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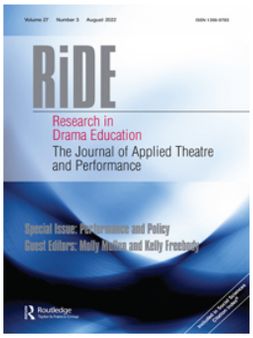

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The promise and pain of devising as deliberative democracy: Out Of Character Theatre Company's *Fresh Visions* trilogy

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ABSTRACT

Out Of Character Theatre Company's Fresh Visions project pursued an innovative theatre-based research methodology which enabled sustained, in-depth, polyphonic and dialogic engagement around the future shape of local mental health services. Since our previous research (Heinemeyer, Catherine and Nick Rowe. 2019. 'Being Known, Branching Out: Troupes, Teams and Recovery.' Mental Health Review Journal 24(3): 212-227) indicated that theatre devising can act as 'intuitive democracy', we ask whether Fresh Visions constituted a deliberative democracy exercise. We explore both the 'promise' of theatre-led approaches to overcome power imbalances and embrace dissent in deliberative processes, and their attendant 'pain' and limitations.

KEYWORDS

Deliberative democracy; dialogic artmaking; devising; mental health; Out Of Character Theatre Company

RAY: Maybe it's the walls that are the problem. People feeling locked in.

STEPHENSON: Some of our clients like the walls. It makes them feel safe. And you already know we don't lock the doors.

RAY: Does that make the difference? Oppressed people being treated in an oppressive building. I mean you can put up as much cheap art works as you like, the whole place still feels just like a prison

STEPHENSON: You don't mean that. You're just angry.

RAY: I mean that plexiglass wall in front of the reception area! Fort fucking Knox. Welcome to Shawshank. Loonies please be advised that your knives and murderous tendencies will not prevail. (Extract from Out Of Character's *In/Significant* [2019])

Out Of Character (OoC) Theatre Company's *A Fresh Vision for Mental Health* project sought to deepen debate between mental health service users, carers, professionals and senior service managers at a crucial turning point in local mental health policy. In this article, as three people integrally involved in the project from start to finish, we ask whether it can be considered as a theatre-led model of deliberative democracy. We consider frankly the pains as well as the potential in this approach, and draw qualified conclusions from it about the uses of theatre in deliberative processes.

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Theatre, co-production and deliberative democracy

'Deliberative democracy' describes processes in which representatives of all groups affected by a complex policy decision engage in a committed process of deliberation, learning and mutual perspective-taking, based on which they attempt to reach a rational consensus decision (Ryfe 2005). Deliberative processes are crafted and facilitated to encourage participants to transcend their own habitual or culture-bound opinions and cognitive shortcuts, and engage in the intellectually and emotionally demanding task of 'intentional reflection' (Ryfe 2005, 60). This approach has been used recently in citizens' assemblies to reach decisions on the legalisation of abortion in Ireland and to shape the UK and French governments' policies on climate change. When skilfully facilitated, such an approach has been found not only to lead to well-informed decisions with political legitimacy, but also to educate participants and, at times, to 'produce more sophisticated, tolerant, and participative citizens' (Ryfe 2005, 49). Following the initial flourishing of deliberative models in the 1990s, more recent scholarship on deliberative democracy has focused on its potential to rejuvenate the public sphere in politically polarised or authoritarian conditions.

Within the sphere of mental health policy and policy research, the language of deliberation is rarely encountered – with notable exceptions such as Mulvale et al.'s (2014) account of civil society involvement in writing Canada's first mental health strategy. More commonly the collaboration of different stakeholders in service design is referred to as 'co-production' or 'service user involvement', with service users often justifiably called 'experts by experience'. However as the 'ladder of participation' developed by Amstein (1969) and Hart (1992) in different contexts highlights, the risk of tokenism, or even manipulation, in poorly-conceived participatory policy-making processes is ever present. Indeed the National Survivor User Network and national charity Together have felt obliged to spell out what does *not* count as service user involvement:

> 'permission-giving, engagement or empowerment by others; patient satisfaction surveys; service users being involved on the terms of providers, commissioners or regulators […]; 'single representation' (one-off attendance or involvement […]); over-reliance on the same few people to be the 'user voice' without reference or connection to the wider service user community.' (Together/NSUN 2014)

A review by Josephine Ocloo and Rachel Matthews of patient and public involvement in designing healthcare improvement initiatives (2016) likewise found the majority to feature only the lowest levels of involvement, and concluded that the range of models and approaches employed is too narrow to enable a meaningful role for people from a diverse range of backgrounds. Such findings hint at the fact that processes, in their quest for rapid consensus, often limit the potential for authentic dissent by subjugated voices. For this reason, Mouffe (2000) calls for 'agonism', or productive dissent in the public sphere, 'a form of dialogic democracy that refrains from the erasure of counter-hegemonic, subjugated, or unpopular perspectives' (Halfon et al. 2000, 256).

While service users or participant-researchers may frequently be strong partners in the information-gathering and exploratory phases of co-produced consultation, research and policy processes, it is much rarer for them to maintain this role as the enquiry proceeds to analysis, dissemination and translation into policy. Reasons for this include power imbalances between participants and those professionally responsible for the enquiry,

structural barriers such as participants' need to balance participation with other commitments, or their unfamiliarity with the language spoken by policymakers. Applied theatre researcher Jeffers (2016) uses the metaphor of 'holding the umbrella' to describe the inherent challenge of co-production in the later stages of research. Ultimately, someone (invariably the professional) takes hold of the 'umbrella' and decides what story the research tells:

> The person who 'holds the umbrella' is implicitly allowed to shape the narrative through their arrangement of ideas and information; they maintain control over definitions and frames, getting to say what makes up the umbrella and what is allowed to shelter under it. The question of what is not permitted shelter inevitably arises […]; (3)

Deliberative democracy seems to offer a more conscious, structured model to involve all parties in all (or at least more) stages of a policy process; however it is not immune to this tendency to privilege the most powerful voices. Ryfe (2005) finds in his literature review that when these processes are run on an 'opt-in' basis, they are often dominated by relatively privileged groups such as highly educated, white, middle-class people who may be more comfortable with the risks and costs involved in deliberation. According to Fung (2020), deliberative democracy needs to develop new models which bridge the gap between privileged and 'left-behind' groups if it is to contribute to overcoming the crisis in democracy in many countries.

It is in this context that some researchers (e.g. Wiederhold 2013; Williams, Derbyshire, and Wong 2018; Halfon et al. 2020) have examined arts-based approaches to deliberative democracy, as potentially more inclusive or productive tools for intentional reflection on a complex policy issue. One basis for this is the principle that many people may be more articulate, or can make better sense of their experiences, through artistic exploration than through verbal reasoning – as has been evidenced in audience response studies by Matthew Reason in relation to different artforms including drawing (2010), creative writing (2012), and doodling (2021).

A second basis is the capacity of arts-led approaches to dramatise rather than iron out difference, of particular importance in conflicts characterised by power imbalances and starkly differing perspectives. Since classical times agonism has been fundamental to theatre, as a means of leading to self-knowledge either on the level of the individual or the body politic; in Stella Adler's words a theatre is 'the place people come to see the truth about life and the social situation' (2000, 29–30). Saul Halfon et al, in discussing the theatre-led methodology of the Theatre Workshop in Science, Technology and Values (TWISTS) for engaging the public in controversial debates, highlight the potential of theatre to unleash agonism, which they define as

> A space for productive conflict (as opposed to simple antagonism) in which opponents are challenged to recognise and acknowledge, though not accede to, positions and perspectives different from their own (2020, 256)

For TWISTS, making space for agonism, rather than seeking the shortest path to social harmony, is necessary if dominant narratives are to be challenged. A similar logic underlies Augusto Boal's 'legislative theatre' (2000), a Theatre of the Oppressed form which aims to generate potential political solutions to power imbalances. Both

approaches suggest an important relationship between dissent, or polyphony, and inclusion of marginalised voices.

The inclusivity of arts-led approaches to deliberation may be enhanced when the individuals whose involvement in research or policy-making is sought *are themselves artists*. Stannage (2019) conducted collaborative action research into the processes involved in arts in mental health with established members of dance and creative writing groups for people with lived experience of mental ill health. She found that art-based research, together with 'sensitive and appropriate' (86) nonlinear approaches to analysis (mind-mapping inspired by images from the artmaking process), enabled participants to remain equal collaborators in the extraction of themes from the research. The quality of their insights reflected their in-depth understanding of the artistic processes in which they regularly engaged.

This research paper relates to a policy-informing research process involving just such a group of artistic individuals. As a semiprofessional specialist theatre company for actors with experience of mental health services, OoC's members are both 'experts by experience' in mental health policy, and skilled theatre-makers. While relatively unusual, OoC is far from unique. Other similar theatre companies in the UK and internationally, as explored in Heinemeyer and Rowe (2019), include Stepping Out, Fallen Angels, 18 ANO, Outside Edge, and Theatre Troupe. All these companies share interlinked goals of *artistic* innovation, personal *advancement* (training and recovery) for members, and *activism* on social issues through performance (217). These goals often come together in devised productions which, whether overtly or more subtly, draw on company members' own experiences of mental health and social care systems.

All three authors are insiders to OoC: Heinemeyer as the company's researcher and former secretary; Birch as its writer and director since 2015; and Rowe as a company trustee. Company members are local adults with personal experience of the mental health system, who have previously taken introductory drama courses at OoC's sister organisation, Converge York, and who feel they are at a position in their recovery journey where they can commit to regular rehearsals and occasional performances. Members frequently need to take a pause from the company if their health needs, working lives, caring or other responsibilities prevent them from fulfilling this commitment. The company is highly diverse in age and social and educational background, but all of its 15–20 members share a love of theatre and a desire to develop their skills as performers. As members gain the confidence they are able to take up paid opportunities as simulated patients in healthcare workers' training, in addition to performing in theatres, universities and community settings. Some individuals have been members since the company's founding in 2010 while others have joined much more recently, bringing new energy and influences but also challenges to long-established dynamics.

Our previous collaborative research with members of OoC identified that they experienced the theatre devising process as a form of 'intuitive democracy' (Heinemeyer and Rowe 2019, 220). Company members in this research identified many ways in which the devising process was not – and could not be – democratic, with the writer/director's orchestrating and editing role being necessarily central. Nonetheless, they used this term 'intuitive democracy' to describe a certain democratic impulse or quality of the process, in that the voices of all present were heard, brought into dialogue and synthesised into shared narratives (Heinemeyer and Rowe 2019). Yet this had been, thus far, restricted

to devising activities within company workshops and rehearsals, where a degree of common perspective could be expected. The company had not before 2018 harnessed this form of intersubjective enquiry to engage diverse stakeholder groups in a long-term process which might be considered deliberative democracy, seeking explicitly to inform a potentially agonistic policy-making process. The policy in question was the construction of a new mental health hospital for the city.

The 'fresh vision' and its context

The context for this project was a situation in which mental health services in the local area were in an unusual state of flux. After the local mental health hospital was condemned on grounds of health and safety, those responsible for its replacement sought the views and engagement of patients, carers, professionals and other partner organisations involved in the city's mental health care system. The debate necessarily reached beyond hospital design to encompass further-reaching questions around the kind of mental health system the city really needed. These included: whether care should be centralised in a single hospital or distributed around the city; the balance between inpatient and community-based care and between medical and social dimensions of support; the role of cultural institutions, employers and civil society; overcoming the scarcity of mental health support; the role and rights of carers; the tensions between safety and self-determination for patients. A key influence in shaping this debate was a number of visits to Trieste in northern Italy by a senior-level team from York's health and social care sectors, to learn from the Trieste's well-established model of mental health care, which is characterised by very limited inpatient work, highly developed community services, and a strong role for civic involvement. The Trieste model raised, however, as many questions as it answered and did not lend itself to simple translation to the UK context.

Within this context OoC, located at York St John University and closely networked with other mental health partners citywide, was well-placed to make a contribution to facilitating dialogue on these contentious issues among diverse stakeholders. A relationship was already established between the trustees of OoC and senior stakeholders before this process over the preceding decade, and the latter regularly attended OoC performances. Equally significantly, the company's place in the city's cultural landscape had long been secured by its relationship with York Theatre Royal. The chair of OoC's trustees is the theatre's Associate Director and the company has performed there on multiple occasions, lending it authority and plausibility as a performance company. Moreover, OoC is part of a wider ecosystem at York St John University in which arts-based and co-produced research methodologies are being actively developed, notably by the university's Institute for Social Justice, and by the Converge Evaluation and Research Team (CER n.d.), a group of researchers with lived experience of mental ill health. Thus, while as individual service users, company members might be relatively powerless within the mental health system, as a theatre company they were well situated to have a strong voice.

A project plan was written by the trustees envisaging how such a democratic process could be conducted *through theatre*, and funding obtained from the People's Health Trust. Letters of support from local NHS organisations indicated their readiness to be both involved in the research, and informed by its outcomes. It is important to note that the project plan did not use the term 'deliberative democracy' and there was no

expectation of the process resulting in *decisions*; it was rather intended as a process of consultation and dialogue, with full artistic licence given to the company to interpret what it learnt as it wished. The challenge this article poses is to ask whether *Fresh Visions* could in fact be considered a theatre-led deliberative democracy exercise, and if so, what lessons it might offer to others.

The deliberative devising process

The project was envisaged as a cyclical process of consultation, workshopping and devising, performance and audience feedback, an idealised form of which is represented in Figure 1.

The design's cyclical nature allowed for the writing and performance of a series of three plays, interspersed by drama-led workshops with stakeholders (service users, carers, professionals, policymakers). The process was designed to allow the company members to share the holding of the 'umbrella' throughout the analysis and conclusion-forming phases of the project, while offering lesser forms of consultation and participation to a broader, more diverse ring of people involved in the mental health system. In essence, it approximated to a participatory action research (PAR) process with company members as researchers, with the production of plays equating to the 'action' moments of a usual PAR cycle, audience feedback and steering group meetings corresponding to the 'reflection/evaluation' phase, workshops to 'experimentation', and engagement with policymakers through performance aiming towards informing policy change (MacIntyre 2008). The project stopped short of undertaking to maintain engagement with all the outer ring of participants throughout the project, but it aimed to loop back to them and allow them a right of reply to narratives formed based on their input –

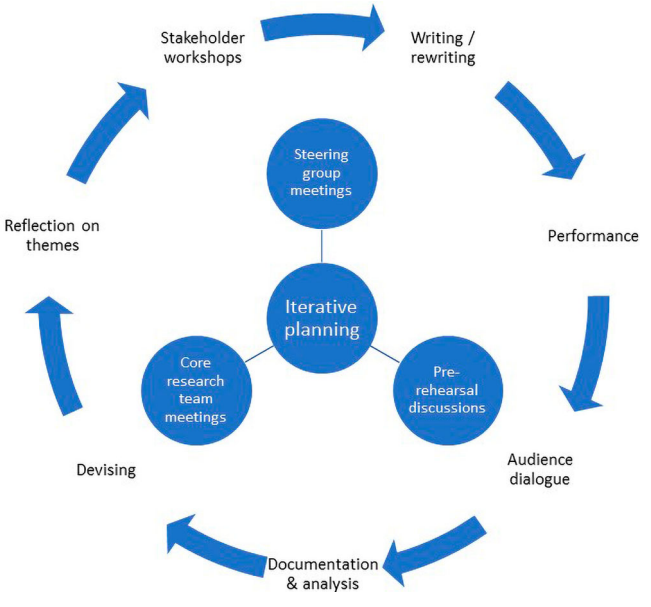

Figure 1. Diagram of *Fresh Visions* process.

by inviting them to subsequent performances/Q&As, or to continue dialogue with the company via email, an invitation which some accepted.

Each play was performed 3–4 times in a variety of settings: York St John University, York Theatre Royal, a mental health conference, and other universities (annotated extracts from the scripts can be found via the online version of the article). Each performance included as a 'second act' a 'reverse Q&A' session, sometimes lasting as long as the play itself. During this the cast addressed questions to the audience, which was primarily composed of mental health service users, carers, students in relevant subjects and professionals:

> What was the most striking moment of the play for you and why?
>
> What was not true to your experience?
>
> Now that you have seen the play who do you think should see it next?
>
> If you were in hospital what would you want for yourself?

Audience members also filled in questionnaires allowing them to give private responses to the themes which the plays raised for them.

Between productions, a total of eight workshops were held during 2018 and 2019, led collaboratively by company members, the company's writer/director (Birch) and researcher (Heinemeyer), encompassing the following groups of stakeholders:

CYCLE 1 (2018) beginning with the play *In/Hospitable*:

- A carers' support group
- A Service Users' Network
- The leadership team of the health trust's Adult Mental Health Services
- The Early Intervention Team
- A drama group made up of actors with experience of mental health services

Synopsis of In/Hospitable: Politician Rayzetta visits Carrell Psychiatric Hospital to announce his new approach to mental health, while his own sister Kate is herself in need of mental health support. Cycling through different 'universes' – the budget universe, the paperwork universe, the confidential universe, the caring universe – the action loops through the frustrations families experience and progressively more counter-productive and extreme 'policy solutions'. Rayzetta's own mental health comes under intolerable pressure.

CYCLE 2 (2019) beginning with the play *In/Significant*:

- An intensive addiction recovery programme
- A women's drop-in centre
- Trainee mental health nurses

> Synopsis of In/Significant: A body has been found on a bench on the edge of grounds of Carrell Hospital. Psychiatrist Ray sits on the bench and dreams of tearing the hospital's walls down and merging it with the community; but he is on leave for chronic stress and procedures say he shouldn't really be there at all – and the local community often seem more interested in judging the patients and staff than supporting them. Meanwhile time continues

to repeat and loop in disturbing ways – what is the true identity of that poor man on the bench?

Cycle 2 then concluded with the final play *Less Than Human* (2020).

Synopsis of Less Than Human: In a city in the near future, each citizen's duty is to look out for their own rational self-interest and capricious opportunities for promotion. Some groups – the mentally ill, those of low economic status – are 'less than human' and cannot be prioritised. Care itself has become politically suspect, but a group of renegades manage to carve out spaces in the gaps in which different forms of community can be reinvented.

The workshops consisted of a series of image-making and storytelling activities designed to elicit participants' experiences and visions of mental health services. For example, after sharing physical images of individual participants' 'best' and 'worst' experiences, and discussing common threads that arose from these, the group would be asked to create a single image of the mental health system they wished for. This generated numerous rich themes and stories for the company to workshop during their devising sessions.

In total the project engaged with approximately 750 workshop participants and audience members, of whom an estimated 20% were service users, 20% carers, 30% mental health professionals and 30% university students or members of the general public. These people comprised the outer consultative ring of the project. All written and verbal responses, and the images and discussions arising from workshops, were recorded. Verbal contributions in post-show 'reverse Q&A' sessions, and both theatre images and verbal contributions made during workshops, were approximately transcribed by one of the research team in real time. These were subjected to simple thematic analysis and presented as summaries and word clouds to the cast in rehearsals, and to the project steering group. The company then explored these themes through the devising process. Birch would draw on these to draft a script, on which the company would then give feedback until an agreed script was completed. The second play, *In/Significant,* thus built on themes which emerged from audience members' and workshop participants' responses to *In/Hospitable*, and approximated to the outcome of a deliberative democracy process. The same was true of the third play, *Less Than Human,* though to a more limited extent (the reasons for which will be explored in a later section on the 'pain of democracy').

The idealised model presented in Figure 1 lays out the forums in which different forms of deliberation and dialogue occurred at different times, ranging along various spectra:

- formal/overt to informal/intuitive,
- physical to verbal,
- intellectual to emotional,
- harmonious to antagonistic.

Indeed Ryfe's (2005) suggestion that deliberation may often resemble storytelling more than abstract conceptualisation chimes with our experiences of *Fresh Visions*. The deliberative exchanges which most shaped the process included the sharing of stories and experiences in workshops; responsive improvisation and image-making in rehearsals; debating and critiquing script drafts; discussions with audience members sparked by

recognisable, painful or provocative moments in the plays; overtly democratic decision-making in Steering Committee meetings (to which all company members were invited); written responses to performances, which could be personal and poetic or political/policy-focused in nature. Some of these diverse forms of dialogue were planned for, while others were emergent. That is, the project structure arguably enabled a wider range of forms and channels for deliberation than, for example, a citizens' assembly, although this also undoubtedly made it a 'messier' process in which many threads were lost.

Illustrative vignettes from each component of the process illustrated in Figure 1 will now exemplify how this multi-channelled, drama-based approach enabled company members with lived experience of mental health services to co-lead the process and, at least to some extent, 'hold the umbrella' (Jeffers 2016). Reconciling democratic purpose, artistic goals and the company's own needs presented, however, substantial challenges. Thus a subsequent section will then highlight some of the 'pain' of *Fresh Visions* and acknowledge some quite hard limitations on company members' leadership, leading us to some conclusions about the sense in which this drama-led process can be considered an inclusive form of deliberative democracy.

Fresh vignettes from a democratic theatre process?

WORKSHOPS: leading the leaders

Several company members, together with Birch, led a workshop for the local health trust's Early Intervention Team. However, due to other commitments, only one clinical psychologist was able to attend, so they ran this session as a discussion in which each company member posed her a question of their own devising, rather than as a workshop. A month later, four company members led a workshop with senior leaders of adult mental health services at the local health trust, which was conducted through image-based drama exercises. Both of these workshops were held in a city centre community performance space.

There had been considerable apprehension among the company about running workshops with senior leaders, as some members had had significant negative experiences at the hands of the NHS. Yet in the first of these, the two-way dialogue left one company member to state afterwards that his views had shifted since hearing the psychologist's experiences (including of understaffing and the considerable personal pressures she had experienced in her work). In the second, warm-up storytelling exercises rapidly established a trusting and informal atmosphere. Company members then initiated an exchange of stories, to which senior leaders responded in kind with some of their own most challenging experiences. This led into close collaborative paired work (each senior leader working with one company member) which generated some of the most revealing images and metaphors of the whole project. These expressed specific systemic difficulties in the mental health system, some of which found their way into *In/Significant*.

WORKSHOPS: connections, networks and grounded visions

In Cycle 2 we experienced some difficulty recruiting participants to a workshop at a women's support centre, until a new company member offered to make use of her

close contact with the centre, at which she had been first a member and then a volunteer. She ensured both good attendance and participation in this workshop by speaking to individual women to persuade them to come, and co-leading the workshop with Heinemeyer. The company member's familiar presence and sensitive facilitation inspired the women's confidence and creativity. They used the drama exercises to advocate passionately for a mental health system modelled on the women's centre, where some of them had found community and healing for the first time.

The women's images and scenes struck a vibrant chord with the vision of a community-based, zero-barrier, zero-stigma mental health system which was presented at times idealistically by the health managers who had visited Trieste. At many points in the process, consultees and company members raised valid objections to the Trieste model's applicability to the local context. The women's experiential knowledge of an organisation which was effectively a microcosm of this approach, however, allowed them to create images which suggested a practicable, locally inflected version of it, emphasising mutual aid and existing community networks.

The ability and leadership of company members to reach out to groups like the women's centre was thus fundamental to the project – allowing for a 'ground-truthing' of ideas emerging from professional groupings involved in the mental health system.

REVERSE Q&As: love and provocation

The post-show 'reverse Q&A' exercise was framed by explaining to the audience that their responses could be favourable or highly critical, political or personal, written or spoken aloud, given to the company as material or reserved as private, given immediately or in email form in their own time. It was also made clear that their perspectives would feed into the devising and writing of the next play, which they would likewise be invited to see and comment on. Following on closely from the shared emotional experience of the play, this held open an agonistic space for voluble exchange of responses. Professionals, carers and service users in the audience for the debut performance of *In:Hospitable* debated its portrayal of staff: a carer said they were 'caricatures' which needed more balance to reflect the stress real staff were under; some staff said they provoked feelings of guilt and shock. In response, a former service user and academic contended that the play blamed no staff but drew attention to issues of language in the system – the 'scripts' professionals may follow when they are under pressure, and the enforced disconnection between the languages of 'non-technical caring' and the languages of power and authority. This provided the impetus for focusing on the hidden mental health needs of staff in the second play.

The opportunity to write follow-up letters brought surprising contributions which transcended polite deliberation and touched on peak or painful human experience which might have been difficult to articulate in a public forum. It was taken up, for example, by the coordinator of a mental health carers' group, for whom the play *In/Significant* had brought up the theme of love, and the need for the mental health system to speak the language of love. She recalled how the exceptional professional team supporting her daughter had, by helping her family to understand her distressing condition, restored their lost ability to love her unconditionally. However love felt to her, on the whole, to be a luxury the system did not allow itself, and the idea of love as the antagonist

in a world of competition and efficiency then became a key idea in the final science fiction play, *Less Than Human*.

DEVISING and steering group meetings: intuitive democracy trumps overt deliberation

Despite the richness and equality of voices experienced in many of the workshops and Q&As, the project's 18-month evaluation provided evidence to suggest that this was not the form of deliberation in which company members felt they exercised the most leadership. In an anonymous questionnaire, company members were asked, '*Do you feel an ownership of the Fresh Visions project which In/Hospitable and In/Significant are a central part of? Do you feel you can contribute to its project design, delivery and development (e.g. in rehearsals, performances, Q&As, meetings)?*' The following responses were received:

> By me playing the part of Maskelyne, and devising the play.
>
> Members of the company have direct input, our ideas are sometimes taken on board.
>
> I feel I help shape the direction of the show, help with rehearsals and take part in the development.
>
> Devising and character development, dance
>
> The stories are ultimately devised by the cast and their words are put to paper.
>
> Paul [Birch] is always open and approachable with his workshops and discussions.
>
> Help to bring ideas for the script through acting, developing ideas. Then many rehearsals and performances.

It was notable that almost all responses mentioned the theatremaking process, rather than the more overtly deliberative interchanges in steering group meetings or workshops, as the primary route through which they felt ownership and influence. Although company members frequently mentioned moments from the workshops in rehearsals, or in the pub afterwards, it was devising and rehearsal which felt the most empowering and significant to them. This casts light on the potential of theatre to scaffold a democratic process, in that experienced actors may be likely to consider research and consultation as a subset of the creative process, rather than the other way round.

WRITING: aesthetic follows experience

In the first devising phase, company members' own experiences of the mental health system provided the raw material for *In/Hospitable*, which was to act as the starting point and stimulus for Cycle 1. It was during these devising sessions that improvisations, in seeking heightened expression for some of the worst experiences company members had undergone, repeatedly generated science-fiction-like metaphors, replete with absurd humour and succinct in conveying complex phenomena. One of the most notable was that of the Psychiatric Observation Den or POD, a coffin-like box in which individuals with chronic and severe mental ill health were simply locked up and placed in suspended animation, as a cost-saving measure. A second was the image of carers being asked to pay

for their loved ones' care with their own blood. These images, provocative and dystopian, called for a speculative fiction aesthetic which clearly signalled hyperbole rather than the slow grind of social realism. These metaphors generated numerous striking audience responses of both profound recognition and discomfort, including on occasion critical voices calling for balance, which provided the new perspectives needed for the second and third plays. Indeed it was perhaps the science fiction aesthetic of the plays which did most to hold open the agonistic space called for by Mouffe (2000) and Halfon et al. (2020).

Science fiction also enabled the presentation of multiple alternative realities and perspectives, described as 'parallel universes' in the first two plays. This resonated with the project's aim to convene a civil society to actively choose between alternative futures ('fresh visions') for the mental health system, but also with a Bakhtinian understanding of truth as polyphonic and situated. Polyphony is Mikhail Bakhtin's term for the orchestration, in the form of a work of fiction, of 'a plurality of independent and unmerged voices and consciousnesses, a genuine polyphony of fully valid voices' (1984, 6). Different characters in the plays gave voice to the panoply of discourses and perspectives emerging from the workshops and reverse Q&As. Rather than objective truths about the mental health system, there are carer's truths, nurses' truths, patients' truths, hospital cleaners' truths, which the plays dramatised by showing realities spinning centrifugally from each other, dislocating individuals' lives in their wakes. Such polyphonic outputs echo the aims of deliberative democracy to acknowledge multiple voices and eschew easy compromises.

The closest the plays came to articulating consensus was in moments in which a shared principle broke through, a desire distilled by the company from the words and images of the diverse communities they met during the process. In a very few places in the scripts such principles or desires crystallised into realised visions which rose above the dystopian landscape – such as this extract from *In/Significant*:

> RUSKIN: The cuts were hurting us and the staff were working above and beyond just to keep things going. No money and so everything needed more attention - the patients needed more, the staff needed more and, of course, the building needed more. Which is why the -
>
> KATE: Ceiling caved in.
>
> RUSKIN: A small bit of plaster fell on my head.
>
> KATE: During the inspection? I thought it fell on the man from the CQC.
>
> RUSKIN: In another universe perhaps. No, it fell on my head and it was a tiny bit of plasterboard. It was then I had my idea.
>
> KATE: To scrap psychiatric hospitals.
>
> RUSKIN: To tear down the walls.
>
> KATE: Do you take responsibility? People died because they tore down those walls.
>
> RUSKIN: Only because they had nowhere to go. You can't tear something down without building something up … but does that thing need to be another hospital? What if, instead of a crumbling Georgian mansion, you put that money into staff? Into people?

…

> RUSKIN: Which made me think, what if instead of one big hospital that you can never access how about 4 centres that are open 24/7. Each of them not too far from your local community. What if instead of tightly scheduled appointments there was an open invitation. […] But more than that we are not trying suppress a sickness but restore a person. To themselves. To their family and, yes, to the city. To heal our citizens we must think about medication, about therapies, but also about housing, education, jobs and the arts.

Even in such 'visionary' passages countervailing voices are always present – in this case, the voice of down-to-earth caution reminding Ruskin that an escaped psychiatric patient has recently been found dead on a park bench. Kate represents a justified anxiety expressed by many service users and carers through the deliberative process: that patient safety might be threatened by Trieste-inspired intentions to dissolve conventional understandings of a mental health hospital.

The pain of democracy

Despite the numerous affordances of theatre to facilitate an inclusive and polyphonic deliberative process, the process brought substantial challenges or 'pains' which related principally to the fact that theatre is not, fundamentally, very similar to democracy.

As company members' feedback cited above reveals, their sense was that their greatest influence on the project was through the 'intuitively democratic' devising of the plays, rather than through overtly democratic avenues such as the steering group. Indeed it was difficult during Cycle 2 to ensure company members' representation at all steering group meetings. Yet, the devising process cannot be considered democratic either; or rather, were it fully democratic it would not conform to theatre processes that would be recognised by anyone involved. Each participant, from writer/director, to choreographer, to actor, to researcher, has a mutually understood role, and although the devising process allows for considerable flexibility between these (e.g. characters may be created and nuanced by actors), the process only works when all involved understand when they do and don't have a say. (Figure 2).

This came most clearly into focus around the central figure of the writer/director, and in particular at the point of each cycle when the play was scripted. There came a moment in the devising process when the writer (Birch) entered a room alone and wrote a play, taking the 'umbrella' from the rest of the company, as he had been delegated by them to do so when they selected him as their writer/director. While democracy may start from an assumption of equality, working with a community theatre company requires acceptance from the outset that not all roles have the same job description, and allocating somebody the responsibility to orchestrate and balance voices to achieve the company's goals. The challenge was to make the aesthetics meet the company's needs while articulating the perspectives which emerged from the democratic process. It is therefore essential that the company trust the writer/director, perhaps not as a disinterested broker but as someone genuinely aspiring to balance the priorities of the company with the artistic needs of the piece. The fact that his work did not meet with universal satisfaction is attested by the lukewarm comment of one company member in the feedback exercise that 'our ideas are sometimes taken on board'. However company members had

Figure 2. Reviewing the script of *In/Significant*.

counterbalancing creative power in generating characters and stories, and communicative power in making that script speak to an audience.

Furthermore, the needs of the democratic and creative process did not always dovetail with the needs of the company. This became difficult in the third play, *Less Than Human*, because the company went through a time of great upheaval during its creation: new members were brought on board and needed to be inducted into OoC's way of working, while established members faced life situations which prevented them from attending rehearsals reliably. At a time when the company's needs might best have been served by a period of creative team-building and skill development, it was committed to producing the final play in the trilogy. There were unusually great tensions between the project's democratic aims, the imperative to make challenging, cutting-edge theatre, and the need to work within the constraints of members' lives and capacity. *Less Than Human* perhaps served as the exception that proved the rule of intuitive democracy, in that intuitive democracy floundered when the company dynamic was shifting and people were unclear on their roles. The agonism that was desired within the script overflowed into agonism over the process, with a lack of clarity over individuals' roles which stunted creative progress. This highlighted the vulnerability of a deliberative model reliant on the fluid and dynamic construct of a theatre company and the intuitive democracy through which it makes decisions.

Significantly, the company's subsequent new show after *Fresh Visions*, while not overtly related to any deliberative process, has been shaped around this recognition that less stringent expectations of company members may enable their fuller participation. For example, a recognition that anxiety over memorisation played a key role in defining how large a role was requested by each artist has been overcome in the new show with the decision to present a live audio performance with scripts in hand. This exemplifies one of the strongest 'democratic' limitations on the director's power to shape a

production: the fundamental need and right of company members to have processes and artistic products shaped around their own requirements and perspectives.

Looking back on the idealised model of the process (Figure 1), we would reflect that it glosses over the inherent waste, profligacy and instability of the *Fresh Visions* process. Rather than following clear cycles, it had a necessarily chaotic nature in which precious ingredients were combined to create something emergent and unpredictable, with energetic costs for all involved. Despite ongoing efforts to harness the devising process to distribute the power of 'holding the umbrella' at least through the whole company, the entropy and competing priorities of theatremaking considerably diffused this power.

Conclusions

The experience of *Fresh Visions* suggests a potential for theatre to convene and structure inclusive deliberative processes which can deepen democracy, but give many reasons for holding back from defining such processes *as* democracy. The reasons for this can be summarised in relation to the three moments of deliberative processes discussed by Ryfe (2005):

- 'who participates?' – decisions about who constitutes the 'polis', how they are recruited so as to ensure diversity of background and opinion, and how leadership is distributed amongst them;
- 'what does deliberation look like?' – decisions about how to structure deliberation so as to help participants transcend their habitual assumptions or cognitive shortcuts;
- 'the product of deliberative talk' – decisions about whether the aim of the process is education, consultation or policy formation (Ryfe notes that the first two purposes are the most common throughout the literature).

All three moments have a bearing on the democratic legitimacy of a process.

Asking first whether *Fresh Visions* succeeded in convening a representative 'polis' for deliberation, we would note that Ryfe (2005) identifies drawbacks to all possible methods of composing a group for a deliberative process, whether self-selection, targeted selection or random selection. The *Fresh Visions* process, operating by a combination of targeted selection (inviting representatives of particular stakeholder groups to workshops and performances) and self-selection (individuals ultimately opting to attend or not), certainly suffered from asymmetries of influence. We would, however, contend that convening different stakeholder groups in different types of forum during the process allowed for *aspects of* genuine leadership and creative control by those usually least powerful in mental health policy: service users and their carers. In fact, there was a trade-off here between equal participation and prioritising marginalised voices – it was clear to all involved from the outset that the project's structure set up two 'rings' of participation, with company members in the inner ring and consultees (including service managers) forming an outer ring whose participation was more limited. It is also vital to reiterate that there was little that was generalisable about the process, which relied on a highly specific set of circumstances (a semiprofessional theatre company for actors experienced in the mental health system) and relationships. A community theatre company without

the institutional support of a university, a theatre, and a local health trust might struggle to muster the authority to engage diverse stakeholders in such a process.

Looking at Ryfe's second moment, the nature of deliberation itself within the process, it was emotionally articulate, multi-channelled, agonistic while very rarely becoming antagonistic, and harnessed a productive relationship between subject matter and aesthetics. Although there was no pretence of equality of roles, most of the 750 people involved in the process understood their role in it. Its ability to retain the engagement of diverse constituencies for two years was attested by overlapping audiences at all three plays. The cost of this richness was its capricious, uneven or even messy nature. The organic nature of the theatre devising process, and the need to shape the material into a compelling piece of theatre, inevitably led to a lack of checks and balances to ensure that all views received in workshops and Q&As were fairly represented. This meant that the risk of certain narratives being 'washed away', in Jeffers' words (2016), was very real, although some may find expression in future OoC projects. In particular, the moment in each cycle of drafting a script concentrated much of the authority to make these decisions in one individual, the writer – although company members retained the right to challenge and refine this script and audience members to critique it. The writer/director's need to balance the company's own needs with those of the creative and democratic process further complicated the line of continuity between the consultation process and creative output.

Finally, Ryfe (2005) examines the relationship between the product of a deliberative democracy exercise and mainstream representative democracy: whether the exercise has decision-making authority or is merely consultative or educative. As noted above, his literature review finds many more examples of deliberative processes aiming for education or consultation than for direct policy impact. The product of *Fresh Visions* is difficult to define, in that the plays were not presented as being endpoints in themselves and were never intended to prescribe specific policies. Rather they can perhaps best be understood as part of an ongoing dialogue which defined or strengthened what might be called a 'policy community' and dramatised its values and visions – both shared and contested. One tangible piece of evidence for this is that since *Fresh Visions*, the company's mailing list and social media networks now include numerous decision makers in health and social care. Another is that Converge, a sister organisation of OoC, is now leading on the arts strategy within the new hospital and through this relationship the company is able to contribute its polyphonic voice to shaping the hospital environment. In this respect the process shared the three characteristics of PAR identified by Alice MacIntyre (2008): co-construction of knowledge, the promotion of critical awareness which may lead to social change, and the building of alliances between different groups of participants and researchers throughout the process.

Ultimately, many of the limitations of the *Fresh Visions* process are mirrored by constraints identified by Ryfe (2005) and Fung (2020) in relation to non-arts-based deliberative exercises. Yet we would argue that the project demonstrated the value which theatre devising processes can bring to deliberative democracy, offering opportunities to grasp the agonism which is integral to policy, and to centre the perspectives of those often marginalised in consultative processes, such as people with lived experience of mental ill health. Rather than a difference of degree, theatre-led deliberation may offer a different *type* of democratic legitimacy, one which acknowledges trade-offs between equality and insight, accountability and inclusivity, promise and pain.

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