

Article

# Researching Theatre and Mental Illness

## Transdisciplinary Trouble

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### Introduction

WORKING METHODOLOGICALLY ACROSS DISCIPLINES CAN, AT TIMES, MAKE THE RESEARCHER FEEL LIKE A COUNSELLOR IN A DYSFUNCTIONAL MARRIAGE. From choosing the right methods and theory, to attempting to interweave – seemingly – contradictory fields; from becoming a terminology interpreter and even all the way down to referencing literature under a single guide, it can become very challenging. What is it that makes this process so demanding? For one thing, it is the obligation to accept and commit; to accept that this is always going to be difficult, that you may stumble upon more cacophonies than usual, and to commit to using diverse disciplines in conversation, rather than against each other, thus honouring their fertile convergence.

At such a junction are the medical humanities which aim to open ‘up medicine and healthcare to different educational and cultural opportunities’ and are ‘a field bringing together interdisciplinary approaches to fundamental inquiries’ rather than a discipline itself.<sup>1</sup> The emergence of the field indicates a significant gap in knowledge and therefore considering it as a stand-alone discipline would take away of its necessity and importance. In other words, the very need for a ‘collision’ of disciplines hints towards the complexity of questions we are trying to answer. It is after all what the merging of arts and health and the wider field of medical humanities is all about; answering questions that cannot be answered through just one discipline and finding a middle ground that is a new field – but not a new discipline – rather than a

combination of the two, making this field *transdisciplinary* rather than *interdisciplinary*. It is helpful to think of the transdisciplinary as the ultimate problem-solver which would offer solutions to what Jay Bernstein describes as ‘wicked problems’.<sup>2</sup> Evans and Greaves warn about thinking away from ‘any narrow or reductionist focus, even when these are joined together in an “additive conception”, as might be implied by an alternative title such as “Humanities in Health Care”’.<sup>3</sup> Medical humanities’ authenticity of thinking is a necessary acknowledgement and a minimum requirement for unlocking the field’s potential.

The value and challenge of medical humanities is reflected when thinking methodologically. When it came to pursuing my PhD in contemporary UK theatre performance about mental illness, there was an opportunity to choose a direction of sorts, which would shape and lead my whole project. Choosing between departments of arts, fine arts, humanities, English and drama or departments of social, health and care science, psychiatry or psychology, instantly defined the route I would adopt with my methodology and even the angle of my research questions, if not the research questions themselves. A further decision upon study design was made partially on the basis of what I felt the project needed while compiling the proposal. Entering the reality of the study though, means that it is necessary to be alert to how the project evolves and therefore some of my research methodology was developed and stabilised as I went along.

In my project, I examine the work of artists in the form of case studies. My methodological design includes collecting data using autoethnography, archival research, semi-structured interviewing and a mapping method I developed. I then examine the data I collect through performance analysis. William Franke states that to speak about method in the humanities introduces a paradox, as ‘knowledge in the humanities is contextual and relational and therefore also historical and even personal’.<sup>4</sup> The challenge that the medical humanities pose is that the role of science has not only to be acknowledged but also, and this is crucial, to be utilised for its best aspects and smoothly merged with art, while also bringing the two together in critical conversation. In this paper I will present my study design, its rationale, the challenges of working across art and science, how I attempt to overcome them and questions that I continue to seek an answer for.

## Study Design

From the Personal to the Social and Back

As I try to represent the needs and picture of mental health and care in the UK at the moment, along with my own positioning in the project, everything is old and new at the same time and this is work based on self-reflexivity as much as it is grounded in the rest of the world. This project is a result of many years of research and practice on the respective fields of theatre and of psychology, both separately and together. In that sense, I bring a considerable amount of myself to it. On reflexive practice in anthropology and on social sciences following the rules of natural sciences, Victor Turner notes:

In social life cognitive, affective, and volitional elements are bound up with one another and are alike primary, seldom found in their pure form, often hybridized, and only comprehensible by the investigator as lived experience, *his/hers* as well as, and in relation to, *theirs*.<sup>5</sup>

It is precisely this self-reflexive hybrid of a form that this study is based on, which is situated within the experience of the self as much as that of the other, an approach of 'involved knowing' as Franke describes.<sup>6</sup> The self and the other are important in every discipline let alone in health, illness and care, where so much depends upon relational dynamics. In this project my focus lies in the relationship between artist and audience and the distance in-between which encompasses both parties and brings them together in a relational manner. I am myself part of this examination more crucially as an audience member perusing and letting myself loose at the same time, during the performances I attend upon which depends a significant part of this study. Acknowledging what seems to be an obvious process should not be undermined, as often social sciences and clinical research will mask the role of the researcher and abolish it as a source of bias.<sup>7</sup> Whilst this may be applicable and desirable to some extent, it is worth thinking what the level of involvement should be in a study that does not just rely on the medical, and how to strike a balance between objectivity and subjectivity.

My direct involvement in the project is best defined as autoethnography; it plays a major role in understanding and deciphering spectator experience affectively and is my link between data collection and data analysis. In an active effort to maintain the purity of my experience as a spectator in the performances I examine, I decided against conducting interviews with all artists as, at least in theory, this would mean I would have access to information about the artists and the performances denied the average audience member. I also posed a question to myself as to whether I really needed to know what the exact intentions of the artist would be and whether that would actually be beneficial to the project as a whole. Equally, I decided against approaching other audience members and discussing their experience formally as this would declare a position towards the existence of an average spectator which is not really something that one can claim.

Autoethnography is a complex and prolific method. In their 'overview', Carolyn Ellis, Tony Adams, and Arthur Bochner describe autoethnography as follows: 'A researcher uses tenets of *autobiography* and *ethnography* to do and write autoethnography. Thus, as a method, autoethnography is both process and product'.<sup>8</sup> According to Ellis and Stacy Holman Jones, autoethnography is about foregrounding and analysing personal experience to understand cultural phenomena.<sup>9</sup> Ellis, Adams, and Bochner argue that 'autoethnography is one of the approaches that acknowledges and accommodates subjectivity, emotionality, and the researcher's influence on research, rather than hiding from these matters or assuming they don't exist'.<sup>10</sup> On the basis of this, in the process of writing this project I found myself being the object of this research as much as being the researcher particularly when attempting to decipher the emotional and cognitive experience of the spectator; therefore a great degree of self-reflexivity involved in doing research like that is at hand here, as I constantly find myself re-assessing my position and re-configuring my objectivity towards the work and the artists. Ellis et al. link autoethnography closely to relational ethics.<sup>11</sup> This holds true with this project; as a researcher I have an ethical responsibility to represent the work in honesty and fairness while honouring the bravery of the artists to make their private experience public, or for those who do not present autobiographical material, to engage with a sensitive issue and approach it with the same level of honesty and fairness I apply. Autoethnography is about accepting your implication and role in the research, and as this project is largely based on the spectator's experience, it is absolutely vital that I do so. The challenge then lies in ensuring

that my audience experience is not presented as a universal audience experience or rather, a sample of the average audience experience for the particular performance I am assessing.

It may seem that the temporality of these performances constitutes this as material for which anything related to ethnography is not the most suitable method; however their life becomes longitudinal through this project and my constantly evolving examination of them. After seeing Kim Noble's *You're not Alone* (2014) I found myself going back to the information he gave about strangers during his performance, trying to identify the truth in his stories, becoming myself a culprit of voyeurism as much as he himself appeared to be in his performance. In this sense the performance had an instant afterlife which was then extended even further by systematically investigating it through my research.

### Working with Dirty Data

Working in medical humanities means that the researcher must be open to a mixed-method approach and be prepared to use more than one method of collecting and analysing data. Hence, autoethnography is only one of the ways in which I approach material. Part of what I do in this project is identifying digital and physical archives of the performances I investigate. Most are public access archives but many archives instrumental to this project are private and therefore required communication and formal agreement with the artists in order to access them. In this project I have used two other methods; *Chapter One*<sup>12</sup> of my project, an overview of the current and past practice, will be guided by a basic mapping method that I devised following certain principles of the grounded theory approach.<sup>13</sup> I devised this method while working in research in a project of similar nature within arts and health. This method is suitable for approaching 'dirty' data – which I consider this type of data to be – and grey literature that can vary a lot in type. The method allows for devising categories that derive from the data itself and then thinking according to those categories.

For one of my case studies, I was obliged to conduct a semi-structured interview to obtain information about the artist's performances, in the absence of a private video archive I could visit. This posed a number of issues of accessing 'extra information' and having an insight that was not necessarily wanted. Putting time and distance between myself and the data, was the way to attempt to resolve this. In this way the needs of the project led me to employ new methods to accommodate my study and select my data collection methods. The interview gave me an opportunity to enter a social science study for a mere moment, as I was asked to formally address my research questions and the purpose of the interview, and compile succinct questions to guide the interview. While my daily experience as a researcher outside of this project is very much like that, the context gave this process a particularly interesting spin while I acted as a social science tourist in the land of humanities.

Approaching data that is as variable as this is no easy task. The data available can be as individual and unique as the people who are producing it, I have found. Online data can easily be gone a day later, and so I learned the hard way that it is important not to store links but rather take snapshots of pages. The data I have at hand both for the cases studies and my project mapping chapter is extremely uneven and is drawn from all imaginable corners including: performance attendance, my personal notes, performance programmes and leaflets, feedback forms, artist websites and blogs, their open Twitter and Facebook accounts, reviews on newspapers, magazines, fan blogs,

books devoted to the artists, emails and festival programmes to name a few. As I will present later, when it comes to approaching the work theoretically, I work with uneven documents which include science and humanities journal articles, edited books and monographs, psychiatric manuals, reports and government acts. This process does not happen overnight and it is as autoethnographic and self-reflexive as the project itself. Robert Stake states:

There is no particular moment when data gathering begins. It begins before there is commitment to do the study; back-grounding, acquaintance with other cases, first impressions. A considerable proportion of all data is impressionistic, picked up informally as the researcher first becomes acquainted with the case. Many of these early impressions will later be refined or replaced, but the pool of data includes the earliest of observations.<sup>14</sup>

The collection of the data that comprise my case studies is proof of my involvement in the project. In a sense, I have been gathering this data for years, by actively engaging in the field of arts and health as a practitioner, researcher, and spectator.

Re-evaluating methodology and keeping your senses open in medical humanities is vital. A medical humanities project has a lot to give but requires equal effort and devotion. This self-reflexive, dynamic project directs me to its needs and on the basis of those I develop my methodology. For example, in a project that targets on capturing something as abstract as the affective experience of a performance for an audience, it would be difficult to apply standardised measures, and collect audience responses, and even if this was accomplished, it would be very challenging to generalise this experience. What is affect and what is an audience? What constitutes a typical affective experience for an average audience and who decides what average is? These are questions that have been tormenting social sciences for decades but also the arts in recent years, often leading applied arts to drive their content to a direction where it can actually be measured for their value. This is not a bad thing, but a fine balance, as with everything else, must be kept in medical humanities. The complexity and necessity of a diverse study design reflects the uneven reality of arts and health data and the sensitive nature of the subject of mental illness that, while it has gone from the private to public domain with the full responsibility of the artist, it still bears certain restrictions and protection rules which as a researcher, you are called to respect fully.

### **The Case Study Approach**

In this project, I am bringing information together in the form of case studies – one of the best ways to represent complex material in depth. A case study rings different bells in different disciplines, and varies between research and practice especially in medical fields. According to Carla Willig ‘the case study is not itself a research method’ but is a useful tool to bring together ‘in-depth, intensive and sharply focused exploration’ of what Dennis Bromley defines as ‘natural occurrences with definable boundaries’.<sup>15</sup> Bromley further identifies case studies as ‘the study of an individual person, usually in a problematic situation, over a relatively short period of time’.<sup>16</sup>

Case studies, Willig says, are characterised by temporality, triangulated sources of data, a concern with generating theory, ‘an idiographic perspective’, i.e. a focus on specific and on the unique rather than general data, highlighting the focus that this project has on individual and subjective experience and a

focus on context, i.e. the case within a wider context; in this case reflecting not only the local (UK) change in healthcare and mind sets but also the global trends in care and illness in the Western world.<sup>17</sup> A case study is not indeed a method, but a way of putting complicated and uneven data together in order to produce meaningful connections and new theory.

In my project, I take a case study approach with five performance artists or companies, which deal with the subject of mental illness explicitly or implicitly.<sup>18</sup> I have chosen these artists on the basis of quality, sustainability, representation and impact on culture, aside the basic inclusion criteria I have set, which are the following:

- Artists should be based in the UK.
- The main subject of their performance should focus explicitly or implicitly on mental illness.
- The artists should be working professionally as theatre makers.

My case studies largely cover the past decade; however, the performance I am examining by Bobby Baker is based on a performance first presented in the 1980s, thus providing a very much needed historical angle to this study, aligning with the closure of UK psychiatric institutions which started in the 1980s, and the subsequent distribution of care to the community and rise in arts and health.<sup>19</sup> I believe that each of the case studies brings a significant contribution and in this way I have tried to approach the subject in as many ways as possible. I actively sought to be inclusive in terms of type of performance on stage and, whilst I did not actively seek to accommodate particular disorders, the case studies I chose complement each other in many ways and represent the majority of illnesses out there. The challenge in a project like this is to align the research with trends in more than one area, albeit contemporary performance and health care, while creating benchmarks that are directly linked to the reality and history of psychiatry in the UK. This is particularly instrumental in explaining the increased activity of works like the ones I examine.

It is difficult to know at the beginning what to include and what to leave out in a case study, particularly one in a transdisciplinary project where the health of the artist may play a major role. Case studies entail fragile balances that one has to actively keep in mind in making a selection on what is useful and what is not, what is considered intrusive and what is a valid examination of public data and when to stop describing and start examining. Combining case studies forces the content to become more focused on the value that artists bring out when in conversation with each other. Theory and research questions with a strong direction set the tone and relieve a lot of the pressure of having to compile an all-inclusive approach which says a lot but does not really say anything in particular.

## Theory

There is no method without theory and so I think a brief reference to the theoretical areas I have selected, is fitting in this paper. Theory is an instrumental part of the process. It is through a combination of theory and practice that new knowledge can be produced. My analysis is based predominantly on the concepts of affect and performativity. I found these concepts to be very helpful and suitable for this project. In my attempt to approach the subject from the best possible angle, I have used sources from a

number of disciplines including: performance and drama theory, social, cognitive and clinical psychology, philosophy and anthropology. The variety of sources for theory in my analysis reflects the complexity and challenges of the discussion between art and science. Connecting and compromising philosophy with clinical psychology and drama theory with cognitive approaches to spectatorship is a big part of this study's beauty.

Affectively speaking, there are many theories, schools of thought and ways of distinguishing affect from emotion and feeling. Sometimes affect is the most contagious and bodily state, sometimes it is emotion.<sup>20</sup> Eric Shouse attempts to bring the three together to distinguish them in the following formulation: 'feelings are *personal* and *biographical*, emotions are *social*, and affects are *prepersonal*'.<sup>21</sup> Shouse establishes them as directly related to each other presenting feelings as sensations relating to experiences, emotions as projections of feelings and affect as the most unconscious experience of all, involving a great degree of intensity. In this project the focus will lie on the affective experience as presented by Sara Ahmed, Julia Kristeva, Silvan Tomkins, Sianne Ngai, Teresa Brennan and Jennifer Doyle amongst others. Affect here is indeed contagious, bodily and instinctive but there is a certain degree of conscious process in it that will be explored throughout the project.

The question then becomes: Is there illness without affect? The deconstruction and analysis of the role and utility of emotions is very important in this project, it is my tool and gateway to understanding how the experience is transmitted from the artist to the audience. I place important value on affective experiences in my daily life and in the way that I experience art, but I also acknowledge the challenge in identifying affect, examining it or even agreeing on a common experience. The dynamic nature of affect theory and the ways in which it will be used in this project makes a case for its necessity and utility. To answer my question, there is no such thing as mental illness without some degree of affective narrative and therefore it is instrumental to utilise affect theory to read the rich text of mental illness as presented on stage.

Performativity plays an instrumental role in this project too, and attempting to apply it to explain mental illness on stage bears a unique beauty of its own. Examining the performative aspects of performance may seem like an exaggeration; however performativity serves humanities in a way that allows the examination of behaviour from the linguistic to the non-verbal and embodied, enabling 'a powerful appreciation of the ways that identities are constructed iteratively through complex citational processes'.<sup>22</sup> Performativity spans from the pioneering work of J. L. Austin who examined the text behind the text through performative and non-performative utterances, to Judith Butler's gender performativity, defined as a set of behaviours that form an act relating to gender, and Sedgwick's theory which departs from Austinian theory and meets Butler.<sup>23</sup> This is the second theoretical tool that I use in my project.

The concept of performativity – and non-performativity for that matter – is of grave importance in the case studies I explore, particularly when it comes to seeing mental illness as a performative act. Seeing mental illness as performative is not about diminishing the experience of mental illness. Individual mental disorders as defined by psychiatric classification manuals bear certain characteristics and are built on a combination of observation and assumption. Nevertheless, the experience of mental illness is unique to every person and often goes beyond DSM categorisation.<sup>24</sup> Performativity is not used in this context to examine the authenticity of the person's illness.<sup>25</sup> Rather, what performativity offers, is a way to view certain ostensibly assigned attributes of mental illness as more flexible than what we think they are. What

is useful in performance is that it draws the attention to those potentially, external and therefore enacted characteristics of illness while offering insight to the personal and unique experience.<sup>26</sup> My self-reflexive quest and obligation to keep an open mind have driven the selection of these two theoretical concepts. My theory drives my research questions, which in turn lead the project to fulfil its goals.

## Conclusions

As with anything else in research, medical humanities studies are dynamic and full of potential. Clinical research will always have a different nature from humanities, but medical humanities are about embracing the variety, the contradiction, and looking closely with an objective and clear, yet flexible and personal view at what each field offers to our understanding of the medical, and to our understanding of the human.

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## Notes

- 1 Luca Chiapperino and Giovanni Boniolo, 'Rethinking Medical Humanities', *Journal of Medical Humanities* 35.4 (2014), 377-88 (p. 377); Howell M. Evans and David A. Greaves, "'Medical Humanities' – What's in a Name?", *Journal of Medical Ethics: Medical Humanities* 28.2 (2002), 1-2 (p. 2).
- 2 Jay H. Bernstein, 'Transdisciplinarity: A Review of its Origins, Development, and Current Issues', *Journal of Research Practice* 11.1 (2015) <<http://jrp.icaap.org/index.php/jrp/article/view/510/412>> [accessed 18 January 2017].
- 3 Evans and Greaves, p. 1.
- 4 William Franke, 'Involved Knowing: On the Poetic Epistemology of The Humanities', *The European Legacy* 16.4 (2011), 447-67 (p. 448).
- 5 Victor Turner, 'Dramatic Ritual/Ritual Drama: Performance and Reflexive Anthropology', *The Kenyon Review* 1.3 (1979), 80-93 (p. 80).
- 6 Franke, *passim*.
- 7 For an account of this see Brendan Gough and Anna Maddill, 'Subjectivity in Psychological Science: From Problem to Prospect', *Psychological Methods* 17.3 (2012), 374-84.
- 8 Carolyn Ellis, Tony E. Adams, and Arthur P. Bochner, 'Autoethnography: An Overview Forum', *Qualitative Sozialforschung: Qualitative Social Research* 12.1 (2011) <<http://www.qualitative-research.net/index.php/fqs/article/view/1589/309>> [accessed 18 January 2017].
- 9 See: Carolyn Ellis, *The Ethnographic: A Methodological Novel about Autoethnography* (California: AltaMira Press, 2004); Stacy Holman Jones, 'Autoethnography: Making the Personal Political', in *Handbook of Qualitative Research*, ed. by Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage, 2005), pp. 763-91.
- 10 Ellis, Adams, and Bochner.
- 11 Ibid.
- 12 Working title for the chapter: 'From the Margin to the Centre: The Diverse Landscape of Contemporary Performance about Mental Illness in the UK'.
- 13 Grounded theory is an inductive research method which entails producing categories from large sets of qualitative data, which will then lead to creating new theory.
- 14 Robert Stake, 'Data Gathering', in *The Art of Case Study Research* (Thousand Oaks, CA: Sage, 1995), pp. 49-68 (p. 49).
- 15 Carla Willig, *Introducing Qualitative Research in Psychology*, 2nd Ed (Berkshire: Open University Press, 2008), p. 74; Dennis B. Bromley, *The Case Study Method in Psychology and Related Disciplines* (Chichester: John Wiley, 1986), p. 8.
- 16 Bromley, *Ibid.*, p. ix.
- 17 Willig, pp. 74-75.



- 18 The case studies are formulated as follows: Bobby Baker cross-examined with James Leadbitter (the vacuum cleaner), Theatre Témoin cross-examined with Bryony Kimmings and Tim Grayburn and finally, Kim Noble examined as a stand-alone case study.
- 19 The Health Foundation and King's Fund, *Making Change Possible: A Transformation Fund for the NHS* (2015), p. 9.
- 20 For contagious and bodily state see Anna Gibbs, 'Disaffected', *Continuum: A Journal of Media and Cultural Studies* 16.3 (2002), 335-41 (p. 337); for emotion see Helen Nicholson, 'Emotion', *Contemporary Theatre Review* 23.1 (2013), 21-2 (p. 21).
- 21 Eric Shouse, 'Feeling, Emotion, Affect', *M/C-A Journal of Media and Journal* 8.6 (2005) <<http://journal.media-culture.org.au/0512/03-shouse.php>> [accessed 2 February 2017] (para 2).
- 22 Andrew Parker and Eve Kosofsky Sedgwick, 'Introduction: Performativity and Performance', in *Performativity and Performance*, ed. by Andrew Parker and Eve Kosofsky Sedgwick (London and New York: Routledge, 2005), p. 2.
- 23 See John L. Austin, *How to Do Things with Words*, ed. by James O. Urmson and Marina Sbisà (Oxford: Oxford University Press, 1962); Judith Butler, 'Performative Acts and Gender Construction: An Essay in Phenomenology and Feminist Theory', in *Performing Feminisms: Feminist Critical Theory*, ed. by Sue Ellen Case (Baltimore: John Hopkins University Press, 1990), pp. 272-3.
- 24 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (2013).
- 25 Maria Patsou, 2015. 'Reflections on Performance and Mental Illness', *World Cultural Psychiatry Research Review* 10.3/4 (2015), 115-21 (p. 117).
- 26 Patsou, 'Reflections', p. 117.

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