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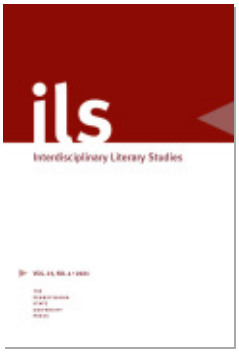

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ABSTRACT

What a survey of contemporary British drama reveals is a plethora of plays concerned not only with psychological and medical issues, but with precarious individuals, whose symptomatic condition is presented in terms of schizophrenia or schizoid states. Duncan Macmillan's People, Places and Things *(2015) can be considered as a distinctive play in this trend, where not only a rehabilitation center features as its setting, but its main character is afflicted with a complex cluster of symptoms: a schizoid personality, addiction, melancholic loss, and Oedipal tension with parents. Taking* People, Places and Things *as its focal point, and situating its arguments in the context of "Therapy Culture" (Furedi), this article demonstrates that what distinguishes Macmillan's approach is his deconstructive understanding of the aporias besetting three chief spheres of human action, cognition, and affection: the epistemological, ontological and moral position of (1) his own art/work and its methods/techniques, (2) the (psycho-)therapeutic disciplines and institutes, (3) contemporary social-cultural discourse and political hegemony. Scrutinizing Macmillan's treatment of the foregoing triad, it will be argued*

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how his method can be characterized in two terms: symptomatic-symptomatological and critical-clinical.

KEYWORDS: *therapy culture, critical-clinical, symptomatic-symptomatological, Duncan Macmillan, performance, performativity*

> "literature is like schizophrenia: a process and not a goal, a production and not an expression." (Deleuze and Guattari 2000, 144)
>
> "A culture becomes therapeutic when this form of thinking expands from informing the relationship between the individual and therapist to shaping public perceptions about a variety of issues. At that point it ceases to be a clinical technique and becomes an instrument for the management of subjectivity." (Furedi 2004, 22)

INTRODUCTION

"I'm not being dramatic. That's such a cunty thing to say." (Macmillan 2016, 344) Thus speaks Emma—the schizoid protagonist of Duncan Macmillan's 2015 play *People, Places and Things* who is a young actress and drug addict—to her mother. The above words on performance (and/or drama) as a trope for social-moral behaviour uttered by an actress capture only a smidgen of the complexities surrounding the double-edged status of such pivotal issues as performance, mental health and the blurred boundaries between presence and representation, truth and simulacrum, individuality as essence and individuality as a script, and, finally, ethical sincerity and seduction permeating the play. Performance, as will be demonstrated below, proves an overdetermined trope and phenomenon variously used in social, dramatic and therapeutic settings in *People, Places and Things*. As the play proceeds, Emma's words prove reverberatingly ironic considering that she transpires as an always-already dramatic (self-dramatizing) subject inhabiting a social-economic order where the "performance principle" (see below) is one of its discursive norms and organizing ontological principles pervading both public and private spheres. Macmillan accentuates "performance," as a normative-evaluative principle, and "precarity," as the dominant mode of being, as determinants of the contemporary subject's self-conception, economy of desire and relationship with his/her own selfhood and with others. In taking the individual's psychological problems (and schizophrenia, in

particular) beyond a merely Oedipal-familial economy and treating them as always already socio-politically determined conditions, Macmillan's play features as a major contribution to an already existing trend in British drama.

What a sweeping survey of contemporary British drama, particularly since 1990s, reveals is a striking plethora of plays explicitly concerned not only with psychological and medical issues, but with acutely precarious individuals, in terms of their psychosomatic, social, existential, and biopolitical states. Mental asylums, rehabilitation centers, psychiatric or medical clinics, and hospitals have become recurrent settings of a considerable number of contemporary British plays.[1] Equally conspicuous in the field of contemporary drama has been a surge of attention to psychological, psychosomatic, bioethical, and biomedical issues, including dementia, cloning and epigenetics, bio-ethics, interpersonal relationships both as the source of trauma and of healing trauma, politics of emotion, melancholia, hysteria, suicide, autism spectrum, paranoia, PTSD, ADD, obesity, diabetes, melancholia/depression, and, finally, the origin of morality and philanthropy. The most emblematic examples in this regard are: Victoria Hardie's *Sleeping Nightie* (1989), Sarah Daniels's *Beside Herself* (1990), Anthony Neilson's *Normal* (1991), Anna Furse's *Augustine (Big Hysteria)* (1991), Kim Morrissey's *Dora: A Case of Hysteria* (1993), Terry Johnson's *Hysteria* (1993), Phyllis Nagy's *Butterfly Kiss* (1994), Claire Dowie's *Easy Access (for the Boys)* (1998), Sarah Kane's *Cleansed* (1998) and *Psychosis 4:48* (2000), David Auburn's *Proof* (2000), Caryl Churchill's *A Number* (2002), Simon Stephens's *Pornography* (2008), Ella Hickson's *Precious Little Talent* (2009), Duncan Macmillan's *Lungs* (2011) and numerous plays by Howard Barker and Marina Carr. This has been paralleled by art practices and performances that intend to consciously bridge the alleged gaps between the disciplines of biomedicine, psychotherapy/psychiatry, and the humanities.

Noteworthy is the pervasive choice of one specific yet liminal psychopathology to depict the acuity of the condition of the contemporary individual subject: schizophrenia—elsewhere described as "the sublime object of psychiatry" (Woods 2011). Psychopathologies such as schizophrenia are often explored by playwrights in relation to the individual and also extend to include an attempt to expose the socio-cultural discursive, social, and moral extremes and limits of a historical period. The most prominent instances of the plays in which the question of schizophrenia features prominently, in terms of the aesthetic-ethic symbolism, thematics, and psychodynamics pervading the play, are Peter Barnes's *The Ruling Class* (1968),

Caryl Churchill's *The Hospital at the Time of the Revolution* (1972), *Schreber's Nervous Illness* (1972) and *Skriker* (1994), Brian Friel's *Translations* (1980), Sarah Daniels's *Head-Rot Holiday* (1992), Joe Penhall's *Some Voices* (1994) and *Blue/Orange* (2000), Sarah Kane's *4:48 Psychosis* (1999), Anthony Neilson's *The Wonderful World of Dissocia* (2002), and Conor McPherson's *Shining City* (2004). Indeed, one common thread running through contemporary plays engaging with mental illness is the attention to schizophrenia both as a clinical condition in its own right and as a space for the expression of a personal or social crisis. Schizophrenia, as such, can be argued to have been deployed as a paradigmatic condition by means of which not only the historically ideologically conditioned limits of political, cultural, and therapeutic discourses and of social morality have been exposed.[2] It has also been utilized as a means of revealing the symptomatological-etiological contingencies of the epistemes of medicine and psychiatry. Indeed, the foregoing attributes and functions of schizophrenia account for its description in terms of the notion of the "sublime." Schizophrenia as sublime should be construed as a crisis or pathology that is beyond comprehension and cure. Another implication of the descriptor "sublime" is the association between schizophrenia and the visionary, poetic, and metaphysical capacities of the individual or writer (see Woods 2011, 8; Sass 1992, 20; Saavedra et al., 2009).

This article is the first to take Duncan Macmillan's *People, Places and Things* as its sustained focal point—a play which has not yet received any extended critical attention except for Harpin's (2018, 160–68) brief discussion. *People, Places and Things* strikes us as a play with an ontologically, thematically, and psychologically dense texture. Upon close inspection, it manifests a subtly interwoven tapestry of critical issues—including schizophrenia, melancholia, addiction, and nihilism in conjunction with an accentuation of the aporias of such value-laden phenomena as health, normality, truth, and meaning. More specifically, the psychosomatic effects of this cluster of entangled aporias, besetting contemporary precarious subject in a neoliberal, capitalist context, receive a nuanced treatment in the play. As is evidently reflected in its title, *People, Places and Things*, the play ponders the complex psychological, social, and existential dynamics involved in the entanglements or co-habitation of individuals, spaces/places, and things. It evokes a whole host of relational dynamics and economies, including the embodied nature of human perception, memory, and relationship in conjunction with the individual's libidinal and mnemonic investment in objects, places, and other people. The play, thus, seeks to demonstrate how those objects and people serve simultaneously as the ontological

and discursive condition of possibility and the condition of impossibility (as normative limits) of being and "becoming" for the individual.

People, Places and Things is a distinctive play in many other respects. First, it regards narrativity, performance, and relationality as double-edged or aporetic issues; more strictly, they are demonstrated to be both essential to the subjectivity of the individual and yet also inimical to the individual in certain cultural or existential circumstances. This accounts for what we argue to constitute the play's distinctive aesthetics and ethics: The aporetic treatment of all three facets and, consequently, the nonnormalizing and nonheteronormative ethics demanded for approaching them. Second, instead of a realist[3] approach to madness, a nonrealistic aesthetics informs the play—particularly reflected vividly in its treatment of time, space, and form; and, more particularly, the plethora of spatial-temporal displacements as one of its prevailing aesthetic features. This nonrealistic aesthetic can be considered an effective epistemological (that is, cognitive-affective) and pedagogical tool in making the audience vicariously "experience" the experience of mental illness. Third, the play evinces an awareness of the critiques of the inadequacies of psychiatric institutions, psychotherapeutic methods, and psychoanalytical approaches deployed in relation to subjectivity, social morality, interpersonal ethics, and cultural politics in relation to such issues as race, gender, class, and ethnicity. Some salient instances of such an awareness are the anti-psychiatry trend (see Laing and Esterson 1964; Laing 1990; Laing 1970) and the new trends in psychotherapy increasingly availing themselves of other disciplines such as theater and philosophy—drama therapy being a notable example.[4] Theories of social interaction such as Goffman's "dramaturgical model"[5] also get their share of the play's critical scrutiny. *People, Places and Things* pushes the long-established recognition of the subtle affinities between "social acting" and "theater acting," beyond a mere "dramaturgical metaphor" (see Walsh-Bowers 2006). It demonstrates how the blurred existential-psychological boundaries between "social acting" and "theater acting" can have an adverse cognitive-affective impact on the individual—particularly "precarious" individuals including the mentally ill, drug addicts, and persons of economically and socially lower classes.

In order to gain a more encompassing insight into the overarching vision of the play, we need to consider the question of "clinical-critical" as a crucial part of this inquiry. The crux of this article, accordingly, is the argument that Macmillan's method and approach is "critical-clinical" as elaborated by Gilles Deleuze. As such, the play itself can be reckoned as

an at once symptomatic and symptomatological work of contemporary cultural history. In his *Essays Critical and Clinical* (1993), in keeping with his "schizoanalytical method" elaborated in *Anti-Oedipus* (1972), Deleuze argues for the necessity of conjoining the critical with the clinical. Here critical involves either a revisionary take on the symptomatology of a condition presented as scientifically set by psychoanalysis/psychiatry; or criticisms of psychoanalytic tenets and principles propounded by literary works and cultural-critical theories. Clinical, on the other hand, designates not only psychotherapeutic and psychiatric disciplines and institutions along with a psychoanalytical symptomatology; but also a self-conscious attempt at developing an account of the symptomatology of any psychosomatic condition undertaken by the writer and primarily presented by a writer who either personally has experienced that condition or has sought to empathize or identify with the suffering person through a psychosomatic exercise of the ethical imagination. An example of the critique of the postulation of an epistemological hierarchy between literature and psychoanalysis can be found in Deleuze and Guattari's (2000, 134) discussion of the Oedipus complex, specifically where they claim that the problem of Oedipus "is in fact literary before being psychoanalytic," adding that "there is no longer even any need for applying psychoanalysis to the work of art, since the work itself constitutes a successful psychoanalysis, a sublime 'transference' with exemplary collective virtualities."

This intuitive and critical insight into the nature of the condition gained by the writer, as Deleuze (1997, 3) explains, stems from the author's experience of something that transcends their subjective limits and is in excess of their own personhood in biological, psychological, and affective-cognitive respects:

> The writer as such is not a patient but rather a physician, the physician of himself and of the world. The world is the set of symptoms whose illness merges with man. . . . not that the writer would necessarily be in good health . . . , but he possesses an irresistible and delicate health that stems from what he has seen and heard of things too big for him, too strong for him, suffocating things whose passage exhausts him, while nonetheless giving him the becomings that a dominant and substantial health would render impossible.

Deleuze posits the writer as "a physician of culture" in both of its aspects: a symptomatologist, diagnosing and "diagramming" the unconscious ills

afflicting the individual and the society, and a therapist purveying remedies to relieve those afflictions. He states that "[l]iterature then appears as an enterprise of health", a health that would be "sufficient to liberate life wherever it is imprisoned by and within man, by and within organisms and genera" (Deleuze 1997, 3). We will see below how Macmillan's critical-clinical approach and dramatic method in his treatment of Emma's condition bear striking affinities with the critical-clinical method promoted by Deleuze here.

In our scrutiny of Emma's psychologically-existentially symptomatic condition, we deploy a number of psychoanalytical concepts while maintaining a critical consciousness toward the problematic postulations and normalizing, ahistorical, and universalizing predilections informing psychoanalysis. The most conspicuous critical insight incorporated here is a consideration of the discourse/institution of psychoanalysis as, what Deleuze (2007, 85–86) calls, "a double machine": simultaneously an "interpretation machine" and a "machine of subjectivation." We also explore the ways in which Macmillan's critical-clinical method in presenting Emma's symptomatic condition can be construed as a critique of contemporary social and political norms. Macmillan, in this sense, is a symptomatologist who diagnoses the rampant issues in a neoliberal capitalist culture such as the medicalization and clinicalization of the social, emotional, and existential-psychological problems of the self. In keeping with the theme of therapy elucidated and the therapeutic discourse used by his characters, Macmillan presents a pathology of the capitalist culture through his treatment of the schizoid protagonist Emma. His "dramatic" symptomatology illustrates the ways in which addiction, performativity, therapeutic discourse, criminalization, and exhaustion of interpersonal space can be identified as symptoms of the late capitalist culture.

People, Places and Things is primarily concerned with the psychological and existential vicissitudes in the life of a precarious female at a critical juncture in her life. The opening of the play accentuates this precarity by catching her at a liminal moment in her performance of Chekhov's *The Seagull*. Here, Emma confuses the boundaries between the theatrical performance, on the one hand, and, on the other, her own existential-psychological reality (as an individual/actor) and the social reality beyond the stage represented by the audience—thus teetering on the brink of fainting and collapsing off stage into the auditorium. The source of this precarity, however, proves far from being singular or one mostly external to the individual—as is often the wont either in plays critical of psychiatric

disciplines and institutes, particularly in politically oriented theater where it is the dominant discourse (either the cultural hegemony or dominant psychiatric/psychological paradigm/method) that oppresses the individual. As a scrutiny of her fantasies, behavioural-speech patterns and relations manifests Emma suffers from a cluster of symptoms: an array of sadist-masochist fantasies and inclinations toward herself, her mother, and God; a sense of guilt and melancholy loss—particularly instigated by the death of her brother; oedipal tensions with her mother (as Emma's ego ideal) and partly her father; and a sense of ontic-ontological nihilism due to her disbelief in God in a secular age. This complex condition has expressed itself saliently in her addiction to both drugs and theater (as a fantastic/fictional world with scripted identities) and her relation with it.

The ensuing sections will proceed in three main steps. The first delineates issues besetting Emma along with her symptomatic moves by delving into their possible causes and manifestations through a critical-clinical lens. This is pursued mainly through the three notions of schizoid subjectivity, melancholy masochism, and melancholy narcissism. The second part probes the pivotal problematic of the play: the entangled issue of "performance/performativity" in all its crucial respects. And the third section ponders the issues under scrutiny in the preceding parts, specifically in relation to their social-cultural and historical context, that is, in relation to the questions of therapy culture, precarity, and performance principle.

PRECARIOUS PERFORMANCES AND THE QUESTION OF MELANCHOLY MASOCHISM

Duncan Macmillan's *People, Places and Things* features Emma, a young actress suffering from drug addiction and near-psychotic conditions (most prominently, schizoid melancholia) aggravated by the traumatic loss of her brother and her fraught relationship with her parents. After her collapse during a stage performance, Emma commits herself to a psychotherapy institution where she has to go through detoxification treatment and group therapy. Because of her rejection of and resistance to the therapeutic principles underpinning the group therapy method, she leaves the institution only to relapse and return in a worse condition. After successfully completing the program, she returns to her parental home for a climactic confrontation with her parents, in the hope of a catharsis. The play ends with Emma again on the stage, this time auditioning for an advertisement after her bleak, yet hope-inspiring, reunion with her parents.

The opening scenes of *People, Places and Things* plunge us into a crescendo of affectively charged events, psychologically critical situations, and a flurry of sensory blur. The early scenes are so permeated with a sense of flux—due to a lack of firm ontological ground coalesced with the spatial-temporal vagaries which reflect Emma's psychologically almost schizoid condition—that the audience undergoes an immersive experience, feeling hurled from one time and place to other. The play presents its narrative in a linear-chronological order, but the relation between the scenes is far from linear-chronological or causal-teleological. This stylistic move is intended to enact or mirror the therapeutic temporality or structure: "It seemed to me that one of the reasons recovery isn't always dealt with accurately in popular culture is that it inherently rejects the kind of narrative structure that drama craves—we want a beginning, middle, and end with a cathartic pay-off that provides meaning and a clear message" (Macmillan 2017). As such, Macmillan discerns the intricate imbrications between drama and therapy, particularly regarding their methods and techniques and their ethical and affective-cognitive implications; this includes the use of collective dramatization, role-playing, enactment, and dialogue as therapeutic methods deployed in the clinical setting.

From the very outset, we find Emma vacillating between a waning will-to-live and a waxing desire for death through suicide or overdose. Her death wish is discernible in the weakening or loosening up of erotic-affective bonds as well as the withdrawal of libidinal cathexes in people, places, and things. It is the feeble impulse of her life-drive, in conjunction with the encroaching fear of death that has brought her to the rehab center. The following premonition of hers testifies to the aforementioned point: "I know that the next time I drink or use That'll be it. I'll be dead. I'm not sure if I knew that until now, until I just literally just said it. But it's true. It's going to kill me" (Macmillan 2016, 366). The dominance of the death drive in Emma can be explained by referring to two of her symptomatic behaviours: melancholy narcissism and masochist narcissism. Melancholic depression, as variously elaborated by Freud, Klein, and Kristeva, is characterized by asymbolia, entombment/incorporation of the lost object, polarization between mania and depression, an acute sense of guilt, self-depreciation, and self-reproach (see Kristeva 1987, 6). Emma evinces most of the foregoing attributes particularly a sense of guilt, self-loathing, and shame, stemming from her volatile personality and failing to fulfill her parents' aspirations for her. Another cause is the traumatic death of her brother Mark. These feelings manifest themselves in her masochistic inclination to abuse drugs and alcohol till she becomes unconscious. This is attested by

Emma's rehearsed confession to Paul (who is playing the role of her father) during group therapy:

> I've been a pretty terrible daughter over the years. I've been unhappy and self-destructive. I've self-medicated with drugs and alcohol which has made me more insular and self-absorbed. I've made some terrible decisions and I've taken you for granted. I've broken promises. And for Mark. And it should have been me. Not him. I know that. Everyone's been waiting for it. It's not fair. And I can't forgive myself for it. (Macmillan 2016, 437)

This description of Emma's condition gains further corroboration if we consider the argument by Freud as quoted by Kristeva (1992, 17) in her discussion of narcissistic melancholia:

> If we take into consideration the total picture made up of the phenomena of masochism immanent in so many people, the negative therapeutic reaction and the sense of guilt found in so many neurotics we shall no longer be able to adhere to the belief that mental events are exclusively governed by the desire for pleasure. These phenomena are unmistakable evidence of the presence of a power in mental life which we shall call the aggression or destruction drive, and which we trace back to the original death drive of living matter.

As Kristeva (1992, 17) proceeds to elaborate: "Narcissistic melancholia would display such a drive in its state of disunity with the life drive. The melancholy person's superego appears to Freud as 'a cultivation of death drive.'" On this premise, if we interpret Emma's addiction as a form of masochist narcissism, then we can argue that one of the chief causes underlying it—and her negative therapeutic reaction—is her melancholy narcissism. This melancholy narcissism can be argued to stem from three sources: (1) the loss of her brother (and existential crisis arising in its wake); (2) the loss (or absence) of a supporting mother and, instead, having a mother as both her superego and ideal ego who is (perceived to be) sadistic and withholding love and approval; and (3) a sense of ontic-ontological crisis involving a loss of meaning, truth, and security (in terms of both her identity and a teleological certainty) in the secular world of liquid postmodernity. An elaboration on the intersection of all three points can be illuminating. As Kristeva explains, belief in a spiritual authority can be an effective solution

to the treatment of melancholic depression. As Kristeva (1992, 5) puts it, "melancholy is affirmed in religious doubt. There is nothing sadder than a dead God." However, for Emma who is a nonbeliever, the question of spirituality aggravates the problem as she does not see any justice in the world. In her positivist conception of the world, Emma perceives the untimely and unjust death of her brother as proof for God's absence, because Mark was not rewarded with the blessing of a long, pain-free life in exchange for his belief in God. As she avers: "Mark, my brother, he believed in God. He wasn't as bright as me. He didn't really stretch himself. He once told me that he believed the entire universe was happening in his imagination and that when he died everything would be snuffed out. But then he died and everything carried on, so that's that hypothesis disapproved" (Macmillan 2016, 384). Later in the play, she says: "It took my brother eight hours to die. Where's the meaning in that? If there's a higher power then strike me down. / Come ye spirits that tend on mortal thoughts" (Macmillan 2016, 420).

The melancholy narcissism and masochism underlying Emma's "negative therapeutic reaction" can also account for her sense of fragmentariness and moments when we see her undergo a psychosomatic experience of fracturing into numerous Emmas. The dynamics of this sense of fragmentation can be illuminated if we attend to Kristeva's (1992, 16–18) identification of two distinct modes of splitting—binary splitting and parcellary splitting. As Kristeva (1992, 19) elaborates, both modes of splitting can be caused either by "a drive-related nonintegration impeding the cohesion of the self," or by "a disintegration accompanied by anxieties and provoking the schizoid splitting."

There are three moments in the play that hold the key to Emma's pathological condition and afford us an insight into its underlying reasons. First are her remarks on her addiction and narcissistic fixation on drugs where she reveals that she perceives an ideal economy of desire and recognition in her relation with them: "Drugs and alcohol have never let me down. They have always loved me. There are substances I can put into my bloodstream that make the world perfect. That is the only absolute truth in the universe" (Macmillan 2016, 383). Second are her comments on her brother and that it is her who deserves be dead "in his stead"; this reveals her ideal rationalist sense of justice in the world and her sense of guilt and shame, instilled in her by her parents: "my brother had a brain haemorrhage while reading Pinocchio to a group of five year olds. Mark. He was two years younger than me and never touched drugs or alcohol. He ran fucking marathons. For charity. I should have died a thousand times but it was him"

(Macmillan 2016, 379). And third, there are her comments on all the agonies in the world, and that hers is trivial compared to those of others: "I'd like to believe that my problems are meaningful. But they're not. There are people dying of thirst. People living in war zones and here we are thinking about ourselves. As if we can solve everything by confronting our own defects. We're not defective. It's the world that's fucked. Shouldn't we feel good for all those who can't? Don't we owe it to them to say 'fuck this, let's drink'?" (Macmillan 2016, 420).

In a meta-dramatic gesture, Macmillan stages a reversal dynamics where the individual/character who had been psychoanalytically postulated to suffer from a pathology is revealed to have been the "victim" of various institutions including a patriarchal family, positivistic psychiatry, phallogocentric psychoanalysis, and heteronormative hegemony. Macmillan diverges from these trends by refusing to present a decontextualized, one-dimensional picture of clinical schizophrenia. Instead, he offers a causally complicated, symptomatologically subtle and psychologically nuanced picture of it embodied by Emma. One conspicuous way through which Macmillan accentuates this divergence is the juxtaposition of two schizoid patients: Emma and Paul. Paul is a readily identifiable schizo-paranoid individual with all its classic symptoms, including delusion of grandeur, delusion of persecution, identification with a metaphysical force (God) while being the target of its sadist vengefulness, being haunted by an apocalyptic vision of the world where he is both the cause and the saviour, among others (see Macmillan 2016, 348–50; Schneider 1958, 133–34; Woods 2011, 55; Chung et al. 2007, 1). A scrutiny of a critical moment of their simultaneous appearance upon the stage—reflected in the conjunction of their speeches on the page—can illuminate the issue:

PAUL: THESE	FOSTER: it's a medical
PEOPLE	building, this is a
ARE	medical
SHADOWS,	EMMA: yes of course.
THEY'RE	FOSTER: you can smoke
SKELETONS AND	outside.
THEY'RE	EMMA: It's raining.
SUCKING	FOSTER: I don't know what
OUR BLOOD. I	to tell you, it's a
HAVE	medical building, this
LOCKED EYES	is part of a medical /

WITH
GOD I HAVE
TOUCHED THE
EYES OF GOD I
HAVE
LICKED
GOD'S EYEBALLS.

building, you can't
EMMA: yes, I know, I
understand that, it's
just
FOSTER: you can take it
outside or put it
out, those are your
options. (Macmillan 2016, 349)

As is evident here, Paul's symptoms bear a striking resemblance to those of Schreber's as delineated by himself and subsequently a whole cluster of psychoanalysts—in other words, an overdetermined case-character-text that Angela Woods describes as the "sublime" case (or Ur-case) of schizophrenia due to excessive attention dedicated to it as a paradigmatic case coupled with its centrality in almost all prominent psychoanalysts' account of schizophrenia (see Freud 1981; Lacan 1993; Schatzman 1971; Deleuze and Guattari 2000; Woods 2011, 76). As such, it is as if by casting and including Paul as he is, Macmillan intends to profess that it is not this well-worn path that he wishes to tread. Emma's condition, contrary to that of Paul, is a far cry from the classic picture of schizophrenia. In her case, the schizoid state does not feature as a merely psychopathological phenomenon the diagnosis of which demands a deployment of objective, nosological categories. Instead, it is shown to be inextricably entangled with questions of ontological dereliction, solitude, and affective deprivation in relation to her parents and her brother, and evokes a host of concomitant issues like identity crisis and addiction. It also exposes the limits of knowledge and entails an interplay of socio-cultural elements. This subtle treatment of schizophrenia situates Macmillan in his cultural history but also his critical depictions feature as a form of cultural intervention.

Macmillan's method can be identified as deconstructionist in that he seeks to expose the aporetic nature of the issues at stake in the life of the individual subject in a neoliberal late-capitalist society primarily characterized as a "Therapy Culture," demanding normal performance. The play probes three instances of such issues: first, the aesthetic, ethical, ontological and psychological-existential facets of theater as an object of desire, a medium, and an institute; second, various methodological, ethical, and epistemological aspects of psychotherapy and psychiatric institutes; and, third, the vicissitudes of the individual subject or aporias of selfhood in his/her encounters with these institutes. The pivotal trope that binds together

the three principal strands of the play is the dual notion of "performance/performativity."

THE PERFORMANCE PRINCIPLE AND THE PERFORMATIVE SUBJECT

One of the issues at stake in Macmillan's *People, Places and Things* is the manifold notion of "performance," which gains far-reaching reverberations given the meta-theatrical facets of the play, and also the protagonist's profession as an actress. It gains further dimensions due to Emma's psychological-existential character: her being intensely self-reflexive. In the play, we are confronted with self-reflexivity on three levels: first, a play that is conscious of the cultural discourses of its contemporary history in which it is situated; second, characters who are cognizant of the social-cultural discourses and theories; and third, individual characters who are preoccupied with the question of agency of their own actions and perceptions. These characters skeptically ponder the contingency and scriptedness of their selfhood, given its being at the intersection of these various discourses and meta-narratives, while reflecting on the extent to which they are consciously determined by their own will and agency.

People, Places and Things is distinguished by its consideration of the near ubiquity of the phenomenon/notion of "performance/performativity" in the life of the contemporary subject in a manner unprecedented in the depth and complexity of its vision and its exploration of the reach and implications of this issue. The manifoldness of performance in the play manifests itself on four levels: performance as Emma's career, performance as a therapeutic tool in the clinical setting, performance as the modus operandi in the late capitalist culture, and, relatedly, performance as a means of ontological-existential sense-making. In unfolding these convoluted facets and dynamics of performance in the play, we have developed a conceptual framework deriving from the notions of "precarity" and "therapy culture," elaborated respectively by Lorey and Furedi and the notion of "performativity" introduced by Butler.

The opening of *People, Places and Things* throws into relief a state of double crisis at stake in the play: the ontological crisis of distinguishing between various orders of reality in conjunction with the psychological crisis regarding the possibility of verifying the authenticity of socio-symbolic reality. This issue accrues further reverberations when we consider Emma's

definition of what is epistemologically and ontologically true as "what's actually, verifiably true" (Macmillan 2016, 383). The audience is first confronted with Emma during a performance of Chekhov's *The Seagull*. Emma strikes the audience as an already superimposed figure: one who features as a performance within a performance. This double spectatorial-ontological and affective-cognitive dynamic resonates with the Freudian notion of "a dream within a dream" (see Grinstein 1956, 49). Emma's introduction as an actress on stage highlights the performative element of her character from the outset. The double-edged condition of a lack of an authentic (or referential) ontological ground along with that of the performativity of identity evoked by the opening scene corresponds to Emma's schizoid condition—manifested in her sense of a state of "obliterated reality." As Emma stands on stage, supposedly playing Nina Zarechnaya, the distinction between the private and public shrinks into a schizoid blur of her first-person perspective with her almost complete identification with the scripted/fictional role. A near-psychotic collapse transpires where two existential and ontological levels of reality are blurred into one: Emma as an individual preceding and exceeding her role either in this particular performance or more broadly in the theater space on the one hand, and Emma either as a role/character or an actress performing a scripted-fictional role/character at a public venue to an audience, on the other hand. Here the boundaries between Emma taking the role as her mouthpiece and Emma becoming a lived embodiment of the fictional character are blurred. After realizing where she is, she struggles between what is publicly expected and what is privately demanded: "*Emma doubles-over. KONSTANTIN doesn't know what to do. He stands still, holding the water. He looks off into the wings.* I'm so tired, I need to sleep. I'm a seagull. No that's not right. I'm an actress. *Laughter in the wings. Emma looks up*" (Macmillan 2016, 340). In her attempt to adapt to her role as Nina, she stutters in bewilderment, muddling her lines resulting in laughter from the audience.

This moment further conveys the mise-en-abyme (dream/play within a dream/play) nature and hyper-conscious (self-reflexive) psychodynamics of the scene, revealing Emma's doubly fractured psyche or personal reality: in relation to the social-historical reality external to the stage or theatrical space at one level; and in relation to the fictional world of Chekhov's *The Seagull* performed upon the stage and embodied by Emma at another level. The scene is self-reflexive on a third level too: the ethics and politics of emotion expressed by the audience. This is reflected in the description of the affective reaction of the fictional audience within Macmillan's play

toward Emma and the events on the stage: "Laughter in the wings." Such an inscribed emotional reaction is self-reflexive in that it makes the actual audience self-conscious of their emotional-affective reaction coupled with their spectatorial ethics and dynamics.

This intertextuality, at a meta-textual level, can also be considered a dramatic device deployed by Macmillan to more palpably render the dynamics and temporal mechanism of trauma (see Whitehead 2004, 94; Caruth 1995, 8). However, after composing herself, Emma delivers a private performance which captivates the audience. This contradictory portrayal of character sees the sick, social/fictional mask of Nina Zarechnaya crumble away, along with forcing the limits of what is publicly expected from an actress. This intriguing opening to Macmillan's play substitutes the insecurity of public exposure with a security in the expression of private, personal emotion. Here, it appears Emma is truly acting by acting truthfully:

> *As Emma talks her acting becomes more genuine. She is talking less in character and more as herself. She is sincere, vivid, compelling. She doesn't slur her words.* Not now that I've had real problems. Real things have happened. My heart is broken. I don't know what to do with my hands when I'm onstage. I'm not real. I'm a seagull. No, that's wrong. (Macmillan 2016, 341)

The unfolding of the drama of loss is here enacted in the unravelling of the self. Emma's experience of loss (her self, her brother, her belief in God, and the love of her mother as her ego ideal) has been so traumatic that the narcissistic structure of the ego has fractured and the "rumble" of the death drive is rendered audible in her repetition compulsion evinced by her addiction, her avowed desire for total dissolution in fictional characters, and her suicide attempts. Her genuine affective-psychic outburst here signifies a rejection of both her social-existential "reality" and the public performance live on stage. The social spectacle crumbles before Emma's private subconscious demand expressed in a conflict-ridden, hysterical language where Eros and Thanatos move in tandem and tension. It is as if here Emma faces the true state of her self and thereby relinquishing herself to a near-psychotic collapse, discernible in the dwindling demarcation between what is private/psychological and what is public/social, between the real and the fictional. This moment is also vividly reflected in the distortion of the borders between the actress and character.

It is in this moment of near-psychotic dissolution that the death drive (Thanatos) begins to surface, represented in Emma's nosebleed and eventual collapse. If "the death drive is the key to understanding the topography of id, ego, and superego" (Boothby 1991, 10), then scrutinizing the manifestations of the death drive in Emma can afford us an insight into her broader psychic structure and economy. We should, however, beware of conflating death drive with death wish here. Death drive (in our understanding of it here informed by Deleuze and Lacan's fairly overlapping stances) designates neither a return to an "inanimate state" nor a "homeostatic condition/state." Furthermore, as Lacan reminds us, death drive is lodged in the Symbolic order rather than the Imaginary or the Real. Žižek's (2004, 24) elaboration can be illuminating: "'Death drive' as 'beyond the pleasure principle' is the very insistence of an organism on endlessly repeating the state of tension." To Deleuze (2004, 18), Thanatos is the transcendental principle and Eros solely a psychological principle: "Eros and Thanatos are distinguished in that Eros must be repeated, can be lived only through repetition, whereas Thanatos (as transcendental principle) is that which gives repetition to Eros." This stance is also shared by Lacan (2006, 719) particularly attested by his contention that "every drive is virtually a death drive." As Deleuze (2004, 17) further explains:

> Death has nothing to do with a material model. On the contrary, the death instinct may be understood in relation to masks and costumes. Repetition is truly that which disguises itself in constituting itself, that which constitutes itself only by disguising itself. It is not underneath the masks, but is formed from one mask to another, as though from one distinctive point to another, from one privileged instant to another, with and within the variations. The masks do not hide anything except other masks. There is no first term which is repeated. . . . There is therefore nothing repeated which may be isolated or abstracted from the repetition in which it was formed, but in which it is also hidden. There is no bare repetition which may be abstracted or inferred from the disguise itself. The same thing is both disguising and disguised.

No other passage could be more consonant with the pattern and psychodynamics of Emma's behaviour in the play: her ceaseless adoption and abandonment of masks, roles, and costumes she wilfully wears and changes,

while using this volatile itinerary between scripts as her very definition of a stable and meaningful identity. No more cogent evidence is there to the workings of death drive in her than the relentless repetition of personally content-less roles. Crucially, what reveals the not solely destructive nature of Thanatos (acting through repetition compulsion to self-dissolution) in Emma is her vehement renunciation of the act of mimesis/identification and the role she is embodying. This is evidenced by her act of divestiture—hence libidinal disinvestment. In a symbolically dramatic moment, Emma literally strips away her costume as the socio-symbolic accoutrements (to wit, both her dramatic and socio-symbolic role) after stepping out of the light, to almost fall into the darkness of the other side of the stage. This signals her unconscious movement toward jouissance—as the promise of the transcendence of "performance principle" on all levels—where pleasure and pain, Eros and Thanatos are almost indistinguishable.

In the new hegemonic order, "performance" comes to constitute the discursive premise and psycho-social model of three fundamental dimensions of the individual subject: the social-political, economic, and existential-psychological. In other words, "performance" not only becomes a normative principle of the individual's action and production; it also determines their self-conception and relationship with others. Performance is thus embedded within the public structure and its function. Performance, however, arrives with an inherent history, including its self-reflexive and visual dynamics: a spectacled sense of relentless exposure to one's own and others' vision and judgment: "hell is other people" (Sartre 1989, 45). It thus instigates a sense of precarity. This reliance on publicity (or public reception and "recognition" of its content) as a means of gaining existential stability and social meaning renders the performance as insecure as it is. This aporetic feature of performance, as an at once public and private activity, stems from its ontological and discursive conditions of its possibility and its necessity as a social principle of competence, (self-)presence, and meaning. The public arena for performance can never escape the conditions of precariousness. Lorey (2015, 19) states:

> Precariousness relates not to life itself, but rather to the conditions of its existence; what is problematized here is not what makes everyone the same, but rather what is shared by all. . . . Precariousness is consequently neither an immutable mode of being nor an existential sameness, but rather a multiply insecure constituting of bodies, which is always socially conditioned.

Performance thus not only comes to occupy center stage in art but becomes the ruling principle and normative value omnipresent in work life, politics, and, most importantly, private life. The self has been reduced to a performing, economic representative, upon a precarious stage founded by an abundance of repression pressed upon society.

The critical function of performance in late capitalist society is revealed in *People, Places and Things* through Emma's being an actress. Her art of acting/performance has evolved from a profession into a modus operandi through which she sustains her existence. Acting/performance is a means for her to mend/fight the rupture in her psyche that was caused by the death of her brother. When her trauma brings her to the verge of a psychological collapse, acting/performance keeps Emma from descending into complete madness. This is evident at the beginning of the play when Emma goes off script on stage and immediately experiences a psychological breakdown:

> *The lights fade around her slightly. The Naturalistic sounds fade and for a moment there's something more ominous and subjective. A low rumble. A whine of tinnitus. . . . She looks around, seemingly unaware of where she is. . . . The lights flicker. Her nose starts bleeding, heavily. She touches the blood and looks at it, fascinated. . . . Emma is about to step off the edge of the stage.* (Macmillan 2016, 341–42)

Her scriptlessness, or perhaps her being over-scripted, commits her to a rehabilitation center where she is expected to come into alignment with the sole condition of existence in the world: performance. Emma needs to be taught efficiency and self-management (to be hopefully conducive to the first value of a neoliberal culture: "entrepreneurial autonomy"); that is, she needs to be taught that she can only survive by keeping up her performance in a competitive capitalist culture, which is characterized by the "performance principle." Lynn Froggett's (2014, x) acute observation can illuminate the point at issue here:

> The discourse of recovery is strongly normative at times, and can itself take on the aspect of an ideology. . . . The responsibility to recover and be well may be experienced by some as an empowering spur to self-efficacy, but the suffering of those who fail will be stamped with desolation and futility. . . . The recovery movement unwittingly aligns with the neoliberalization of health care. It presupposes a health care system in which there is little patience and even affordability for

> the expression of existential crisis and its working through. . . . The re-symbolization of the relationship between mind, body, and world that art making allows is beyond its scope.

While post-structuralist thinkers such as Butler deconstruct the metaphysics of the substantive self and subjectivity as a metaphysical given, this does not necessarily mean that the subject lacks agency. S/he reserves the rights of negotiating the terms of their performance. The subject's agency stems not from their prediscursive essence, but from their skills in critically reinterpreting, enacting, and practicing the cultural discourse. As Butler (1997, 16) argues: "agency begins where sovereignty wanes. The one who acts (who is not the same as the sovereign subject) acts precisely to the extent that s/he is constituted as an actor and, hence, operating within a linguistic field of enabling constraints from the outset." Elsewhere, Butler (1988, 526) describes performativity in an existential sense, observing: "Actors are always already on the stage, within the terms of the performance. Just as a script may be enacted in various ways, and just as the play requires both text and interpretation." Similarly, in *People, Places and Things,* Emma's identity is never fixed, but always in flux between scripts. Nor does she believe that she can ever have a stable identity. In her dialogue with Doctor, she admits that "identity is a construct."[6] When Emma is portraying Nina, she is actually doing a multilayered performance (other than being a character in Macmillan's play), as Lucy playing many roles including Nina, Emma, Sarah, and the Seagull; as Emma being an actress playing Nina; and as Nina in *The Seagull* being an actress playing in Konstantin's play. Scripts function like a safe harbor for her as her mental and emotional stability is threatened when she is scriptless. "Playing parts without meaning" can be considered as descriptive of Emma's condition and approach to the texts she performs. She identifies too much with her roles, to the extent that they start losing their meaning because they are clouded by her personal (lack of) meaning. A sense of disorientation or loss of contact with reality is ushered in when her performance is interrupted by her emotional script: "What was I saying? I was talking about the theatre. I love acting. I'm a real actress. I was a real actress . . . *EMMA looks into the auditorium. She walks towards the edge of the stage and peers into the darkness at the audience. She moves out of her light. She pulls her wig off*" (Macmillan 2016, 341–42). Given her melancholy-masochist psychodynamics, in rejection of the performance principle, Emma subconsciously gravitates toward self-dissolution—if

not death. Throughout the play, she vacillates between states of consciousness and self-loss, with the boundaries between impersonation and personality getting blurred.

In the rehabilitation center, Emma tries to restabilize her condition by clinging to her alternative roles; playing Nina, Emma, and Sarah when she communicates with the staff and other patients; then playing the unconventional postmodernist by rejecting the ethos and the religiously inspired twelve-step procedure of recovery of the rehabilitation center; and then narrating *Hedda Gabler*'s plot as if it were her own personal history. Role-playing is a means for her to reconcile with the perceived reality, a ritual of everyday life and a means of existential sense-making. Emma confesses to Doctor:

> I find reality pretty difficult. I find the business of getting out of bed and getting on with the day really *hard*. I find picking up my phone to be a mammoth fucking struggle. The number on my inbox. The friends who won't see me anymore. The food pictures and porn videos, the bombings and beheadings, the moral ambivalence you have to have to just be able to carry on with your day. I find the knowledge that we're all just atoms and one day we'll stop and be dirt in the ground. I find that overwhelmingly disappointing. (Macmillan 2016, 382–83)

The late-capitalist, neoliberal culture imposes performance as the sole means of existence for the modern subject who will, otherwise, be overwhelmed by the harsh realities of everyday life, the deadening routine and absurdity of human existence. Emma accentuates the overlaps and fine line between performing in theatrical acting/rehearsal and performing (role-playing) in the clinical setting in the rehab center throughout the play:

> EMMA First day of rehearsal is always the same. You sit in a circle of chairs, just like in Group. You introduce yourself one by one, just like in Group. You say, hello I'm whoever and I'm playing the role of whatever. There's something about that situation I can't quite I just can't separate the two circles of chairs. (Macmillan 2016, 446)

When Emma plays a character in drama, she feels she is able to escape the cynical, truth-less bounds of a postmodern hyperreality, since she already feels stably inscribed in a teleologically structured (meta-)narrative:

> EMMA With a play you get instructions. Stage directions. Dialogue. Someone clothes you. Tells you where to be and when. You get to live the most intense moments of a life over and over again, with all the boring bits left out. And you get to practice for weeks. And you're applauded. Then you get changed. Leave through stage door. Bus home. Back to real life. All the boring stuff left in. Waiting. Tempting. Answering phones and serving canapés. . . . Acting gives me the same thing I get from drugs and alcohol. Good parts are just harder to come by. (Macmillan 2016, 415)

Here Emma expresses her complex identity and diminished sense of agency particularly evident in her compulsive desire to act the scripted roles in the face of an everyday reality—the reality of her personal and social identity and the world off the stage—which, to her, seems "absurd" (in the sense elaborated by Camus). When the performance is over, what felt real to Emma dwindles into a fictional falsehood receding to make way for the resurgence of an absurd world (see Camus 1955, 5). There, after the curtain is drawn, Emma must face the dark void of her personality within a meaningless, chaotic world of innumerable small narratives, none of which fulfills the promise of full meaning, restoration of loss, justice, and cathartic closure.

In the rehabilitation center, a pivotal part of Emma's treatment is group therapy, during which patients are expected to interactively partake in each other's therapeutic process by voluntarily playing the role of the imagined addressee in a rehearsal of the speaker's future encounters with critical "others." One skeptical way of considering such a group therapy dynamics would be to argue that the group therapy is the institutionalized version of subject-alignment. It hinges on the fact that performance and psychiatry/medicine share a concern with the human as "each presents human bodies and behaviours for display and comprehension, whether this be upon the illuminated stage of a theatre or on the doctor's examination bench" (Mermikides 2020, 1). Both performance and psychiatry/medicine are concerned with the (re-)presentation of the human condition under specific circumstances. As Kristeva (1995, 44) states: "In my view, contemporary psychoanalysis, and especially that of the future, is an art—I admit, an artifice. . . . Why? Because the speaking being's life begins and ends with psychic life, a life for which speech is one axis of a heterogeneous dynamic." Similarly, considering both psychoanalysis and performance as "offsprings of the same ancestor: placebo effect," Read (2001, 148) draws attention to

the "performative qualities inherent in the architectural cradle of psychoanalysis" because the discipline is based on seeing or observing the subject's reproduction of emotions or representation of memories. And, more recently, Harpin (2018, 2) posits cultural representation and artistic practices as "vital interventions" for reassessing "how we articulate, conceive of, and treat madness."

In a similar vein, since the 1990s, there has been an "increasing recognition that forms of applied arts practices, including those based in drama and performance, can support physical and mental health both within and as a complement to formal healthcare provision" (Mermikides 2000, 21). Notably, the inclusion of the practice of rehearsal/performance as a therapeutic method by the rehabilitation center, in *People, Places and Things*, is resonant with Winnicott's (1971, 50) postulation of playing as a therapeutic process in its own right: "Playing is itself a therapy." As such, the group therapy featuring in the play strikes us as one abreast with the new developments in the field of psychotherapy which—far from being confined to a merely drug-based, clinically atomistic-isolationist, psychiatric method—is shown to be more oriented toward a humanistic and holistic method, with an emphasis on the therapeutic efficacy and ethical complexities of narration (see Ricoeur 1992, 147–48), empathy, enaction, projection, and transference (see Gallagher and Gallagher 2019, 2–6). Such a cross-disciplinary and hybrid method is consonant with a newly emerged trend in medical humanities called "narrative medicine"—where the act/notion of "mimesis" (as elaborated by Ricoeur), which is invariably intertwined with the practice of play/playing, is a crucial constituent of the therapeutic process. Narrative medicine is a hermeneutic-phenomenological approach that derives its bearings, dynamics, and material from patients' life-narratives (see Charon 2006; Marini 2016; Meza and Passerman 2013). Founded on empathy and insight, narrative medicine postulates understanding patients' emotional experience as the key to addressing their needs and concerns as well as improving treatment outcomes. In clinical practice, the physician is expected to possess narrative competence in order to interpret the patients' discourse, understand their plight, and provide effective treatment (see Charon 2006, vii). The therapeutic method in *People, Places and Things* features similarly as a method respectful of the personal and attentive to the relational-dialectical nature of human truth, selfhood, and meaning. However, it also seeks to impose its own normative and overgeneralizing rubrics on patients and provide them with a space where the boundaries between public and private are blurred and breached through confession.

It also affords them a chance to reconstruct their identities and regain their sense of agency by means of identification and empathy with an imagined other, which poses a double challenge for Emma, who is an actress.

The vexing preoccupation of *People, Places and Things*—in its critical reflections on the conception of the normal self in therapy culture and the efficacy of therapeutic methods in psychiatric institutions—is best captured by its title: people, places, and things. That is, the questions of other people and personal history (as sedimented in or embodied by certain times, objects, and spaces) and their relation with traumatic memory of the individual beset with psychological crisis. This question also constitutes the thematic and psychodynamic crux of the play. In this regard, the crucial question posed by the play is whether the therapeutic method adopted by the rehab center is viable and to what extent it is congruent with the existential-psychological subsistence and nature of subjectivity. More strictly, if the chief psychotherapeutic remedy prescribed by the rehab institute is to avoid all people, places and things—in other words, objects, space, time (as the pure a priori forms of sensible intuition postulated by Kant) and relationality (as one of the twelve categories of understanding elaborated by Kant[7]), one wonders whether the clinical definition of a normal and healthy self, in conjunction with its method of treatment, will not be conductive to further schizoid fragmentation and yield contrary results. Put otherwise, if these categories of space, time/history, relationality, and external objects (inherently subjective in their nature according to Kant) are essential to having a meaningful lived experience of the world, would not the therapeutic method be aggravating the crisis by voiding the self of its content, that is, by depriving the individual not only of personal history but of all the necessary conditions of possibility of experience in the phenomenal world? Unless one assumes the Cartesian definition of subjectivity as the premise, the rehab's therapeutic method, insisting on the avoidance of all people, places, and things associated with symptoms and pathological behaviour, can hardly prove effective. Such an approach mainly boils down to a normative injunction to abandon one's (however traumatic) reality as one lived it in the past and as it persists in the memory. Considering Locke's (2008, 33–52) definition of identity as the persistent coherence of the self through an act of self-remembering and memory, if self is a relational being, what would be left of a self that severs its mnemonic history and its past self? How authentic would that self be? To answer these questions, let us bring into focus now the issues of the private and the public self in the light of Furedi's conceptualization of the contemporary social-cultural ethos as a "therapy culture."

THE PRIVATE AND THE PUBLIC IN THE THERAPY CULTURE

The flipside to the rehab's therapeutic method involves its act (as an institution) of not only bringing into public of the private conditions, but also of managing emotions and purging their histories (people, places, and things). It is in this light that one can argue that *People, Places and Things* identifies the dominant social-cultural discourse of its contemporary history as a therapy culture. As part of her rehabilitation, Emma must bring her private trauma and melancholy loss into the public gaze and be remedied by its professionalism, so she may be advised, adjusted, and supported back into society. As Furedi (2004, 82) observes: "Therapeutic culture's aversion to the private sphere is underpinned by its goal of managing and ultimately, policing people's emotions. Its call for emotional openness is confined to how people feel in public." Emma then must join the "Group" and expose her psychic-affective core to the communal scrutiny and professional judgment. In doing so, she may eventually secure herself some existential foothold through communal dialogue (roleplaying: empathy, recognition, and transference) with public affirmation, and remove herself from implosion and (self)annihilation, which lie waiting in her private isolation.

Within the current culture high on therapeutics, Emma's road to recovery is paved by her determination to overcome the private/public duality. Early in this process, she vocalizes her rejection of the group on the pretext of her sense of privacy:

> THERAPIST We're all here for the same reason. . . .
> EMMA Look, no offense to anyone or to the process but I'm sort of private. . . .
> THERAPIST Who else here is a lone wolf?
> *Everyone in the GROUP puts their hands up.*
> Take a seat Emma.
> *EMMA sits with the GROUP.*
> Why don't you tell us about yourself? (Macmillan 2016, 386–87)

This is an ironic moment when Macmillan shows how clinging to one's isolation and private space does not necessarily guarantee singularity and individual autonomy since it is shown to be shared by almost all inmates as a symptom and one of the causes or perhaps effects of their ailing condition. This mode of defining the self in isolation is bound by the insecurities of emotion held privately needing to be secured in the confirmation of oneself publicly. Furedi's (2004, 153) argument can be illuminating: "The emotional

needs of the self most often cited are, first, the need to feel good about oneself and, second, the need to be affirmed by others." Both these requirements are deciding issues in thwarting Emma's recovery, as her depression and perversion[8] (rejection of society) are signified by an overall artificiality and disguise (of her discourse and false memories) as parts of her constant attempt to maintain her autonomy away from the therapeutic discourse. Perversion and depression are in fact two reasons, Kristeva identifies, for resistance to analytic speech and psychotherapy (Kristeva 1995, 36–44). In this regard, a notable feature of Emma's behaviour is her constant shifting of and lying about her identity, personal history, and her traumatic loss. She carries this out by often borrowing the identities of fictional characters or stories of traumatic loss suffered by them. What this trait attests to is the two characteristics of melancholia: "self-negation or denial" (*Verneinung*) of loss and "disavowal" (*Verleugnung*) of the symbol, leading to a production of a physic inscription of the traumatic loss (Kristeva 1992, 25–26). She disguises her pain and traumatic history through self-alienation and dis-identification with herself.

One of the striking issues accentuated in the play is that of the inmates who either keep returning to the rehab or can hardly muster up the psychic and volitional-emotional power to leave it and lead an autonomous life away from its pastoral care and routines. This feature is highly consonant with Furedi's (2004, 21) observation that the nature of the therapeutic imperative is contradictory because it is "not so much toward the realisation of self-fulfillment as the promotion of self-limitation. It posits the self in distinctly fragile and feeble form and insists that the management of life requires the continuous intervention of therapeutic expertise." Skeptical of therapy's power to reinstate her mental health, Emma believes that therapy necessarily has a merely normalizing and de-individualizing effect and she plays the part of the "unconventional" or dissident nonconformist patient—to wit, one who has insight into the nature of system. Her unconventionality is intended to act as a means of fighting against the therapeutic intervention and reversing the assimilation of the private sphere. Existentially, Emma both defines herself and can be defined negatively, that is, based on what she denies and defies being, by the norms and values and repudiates rather than expressing any alternative positive values. Emma's stance/strategy of "negative unconventionality," however, proves more elusive and intricate than the extant or prevalent categories elaborated to capture such states: "radical contrariness" and "blatant inauthenticity" (Sass 1992, 103).

Emma's strategy of "negative unconventionality" is, thus, addressed by Therapist through the same discourse (therapy discourse) to which Emma (and her emotional insecurities) bears a double-edged cause–effect relation. As Furedi (2004, 16–17) argues, "one of the contributions of therapeutic culture is to encourage individuals to make sense of dramatic episodes through mental health terms. . . . It is when therapeutics begins to influence and arguably dominate the public's system of meaning that it can be said to have emerged as a serious cultural force." According to the therapeutic method in the rehab, for Emma, first admitting her emotional fragility and then articulating it (in her own subjectivity) by opening up to the public, that is, first to the people at the rehabilitation center and then to her parents, are referred to as the only solution. This is resonant with Furedi's (2004, 34) observation: "Acknowledging emotions constitutes the prelude to managing them. This process of cultural cooling invites individuals to moderate their feelings in line with today's emotional script." Emotional well-being, aporetically, requires recognition through verbalization of the past traumatic feelings/emotions, acknowledgment of the need for help, willingness to cooperate, and openness to professional assistance, all of which entail a level of self-consciousness, psychological-existential will, and affective-cognitive maturity, which are usually compromised or diminished in precarious people like Emma. At the beginning of the play, Foster and Doctor exemplify this by telling Emma, respectively, "Your recovery depends on you being completely truthful while you're here" and "Your recovery can't start until you admit you have a problem" (Macmillan 2016, 352–59). Emotional maturity by therapeutic culture manifests itself in open display of emotional reactions as an indication of the fact that the individual is emotionally literate.

What renders the psychological and disciplinary dimensions of this method and cultural discourse more insidious is what Furedi calls "the rise of the confessional." In therapeutic culture, sharing—particularly one's private life of the mind or body—is deemed a virtue which functions through the false assumption that everybody cares for everybody else's emotional well-being. During group therapy, Foster encourages Emma to share her traumas and emotional frailties with the group, saying: "We're only as sick as our secrets Emma" (Macmillan 2016, 411). This is symptomatic since it is resonant with one of the value-laden and normalizing discursive imperatives of the society of transparency or the therapy culture as characterized by Furedi. Here, being sick is deemed synonymous with having a secret,

and being healthy/normal is equated with absolute transparency to one's self and others (public/collective, the symbolic order). Macmillan's exposure of this symptomatic and normalizing determination of selfhood here is acutely consonant with the critique of contemporary society and cultural politics in terms of the "society of transparency," proposed by thinkers such as Furedi, Docherty (2012), and Vattimo (1992). In the play, Mark remarks: "We recover as a group. We need this to be a safe place to share and she's just sitting there looking at us like we're material" (Macmillan 2016, 412). When Emma adopts the position of an observer rather than contributing to and partaking in the moral and collective ethos and psychodynamics of the group as a human sharer (of narration/story, pain, and empathy), others feel dehumanized and objectified. Here, as far as the therapeutic method is concerned, the encouragement toward communal/public disclosure of emotional vulnerability seems to stem from a belief in the curative powers of the interpersonal space. The discrepancy lies in the fact that therapeutic culture promotes self-awareness and self-realization, while the individuals are not trusted with finding a way out of their own emotional insecurity.

The second discrepancy or aporetic expectation informing the psychotherapeutic process adopted in the rehab center is the prescriptive expectation of transparency from people with psychopathological conditions the primary symptom of which by definition is lack of self-transparency. As Fuchs (2005, 95) acutely observes: "This transparency of the body is conceptualized as a mediated immediacy, based on the coupling and synthesis of single elements of perception and movement to form the integrated intentional arcs by which we are directed toward the world." He proceeds to explain how this structural (self-)transparency on both corporeal (sensori-motor) and mental-psychological levels is diminished in such states as melancholia and schizophrenia, whereby the mediating role of mind-body processes become so self-conscious that they regain their materiality, congealing the individual into the solidity of each moment, where they would be stuck in the temporal thickness and sensorimotor abyss stretching between intention and action, which was previously unselfconsciously glided over due to the automaticity of pre-action moves (see Fuchs 2005, 96–103).

It is in this double-bind—an aporetic insistence on both the patients' maintenance of autonomy and transparency and their acknowledgment of their lack of self-transparency and consequently their full submission to the therapeutic process for an efficacious outcome—that Emma discerns the core contradiction in the therapeutic process at stake in the rehab center

in the play, which is a synecdochic example of the society of transparency and therapy culture. As Emma states to Doctor: "You want me to conceptualise a universe in which I am the sole agent of my destiny and at the same time acknowledge my absolute powerlessness" (Macmillan 2016, 379). This is strikingly resonant with Furedi's (2004, 34) identification of a similar contradiction in the therapeutic culture: "Despite its celebration of the self, our therapeutic culture is hostile to behaviour patterns that demonstrate self-reliance and self-control. . . . Self-control and the aspiration for individual autonomy are viewed as psychologically destructive impulses." While trying to explain why she refuses the treatment offered by Doctor, Emma unwittingly discloses why she actually needs it when she declares herself to be private. There are remarkable resemblances between the collective ethos, group dynamics, and therapeutic principles underpinning the therapy method in the play's rehab center, on the one hand, and, on the other, the social-cultural norms and psychological-existential values promoted by contemporary neoliberal, capitalist culture as elaborated by Furedi in terms of a therapy culture. Therapeutic culture valorizes and rewards public disclosure of emotional vulnerability ("socialization of the passive subject"). This partially accounts for the implicit contextual impetus that steers Emma to submitting herself to the rehab center: the discursive imperative for the confirmation (by a disciplinary institute) of being/becoming normal after being cured by "professionals" and brought back to efficient functioning and performance, which is, perhaps, why she cannot discontinue therapy as she desperately needs "a letter from [the doctor] saying that, in [her] opinion, [she's] not a risk to future employers" (Macmillan 2016, 446). Individuals seek approval and recognition by the professional authority so that they will not be excluded from the realm of social production. In Furedi's (2004, 172) words:

> The very right to be esteemed posits a uniquely feeble version of the self. It places the individual in a permanent position of a supplicant, whose identity relies on a form of bureaucratic affirmation. The self is not so much affirmed or realized through the activities and relationships of the individual, but through the legal form.

For the affirmation to be continuous, the individuals subject themselves completely to the capitalist culture which "incites people to regard themselves as objects, rather than as subjects of their destiny" (Furedi 2004, 173). Emma's intuitive discernment of the aporia informing the therapeutic

method in its postulation of the role/nature of the self (as an agent and object) within the process is attested by Baudrillard's (1999, 167) description of the condition of man in the capitalist, postindustrial society in therapeutic terms as fragile and vulnerable. Mark's advice to Emma further corroborates this symptomatic aporia at the core of the therapeutic method: "The Group doesn't work unless we all contribute. Everyone is vulnerable" (Macmillan 2016, 397). Emma is expected to first acknowledge her emotional weakness and then believe that she cannot tackle this weakness on her own and, consequently, that she needs professional help to become normal again. In the neoliberal capitalist society, the individual is taught the importance of self-discovery, but she/he is paradoxically offered the therapeutic method as the only way to achieve this (see Furedi 2004, 107). This is in line with wider sociological critiques posed by Parsons (1965) and Merton (1938/1957), in their theories of social control (through the production of binary models of conformity-deviance) with regards to the implications of metaphorical-ideological links between health and social order. The latter have most prominently articulated their critiques in terms of the clinicalization of the modalities of socio-political conduct and space in conjunction with the medicalization of the mechanisms of social control (see O'Neill 1985). Foucault (1973, 34) goes on to describe how medicine has come not only to inform everyday experience, but also to establish the rules for "wellness" and "normality": "Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of healthy man, that is, a study of non-sick man and a definition of the model man." This epistemological transformation driven by a discursive-functional mission marks the point where "it ceases to be a clinical technique and becomes an instrument for the management of subjectivity" (Furedi 2004, 22). By dominating everyday discourse, therapy culture teaches individuals that there are some forces in society that are beyond them, which changes their emotional balance in favor of powerlessness and helplessness. When Emma realizes this for a moment, she protests: "I'm not powerless. I'm not helpless. I don't believe addiction is a disease, and I'm scared and angered by the suggestions that from now on it's either eternal abstinence or binge to death" (Macmillan 2016, 378).

In *People, Places and Things*, Emma has a long history with drugs and alcohol, which indicates not only addiction but her subjectification of objects. Her relation with these addictive substances is a complex one as the relief she gets from them is beyond the physical. Furedi (2004, 121) acutely discerns a crucial discursive shift in contemporary paradigm and cultural perception of addiction. He notes how today "the meaning of addiction

itself has changed. Most of the recently discovered addictions . . . have no basis in biology. These are addictions of the emotion—the medical label 'impulse-control disorder' is increasingly used by psychiatrists to describe what they regard as compulsive addictions." He proceeds to reveal an important ramification of such a discursive-cultural shift: the emergence/production of an "addictive personality." As he argues: "The addictive personality represents a crystallization of powerlessness. It is a personality that is driven toward actions over which little control can be exercised. Addiction plays the role of a cultural fetish through which society makes sense of diverse forms of behaviour. In attributing so much of human behaviour to this fetish, therapeutic culture demeans the potential for human action" (Furedi 2004, 121). This is indeed reflective of the discursive mechanism and cultural ethos of therapy culture: turning an addictive habit into a normalizing part of identity and life-long definition of selfhood.

In therapy culture, individuals' search for emotional comfort in addictive substances results from the invasion of the personal space and criminalization of the interpersonal relations. As Furedi (2004, 77) argues, "the guiding principle of the recovery movement is that unhealthy relationships are the direct cause of addiction and other emotional dysfunctions." So the rampant term "toxic" is also used to describe interpersonal relationships in therapy culture as the source of emotional distress: "Therapeutic intervention in family life in order to alter parenting practices and to curb antisocial behaviour has become one of the defining features of New Labour social policy. The management of interpersonal relationships by therapeutic experts appears as the government's answer to the problem of family life" (Furedi 2004, 63). The interpersonal sphere is criminalized with its potential of causing emotional trauma. This is evident in Emma's problematic relationship with her parents, particularly after her brother's death.

As toxic as drugs and alcohol is Emma's relationship with her mother, which can primarily be described in terms of "ambivalence." Gleaning our hints from the scenes of encounter and communication between them, what strikes us is the love-hatred combination imbuing their relationship. After her opening performance and blackout on stage, Emma is swiftly renewed in an uncooperative fashion into the next scene, where waiting in the reception of a rehabilitation center, she is on the phone to her mum:

> I'll stop calling you a cunt when you stop being a cunt.
> Listen,
> Mum.
> (Macmillan 2016, 344)

This initial indication to the relationship Emma has with her mother reveals an attitude of transgression and defiance toward the authority figure. How Emma uses the expletive, "cunt," to insult her mother not only implies her attempt at "abjecting" (in the Kristevan sense) her mother, but also reveals an unhealthy bond between mother and daughter in a breakdown of relations and communication. Furedi (2004, 76) states: "With the ascendancy of therapeutic culture, the claim that the cause of psychological problems was to be found within the family was gradually transformed into the assertion that intimate family relations were a toxic threat to the individual." As the foregoing conversation is situated in a rehabilitation center, a distance is created between mother and daughter, with the personal conversation taking place over the phone. The distance is further highlighted by way of truth, as Emma openly lies to her mother, while trying to conceal the fact that she is still taking drugs:

> *Aware of her surroundings, she quickly pours out the powder onto the seat of a chair and makes a few lines with a fingernail. . . . She holds the phone away from her and snorts the powder. For a moment, the lights in the room glow brighter, the music on the radio slows down and all other sounds cease, then everything speeds up to catch up with reality. . . .* That's why I'm here Mum. I am. I am trying to get myself well. *She rubs her nostrils and takes another drag on her cigarette.* No I'm not smoking. (Macmillan 2016, 345–47)

During the role-playing, Emma confronts her mother played by Therapist, this time in a more sincere manner, and spills out the real reasons behind her condition:

> Mum, you're frustrated with me. . . . You think acting is a fun hobby and isn't worthy of your child. You've never approved of a single boyfriend or career choice and you've never said anything to stop me. . . . I've broken promises. Many many times. I've stolen from you. I've said some I've said some things that I regret and that I wish I could take back. (Macmillan 2016, 436)

What this rehearsed confrontation with the mother displays is that Emma measures the value of her choices/actions according to the model of her mom, who features as Emma's ego-ideal. The estranged and ambivalent relationship with her mother is reflected by Emma aligning the authority

figures of the center such as Doctor, Foster, and Therapist alongside that of the matriarch. In the therapeutic institute, the mother of private emotional support has been replaced by the public professional. Emma in her psychotic state that, in this instance, is conveyed with the blurring between the realms of the private and the public, receives the hierarchal figures at the center in correlation to her mother:

> EMMA I guess so. You look like my mother.
> DOCTOR That's projection. Assigning familial attributes onto an authority figure. (Macmillan 2016, 360–61)

This passage throws into relief a persistent symptomatic behaviour evinced by Emma, namely, her misrecognition of almost every figure of authority as her mother. This can be more vividly corroborated if we consider two equally revealing instances. In her conversation with Doctor, when Emma tries to explain her distinctive conception of the world, she counterpoints it against those of the doctor's and her mother's to elucidate what she means:

> EMMA: And I wish I could feel otherwise. I wish I could be like you. Or my mother. To feel that some things are predetermined and meaningful and that we're somewhere on a track between the start and finish lines. But I can't because I care about what's true. . . . You're able to forfeit rationality for a comforting untruth so how are you supposed to help me? You're looking at the world through such a tight filter you're barely living in it. You're barely alive.
> DOCTOR: You talk about your mother a lot. (Macmillan 2016, 383)

Elsewhere, in her meeting with Therapist, Emma states: "God, you all look like my mother" (Macmillan 2016, 386).

Primarily her perception of the doctor as her mother evidences her diminishing grasp on reality principle (or socio-symbolic reality). While Emma's being haunted by her mother (through the fantasy) seems to conform to an oedipal/metaphorical dynamics of misrecognizing the doctor "as" her mother or "as if" she were her mother, her mother does not fully conform to the established features of a "phallic mother" (see Kristeva 1995, 103; Ian 1993). In the light of our demonstration of the ways in which Emma's mother is shown to be her ego ideal, what becomes evident upon closer inspection of the above passages is that Emma's misrecognition of authoritative figures as her mother is governed by association rather than

identification; in other words, it is driven by metonymic dynamics, linked with the Desire of the Mother, rather than metaphorical dynamics, linked with the oedipal logic and the Name of the Father as elaborated by Lacan (1977, 199–207).

Her fixation in the preoedipal stage where the infant wants to be what the mother desires has extended into the postoedipal stage, where her identity is still contingent on her mother's approval and judgment of Emma. Emma's symptomatic condition chiefly hinges on two issues: her lack of a sense of self-worth and the morally unaccountable death of her brother. The former arises from her preoedipal conflicts in relation to her mother; and the latter has hurled up the question of theodicy in her mind: the problematics of justice, meaning, and ontological-teleological purpose. As is borne out throughout the play, Emma is obsessed with how God (as the traditionally conceived source of grace, virtue, and life) could grant the death of an innocent and young brother. And her lack of an answer to this conundrum has come to shatter her belief in the possibility of a stable, transcendental source of ontological unity, teleology, and identity. As such, her symptomatic condition can be argued to stem from her oscillation between her feebly established relations with both the Desire of the Mother and the Name of the Father. This is attested by the inexorable way she defies a belief in both the existence of God and the norms and values of the socio-symbolic order (the collective others). It can thus be observed that, for Emma, the translation/transition from the Desire-of-the-Mother to the Name-of-the-Father has been only partially fulfilled.

The underlying cause of Emma's obsessive-compulsive pattern of misrecognition is further revealed if we juxtapose it with Emma's problematic relation with her name. Throughout the play she relentlessly lies about her real name and spares no efforts at concealing it. Apart from this gesture being amenable to being construed as Emma's gesture of defiance of the normative-disciplinary imperatives of transparency demanded by the therapeutic institution, this name-denial evidences her problematic relation not only with her own singular first name but with the Name of the Father. Both the name-denial/refusal and this cognitive-affective misrecognition of the maternal figure can be illuminated if considered in the light of Lacan's (1977, 199–207) notions of the "Name of the Father" and the "Desire of the Mother."

The subtle psychodynamics involved in the associative logic of Emma's misperception can be further illuminated by considering the similar power dynamics informing the two relationships at stake here: Emma's desire for approbation from her mother (see above) is correlatively replaced by her need for approval of her sanity, rationality, and functionality from what

Furedi (2004) calls "psychologizers" in the rehabilitation center: "Thing is, I came here to get everything out of my system and now I have, nearly, and I really feel like I'm ready to get back out into / the real world. . . . eject me. I'm happy to go, just give me / my letter" (Macmillan 2016, 376–93). The letter can be construed to feature as a metaphor or surrogate for the Name of the Father, to wit, something the acquisition of which provides the authorization of one's subjective function in the socio-symbolic order, thereby fostering a sense of institutional belonging, legitimating one's being qualified to function in the neoliberal capitalist order driven by the performance principle (see Marcuse 1974, 282; Marcuse 1987, 44).

CONCLUSION

Emma as a character represents, through her journey to recovery, an insecure self, stemming from a multiplicity of causes: personal-familial: her traumatizing relation with her parents and traumatic loss of her brother; ontic-ontological: the crisis of meaning and truth in a postmetaphysical world of postmodernity; social-historical: a neoliberal capitalist world where reality and reality principle have been reformulated in terms of the performance principle, where an efficiently performative, entrepreneurial selfhood is the norm, where the social relation and community have been trans-coded into a spectacle, and where therapy culture (distorting the boundaries between private and public) reigns supreme; existential: and a fundamental precariousness dominating her mode of (self-)government (See Lorey 2015, 89). This distorting effect of insecurity is linked directly to the state of self in current conditions of being, ontologically, socially, politically, and existentially. In a performance-based hyperreality where the singularity or authenticity of the lived self is indistinguishable from the citational or scripted nature of the functional self, a state of being insecurely afloat among different versions of the self—each with its claim to reality and truth (in the sense of being efficiently performative)—emerges which in turn fosters a general condition of existential, ontological and social crisis. This illustrates the symptomatic condition besetting Emma who, until the end, could just as well have been Nina, Sarah, or even a seagull.

The play, however, leaves a number of crucial points in abeyance or ambiguous: Emma's relation with her mom, Emma's relation with God, and Emma's final psychosomatic condition. Having taken all the excruciating steps toward encountering her traumatic past, her loss, and her fraught relation with her mother, Emma, toward the end, evinces the signs of recovery.

This is attested by our encounter here with an Emma who manifests a less fragmentary and more unified identity coupled with a sense of reality and an assured relation to it. She can be argued to have partly restored to a more lucid state. The stage direction cogently confirms this point: "*She speaks with more volume, more confidence. . . . EMMA gradually speaks more naturally, more sincerely. She really means what she says. . . . She is compelling, moving, in her element*" (Macmillan 2016, 460). This lies in keen contrast with the opening scene, where she teeters between the role and her own identity. The other evidence to the foregoing argument is that, at the end of the play, she is finally able to distinguish between herself and other actresses (potential Emmas in terms of their functions and roles in the script for which they are taking test) whereas in the scenes in the rehab she would perceive herself as splitting into simultaneously numerous Emmas. Contrary to her performance of Nina at the beginning, she seems completely in charge when she is uttering her advertisement lines for the company "Quixotic":

> In a world that sets limits, that says you shouldn't try, that you will fail, in a world that says "no," we say "yes." We don't believe in "no." *She speaks with more volume, more confidence.* We don't believe in boundaries or limitations. We believe in the pioneer. We believe in the visionary. However impulsive or impractical. We say "yes." *Gradually, the lights in the room are falling and a spotlight is emerging on EMMA.* We say that life is for the living. We look at the world with joy. With love. We look at the world with wonder. *EMMA gradually speaks more naturally, more sincerely. She really means what she says.* (Macmillan 2016, 459–60)

While the content of the speech is redolent of the mottos of commodity and consumer culture that urge the consumer to uncritically embrace the impulse of the moment, it resonates deeply in her. The surrender in the beginning is replaced by resistence, which is noticable in her words and her way of uttering them. We wonder whether we should construe this behaviour as a sign of an affirmative will to "overcome" (in the Nietzschean-Adornian sense) the absurdities of a neoliberal capitalist world. The content of her speech is noteworthy also because it reflects her clean break with her traumatic past as well as her affirmation of the present:

> Why bring the past into the present? We stand resolutely in the present, arms wide, looking towards the future. I am now. You are now.

> We are now. . . . What a thing it is to be alive. What a thing it is to swim in the sea. To look up at the wide clear sky. To feel the sun on your skin. To climb a mountain or just a flight of stairs. To eat a donut. To love and be loved. What a thing it is. I am now. You are now. We are now. This is the beginning. (Macmillan 2016, 460–61)

This emphasis on the moment of "now" and "present" is crucial to the determination of Emma's psychodynamics and the trajectory of her therapeutic process and existential journey—hence worth pondering in detail. Revealingly, "eating a donut" and "loving/being loved" have been placed in closest proximity, implying a parallel, urging us to view the affirmation of this flat "now" which involves the exclusion of the traumatic past at best skeptically. Such a nondialectical and implosive perception of time/history, as both philosophers (deconstructionists and phenomenologists) and psychoanalysts would alert us, is profoundly flawed (See Žižek 2008, 73–75; Laub 1992, 57–74; Malkin 1999, 164). This linear perception of time not only leads to implosion in the moment of now rather than liberation but ironically foredooms the individual to the repetition of the traumatic past by making them forget and hence "repeat" it (see Freud 1953, 152–70). We thus wonder whether we are supposed to construe this reconciliation with social reality as Emma's full identification with her symptom, that very reality of neoliberal capitalist ethos, which is partly responsible for her traumatic condition, rather than trying to overcome or dissolve it.

The ambiguity of this climactic moment can be broached from two perspectives. On the one hand, we can seek one possible answer to this question through Lyotard's (1991, 106–7) distinction between "now"—the evental instant and the ethical injunction to act and to witness intimately linked with it—and "new." Lyotard (1991, 82) elucidates the relation between "that there is [quod]" and "what [quid] happens" by positing a temporal and qualitative difference between the two. More strictly, the (evental-anamnestic) time of quod (Is it happening? or that there is)—and the situation of the unpresentable—transpires as a rupture in the commonsensical-social temporality of quid (what is happening? or its re-presentation in the context of a linear, teleological progress). Lyotard (1991, 59) compares such a temporal experience to a situation where "it is always too soon or too late to grasp presentation itself and present it. Such is the specific and paradoxical constitution of the event." Nevertheless, the determining question is: How does the audience but also Macmillan/Emma differentiate between the "now" of the event and the "now" as an injunction to seize the

evanescent new product-fetish (which holds the promise of renewing the subject who purchases/possesses it)? In other words, on a meta-theatrical level, how to differentiate between the shock of evental aesthetic (event as a sublime moment of transcendence of the former/symptomatic self and thus self-transformation) and shocking aesthetic operating in the late capitalist modes of production and representation? And, thus, how does Macmillan/Emma preclude the possibility of the latter? In other words, how to differentiate between this evental "now" from the "now" of the new—embodied by the consumer capitalism's commodity-fetish and liable to the "metaphysics of capital, which is a technology of time" (Lyotard 1991, 107)—thereby preventing the former from reverting to "the petit frisson, the cheap thrill, the profitable pathos"? (Lyotard 1991, 106). What further compounds this fraught situation in *People, Places and Things* and occludes our ability to reach a nuanced judgment is its immediate context: Emma featuring as an actress in an advertisement—a paradigmatic instance of embeddedness in capitalist consumer culture.

On the other hand, there are, though faint, hints in the play that betoken the possibility of a more positive reading of this moment as one promising reconstruction. Considered more optimistically, this moment is also reminiscent of a popular book of transpersonal philosophy: Eckhart Tolle's *The Power of Now* (1997). In Tolle's mystical conception, "now" designates a moment of spiritual enlightenment marked by the emergence of a new state of consciousness where one's personal being—relieved of the mediation of one's mind—achieves unity with Being. To him, as long as one lets one's mind dwell on the "residual pain from the past," one can never achieve psychological lucidity and existential autonomy. In *People, Places and Things*, Emma's melancholic masochistic condition is characterized by a sense guilt, self-loathing, and shame, which result from the residues of her past traumas and her leaning toward recreating them in the present. The remedy Tolle (2004, 45) offers is to "always say 'yes' to the present moment" and block the past's unnecessary intrusion into the present. Tolle's "now," thus, can be considered as one which transcends and is fully detached from the trace of the past and future—an impossible conception as far as Derrida's critique of the metaphysics of presence and of the Husserlian account of the temporality of consciousness manifested in the latter's chief methodological operation (*epoché* or the transcendental phenomenological reduction) is concerned. So, Tolle's notion of "now" and his endorsement of an unreflective embrace of an epiphanic "now" seem naïve—particularly in the context of Macmillan's

play, which evinces such an awareness of the intellectual developments in the postmodern world.

Nevertheless, Tolle's conception of "now" is partly consonant with Emma's remarks at the end of the play. Viewed less skeptically, one could interpret this scene—particularly the resonant speech—in a different way. Emma's invocation of the "now" and determination to say "yes" without boundaries can be interpreted as her endorsement of presentism and achievement of what Tolle calls "spiritual enlightenment." In this light, we could distinguish between Emma's role in the advert and Emma as the individual performing it without believing in it or wishing to identify with the message. We could thus argue that the previously schizoid and disoriented Emma finds a voice of her own in the lines she speaks. She starts off with the script but stops dissolving into her role. This is evident when she finishes her speech and asks: "Was that okay? I could go again on that if you'd like. I can do better" (Macmillan 2016, 461). Emma seems to have eventually obtained her psychological lucidity and existential autonomy. Her very last words "Thanks for seeing me" (Macmillan 2016, 462) reveal not only the spectatorial dynamics and testimonial ethics pervading the play—as a self-conscious psychic feature and meta-dramatic device—where the audience was implicated in an ambivalent psychological and affective relation with Emma but also that she has become visible as a person. In this symbolic end, the stage of the beginning is returned to at the end, although this time, the audience is finally relieved from the psychotic first person perspective, representing a security of the self in Emma's final recovery.

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NOTES

1. The following are an exemplary bunch: Caryl Churchill's *The Hospital at the Time of the Revolution* (1972), Alan Ayckbourn's *Woman in Mind* (1985), Sarah Daniels's *Madness of Esme and Schaz* (1994), Mark Ravenhill's *Shopping and Fucking* (1996), Conor McPherson's *Shining City* (2004), debbie tucker green's *stoning mary* (2005), Lucy Prebble's *The Effect* (2012), Bush Moukarzel and Mark O'Halloran's *Lippy* (2013), Tom Stoppard's *The Hard Problem* (2015), and Alice Birch's *Anatomy of a Suicide* (2017).
2. For an extended, yet case-specific, exploration of the critical-clinical treatment of schizophrenia in another emblematic contemporary play (Penhall's *Blue/Orange*) please see: Alireza Fakhrkonandeh and Yiğit Sümbül, "Displaced Metaphor as Madness? A Critical-Clinical Study of Schizophrenia in Joe Penhall's *Blue/Orange*" in *English Studies* https://doi.org/10.1080/00138 38X.2021.1966967
3. Harpin explains the problematic nature of realism in the representation of madness on stage—due to ethical and epistemological reasons—in ensuing terms: "Realism is limited in its ability to capture unusual states of mind. I would contend, moreover, that a realist framework readily invites a diagnostic gaze in so far as it replicates dominant categories of normal and abnormal behaviours. . . . when it comes to the staging of mental distress realism is problematic unless it argues against the logic of its own form. Realism tends to remainder the contents of 'mad' experience in some ways as outside the dramatic frame and, thereby, implicitly participates in an othering of such states of mind. Madness in such [realistic] works is, frequently, reduced to identifiable surface behaviours that are framed as 'ill,' behaviours that exceed the limits of the internal logic of the play-world" (Harpin 2014, 189).
4. "Drama therapy is the intentional and systematic use of dramatic processes to achieve psychological growth and change. The tools are derived from theater, and the goals are rooted in psychotherapy. Although drama therapy can be practised within the theoretical framework of almost any existing school of psychotherapy, it also has its own unique heritage, conceptual sources theater, psychodrama, dramatic play, dramatic ritual, role play" (Emunah 1994, 3).
5. Goffman's (1959) model assumes that the daily life of individuals and a character's life on a theater stage are similar in that both social interactions and theater acting are performative in nature. Individuals taking part in social interactions are therefore social actors performing various life-roles, rehearsing/premeditating how they will present themselves in each occasion and what kind of impression they will make. Goffman's model derives largely from the conception of the social self (James, 1890/1950; Calkins, 1915; Cooley, 1922; and Mead, 1934) as a version of the internal self projected variously to others in different social situations. Goffman distinguishes between the frontstage behaviour and backstage behaviour of the social self, always acknowledging the existence of an audience in advance. (Goffman 1959, 114; Fine and Manning 2003, 45–46) Goffman's ideas informed Sarbin and Allen's (1968) "role theory," Gergen's

(1971) understanding of identity in relation to self-concept and roleplaying, and Harré's (1977) concept of the "theatricality of social life."

6. This statement, which appears in the 2015 single volume of the play, was removed from the 2016 volume of collected plays (see Macmillan 2015, 40).
7. Kant's twelve categories of understanding are: the class of quantity (unity, plurality, totality), the class of quality (reality, negation, limitation), the class of relationality (substance, causality, community), the class of modality (possibility, actuality, necessity) (see Kant 1998, 212).
8. The indication of even one of the characteristics of "perversion" (as articulated by Kristeva) would suffice to demonstrate its applicability to Emma's behaviour: "Narcissistic satisfaction by a part object [drugs in Emma's case] is supplemented by a fetishistic and exhibitionist discourse of someone who is all-knowing and has no desire to learn" (Kristeva 1995, 41).

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