

***Schizo-theatre: Guattari, Deleuze, performance and “madness”***

**LAURA CULL**

This short paper will be in two parts. The first part will give a broad outline of the ways in which the philosopher, Gilles Deleuze and the radical psychoanalyst Félix Guattari engage with what Angela Woods has called that ‘quintessentially twentieth-century psychopathology’: schizophrenia (Woods 2011a: 48), providing a very brief exposition of *their* concept of schizophrenia (as distinct from its conventional clinical definitions) before moving on to address some of the problems or concerns that their celebration of ‘the schizo’ as an emancipated and emancipating figure might be understood to raise. In the second part, I will explore some potential connections between these ideas and the area of theatre and performance, thinking in particular about the ethics and aesthetics of what we might name a ‘schizo-theatre’. Here, my own concern is less with explicit *representations of* schizophrenia, psychosis, madness or mental distress in theatre and performance. Rather, my research interests lie in the production of a Deleuzian account of theatre and performance that rethinks the nature of the performative event through largely non-representational concepts of affect, becoming, and encounter, exploring the relationship between Deleuze and Guattari’s concept of schizophrenia and performance, but also examining what relationship, if any, these might have to the wider field of mental health.

Before I begin, I would like to add that this paper represents a very new area of research for me which I am only just beginning to develop, the first stage of an

exploration into some highly complex and difficult terrain, albeit one that builds on my existing work on the implications of Deleuze’s thought for both the theorisation and practice of performance. One hundred years after its first appearance in print, the term ‘schizophrenia’ remains intensely contested; in fact Woods argues that it is ‘psychiatry’s most consistently and indeed most passionately contested diagnostic category’, with many scholars, clinicians and service users questioning whether the label of schizophrenia does anything but harm to those to whom it is applied (Woods 2011b: n.p.), whilst others construe identification with the label as strategically necessary in relation to continued battles for improvements to services, rights and benefits. Of course, I will not be able to do justice to these important debates here, but the vibrancy of current discourse concerning the validity of existing usages of schizophrenia seems a pertinent context in which to consider what both Deleuze and Guattari, and theatre and performance, might have to offer broader considerations of how we relate to the lived experiences of those who, either in their lifetime or posthumously, have spoken of themselves or more often, found themselves spoken of in terms of ‘schizophrenia’.

## **1. Deleuze and Guattari on schizophrenia**

To give a very brief outline of the philosophical context for Deleuze’s engagement with schizophrenia, we might suggest that Deleuze espouses a fundamentally immanent and processual worldview that insists that all apparent dualities (self/other, mind/body and so forth) are temporary sedimentations, organizations or decelerations of a more fundamental movement and fluidity. At base,

all actual living processes – including humans - express varying mixtures of life’s two ‘powers’ or tendencies: a chaotic tendency towards the greatest degrees of movement and differentiation, and an organizing tendency towards the production of relatively stable forms and identities.

For Deleuze, life just is this power to differ from itself, to change and create (including the paradoxical power to create forms that restrict change), and it is this creative power that constitutes the core value of his thought. In this context, Deleuze is critical of the notion of the subject (the Ego, the “I”) which is understood not only as a heightened degree of organization, but also as an oppression of the more creative but also chaotic and unpredictable tendencies which humans can express. Those whose ways of thinking and acting have been diagnosed as pathological often demonstrate these powers to a greater extent and hence are of philosophical interest to Deleuze, but also a cause of ethical and political concern insofar as their experiences have tended to be [mis]interpreted on the basis of a contrasting transcendent worldview based on the valuation of identity and fixed binary distinctions. Diagnostic labels like ‘schizophrenia’ can operate as top-down forms of organization, fixing and immobilizing the bodies they describe.

Importantly, Deleuze argues that this fundamental movement or power-to-differ does not belong to some other-worldly realm. As Todd May clarifies, ‘The difference that produces qualitative diversity – the different stable identities of conscious experience – lies within the sensible, within appearance, not outside of it’ (May 2003: 147). And my own account of Deleuze and Guattari’s understanding of schizophrenia would differ from Angela Woods’ otherwise excellent study on this

point: namely, I would argue that Deleuze’s commitment to immanence or monism, rather than dualism, precludes the possibility of his seeing schizophrenia as ‘sublime’ in the manner that Woods contends. The schizo does not differ from the Oedipal subject in kind, but degree; the disorganizing, decoding process that Deleuze and Guattari call ‘schizophrenia’ does not occupy a realm *beyond* this world rather it is *this* world at its most vital, this world’s power of differentiation enhanced to its greatest degree. As I understand it, much conventional clinical discourse will tend to describe psychotic symptoms such as hallucinations and delusions as ‘qualitatively different’ to so-called ‘normal’ experience, whereas anxiety and depression tend to be understood as only quantitatively different. Perhaps the real radicality of Deleuze and Guattari’s conception of psychosis is precisely their refusal of this distinction.

Broadly speaking, in *Anti-Oedipus*, Deleuze and Guattari use the term ‘schizophrenia’ to refer to a process that – like the characterisation of life that I have just attributed to Deleuze - contains within it, both organizing and disorganizing tendencies. They define schizophrenia as ‘the process of the production of desire’ or the unconscious, where desire is understood as a positive and creative force rather than as that which generates representations of lack. In interviews responding to the publication of *Anti-Oedipus*, Deleuze and Guattari emphasise their view that psychoanalysis has mis-read the “pure lived experience” of schizophrenics (but also children and ‘the primitive’) by insisting upon interpreting their acts as representational. In contrast, they argue that schizophrenic experience constitutes living in its purest form: as a particular, “intensive” form of feeling, an ‘almost unbearable... intense feeling of transition, states of pure, naked intensity stripped of all shape and form’ (Deleuze and Guattari 1984: 18). Schizophrenia, Deleuze argues,

‘is a shocking and very very acute experience, an involuntary experience, of intensity and the passing of intensities’, that is articulated, for example, when ‘a schizophrenic says: “I feel I’m becoming a woman”’ (Deleuze 2004: 238). These experiences tend to be described as either hallucinations or delirium, Deleuze and Guattari note; however, their own analysis conceives them as becomings: ‘intense nervous states’ through which the subject passes, but which cannot be said to belong to that subject. As they will go on to emphasise in *A Thousand Plateaus* too, becomings – such as Judge Schreber’s ‘becoming-woman’ – have nothing to do with imitation: ‘Nothing here is representative; rather, it is all life and lived experience: the actual, lived emotion of having breasts does not resemble breasts, it does not represent them’ (Deleuze and Guattari 1984: 19). Deleuze and Guattari argue that such becomings bring ‘the schizo as close as possible to matter, to a burning, living centre of matter’, to ‘that unbearable point where the mind touches matter and lives its every intensity’ (ibid.,19-20).

There are distinction to be made though, they argue, between this ‘schizoid process’, the joyful schizo and ‘the way schizophrenics are produced as clinical cases that need hospitalizing’. The latter is schizophrenia once it has been judged, top-down, by transcendent values and pre-determined concepts of what counts as ‘normal’ and ‘healthy’. In contrast, Deleuze and Guattari invoke the image of the joyful schizo: understood as someone who ‘Far from having lost who knows what contact with life’ is, in fact, ‘closest to the beating heart of reality, to an intense point identical with the production of the real’. Given such remarks, there can be no straightforward account of the relationship between Deleuze and Guattari’s use of the term schizophrenia, and either its clinical usage or the lived experience of symptoms

conventionally diagnosed as schizophrenic. On the one hand, Guattari had been working with patients diagnosed with schizophrenia and psychotic symptoms at the experimental psychiatric clinic, La Borde since it opened in 1953. Based on this experience, Guattari was convinced that ‘Psychosis can show its true face only in a collective life developed around it within appropriate institutions, a face that is certainly not one of strangeness or violence, as one all too often believes, but one of a different relation to the world’ (Guattari 2009: 176). On the other, many critics both at the time *Anti-Oedipus* was published and since, have argued that the book produces an naïvely idealized account of schizophrenia in which often highly distressing experiences are ignored in favour of elevating the figure of the schizo to that of metaphysically privileged visionary.

## **2. How might a schizo-theatre operate?**

Given this account of schizophrenia as an immanent process of disorganization and decoding we might begin by suggesting that a schizo-theatre, then, would be a theatre that tends more towards chaos than order, more towards movement than stasis. Schizo-theatre would be less a theatre that represents schizophrenia or ‘the schizo’ as Deleuze and Guattari define them, and more a ‘theatre of production’ akin to the factory of the unconscious – a mechanism whose ‘units of production’ are less interpretable phantasies and more creative and real connections between the different, or what Deleuze and Guattari also call ‘becomings’ (Deleuze and Guattari 1984: 24).

And there are existing models we might draw from to develop this idea, not least Artaud’s Theatre of Cruelty which Deleuze and Guattari reference in *Anti-Oedipus*:

The movement of the theatre of cruelty; for it is the only theatre of production, there where the flows cross the threshold of deterritorialization and produce the new land – not at all a hope, but a simple ‘finding’, a ‘finished design,’ where the person who escapes causes other escapes, and marks out the land while deterritorializing himself (ibid., 322).

This move away from a representational paradigm resonates with Deleuze and Guattari’s critique of the Freudian interpretation of cases such as that of Judge Schreber, which *Anti-Oedipus* argues, not settles for a reductively familial account of Schreber’s symptoms but neglects to attend to the lived reality of Schreber’s experiences of feeling as if he is becoming a woman: ‘Something is produced: the effects of a machine, not mere metaphors’ (ibid., 1-2). “Nothing here [i.e. in the case of Schreber] is representative; rather, it is all life and lived experience: the actual, lived emotion of having breasts does not resemble breasts, it does not represent them” (ibid.,19). For Deleuze and Guattari, Schreber’s felt reality is of the inclusive disjunction, or the logic of the ‘and... and’; Schreber is ‘A faceless and transpositional subject. Schreber is man *and* woman, parent *and* child, dead *and* alive’ (ibid., 85). In this sense, Schreber’s account of his experience presents us with reality that operates other than according to the logic of the binary opposition (either you’re this or you’re that) in ways that are deeply suggestive for theatrical experience too.

But we not need think that the schizo-theatre must necessarily be made by those like Artaud, who had lived experience of psychotic symptoms such as delusion. For instance, Deleuze also provides us with a potential vision of this disorganized and disorganizing theatre in his account of the work of the Italian actor and director, Carmelo Bene. In his essay ‘One Less Manifesto’ (1979), Deleuze argues that Bene performs a procedure akin to a surgical operation on Shakespearian drama, not only destabilising Shakespeare’s texts by removing their central characters – for instance – but also by dismantling the structures that conventionally organize what happens onstage and our perception of it – including plot, dialogue, continuity of character and so forth. Likewise, in Bene, costumes and props are so cumbersome that they produce new awkward movements; voices are detached from subjects, stuttering and stammering rather than speaking in the King’s English, whilst single phrases are repeated over and over again, differing each time in ways that expose the power to differ of spoken language. Every theatrical element eludes identification and recognition by entering into a process Deleuze calls ‘perpetual variation’ (Deleuze 1997).

In this sense it may be better or more accurate not to think in terms of what a schizo-theatre is or what it looks like, so much as in terms of what it does to those involved in it – both performers and audience, each of whom will occupy a different and specific position along the experiential continuum between the subject and the schizo. In this regard, Artaud’s own late allusion to the possibilities for theatrical acting of attending to ‘the compulsive and impulsive behaviour patterns of the mentally ill’ might be of particular interest (Schumacher 1989: 185). Written shortly



after his release from the psychiatric institution Rodez, Artaud’s text ‘Deranging the Actor’ (1948) envisages the development of a ‘methodically traumatized actor’ (ibid.) who did not imitate the movements of the ‘mad’ but created his own ‘hot-tempered and petulant gravitations’, undergoing the psychophysical experiments necessary to perform ‘a feverish activity of the limbs’ (Artaud in Schumacher 1989: 185). On one level, this may sound like a dubious or even dangerous proposition; University ethics committees would certainly have something to say about any experimental ‘deranging’ of students as part of their performer training.

But exploring ways in which gestures and behavior might be rendered unrecognizable, might be encountered through the body anew, need not be the traumatic experience Artaud suggests. For instance, in the 1970s works he called ‘Activities’, the American artist Allan Kaprow, invited volunteer participants to engage in a series of seemingly banal actions and interactions - blowing one’s nose, opening a door, or taking a pulse – but rendered as unrecognizable as possible through a variety of compositional strategies such as repetition, alterations of speed and the introduction of ‘feedback devices’ including mirrors, cameras and tape recorders which – Kaprow contends - produce ‘displacements of ordinary emphasis’ (Kaprow 2003: 198). For instance, in a piece called *Rates of Exchange* (1975), Kaprow approached the handshake as an example of a routine that could be forced to break down. As Jeff Kelley suggests, ‘If you slow down the motion of a handshake enough it becomes impossible to shake hands; some other exchange takes place’ (Kelley 2004: 195). What this experiment exposes is that the identity of the action ‘to shake hands’ only functions at a particular relation between speed and slowness; at another relation, the action becomes imperceptible as shaking hands, and becomes something

else which, in turn, can be experienced by the participants as some other kind of encounter. The embodied experience of the decelerated action leads us to question whether we really know what it is to shake a hand at all. What counts as ‘hand-shaking’ expands to include a whole spectrum of embodied actions of which its recognizable version is but a part.

So the question is: how to enhance the disorganizing tendency of performance in ways that are productive and creative rather than dangerous and destructive – a kind of breakthrough rather than breakdown. No doubt, any experiment to attempt to create a schizo-theatre would need to be undertaken with a great degree of care, but if successful, such experiments might expose what Deleuze calls ‘the continuity of variation’ (Deleuze 1997: 249): the power to differ from ourselves that we all have in common, a shared experience - albeit one that can differ hugely in degree and intensity – which, if embraced, might lead to greater levels of inclusion rather than segregation of ‘the schizo’ as an alternative way of living in the world.

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