

Research report

The *Madness Hotel*: the ‘uses of disorder’ as a route towards individual and social transformation in applied theatre practices in mental health

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Abstract. *This paper identifies a number of key characteristics of the Madness Hotel, a local government-funded applied theatre project for mental health in Brazil. In my analysis, the Madness Hotel draws on “the uses of disorder” as a catalyst to resisting oppressive social systems, and establishing democratic, inclusive – and therefore transformative – modes of intervention. In this paper it is contended that the Madness Hotel is able to use ‘disorder’ specifically because applied theatre practices in Brazil are left ungoverned and mostly marginal to public policies. In contrast, UK applied theatre practices have become increasingly over-governed and dictated to by mainstream public policy. Here, transformation is less about “repairing the social bonds” produced by social inequalities, and more about adapting and conforming individuals to society. In this more instrumental approach to applied theatre, where over-governance prevails, success is defined primarily by the ability to generate pre-determined and quantifiable outcomes. As such, applied theatre projects are compelled to become excessively ‘ordered’, and key aspects of their ability to be democratically transformative – participation, playfulness, unpredictability and dialogue, which are difficult to quantify and measure – become unnecessary luxuries. As these qualities are removed, the transformative potential of applied theatre becomes severely compromised. This paper concludes that the Madness Hotel is effective because it embraces the ‘uses of disorder’ not as a luxury, but as a necessity. Therefore, the example of the Madness Hotel can inform alternative approaches to UK applied theatre practices beyond the field of mental health, as a route to foster democracy and social transformation.*

Keywords: applied theatre, mental health, social transformation, disorder, dialogue and participation.

WCPRR September/December 2015: 228-241. © 2015 WACP
ISSN: 1932-6270



Figure 1 “All the world’s a stage”, a piece of art from the *Madness Hotel*

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Received April 2, 2014. Accepted July 5, 2015.

INTRODUCTION A growing body of literature reveals increasing concerns that government funded applied theatre practices in the UK are becoming instrumental to mainstream policy. As a result, they have become embedded in a culture of accountability and obsessed with auditing (Power, 2013, **Note 1**). Such trends, which are linked to a ‘market reasoning’ (**Note 2**), have persisted throughout different political regimes since the 1980s and continue today under the mandate of the Conservative-Liberal Democrat coalition government (**Note 3**). In such a culture, “a hierarchy of perceived quality and usefulness of evidence has emerged, [which] emphasizes so-called scientific approaches” in order to provide easily measurable outcomes (Humphreys & Levitt as cited in Belfiore & Bennett, 2010, p. 5).

Within these hierarchies, what is auditable holds power. Two positive consequences of this approach are that accountability and transparency of social practices are successfully provided and robust governance is facilitated (**Note 4**). However, an additional consequence is that elements such as participation, playfulness, dialogue, unpredictability and open-ended learning processes are disregarded and replaced by narrow dominant discourses that favour predictability and control (Thompson, 2009; Jackson, 2006). As such, with notable exceptions (**Note 5**), the experiences offered by applied theatre practices in the UK, risk becoming “dull and programmatic” and the production of critical thinking diminishes, shaping applied theatre practices instead into a possible ally to the status quo (Cohen-Cruz, 2010, p. 13). As Bishop (2012) has set out, in this context, participation does not denote self-realization and collective action but “the elimination of disruptive individuals” (p. 14).

Moreover, many academics and practitioners within the field have claimed that the UK scenario demonstrates a move away from the subversive founding principles of applied theatre, frequently associated with the libertarian philosophy of Boal (2000) and Freire (1996; **Note 6**). Such a philosophy, which alludes to a need to surpass the order imposed by the statecraft (**Note 7**), entails that people’s contexts, realities and complexities need to be embraced if democratic participation in society is to take place (**Note 8**). For this to happen, both a paradigm shift and a search for alternative narratives are required, creating a demand to find common ground between a government’s need for accountability and transparency and the effective application of applied theatre practices. At the centre of such debates are questions about whether governmental funding and the founding subversive principles of applied theatre can share the same goals.

This conundrum is especially relevant in highly complex fields, such as mental health, where applied theatre approaches can be particularly constructive in relation to more conventional methods, where there has been traditionally a lack of patient participation in their own healing processes (**Note 9**). Many traditional approaches have been criticised for creating an unequal power dynamic between those who treat (the healer) and those who are being treated (the patient), where the former are considered to possess the knowledge and the latter are “the incapacitated and incapable” (Foster, 2014, p. 50). In contrast, applied theatre, by encouraging active and equal engagement between the two, facilitates ‘healer’ and ‘patient’ to learn as much from each other. As such, applied theatre can be a powerful and effective route towards improving wellbeing and participation in society, even potentially finding common ground to work alongside more conventional approaches to treatment in mental health.

The *Madness Hotel* seems to reveal possibilities for such common ground, and nevertheless, could play an important role in informing of how applied theatre can re-establish its political orientation in the UK, where genuine participation can potentially subvert the status quo. Founded in 2012 by Vitor Pordeus, immunologist, actor and self-titled ‘cultural psychiatrist’, and the collaboration of a group of civil servants and committed volunteers, the *Madness Hotel* was born from a collective daring vision that would marry medicine and theatre, not as prescribed by the ‘order’ imposed by the hierarchies mentioned above, but by ‘disordering’ old assumptions, and breaking apart the calcified approach to mental health and cultural participation, which in Brazil has historically negated the ‘mad’ a place in society (**Note 10**).



Figure 2 People from all backgrounds, ‘mad’ and ‘non-mad’ gathering to work together at the Madness Hotel

THE MADNESS HOTEL: A BEACON WITHIN AN OPPRESSIVE SYSTEM

From the outside, the Pedro II psychiatric centre that houses the *Madness Hotel* is dull and uninspiring. First impressions resemble abandonment, illness, physical degradation, state dysfunction and hopelessness. As I approach the stairs that lead to the third floor where the *Madness Hotel* is located, these first impressions give way to a more colourful and intriguing scenario, where the internal walls of the building are covered with poetry, paintings and sketches. These works of art in progress offer a first glimpse of the sense of openness that epitomises the complexities and infinite possibilities of the creative and curious human mind.

The writings and images, spontaneous expressions of the ‘clients’ (**Note 11**) who attend the activities at the hotel, fill the once sterile and abandoned psychiatric wing in an otherwise functioning hospital in a deprived suburb of Rio de Janeiro. They stir questions about social and political systems of oppression, the value of art made by and for the few, the ‘mad’ and ‘madness’ as socially inadequate, and the power of the doctors over the bodies and souls of the patients. Most of the patients come from a context of social, cultural and economic deprivation and abandonment, so the chance to express themselves creatively, I am told by one of the clients, is considered to be a question of survival. They are the living proof of the precarious and oppressive mental health system in Brazil. Many of the patients recount scarring experiences of being deprived of social contact, neglected and subjected to violence and humiliation (**Note 12**). Luciene, one of the patients of the hotel, states that before she was transferred to Pedro II psychiatric centre she was often “humiliated, and locked in a room without food and water” (**Note 13**).

A significant number of ‘clients’ who join the project also come from higher social classes, which increases the range of diversity in the hotel. Most of them however have admitted to experiencing some form of mental distress. This, according to many testimonials found in several documentaries about the project (**Note 14**), and inline with my own conversations with many ‘clients’ of the hotel, appears to be what holds them together; a sense that society can be tyrannical if one extrapolates the social codes. In the *Madness Hotel* they find collective empathy, and opportunities to communicate and play out their ‘demons’. Denise, an artist and volunteer at the hotel, states: “We feel stronger with

these exchanges because we take the experiences we have here to our lives outside the hotel” (**Note 15**).

In the *Madness Hotel*, there is no time to check-in or check-out, and anybody at any time can join in with the activities. Pordeus (2014b, p. 39) asserts that the hotel is a “space for free creation where everything is possible as long as there is ethics and people are safe”. In order for this to happen, Pordeus (2014b, p. 37) argues that spontaneity is paramount: “any attempt to manipulate people’s decision to join the activities can be very dangerous and complicated, especially in relation to severe disturbances where the therapeutic process demands extra care [...]”. People are free to come and go as they please, and regularly stay overnight in unsophisticated but colourful rooms with decent beds available to whoever comes along. Some of the ‘clients’ are patients who live permanently in the psychiatric centre (many without family or homes to go back to), some are patients who attend the centre daily, and some are just visitors who travel to the psychiatric centre specifically to join the activities of the hotel.

Words such as love, celebration, beauty, mutual care and dialogue are common language in the hotel. There are no doctors or psychiatrists but a shared sense that the power to heal arises collectively from the moment all become knowledgeable about themselves and the world around them, about their possibilities to be creative, to express their feelings, to interact, to care and be cared for. In the *Madness Hotel* the usual social or authoritative actors within a hospital environment are absent; there is no ‘director’, ‘protagonist’ or ‘leader’. Instead, there is the possibility for all to play these roles at different moments in time, engendering a sense of collectiveness that endures throughout. Pelezinho, one of the ‘clients’ of the hotel, is a passionate samba singer and at times he takes the ‘stage’, leading the others on a musical journey where he tells his own life story. Vera, another hotel ‘client’, is a doctor and popular educator and occasionally leads sessions of cleansing rituals, which involves collective dancing and singing. Other activities include anything from healing indigenous and African rituals, jazz sessions, to poetry readings, film sessions, and performance-making sessions based on Shakespearean texts. Within this context, culture becomes medicine, and medicine becomes culture. In other words, for example, the popular Brazilian ways of healing that traditionally involved rituals based on music and dance and that were systematically devalued by the dominant culture and profit-driven forms of medicine, are restored and reincorporated as part of the healing process (**Note 16**). As such, medicine becomes indeed a source of culture.

The *Madness Hotel* project is deeply inspired by the work of the Brazilian Psychiatrist Nise Da Silveira, who in the 1950s revolutionized the world of psychiatry by exploring occupational art therapy with patients suffering from mental health problems. Her methods – which were, coincidentally, forged in the same psychiatric hospital where the *Madness Hotel* is located – stood as a counterpoint to orthodox psychiatric methods and “scientific colonization” (**Note 17**). Her practices became an example of hope within the oppressive desert of Brazilian social injustices. For Da Silveira, the traditional psychiatric methods based on violence (such as lobotomy and ECT treatment), isolation and drug prescription, was replaced by a more humane and libertarian method, where celebration of human complexity, interaction, diversity and freedom of expression were embraced. At the core of Da Silveira’s methods is what she called *afeto catalizador* (**Note 18**), which can be roughly translated as the power of human affection in catalysing the healing processes.

In Brazil today, despite some important developments initiated in the 1990s with the psychiatric reform (**Note 19**), many of the problems Da Silveira faced remain. Moreover, ‘madness’ is alleged, significantly, to be a socioeconomic determination (Canabrava *et al*, 2010; Heidrich, 2007). The harsh reality of social inequalities and devaluation within Brazilian society intensifies oppression as the ‘mad’ are highly defamed as a burden to the system. In understanding that mental health is also a social construction and linked to socioeconomic conditions (Canabrava *et al*, 2010), the initiative of occupying an empty building in the middle of a psychiatric centre to create participatory theatre with those considered socially inadequate, is as relevant as ever. An important part of this process, which clearly distinguishes the *Madness Hotel* from the over-governed UK model, is that despite being located inside a rundown psychiatric complex, the *Madness Hotel* is open for people from all backgrounds, religion, age, economic class, academic levels, and gender, and not specifically for people with mental

health issues. Among the people that frequently attend its activities are medical doctors, theatre practitioners, academics, filmmakers, musicians, witchdoctors and healers.

On the other hand, the stigmatization of the ‘mad’, also derives from a conceptual problem as the definition of the ‘mad’ has been long blurred between madness as a medical condition and madness as a socially constructed illness (Stern, 2014, p. 19). In other words, the term ‘mad’ alludes to both a person suffering from a disease with “an organic basis” as well as a person who does not conform to society as expected. In consequence, this socially constructed definition of the ‘mad’ as ‘lunatic’, which can victimize many creative and overly critical minds, has fostered a distorted belief of the ‘mad’ as incapable of participating in society.

BREAKING THROUGH THE WALLS OF OPPRESSION IN MENTAL HEALTH AND BEYOND

The context of the Brazilian mental health system mirrors a society that has failed in treating its people democratically. Canabrava and colleagues (2010) point out that many decades of corruption and bad administration have led to inhumane and profit-driven medical practices that can be more described as a ‘prescriptive’ form of medicine. In ‘prescriptive’ medicine, the doctor has the absolute power and his/her role is simply to prescribe. The role of the patient is to passively obey the doctor, and by doing so, to indirectly play their part in sponsoring the multimillion dollar pharmaceutical industries (Pordeus, 2014a).

Within such oppressive milieu, the *Madness Hotel* struggles to survive, as it becomes *subversive* in relation to a medical system that has long been established. It causes, for instance, conflicts between the medical staff of the psychiatric centre wherein the hotel is located and the hotel staff and ‘clients’ who differ in the way mental treatment should be embraced. Some relatives of the patients in the centre I talked to, have also demonstrated resistance to the less conventional approaches of the *Madness Hotel*. In addition, the governmental funding received by the hotel is not nearly enough to keep the activities running. The funding does not go directly to the project, but this is financed through the funds destined for the psychiatric centre where the hotel is located, and only covers basics, such as keeping the building functioning and paying the salaries of the civil servants who work for the hotel. Pordeus (2014b, p. 39) sees logic in it: “We work in a hospice in the deprived suburb of a third world country”. The hotel is frequently lacking budget for the up-keep of the building, for volunteers’ expenses, materials for the activities and so on. In fact, the ‘clients’ and volunteers of the hotel often organize themselves to raise funds through crowd-funding or donations. In addition to the material difficulty, Pordeus (2014b, p. 39) highlights the challenges of working collectively within a contemporary capitalist culture that emphasises competitiveness and individualism.

Despite these challenges, the *Madness Hotel* act as a counterpoint within the oppressive scenario of Brazil’s mental health system. It proposes the reversal of an oppressive psychiatric model that generally denies the patient’s capability to participate within their own healing process, and more widely too within culture and society. This is where the *Madness Hotel* could excel politically. Here, ‘disorder’ facilitates a non-linear approach to mental health treatment. The human being in his/her context, and not the illness in isolation, is placed at the centre, accepting the patient as an individual who can be knowledgeable about his/her own mental state and therefore better able to act upon it. The process of reintegrating the ‘mad’ into society through his/her creative capabilities becomes the focus, rather than finding a ‘cure’, and as a result, sociability rather than confinement is embraced.

Free from the oppressive and manipulative forces of external ‘salvation’, however well-intentioned they may be, the ‘mad’ are able to express and play out their multiple facets of creativity through collective action and collective support. Within this journey, theatre itself becomes a research process, “a means for understanding, analysing, interpreting and proposing, done by people who occupy the ground” (Thompson, 2009, p. 148). Used in this way, theatre fully fosters a process of self and collective awareness that leads to autonomous and critical thinking (Boal, 2000; Freire, 1996). Interestingly, as the ‘mad’ share their personal stories through theatre, they articulate their own understanding about themselves and about the social reality they are immersed in, and these stories become material for dialogue and exploration. Yet, it is only fully possible because in the *Madness Hotel* there is no hierarchy

of knowledge, narratives and people; the learning experience happens in the here and now. There are no teachers or specialists, but only learners (Freire, 1996). There are no lessons to be taught in the *Madness Hotel*. It is, instead, the process that determines what is learned. Pordeus (**Note 20**) quotes his master Nelson Vaz, to assert his belief in the learning rather than the teaching: “to teach may be impossible, but to learn is inevitable”.

Pordeus’s explanation resonates with the sociologist Richard Sennett’s (2008) concept that “reality cannot be permitted to be other than what is encompassed in one’s clearly articulated images of oneself and one’s world” (p. 10). Sennett (2008) argues that when the emphasis is placed on teaching experiences rather than living experiences, there is a danger that transformation might not take place. In the case of mental health, an applied theatre project focusing on teaching experiences can lead to a “rather punitive and disempowering frame of understanding” (Harpin & Foster, 2014, p. 7).

In the *Madness Hotel*, Shakespeare, normally reserved for the intellectual elite, becomes again a man of the crowds. His famous statement: “Totus Mundus Facit Histrionem” (**Note 21**) is taken very seriously. Theatre is made by, about, and for all. The ‘mad’ and ‘madness’ become powerful sources of collective creativity, self-respect, identity, and social awareness, and as a consequence, a route for political, social and cultural engagement. Tania is no longer the schizophrenic; she has a place and a role in society which she has chosen for herself, acknowledging her talents, conflicts and childhood stories. A is no longer the psychotic but a citizen with rights and responsibilities, with his nebulous memories from his hometown and his desire to affirm himself by becoming a poet.

The demand for more political, cultural and social participation is embedded in a festive spirit of carnivalesque rituals of celebration, in which, as in the Middle Ages and Renaissance periods, people gathered together to de-crown the king and denounce the injustices thrown upon them (Bakhtin, 2009). The empty and dull spaces within the Pedro II psychiatric centre give way to poetry and become an open stage to rehearse revolution. Surprisingly, the carnivalesque parade does not limit itself to the physical space of the centre or to the immediate deprived neighbourhood, but makes a grand entrance into the upper class neighbourhood of Ipanema and Leblon, expanding the visibility of ‘madness’, which has been traditionally a political problem hidden away from wider society (Harpin & Foster, 2014). Now, the theatre and the city belong to the ‘mad’ and if deviations are part of the social ‘drama’ then we have to deal with it together.

The following section will demonstrate how the *Madness Hotel* embraces ‘disorder’ and by doing so re-articulates the founding revolutionary principles of applied theatre practices. It will continue to show that it succeeds because it incorporates the uses of ‘disorder’ in order to enrich peoples’ interactions, experiences and learning processes through the participatory exploration of theatre. In the context of the *Madness Hotel*, ‘disorder’ is used to disrupt power dynamics and dominant discourses.



Figure 3 A theatrical street performance from the participants of the *Madness Hotel*

THE ‘USES OF DISORDER’ IN ENCOUNTERS WITH THEATRE: A necessity not a luxury towards social transformation in mental health and beyond

In line with Sennett’s (2008) thinking in *The Uses of Disorder*, this paper proposes that the *Madness Hotel* uses the framework of ‘disorder’ to reconstruct the original *raison d’être* of applied theatre. By embracing ‘disorder’, not to be confused with chaos, the *Madness Hotel* becomes potentially transformative precisely because it reinstates possibilities for democratic ‘action’, dialogue and unpredictability, through theatrical encounters.

What may look chaotic to the onlooker is in fact a highly complex arena of social interaction where ‘disorder’ is a means to break through the dictatorship of the expected certainties and give new shapes to what was long calcified by the need to control and overpower human unpredictability (Sennett, 2008; Scott, 1998). ‘Disorder’ here breaks down standardized and pre-packaged experiences, and is used instead to engage in complex, diverse and unpredictable experiences in life. This underlying ideology radically defies the marginalized view of the ‘mad’ and advocates for a genuine democratic and inclusive place for ‘madness’ in society, away from deep rooted and historic stigmas and oppressions. The *Madness Hotel* is conceived as value-based (**Note 22**) and not based on statistical demands for evidence; as such, inaugurates an alternative way to conceive science. In that vein, Pordeus (2014a, p. 49) contends that the hotel “reflects a particular scientific attitude, based on a deeper understanding of human nature, which seems to restore medical traditions”.

In the UK, the government has claimed that evidence is demanded in order to guarantee public transparency and accountability, which is understandable and desirable within many fields. But the question is whether this type of policy-driven assessment leads ultimately to fairness. The UK model of governance (NPM, **Note 23**) predicts that social practices should be managed by mimicking financial markets where ‘order’ is paramount. It is not a surprise that such obsession alludes more to a statecraft homogenous ideology, which constantly invests in the standardisation and simplification of social practices in order to facilitate social control (Scott, 1998; Power, 2013). In this context, a “fortress of rationality” is created (Thompson, 2009, p. 123). For instance, would it be possible for such a context to accommodate Pordeus’s (2014a) vision of science? Here, risk-taking and unpredictability are no longer nurtured because ‘disorder’ has no use other than subjecting state efficiency to failure. Sennett (2008) stresses that, in order to facilitate management, the state invests heavily in standardizing and simplifying human interactions among themselves and in society in general. He continues by suggesting that this mode of governing may succeed in controlling social practices but fails to nurture human growth and diversity.

Thus, the social contract, as fashioned by public policy, leaves applied theatre practice in the UK, which greatly relies on government funding, with no choice but to comply with such a political agenda (Bishop, 2012; McAviney, 2014). In such conditions, applied theatre becomes a practice excessively preoccupied with *effect* and gives *affect* a “second billing”, which conversely seems to be the very element that incites the effectiveness of the works developed in the *Madness Hotel* (Thompson, 2009, p. 3). The obsession for effect comes from the inability to find order in the complex, to quantify what is unquantifiable and to assert political value in creating “radiant and beautiful things” collectively (Thompson, 2009). It explains why, in contrast to the example of the *Madness Hotel* in the UK, “the Arts’ association with beauty remains muted in favour of a language of desirable social outcomes” (Winston, 2006, p. 285) and it also explains why playfulness and “the glorious complexity” of being human has been negated (McAviney, 2014, p. 6). But if, as indicated by the experience of the *Madness Hotel* “beauty can promote social justice” (Winston, 2006, p. 286) and “finding utopia in performance is of necessity idiosyncratic, spontaneous, and unpredictable”, what are applied theatre practices in the UK nurturing in society? (Dolan, 2005, p. 5)

Conversely, the premise of ‘disorder’ within applied theatre is to take “certainties apart” and to provide an ecology where beauty, dialogue and enjoyment are profoundly embraced. In so doing, it appears to allow humans to be “less categorical, less certain” (Sennett, 2008, p. xiii). If ‘disorder’ within the *Madness Hotel* empowers the ‘mad’ to take control of his/her own healing process, who can better validate the benefits of engaging with theatre and arts if not the people themselves? Sagan (2012, p.

239) defends the evaluative importance of personal narratives but she also recognizes the challenges of producing evidence in mental health and the arts, especially within the UK climate, which in her view, was intensified “in the light of cuts imposed by the coalition government”.

The *Madness Hotel* insists on asserting the value of the patients’ personal narratives. However complex they may be, personal narratives are presented as the ‘proof’ or ‘evidence’ that the work they are developing is successful (**Note 24**). Once more, the participants are empowered, now as critical thinkers, able to reflect upon their own experiences. In my view, by valuing and listening to what the people say about themselves, the *Madness Hotel* communicates both the need and the possibility to glimpse a broader, less simplistic, more human and more democratic understanding towards mental health. Here, we see a demonstration that effective modes of governmental administration do not necessarily have to be based on constricted parameters of evaluation (Power, 2013). Nevertheless, it is important to also question if the discourse of empowerment of the ‘mad’ can also obscure the fact that we are talking about vulnerable people, who can be at risk to be exploited.

Certainly, applied theatre and ‘madness’ share certain traits with ‘disorder’. They are both inhabited by conflicts, uncertainties, multiple meanings and subjectivities that need to be unleashed from the oppression of tyrannical norms, unless the status quo in mental health provision is to be preserved. Hence, in the *Madness Hotel*, ‘disorder’ meets fertile ground in madness and theatre, because theatre, like madness, is nourished by ‘disorder’, and by a wish to untie and dishevel the imposed ‘neatness’ of the world. Together, theatre and madness conspire against the repressive powers of a Cartesian model of psychiatric medicine. They do so by unlocking a number of elements key to challenging the status quo and empowering transformation. These are outlined below.

Participation

As in Boal’s (2000) concept of theatre, the ‘mad’ in the *Madness Hotel* are free to rise from the weak and passive role of spectator, to whom ready-made plays are created containing ready-made messages. Here, the ‘mad’ step up to take part in the theatrical action. The method is rigorously malleable, and serves to accommodate the uncertainties of the ‘mad’ and ‘madness’. As the ‘actors’ of the *Madness Hotel* rehearse for its next play, *Hamlet: Madness, yet there is a method for it*, unpredictable forms of participation take place. ‘Disorder’ facilitates this process not because “there are [...] rules against rules, but [because] there is a rule that all the rules are open to examination and revision” (Laing, 2005, p.6). At points during the rehearsal, one of the ‘actors’ diverts the story to unknown worlds. Conversely, it does not provoke discomfort, because what matters is not the linearity of the established story, but the possibilities of releasing multiple narratives within a collective creativity.

In the theatre performances produced at the hotel, it is the act of participation rather than the quality of acting that is important. As ‘disorder’ breaks down the orderly ways of embracing participation, the play invades the once denied streets of the city of Rio de Janeiro, and the characters of *Hamlet* erratically circulate among the ‘actors’ in parallel with the shifting narratives. The upper class audience watches the rehearsal with perplexity; ‘madness’ is now part of their field of view too.

Here, participation seems to be about insertion and not about adaptation to society. Mauricio, one of the civil servants who works at the hotel, acknowledges the importance of the parades: “It is an opportunity to show to the population that the people from the *Madness Hotel* are people just like them. Our concern here is very much about the ‘patients’ who stay permanently in the wards and have no contact with the outside world; these parades are opportunities for them” (**Note 25**). It seems clear to me that the *Madness Hotel* is not just about healing and integrating the ‘mad’ but about defying the oppressive Brazilian cultural system, which stifles the participation of its people.

Playfulness

Theatre in the *Madness Hotel* is explored freely in its form and content. Music and dance lead each activity and the carnivalesque spirit removes any attempt to impose a utilitarian view of applied theatre. Matraca, a musician and volunteer at the hotel, claims that “the parade is also a way to claim the streets and the city, which were long denied not just to the ‘mad’ but to people in general” (**Note 26**). The shortage of financial resources does not limit the abundance of creativity the ‘mad’ have to offer. Once more, ‘disorder’ corroborates the politics of freedom. As a result, a subversive array of

visual richness is produced by the ‘mad’, with playfulness enabling the possibility to create without oppressive rules. The logic here is that there is no need for the ‘mad’ to search for creativity beyond their own hearts. The *Madness Hotel* does not need to please its audience, to produce quantifiable proof for funders, to make headlines or sell tickets. What happens is about its ‘actors’, their feelings, impressions, dreams and experiences in life.

The play rehearsals also challenge pre-existing norms of how the actor should behave and perhaps it inaugurates a new aesthetic. The improvised characters of the performance allow non-patient ‘actors’ and patient actors to interact freely and playfully during the scenes. Because the range of mental illness is vast, the actors’ interferences during scenes are expected to be unpredictable but still important and meaningful. Each participant in the group seems to complement each other and freedom is possible because there is support, love and respect rather than oppressiveness, hierarchy or an imposed aesthetic. Someone may step into the scene and release a word, a sentence or a full speech about something. The rehearsal does not stop; the meaning is interpreted by a collective will and a desire to communicate. By extrapolating any trace of control, which would demark territories, ‘disorder’ releases playfulness and as it is released, the silences are filled with meaningful songs that please the bodies and spirits not only of the ones who perform but of the ones who watch.

Dialogue

The *Madness Hotel* is a space for coexistence and dialogue without hierarchy. By coexisting as equals through theatre, the barriers of prejudice and ideas of superiority disappear. The rationale for the project is that all people are creative and retain knowledge that is worthy of being shared and valued. In the *Madness Hotel*, Freire’s (1996) theories about a libertarian type of education centred in dialogue are unsealed by ‘disorder’. His approach, which advocated the end of oppressive and traditional paternalistic relationships between teacher and learner, becomes fragmented and dubious if hierarchical and dominant discourses are to be maintained. Following this premise, ‘disorder’, which according to Bourriaud (2002, p. 26) is “inherent to dialogue”, authorizes democratic learning processes.

The *Madness Hotel* encourages horizontal rather than vertical relationships. In horizontal relationships everybody holds equal power and everybody’s knowledge is equally valued. At times however, Pordeus (2014b, p. 34) admits that dialogue becomes impossible, and then, he says: “In cases of serious violence, we contain and keep the patient on the ground until the fury ends, and dialogue later”. With the exception of such extreme cases, Pordeus (2014b) claims that dialogue indeed defines the uniqueness of the *Madness Hotel’s* approach. He re-lives Paulo Freire’s assertion that “there is no superior or inferior knowledge, but different kinds” (**Note 27**).

Unpredictability and open-ended learning processes

The creative works of the *Madness Hotel* are not formulated and do not invest in remediating mental illness or moralizing the ‘mad’, but create possibilities for better and happier lives. As one of the non-patient participant’s states: “This is not like medicine as we know it, the one that is offered to us when the disease is already there. Here, we deal with life so the diseases do not appear” (**Note 28**). The achievement of wellbeing, whilst not being easily quantifiable, is strongly qualitatively evidenced by the patients and non-patients themselves, and has been documented in a number of films produced about the hotel (**Note 29**). In my observation such achievement seems to be accomplished by a constant and endless process of exploration, and not by simple receipt.

In the *Madness Hotel*, no end is imposed; the unpredictability maintains the freshness of the experiences. Contrary to the search for predetermined outcomes that seems to characterize much applied theatre today in the UK, in the *Madness Hotel*, ‘disorder’ embraces unpredictability as an indispensable tool towards transformation so that the ‘mad’ can continue to be ‘mad’ whilst being respected and engaged socially, culturally and politically. A song created by the patients and non-patients initiates the unending cycle of creativity: “I am a circle, inside a circle...I am a circle, inside a circle”.



Figure 4 Participants from the Madness Hotel performing. The author has received permission from the people portrayed to reproduce this picture for cultural/scientific purposes.

CONCLUSION This paper has argued that the *Madness Hotel* is a project that embraces the founding principles of applied theatre in an attempt to revert cycles of oppression within mental health treatment and beyond. Through my analysis of the works developed in the *Madness Hotel* I argued that imperative to this process has been the use of ‘disorder’ within the framework of applied theatre practice. This empirical investigation indicates that ‘disorder’ serves to break down traditional oppressive hierarchies: doctor/patient, teacher/student, mad/normal, which persists today within the context of mental health in Brazil. As such, the *Madness Hotel* becomes a platform for the creative expression of those who have been denied a voice from participation either in his/her healing processes and more broadly in general society, enabling them to work through the implications of their own illness through creativity and conviviality. Through this process they can re-engage with society and take significant charge of their own treatment.

In this way, the *Madness Hotel* promotes individual healing processes through the therapeutic character of its activities and its nurturing for mutual love, valuing of human complexities and diversity, and by engendering a sense of collectiveness. It also promotes social and political transformation by rejecting the Brazilian oppressive mental health system, the historical stigmatization of the ‘mad’ and their exclusion from participating and integrating in society.

Bearing in mind the above considerations, this paper suggests that the *Madness Hotel’s* alternative approaches may inform that applied theatre can, and perhaps ought to be, more than a government affair; it should be an affair of the people. Despite its challenges and limitations, as seen earlier in this paper, the *Madness Hotel* symbolizes a counter narrative to the trends in applied theatre in the UK, which has become increasingly monopolized by and dependent on government funding, and where the emphasis has consequently moved distinctly towards outcomes that can be both predetermined and quantifiable (Hughes & Ruding, 2009).

Working against these trends, the *Madness Hotel* embraces many of the elements the UK government has been, through its culture of measurement, gradually denuding from applied theatre practices, such as participation, playfulness, dialogue, unpredictability and open-ended learning. Through the medium of ‘disorder’, applied theatre becomes freed from the sole search for effect, in order to also concentrate on affect.

As much as I understand, the need for more research around the approaches of the Madness Hotel in order to further understand both its benefits and limitations, I conclude that it offers democratic ways to perceive the ‘mad’ and ‘madness’ that should be taken into account. Its greatest measure of success lies not so much in numbers, but rather within the stories of the inhabitants; stories that reflect increased levels of wellbeing, self-confidence and integration back into society. I conclude, therefore, that this model reasserts the founding principles of applied theatre as envisioned through the emancipatory philosophy of Freire (1996) and Boal (2000, p. 141) and as such restates the belief that encounters with theatre can truly be a “rehearsal for revolution” at both an individual and social level.

NOTES

1. See also Neelands (2007), Belfiore (2002; 2009), Crossick & Kaszynska (2014).
2. Many critics have pointed out that such market reasoning has slipped into several political discourses, in policy making decisions as well as in the possibly ‘unethical’ dynamic behind public funded research, which tends to validate such policies (Belfiore 2002; 2009). The greatest implication of this process is a shift in the dynamics behind public funding for the arts and education. According to McGuigan, public funding ceased to follow a social democratic model to pursue a neoliberal model (2013, p. 82). Such a shift has encouraged an auditing obsession or a culture of measurement that has been *destructively* shaping applied theatre practices, alongside education and public funded arts in general, into a “fortress of rationality” (Thompson 2009, p. 123).
3. See Bishop (2012), Belfiore (2002; 2009), Crossick & Kaszynska (2014).
4. This discussion is also proposed by Power (2013, p. 43) in his seminal book, *The Auditing Society: Rituals of Verification* where he exposes how the state in the UK became gradually more entrepreneurial and so more obsessed with auditing. Power (2013) demonstrates the reasons why investment in auditing grew rapidly from the mid-1980s, and why the UK government started valuing and relying on auditing as never before in order to optimize governance.
5. There are two good examples of applied theatre projects that seem to have survived the demands of a culture of measurement in the UK. A great example is ‘Grassmarker project’, a project for young people led by theatre practitioner Jeremy Weller. At the core of Weller’s project is the belief that young people need to be embraced “in all their human complexity” if autonomous thinking is to be fostered (Ings, 2014, p. 140). For that, Weller abolishes the ‘straight forward’ methods of the UK model of applied theatre, and instead offers a “feast, with its wild, doomy tales” (Ings, 2014, p. 120). Another example is ‘Creating Chances’, an arts intervention in pupil referral units and learning support units. Ings (2004) demonstrates that this project offers young people the chance to be free and define for themselves what is most beneficial to them. ‘Creating Chances’ embraces unpredictability and autonomous thinking. It is not about ‘finding’ but about ‘searching’. For more see Ings (2004).
6. See Neelands (2007) and Nicholson (2005).
7. Scott (1998) defines statecraft as a particular way that the state organizes social practices in order to facilitate governance as well as ‘improve’ peoples’ lives. As a consequence, the state invests in simplification and standardization. Scott (1998, p. 46) claims that: “[...] all state simplifications are always more static and schematic than the actual phenomena they presume to typify”.
8. See Boal (2000) and Freire (1996).
9. Canabrava and colleagues (2010, p. 171) demonstrate that psychiatric treatment methods in Brazil have been constructed upon denying a voice to the patient with mental disturbances once a diagnostic was made. In this model, which still persists in many ways, despite the psychiatric reform initiated in the 1990s in Brazil and laws being recently implemented, the patient with mental issues is still perceived as passive, excluded and with no rights (Heidrich, 2007)
10. Heidrich (2007, p. 72) demonstrates in her thesis how ‘madness’ in Brazil became a public concern only in the twentieth century, three centuries later than in Europe, leading to a very slow development of the understanding of ‘madness’ and its treatment in mental health. She argues that the production of social inequalities as a result of urbanization added to the inheritance of a culture of slavery, which produced a population incapable of adapting to society and of employability. The asylum became a place of exclusion, where the ‘vagabond’ and the socially inadequate would be kept away from society. This explains partly why madness, not solely, but especially in the Brazilian context, is closely linked to socioeconomic conditions.
11. The use of the term ‘client’ to refer to people who take part in the activities of the Madness Hotel is commonplace. The idea that a hotel has clients and all should be treated equally seems to justify the use of the term.
12. See *Stutiferanavis H264 v8 LEG EN* [online video], 2014
Available on the Internet at <https://www.youtube.com/watch?v=Df8qrCyuK68&feature=youtu.be&spfreload=1>
Arte na (LOU)Cura, [online video], 2015
Available on the Internet at <https://www.youtube.com/watch?v=Bn5EQO5XJOO>
13. Quoted from *Arte na (LOU)Cura*, [online video], 2015
Available on the Internet at <https://www.youtube.com/watch?v=Bn5EQO5XJOO>

14. See *Stutiferanavis H264 v8 LEG EN*, [online video], 2014
Available on the Internet at <https://www.youtube.com/watch?v=Df8qrCyuK68&feature=youtu.be&spfreload=1>
Arte na (LOU)Cura, [online video], 2015
Available on the Internet at <https://www.youtube.com/watch?v=Bn5EQO5XJJO0>
Hotel da Loucura Geneses, [online video], 2013
Available on the Internet at <https://www.youtube.com/watch?v=AylvNmZpwM8>
15. Quoted from *Arte na (LOU)Cura*, [online video], 2015
Available on the Internet at <https://www.youtube.com/watch?v=Bn5EQO5XJJO0>
16. In Brazil there are many healing rituals that originated either from the original indigenous population or from the influence of the incoming African slaves. These rituals are part of the identity of many populations in Brazil as they are their ways to conceive medicine as forms of cultural expression. These rituals were, and still are perceived with prejudice by society, undervalued by dominant medical and cultural paradigms. As such, people's identities are also stifled and medicine becomes an oppressive system that neglects people's manifestation. In the *Madness Hotel*, these rituals are brought back to the scene, celebrated and valued.
17. "Scientific colonization" is a term coined by Pordeus (2014b, p. 38) to refer to the imposition of scientific methods that are divorced from peoples' culture and social context.
18. Guimaraes & Saeki (2007) reaffirm the importance of the *afeto catalizador* as fundamental to the treatment of patients with mental disorder, and demonstrate the role of affection in bridging the 'mad' with reality. Guimaraes (2007, p. 531) writes: "Nise [...] considered affection as a *sine qua non* condition for the understanding of "difference" and "at the limit" referring to what the psychiatric jargon called "time and space disorientation".
19. Heidrich (2007) describes the psychiatric reform in Brazil which started in the 1990s as resulting in a progressive de-institutionalization within mental health treatments. She asserts that despite many public policies such as the foundation of CAPS (Centro de assistencia e atencao psicossocial), which aimed to offer social support to the patients, were put in place, the mental health system in Brazil remains problematic.
20. Quoted from *Programa Sala de C* [online video], 2012
Available on the Internet at <https://www.youtube.com/watch?v=YO6gw3ITxrA>
21. A famous Shakespeare saying, which translates: "All the world's a stage".
22. Values-based practice (VBP) is a term coined by Bill Fulford. Fulford's (2014, p. 8) values-based concept of medical practice differs significantly from the "contemporary health care practice [which] is characterized by a person-centered approach". For Fulford (*ibid.*) such approaches may encompass for example solely "genetically target treatments". The concept of VBP adds up to that notion as it encompasses the "diversity of *individuals values*" of the patient within the process of medical treatment. For Fulford (*ibid.*), the "distinctive edge, that values-based practice brings is to show that weather else the 'person' in person-centered care means, it must include care that is responsive to (though not entirely determined by) the values (positive and negative) of the person in question as a unique individual: hence the central significance of the *values* added to 'person-centered-care' in 'person-values-centered care' of values-based practice"
23. NPM, which stands for New Public Management, is the UK *en vogue* way of governing complex social practices such as education and health, through a regulatory system. The NPM, "mimick[s] market structures", which predicts that effectiveness is replicable, and able to justify any governmental financial investment. In NPM, 'management' has emerged as a 'portable technical skill', divorced from specialized experience and knowledge about particular subjects, equally applicable to the private and public sectors, and primarily concerned with the efficient use of resources." (Self, 1993, p. 92).
24. Film and photography are the main tools used at *Madness Hotel* to evaluate and provide evidence of the development of the patients as well as the non-patients, who equally state the benefits of engaging in the works of the *Madness Hotel*. There are several documentaries and photographs featuring the works in the *Madness Hotel* and they are all of public domain. For films and photography about the *Madness Hotel* access <http://www.upac.com.br/#/home>
25. Quoted from *Arte na (LOU)Cura*, [online video], 2015
Available on the Internet at <https://www.youtube.com/watch?v=Bn5EQO5XJJO0>
26. Quoted from *Arte na (LOU)Cura*, [online video], 2015
Available on the Internet at <https://www.youtube.com/watch?v=Bn5EQO5XJJO0>
27. Quoted from *Programa Sala de C* [online video], 2012
Available on the Internet at <https://www.youtube.com/watch?v=YO6gw3ITxrA>
28. Quoted from *Hotel da Loucura Geneses*, [online video], 2013
Available on the Internet at <https://www.youtube.com/watch?v=AylvNmZpwM8>
29. *Hotel da Loucura Geneses*, [online video], 2013
Available on the Internet at <https://www.youtube.com/watch?v=AylvNmZpwM8>
Stutiferanavis H264 v8 LEG EN, [online video], 2014
Available on the Internet at <https://www.youtube.com/watch?v=Df8qrCyuK68&feature=youtu.be&spfreload=1>
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