

Staging Anxiety in Rachel Aberle's *Still/Falling*

Matthew Tomkinson

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Article abstract

Still/Falling (2016) is a play for young audiences, written by Rachel Aberle, and produced by Green Thumb Theatre in Vancouver. This forum article critically examines the play's role in local high-school curriculum through the lens of three topics: pedagogy, staging, and terminology. In particular, the article argues that a number of elements—including questions posed to students in the play's study guide, symbols chosen to represent mental illness in the play, and mental health discourse surrounding the production—work against Green Thumb's mandate to challenge stigma around mental illness. To combat stereotypes, a greater sense of ambiguity and complexity in these three areas is called for.

Staging Anxiety in Rachel Aberle's *Still/Falling*

MATTHEW TOMKINSON

Theatre Studies, University of British Columbia, Vancouver, British Columbia, Canada

Still/Falling (2016) est une pièce jeune public écrite par Rachel Aberle et produite par la compagnie Green Thumb Theatre de Vancouver. Dans cette contribution au forum, Matthew Tomkinson propose un examen critique du rôle de la pièce au sein du curriculum d'une école secondaire en s'attardant à trois aspects : les défis d'ordre pédagogique, la représentation sur scène et la terminologie employée. Tomkinson fait valoir qu'un certain nombre d'éléments — des questions qui figurent dans le guide pédagogique, des symboles employés pour représenter la maladie mentale dans la pièce, le métadiscours sur la santé mentale — vont à l'encontre de la mission de Green Thumb, qui est de lutter contre la stigmatisation des maladies mentales. Selon lui, il faudrait mieux nuancer et développer le propos afin de combattre les stéréotypes.

Mots clés : Théâtre jeunes publics, santé mentale, étude de la folie, représentation

Still/Falling (2016) is a play for young audiences, written by Rachel Aberle, and produced by Green Thumb Theatre in Vancouver. This forum article critically examines the play's role in local high-school curriculum through the lens of three topics: pedagogy, staging, and terminology. In particular, the article argues that a number of elements—including questions posed to students in the play's study guide, symbols chosen to represent mental illness in the play, and mental health discourse surrounding the production—work against Green Thumb's mandate to challenge stigma around mental illness. To combat stereotypes, a greater sense of ambiguity and complexity in these three areas is called for.

Keywords: Theatre for Young Audiences (TYA), mental illness, mad studies, representation



Nina is a teenaged character who struggles with anxiety and depression in Rachel Aberle's 2016 play *Still/Falling*, produced by Green Thumb Theatre in Vancouver. Green Thumb produces plays for children, youth, and young adults; the company tours widely across Canada, the US, and internationally, including stops at every school district in British Columbia. *Still/Falling* is written specifically for young audiences, and it is occasionally paired with panel discussions led by mental health professionals. The play is about one of Nina's therapy appointments in which she describes feelings of panic and anxiety that accompany her recent move to Vancouver and starting at a new school. The play culminates in a scene where Nina self-harms in the bathroom before finally seeking support in the form of the present therapy session.

By looking at the play's study guide alongside the production's significations of invisible illness, I suggest that some of the representational choices for *Still/Falling* might work against

Green Thumb's political, aesthetic, and artistic aims. In this forum article, I'll focus on three main concerns—namely: pedagogy, staging, and terminology.

Pedagogy

Because theatre for young adults is often designed to be an educational tool, it is important to consider how teachers provide frames for viewing and understanding. In the *Still/Falling* study guide (a thirty-page teaching package for grades seven and up full of writing exercises and prompts for reflection), one of Green Thumb's stated mandates is to "wipe out stigma" (McPhee 5). One of the questions therein asks, "Is this portrayal reinforcing the myths about mental illnesses, or does it address these myths or highlight a new way of understanding mental illness?" (13). This reads like a leading question that might discourage students from genuinely challenging the play's representational choices since these choices come from the would-be expertise of adults and medical professionals. Although this surely isn't the intention of the question, it might be better phrased to allow students to give more critical feedback—perhaps by avoiding an either/or setup. One might ask instead, "Where does the play succeed in combating myths about mental illnesses, and where doesn't it succeed?" I argue that the study guide could benefit from a more thorough analysis of its pedagogy in terms of how such questions are posed.

Staging

Perhaps the clearest danger in representing mental illness to young audiences is to simplify the matter for ease of understanding, which underestimates young audiences' abilities to deal with abstraction and ambiguity. These latter qualities are important in mental illness representations because they help to combat stereotypes. *Still/Falling* stages the symptoms of mental illness in a number of ways. As Nina's panic mounts, for example, she faces the audience head-on and catalogues her sensations: "I can't breathe. My skin feels all cold. There are tears in my eyes." Meanwhile, we hear the sound effect of a pulsing heartbeat, which is quite a literal representation of anxiety. A clichéd symbol like the heartbeat sound, in this context, threatens to become a stereotype. To quote Petra Kuppens, these sensory motifs might be read as an attempt to "regulate and stabilize" depression and anxiety "as a clear symptomatology" (151). To resist the reduction of mental illness to tropes, I suggest it is important to be less literal. Another such trope is the use of Styrofoam busts in the play's stage design, which strongly signify that the protagonist's anxieties are located squarely in her head or, in other words, that mental health is predominantly "mental." In a sense, then, these busts pull focus from mental illness's social constructedness. Once again, I would call for a greater sense of ambiguity.

Terminology

Thoughtful language choices are essential in any play for young people, and when the language relates to the objectives of the company, as is the case with *Still/Falling* and Green Thumb's efforts to "wipe out stigma" surrounding mental illness, words are especially potent. Yet, as

my example from the study guide indicates, the language young people hear in relation to the play isn't exclusively a part of the script. Another such example is a blurb that Ekin Blackwell, a local clinical psychologist, contributed to a YouTube trailer for the play: "This performance is a bold, moving, and compelling portrayal of a typical adolescent girl struggling with anxiety and depression" (Kingstongrandtheatre). This strikes me as an unfortunate use of the word "typical," given that Nina has financial stability and family support, among other privileges. While her symptoms may appear universal, her character most certainly is not. I hasten to add that this is the reviewer's mistake, and not the production's, which makes no such claims to universality. In fact, the study guide works against this term when it says that "There's no such thing as a typical person who self-harms. It can affect anyone of any age, background or race" (McPhee 16). Consequently, I think the company's advertising could be more careful about its language to bring everything in line with its educational aims. In this regard, it is also worth troubling the study guide's haphazard use of the term "normal." Aberle writes that "drowning in emotional distress is NOT what a normal teenage experience has to look like," echoing Blackwell's use of the term "typical" (McPhee 8). Likewise, if "occasional feelings of being depressed is normal," according to this document, then how are students with chronic depression meant to see themselves? (2). Instead of relaying these assumptions, the study guide ought to give students an opportunity to "reverse the hegemony of the normal and to institute alternative ways of thinking about the abnormal," in Lennard J. Davis's terms, by inviting them to unpack the unspoken values attached to these words (49).

Matthew Reason says that study guides accompanying theatre for young audiences "can make watching resemble a decoding exercise of spotting themes and responding accordingly" (113). To avoid this, educators ought to ask more open-ended questions—and not "Is anxiety a sign of weakness? Is Depression?" as one also finds in the study guide (13). Green Thumb states that "we challenge our audiences to re-examine their beliefs and prejudices," however, yes-or-no questions such as the above are not likely to promote the level of critical thinking that young audiences are capable of (4). At all levels of the production there are opportunities to allow students a wider range of imaginative engagement and a deeper mode of aesthetic inquiry. As a result, the play might open itself up to young audiences' expertise about themselves and allow them, as qualified critics, to decode the many cultural conventions that underlie representations of mental illness in teens.

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Contributor

MATTHEW TOMKINSON is a writer, sound designer, and doctoral student in Theatre Studies at the University of British Columbia. Matthew's doctoral research explores the material, political, and psychological dimensions of sound within the Deaf, Disability, and Mad arts. His music for dance and theatre has been presented at a number of festivals, including PuSh, Vines, New Works, Dance in Vancouver, and Dancing on the Edge. His debut collection of short prose, *Archaic Torso of Gumby* (2020), co-authored with Geoffrey Morrison, is out with Gordon Hill Press, and his chapbook, *For a Long Time* (2019), is available at Frog Hollow Press.