

Performance as Therapy

Spalding Gray's Autopathographic Monologues

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G. Thomas Couser argues that one of the central characteristics of life writing (first-person, autobiographical writing) is the comic plot—the story that leads to a happy ending or, at least, to satisfactory closure. He points out, however, that one genre of life writing, autopathography (autobiographical accounts of illness, injury, or disability), has a complex relationship to this convention. Although the mere existence of an autopathographic narrative suggests that the author was healthy and able enough to write it and thus implies a happy ending, the drive toward resolution that characterizes life writing is problematic “with regard to conditions that are chronic, systemic, or degenerative” and that may not lend themselves to being recounted using a convention that implies resolution.¹

This question is even more exigent for *performed* autopathographies than written ones. While the written account stands as evidence that the author was in good enough shape to write it at the time of composition, it says nothing about the author's state at the time of reading—whether or not the narrative resolution was definitive or the author experienced a relapse, for instance. It may seem that *performing* autopathography resolves this question since the performer's presence before the audience provides a clear index to the performer's condition at the time of presentation. While this may be true for highly visible, physical conditions, less visible illnesses or

disabilities—such as mental conditions—present a different problem since the act of performance may not provide direct insight into the performer’s state.²

In this essay, I will explore the differences between written and performed autopathography in reference to Spalding Gray’s autobiographical monologue performances. I will show that in Gray’s case, the act of performance stands in a complex relationship to the pathologies he describes in his monologues. As written, Gray’s autopathographic monologues partake of the comic plot structure. As performed, however, they function differently, in large part because performing is for Gray a form of therapy. I will discuss the relationship of certain basic dimensions of performance, including repetition and the presence of an audience, to the therapeutic uses Gray makes of performance. While the stories Gray tells resolve with versions of the comic plot’s conventional happy ending, the act of performance does not lead to closure, and its therapeutic value to Gray does not reside in its ability to lead to a cure.

Gray, who turned sixty-two in 2003, has spent countless hours since 1979 carrying out the obsessive project of recounting his own existence in public. Sitting behind a desk and usually using only a microphone and a notebook as props, Gray regales his audiences with artfully constructed autobiographical stories that combine the ordinary with the extraordinary, fact with fancy. Ranging over time, Gray pursues themes and images back to his childhood and early life, then forward to his very recent past. By combining reminiscence with reportage, he juxtaposes long- and relatively short-term memories, experiences he has had time to consider and others that are still raw, to create associative patterns of experience rather than purely chronological narratives. Thanks to these autobiographical monologues, Gray has achieved considerable success—although he began by presenting them largely in avant-garde performance venues in New York City, he is now on the programs of many mainstream theaters around the world. Gray often presents himself as a writer; his monologues have been published in book form, and his performances have been adapted for film or television. His prominence as a monologist has also led to roles in mainstream theater, film, and television.

In his monologues, Gray sometimes focuses on instances of illness and disability, and it is to those narrative strands that I shall direct my attention here. I will discuss two of Gray’s autopathographic narratives, one that deals primarily with a physical malady, the other with psychological distress.³ The first is *Gray’s Anatomy* (1993),⁴ his account of developing an eye disease and seeking treatment for it. The second is Gray’s recounting of the psychological discomfort caused by his identification with his mother, a Christian Scientist who committed suicide. The latter narrative has developed over the

course of Gray's performing career and culminates in *It's a Slippery Slope* (1996). Gray refers to the years between ages fifty and fifty-three as "the Bermuda Triangle of health. Things start going wrong with you then, but if you make it through, then you live to be a ripe old age" (*Gray's Anatomy*, 53). It is significant, then, that the physical and psychological maladies he discusses in these two monologues occurred when Gray was between fifty and fifty-two. In addition to addressing specific problems Gray develops, these pieces reflect the anxiety intrinsic to the aging process: "HELP, I'M GROWING OLD! HELP, I'M GOING BALD! HELP, I'M GOING TO DIE!" (*Gray's Anatomy*, 77).

As literary works, both of these monologues conform quite closely to the generic conventions of autopathography. *Gray's Anatomy* follows most of the steps of a typical pathographic narrative: appearance of symptoms, medical diagnosis, assessment of treatment options, surgery, recovery and resolution.⁵ In Gray's case, the symptom is an effect of disintegrating vision experienced during a storytelling workshop he's conducting. Afraid of finding out what actually may be wrong, Gray delays for four months before seeing an optometrist. The optometrist sends him immediately to an ophthalmologist, who diagnoses the illness and recommends a surgical procedure. Because he does not like the first ophthalmologist, he finds another but still delays the surgery to explore alternative treatments. After trying a variety of mostly New Age therapies, he agrees to the surgery. After recovering, Gray is pleased that his vision is partly restored. Gray acknowledges the conventionality of his story by comparing crucial moments to stereotyped media presentations of medical treatment. The optometrist's initial discovery of his condition is "like a scene from [the television soap opera] *General Hospital*"; Gray describes his first postsurgical visit to the hospital by saying, "I know this is supposed to be the dramatic part of the film: *Will the man see again or not?*" (*Gray's Anatomy*, 5, 73).

Arthur Frank points out that many stories of illness take the form of quest narratives: "Illness is the occasion for a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained through the experience."⁶ Both *Gray's Anatomy* and *It's a Slippery Slope* are indeed quest narratives of this kind. In *Gray's Anatomy*, Gray quite literally embarks on a journey: his quest for alternative therapies takes him across the United States and then to the Philippines for psychic surgery. Ostensibly, he is testing out alternative cures; in reality, as he comes to realize, he is hoping that his illness will disappear magically. Gray embarks on his quest primarily to buy time. The surgery, when he finally undergoes it, is only partially successful, and he is left with very poor vision in his left eye, "like driving in a rainstorm without windshield wipers." What Gray gains through his quest is not what

he expected; he is not fully cured. Rather, he gains a new emotional perspective: he cherishes his functioning right eye and no longer takes his vision for granted. And he concludes that “there’s magic in the world. But there’s also reality. And I have to begin to cope with the fact that I’m a little cockeyed” (*Gray’s Anatomy*, 73–74). In other words, Gray has to overcome his initial panic at the prospect of losing his sight, accept that he will not be cured, and reconcile himself to the fact of being visually impaired. His play on the expression “cockeyed” is the punch line that brings the medical story to a happy ending.

Whereas *Gray’s Anatomy* begins with a physical illness, *It’s a Slippery Slope* takes mental dysfunction as its point of departure. As Gray approaches the age of fifty-two, he obsesses about his mother’s suicide at that age and the possibility that he is destined to replicate her act. He describes himself as walking around Washington Square Park in New York City: “And I’m dwelling on the fact that I’m going to turn fifty-two years old, and I’m thinking about Mom, and how she committed suicide at fifty-two, and did that mean I was gonna do it, too?” Gray humorously indicates the strength of this identification moments later: “Now, I knew I wasn’t my mother, or at least my friends told me I wasn’t. I had to be reminded!” As his emotional crisis deepens, he finds himself replicating his mother’s behavior during her breakdowns, behavior he had observed as a child: “As I got closer to fifty-two, [I began] to play it back or act it out in a kind of uncontrollable, obsessive reenactment of her. . . . I was acting out in public places, much the way Mom acted.”⁷

It’s a Slippery Slope is about many things: Gray’s learning to ski, his betrayal of his wife, the birth of his son, and the death of his father. The issue of whether or not he must inevitably follow in his mother’s footsteps and commit suicide is the central crisis, however, a crisis finally resolved during an epiphanic moment when Gray is skiing alone on a deserted mountain threatened by a storm. A childhood memory of wearing a snowsuit and being buried in snow provokes a suicidal impulse: “Why not let it all go and cuddle on down deep, deep into snow. . . . Not a bad way to go.” But Gray does not surrender to the impulse; he presses on and catches sight of another skier, “a yellow figure that I immediately intuit to be a man” (104). The figure turns out to be an expert skier in his seventies, and Gray takes him on as a mentor by following him and skiing in his style. After they stop, the man asks Gray how he’s doing. Gray responds: “To tell the truth, I don’t know if I’m having a good time or trying to kill myself” and is told, “When you’re in that place, you know you’re alive.” Gray takes comfort in this oracular rejoinder, concluding, “I have seen both a person and an apparition, the spirit of the future. That I, too, could be skiing at seventy, if I continued, if I took care of myself, skiing with my son if he wanted to ski” (105). Like

his journey to the Philippines, Gray's quest on the ski slopes ends in insight and resolution.

Although the published texts of these monologues read very much like conventional examples of literary autopathography, they become something else when Gray performs them. Like all written autopathographies, Gray's monologues testify to the results of a course of treatment; performing them, however, is in itself therapeutic for him. To discuss this dimension of Gray's work, it is necessary to examine what he has said about performing. As a highly articulate and self-conscious performer, he has discussed his own work regularly in the monologues themselves, in other writings, and in interviews. Describing his transition from actor to autobiographical performer, Gray explains that he originally set out to be an actor in order to "live a passionate life onstage without consequences" (*Slippery Slope*, 5) but discovered that pretending to be someone else was not satisfying. He credits Richard Schechner, the director of the Performance Group, the experimental theater collective of which Gray was a member early in his career, with allowing him to "do what I wanted, be who I was," even while playing scripted roles, by permitting him to make "the role out of my immediate needs" rather than those of the character and thus to use the character as a vehicle for "personal actions."⁸

For Gray, the difference between conventional *acting* and *performing*, a crucial distinction in the lexicon of experimental theater and performance art, comes down to the difference between playing a character apart from oneself and playing oneself.⁹ In Gray's view, the performer finally has no choice but to portray him- or herself: "Who else? Who else is there? How do you ever escape from yourself? Never."¹⁰ This trajectory, from being an actor pretending to be someone else to playing himself through other characters, led Gray to the autobiographical monologue form. He became, as he puts it, "a kind of inverted Method actor. I was using myself to play myself . . . a kind of creative narcissism" (*Slippery Slope*, 6).

As early as 1977, Gray treated the self-examination in which he was engaged through performance as a form of therapy for his emotional and psychological difficulties. In the mid-1970s, the Wooster Group, a theater company that split off from the Performance Group, began a series of group performance pieces based on Gray's biography known collectively as the Rhode Island Trilogy (even though it ultimately had four parts).¹¹ One of those pieces, *Rumstick Road* (1977), grew in part out of Gray's fear "that I was identifying with my mother so much, that I had inherited the genetic quality of manic depressiveness" (quoted by Savran, *Breaking the Rules*, 74). For Gray, the making of *Rumstick Road* was a kind of therapy, as he notes in an essay published in 1979, around the time he started performing his autobiographical monologues: "At last I was able to put my fears of, and my

identification with, my mother's madness into a theatrical structure. I was able to give it some therapeutic distance" ("About Three Places," 38–39).¹²

The therapeutic potential Gray attributes to performance distinguishes it from acting, which he sees as being "without consequences." In his 1979 statement on the subject, Gray describes the therapeutic distance that performance allows in terms that make it seem analogous to the autopathographic happy ending. Just as the comic plot allows the writer to contain a real event in a conventional narrative form that leads to an agreeable resolution, so the performer finds a way of expressing his psychic distress through a theatrical form and gains valuable, therapeutic distance from his own emotions by doing so. But when Gray has returned in later years to the question of how performance functions for him, he no longer suggests that therapeutic performance yields resolutions.

Brewster North, the protagonist of Gray's very thinly disguised autobiographical novel, *Impossible Vacation*,¹³ published in 1992, explains that when he was a young actor, he wanted to play Konstantin Gavrilovich in a production of Chekhov's *Sea Gull*

because of the way I often acted so tortured and hung up on Mom. That's exactly how Konstantin was: tortured, sensitive, and very much hung up on his mother. Also, and best of all, Konstantin gets to commit suicide at the end of the play—every night! over and over again!—and for some reason I thought that would be really neat, to be able to kill myself every night and come back to life the following evening to do it again.¹⁴

At one level, this passage may express what is at stake for Gray in negotiating his identification with his mother through performance: the appeal of committing suicide on stage without really dying derives from Brewster's feeling that because he is like his mother, he is destined also to commit suicide. Reappearing each night to kill himself anew is a way of both fulfilling and trumping her legacy. (It is worth noting in passing that the mode of performing Gray describes here draws on both acting and performance, as he defines them. Because the suicide is acted, it is without consequences. But because the performer is really playing out his own psychological trauma, not the character's, the performance can have a therapeutic effect.) In this case, the therapeutic effect derives not from the performer's using the stage as a means of re-creating aspects of his life but from the *difference* between the performer's lives on- and offstage: acting Konstantin would allow Brewster both to live out the consequences of his identification with his mother and to refuse that destiny. Offstage, he doubts that he has any control over what happens.

The element of *repetition* in this process is critically important. Brewster does not imagine that enacting suicide this way will enable him to resolve his troublesome identification with his mother and thus achieve the closure

of a comic plot. Rather, he imagines his performance of suicide as something that would take place “every night! over and over again!” and in fact derives pleasure from the prospect of this endless opportunity to enact on stage the destiny he seeks to avoid in real life. In this passage from the novel, Gray points to an aspect of performance that many theorists take to be fundamental: that performative behavior is designed to be repeated. One of Schechner’s basic definitions of performance is, in fact, “twice-behaved behavior”; such behavior creates the impression of never having occurred for a first time but of always having been caught up in an economy of repetition.¹⁵

What Brewster’s anecdote and Schechner’s definition both suggest is that performance complicates the autopathographic project because repetition of the same, rather than resolution and closure, are intrinsic to it. Although the plot of any given play or performance may reach an ending—happy or otherwise—that very plot is a pattern of action designed to be performed over and over again in a potentially infinite reiteration of the same. In other words, performance qua performance resists closure. This is not the case for a book, of course, and this is a key difference between literary autopathography and performed autopathography. For the literary version to function in the same way as a performance, the author would have to write the same text over and over again, more or less identically each time, for different audiences at different times.

In fact, Gray’s ongoing autobiographical performance project thematically reflects the inability of his version of therapeutic performance to produce closure, for issues that might seem to have been resolved in one monologue reappear unresolved in later ones. I have already noted that Gray first addressed his damaging psychological identification with his mother in a performance piece of 1977, yet the emotional havoc wrought by that same complex is still at the heart of *It’s a Slippery Slope* some nineteen years later. Likewise, the visual impairment to which Gray seems to have reconciled himself at the end of *Gray’s Anatomy* reappears in *It’s a Slippery Slope*. At one point in the later monologue, while skiing happily down a mountain, experiencing flow and enjoying the view, Gray reiterates the conclusion of *Gray’s Anatomy* by expressing gratitude to his right eye for allowing him that enjoyment and “not behaving like my left eye.” Later in the monologue, however, when he’s skiing in a moment of growing crisis, he can no longer put a positive spin on his condition, but says only, “Can’t see with my bad eye in this flat light” (*Slippery Slope*, 45, 96). The blunt description of his impaired eye as his bad eye, the telegraphic style of the sentence, and the staccato rhythm of single syllables all convey the depression that colors Gray’s feelings about his physical condition and suggest that Gray has not really achieved the acceptance of his disability implied by the earlier monologue.

To the extent that Gray's individual monologues end happily, the agent of that resolution is often a man older than Gray himself. Gray's epiphany on the ski slope in *It's a Slippery Slope* results from an encounter with such a figure, the yellow-suited skier who serves as Gray's temporary Zen master. A similar, though surprising, figure appears in *Gray's Anatomy*. While waiting in his doctor's office, Gray sees someone he takes to be Richard Nixon; since Gray's eyes are dilated, he isn't sure of the identification, but the doctor confirms it, saying, "Nothing the matter with *him*." For some unstated reason, this glimpse of Nixon allows Gray to agree to surgery after his quest for alternative cures: "It was seeing Richard Nixon come out of my doctor's office that gave me the faith and courage to have the operation" (71).

It is not clear just why seeing Nixon has this effect on Gray. But it is interesting that the epiphanic moments in both monologues, the events that allow Gray to address physical or psychological impairments, hinge on these chance encounters with healthy-seeming older men. Especially in the context of Gray's ruminations on his mother's suicide and the degree to which his own fate may be determined by hers, these moments suggest that Gray's ability to deal with both his eye disease and his psychological problems depends on his identifying with a father figure. His need for such a figure is perhaps indicated by his saying that he intuited that the figure he saw skiing was male before choosing to follow him. Both figures also seem to be surrogates for Gray himself—imagined older versions of himself who have come through trauma and appear to be in control of their own lives. In the monologues, Gray envisions himself achieving their apparent physical and mental health; to that end, he uses them as talismans or guides and as images of what his own future will be if he can surmount his current obstacles.

But these older male figures in the monologues function in another way, too. In addition to being surrogate father figures and stand-ins for Gray's imagined versions of his older self, they are surrogates for his audience. In a newspaper interview, Gray discusses a moment in the fall of 2002 when, suffering from the physical after-effects of a serious automobile accident and reeling from bouts of delusional behavior, he considered suicide on a bridge.

I was contemplating jumping but what stopped me was this guy there. A foreign guy. A stranger. . . . He didn't speak much English. But I was kind of showing him that that's what I wanted to do. I was lifting my leg, and he was going, "No, no, no!" It was probably a cry for help, and I was certainly over-medicated. But I really don't know if I would have jumped if he weren't there.¹⁶

This real-life event clearly parallels those described in the monologues: Gray is rescued once again by a male figure whose presence dissuades Gray

from engaging in self-destructive behavior. The older skier, Nixon, and the man on the bridge are all strangers to Gray and are all, in that sense, “foreign” (even Nixon, since Gray would have no reason to expect an encounter with him). Because they are strangers, Gray can project onto them whatever meanings he needs them to represent, and their appearances at traumatic moments seem to allow Gray to achieve therapeutic distance from his own impulses. It is not just that Gray needs someone to tell him what to do (or not do) or to serve as a model at such moments—it is also that he apparently needs to be in the presence of someone else. That presence, perhaps even more than the other person’s ability to advise him, allows Gray to see himself through another’s eyes and act accordingly. These older male figures are, in short, audiences, and their presence leads Gray away from the brink.

In a passage from *It’s a Slippery Slope* in which he recounts his own increasingly erratic behavior, Gray recounts an anecdote that suggests the complex dynamic of performer and audience that makes performance therapeutic for him.

I was beginning to act out. And I was acting out in public places, much the way Mom acted. I’d be muttering to myself and involuntarily shouting out, but no one really noticed that in New York City. I can remember screaming in the streets at night and hearing my scream picked up by other people who passed it down the street for blocks and blocks. What started out as real panic was turned into a performance by the people. (55)

Here, Gray refers again to the distinction between performance and real life that is central to his notion of therapeutic distance. Because his accidental audience perceives his behavior as a performance, it ceases to be “real panic.” There is an interesting ambiguity in the way Gray tells this story—it is unclear whether his behavior becomes a performance because it is perceived as one by the others who replicate it or whether their replication of Gray’s screams makes his own behavior into a performance for which he becomes the audience. Perhaps both things occur: New Yorkers on the street become the audience for Gray’s behavior, which they perceive as a performance. Their response to that perceived performance, their replication of Gray’s behavior, becomes a performance to which Gray serves as audience. He thus becomes a spectator to his own behavior filtered through performance. As in the circumstances he recounts in the monologues, the presence and reaction of an audience creates for Gray a different vantage point from which to perceive the symptoms of his mental illness.

In the very next passage of *It’s a Slippery Slope*, Gray addresses his relationship to the theatrical audience for his monologues by observing that even when he was out of control in his offstage life, he could still perform

effectively on stage: “In fact, I welcomed the isolated protection of the stage. Telling a life was so much easier than living one. Although there were times I’d be in the Mom Mode all the way up to the stage door, barking and twisting on my way to the theater” (55–56). Here, Gray treats the stage as a safe space, much as he does in the account of *Rumstick Road* cited earlier. But there is a crucial difference. At this point, the stage no longer provides Gray with therapeutic distance. Rather than being a safe place to enact and thus dispel his anxieties, the stage becomes the only place where Gray can behave *as if he were not in the grip of those anxieties*. Up to the moment at which he arrives at the stage door, Gray is fully possessed by his psychic demons; once he is out on stage, he is able to behave as if that were not the case by appearing to be in sufficient control to perform.

Gray’s theatrical audiences do not necessarily function the way the older male figures in the monologues do—there is no reason to suppose that Gray sees in the audience models for his own behavior. It is not even clear that the audience in the theater serves Gray in the same way as the accidental audience on the street; it seems unlikely that the theater audience will allow Gray to see his own behavior differently by refracting it. But the theater audience’s physical presence apparently does function like the presence of those older men in one important respect: it defines an occasion for Gray to present himself as someone who is in control of his actions. Like the presence of the older men in his stories, the presence of the audience allows Gray to retreat from his anxieties. This retreat is temporary—it is itself a performance that takes place only while Gray is in the other’s presence. Perhaps this helps to explain why the prospect of simulating suicide nightly appealed to Brewster, Gray’s alter ego. Onstage, Brewster can control his destiny by enacting suicide and survival, a desirable experience that he cannot replicate offstage.

Performance seems to serve Gray as therapy in two very different ways. His earlier formulation of therapeutic distance suggests that performance allowed him to achieve a more objective stance toward his own psychological problems by examining them through the mediation of theatrical production. More recently, however, Gray has suggested that it is not the opportunity to represent his own experience onstage that is therapeutic but the ability to use performance as a means of enacting himself in a controlled way of which he is not necessarily capable offstage. The presence of an audience before which he must appear as a performer capable of controlling his self-presentation rather than a man in the grips of psychological disorders that reduce such control seems crucial to this version of therapeutic performance. Whereas the earlier version depended on Gray’s replicating his life onstage (at least metaphorically), the later one depends for its therapeutic effect on the differences between Gray’s ability to control his own behavior onstage and offstage.

This latter form of therapeutic performance is bound up with performance's economy of repetition. If Gray experiences self-control onstage, he must perform in order to have that experience. The fact that Gray is able to perform does not imply that he has recovered from the psychological afflictions he describes in some of his monologues, even when those monologues reach narrative closure. Gray does not perform because he feels better—he feels better when he performs. Whereas we experience autopathographic writings as the end products of a process through which the writer recovered sufficiently to write, when we see Gray perform, we witness the process itself through which Gray seeks recovery rather than an artifact of his recovery, a repetitive process that offers no clear possibility of closure or resolution. John Moore, the journalist who wrote the newspaper profile of Gray from which I quoted earlier, clearly understood that Gray's version of therapeutic performance does not partake of the comic plot, for his article is entitled "No Happy Ending to Spalding Gray story."

Postscript

In January 2004, as this book was going to press, Spalding Gray was reported missing. His body was discovered two months later. His death apparently was the suicide he had threatened or attempted several times and that was a preoccupation of his monologues. He will be missed.

Notes

1. G. Thomas Couser, *Recovering Bodies: Illness, Disability, and Life Writing* (Madison: University of Wisconsin Press, 1997), 14; hereafter cited parenthetically.

2. Philosopher Stan Godlovitch, writing about musical performance, points out that "we certainly have no working theory of the inner mental side of artistic performance. . . . Performers at work may have their minds on any manner of things. In the spirit of professional entertainment, someone performing sensitively may simultaneously be bored to distraction" (*Musical Performance: A Philosophical Study* [London: Routledge, 1998], 127).

3. This distinction between physical and psychological maladies is artificial, of course, and Gray always represents the physiological as bound up with the psychological and vice versa. In *Gray's Anatomy*, when Gray is initially diagnosed with an eye ailment and his doctor asks him what he thinks caused it, Gray can think of only one possible physical cause, a woman's accidentally grazing his eye with her fingernail some fifteen years earlier. When that incident turns out to be implausible as a cause, he turns immediately to psychological causation, thinking at first that his eye problem resulted from his never having grieved properly for his deceased mother: "My left eye just cried, in a big way. It exploded into one big tear." He goes on to suppose that the macula pucker may have resulted from his Oedipus complex: "The unconscious part of me . . . is reaching up and scratching out one eye at a time" (*Gray's Anatomy* [New York: Vintage, 1994], 10–11; hereafter cited parenthetically). Here,

Gray suggests not just that his psychological state influences his perception of his physical condition, but that his psychological complexes may be the causes of his physical problems. Gray's analysis of the causal connection between the physical and the psychological may be part of Gray's inheritance from his mother, a Christian Scientist who impressed upon him that physical illness is caused by mental and spiritual "errors" (*Gray's Anatomy*, 14).

4. Parenthetical dates following titles of performances refer to when the piece was first performed, not to publication.

5. This list is adapted from Couser's list of the identifying features of breast cancer narratives (*Recovering Bodies*, 42). Because breast cancer narratives constitute the largest category of first-person accounts of illness, the subgenre provides a good model for autopathography in general.

6. Arthur W. Frank, *The Wounded Storyteller* (Chicago: University of Chicago Press, 1995), 115.

7. Spalding Gray, *It's a Slippery Slope* (New York: Noonday Press, 1997), 19, 21, 53, 55; hereafter cited parenthetically in the text.

8. Spalding Gray, *About Three Places in Rhode Island*, in *Drama Review* 23, no. 1 (1979): 33; hereafter cited parenthetically in the text.

9. Michael Kirby's 1972 essay "On Acting and Not-acting," an important early entry into the discourse that seeks to distinguish acting from other forms of performance, is available in *Performance: Critical Concepts*, vol. 1, ed. Philip Auslander (London: Routledge, 2003), 309–23.

10. Quoted by David Savran, *Breaking the Rules: The Wooster Group* (New York: Theatre Communications Group, 1988), 63; hereafter cited parenthetically in the text.

11. For a full account of the history of the Wooster Group and its relationship to the Performance Group, see Savran, *Breaking the Rules*.

12. Gray's is not the only formulation of performance as therapy, of course. For a brief overview of psychotherapeutic methods that draw on ideas of role-playing and performance, see Marvin Carlson, *Performance: A Critical Introduction* (London: Routledge, 1996), 45–48. In my essay "'Holy Theatre' and Catharsis," I discuss several modern theorists who see a therapeutic potential in theater itself (in *From Acting to Performance* [London: Routledge, 1997], 13–27). One of the most influential of current figures to bridge theater and psychotherapy is Augusto Boal; see Daniel Feldhender, "Augusto Boal and Jacob L. Moreno: Theatre and Therapy," in *Playing Boal: Theatre, Therapy, Activism*, ed. Mady Schutzman and Jan Cohen-Cruz (London: Routledge, 1994), 87–109.

13. Gray worked on *Impossible Vacation* over a very long period of time. The highly problematic gestation of the novel is the subject of one of his monologues, *Monster in a Box* (New York: Vintage, 1992).

14. Spalding Gray, *Impossible Vacation* (New York: Alfred A. Knopf, 1992), 47.

15. Richard Schechner, *Between Theater and Anthropology* (Philadelphia: University of Pennsylvania Press, 1985), 36.

16. Quoted by John Moore, "No Happy Ending to Spalding Gray Story," *Denver Post*, February 28, 2003, FF1.