homes that might

be sanctuaries of love into hells of discord and hate…and causes…madness. One of your married men friends sees a probable seducer in every man who smiles at his wife…old friendships must (then) be dissolved' (Gillard, cited in Ellis, 1945, P.337). It is this impact on the individuals in the play, as opposed to the country of Sicilia, which pivots the story.

I found early interest too in Leontes' obsession with infection imagery, 'the infection of my brains' (Cornford & Davies, 2014, P.11). As previously mentioned, this is physically seen in the passing of contagion between the hands in what became a series of symbolic physical gestures on the stage. It was here, as rehearsals progressed, that I began to harmonise the research into OCD with a practical, psychophysical understanding of Leontes' rapid changes. This then had to marry with the director's primarily Chekhovian methodologies. Cornford's focus on infection, and a group understanding of the psychophysical undercurrents, meant the more we rehearsed, the more I viewed Leontes as an obsessive personality who acts within ritual and compulsion.

Textual Investigation, OCD and Cognitive Research

It was towards the end of the first two-week rehearsal block that I began to consider the potential parallels between the psychophysical work I was investigating and obsessive-compulsive disorder. There was the fixation on the contamination that was infecting his body, but there was also the ritualistic behaviours years after the 'death' of Hermione. Others have also viewed him in this light as they have discussed 'his own folly…like a compulsive tic…(which is) consistent with the habitual pattern of self-condemnation he has developed' (Saylor, 2017, P.164). For me, this diagnosis became a means of identifying the psychophysical responses within Leontes, and his OCD became a key to unlock a greater understanding of his motivations.

The first scene of Shakespeare's text, here found in the 'Welcome' section of Common Ground's adaptation, finds a public display of affection between Leontes, his 'dearest' (P.10) wife Hermione and his 'old friend' (P.6) Polixenes. As previously mentioned, the text gives no clues that Leontes is in anyway jealous and when his public attempts to convince Polixenes fail, he turns to Hermione to sway him which, at her behest, he does.

The jealousy appears to be an unexpected flash in Leontes. If those seeds of doubt had already been growing for the past nine months, then these opening moments would have been filled with suspicion and textually there is no evidence for this. Therefore 'performers must…find a way to render the jealousy's onset intelligible' (Cobb, 2007, P.51). It would also make the later navigation of Leontes' journey problematic as the audience would be asked to forgive, along with Hermione, a character that had been plotting these actions for a considerable amount of time. This appears to be at odds with the individual we see who appears to be irrevocably changed by an instant moment of jealousy. I therefore considered this latter concept, that the jealousy materialises in a flash. This would create the sense that there is an uncontrollable element in Leontes' mind, one that would make him reconsider and re-evaluate

past events to a destructive point. For the atmosphere of reconciliation to work at the end of the play, I had to find an explanation, a psychophysical understanding, of what happens to Leontes at that moment. I felt that he was a man afflicted by this flash of jealousy and, to this end, he was not a villain but one infected by his emotions, 'Dost think I am so muddy, so unsettled,/To appoint myself in this vexation' (P.15).

Some early assertions by critics that 'it is easy to make too much of motivation…(as the audience will not be) searching for reasons to account for what has happened' (Pafford, 1963, P.lii) have now made way for a true discourse into Leontes' motivations and what actually does actually happen to him in that catalytic moment. Tim Piggot-Smith explored this with his interpretation by using the heart condition myocarditis, although he 'didn't try to justify that moment of explosion at all' (Piggot-Smith, 2010, P.29). Importantly though, Piggot-Smith *did* diagnose Leontes and found an internal justification for his actions. Again, I wanted to find *my* reasoning for the actions in the play and to merely state that 'Leontes is jealous' doesn't even begin to unpick the decisions Leontes makes from that first scene onwards.

A key consideration for the onset of this jealousy is how it impacts on both Leontes' mind *and* physiology. Something must happen psychologically to Leontes which is akin to the 'flash' which decisively changes him and to some, it is 'apparently spontaneous' (Bloom & Gleed, 2010, P.5). Therefore, in rehearsal I had to pin-point when this instantaneous change occurs. Through table work, breaking down the text and discussing meaning and key events, with Cornford and Davies we settled on the line 'Not your gaoler, then,/But your kind hostess' (P.9). In the studio, we highlighted this further with Hermione and Polixenes holding hands and staring into each other's eyes as Leontes kept a watching brief. The playful dialogue between the two leading up to this moment is turned on its head for Leontes by the physical intimacy he witnesses which becomes the catalyst for the 'flash of violent jealousy' (Orgel,

1996, P.15). Leontes later tries to justify his delay in realising the apparent infidelity by proclaiming ‘many thousand on’s/Have the disease, and feel’t not’ (P.12).

Cornford discussed at the start of rehearsals his desire to mirror and repeat physical images throughout the play and one key example of this was the representation of the ‘hand’. The primary instance of this was Leontes holding his wife’s hand and taking on her ‘infection’ on ‘Ere could I make thee open thy white hand/And clap thyself my love’ (P.10). This physical moment, a public display of affection to the Court, careers Leontes headlong into the ‘Obsession’ sequence of the play and more specifically the ‘Too hot, too hot!’ (P.10) soliloquy. Here I both examined my hand and presented the ‘infection’ to the audience, stretching my open palm out to them. I felt that this physical transference had reignited a dormant compulsive personality in Leontes that would corrupt both his body and his mind. It is this moment, the genesis of his OCD, which I needed to pin down as, although I’d found the physical moment of it beginning, I needed to find the psychological origins too and there were clear links to Thought-Object Fusion theories that are ‘a belief that objects can become contaminated by ‘catching’ memories or other people’s experiences’ (Veale, 2007, P.438).

There are many theories as to how obsessive-compulsive disorder ‘begins’ through both traumatic and nontraumatic research. A 2011 study found that there was a ‘positive association between contamination dimensions and the onset of OCD close to a Significant Life Event (SLE)’ (Real, E., et al. 2011, P.374). The same study also found that OCD ‘preceded by an SLE includes (those of) an older age…and less family history of OCD’ (Real, E., et al. 2011, P.374). Following on from this, ‘increased intrusive thoughts (are connected to) stressful and aversive stimuli’ (Cromer, K.R., 2007, P.1684). This medical research began to form the foundations of my performance decisions and help develop the links between the explorations into the psychophysical work and my practice. Also, to cement this, the ‘perceived threat to a relationship…may be defined as “reactive” jealousy, (and) can be a symptom…of some

psychiatric disorders, in particular obsessive-compulsive disorder' (Marazziti, D. et al., 2003, P.106). I had now begun to link Leontes' OCD to the physical infection *and* the catalytic jealousies he also felt within this unit.

It was this link between the research I was conducting and Cornford's studio work which began to form the development of the character as the obsessive-compulsive disorder conspired against Leontes. The symbolism of the hand, one of romantic and matrimonial union, is now primarily a catalyst for infection. This allowed me to begin to re-evaluate Leontes' actions as the play progressed. He instantly becomes obsessive in his actions, whether studying Mamillius' face and questioning his lineage, or by regular reassessments of the past, 'making practised smiles,/As in a looking-glass' (P.11).

> 'The hands, for example, here metonymic images of union, will shortly become the sign of the bond between Leontes and Hermione ("And clap thyself my love"). Then, as Leontes becomes immersed in a fantasy of betrayal, the hands become a symbol of boundary violation, "paddling palms, and pinching fingers", "virginalling/Upon his palm.' (Schwartz, 2005, P.1).

It is this journey from union to 'boundary violation' which I was able to utilise along with the physical feeling of being infected by Hermione and Polixenes. It was this transference, and the impact it has on the psychology of Leontes, that appears to bear a remarkable similarity to contamination OCD and the 'physical containments, where the threat (is) perceived to be a consequence of direct contact' (Coughtry, et al., 2012, P.244). It also supports theories on mental contamination which can occur 'in a number of forms and is associated with emotional and/or physical violations, such as degradation, betrayal (and) abuse' (Coughtry, et al., 2012, P.244).

Traditionally, one would imagine contamination OCD to be 'characterized by fears of germs, dirt and other containments' which can only be reduced by 'accompanying cleaning and washing compulsions' (Mathes, et al. 2019, P.1). Further research though expands this theory by considering the 'internal sense of dirtiness stemming from mental contamination' (Melli, et al., 2014, P.1). Much of this work has centred on victims of sexual assault victims and those who have encountered traumatic sexual experiences. It is this thought process that gave me further usable evidence in Leontes' compulsive choices after witnessing the infection and then allowing his mind and body to be diseased upon holding Hermione's hand.

These elements of Leontes' personality now appear to constantly re-evaluate his memories. He allows the infection to course through his mind as a form of punishment commonly linked to OCD, that he *deserves* this – 'punishment and worry (are) correlated with the severity of obsessions' (Amir, et al., 1997, P.777). This reassessment not only impacts on what he believes to have witnessed, but also 'memory biases (that are associated) with anxiety' (Radomsky & Rachman, 1999, P.605). This complicit refusal to accept the truth 'lends itself well to memory deficit models of compulsive behaviour' (Radomsky, Rachman & Hammond, 2001, P.813). This 'deficit' is common in checking compulsions where 'patients will say they are checking the stove…repeatedly because they aren't 'sure' that they did it correctly earlier' (Radomsky, Rachman & Hammond, 2001, P.813). This deficit processing, commonly linked to anxiety disorders, finds a further example in Leontes' reaction to Paulina's assertion that the infant Perdita looks like him, 'This brat is none of mine;/It is the issue of Polixenes' (P.33), thus disregarding all visual evidence.

Through rehearsal and into performance I found a physical focus on the infected hand, initially through the 'Too, hot, too hot!' (P.10) soliloquy. As mentioned, I chose to foreground this by both examining the palm intently but by openly displaying it to the audience. This physical movement was initially discovered in the rehearsal room through Chekhov's work on

body and psychology. Here I found that the creative impulse to ‘mold the space around me’ (Chekhov, 1953, P.8), and by using the hand specifically in this action, was as if I was infecting the atmosphere around me, placing me at the centre. I found that the feeling of the infection on my hand drove the speech forward as the compulsion to rub the hand and pull the fingers intensified the contagion. The act of displaying the hand to the audience also became an assertion that Hermione and Polixenes had cuckolded Leontes and the infected extremity was evidence of the sexual affair.

This idea of the infection, of a contagion coursing through the hand, finds a basis in ‘mental contamination, which is characterised by feelings of internal dirtiness’ (Mathes, et al., 2019, P.16). Through rehearsal I found the hand, the ‘ground zero’ of the infection, would be the reassurance, the proof, Leontes needed in moments of high anxiety. Again, this area is typical in the highly anxious obsessive-compulsive as ‘individuals tend to seek reassurance regarding their relationships and their value to others’ (Parrish & Radomsky, 2010, P.211). Also, due to the heightened classical language, this internal dirtiness was often verbally apparent, again through the ‘Too hot, too hot!’ (P.10) speech but also in the imagery Leontes uses, ‘Were my wife’s liver/Infected as her life’ (P.14). This development of the obsessive-compulsive personality allowed me to begin to find reasons in Leontes’ ‘madness’.

Advancing the Psychophysical Practitioner Work

Through the studio development of Chekhov's work on Imaginary Bodies and Psychological Gestures, I began to discover a difference between the internal character and his external qualities. The former technique allowed me to develop both the internal *and* external 'bodies' of Leontes - 'clothe yourself, as it were, with this body; you put it on like a garment…after a while…you will begin to feel and think yourself as another person' (Chekhov, 1953, P.87). Through this exercise, I began to realise that there are, in effect, *two* versions of Leontes, the outer, controlled image of authority and an inner, infected personality. The regal, almost radiating air, that was publicly displayed was completely opposite to the internal, diseased Leontes whose body was twisted and almost monstrous in its purest sense. I found horrific images of hands clawing their way out of mouths and covering the whole face, and this supported my ideas on the psychophysical state of Leontes. He is a regal, strong leader who allows his mind to become infected with unsubstantiated thoughts and accusations. This other 'imaginary body' claws its way out of him and begins to infect the whole atmosphere. The public version took on a physical representation of high status with direct movements and a clear focus to the physicality, whilst constantly protecting, or hiding, the infected hand. On rare occasions, however, the inner 'monster' found its way into the public realm, with one example being the whispered line to Hermione in the Court, '…and as thy brat hath been cast out' (P.38). This was whispered, animalistically into Hermione's ear as the infected hand touched hers.

> 'A characterization or peculiar feature can be anything indigenous to the character: a typical movement, a characteristic manner of speech, a recurrent habit, a certain way of laughing, walking or wearing a suit, an odd way of holding the hands, or a singular inclination of the head...these small peculiarities...(make) the whole character become more alive, more human and

true, as soon as it is endowed with such a peculiar little feature' (Chekhov, 1953, P.83).

This anchor of the 'hand' meant that not only did I have a psychological link to the obsessive-compulsive qualities, but also a physical feature which I could develop. As Chekhov asks, 'what change did it effect in your psychology?' (Chekhov, 1953, P.81) and for me this outward repetitive compulsion meant that the thoughts, the regular recurrence of the supposed affair, corrupted my thought processes even more. Again, the infection was a punishment and vice versa.

Although the gesture, as it was in rehearsal, with me biting the hand and using it to claw at the body and face, was not one for the external portrayal of Leontes, it certainly helped with the psychologically infected interior. I was becoming confident that I'd found a useful key to the character that could also be a strong psychological gesture in performance. This would marry the dramatic intentions Cornford was exploring with my own work into reasoning Leontes' actions.

Obsessions, Compulsions and Contagions – Confirming Leontes' Diagnosis

The psychological trauma that Leontes suffers consumes both himself and the state that he governs. Once I began to consider the obsessive personality, the repetition of obsessional thoughts followed by the unsuccessful physical compulsions, I found I needed to examine this in detail; exactly *how* his psychology impacts on his physical responses and vice versa. The catalytic perception Leontes has of the relationship between Hermione and Polixenes has caused 'impairment in such key mental functions as perceiving, thinking (and) remembering…(and) more temporary alterations of mood or emotional responses to a degree (that it vitiates) the person's appraisal of his own situations, past, present or future' (Russell-Davies, 1992, P.168). The hugely traumatic jealous flash has caused an element of Leontes' psychology, benign before, to emerge in a form of self-preservation both internally through his compulsive behaviours but also in his actions. Again, this hyper-aroused state finds its placement in the brain in 'an ancient protection system evolutionarily developed to keep (one) safe, but in the case of OCD, it gets stuck' (Firestone, 2018). It is this 'stuck record' that Leontes now finds himself in as the reappraisal of events cannot be logically revisited.

I decided, again in discussion with Cornford, that I would develop the obsessive-compulsive behaviours, the physical and the cerebral, when considering Leontes' disposition. The psychophysical responses I wanted to perform on stage would follow those of the obsessive-compulsive as they experience 'intrusive, recurrent, and persistent unwanted thoughts…repetitive behaviours or mental acts that (are performed) in response to obsessions' (Bokor & Anderson, 2014, P.116). This concept of 'dormant' OCD, with studies conducted by, amongst others, Salinas', et al. (2009) research on later-life OCD emergence, was discussed in a 2012 House of Commons debate regarding mental health. Here Charles Walker MP described his personal condition as 'like internal Tourette's: sometimes it is benign and often it is malevolent. It is like someone inside one's head just banging away. One is constantly striking

deals with oneself' (Walker, 2012). Again, it is this ability for dormant obsessive-compulsive symptoms to re-emerge which impacts most, as 'relapse and recurrence' (Clark, 2005, P.139). is a common factor for those diagnosed with OCD, and for Leontes.

This connection between the traumatic event and the onset of extreme obsessive-compulsive disorder began to help me traverse the difficult tangents of Leontes' behaviours in the rehearsal room. Also, his preoccupation with the sexual details of the supposed affair, 'kissing with inside lip…skulking in corners' (P.14), is again associated with these fixated behaviours, 'OCD may manifest with sexual obsessions' (Bokor & Anderson, 2014, P.119). It is also in the re-evaluation of past events that causes Leontes' psychological processing to be altered following the theory that 'imagination has a core role in OCD' (Martin-Vazquez, 2014). Leontes is allowing his imagination to run rampant over past and current events and the monstrous Imaginary Body appeared to grow stronger as the rehearsal process continued.

In rehearsal, I used the research into OCD to examine Leontes' language and actions as a means to inform the sudden trauma and the subsequent compulsive coping mechanisms. Again, this sudden change in Leontes is clearly a shock to those that knew the previously kind King, with many characters beseeching Leontes to reconsider his actions. Finding the reasons for the sudden change allowed me to circumvent the problem inherent in the psychology of Leontes.

> 'Shakespeare's clear intention to present the audience with an emotional upheaval so sudden and violent as to make Leontes incapable of dealing with it rationally (and as) Nathan correctly warns…"can we assume anything before the beginning of the play when the author has chosen not to tell us about it?"' (Hoole, 1989, P.1).

Again, if there is no evidence of any jealousies before the tender moment between Hermione and Polixenes, this further strengthens the trauma that initiates the OCD. Using the idea of the sudden flash igniting a previously benign condition, the text allowed me to probe the various contamination images Leontes conjures up from the 'mingling bloods' (P.11) to the 'tremor cordis' (P.11) he feels. The latter of these is a recognised physiological symptom of jealousy where it feels like a 'stabbing pain in (the) heart' (Ellis and Weinstein, 1986, P.340), similar to the 'heart palpitations…and parathesis' (Wenzel, et al., 2001, P.5) found in obsessive-compulsives when presented with stressful situations. This internal physical reaction, also described as a 'volcano' by Piggot-Smith (Curry, 2010, P.25), was externalised in my performance. I would push the infected hand to my chest and swallow sharp intakes of breath, almost breathing in the contagion, and allowing it to fuel sharp movements across the stage. This internal contamination was part of the developing interpretation of Leontes as the mental contamination was externalised by staggered walking, sharp, violent arm movements and, again, the shallow breath.

OCD again offers a way of understanding the rapid way the infection consumes Leontes, particularly in the elements of compulsive exposure and response prevention - where the patient confronts the obsessions and compulsions in a rapid, rather than gradual, form. Although the work in this area is much advanced, it finds its basis in Meyer's (1966) research that the obsessive-compulsive, 'is persuaded, or forced, to remain in feared situations and prevented from carrying out the rituals…(and they) may discover that the feared consequences no longer take place' (Meyer, 1966, P.275). This helped me add extra weight to the 'flash' and its immediate, devastating impact on Leontes. In effect, he found 'exposure to the most feared stimuli' (Melli, et al., 2014, P.77) with his assumption of the affair. By allowing these thoughts to constantly flood my mind, the feeling of infection, and the desire to keep the infection within my mind and body, as opposed to fulfilling a compulsion to erase it, became a form of self-

punishment. In other words, Leontes is self-harming due to being a failure as a husband. By repeating this, he is following the qualities that psychologist Martin-Vazquez identifies in OCD: that they 'become more frequent, persistent and unpleasant' (Martin-Vazquez, 2014).

Viewing Leontes as suffering from OCD allowed me to mine the intensity of Leontes' feelings in rehearsal. Again, it was the speed of the change that was difficult to chart early on but as Ellis and Weinstein again say, the jealous flash would cause a through-line of 'shock and numbness to desolate pain to rage and anger to moral outrage in a very brief time' (Ellis and Weinstein, 1986, P.347). The impact the jealousy has on Leontes' body and mind appear to take two distinct alternating forms, 'obsessive' and 'delusional'. The obsessive side has direct links the rapid onset of his OCD as the repetitive thought processes are linked to the perceived cuckolding. The delusional side is both his incorrect re-examination of past events but also the obsessive-compulsives belief that thoughts have power and that completed physical compulsions can 'correct' events.

There is a cyclical cognitive process to OCD which I began to develop in rehearsals, examining the impact on the mind and the body. The obsessive jealousies can take the form of 'jealous ruminations, and unwelcome, unpleasant, repetitive, intrusive, irrational thoughts recognised by the patient as ego-dystontic' (Batinic, et al., 2013, P.335), that is, thoughts that are the opposite to how the individual perceives their own self-image. Again, this can link to Walker's description of the condition as 'internal Tourette's' in that the thoughts Leontes repeats are almost on an out-of-control loop in his mind. Santore considers this cycle further, 'Clinically, obsessive-compulsive disorder obsessions are thought to drive repetitive or ritualistic behaviour designed to neutralize subjective distress, while restricted and repetitive behaviours are theorized to be reward- or sensory-driven' (Santore, L.A., et al., 2020, P.983). This behaviour developed when I allowed baser sexual imagery to form part of the obsessions and physical compulsions. When presented with a representation of Hermione on a plinth, I

would physically abuse the image with the infected hand, rubbing the contagion over her face. These later textual developments showed me how Leontes now looks at his wife, a sullied object he can control. As Batinic again states, 'insecure immature persons compensate their needs through unity with the other person, and consider the partner as a subject of possession.' (Batinic, et al., 2013, P.335). Again, the obsessional jealousy he feels adds another layer to the obsessive-compulsive traits that I identified in Leontes' personality.

OCD and obsessional behaviours find greater activity in the orbitofrontal cortex whilst research into the brain and jealousy finds further activity in the 'right frontal lobe' (Ortigue and Bianchi-Demicheli, 2011, P.10). Both of these frontal areas of the brain are generally considered essential to rational thought and habit, two areas that are misfiring for Leontes. Mary Torregrossa confirms the behavioural links between these two areas of the brain.

> 'Habits and impulsive behavior may intuitively appear to be on opposite ends of the behavioral spectrum, but the behaviors that define impulsivity and habit have some commonalities. Clinically speaking, the comparison between impulsivity and habit may be much like comparing impulsivity and compulsivity' (Torregrossa, M., et al, P.255, 2008).

This research, and its application in the rehearsal room through the psychophysical work previously mentioned, allowed me to analyse the 'why' in Leontes' behaviour. It was now important to investigate the 'how'. Although the infection of the hand was an early motif in rehearsals developed by Cornford, it was this later work into OCD and jealousy which really helped the physical extremes I could push the character in. Again, it was through the Studio techniques of Michael Chekhov, moving on to Maria Knebel's Active Analysis, that really began to marry the research with the Studio work as the rehearsals progressed.

I was found that the psychophysical exercises we were using to create the piece did create a support for my rehearsal development of Leontes' OCD. By focussing on the physical journey through both Chekhov's work but also the improvisation etudes, I began to consider the way the emotion impacted on the physiological as well as the physical. This practitioner work was supporting my decisions and gave me the chance to physicalise internal moments that a method such as pure textual investigation would not provide. I could focus on both the emotion as well as the condition and this meant that, through the body, a holistic psychophysical dialogue was beginning to take place.

Rehearsal Strategies and Practitioner-Based Studio Work

My research into obsessive-compulsive disorder and the way in which this provided a way to understand Leontes' behaviour was extremely useful as it began to give me some potential directions when performing him on stage. As previously mentioned, the rehearsals took place over three two-week blocks in September, December and January. It was during the second period that the work into the obsessive-compulsive behaviours began to connect with the approaches to the play we were investigating. It did often mean though that my personal work on Leontes was often kept internal, not being discussed with others. I would clearly use these exercises from an ensemble point of view, discovering the play together. At times though, I also had to consider my own work almost as a separate avenue to the studio discoveries.

One key issue was that Cornford didn't deviate from his use of practitioner strategies. It often felt we were in a workshop using the text to explore these theories as opposed to a rehearsal room exploring a text for performance. The final scene, for instance, saw such a directed focus on atmosphere exercises that there appeared to be no deviation from what Cornford had in mind. His own interpretation of the atmosphere was at a counter with the ensemble's. I felt there would be far more obstacles for Leontes, even as Hermione stretched out her hand to Leontes in an effort to cleans both him and the past. The obsessions and compulsions have rescinded and repentance has replaced them. Cornford was only interested in displaying an atmosphere, one of holy reverence, and had little interest in any other choices the actors were making. Again, this was where I had to make internal choices for myself and join them up with what was seen on stage. I felt Leontes was too ashamed to simply take the hand, so I used the cyclical hand-wringing of before as a physical obstacle before finally taking Hermione's hand and feeling purified from the obsessions and compulsions.

The physical rehearsal work, coupled with the development of the obsessive-compulsive characteristics, created many other challenges for me personally though. I had to

consider in rehearsal how the psychological obsessions triggered the physical compulsions and, depending on which physical version of Leontes was in play (the external King or the internal physicalised monster), the physical representation was very different. The internal body of Leontes would physically allow the compulsion to course through him whereas the external body hid the physical compulsions from other characters. The development of how the psychophysical reactions were triggered by the text and scenic events needed to be analysed through regular, detailed table-work and it was here that Cornford utilised Knebel's work on Active Analysis - 'actors determine how a scene's main 'event' is created by the collision of an impending 'action' and a resisting 'counter-action' (Carnicke, P.111, 2010). For instance, through these etudes, I was able to mine Leontes' resistance seeing the baby Perdita for the first time. The action of 'seeing' was counteracted by the barrier, both physical and emotional, Leontes placed before her.

It was through the employment of these improvisational etudes that allowed the ensemble to consider the mind-body dichotomy in the psychophysical cycle. As Carnicke again states, 'Active Analysis turns the usual way that actors rehearse inside out. Instead of first memorizing lines, actors explore the interactive dynamics of a story by means of improvisations, called etudes' (Carnicke, 2017). This physical approach again served as a positive technique for me. As useful as my research into OCD was, I also needed to consider the body's responses in these moments.

As an ensemble, we highlighted the key 'Events' in each scene before deciding how these impact on the 'Bits' of action in between. Essentially, each Event would create a catalyst for the next Bit of action. This meant that I could analyse how the body impacted on the mind and consider how the required emotion would then develop this physicality further. This could either be internal, Leontes' initial reaction to the hand touch between Hermione and Polixenes, or external, pushing Paulina down into the bag holding the baby Perdita.

I found this created a constant state of reappraisal in Leontes and from a psychological point of view, as behavioural psychologist Richard S. Lazarus hypothesises in his landmark text *Emotion and Adaptation*, '(the reappraisal) implies the continuous nature of a person's evaluations of transactions with the environment and emphasizes their responsiveness to feedback' (Lazarus, 1991, P.134). Quite often I found that this re-evaluation is almost drip-fed throughout the Bit depending on the strength of the Event. For instance, Leontes' accusation of Hermione will be stronger than the emotions towards Polixenes due to the sexual ownership he feels over his wife. Again, this was aided by evaluation of the specific transactions through 'secondary appraisal components'. These could be 'blame or credit (knowing who is accountable or responsible for frustration), coping potential (whether and how the person can manage the demands of the encounter or actualize personal commitments) and future expectations (whether for any reasons things are likely to change psychologically for the better of worse) (Lazarus, 1991, P.150).

This work on emotion has a clear link to the work on emotion by philosopher and psychologist William James and latterly, and within a performance context, Bella Merlin. James discusses how these 'excitements' (James, 1884, P.189) or reappraisals, can create impulses in the body and the mind as 'the bodily changes follow directly the 'perception' of the exciting fact and that our feeling of the same changes as they occur *is* the emotion' (James, 1884, P.189). Bella Merlin uses these theories and applies them to the psychophysical impulse and uses *The Winter's Tale* as her example:

> …the instinctive physical reaction (running) to the stimulus (the bear) causes the emotion (fear). It's our sensation of biological activities, taking place 'after' the action but 'before' we've had a chance consciously to recognise what's going on, which 'is' the emotion. So, to some extent the sequence really has a

> fourth stage – (1) the 'stimulus' leading to (2) the 'physical action', swiftly prompting (3) the 'physiological activity', rapidly perceived as (4) an 'emotional state (Merlin, 2001, P.14).

When this was considered alongside my obsessive-compulsive diagnosis, I found it did impact on Leontes' psychophysical responses. Effectively, 'the brain maintains internal standards (reference points) that represent desired internal and environmental states. A comparator system compares these standards with environmental stimuli, internal stimuli (thoughts, feelings) and actions' (Gehring, et al., 2000, P.1). With the brain maintaining internal standards of how the world should be, and comparator systems then comparing this internal standard to the environment around them, then if an error signal is discovered, the subject tries to 'fix' this error. In the obsessive-compulsive however, 'the error signals are larger and persist longer…the error signals contribute to anxiety, doubt…and compulsive behaviour' (Gehring, et al., 2000, P.1). Essentially, the error signal keeps repeating itself leading to a feedback loop, or cycle, that forces the compulsions to continue, thus creating and heightening the emotion and also, in this instance, the anxiety.

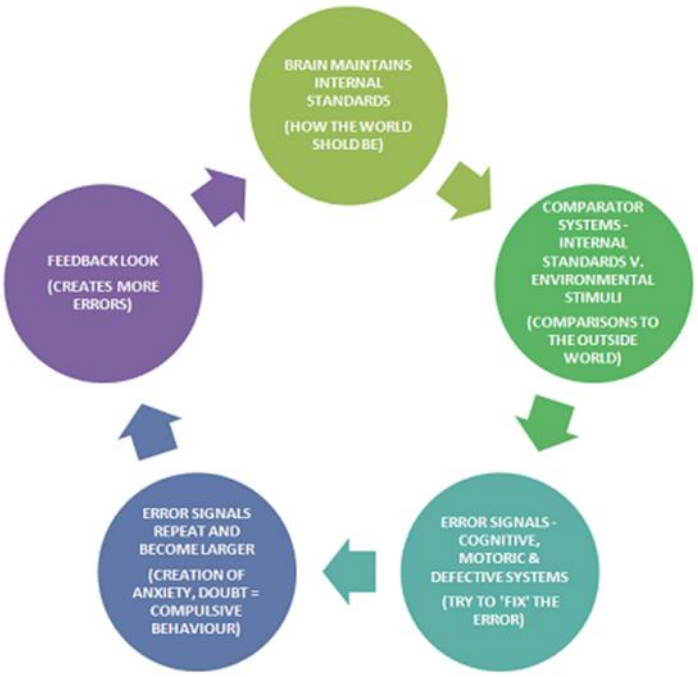


Figure 1: Edwards, 2015.

So, the obsessions trigger the compulsions, which for Leontes are largely physical. Through this rehearsal work I was now exploring how these compulsions impacted on the psychological too. During the trial scene, Leontes' constant hand wringing was done as a barrier to Hermione's words. If he didn't complete this action then he would emotionally have to connect with her and this would have increased the anxiety levels even further, and this can be seen in the feedback loop above. Research into this body to mind journey states, 'it is not the intrusive thoughts per se which leads to discomfort and compulsive actions, but the meaning that the person attaches to the (physical) actions' (Wahl, 2008, P.144). This allowed me to explore Leontes' physical choices as a means to stop the thought as opposed to vice versa.

When layering the research conducted by Merlin with this obsessive-compulsive cycle, a further framework is created with the two complementing each other. The added area produced by the OCD cycle is that the feedback loop continues with the creation of further errors and a heightened emotional state, as seen in Leontes' extreme actions.

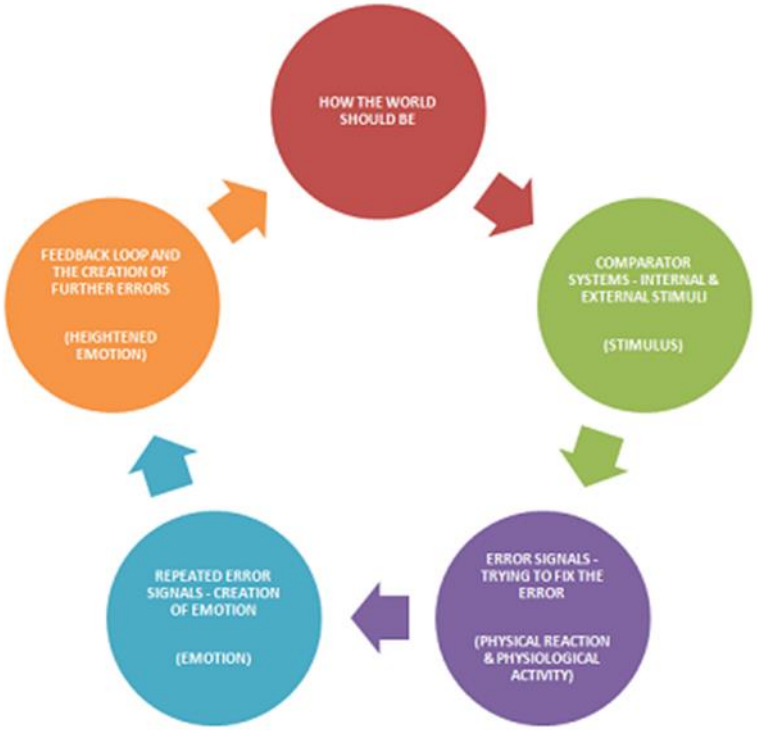


Figure 2: Merlin, 2015.

Merlin's cycle appears to focus on the physical impacting on the emotional. Although we were focussing on the work of Chekhov and Knebel, there is an assumption here that the two can be separated. As Whyman states, 'all acting and performance is psychophysical. It cannot be anything other as in all human activities, practically speaking, 'mind' and 'body' are inseparable' (Whyman, 2016, P.14). OCD can find a journey that runs both ways through the mind and body and, for me, this was why I encountered many blocks in rehearsals as we looked primarily at the physical form of the characters moving in. So, where this could work for a soliloquy, the subtext made textual, this wouldn't work so well for the trial scene where Leontes was radiating his power over the court. This doesn't mean though that the OCD loop is always completed successfully as the individual attempts to return to a new version of how the world should be and a 'decrease in anxiety' (Marks, 2003, P.275) as the thoughts are neutralised.

Through my own experiences of OCD, I was aware of the physiological traits in the anxieties created by not being able to successfully complete a compulsion. I now had to consider this in relation to Leontes' psycho-physicality. When I saw the stimulus (Hermione and Polixenes holding hands) it was the catalyst for the physical action (creating a fist and tapping the thumb against the index finger) which created the physiological activity (an increased state in brain activity as the error messages repeat, that is, not being able to successfully complete the physical compulsion). This then heightened the emotional state (anxiety and anger) which then increased the extreme feedback loop, careering Leontes into 'Too hot, too hot!' (P.10). This meant that even this brief moment, maybe completely unnoticed by the audience, needed a thorough psychophysical examination as the trauma changed the nature of both Leontes and the play itself.

A common aspect of OCD is also a pre-occupation with numbers and these 'accompany repeating rituals, counting compulsions, and ordering/arranging compulsions' (Leckman, et al., 1997, P.911). This element of the physical compulsion is intrinsic to many individual forms of OCD but can also change and develop over time. For instance, my own personal obsessive-compulsive disorder has changed radically over the years, dependent on anxieties and specific life events. For Leontes, to heighten the level of self-punishment he undergoes, I chose a grouping of the number 'three' which, for me, represented the trinity of Leontes, Hermione and Polixenes. This meant that the cuckolding couple became a mental fixation for him throughout key events. This primarily resulted in the thumb and finger tapping mentioned earlier as it was a useful physical action for me which could be both concealed from the audience but could also be outwardly developed. This simple movement became important to me as it allowed the thoughts and cycles to repeat and impact on his mind and body.

When considering the initial 'Too hot, too hot' (P.10) soliloquy, I could feel the infection from a psychophysical standpoint as I punched my chest with the infected hand on

‘my heart dances’ (P.11), rubbing the temples again with the infection and employing sharp intakes of breath almost akin to the ‘tic disorders and Tourette’s syndrome (that) are a frequently comorbidity with OCD. Tics are sudden, brief, intermittent, involuntary, or semi-voluntary movements or vocal sounds’ (Bokor, et al., 2014, P.2). Through this speech, the focus in performance was to display *externally* what was being felt *internally* in a holistic display of the diseased thoughts.

It was the physical representation of the psychological that allowed me to consider the inner motive forces of Leontes and his obsessive-compulsive qualities. Merlin and Ananyev complement this mind/body work further by looking at Stanislavski’s work holistic processes:

> ‘They support and incite one another with the result that they always act at the same time and in close relationship. When we call our minds into action, by the same token we stir our will and feelings. It is only when these forces are co-operating harmoniously that we can create freely.’ (Stanislavski, 1937, P.215).

This link between physical co-ordination and inner co-ordination was then developed further by Knebel in defining an ‘actor’s psychophysical technique as the holistic use of mind, body and soul’ (Carnicke, 2010, P.109). Through my development of Leontes, I had to develop various skills through rehearsals and performance into an examination of the psychophysical. It is Knebel again that ‘sees (the) true value in the artist’s embrace of complexity’ (Carnicke, 2010, P.109). At no point did I want to simplify Leontes’ reasoning. I wanted to layer the work effectively and understand his mind, body *and* soul.

At the time though, if felt as though I had almost given myself too much to consider, what with the development of the obsessive-compulsive thoughts strengthening as the textual tensions develop. I decided to focus on the error messages and the repetitive compulsions based

around the number three both in thought and physical movements. I found this kept a consideration of both body and mind in performance without pulling focus onto my own character choices.

In a scene such as the revelation of the new-born Perdita, the compulsions became externally obvious with the rhythmic tapping of thumb and forefinger. This is similar to the obsessive-compulsive computing the error messages and trying to successfully complete the cycle to protect themselves, believing their thoughts have the power to change events - *'If I can resolve the 'error' then the baby isn't mine'*. This 'power' is considered in Thought-Action Fusion (TAF) theory which, as Stanley Rachman states, 'thoughts, particularly unwanted intrusive thoughts, are interpreted as having special significance' (Rachman, 1993, P.149). This then finds the individual having, 'inflated responsibility assumptions, that can make the patient believe that he/she is responsible for the intrusion and for its perceived dangerous consequences, and dysfunctional assumptions regarding the perceived relationship between thoughts and actions' (Papakostas, 2000, P.34).

This form of self-preservation gave me clearer psychophysical responses during key events in the play. It helped shaped the role because I could constantly retreat from the 'facts' being presented to me. The problem came when I couldn't resolve the error messages and so became increasingly anxious as a result, the very emotion Leontes is striving to avoid. This allowed the cycles in the text to inform the cycles I had discovered in his thoughts and then, through a simple tapping motion, feel them through my body.

Leontes' OCD therefore largely revolved around the protection of himself. Again, this is the TAF theory and although those with protection OCD believe their thoughts will protect another, here the compulsions only existed to shield himself. It is therefore noteworthy that in this development of self-protection he loses his wife and two children as he becomes self-absorbed and lost in his cycles of thought.

A key psychological and physical change for Leontes comes at the pivotal moment when he is told of the death of Hermione. Almost as quickly as the inner-monster had infected him, the realisation through Paulina's speech (P.41-42), of the events that have transpired clears his mind and he can now see the impact of his actions. An initial thought later in rehearsals was that by centring the TAF on his own self-protection, he had cost the lives of those he had loved. The external tyrant and, importantly, the internal monster both melted away as I sank to my knees, forced to listen to the full extent of my actions. The start of this development came early in the Court sequence where Hermione's strength in 'Sir, spare your threat:/The bug which you would fright me with I seek' (P.38) shocked me into avoiding eye contact and self-obsess on the physical compulsions again. From this point on through the scene, Leontes was stripped down to a broken man. If the number three was there as a form of self-harm in Leontes' mind, incorporating both the supposed lovers and himself between, then here, by not succumbing to the physical compulsions, I was punishing myself further. This then informed the line, 'Once a day I'll visit/The chapel where they lie' (P.42). Chastisement is, again, a key factor to some forms of obsessive-compulsive disorder and 'punishment (is) the strongest discriminator of OCD's' (Amir, et al., 1997, P.775). This meant that Leontes exposed himself to the negative thoughts and allowed the error messages to build up in a form of harmful repentance. Also, those with OCD 'are particularly sensitive to the experience of regret…and OCD is attributable to a common excess of backward counterfactual thinking, a possible contributor of obsessive rumination' (Gillan, et al., 2014, P.646). It was here, where the tapping motions and erratic movements were now replaced by a hunched man consigning himself to a cycle of self-harming memories, ruminating on the mistakes he has made. My shoulders were dropped but there was also a sense that Leontes shouldn't hide this repentance from anyone. This led to direct eye-contact with Paulina on 'Thou didst speak but well/When most the truth' (P.42). Here, I endeavoured to allow all of the senses to almost reawaken, such was the power

of the moment. My physicality needed to almost appear as an instantaneous rebirth of the Leontes at the start, albeit one whose life has irrevocably changed, and to find a 'freedom from the time lapse between inner impulse and outer reaction in such a way that the impulse is already an outer reaction' (Grotowski, 1975, P.16).

In rehearsal, we knew that the final moments of the play needed Leontes and Hermione to find an agreed felicity. On the revelation that the statue was in fact Hermione, the complexity of the moment formed a barrier and I resisted the outstretched hand from her. I didn't deserve my infection to be purged. In rehearsal, I had to 'expand' towards the statue and yet deny the hand. It was here that Leontes' self-flagellation made most sense. Even with his wife forgiving him, he didn't want to accept. It was the 'radiating' actions from Hermione however that purged the infection on 'O, she's warm' (P.69). I took the hand and allowed a final catharsis, feeling the obsessive-compulsive cycles lessen. The physical impact of this moment, this acceptance, was a lower breath and a relaxation of the previous tensions in the shoulders and the final image of stillness was in stark contrast to the erratic, violent movements of earlier on.

Case Study Conclusion

This production allowed me to explore the relevancy of current psychophysical methodologies in both rehearsal and performance. What began as a strong process, a diagnosis of obsessive-compulsive disorder being the catalyst for Leontes' extreme actions, became problematic. This was initially due to the director relying solely on previous practitioner theories and not exploring beyond this. Also, I discovered that for a full exploration of more contemporary psychophysical techniques, I would have to develop a rehearsal room from the ground up. There are clearly two elements to discuss here:

The initial discoveries found through the work of Stanislavski, Knebel and, largely, Chekhov were of great use to me as an actor. It allowed me to explore the psychophysical dynamics of Leontes' mind/body relationship, largely through physical work in the studio. This became useful when developing moments of either soliloquy or when this internal monster would expose themselves. Here, the practical work melded well with my performance choices.

My diagnosis of Leontes did initially work hand-in-hand with Cornford's directorial strategies but as rehearsals progressed, I found the refusal to move beyond the work of late-19th century/early-20th century practitioners and consider more contemporary psychophysical ideologies meant both myself and the ensemble felt the process became stale due to little input being allowed. Again, the rehearsal room often felt like a workshop environment as opposed to one of true psychophysical creativity.

This leads on to the second element that, to keep things fresh for myself, I decided to keep developing the link between OCD and Leontes' psychophysical development through the piece. I examined the thought-processes and how these could be melded with the physical work. Again, many of the early exercises were of great use as an ensemble but I felt the inner details of Leontes' as an individual entity were being lost. I pulled connections from the

practitioner work and developed it with my own increasing understanding of OCD and the impact it can have on the individual – emotionally and physiologically. The physical work linking to the textual exploration worked well, but a dissection of Leontes' actual thought processes, of the voices at work within his mind, was lacking. I needed to develop a language in the rehearsal room for navigating these voices during different moments of anxiety.

It was due to this, still largely positive experience, that I knew that the next two projects had to be developed with my new research questions in mind, that of how the various voices of a character can impact on an individual with OCD and how moments of anxiety can be navigated using more contemporary psychophysical techniques.

CHAPTER 2:

JUST CHECKING

Just Checking – An Introduction

The second case study of this thesis will use a piece of original documentary theatre as its focus. *Just Checking* was researched and developed over a period of five months in early 2015. There then followed a run of performances in the North East of England in June of that year. The play was supported by a grant from Arts Council England (ACE) and Arc Stockton-on-Tees. Further contributions came from a variety of psychologists, MP's and writers.

Following *A Winter's Tale*, I felt that I needed to examine psychophysical performance theories using a more contemporary text. One of the key elements that came from the psychophysical work employed during the first production was the layering of different practitioner theories. Due to this, the relationship between the body and mind often became quite complex, even before the added layer of an obsessive-compulsive diagnosis. I found the variety of different sub-textual voices often difficult to navigate before even adding the actual text. As the actor, I wanted to discern strategies which would allow these voices to complement each other and help build the dynamics of the character. Whereas the first case study began to find a focus on the body impacting on the mind, here I wanted to chart a method of how thoughts could impact on physicality. For this to work, I wanted to develop a new text with a trusted creative team so that these questions could be probed from the beginning and then actually feed into the final performances.

Rob Roznowski (2013) has been developing research on the role of 'voice' in performance for the past decade and this follows the lineage of practitioners previously discussed, such as Stanislavski. He has advanced this work through a coupling with clinical psychology. Dr Christopher Hopwood collaborated on this work by examining the clinical viewpoint (reasons for motivation) and the cognitive (the role of memory). Through this research, it is commonly agreed that there are three familiar voices in performance: The External (Dialogue); The Internal (Subtext) and The Actor (The voice that examines the

technical consideration of performance). These voices, as argued by Roznowski, look at these voices as a 'multiplicity…of many persons, minds, or souls living within a single person' (Roznowski, 2013, P.179). I will argue that when portraying obsessive-compulsive disorder on the stage, there is always a fourth voice at play, that of the OCD itself. I will also argue that the 'volume' of these voices influences the physical responses of the character and, often, the control the individual has over such responses. This chapter will therefore continue to explore OCD as a psychophysical condition and that the fourth voice is almost intrinsic to a theatrical performance of it. I will also question the role of both repetitive thought cycles and their impact on repeated movements. Although there is a focus on 'voice', it is important that the mind/body relationship is two-way and one cannot exist without the other.

I will also examine whether an Obsessive-Compulsive is ever truly 'still'. This forms a development from the first case study as I advance the psychophysical approaches being utilised, with a stronger focus on the holistic forces of the mind and body in performance. How simple movements can be loaded and different each time even if, to the other characters, or audience, they appear exactly the same. To explore these two crucial areas, the notion of 'voice' *and* the relationship between the psychological and the physical, I will primarily use three key scenes from *Just Checking* in my analysis, 'The First Date' from very early on in the play, and the 'Hospital' and 'Confrontation' scenes which are found in the later moments of the text. Initially, Kevin's OCD is largely hidden whereas, towards the end, his harmful obsessions cause his physical compulsions to become externalised.

Just Checking followed an episodic, yet recognisable, domestic story. It centres an OCD sufferer called Kevin as he embarks on a new relationship with a co-worker, Claire. Although episodic in structure, the piece was punctuated with imagery, poetry, parliamentary debates and an interview conducted with a clinical psychologist. The piece chronologically charted the

relationship as Kevin's harm-OCD begins to consume him, making him feel like he will hurt or murder Claire, and thus begins to slowly destroy the burgeoning relationship.

A Winter's Tale saw me diagnose Leontes as suffering from infection-OCD as a means to begin to understand his complex psychology and depict it on stage. Here, however, the creative team built a character from the ground up according to the symptoms and thought processes of harm-OCD. Not only did I want each project to examine a different form of the condition, I wanted to examine OCD at different points in an individual's life. The first case study examined the impact of the initial onset. In this second case study, the character is living with the condition and functioning in society. The way that I was able to shape this project allowed me to examine how anxieties impact on the individual during different stages of the condition, and in differing narratives.

To pursue my research further, it was crucial to have a high degree of creative control over the project. To this end, I worked with a known creative team under the banner of my company, Vivid Theatre. During a week of research and development, we created a brief concerning harm-OCD. The playwright Jonny Bussell was to create the text based on research, practical development and rehearsal room processes, remaining an active part of the ensemble. To direct I asked director/film-maker Andy Berriman and for the multimedia I recruited film-maker and editor John Kirkbride. As a point of contact for extra psychological research and development, Daniel Nettle, Professor of Behavioural Science at Newcastle University, provided support in this area. It was also decided early on in the process that, although I was a good initial 'resource' for the team through my own experiences with OCD, the finished piece should bear no relation to my own condition.

***Just Checking* – Contexts and Scene Studies**

The character of Kevin has suffered from obsessive-compulsive disorder for the greater part of his life. In the 'First Recollection' monologue, which begins the staged elements of the play, Kevin recounts that he was eleven the first time he remembered 'anything like this' (Berriman & Bussell, 2015, P.1). From the initial thoughts of pushing his friend Ben in front of a moving car to his adult life, Kevin's obsessions and ritualistic behaviours have been centred round harming others.

This initial speech was an interesting counterpoint to Leontes' soliloquies. This monologue was a stream of consciousness as Kevin recounted this upsetting event and had similar intentions to the soliloquies from *A Winter's Tale*, that being a vocalisation of thoughts for the audience. It also introduced the concept of OCD being a second internal voice for Kevin as he keeps 'seeing Ben being hit by that car over and over and over again' (Berriman & Bussell, 2015, P.1). This presents the notion of the invasive quality of the OCD voice. These 'intrusive thoughts…enter your consciousness, often without warning or prompting, with content that is alarming (and) disturbing' (Ackerman, 2020) and form a basis for obsessional thought patterns. Although over 80% of the population have intrusive thoughts (Mancini, F., 2018) it is the 'frequency of the intrusions' (Mancini, F., 2018, P.23) that is the difference. It is often the lack of silence in the mind which can cause the increased anxiety as OCD is often described as 'an internal, hostile and critical voice' (Williams & Veale, 2018, P.97). This is different to the psychiatric condition of auditory hallucinations which is a 'false perception of sound…described as the experience of internal words or noises that have no real origin in the outside world and are perceived to be separate from the person's mental processes' (Waters, 2010). OCD finds a diagnosed basis that one believes that their thoughts hold power and can influence the concrete world around them, even if it only in that moment. In Kevin, it is *this* voice which begins to create the discord in his life as his emotions for Claire begin to develop.

When we first meet Kevin, he is obviously high-functioning, that is, he is a diagnosed obsessive-compulsive, but is intelligent and can function day-to-day. He is fully aware of his disorder but he has also clearly been supressing it and hasn't sought specific therapeutic help. The aspects of his condition are, as psychologist Gabriele Melli states, an 'association between guilt and OCD…specific for patients with obsessions about responsibility (including) causing harm…making mistakes and checking rituals' (Melli, et al., 2017, P.1080).

The initial 'First Date' scene contains no obvious dialogue which points to Kevin's OCD. Also, there are no clear physical ritualisations beyond finger and foot tapping which could be easily dismissed by both Claire and the audience. Any tensions which could be read through my performance could easily have been dismissed as Kevin's nerves and general awkwardness being on a first date with some-one he clearly has feelings for.

During the later scenes of the play, with particular reference in this case study to the scenes 'Hospital' and 'Confrontation', Kevin is rapidly losing control of his early coping mechanisms. He has lost the ability to supress both the violent thoughts and his physical compulsions. Again, no explicit dialogue references the OCD condition, this is left to the projected interviews and poetry in the production, but Kevin and Claire's relationship is clearly under severe strain. This is primarily due to Kevin's need to avoid situations where he might hurt Claire. It is clear that Kevin has been having extreme thoughts of harming Claire since early on in their relationship, '…I thought about stabbing her. I could see a wine glass on the coffee table and I had this vivid image of breaking it and using the broken glass to stab her repeatedly in the neck' (Berriman & Bussell, 2015, P.15).

Kevin's compulsions reflect a need to eradicate potential harm in situations he has been unable to avoid. This harm centres on his relationship with Claire but also, in the 'Hospital' scene, finds a new focus on others emotionally connected to her, here her new-born nephew. If he doesn't complete the now fully-realised physical actions then Kevin believes he will

perform graphic acts of violence and ‘studies suggest (that) the existence of…repugnant thoughts cluster (and are) associated with checking compulsions…(leading) to substantial impairment’ (Moulding, et al., 2014, P.162). Again, it is these intrusive thoughts which overpower Kevin’s cognitive processes and lead to the physical compulsions he needs to complete to stop the image becoming a reality. Although some patients are considered ‘pure O’ (obsessives with no external, observable compulsions) Kevin needs to complete various cyclical physical and mental acts ‘to neutralize these obsessions’ (Moulding, et al., 2014, P.162). Again, believing his thoughts have power means that he truly believes he will be physically violent towards the baby unless he completes a physical act, the ‘neutralization’.

To return to the ‘First Date’ scene, Kevin is functioning and aware of his OCD, but it doesn’t control him. In the ‘Hospital’ scene, he can at least attempt to mask his anxieties with jokes and then later comments of not wanting to disturb the baby. The physical compulsions and rising tensions in the dialogue however show that he is less comfortable than in earlier scenes. By the time of the ‘Confrontation’ scene, these anxieties and compulsions have completely eradicated any coping mechanisms that Kevin has been using since early in the play. He now believes that his OCD is the only barrier between him harming Claire and any coping mechanisms have now disappeared. I therefore had to investigate the mind/body relationship between these intrusive thoughts and consider them within the context of staged performance whilst utilising my research into ‘voice’.

Reinterpreting Harm OCD as a Psychophysical Condition

One of the main things I had taken from *A Winter's Tale* was that my understanding of OCD had developed. I initially only looked at it as a process of the mind affecting the body, but now I was aware the opposite was true or, at the very least, that there was a two-way flow of information. As McConachie says, 'in every physical action there's something psychological and there is something psychological in every physical action' (McConachie, 2013, P.29-30). I wanted to develop the work further in this project by investigating how the voices impact on Kevin's psycho-physical choices and how I, as the actor, could develop these in rehearsal and performance.

In *Just Checking* we find Kevin completing physical compulsions in the belief that this will stop him harming his partner, tormented as he is by violent imagery. I discovered in rehearsals that I, as Kevin, was beginning to actually feel levels of anxiety when performing the scenes and this began to intensify as we moved into performance. This was due to the repetitive thoughts and movements I was performing and this impact began to develop as we refined the work. As the actor, I was becoming aware of the importance of the physiological elements as part of the mind/body cycle through these tensions. During moments of high anxiety in obsessive-compulsive disorder sufferers, there is often an 'increase in heart rate, a common sign of sympathetic activation' (Moulding, et al., 2014, P.162). This effect on the body can include the aforementioned increase in heart-rate but also, in some sufferers, and in Kevin during these later scenes, a decreased motility and causal perspiration.

The consideration of the physiological elements of obsessive-compulsive disorder in performance were determined by the 'complex cognitive processes which are involved in the minute-by-minute appraisal of significant events' (Salkovskis, 1989, P.678). In performance, however, there are a variety of physiological changes that the actor themselves go through on the stage. Here, I found it was the move in the rehearsal room from actor to character where I

began to develop the different internal and external voices that were in Kevin. This came both from the script drafting process but also beginning to understand the given circumstances of Kevin's life to this point.

The 'voices' associated with creating and portraying a character have been the subject of significant interest by practitioners and researchers. Roznowski identifies these as Internal Monologues (IM's) that run alongside the performer. Obviously, in addition to the External Dialogue, there are the sub-textual elements to any script which find initial readings in the work of Stanislavski, 'everything that goes on in my mind during the action' (Benedetti, 1998, P.8). Added to this there must be the internal 'performance' voice of the actor as they navigate their journey through the line of performance – the 'staged reality' mentioned above. This is found in both the actions of the character they have discovered through rehearsal but also the technical demands of hitting a spot, taking a prop, etc. So, 'an actor thinks about many things when performing. Whether personal or character based, the connective tissue between the lines of the script is the IM' (Roznowski, 2013, P.27) and it is these internal *and* external voices that help the actor navigate the action of the play, both as character and actor. These IM's, or 'voices', will obviously dip in and out of consciousness, or become more or less dominant, depending on the actor and their emotional/physical state.

Before analysing the specific voices, a consideration must be given to these familiar IM's and my experience of working with multiple voices in *Just Checking* before questioning the impact OCD has on these theories. Again, the impact will define how the holistic demands of psychophysical performance intertwine with the obsessive-compulsive. In rehearsal, we actively experimented with the voices and found various strategies to develop them into performance. This analysis became key to later developments both in text and character.

The Internal Monologues

Throughout the play, Kevin has a range of IM's which affect him in various ways. These range from the 'dialogic conversation with the self (which is) a familiar aspect of human experience' (Plato, 1987) through to the previously discussed intrusive thoughts of the OCD voice. As mentioned, Roznowski's defines three 'voices' in performance from the spoken word to the sub-textual voice and then the actor's voice, regularly navigating the live performance. When these voices are working, 'everything synthesizes and harmonizes…and for actors it is when they are having a communion on stage' (Roznowski, 2013, P.39).

The 'spoken voice' is a given in any text with dialogue. It must be broken down and examined in detail. Rehearsals help build this as one examines thoughts, beats and where specific stresses might lie. This is not just table-work but is the key to a practical rehearsal ethic. As Cicely Berry says, '…it is important to say…that, as actors, we are able to articulate through the language we bring alive; we…have a responsibility to that language' (Berry, 2012, P.50).

In rehearsals for *Just Checking*, this analysis of text was imperative as we were writing and developing the piece in the studio. Through research and development time, the writer was able to begin to craft the piece. It was through the rehearsal process, and the concurrent discussions, that the piece developed over a period of months. This journey would only have been possible through our 'responsibility to that language' and a commitment to understanding Kevin's cognitive and physical processes, the OCD itself.

This commitment to 'the word' however is only possible whilst also considering the sub-textual elements too. Our thoughts guide what we say, whether we explicitly verbalise those thoughts or choose not to share them and say something else. Our cognitive processes are the catalyst for our voices, as with the mind/body union, what we say also affects what we

think. As Wilhelm von Humboldt stated, ‘thought and language are inseparable’ (Slobin, 1996, P.70).

The key question as to what an actor should be thinking is a difficult one. It could be presumed that the actor is 100% focussed in performance but even this doesn’t explain what they might be thinking. These thoughts will constantly deviate from analysis of the performance, or an awareness that they must move to a certain part of the stage for a lighting change. This means that the actor’s own voice is as apparent as any powerful character IM. This is not to say that an actor doesn’t hold the thoughts of the character, but the various obstacles to performance are always prevalent. There is always the potential for an actor to have their cognitive processes broken as, again, thoughts can be ‘personal or character-based’ (Roznowski, 2013, P.27).

Noice & Noice have spent over twenty years researching the cognition of actors. Their research examines both the technical aspects the actor must undertake in the rehearsal room and also the various learning theories and cognitive processes that can support these aspects. Their work also investigates the role of memory in the actor when developing a role and ‘the resulting specificity of an actor’s stored perceptual experience (which can) aid the recall of the literal words and movements’ (Noice & Noice, 2006). This still requires the actors voice however, but these stored perceptual experiences form a through-line to IM as a means to perceive the character in the moment, ‘too often an actor may feel naked on the stage…you are not alone on stage, you have your IM’ (Roznowski, 2013, P.61).

During an early rehearsal for the First Date scene we used the text and created improvisational etudes around it. As we did this, playing the beats, it became a natural and typically awkward scene. Once we had done this several times, with the playwright making live amendments, the director decided to add a new level to the IM. The scene would run as we had been rehearsing but when Claire was talking, I, as Kevin, would verbalise both his

subtextual and his obsessive-compulsive thoughts. Although it was obviously difficult, and took several attempts before we could run the scene in a fluid manner, it became clear that Kevin was *always* thinking about his compulsions. Something as simple as touching the neck of his wineglass was a premeditated movement that he had thought about for minutes before, and tried to fight. This constant verbalisation of thoughts highlighted for all of us the constant kinetic psychology of the OCD sufferer. Counting, arguing, blocking, a voice that was a suppliant to the other voice of the subconscious. This is in addition to Roznowski's findings and we found that this discovery in the rehearsal room allowed us to mine this psychology and develop it performatively. This leap in our rehearsal processes, to not just verbalise the subtext but also the OCD voice, meant we could begin to appropriate which voice was louder, and when.

Neurologically, there is a link to the placement of an individual's IM and the discoveries made with OCD in the previous chapter. Here, 'the left prefrontal lobe is associated with inner speech, and…the prefrontal lobes as a whole mediate self-awareness' (Morin, 2003, P.3). Therefore, all of this activity happens in a similar area of the brain and conditions such as OCD or brain trauma can 'negatively affect self-awareness' (Morin, 2003, P.3). It is the role of multiple voices which begins to impact on the construct of personality though and 'inner speech is a complex and varied phenomenon…(and) is often reported to be involved in self-awareness, past and future thinking and emotional reflection' (Alderson-Day, 2016, P.111). Also, as Roessler says, 'ordinarily (including in the…case of obsessional thoughts) awareness…of *thinking* is inextricably bound up with an awareness of *oneself* thinking' (Roessler, 2016, P.555) Again, I found this research was a useful support to the work and we discussed these areas often in the rehearsal room.

For the First Date scene we broke down the key events in the script and began to improvise the text, again incorporating Active Analysis. This time we played two variations,

one of which was to play the scene completely on text. No obsessions and no physical compulsions - just two people on a first date and the inherent awkwardness that this scenario brings. After running this a few times, and then taking it back to the text, with Bussell amending and rewriting as appropriate, we would then add a new level to the scene. This time, I would verbalise Kevin's thoughts, both the subtextual *and* the obsessive-compulsive. Although this was obviously difficult, it became clear that Kevin was *always* thinking about his compulsions and a movement such as tapping his shoes underneath the table together became a premeditated movement that he had thought about for minutes beforehand, and tried to fight. This gave both weight to the etudes as we developed a greater understanding of Kevin's battling internal voices, but also helped me consider the impact the IM's have on Kevin at different points in the play.

In performance, the thoughts of the character, the subtext, gives meaning to the dialogue. It informs facial expressions, gestures and, of course, the spoken voice. Even if the character is betraying the subtext, this is still a line of information which the actor can play. When playing Leontes I could examine the IM through both soliloquy, a verbalisation of thought, and Michael Chekhov's Imaginary Bodies work. This allowed an exploration of the inner-workings of Leontes which simple table-work wouldn't have allowed. It also allowed me to explore the external and the overall impact on the subtext. In performance, I held the memory of this studio work and it allowed the IM to be relatively constant. This was largely due to the overt physicality that came from Chekhov's work with 'the moving body and its profound connection to the creative imagination that make(s) up the basis of…understanding…the actor's art' (Zinder, 2007). True to Roznowski, the IM meant I was never alone on stage although, again, the use of soliloquy in Shakespearian text meant that there was an internal voice being externalised. Through rehearsal and performance of *Just Checking* I discovered that as well as the verbal, IM and actor 'voices', Kevin's obsessive-compulsive disorder was

also a voice. What I discovered through rehearsal was that it was the ‘volume’ of these voices which became important. Through the piece we created, the OCD voice was as important as the other IM’s and, again, sometimes played counter-intuitively to the words being spoken.

OCD as the Interruptive Voice

When juxtaposing the 'First Date' scene with the later 'Hospital' and 'Confrontation' scenes, there are clearly different tensions at play. Obviously, these tensions don't just affect the dialogue and physicality, but also the IM and obsessive-compulsive voice. As OCD is an anxiety related disorder, when Kevin is less anxious, it is less prevalent. Although going on a first date with someone obviously has its tensions, they are different to those caused by high-anxiety moments. This is clear in the 'Confrontation' scene where Kevin is terrified he will murder Claire unless he picks up a book nine times. These were active plotting decisions we took into the rehearsal room - to place Kevin in these situations at these points so that the text could highlight how increasingly difficult it is for him to manage his anxiety and OCD.

During the relatively low-tension circumstances of the date scene, the sub-textual voice is stronger as Kevin's thoughts are directed towards Claire and her potential opinions of him. In the 'Confrontation' scene, however, the obsessive-compulsive voice is louder to the point that, in performance, I almost didn't hear Claire's words. The control of this voice became one that was developed through rehearsal. Again, initial improvisations often proved unwieldly as the OCD voice was so intrusive. Through the process though I began to map out the journey of this voice, helped by the episodic nature of the play as I charted one key event to the next. Again, the voice contained many repetitions. These were numerical in structure, simple counting repetitions, but also phrases regarding Claire and her safety. There, the long silences were filled with mental compulsions such as counting or looking at objects a certain number of times as a block to prevent harming her. These patterns were part of the process in the rehearsal room. We broke down various scenes and improvised scenes verbalising in turn the spoken voice, the obsessive-compulsive voice, and then the sub-textual voice. To end this, and to highlight the complexity of the voices, I would try and use all of the voices in improvisation. Again, the work here was very deliberate and specific so as not to generalise the voices. The

final exercise was also nigh on impossible but this did highlight to me the battling IM's that Kevin is coping with. In performance though, I also had to navigate the actor's voice, what with multimedia elements breaking up the main stage action, thus adding to the fractured nature of the play. Again, it was the idea of volume which really helped and this came in both moments of low *and* high tension. This can be seen in Figure 4 with scripted dialogue in dark blue and the OCD voice/IM playing as an undercurrent beneath each line of text.

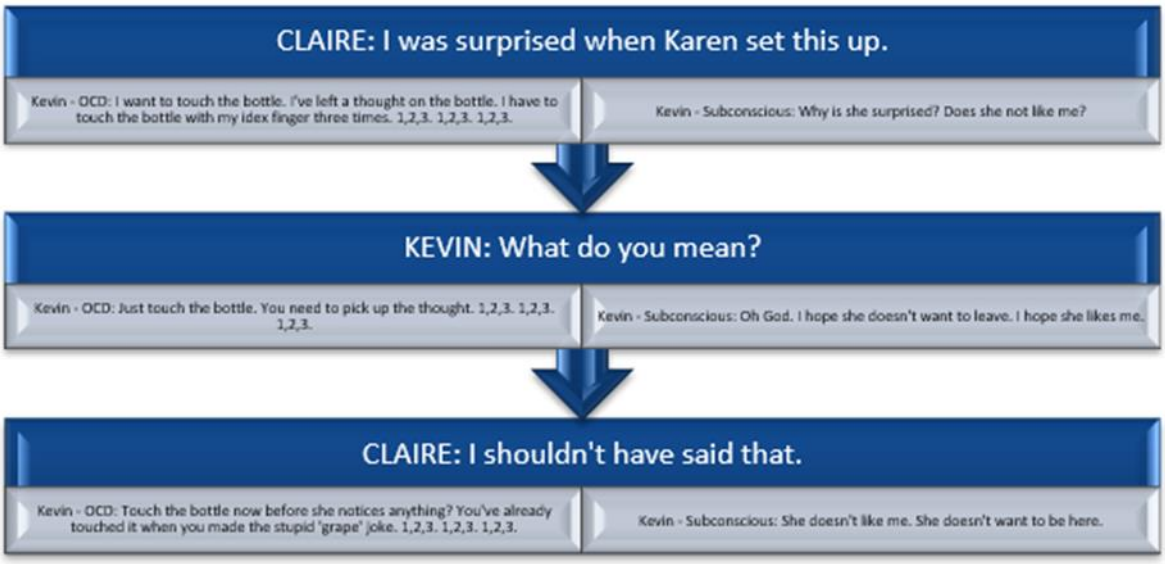


Figure 3: Edwards, 2016.

In rehearsal, it was important to not only analyse these voices but also the 'volumes' they played at, that is, the dominant voice at that moment. An early strategy in the studio was to verbalise the thoughts. As mentioned, we did this initially with the 'First Date' scene as the tensions, as discussed, are lower and it was an easier 'in' during the research and development stage. Obviously, Kevin has an IM running through the scene regarding both Claire but also critiquing his own responses to her questions. The OCD voice is also running here but is not an over-riding influence over the scene, as shown above. Again, I felt the innovative value of the volume meant that I could actively circumnavigate the IM's during the scene. It wasn't always successful, during arguments between Kevin and Claire for instance, I would often miss

a cue or get lost in the OCD cycles. We did utilise the role of volume in the etudes too and this highlighted how overpowering the various IM's could be at different points.

Through this technique, I discovered that both voices could run concurrently and at no point was Kevin's mind empty or silent. This backed up the previous rehearsal and research findings. Although I had to touch the wine bottle three times for instance, I also had to devise a physical strategy to mask this compulsion from Claire. This physical response didn't take prevalence over Kevin's desire to make a good impression on her though. Again, the OCD tensions were playing at a lower volume.

The demands in the rehearsal room were to portray an individual with OCD. My first-hand experience of both the physical and the physiological demands of the condition do mean that I am aware of the changes in my body during moments of high-tension. Where the anxiety cannot be controlled, however, this causes an increased heart-rate, sweating and often a lack of mobility which can leave me completely still for extended moments as I complete the mental compulsions. It is in these moments where, to re-contextualise theatre researcher A.C. Scott from an unpublished class lecture, I am 'standing still while not standing still' (Scott, 1979).

This discovery, that Kevin's mind is never silent and can run two IM's at once, meant that there was always 'noise in the silence'. Even in awkward on-stage moments where the pair do not speak, the noise in Kevin's head can be deafening as he completes, or indeed *fails* to complete, mental compulsions through counting, etc. At the early stages of the play however, the OCD is not a malevolent voice. It is one that is apparent to Kevin as he is self-aware and high functioning at this stage, but it is not one which is physically apparent to Claire. To take the example of touching the wine bottle three times again, this quite simply followed the physical actions of checking the front label, then reading the back label and finally moving it towards Claire. Indeed, if people didn't know the play was about OCD, there should be nothing to suspect at this point, and Claire doesn't. By simply scoring these moments, utilising

Stanislavski's Method of Physical Actions, I could navigate the physical developments easier and select 'physical actions that express the character and…involve his inner life' (Moore, 1965, P.93).

From a physical performance angle, I had to be completely aware of the IM and OCD voice. Roznowski again says that, 'for actors, the trick is understanding, harnessing, and adapting their personal inner thoughts in order to create the IM for the character they portray' (Roznowski, 2013, P.9). Kevin's feelings during the first date are underscored by this IM, the volume being louder than that of the OCD voice, but this latter voice does add another layer of thought and can impact on the sub-textual elements, as is made apparent in the later scenes.

The sub-text is often the voice which drives the character forward and often instigates dialogue or events. This IM is a drive through the action of the play and 'it is the inner life of the character that impels the character to speak' (Albert in Nack and Gordon, 2016, P.288). The obsessive-compulsive voice for Kevin, however, remains vocally silent.

The verbal, IM and OCD voices (to side-line the 'actor' voice for a moment) form a thought process that, even early on, is clearly interrupted. Although the IM is louder than the OCD during these earlier moments, the constant undercurrent of this second voice means that there is always another element to the performance. Just because the OCD voice is quieter during a first date with Claire, it is still loud enough to force the physical compulsions outlined above. Again, our discovery of volume in the IM's, and the concurrent voices, meant that we could actively investigate these in both etudes and the text. This allowed the IM's to impact on the physiological, and physical, responses Kevin gave during key beats. There were many performance obstacles that became apparent as we neared the end of the rehearsal process and this largely came down to the management of these voices.

The OCD Voice and Performance Complications

One of the primary obstacles in both rehearsal and performance was that the obsessive-compulsive voice did not always correlate with the action on-stage. This was evident in the earlier scenes where Kevin's emotional attachment to Claire hasn't been firmly established. Examples of this can be found in clearly irrational moments where if I didn't tap my foot under the table of the 'First Date' three times then I might lose my job. Here, the sequence isn't directly connected to anything that is happening on stage but can only be described as an anxiety that Kevin must act upon immediately. This has little impact on his meal with Claire though. These were the elements of OCD that we wanted to explore as it demonstrated the OCD voice is a constant, even when it is not overpowering.

Sharon Begley discusses the 'overwhelming desire to act' (Begley, 2017, P.34) on these thoughts and says the power of these, in the moment, can be all consuming.

> 'Patients know their thoughts are mad, yet awareness of the madness brings no power over it…that while the thoughts have an infinitesimal probability of being true, *infinitesimal* does not equal zero. The resulting doomsday fear can be alleviated only by executing an action, so they give in'
>
> (Begley, 2017, P.34).

It is these moments where the volume of the thoughts creates a contradictory notion in the voices. This is not to say that Kevin isn't listening, or that the IM voice isn't translating how the first date is going, but for that brief moment the OCD voice is louder than any other. Due to this, Kevin *must* act on it. This discovery is at a contradiction to linguistic academics such as Vygotsky who claim, 'inner speech lacks…volume' (Martinez-Manrique & Vincente,

2010, P.142). We had found the volume and the OCD voice was key to our developing work and the developmental work we were considering backed this up.

Usually there is a clear link between the vocal dialogue and a singular inner-monologue and 'most IM and subtexts are somewhat related based on the given circumstances of the scene and the through-line of the character' (Roznowski, 2013, P.124). Roznowski does concede however that 'IM and subtext may be wildly different, as they (the character) want to present a different public face while inside they are thinking contrary notions' (Roznowski, 2013, P.48). He also accepts the problems of 'uncensored and free-flowing thought' and that the 'loud IM drives you to other necessary or seemingly unrelated zones' (Roznowski, 2013, P.10).

Although Roznowski concedes to a loud IM, his research doesn't extend to the specific voices associated with OCD, where multiple IM's all battling each other for control, and this is what we were beginning to develop. In rehearsal though, this 'loud IM' still has the worries most individuals would have on a first date which clearly links to the scene. *Am I looking at her too much? Should I order another drink?* Then there are the even more unconnected thoughts such as *Did I email that report? Should I go to the gym tomorrow?* These are subconscious thoughts which everybody has, even when 'in the moment'. It is the OCD voice *on top* of this though which creates the auditory dissonance. Not only are these thoughts completely irrational, but a physical act must be completed at some point and, for Kevin, in moments of *higher* tension it is easier to 'give in' to these thoughts immediately so he can try and refocus on the person sat opposite him.

It is this auditory dissonance, the unpleasant, repetitive thoughts, that can be linked to the volume of the obsessive-compulsive voice. This then creates the cognitive dissonance as Kevin attempts to continue on his first date whilst also dealing with the irrational anxieties of his OCD. The anxieties at play here are not as strong as when Kevin is emotionally attached to Claire later in the play but, again, the volume of the voice is key to in his cognitive processes.

There is obviously a difficulty when examining the OCD voice however. Roznowski states that 'the free flow of thoughts (are aimed) at the character's needs and goals with his IM' (Roznowski, 2013, P.27). This is in opposition to the complete irrationality of OCD, that by completing a physical act due to a psychological obsession, you have control over events and emotions. Therefore, the OCD voice undermines the psychophysical approaches to performance because it works in a completely incoherent manner (*If I touch the bottle three times then Claire will go out on a second date with me*). When considering the research into psychophysical strategies, there is an emphasis on 'the right activity, order (and) logic' (Moore, 1984, P.50). Zarrilli too focuses on logical progressions as 'the actor's performance score is shaped by the aesthetic logic of the text and production' (Zarrilli, 2012, P.113). What we found though was that the thoughts and movements have no logical grounding whereas, at the same time, Kevin can still function and complete normal tasks *alongside* the OCD (drinking wine, etc.). Again, the volume of this voice is largely based on the anxiety levels and here, with limited emotional contact, Kevin's compulsions are based on lower-level desires such as the second date, etc. as opposed to protecting her from serious harm.

Here, I began to understand that Kevin's thought coherence isn't linear and while anxiety levels are low, a logical through-line of thought isn't actually essential. OCD itself is an illogical condition, that an obsession or compulsion has power is in itself irrational but in that moment, it is hard for the obsessive-compulsive to fight it. In the later high-anxiety scenes, Kevin's logic in these moments is upsettingly sound to him. If he doesn't switch the light on and off nine times then he won't be able to control himself and will kill Claire. In these moments, the illogical nature of these thoughts makes complete sense.

I found that by externalising the thoughts in rehearsals made me completely aware of how illogical the thought-processes were but also how the through-line of thought is constantly fractured. The actual dialogue in these later scenes is a constant rebuttal to Claire, but his OCD

voice, playing at a loud volume, is the only dialogue he can actually hear. It also plays in complete dissonance to the words on the page. Therefore, trying to find a logic to the thought processes became less important as playing up to the rapid dissonance of the thoughts and internalising them in performance. This meant I could externally examine how the physical was impacting on the psychological and this exploration meant that a better understanding was found on the body/mind discussion.

An obvious assumption for an actor would be that as Kevin's obsessive-compulsive thoughts are now dominating his mind this should be easier to perform. The volume of the OCD voice is more forceful than the others, even in his verbal interactions with Claire, and this should give a clear performative focus. To some extent, this was true. In the 'Confrontation' scene Claire speaks significantly more than Kevin with most of his replies being either short or filler sounds. Here, on-stage, I was completely consumed by both the OCD voice and completing the physical compulsions.

The issue arose when the four voices worked concurrently. Again, the verbal, the IM and the 'actor' voice were working on the basic delivery of the lines from both a technical and character perspective. If we take the line of dialogue, 'What are you accusing me of?' in the 'Confrontation' scene then the base level of understanding is that this is a verbal line delivered to Claire in the middle of the argument. The IM is aware that Kevin has been conducting avoidance tactics by staying late at work or sitting 'in my car for hours in the work car park' (Berriman & Bussell, 2015). As the actor, I had to be aware that vocally Kevin is tired and dealing with severe levels of anxiety whereas physically he is both exhausted and also defensive. When performing psychophysical moments like this, I had to be aware of the physical actions that Kevin had to complete due to his OCD. These were predominately tapping his shoes together and touching a book which Kevin was placing his violent thoughts on to by repeating internal phrases while looking at it. Again, I based this element of Kevin's OCD on

medical research that ‘unacceptable/taboo thoughts are distinctly ego-dystonic with a repugnant quality that tends not to be so prominent in other OCD symptoms…the content of these obsessions typically involves unacceptable, taboo or forbidden themes such as stabbing a relative, incest or blasphemy’ (Brakoulias, et al., 2013, P.750). This imaginative placing of thoughts again comes from the concept that an obsessive-compulsive’s thoughts have power and by almost physicalising them, this creates a higher anxiety. Kevin needs to ‘pick them up’ so they are back ‘in’ his body again. They are physical entities that need to be placed back in his internal system. This is similar to the infection OCD that Leontes physically felt and links to Thought-Object Fusion theory that states, ‘thoughts or feelings can be transferred onto objects, and that these ‘contaminated’ objects can then transfer to other people’ (Berle & Starcevic, 2005, P.268).

It was how I dealt with the volume of the fourth, obsessive-compulsive, voice that created performance obstacles as it interrupted the typical interrelationship of the first three. The mental and physical compulsions included not only touching the book and being aware of the reality of the thoughts but also the violent consequences if these movements were not completed. In the earlier scenes where Kevin is high-functioning, the level of ego-dystonia, thoughts that are in conflict with the individual’s ideal self-image, is low. The thoughts he is having are not as distressing as in the later scenes but he still feels compelled to act upon them. There is a level of self-awareness during these early stages though. He knows that these thoughts have little link to reality and ‘while giving in to the thoughts relieves the attendant anxiety, it brings no joy and little satisfaction’ (Begley, 2017, P.35). The thoughts in earlier moments for Kevin are largely ego-syntonic, they are ‘acceptable to the self’ (Joelson, 2016), but by the time of the later scenes the ‘thoughts, impulses and behaviours…are felt to be repugnant, distressing, unacceptable or inconsistent with one’s self-concept’ (Joelson, 2016). He believes fully that if he doesn’t complete the mental and physical rituals that he will act

upon the violent thoughts he is having. This included the final moment of the scene as he switched the light on and off nine times, plunging the theatre into darkness.

It was important in these later high-tension scenes that I maintained a focus on the actor's voice. In rehearsal, the 'Confrontation' scene was particularly problematic as I kept losing myself in the strained atmosphere, dropping lines or not earning the extended silences. The issue, certainly in the rehearsal room, was that I was playing previous incarnations of the scene that had previously worked but, due to the ever-changing OCD voice, this proved dangerous as I was trying to *recreate* as opposed to *creating afresh*. This harks back to Merlin's work that 'psychophysical technique validates the present tense: whatever is happening here and now is the material with which you work with' (Merlin, 2001, P.203-204). In trying to replicate successful rehearsal moments, I wasn't playing in the moment. This meant a balancing act between the various voices *in* these moments.

I constantly had to evaluate, and *re*-evaluate, the physical and mental cycles in rehearsal whilst still allowing the now quieter IM sub-textual voice to have an impact on the dialogue. This was where the difficulties in rehearsal became more pronounced. The earlier scenes were difficult to play as there were often too many voices playing at a similar volume, again, as the anxiety was at a manageable level. The later scenes, where the obsessive-compulsive thoughts were louder, found the dominant OCD overpower the other voices. This meant that it was all too easy, as the actor, to get lost in the more commanding voice and get lost in the cycles. It also often became an issue that I would 'deny' the volume of the OCD thoughts and give a surface-level performance of the condition, not allowing the thoughts and violent imagery to play out in my mind. Clearly, neither of these were beneficial and it became a primary block in rehearsal.

Often in these later scenes it became an exercise of allowing the OCD voice, and the various obsessions and compulsions, to overlay the text and become an ever-changing, but

similar, score of actions (both external and internal). To follow this analogy, it isn't that the 'song' changed in different performances, but the way I played the 'score' could diversify if playing the scene in the moment. I had the 'notes' of the OCD, the thoughts and the physical compulsions, but they could change dependent on the choices made live on stage. Therefore, the performance could differ each night, as could the OCD voice, even though it was the same set of 'notes'. To complete this almost Jazz-like analogy, as Ornette Coleman said, 'The hidden things, the subconscious that lies in the body lets you know: you feel this, you play this' (Coleman, 2014). In rehearsals, we could truly examine the thought processes, but in performance we had to be alive to the change and to the nuances of performance. This might have been something as simple as playing a 'beat' longer in a silence or holding eye-contact longer, but we both had to be open to the changes in atmosphere that might arise.

During these later confrontation scenes, the differences in performance came largely from these prolonged silences. This was due to the 'noise' in these moments as the OCD voice was dominant. I found, as my confidence grew, that the actor's voice became more subconscious as I grew more aware of the beats in the scene. Similarly, the OCD voice was always apparent. The *obsessive* thoughts were different (and yet definite to the scene – the potential harm to Claire if various mental and physical compulsions weren't completed) but flowed through how the scene was playing *at that moment*. Again, Kevin needed to touch a book during the 'Confrontation' scene and the timing of these touches would be different every night. From a rehearsal point of view, the *touch* had to happen but the catalyst could be different dependent on the live performance. Again, this was a psychophysical moment which saw the journey from the body to the mind.

Differences in Repetition

The use of silence in the play became a real focus in the final weeks of rehearsal, particularly the concept of 'standing still while not standing still'. These moments of internal energy find their through-line to Stanislavski's inner motive forces, 'the bits of inner life, suppositions, images, yearnings, actions' (Stanislavski, 2013, P.45).

Much of the work discussed in this case-study chapter builds on the psychophysical work previously discussed from simple object exercises through to the work of Michael Chekhov. We developed the ideas of the internal voices, and their physical representations, and used strategies to explore Kevin's anxieties throughout the play. The key, we found, was how the silences were never truly silent within his mind. Merlin's assertion, through Ananyev, that 'pauses are necessary for actors if we're really going to 'hear' the complex dialogue within ourselves' (Ananyev, cited in Merlin, 2001) became a truth in the piece as the characters spoke volumes about their relationship without uttering a word.

If I approached my performance as Kevin on only a surface level, with the actor's voice most dominant, then the physical compulsive acts would have no internal energy and no trigger point to complete the movement appropriately. The physical act *had* to come from the four voices (with differing volumes dependent on the level of anxiety at play). We also had to analyse the compulsive repetition which came from the inner cognitions. For instance, each tapping sequence on a wine glass, or press of the light switch, was instigated by a slightly different thought, usually with an increase of anxiety. On the surface level, they might well look the same but they come from a different catalyst each time.

The investigation into each sequence came initially from the text and the Given Circumstances of the scene. Here the various external and internal tensions could be discussed with how each 'bit' builds on the next. It was then necessary to target each physical compulsion as a reaction to this and as Howell identifies, 'difference is inscribed in repetition' (Howell,

1999). To this end, as is the case with those who have OCD, each physical compulsion is different. This might be a change in the instigating thought or the inevitable increase in anxiety as one tries to suppress the compulsion. Again, often with psychophysical work there is an assumption towards the logical, and yet OCD often follows no logical progression. The logical sequence of successive actions which is still taught and used in rehearsals today depends on the actor 'finding and fulfilling the logical consecutiveness of a character's physical actions…through natural, organic responses' (French & Bennett, 2016, P.547). With OCD though, there is often no consecutive thought but actor must still find a way to traverse these moments and we found that by focussing on externalising both the OCD voice and by physicalising all compulsions, that a greater understanding of Kevin's holistic processes could be found.

This became dramatically useful to me as I could plot the journey through the various scenes using the physical and discover how they impacted on the mind. It also meant that the OCD voice could often work alongside the actor's voice and not against it. Although this wasn't always the case, as we often found in the rehearsal room, it did mean that silences became filled and I could still perform the repetitive physical compulsions in the moment.

Each repetition was different to me, even if it is not immediately obvious to the audience. In rehearsal and performance, the role of voice, volume and the psychophysical representation of OCD stopped the work from simply being surface-level. I mined Kevin's psychology and as Deleuze says, 'the reproduction of the Same is not a motor of bodily movements. We know that even the simplest imitation involves a difference between inside and outside' (Deleuze, 2014).

It was these approaches to the work that became most useful in rehearsal both textually *and* sub-textually. As discussed, there is a complexity to concurrent voices playing at similar volumes as there is to be one voice being loudest – they bring their own performative problems.

Again, the role of silence on stage, and the often-illogical internal OCD voice, created the most resonance in the work as we found that Kevin is never standing still in silence, even when he is.

Case-Study Conclusion

One of the key issues with obsessive-compulsive disorder is the unwanted, unpalatable thoughts and images of, in the case of 'Just Checking', violence and harm. Whereas non-sufferers could entertain these images and push them to one side, the OCD sufferer cannot do this due to the 'doomsday fear' (Begley, 2017, P.35) that the image will actually happen unless they act upon a physical or mental compulsion.

Following on from Hitchcock and Bates, and latterly Roznowski, Kevin's thought processes can be formally categorised through ideas of 'multiplicity' and 'fragmentation' (Hitchcock & Bates, 1986, P.20). Essentially, the former term focuses on the notion that various voices live within the human mind, that 'people usually have an alternating set of behaviors triggered by various social roles and different social events…(and) these roles and behaviors accumulate into one unified self.' (Ribary, at al. 2017). Fragmentation, however, concerns 'a split or divide between the types of thinking within one person' (Roznowski, 2013, P.179). The former is an intertwining of voices and roles the individual undertakes whereas the latter concerns the fracturing of this relationship.

It was these developments in rehearsal and performance that became the key supporting discovery of my work and one which felt fresh in the development. The various voices, and their specific volumes, layered my performance as Kevin's level of functioning deteriorated. The multiplicity of the early scenes, with Kevin being self-aware of his OCD, and functioning at a reasonable level, was in distinct contrast to the fragmentation of the later scenes. This idea of volume and fracture was explored in the rehearsal room in various ways from saying a single path of a voice out loud, for instance, the OCD voice in the 'Confrontation' scene, to trying to say multiple voices out loud during the 'First Date' scene (IM *and* OCD). As Hitchcock and Bates say:

> ‘Such voices, even if sometimes in direct and fierce competition with one another, are considered to form a part of our normal everyday conscious. Our usual response is to favour one voice above the others. We regard the many other voices as incursions, and as threatening to our familiar sense of ourselves.’ (Hitchcock & Bates, 1986, P.20).

What was apparent was that, when emotionally stable, Kevin wasn’t threatened by multiple voices in ‘direct competition’ with one another. It was when one voice prevailed over the others that he lost his sense of self. The OCD reverts the traditional hierarchy and stable emotional state. Therefore, the traditional through-line from IM to psychophysical work doesn’t work because the OCD voice is irrational and works without traditional logic. It was through rehearsal and development of the concept of volume that we began to navigate the obstacles encountered through this extra voice. The externalisation of thoughts through etudes and rehearsal began to create a form of logic for the OCD but there had to be a fluidity in performance and this saw a development of a through-line of action, a roadmap, of Kevin’s voices and volumes.

A key element in this project that I discovered was that you couldn’t define the OCD psychophysical journey and make it concrete. There had to be a form of active analysis *within* the performance. This created many obstacles but, again, it was our development of the ‘volume’ of the various voices which began to support our rehearsal room discoveries. Here, as opposed to the first case study, we were using historical psychophysical theories to underpin more contemporary work *and* our own discoveries.

CHAPTER 3:

BIZARRE LOVE TRIANGLE

Bizarre Love Triangle – An Introduction

The final case study into the relationship between psychophysical performance practices and the representation of various forms of OCD will focus on an original solo verbatim play entitled *Bizarre Love Triangle*. Created in 2018 through Vivid Theatre, the piece was supported, both in research and promotion, by the national charity OCDAction. The play was created with a clear focus of being an educational piece played for students. To that end it was shorter than the others, with a runtime of 40 minutes, and was easily transportable. Also, the post-show discussions were a specific companion to the piece and were as much a part of the showing as the text. OCDAction Literature was available to extend the dialogue beyond the performance space and allow discussions to continue long after the piece had finished.

Bizarre Love Triangle was a piece of verbatim drama created from a series of interviews that were conducted between October and December 2017. There was a variety of contributors to the piece ranging from researchers, healthcare professionals and people living with OCD from around the country. Whereas the character diagnosis of the first piece was followed by a character written as having OCD in the second, the gestation of this solo piece allowed me to focus both on the self but also allowed previous research findings to filter into it, specifically moving onto that of the physical impacting on the psychological in both movement and stillness. I had been questioning both the impact on the psychological on the physical, and vice versa, but also in *Just Checking* the impact of voice and volume of performance. Here, I wanted to take these ideas and consider the cyclical nature of repetition in OCD both in the mind and in the body and how one impacts on the other. A working hypothesis for this final production was that the cyclical nature of repetition in OCD presents the most fundamental departure from the assumptions about psychological processes evident in psychophysical approaches to acting. The project was designed around the verbatim interviews we collected. There was also a

specificity in the lead character that meant his physical compulsions were intrinsic to his external life, as opposed to the outwardly unobservable Pure-O.

The creation of the character 'Steve' came from an interview playwright Jonny Bussell conducted with me in October 2017. As has been previously discussed, the capital 'I' in my research, the question of directly using my own experiences of OCD in the service of creative work, has shaped several ethical considerations. During this period of work and discovery, I also found further personal support and received treatment through both Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing Therapy (EMDR). This latter therapy is itself based on the use of repetitive physical movements to access memories. These experiences were used in the final piece but the interview was adapted so it was not pure verbatim, again so my experiences *informed* the final piece.

Although the intention for this final piece was always to be a solo performance, much discussion and research took place into what *form* it should take. This developmental process mutated from performance lecture to stand-up comedy through storytelling and finally to one that encompassed elements of all of these forms of solo address. The greatest influence to move it beyond a traditional solo show format, a lone individual soliloquising on stage, came in May 2017 when I watched a performance of Dickie Beau's *Re-Member Me* at the Birkbeck Centre for Contemporary Theatre. This solo play is a lip-synch *Hamlet* mix-tape which finds later focus on Ian Charleson's 'lost' 1989 National Theatre performance of the Dane. This piece, and a later interview I conducted with Beau in September 2017, gave real impetus and focus as we created the piece. Although the piece was to be performed solo, the emphasis on the body in the space would take precedent, as in Beau's piece. Through this, I could give precise focus to the psychophysical demands of repetition and stillness through a monologue that would be sculpted around these specific questions.

I worked with the same team (minus Andrew Berriman who was working on another project) as on *Just Checking* as our knowledge of OCD was already very detailed. Jonny Bussell worked on the text, behavioural scientist Professor Daniel Nettle was the director and John Kirkbride was again the multimedia director. We worked on the piece during 2018 before performances at the end of the year and a double performance in March 2019 at Northern Stage as part of Newcastle University's Brain Awareness Week. The final performance was followed by a Q&A with the artistic team and was described as 'a devastating recital…illuminating and humane' (Sinclair, 2019).

Bizarre Love Triangle focussed on the character of Steve as he tells the story of his relationship with OCD from childhood, through his university life and to the present day. Steve moved from traditional solo speech into stand-up comedy, a university lecture and also ensemble performance as three other voices, Mike, Anna and Rob, tell their stories too through multimedia projections. These three characters were made up of elements of the interviews that had been conducted through OCDAction. All of these individuals had given their signed consent that their interviews could be adapted and, as was the case, amalgamated with other people's experiences.

The all white, straight-lined, symmetrical set was a deliberate attempt to challenge the stereotypical idea that all obsessive-compulsives are obsessed with cleanliness and symmetry (although these symptoms are found in *some* of those with the condition). Steve's first act in this 'clean' space though is to empty a large box of vinyl records on the floor and begin to examine them. This immediately tarnished the perfect, clean area we had created. This white space was also important for the technical impetus as we projection-mapped faces and images onto white record sleeves placed around the set, and also onto shelves, boxes and picture frames.

Again, if the theatrical staging was there to challenge the initial reactions of what OCD actually is, then there was also a symbolic reference permeating through the whole piece. As I wanted to interrogate the role of repetition, cycles and stillness, then this would be reflected in the staging of the piece too. From the cycles in the writing (repetition of words and phrases), the performance (physical repetitions) and even down to the lack of house show music which was replaced by a recording of vinyl static on a loop. The very concept of a vinyl record, one that plays on a repetitive cycle, created a further symbol throughout the play. This was evident as Steve was an avid collector, another misinterpretation of obsessive-compulsives. Indeed, one can look at 'the popular image of record collectors as obsessive males' (Shuker, 2004, P.1) but this is different the obsessive-compulsive hoarder who has 'persistent difficulty discarding or parting with possessions…resulting in excessive clutter, distress and functional impairment' (Boerema, 2019, P.652).

This case study sought to further my examination of the relationship between thought processes in OCD and those assumed in psychophysical acting utilising both the practitioner theory work and my own discoveries in rehearsal and performance. Again, the primary aim was to consider what strategies would help me in the performance of OCD on stage and if the relationship between the psychophysical is specific to the OCD performance questions I was investigating. Here again I have developed this emphasis by both focussing on solo performance and by building on the discoveries from the first two pieces. Moving on from *Just Checking*, a key question was the role of repetition and its psychophysical representation in performance. I focussed on myself both as a lone performer on stage but also used (adapted) autobiographical elements. This meant I could highlight the role of the 'self' in performance but also explore the internal and external repetitions of OCD. Again, I wanted to advance the work and analyse how the psychophysical could support differences in repetition inherent in obsessive-compulsive disorder. Although some of these elements were explored in the first two

productions (direct address was found in soliloquy for Leontes and also in several solo speeches in *Just Checking*) here Steve openly talks to the audience. The text also opens up the investigation of 'monopolylogue' where 'one person plays several roles' (Dey, 2018, P.5). These roles ranged from an offensive Andrew Dice Clay-style American comedian to a University Lecturer who explicitly demonstrates the internal anxieties of OCD. Again, these points, similar to the projected voices, were there to create both theatrical interest beyond the solo monologue and also to create different elements for the audience to consider different viewpoints on OCD. This was all while keeping Steve as the central pivot point to the play. These different areas in the play would still allow me to investigate my key research questions, specifically through the Lecturer character. Each one of these would need psychophysical techniques implemented so the duality of body and mind could be further explored. Again, this could be a heightened, external examination through the Lecturer, or an analysis of a more internal form of repetitive psychophysical cycles in Steve. Again, I wanted to utilise the work from the first two case studies but now investigate these nuanced moments in vocal, psychological and physical repetitions which are prevalent in OCD and the impact of 'repetition on memory…in association with checking behaviour' (Radomsky, et al., 2014, P.30). With this being a piece about Steve recounting his past, I wanted to investigate how these memories, the psychological, would impact on his current physicality as the anxieties ebbed and waned.

The Relationship Between Cognition and Physical Embodiment

In a play increasingly about cycles and repetition, I found myself going back to the beginning of my research. We used the theories of Stanislavski as an entrance to the work, breaking down the text, considering the Given Circumstances of Steve and then mapping the psychophysical journey throughout the piece. From early on I had been told to consider my mental health in this research, and this was one of several reasons for beginning a course of CBT. This piece though presented new challenges as I would be recounting very personal moments from my life on stage. The textual support came from the fact that 'Steve' was a character. He had originated from an interview I had given but Bussell had adapted and changed the truly personal elements. This wasn't a carbon copy of myself on stage and it was this distance that allowed me to consider my life in *relation* to Steve's. In rehearsals, the memories he discusses were personal, and I could safely tap into my own experiences, but any obstacles were removed by the fact that this was a 'play'. I was on stage, with props and projections playing a man with experiences similar to my own. I could 'perform' and share the work as opposed to dropping into the 'indulgent' work Roznowski mentions.

The psychophysical work, the psychological obsessions impacting on the physical compulsions and the holistic journey this encompasses, were again close to my own but I could adapt them in performance to make them Steve's. This 'support' from the text removed any roadblocks I could potentially have. Obviously, it helped that this was the third project concerning OCD performance strategies so I had the safety of the previous work to consider and develop too. This link between mind and body, and the journey between the two as I performed physical cycles became a performance question I began to investigate further as the process continued.

As I have analysed through the case studies so far, a key experience was how the psychological elements of the character's OCD impacts on the physical choices, specifically,

the physical compulsions that come from a cyclical obsessional personality. The opposite has also proven to be true as the physical repetitions can help decrease the volume of the obsessional thoughts. I have also analysed the role that 'voice' plays in these physical decisions and that OCD can add another subconscious layer to the individual.

The first project saw my diagnosis of OCD as a means to determine Leontes' psychological reasoning. I examined the relationship between psychophysical techniques and the processes involved in portraying this diagnosis through a character impacted by infection OCD. *Just Checking* started with my own personal relationship with OCD as a starting point before moving into research and development, script drafting, and finally rehearsals and performance. Through rehearsal and performance, we examined the different voices which can impact on an individual, with the OCD voice being the new layer impacting on the psychophysical choices. This final piece had found me as the primary textual resource and, through some adaptation in speech and character, Steve became a variation of me - an individual battling with obsessive-compulsive disorder.

Adapting OCD Experiences for Solo Performance

The cycles of thought and physicality in my personal OCD finds a basis in 'protection' - that my thoughts concern terrible things happening to those that I love and the physical acts, no matter how nonsensical, will stop these incidents occurring. Also, physical acts can reduce the obsessional thoughts and reduce my anxieties. Even writing these previous sentences creates a sense of anxiety that I can feel in my body as images course through my mind. This again links back to the previous work on the obsessive-compulsive 'voice' and its volume during moments of both high and low anxiety instigating a physical compulsion or a supplementary reaction to a completed movement.

These forms of protective impulses are often commonly associated with perinatal obsessive-compulsive disorder. This is often, although not exclusively, found in 'as many as half of all new mothers (as they report) unwanted, intrusive thoughts of harming their infant on purpose' (Collardeau, et al., 2019). These thoughts often lead to compulsive behaviours such as 'staying up all night to check on their child's breathing…excessively cleaning to stop the spread of infection…or undertaking mental rituals such as reviewing events in the past, praying, or mentally repeating sentences and words' (Benfield, 2018, P.701).

My personal form of OCD is based on similar levels of protection but manifests itself physically in repetitive behaviours such as walking in and out of rooms, similarly described by Charles Walker MP as '(resembling) an extra from Riverdance as I bounce in and out of a room' (Walker, 2012). I also touch objects and check areas repeatedly and revisit locations to collect thoughts (as discussed in the previous chapter). These acts are repeated until I can get the thought 'right' in my mind, that I have completed the physical (or sometimes mental) act 'correctly' for the terrible thing not to happen. Again, I often have to complete the physical task to silence the OCD voice too.

Those with OCD believe that their thoughts have power. That 'they (invade) the mind from outside thanks to a malevolent puppeteer pulling the neuronal strings of your brain. They clash with your ideas of who you are and what you know to be true' (Begley, 2017, P.34). My variant, for OCD is specific to the individual and finds 'infinite forms of OCD' (OCD-UK, 2019), can focus on any little movement or behaviour, instigated from a thought, that I believe, in that moment, will have a physical consequence, and vice versa.

There is a central foundation in my OCD based on counting (completing the ritual a set number of times) and incompleteness (completing the ritual but it 'doesn't feel right' meaning I have to continue on to another designated 'safe' number). 'OCD sufferers are tormented by an inner sense of imperfection…INC (incompleteness)…is more prevalent in some symptom subtypes (e.g., symmetry, counting, repeating, slowness)' (Ecker & Gönner, 2008). My repetitive cycles can range from three to over one hundred times depending on the level of anxiety I am feeling at the time. So, whereas the repeating rituals can be 'motoric or mental' (Menzies & De Silva, 2003, P.215) there is a clear link to 'a counting ritual (as it) may be repeated a certain number of times…(and) if interrupted, an individual often feels compelled to start again…until the counting has been completed satisfactorily' (Menzies & De Silva, 2003, P.215). It is this physical embodiment that was explored in rehearsal based on the cognitions that came from either the traumatic or emotional events in Steve's life.

In relation to the personal exploration of Steve, this did mean that I would be performing my own physical compulsions on the stage. These physical movements would be adapted though and the psychological impetus would be different. The situation of performing in a theatrical environment would mean the Internal Monologue of the actor's voice would be different to me performing these rituals alone at home. The physical performance however would be similar or the same. I would be using my own OCD as a performance strategy through

the slightly adapted story of my own life and so the cognitions too were an adaptation of my own obsessions and compulsions.

Although each case study has examined various forms of OCD through differing texts and characters, the first two pieces often had moments of high anxiety for the characters where the INC could not be eradicated, meaning the anxiety levels continued to rise. In *Bizarre Love Triangle* we never really see Steve in a moment of high anxiety and so it became an exercise in exploring a more domestic level of OCD, one which most high-functioning obsessive-compulsives live with from day-to-day. None of this was to downplay Steve's condition. The speeches of his time at university were testament to this. From early drafts onwards though, we wanted to examine a level of OCD which has historically impacted on him but had now reached a level that was, although physically apparent, currently manageable and woven into the psychophysical fabric of his character. The repetitions and cycles performed were often linked to his memories, particularly the speech regarding his attempted suicide, but the anxieties, whilst high, aren't the *same* as the moments when he took the overdose. Again, as Steve focuses on his story, and taps in a repetitive fashion, it is a recreation of the moment in his mind and 'the abiding yet vexed affinities between performance and memory' (Roach, 1996, P.3). I found that the explorations into voice and volume were of great support in this solo work. It allowed me a confidence as the performer to develop these areas and be very specific when the OCD voice was prevalent. Moments such as the attempted suicide speech saw the IM's of sub-text and OCD battle. Discussing the New Order songs saw the volume change dramatically, even if touching the records saw minor physical compulsions. It was my confidence in this work and the specificity I could bring to the text which began to support the rehearsal findings.

The Relationship Between Internal Process and External Movement

As I performed the physical repetitions, I began to develop the psychophysical differences in the replicated movements. This was found in two key areas: implicitly as part of Steve's habitual routines (repetitive hand and foot movements to the songs as anxious memories are communicated) and then explicitly as the University Lecturer character (larger repetitive movements involving the whole body). As we rehearsed, there became an expressed psychological difference in each movement dependent on the levels of anxiety. It is in Gilles Deleuze's use of David Hume which can begin to pick apart these differences in these movements as, 'repetition changes nothing in the object repeated, but does change something in the mind which contemplates it' (1994, P.93). Deleuze's work also looks at the acts of repetition (and 'difference' which will be discussed later) and how his theories within both memory and the future impact on the individual. This returns us to Bella Merlin's work on feedback loops, as each loop is similar yet heightened through anxiety, even if each completed repetitive physical act looks externally the same to the audience. Therefore, the body mind journey can be explored using this feedback loop 'of psychophysical experiencing…and is concerned with the kinetic manner in which the body arouses imagination and emotion' (Harrison, 2019, P.80). Whereas Merlin's work in the first case study didn't always work as I was trying to find reasoning behind Leontes' actions, here the loops genuinely supported the performance. It was here that I found a realisation that many of the theories I have been practically investigating work better when supporting original work. Here you can tailor the rehearsal strategies to support the text and vice versa, which was Tom Cornford's overarching ambition in the studio. What we were finding both here and in *Just Checking* was that we needed to adapt these ideas and find a new psychophysical language when approaching OCD within these newly created texts.

Merlin cites Michael Chekhov with regards to the consideration of the repetitive dynamic, ‘repetition is actually the growing power’ (Chekhov, cited in Merlin, 2001, P.43). Repetition is central to modern acting theory and training, as the act of ‘rehearsing’ involves repetition of Bits, scenes and whole plays. The whole point of rehearsal is that each return to a Bit of action should be different even if the words are the same, even if the moves *appear* to be the same. Often, even if the actor feels they have performed the Bit ‘exactly’, this can’t actually be the case as the atmosphere has changed, the past is different and yet the heartbeat, the tempo, is continuous, if not always regular. As Merlin says, when discussing Knebel’s work, ‘each time a scene is re-read, and (an) improvisation discussed, deeper and deeper text analysis is applied’ (Merlin, 2019). This regular beat runs through the physical repetitions in Steve. Each physical move, such as a foot tap, appears the same and yet is informed by what has gone before and what could potentially come in the future. ‘The paradox of repetition lie(s) in the fact that one can speak of repetition only by the virtue of the change or difference that it introduces into the mind which contemplates it’ (Deleuze, 1994).

The use of repetition flowed through the whole piece, including in my psychophysical responses to the music. As Jäncke says, ‘music is closely associated with strong emotional feelings…music activates the entire limbic system, which is involved in the processing of emotions and in controlling memory’ (Jäncke, 2008, P.21). The use of New Order throughout the piece was both a catalyst for the autobiographical nature of the piece, but it also became a technical one. In music there is often a form of repetition ranging from the atypical verse/chorus structure to the layered sequences found in contemporary dance music. Artists such as Jean Michel Jarre, Giorgio Moroder and Kraftwerk have all experimented with this sequenced repetition, and in the early eighties, with the release of their 12-inch single ‘Blue Monday’, New Order joined this group of experimental musicians. This track finds a repetitive, heart-beat mimicking, bass drum running through the piece before an overlay of synth tracks and

lyrics. As music academic Peter Jowers says, '(the) focus within dance music has turned to rhythmic continuity (and) repetition…such music communicates directly with the body…and lets its life experiences flow into [an] ecstasy of perception' (Jowers, 1998, P.385).

Through rehearsal, I found that the cyclical nature of the chosen songs meant I could perform Steve's physical repetitions as they were underscored by the sequenced tracks. As 'each kind of repetition has different effects' (Chamberlain, 2000, P.91) I felt that either each compulsion satiated Steve, stopping a bad thing from happening, or exacerbated the anxieties as he remembered traumatic events. This meant often performing the compulsions in time with the song and these simple physical movements, such as tapping a foot, are ones that many people subconsciously complete when listening to music. Here though, the movements were loaded by the obsessions triggering the physicality. This was first seen during New Order's song *Age of Consent*. Here my rhymical tapping was instigated by the beat of the song but it was anxious memories of the past that instigated an extra finger tap between the beats. This did give an emotional clarity because the chosen songs all meant something to be me, and by default Steve, as they contained memories from when they were heard. This use of repetition, either through repeated memories or songs, found an impact in performance as 'the notion of psycho-physical involves the integration of body and psychology, with the nuances of imagination and emotion impacting significantly on that integration' (Merlin, 2007, P.47). It was in these moments, with Steve only listening to the music, that this marriage of soul, body and mind impacted most and the repetitive physical movements were internally different dependent on the memory the song invoked. The songs were generally played during the projected moments, with Steve being one of four voices discussing OCD. Other projections were often used such as the scan of my brain activity as I listened to the songs live. This combination of sequence, repetition and memory all helped move the songs away from a

narrative device and made them an intrinsic part of Steve's character. This compounded the idea that 'music can be perceived with other senses than hearing' (Jowers, 1999).

It was during these moments that Steve could get lost within the repetitions and allow specific thoughts and memories to enter his mind. Again, it was the work on voice and volume, and the specificity that the solo performance gave, that meant I could find a real psychophysical focus. The journey through this in rehearsal did still create roadblocks though as I would hit certain Bits, such as Steve's story of his overdose, and the split between myself and character wasn't always clearly defined. Again, the journey at this point from autobiography to character was still in development. It was through the later rehearsals though, where the overall narrative and performances of the different characters (the comedian, the lecturer, etc.) were found, that Steve became a true character to me. This came from my inner work, both emotionally allowing Steve's biography to resonate with me cerebrally, but also considering how the anxieties impact on his body *and* mind. This leads back to Stanislavski who explained that, 'the actor's external work on himself consists of the preparation of his bodily mechanism for the embodiment of his part and the exact presentation of its inner life' (Stanislavski, 1950, P.27). In rehearsals I found a way to 'create' the Steve character but also to distance himself from me. This came from the text, which was an 'adaptation' to the fact that I had already done the vulnerable work by discussing my life and OCD during the three projects. In a way, playing Steve was an endgame, a culmination of work which came from not only myself but the writer, director and multimedia director. Many of Steve's experiences were not mine and many instances came from other people or stories. The section where Steve confesses to trying various hobbies such as playing the violin and reading Russian Literature actually came from the playwright himself. It was these layered elements that allowed me to focus and keep the mind and body in a feedback loop with each other as I completed regular compulsions in connection to the catalytic obsessions. As Blair states, 'body and consciousness – or body, mind, and feelings – is a singular thing:

everything that comprises consciousness derives from our physical being' (Blair, 2008, P.2-3) and this drive between physical compulsions and cerebral obsessions found a cyclical foundation during various moments of anxiety. This was evident during the monologue about Steve's attempted suicide and the inner life became intrinsic as Steve was largely physically still during the second half apart from very slight movements in the hands.

Again, any actor might encounter a 'block' in rehearsal or performance, a moment where a certain instant or emotion might be one of uncertainty and fear. I have had many of these moments in my career but the similarity in story did provide some of these moments where I didn't connect with the text. What I discovered though was, through my honesty about OCD over the past five years, I felt ready to play such a role in as authentic a way as possible. Again, many of these blocks dissipated when we began running the piece, when the true nature of the multimedia and multi-rolling gave enough of a distance but as Dr Chris Hopwood says, 'being an actor who can identify roadblocks is an incredibly brave thing to do because you are willing to expose yourself emotionally' (Hopwood, cited in Roznowski, 2017, P.xiv).

Initial blocks therefore came earlier in rehearsals when deciding which elements of Steve's life, and intrusive thoughts, would be appropriate to examine. The OCD for both Steve and me was connected to protecting loved ones and anxieties were clearly connected to these discussions. At the start of the process, the emotional differentiation between the character and myself was not great but, by working with the director, breaking down the text and developing a character created a space between myself and Steve. There was still memory in my performance, a recollection of my own past, but there was both enough distance and enough adaptation to make the work separate from my own experiences. As Roznowski says, 'it is accepted that the actor must be the arbiter when exploring…emotion or the transference of a past situation to decide when it can be used with ease (will cause) personal distress' (Roznowski, 2017, P.7). To this end, my form of the condition became a template from which

to build and develop Steve's. For instance, even though the tapping rituals in performance were similar to my own, they felt completely different to my own personal compulsions.

This journey from self to character did mean that the previously discussed surface level of performance encountered in *Just Checking* was apparent in early rehearsals here too. There are various performers who have approached this form of autobiographical performance that I looked to though. Wendy Houston's perspective is that her solo work, when touching on the personal, is more 'about documentation' (Houston, cited in Dey, 2018, P.171). Mike Pearson, however, looks on this form of work as containing a 'very counter-productive narcissistic streak…as if telling your life story is of any interest to another group of people' (Pearson, cited in Dey, 2018, P.149).

As I rehearsed the psychophysical repetitions, I could safely allow intrusive thoughts to enter my mind because they were a variant of my own. I allowed the physical repetitions to be incredibly similar to my own through tapping, blinking, occasional facial tics and elements of Pure-O. It was the catalyst for these largely physical moments that contained a very different trigger. For instance, thinking of Steve's parents didn't make me picture my own parents. Moments like these are difficult enough in therapy and I was very definite that this play would not become 'performance therapy' and thus self-indulgent, as discussed by Pearson. What I found though is that the emotional time between the events and performance, and my current CBT sessions, meant that 'time and emotional distance (became) necessary for such reflective work' (Roznowski, 2017, P.7). Again, as Blair points out, 'emotions are basically biological responses' (Blair, 2006, P.176) and there must be an ethically sound structure to work such as this, particularly in semi-autobiographical psychophysical work.

The issue of 'self' in psychophysical performance was a more detailed debate in this piece because of the elements of my own autobiography within the words. The piece was designed for the audience to be engaged in these experiences. Firstly, from the perspective of

the story we wanted to tell, the realities of OCD. Also, Steve's monologues had to keep pulling the audience back into his reality after sections of projection, music or the 'other characters'. There had to be an element of belief in Steve's story for the audience and not a suspension of disbelief. We wanted the audience to both have an emotional investment in the piece but also an interest in the realities of living with OCD. They still had to believe the text even when the world of the play became unnatural. There was a logic, a chronological journey to Steve's speeches which followed a similar path to my own. I *understood* this journey. I also *understood* the psychological and physical choices Steve made both in the past but also in the moment of performance. As Merlin says in response to Mark Babych's rehearsal techniques, 'the basis of the character (of Josie in the play *Steaming*) was of course founded in my own personality…as actors, we only have our own bodies, emotions and voices…(we invite) the blossoming of our own personalities into new experiences' (Merlin, 2001, P.248). It is here where my sense of self became Steve's sense of self and this links to Knebel's assertion that, 'the talented person, who takes life in, does not copy life in art, but unfailingly forges it anew in the crucible of his or her own thoughts, feelings, sufferings, and dreams' (Knebel, 1976, 209-210).

Essentially, the difficulty I found may have been as simple as being the individual who instigated the project. I conducted interviews with other diagnosed obsessive-compulsives and was then interviewed about my own experiences. It was hard to see the difference between me as the obsessive-compulsive and Steve. When moving from text to the rehearsal room, I had to distance the character to experience his own psychophysical journey. 'Onstage everything must become truth in the actor's imaginary life' (Stanislavski, 2008, P.197) and this meant embracing the moments of multimedia, the multi-rolling and, essentially, the audience, as Steve recounts his life story. Again, as Merlin states, 'I realised that…(an) emphasis on psychophysical activity and the marriage of personality and character…in an essentially (and

necessarily) text-based environment was not only possible, but rewarding and possible' (Merlin, 2001, P.249).

It was through rehearsal and performance that I discovered an important link between OCD's repetitive cycles and their relation to the way psychophysical acting views cycles and repetitions. Again, 'repetition is the growing power' (Merlin, 2001, P.44) in psychophysical work and this can also link towards the repetitive movement in OCD and the increase in anxious thought patterns. Again, the move can look the same to an audience but it is loaded with a different energy. 'To repeat is to behave in a certain manner, but in relation to something unique or singular which has no…equivalent' (Deleuze, 2014, P.2) and it is this difference in the repetitions, loaded by the growing power of the movement, underscored by the mind and soul, which finds Steve's emotional state differ each time. This became the key as we broke down specific moments in the text and discussed the physical triggers and how it impacts on Steve, dependent on the moment and the memory.

Ritual, Repetition and Trauma: The Juxtaposition Between Hidden and Explicit Repetitions on the Stage

The reward system in obsessive-compulsive disorder, as discussed in the previous two case studies, is one of the elements in ritualistic behaviours where one feels 'rewarding effects following the reduction of obsession-induced anxiety' (Figee, et al., 2011, P.867). This creates a sense of relief and/or a reduction in anxiety due to the successfully completed physical or mental compulsion.

It was in performance that the investigation into how the ritualistic behaviours impacted on the body became more prevalent. There were two key moments in the text where these repetitions were investigated. Both examined two very different ways that OCD can impact on an individual. The first came in the 'Lecturer' section where there was an explicit demonstration of the mind affecting the body and vice versa. The second came in Steve's monologue where he detailed his attempted suicide while at university. Here there was a very domestic, almost hidden, approach to the compulsions as he recounts the story. This juxtaposed with the overt physicality of the Lecturer.

The Lecture

Very early on in the process, we wanted to explore forms of prepared improvisation as well as scripted dialogue. This would differentiate from timed, scripted moments like the projected characters and also allow me an area of performance not yet explored in my research. The University Lecturer came from a series of these improvisations where we began to develop both the character and the structure for the lecture itself. We wanted an explicit illustration for the audience of the anxieties, both physical and psychological, that OCD creates in the individual. In rehearsal, we realised that this was an opportunity for the performance to be immediate and physically unambiguous for the audience.

The primary emphasis of the Lecturer section was to externalise and explain the psychophysical relationship between obsessions and compulsions. The character explained every thought and movement to the 'student audience' and demonstrated the relationship between the intrusive thoughts and the coping behaviours. The previous case studies, here including the role of Steve, found a largely believable internalised representation of the condition. For example, though Leontes was allowed soliloquy to explain what was happening to him, the OCD I placed on his actions was a means to finding a rationale for his motives. In *Just Checking*, Kevin's obsessions and compulsions were again explained explicitly at key points but the scenes with Claire found a domestic tone. Again, Steve's story is one of truth with OCD underlaying his words. With this section, we wanted to find an almost shocking display of obsessive-compulsive behaviours.

This section began with the lecturer explaining to the 'students' that the lecture would be on OCD and his desire to expel myths about the condition. I then focussed on an individual standing at a bus-stop as a powerful, intrusive thought, the murder of his partner, violently creates the obsessive-compulsive cycle. To gain this explicit insight into the thought processes of the obsessive-compulsive, every movement was performed and every thought process verbalised for the audience. The inability to complete the compulsion correctly, meaning their partner would die, found the anxiety continuing to heighten, with the repetitions and images becoming more violent. The dialogue became more distressed and the physicality increasingly more pronounced. This continued until the movements successfully muted the obsession, all unbeknownst to the others at the 'bus stop' as it was explained to the audience that this was all an internal instance.

There was a sense of freedom to this approach as, by being explicit in word and action, by playing the repetitions and compulsions in such a way that was heightened for the audience, it explained the condition in a very different manner. It could be argued that there was less

subtlety to this section. Through rehearsal though it became very specific as to how the anxieties impacted on the character as they explained this private moment played out in public. The portrayal was literally performed front and centre as I didn't want the character, or the audience, to be able to hide, or deny, how these mental obsessions and compulsions can impact on an individual. The repeated movements were accompanied by repeated dialogue and this found an origin in the rehearsal techniques to *Just Checking*, voicing the obsessions, counting the compulsions and recounting the violent repercussions. I wanted the audience to visually focus on this externalisation as vocal and physical repetitions played out in real time before them. As Kartsaki says, 'repeated gestures and sequences…induce us to look again, to revisit our initial interpretation of the movement, and to involve ourselves deeply with the work on display' (Kartsaki, 2017).

Similar to the early rehearsals when approaching the character of Steve, I found the differentiation between the Lecturer's anxieties and my own difficult to navigate. This was perhaps due to the unstructured narrative as I improvised around the ideas. It was also in the heightened physical anxieties caused by the repetitions though. Through working with the director, we began to create more of a 'character' for the Lecturer, thus distancing himself from me. Again, this was a useful juxtaposition to the domestic reality of Steve as he sits in his room organising his records. As we continued, although I had experienced these anxieties myself as an obsessive-compulsive, a distance began to emerge. 'What was happening in these free improvisations was that character and actor were surreptitiously interweaving. In other words, 'although they were *my* tears…the *reasons* behind the tears were those of the character' (Merlin, 2001, P.143). Thus, although the anxieties felt personal, through revisiting this improvisational section, they became intrinsic to the situation the Lecturer was discussing. Also, as the text wasn't 'set' and could (and eventually did) change with every performance, it was important that I comprehended the psychological and physical journeys before leading to

the abrupt end of the lecture. As Knebel points out, 'beneath the text is where behaviour exists, the actions of human beings' (Knebel, cited in Thomas, 2016, P.55).

Again, the use of practitioner theory and thought felt more specific in this work as opposed to *A Winter's Tale.* This was largely due to this being a solo performance, no other actors to reply upon, but also in the specificity in rehearsal. Again, as it was often just me and the director in the studio, it meant we could use the improvisational exercise detailed above and really investigate the findings. The first case study often largely felt like a director wanting to direct like a specific practitioner. Here, we were using the practitioners as a jumping off point into other work. A similar journey was found in *Just Checking* as we used improvisation to explore the differences between the voices and their volume.

It was the development of a heightened externalisation of the physicality which proved most helpful though. As an actor in rehearsal, this was a useful exercise and is it highlighted the specific tensions Steve is feeling, even when this is internal. The Lecturer was deliberately physicalising the psychophysical cycles that the obsessive-compulsive feels and the feedback loops of performance because 'this is at the heart of…Active Analysis. Every action must come from what preceded it and lead to the next logical movement' (Merlin, 2001, P.40). Each repetition of movement came in response to the previous one but the anxiety increased in the Lecturer, both internally and, through movement *and* voice, externally. Here, the audience could see that each repetition of movement *was* becoming bigger as a simple tap of the finger became a slap of the hand which became a whole arm swing. Again, this physical representation of the internal tensions of OCD showed that the inner motive forces could be, for this passage of action, an externalisation of the inner-dialogue. This also allowed the Lecturer both to demonstrate 'how the changes in (the) body affect (the) inner feelings' (Merlin, 2001, P.47) but also juxtapose the reality of Steve's experiences with the journey from

'abstract to concrete gestures and words' (Merlin, 2001, P.70) that Chekhov developed through his work on Psychological Gestures.

The Monologue

Steve's later speech, in which he discusses how his obsessive-compulsive disorder began to take over his life at university, presented a very different challenge as we wanted to investigate the emotional resonances but this time through minimal movement. After various investigations into the physical representations of OCD and the psychological repercussions, there was to be a moment, after watching Steve play out various compulsions, largely through the music of New Order and organising his records, of quiet reflection.

Again, this speech was adapted from an interview with myself so these events happened to me, but the specific details were different. Also, in the rehearsal room, we decided to take the playwright's structure and improvise around the words. This meant many of the words were still used, it was a free improvisation like the lecture, but it allowed me freedom to emotionally investigate this moment almost afresh in each performance. It became a form of 'live' etude which meant that I could 'welcome sudden and unexpected reactions' (Carnicke, 2010, P.138) in myself. Although the textual structure remained similar, I could constantly rediscover the line of thought in the speech. Again, following on from the words of Bella Merlin, the reasons for the emotions were those of Steve, but I felt it through my body. This approach found a cycle in itself back to the rehearsals for *A Winter's Tale* where the director used Active Analysis as a means to develop the text. It was useful to investigate a previous rehearsal strategy in performance and it created a form of 'liberation' (Knebel, cited in Thomas, 2016, P121). In later rehearsals this removed the previously discussed psychological blocks that came from my own experiences and allowed me to experience the theory that 'speech is action, no less than gesture and movement' (Benedetti, 2013, P.87).

I was able to find distinct lines between myself and Steve at this point but was aware that this was a character. There was a natural repetitiveness in the original text and a clear chronological development through the events that I could navigate freely. Often the small finger rubbing movements were in response to the memories but often they were there to mute the memories and move on. 'Through intentional and technical use of our bodies, we can trigger an emotional response' (Harrison, 2019, P.77) and even though the volume of the memories might decrease through the physical gesture, they were still within him. This was an example of Steve not watching history to repeat itself, which could always be a worry to someone who has been in such a low psychological place. 'There is a memory of the body…through repetition…a habit develops' (Fuchs, 2012, P.10) and it was this repetition which sought to cyclically protect Steve. Here the psychophysical was an internal process as the words and the memories played out. Again, this could be very different in each performance but certain words might mean something different. Also, the repetition allowed me to focus on key moments and memories. By approaching this traumatic event in a very simply staged moment, it allowed a safe exploration of the events that impacted on Steve at this point in his life. As Suzanne Little explains:

> 'The success to which verbatim performance may accommodate the remains of traumatic experience and facilitate the witnessing would seem dependent on how practitioners approach the representation of testimony. The temptation may be to match the emotional tenor of the testimony and/or to re-create the original traumatizing event in order to stage an extended traumatic flashback.' (Little, 2015).

What I discovered is that through this speech, the worst thing I could do was try to *recreate* the emotions from that time and 'it (was) necessary to experience the role, (that) is to have the sensations of its feelings, every time and on every repetition of creativity' (Stanislavski, 1994, P.80). This was an individual who had been rehabilitated from the trauma of the attempted suicide and 'didn't want to be identified by it' (Bussell, 2018). Although there was some repetition found in movement, largely through hand movements, the repetition that was both in the original text, and my adaptation of it, allowing the anxiety to be explored. The repetition of key thoughts 'It had all become impossible' and 'Nothing else was important' became a mantra through the speech. This verbal repetition, sometimes connected to a slight physical movement, meant that the memories became more vivid. In a way, I had a duty to my own 'self' not to overplay this moment and through the semi-improvised repetitive structure I allowed the anxiety to develop without becoming externalised like the Lecturer character.

Again, I felt there had been many external moments of OCD throughout the three case studies and here, in a stripped back performance, it felt freeing to explore the physical and the psychological in such a minimalist way. The various theories explored, developed and fashioned throughout these case studies meant that I now had the confidence to relate the psychophysical to a story, simply shared with a silent audience.

Case-Study Conclusion

It was from the live active analysis, and development of volume in IM, that meant that this case study needed to explore the impact on the physical. Specifically, we needed to explore how difference and repetition could be discovered using the psychophysical techniques we were already cultivating from the previous project.

What was clear in this case study was that, again, earlier and more contemporary practitioner theories are always a good bedrock to the rehearsal work but we were developing our own vocabulary, built on the work from 'Just Checking'. We actively developed the impact on volume of voice but this time analysed how this would impact on the compulsions of Steve. Again, this was underpinned through medical research on anxieties. There also became an understanding, certainly building on the previous case studies, that often an honest depiction of OCD doesn't have to be always explicit. Many of Steve's traits were small psychophysical choices and it was his words, including repetition of key phrases, that became a key development, almost an externalisation of the Thought-Object Fusion theory discussed previously.

The juxtaposition between Steve and, for instance, the Lecturer, and the external/internal performance differences between them, allowed me to investigate both physical and verbal repetitions and explore a word, or a movement, that might appear the same externally but is loaded with a different catalyst, a different obsession or repetitive cycle.

The fact that both of these characters contained forms of improvisational active analysis meant that I could develop the repetitions in the moment and be freely impacted by them. '*Real* listening doesn't rely on the ear, but rather on the whole of the actor's body and psychology, and to engage in this all-consuming activity of real listening, the actor needs to be in a state of *constant inner improvisation*' (Merlin, 2001, P.28) and this perhaps became my guide as I navigated my way through this solo performance. I had to listen to my own body and

psychology as I traversed Steve's story via various other characters and voices. Steve's physical repetitions were different at various points in the play even if they looked similar externally. No two obsessive-compulsive disorders are the same and no two physical compulsions are the same became the catalyst from the brain, from the obsessions, is always different, always distinct.

CONCLUSION

Conclusion

This thesis began by considering the contemporary legacy of psychophysical acting and the appropriateness of these techniques when playing individuals with obsessive-compulsive disorder. I approached each of the case studies with specific questions in mind and allowed each project to build on the last. This not only meant the psychophysical work itself, but how relevant medical and psychiatric research can support this practical work.

The first case study saw me diagnose Leontes as an obsessive-compulsive so that I, as an actor, could find reason behind his actions. It was in the rehearsal room that saw the use of psychophysical theories. Here I found that the physical work of Stanislavski, Chekhov and Knebel was still relevant but when developing the psychological work, I found blocks that pertained to both my interpretation but also the insistence that *only* these practitioners would be explored. Stanislavski himself was continuing to develop his work and so to be in a rehearsal room where these theories could not be developed further felt at odds with the psychophysical ideal, particularly when seeing the advances secured by Merlin, et al.

It was due to this research though that the second case study had a more specific aim, to explore the psychophysical through Internal Monologue and how *this* would impact on the performance. It was here that a breakthrough was found by pushing the IM work further to consider the OCD voice and how it plays not only at odds with other voices and anxieties, but can also be completely at odds with the given circumstances of a scene. It was on this project that, by developing this work, and the difficulties it provided, that we created a roadmap for performing an individual with a mental health condition, here OCD.

An important extra development was found in the importance of 'volume' in these IM's. Dependent on the anxieties of the character, the IM's would play at different volumes at different moments and, again, through finding a through-line of action to these voices and volumes, we could navigate a text and really begin to underpin the subtextual elements within

an obsessive-compulsive. This project found a strong marriage between the practical work and the medical research largely due to the piece being newly written and developed with the specific research questions in mind.

Finally, this work transferred into the final piece where these discoveries on voice and volume fed into the specific physical work, the compulsions of a diagnosed individual. Here, the work on difference and repetition and the union with the IM's was intrinsic. Again, the journey of the thought process through to the compulsive physicality became a new discovery as specific, repeated movements could feel different and this is what the obsessive-compulsive feels. A change in tension, a rise in anxiety and a development of both the physiological and psychophysical. By marrying the work of the case studies and allowing a freedom to the performance, I could freely investigate the holistic process of the obsessive-compulsive.

The obstacles of the first case study were necessary for me to ask the specific questions in the next two. *How* can one accurately portray an individual with OCD? As mentioned in the introduction, it is a psychophysical condition and the actor must approach it as such. Psychophysical techniques are still relevant to this work but one must always advance them and through developing theories on IM and considering both the volume and the holistic psychophysical journey, this work has continued to move psychophysical performance forward with a specificity to OCD. This has sought to be a roadmap for myself as an actor to consider how one must fully understand the condition before embarking on the performance work and then continue to innovate and develop within the rehearsal room.

The relevance of this work not only underlies an actor approaching a character with OCD and the *need* for them to understand the IM difficulties, and the consideration of the holistic psychophysical cycle, but also the importance of approaching characters with mental health conditions. The role of performance is to innovate and communicate with an audience and if the actor can fully embrace the thoughts and movements of an individual with, in this

case, OCD, then the audience will find a communion and begin to understand the psychophysical obstacles diagnosed individuals encounter moment upon moment, day after day. The thoughts never stop, even in silence, and the body never stops, even in stillness.

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