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'It Blows My Mind': Intoxicated Performances by Ridiculusmus

Richard Talbot

[[Figures 1--2, facing page]].

Give Me Your Love (2017) by Ridiculusmus is, to some extent, a response to trials of MDMA assisted psychotherapy for chronic treatment resistant post-traumatic stress disorder (PTSD), and in particular to the prospect of these trials taking place in the UK in 2017. This article draws parallels between the phenomenology of medical trials and performance processes. It also examines the notion of an imaginative reciprocity between performers and audience during the performance, in a kind of 'trip', that is, the 'flow' conjured by the performance event.

First presented as part of the Sick! Festival, Manchester, and touring nationally, Give Me Your Love was made by David Woods and Jon Haynes, performers and artistic directors. The performance project involved examination, investigation and experimentation with MDMA (3,4-Methylenedioxymethamphetamine), the main ingredient of the street drug 'ecstasy', so dialogue with specialist scientific advisers has been an important aspect of conducting a safe and ethical research and development process. The company has worked in close collaboration with psychologists Peter Kinderman, Anne Cooke and Ben Sessa, the lead researcher of clinical trials beginning in 2017. These specialists have been involved both during the devising process and in forms of public engagement (such as post-show Q&As and videos on the company website) during the tour. Ridiculusmus has been allowed privileged access to documentation of clinical studies usually conducted in closed environments in order to protect participants. Scientific collaborators have also provided important contextual knowledge of PTSD, of the discourse around social intervention, and of the medical status and efficacy of MDMA. Thus, it may be argued that these experts have brought some clarity and authority to the work and to post-show discussions.

The play is also informed by the artistic directors' personal experiences of 'recreational' drugs (including alcohol), and of witnessing the effects of these on others. Haynes and Woods

recalled these experiences when responding to the question ‘What is it like when you take it?’, a question they have been asked by the public after performances and by their artistic collaborators. In a typically frank response they couple an awareness of the risks involved in taking some of these substances with the impossibility of thoroughly expressing the individual experience of a particular drug trip. The dramatic and often comical images of the play also highlight the drug-effect: a distortion of perception and empirical frames accounting for experience. Thus, they acknowledge inflated expectations and subsequent disappointments such as the absence of a physiological reaction, and the ‘placebo effect’ in which a fake treatment is believed to have a real effect. Perception and recall may become distorted with or without drugs, and the dramaturgy of Give Me Your Love taps into this.

It should be unsurprising, then, that the play is not an instrumental therapeutic tool for the audience or a form of representational acting out, a role-play on behalf of sources and collaborators. A polyphony of collaborators have informed the process. Professional acquaintances and social companions supply a hinterland of expressions, gestures, cultural notions and moralities that have been reanimated in the creative process. Symptomatic of this is the way that *Ridiculusmus* ‘calls up’ a cast of amateur experience seekers: friends from student days, people seen in online research and clients of clinical psychologists. Their experiments, stories and experiences have informed *Ridiculusmus*’s own devising but the experiences they refer to are so individualized that they cannot be relied on for a generalized representation, and for *Ridiculusmus* this is the make-believe condition of the theatre:

David: [H]ere we are in Give Me Your Love pretending to be intoxicated with MDMA. I’ve got no idea what that’s like, um, internally because I’ve never done it.

Jon: Hmm.

David: But I’m pretending based on those little clips from YouTube that I’ve seen of people dancing at raves. [Laughs] And reading about getting hot. And feeling that I’m just imagining everything.

Jon: Hmm.

David: And it might come across as total fake. But, I don’t think it is. I think it seems to

be working for people, but maybe that's just people who haven't done it.

Jon: Yeah. But, anyway, in the context of the play it can be that he [Zach, the character performed by David Woods] is kind of half faking it.

David: Yeah.

Jon: He doesn't know what to feel, so he kind of goes, 'Oh yeah, okay.' (Woods and Haynes 2017)

In other words, Zach 'goes with the flow'. The company has referred to the value of flow, or total immersion in the 'here and now', as a suspension somewhere between energized relaxation and concentration (Csíkszentmihályi 1996; Shroder 2015: 426). And here Woods and Haynes channelled their research, attempting to take their audiences on an experiential immersion or a 'trip' towards accessing traumatic memory. In the play, two veteran Welsh squaddies, one of them still under siege from PTSD, attempt a homemade version of the trials that they have missed out on. Michael and Annie Mithoefer's 2008--12 study was the first trial of MDMA as a treatment for PTSD (Mithoefer, Mithoefer, et al. 2011). The Mithoefers' MDMA therapy included extensive questionnaires, health screening and ethical framing, longitudinal monitoring and, if necessary, repeat dosages. They regulated dosages and checked the patient's own score of anxiety as she or he lay down with a mask on for periods of approximately four hours, with soothing music playing through ear buds. The Multidisciplinary Association for Psychedelic Studies (MAPS), which supported the trials, claims that 83.3 per cent of people who had taken MDMA no longer meet the descriptors for PTSD in the standard classification of mental disorders DSM-V, compared with 25 per cent of the placebo group (Shroder 2015 317--18; Sessa 2012: 162).

These trials are being reconstructed in Ben Sessa's work in Cardiff and Bristol. Volunteer subjects will enter a brain scanner while under the influence of small dosages of MDMA. An affective interplay between two therapists and the subject will facilitate a so-called 'curious regard' and reflection on traumatic triggers -- in the form of a script that is read out by therapists -- as well as on the images and sensations that arise and of the experience of being under the empathogen. This new approach is considered a necessary alternative because Behavioural

Standard treatments based on Behavioural Psychotherapy exposure and Freudian analysis have been too blunt to resolve PTSD, according to Sessa (Sessa, Woods and Haynes 2017). In Sessa's general clinical work, which includes PTSD arising from childhood abuse, approximately half of those who seek therapy are already too well defended by self-medication, physical self-therapies, avoidance tactics and so on to benefit from standard chemical therapies such as Serotonin Reuptake Inhibitors (SSRI) or talking therapies such as Cognitive Behavioural Therapy (CBT). Chemical intervention with MDMA plus the form of affective interplay introduced by Mithoefer may therefore be of value. For Kinderman, however, while MDMA treatment may be novel and controversial, ultimately it may be no more effective than all the talking therapies mentioned above, including peer-to-peer support. (Kinderman, Woods and Haynes 2017)

The fear response associated with panic attacks is triggered when unprocessed information, or traumatic memory, is released from the hippocampus. Sufferers of PTSD live with repressed memories and inexplicable panic like a 'poorly kept secret hidden in the brain's basement' (Shroder 2015: 308). Exposure in behavioural psychotherapy may reveal counterproductive behaviours arising from panic and seeks appropriate strategies to manage them, but MDMA suppresses the protective mechanism of the amygdala that generates the 'fight or flight' experience of panic in the first place. Under the safe clinical conditions promoted by Mithoefer and the feelings of comfort and security almost always attendant on taking MDMA 'trips', memory and feelings can be reassessed by the client and the response to them reconfigured without experiencing distressing confrontation and fear.

Ridiculusmus has collaborated with clinical psychologists not only because funding is available for interdisciplinary study that will improve public engagement with and understanding of biomedical research, but also because this continues an investigation of mental illness and creativity that pervades their work. Mental health and representations of the extremes of human behaviour are threaded through such works as Yes Yes Yes (1994), a lecture on madness by eccentric gurus, or Tough Time Nice Time (2008), in which two tourists wallow in a spa bath trying to outdo one another with extravagant but apocryphal tales. The first piece in the trilogy The Eradication of Schizophrenia in Western Lapland (2015) aimed to destigmatize and normalize psychosis and was inspired by a radical approach to the treatment of psychosis called

'Open Dialogue'.¹ Ridiculusmus travelled to the region to study this radical new therapy as the starting point of their own creative journey. Open Dialogue therapists encourage collective reflexivity and tolerance of uncertainty, creativity tout court, in order to push through stereotypes and reframe the experience of a psychotic crisis for all agents involved (Seikkula and Arnkil 2015; Ridiculusmus 2017a).

[[Figures 3--4]]

So accounts of trauma, the artists' personal psychedelic experience and revelations experienced in therapy are thoroughly interwoven and reconstructed in Ridiculusmus's creative writing and devising process. However, the company is resistant to 'infotainment', an undramatic transfer of factual information, as a form of thinly disguised scientific impact and engagement. This is not a neat verbatim and these texts are meticulously reprocessed. Michael Mithoefer's account of the Charleston MDMA therapy trials, some of which is available via the MAPS website (www.maps.org), is cited but creatively muddled in Give Me Your Love with nuggets of second-hand information swallowed wholesale by a squaddie who has seen something on a CNN news programme.

In part due to popular misconception of ecstasy as a deadly club drug, MDMA trials have been slow to receive established approval and funding. MDMA is so widely available that 75,000 doses of ecstasy are consumed every weekend in the UK according to Sessa (Sessa et al. 2017). Inevitably, Ridiculusmus has had to be judicious in representing this cocktail of naïvety and illegal consumption in the fictional world of a stage play. Procuring, smoking, baking, snorting and late night cavorting share with the frontline, as a zone beyond the diurnal experience of everyday civilians, a mystery that is both sinister and mythologized. Haynes and Woods undercut this with a comedy of failure inspired by their own encounters with self-appointed 'outlaws' and with contraband:

¹ Open Dialogue UK (2015) <http://opendialogueapproach.co.uk/>, accessed 3 April 2017.

Jon: I probably told you this ... we were sitting around at a party: me and a couple of other people. And this guy said, 'Oh yeah. We've been a bit naughty, me and my girlfriend.' And then produces heroin.

David: Yeah.

Jon: And said, 'Oh, should we?' So we all took it.

David: In what form though?

Jon: Smoked. 'Smoked the Dragon', as they call it. It was the first time I'd tried it.

David: There was a little bit of tin foil.

Jon: Yeah. Yeah.

David: Yeah.

Jon: So we all, we all had it and then someone said, 'Oh yeah. God. Yeah. I can really, I can really get into this.'

David: Yeah.

Jon: And I was thinking 'I don't feel anything at all. Absolutely nothing.' [Laughs]

David: [Laughs]

Jon: I can't remember whether I pretended like I did or I just didn't say; I don't think I said anything. (Woods and Haynes 2017)

In Give Me Your Love the procurement of illegal chemicals may be rendered acceptable through an awareness of the limited provision of local authority care for PTSD, expressed through the comedy of convoluted obstacles that the duo must navigate in order to pass the pill from one to the other. The set is a conventional box set of a flat, the paranoid world of Zach. There are two entrances: one a chain-locked front door through which his friend's arm tries to reach out to him; the other a room off, from which his wife whispers distant encouragement. Within this space Zach is hiding inside a huge cardboard box, an existential figure nesting within the larger cube of the set:

Welcome to the world of war veteran Zach. As the last man standing, Zach has retreated into a tiny dugout under a barrage of hostile fire. His enemies are cunning, using every trick in the book to mess with his mind. Even the landscape is weird: it's a cardboard box, in Zach's kitchen, in Port Talbot. His wife whispers, kindly, that it's safe to come out. But is it a trap? For if the real enemy is Zach himself then who will win if he loses? (Ridiculusmus 2017b)

In the box it is possible to discern eyeholes, beams of light emanate from a mobile phone. It is a face with a fixed expression; it is a tank wheeling crazily around the space. Zach is at the end of his tether, apparently. As the pill in an envelope inches along a jerry-built and squeaky pulley system from the door to Zach's box, there is a sense of childhood play, ingenuity and desperation. But it is not exactly clear whether he takes the drug or whether his euphoria and subsequent downer are self-induced. Similarly, the gruesome scenes he claims to have witnessed during his service are potential fabrications, as Woods relates:

we are trying to create a blank space in this hellish toilet of the set.... We want you to be restless and a bit uneasy and to activate yourself in the world and to take a bit of responsibility if you see someone who is suffering from mental illness. (Kinderman et al. 2017)

Comparing the psychedelic experience to the process of creativity, Sessa has identified some shared qualities, reflecting that both are inclined towards 'a general increase in complexity and openness, such that the usual ego-bound restraints that allow humans to accept given pre-conceived ideas about themselves and the world around them are necessarily challenged' (Sessa 2012: 118). The creative process in this and other Ridiculusmus productions has pitched the artists' private and personal experiences into the multitude of associations and opinions held by the ensemble of collaborators, during improvisation and devising. But a sense of stuckness while watching other actors representing family stories of mental illness, and a sense of frustration at

listening to generalized speculation in company discussions, led Woods and Haynes to turn to their own experiences.

Client groups such as those helped by Mind UK or those working with Salford University have come to watch and offer feedback on the work in the past; however, these groups are aware that they are watching a theatrical presentation and a 'work-in-progress'. For Woods the response is too often 'disengaged' and not sufficient 'material' (Woods and Haynes 2017). For The Eradication of Schizophrenia in Western Lapland they decided that they had to draw more openly on their own experience of psychosis in their own families.

[[Figures 5--6]]

Recalling the devising of The Eradication of Schizophrenia in Western Lapland, Woods remembers being in a rehearsal space and experiencing the 'increasing complexity and openness' that Sessa (2017) refers to:

at the window as my Dad just revisiting one of his many, many anxiety attacks and I was totally lost in it and loving doing it. It was hugely therapeutic and I thought it was entertaining. I felt it was holding the tension in the room and all that sort of stuff and it was only because I'd experienced that many times that I was able to do it.

Furthermore, Woods says he is still processing his response to sharing this personal extract of work-in-progress with 300 psychologists at an Open Dialogue conference in Hämeenlinna, Finland. He is still absorbing what he says felt like 'huge waves of love emanating around the room' (Woods 2015: 138). This may sound like therapy for the artists but it can be understood as a form of intoxication parallel to the liberation experienced with psychedelics. To what extent, then, is intoxication a required condition of the imaginative act?

David: What about MDMA? You know, your experience of taking that compared to performing it?

Jon: Well, I haven't performed it really, have I?
David: Well, you've done The Box.
Jon: Oh, yeah, yeah, that's true. Well, you know I wasn't drawing on my experience at all really.
David: Yeah. It's a different thing.
Jon: I just wasn't even thinking about that.
David: It's a purely imaginative act. (Woods and Haynes 2017)

Woods has proposed that meaningful improvisation requires a balance between precise reference to real figures in memory and fluent immersion in play. We are immersed 'in the realm of the imagination -- that's our trip', says Haynes (Woods and Haynes 2017).

In their conversation, Haynes mentions the opiate-induced work of Romantic poets as a comparison to contemporary theatre makers drawing inspiration from drug trips:

David: I'm snobbish about that....
Jon: Creating on drugs you mean?
David: Yeah. I don't know if it's cheating or it's just sort of shoddy work to my mind because you'd really not be in command of your creative senses. You know?
Jon: Mm-hmm [affirmative].
David: And also you'd think what you're doing was brilliant.
Jon: Mm-hmm [affirmative].
David: But it's probably shit because you're having this amazing internal experience.
Jon: Yeah. But if you think about it, maybe it's no different than, you know, Coleridge, or Thomas De Quincey.
David: Yeah.
Jon: All those people. I mean, maybe it depends on the individual, but a lot of them, in that period, a lot of them are off their faces.
David: Yeah.
Jon: Wordsworth.

David: Shelley.

Jon: Shelley. Yeah. All these people. (Woods and Haynes 2017)

Even while on tour Ridiculusmus is continually crafting the production and rewriting the text. Here the direct reference to MDMA research within the text is the basis for an important clarification:

David: ... I don't think it's really like an intoxicant in that way. It's, it's more like a stimulant.

Jon: You don't feel, 'Oh god, I'm off my face'.

David: Yeah. Yeah.

Jon: It's kind of...

David: 'Weird things are happening.'

Jon: And certainly if you've taken it in the therapeutic context it stimulates the frontal cortex. You feel, you feel sharper somehow. (Woods and Haynes 2017)

For Ridiculusmus, access to the sublime is not a question of genius or altered states. The biomechanics and technique of performing require control, even though the outward appearance may be one of being out of control. This is implied in Woods' joke about the physical comedy of acting drunk -- that it takes a lifetime of 'practice':

Coming from that kind of Methodist background that we have, I'm still trying to think, 'I'm completely pissed and I'm trying to be sober.' That's all going on at the same time as doing the craft of exactly the same moves every single night. And now I joke with people after: they go, 'How'd you do that?'; I say, 'Oh, it's years of research.'¹ As if I've been drunk for years in order to get that performance right. But actually it's not true at all. It's me observing drunk people in real life. (Woods and Haynes 2017)

The videos of clinical treatment by MDMA do not show people raving energetically and inexhaustibly. Rather they are mostly immobile, resting on a bed. The experience is 'unrecognizable ... invisible almost' (Woods and Haynes 2017). The play does allude to rave culture, hyperactivity and frenzy and to post-traumatic physicality. For example '*a hardcore rave track drops in*' (Woods and Haynes 2016: 23) and a figure in underwear moves across the space the gait and gestures referencing First World War footage of soldiers with 'shell shock', but such moments are brief. In this instance the return to everyday reality is abrupt '*the sound of a door buzzer stops the music*'. This contrast between fantasy and reality is implicit in the set design. Give Me Your Love is set in a grubby and neglected flat, the colour of mud. The utilities have been ripped out. Sessa said he imagined that Zach was in fact watching rugby with a beer in hand on a comfortable sofa (Sessa et al. 2017), while what the audience witness is merely the hellish world inside his head.

Towards the end of the performance, Zach, still hiding his head in the large cardboard box, bangs it repeatedly on the wall of the set and repeats 'Give me your love! Give me your love! Give me your love!' At the simplest level, this is a desperate cry for help from a person in pain, but as the set wall wobbles, the audience may be reminded of the larger box of the theatre as a constructed space within which a fragile contact and understanding with the audience potentially emerges.

[[Figures 7--8]]

During the performance of Give Me Your Love at the Lowry Studio Theatre Salford in March 2017, the actors were disturbed by noisy audience members walking in and out of the auditorium. The presence of a combative and mildly intoxicated group of people was also felt in the post-show Q&A. Apparently, for these members of the audience, a more pressing concern than the upcoming treatment of people with PTSD was how to get hold legally of 'pure' MDMA. Disruptive audiences are not unusual but, conventionally, the stage illusion is a world of its own, normally not breached by performers or audience. The investment of actors who are able to remain in role regardless of distractions is, traditionally, to be admired. Fittingly, for a show

about two squaddies, Haynes and Woods ‘soldiered on’, but their confession later that the noise had been distracting enough to break their fluency reveals more than a conventional interest in make-believe:

David: Well we talked about this before -- this thing of getting into the ‘flow’. And acting is ‘flow’. If you -- if you can lose yourself in it, you’ll be good.

Jon: Well, not just the acting, the creating as well. (Woods and Haynes 2017)

Audience investment is a necessary element, akin to the attention required between a clinical psychotherapist and a patient in therapy: a dyadic and mutual concentration and immersion as *Ridiculusmus* imply in their conversation here, a reciprocal act of imaginative flow.

To this extent the environment of the clinical trials can be understood as a theatrical space. For Sessa, the clinical trials are an attempt at ‘opening the shutters long enough to do a little bit of work and closing them again not so tightly’ (Sessa et al. 2017). For Kinderman, who has contributed to research for the next *Ridiculusmus* production, about complicated and inconsolable bereavement -- ‘Grief’ (working title) -- the veracity of this non-literal work is that it eschews the tendency of naturalistic TV drama to create individual characters that are a composite of ‘every symptom and every cause of a mental illness’ (Kinderman et al. 2017). The theatre remains a privileged poetic and experiential arena in that sense, available to more subtle portrayals of the conditions and symptoms of mental illness.

Altered chemical states share with relational theatrical performances an offering or glimpse at associative meaning and Sessa’s image of ‘opening the shutters’ is a fitting metaphor for the liminoid hour of Give Me Your Love. Haynes and Woods also identify transitional and liminal states of consciousness that may be conducive for devising, writing or performing:

Jon: Yeah. I remember I said, was it just yesterday? I think. I said when I’m jet lagged, it [the quality of devising] can be good.

David: That, to me, is like an extended version of this little semi-conscious moment or small short period just when you are waking up in the morning.

Jon: Hmm. Mm-hmm [affirmative].

David: And also going down at night. There's this little period where ... if you've been thinking about a particular problem often a solution comes up in that semi-conscious state. And it's very difficult to grab it. You know? To wake up from it and write it down. (Woods and Haynes 2017)

The collaboration between scientific, artistic and 'amateur' collaborators has led to a rich interaction between different modes of experiential praxis. The company wants to avoid creating work that is patronizing or didactic. Rather, Give Me Your Love is an imperative that calls the audience to share with the performers a moment of proximity, heightened awareness and suspension in the here and now (Shroder 2015: 426) in which understanding may be tantalizingly close. This moment may be experienced throughout the range of the company's work, whether explicitly comical or led by more 'serious' concerns such as PTSD. Indeed, their particular compound of the comic and serious may activate a form of psychosocial interaction that leads to a more general social recovery.

Note

1 Woods is referring to his performance in A Flea in Her Ear (2016) with Sydney Theatre Company.

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Captions

Figures 1--2. Ridiculusmus, Give Me Your Love (2017), stills from performance. Photos: courtesy of the artists.

Figures 3--4. Ridiculusmus, The Eradication of Schizophrenia in Western Lapland (2015), stills from performance. Photos: courtesy of the artists.

Figures 5--6. Ridiculusmus, The Eradication of Schizophrenia in Western Lapland (2015), stills from performance. Photos: courtesy of the artists.

Figures 7--8. Ridiculusmus, Give Me Your Love (2017), stills from performance. Photos: courtesy of the artists.