On 23 September 1935, Samuel Beckett wrote to his friend Thomas MacGreevy: ‘I went down to Bedlam this day week, and went round the wards for the first time, with scarcely any sense of horror, though I saw everything, from mild depression to profound dementia’ (The Letters of Samuel Beckett, Vol I, p. xx). Beckett was, in this visit, following a long tradition of writers visiting the Bethlem Royal Hospital in search of creative inspiration. A fictitious London asylum (the Magdalen Mercyseat) and its patients (including, in Beckett’s words, those ‘melancholic . . . hebephrenic . . . hypomanic . . . schizoid’) duly appear in Beckett’s comic novel, Murphy (1938). Beckett’s interest in mental disorder was, however, deeper than such early characterisations might suggest. His concerns about his own anxiety, depression and psychosomatic illness prompted him to undertake psychoanalysis with Wilfred Bion at the Tavistock Clinic, and his work offers increasingly sensitive representations of mental distress and speech disorder. His play Not I (1972), for instance, features a disembodied (but female) mouth speaking in fractured phrases about a past traumatic event, possibly a rape. Across the stage, a hooded Auditor listens silently, responding only to lift his arms in a gesture of ‘helpless compassion’. The character (‘Mouth’) describes the shift from a state of near mutism (‘not as much as goodbye’) to one characterised by a pathological pressure of speech, creating acute social anxiety. This tachylalia is enacted by Mouth, although she refuses to identify herself with the subject of her tale (‘she found herself in the . . . what? . . . goodbye’ to one characterised by a pathological pressure of speech, creating acute social anxiety. This tachylalia is enacted by Mouth, although she refuses to identify herself with the subject of her tale (‘she found herself in the . . . what? . . . goodbye’ to one characterised by a pathological pressure of speech, creating acute social anxiety. This tachylalia is enacted by Mouth, although she refuses to identify herself with the subject of her tale (‘she found herself in the . . . what? . . . goodbye’ to one characterised by a pathological pressure of speech, creating acute social anxiety. This tachylalia is enacted by Mouth, although she refuses to identify herself with the subject of her tale (‘she found herself in the . . . what? . . . goodbye’ to one characterised by a pathological pressure of speech, creating acute social anxiety. This tachylalia is enacted by Mouth, although she refuses to identify herself with the subject of her tale (‘she found herself in the . . . what? . . . goodbye’ to one characterised by a pathological pressure of speech, creating acute social anxiety.

These very words are scrawled on the personal script of Billie Whitelaw, the performer directed in the role of ‘Mouth’ by Anthony Page (and Samuel Beckett) in 1973. Whitelaw’s experiences of performing the play were combined with new approaches to staging Beckett in an event, Beckett and Brain Science, held at the University of Warwick in collaboration with London (Birkbeck) and Reading in 2012, which brought together humanities scholars, arts practitioners, psychiatrists and trainee doctors. The theatre company Fall Better Productions worked with clinicians to investigate practically how Beckett’s characters might inform clinical care.

The trainee doctors found the performance work particularly interesting in relation to the interplay between Mouth and the silent Auditor. We conducted some exploratory activities between these two characters and their analogous relationship to the roles of patient and clinician. Her ‘whole body like gone . . . just the mouth . . . like maddened . . . and can’t stop . . . no stopping it’ became an embodiment of anxiety and pressured speech which the workshop participants could safely explore through both the Auditor’s ‘helpless compassion’ and the experience of speaking the rapid monologue. This workshop, which has now been adapted for NHS Kent, Surrey and Sussex Deanery, and delivered to a group including consultant psychiatrists, specialist nurses and geriatricians, offers medical educators a way to use Beckett in their classroom, and to explore problems relevant to both compassion and care in practice. The play becomes a phenomenological case history and the methods of the workshop offer strategies for interpersonal treatment.