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Migration, Mental Illness and Terry Watada's *The Tale of a Mask*

Kirsty Johnston

Developed and produced at Toronto's Workman Theatre Project (WTP) in 1993, Terry Watada's play *The Tale of a Mask* weaves a Japanese folktale with a contemporary tragedy inspired by a double murder and suicide in Vancouver. Since 1991, the WTP has collaborated with playwrights to develop plays that educate audiences about mental illness and destabilize representations that perpetuate stigma. *The Tale of a Mask* was developed as part of a WTP initiative to investigate multiculturalism, immigration, and mental illness in Canada. The eponymous mask of the title, the author argues, acts as an enigmatic symbol for mental illness read differently by different cultures.

Élaboré et réalisé au Workman Theatre Project (WTP) de Toronto en 1993, *The Tale of a Mask* de Terry Watada est un conte japonais populaire entrelacé avec une tragédie contemporaine inspirée par un double meurtre et suicide à Vancouver. Depuis 1991, le WTP a collaboré avec des dramaturges pour élaborer des pièces de théâtre qui renseignent les auditoires sur les maladies mentales et déstabilisent les représentations qui perpétuent les stigmates. *The Tale of a Mask* a été élaboré dans le cadre d'une initiative du WTP pour examiner de plus près le multiculturalisme, l'immigration et les maladies mentales au Canada. Le masque mentionné dans le titre représente, d'après l'auteure, un symbole énigmatique de la santé mentale perçu différemment par différentes cultures.

How might mental illness be performed on a contemporary Canadian stage? This deceptively simple question lies at the heart of an innovative theatre company attached to the Centre for Addiction and Mental Health in Toronto. Since 1989, the Workman Theatre Project (WTP) has sought to produce plays about mental illness. Their more than 20 productions have had the dual aim of giving voice to artists who have experienced mental illness and educating the public in order to combat the stigma of mental illness. In *The Last Taboo: A Survival Guide to Mental Health in Canada* (2001), Scott Simmie and Julia Nunes argue that many people who have received mental health services in Canada cite stigma as worse than mental illness itself: social discrimination, stigma, and isolation may compound and exacerbate the suffering of people diagnosed with mental illness. Moreover, stigma may prevent people suffering with mental illness from seeking help, professional or otherwise. Left to cope

with illness on their own, people may become vulnerable to a host of ill effects, a range of self-destructive behaviours, or suicide. For WTP members, such high stakes create a forceful need to combat stigma—a need that informs much of their creative work. The project's dramaturgical process involves collaboration between commissioned professional playwrights, actors and directors with an interest in mental illness issues, and project members.¹ At its broadest level, the WTP seeks both to destabilize mental illness representations that perpetuate stigma and to highlight the impossibility of ever wholly fixing or knowing mental illness on stage.

Terry Watada's *The Tale of a Mask*, staged at the WTP in 1993, was developed and performed as part of a broader WTP initiative to investigate multiculturalism, immigration, and mental illness in Canada. It is a tragedy based on the real life and death of Fumiyo Takabe, a Japanese immigrant who became profoundly isolated and depressed in her new home of Vancouver in 1990 and took her own life and that of her husband and sons.² *The Tale of a Mask* tells a parallel story about a central character named Aiko Shinde, her husband Masato, and her son Kentaro, who experience isolation, stigma, and cultural misunderstanding when they immigrate to Toronto from Japan in 1992. In a state of extreme depression, Aiko kills Masato, Kentaro, and herself.

While the play's broad narrative seems to posit a direct relationship between real and represented events, its formal structure aims to do the opposite. Through a combination of detective scenes, naturalistic scenes that flash back to Aiko's immigration experience, Japanese Noh theatre design elements, scenes from a Japanese folktale, and a traditional Noh demon's mask, the play juxtaposes different performance traditions and highlights their cultural construction. Representations of mental illness have a long history in Western theatre, from Bacchic frenzy to *King Lear*, *Enrico IV*, and beyond. Similarly, representations of mental illness are a core feature of Noh theatre, a traditional form developed in Japan's Muromachi period (c. 1350-1570) period and continuing today as one of the world's oldest living theatre forms. Drawing from, contrasting, and reorienting these different traditions, tropes, and symbols for mental illness, Watada highlights his manipulation of the original events. His formal strategies emphasize how perceptions of mental illness are mediated by culture, tradition, and experience.

As the play's title suggests, Watada uses a traditional Noh theatre demon's mask to represent mental illness in performance. This choice seems to challenge his earlier ideas about mental illness representation on stage. In Watada's *Vincent*, another play commissioned by the WTP, the play's eponymous central character, a man diagnosed with schizophrenia, is never physically present onstage

although other characters see and react to him and he is heard in voiceover. Watada uses the visual absence of this central character to avoid visually clichéd representations of schizophrenia. He sought to challenge what he described as society's tendency to "demonize the schizophrenic, to make him inhuman somehow" (Watada, 1993).³ By contrast, Watada adopts the opposite strategy in *The Tale of a Mask*. Here he places three fully embodied characters with mental illness on stage, each of whom wears a demon's mask at some point to represent his or her illness. If Watada hoped to challenge stigma against mental illness and explore particular kinds of stigma, then why did he use a demon's mask, a dehumanizing representational strategy he had earlier rejected?

The Tale of a Mask provides an important opportunity to consider how a significant Canadian mental health issue was reimaged on stage. Ultimately, the play's visible, symbolic, yet fundamentally ambiguous strategies for representing mental illness provide a constant through which to effect a cross-cultural exploration. This exploration is driven by the playwright and producing company's need to investigate, highlight, and question culture's role in shaping a particular kind of mental illness experience in Canada.

The Workman Theatre Project exists in a multicultural urban setting in which different cultural attitudes shape the operation of mental health care and its broader cultural perception. In order to engage with questions that arise from this condition and educate the public about the spectrum of cultural attitudes towards mental illness, the WTP launched the 1993 play series, *Through Others' Eyes*. Planning for the series drew inspiration in part from the recently completed Canadian Task Force on mental illness and immigrant experience, which addressed problems of stigma and isolation.⁴ In fundraising proposals, WTP Artistic Director Lisa Brown quoted directly from the Task Force's final report to underline the basic aim of the play series to engage with these broader problems. Although several plays were commissioned as part of this series, only one finally received full production at the company's theatre, Terry Watada's *The Tale of a Mask*.⁵

The Tale of a Mask builds upon the aims of the play series for which it was commissioned but does so within the particular cultural context of contemporary Japanese-Canadian experience and within that one story of family tragedy. In the course of play development, a tension emerged between broader aims to explore immigrant experience of mental illness as a general phenomenon, and the specific meanings of that experience within a range of cultural contexts from the transnational (Asian) to the national (Japanese and Canadian) to the hyphenated multicultural (in this case, Japanese-Canadian). Although generalization at any of these levels produces problems and raises questions about essentialist

characterizations, it is important to recognize that Watada, the WTP, and the stakeholder groups worked with these categories, found aspects of them meaningful, and produced *The Tale of a Mask* with them in mind. While the play does not ultimately fix cultural categories, it does focus on ways that competing cultural attitudes may combine and conflict in Canada.

As with all WTP-commissioned works, the playwright and company sought to learn from those with direct experience of this particular mental health problem. The play drew upon the company's distinctive dramaturgical process, which involves professional artists and individuals who have experience with mental illness either personally or professionally. Thus, as the play developed, individuals who have received mental health services, artists, and mental health workers (not always distinct groups) offered critical feedback and contributed to the play's development. Watada's perspective was further informed and supported by a range of resource consultants for the project, including Setsuko Thurlow, executive director of Japanese Family Services of Toronto; Yusuke Tanaka, editor of the *Nikkei Voice*; and staff from the Ontario Mental Health Foundation, the Clarke Institute of Psychiatry, the Inter-Church Committee for Refugees, Metro Toronto Multicultural Mental Health, the Multicultural Health Coalition, and the United Nations High Commission for Refugees. Seeking feedback and ideas from this broad range of people familiar with the mental health challenges facing people who have immigrated to Canada from Japan, Watada and the company hoped to identify a set of concerns worth exploring.

A more elusive set of experiences also shaped the play. Watada recalled a visit to the Immigrant Women's Group of Prince Edward Island and the difficulties for immigrant women he learned about there. He remembered a visit to San Francisco in the 1980s and a troubling encounter with Asian-American women at a battered women's shelter. He also drew inspiration from the movie *Onibaba* by Kaneto Shindō, a 1964 film that told the story of a woman in Japan's feudal wars and her mask of madness.⁶ In combination, these fragmentary experiences inflected this script in various ways—from matters of sensitivity to formal choices, and particularly, as we shall see, in Watada's use of mask.

As he began to write the play, the story of the Takabes' tragedy reminded Watada of the Japanese Buddhist folktale *Harumi and the Samurai*, a tale he had first encountered in Shindō's film. "Both," he explains, "have to do with isolation" (Watada 2001). The folktale is about madness and an *onibaba* or devil woman. It tells the story of Harumi, an abandoned peasant woman living outside Kyoto during Japan's feudal wars. After losing her husband and son to these conflicts, she survives by killing lost or dying samurai and selling their armour and swords. One day, she comes upon a mysterious samurai wearing a

devil's mask who demands that she take him to the Kyoto road. After arguing, she agrees to lead him only if he will remove his mask. He refuses, and says that she, a peasant woman, would faint if she saw his beautiful face. He then threatens her if she does not comply. Picking up her own sword, she leads him and vents her anger. Calling him a devil, she accuses him of tormenting peasants, luring away her husband and son, leaving her abandoned, and driving her mad. In her anger she strikes him with her sword. As he lies dying, she reaches for his mask. He catches her hand and thanks her for finally freeing him from it. Unmasking his face, Harumi is disappointed to discover not beauty but "a face of madness."⁷ She then tries on the mask, only to discover that it will not come off. The mask is the face of madness, and in this tale madness will only be removed by death.⁸ In order to link the contemporary experience of isolation with its representation in Japanese folktales, Watada integrates the Shindes' narrative with this folktale and appropriates the Noh devil's mask for his contemporary story. Paradoxically then, he uses Aiko and Harumi's respective isolation to connect their mental illness experiences.

Of the myriad themes suggested by the folktale, Watada focusses on Harumi's isolation. Research, personal experience, and discussions with the community consultants brought into the play's development process led Watada to identify and focus on the feelings of isolation, shame, and invisibility broadly associated with mental illness experience and women who have immigrated to Canada from Japan in the past few decades.⁹ These attributes did not simply reflect the concerns of the playwright and the consultants. A few years earlier, Canadian-based researchers Teruko Okabe, Kazuko Takahashi, and Elizabeth Richardson had also investigated specific mental health challenges facing Canadians of Japanese origin or cultural connection and drawn similar conclusions. In 1990, Okabe, Takahashi, and Richardson outlined how mental illness is typically feared and stigmatized in the Japanese-Canadian community, attitudes that can inhibit individuals from seeking treatment (131). They also cited depression as common among middle-aged Canadian housewives who emigrated from Japan in the postwar period. They further suggested some contributing factors to such depression, including migrant women's linguistic and cultural isolation, the lack of cultural support for the traditional role of wife and mother in Canada, and the stigma that makes individuals and families reluctant to acknowledge mental illness or seek treatment (132). Although Watada decided to include scenes showing Aiko Shinde struggling to communicate and becoming isolated in her new environment based on the suggestions of the focus groups and advisors, his representational choices also demonstrated parallel concerns with Okabe, Takahashi, and Richardson's research. These naturalistic scenes, however,

are only part of Watada's broader representational strategy. He mingles them with re-enactments of the folktale, pantomime, and a detective mystery. He hoped these layers of experience would engage audiences to "question what is real and what is not real, what should be and what shouldn't be" (Watada 2001). This layered formal structure contributes to the play's cross-cultural explorations while preserving an enigma at the core of its representation of mental illness.

The first type of layering in the play occurs at the level of narrative. *The Tale of a Mask* intersperses three narratives that join in its climactic final scene: the stylized re-enactment of the murders and suicide. The mask and Aiko/Harumi's mental illness figure in each of the three narrative threads. Beyond the mask, however, each narrative also develops a distinct means for representing Aiko's mental illness. In the detective story, other characters describe her illness. In a series of flashback scenes set in Japan and Canada, Watada shows Aiko's own attitudes towards, and experience of, mental illness. Most symbolically, in the Onibaba myth scenes, he connects Aiko to Harumi's mental illness and the devil's mask. Individually, each narrative thread draws upon and develops this symbol differently. Braided together, they provide the audience with competing cultural conceptions of mental illness.

The first narrative trajectory poses the Shindes' deaths as a mystery to be solved. It follows a detective described by Watada as a "*Middle-aged white male in a rumpled suit. There is a hint of seediness about him*" (1995, 46). This unnamed white detective is naive about cultural differences affecting Japanese-Canadians' mental health. His journey of discovery allows similarly naive audience members to learn about such potential differences along with him. For example, the first scene of the play introduces Aiko's tragic story by showing the detective calling in the crime report to his captain:

Captain we've got a bad one this time. A family, all three dead. Really sad. I've been in Chinatown for ten years, but I never seen nothing like this before (flips through notepad). The parents were Mass and A-ko Shin-die. Their son, Ken, was ten years old. Recent immigrants. Japanese. They lived in a first floor flat in a semi-detached house on Cecil Street. The husband was stabbed 33 times. A real mess. The kid was strangled and the wife was found hanging from the shower rod in the bathroom. Must've happened last night. A real tragedy. They come all the way from Japan just to end up ... end up murdered. (1995, 47)

Of the 20 scenes that follow, 13 begin with the detective's efforts to solve the mystery. In each scene, he is educated about the Shindes' immigration experience and slowly disabused of his initial misconception that all three were murdered. As he talks with Setsuko Harrison, a commanding woman and the former employer of Aiko's husband Masato, and Melanie Henry, Kentaro's former teacher, he learns about the mental health challenges and mental illness taboos that affected Aiko in particular. Ultimately, he concludes that the three deaths were a combined suicide/double murder resulting from Aiko's extreme mental distress.

In each scene of the mystery narrative, the detective gathers evidence of Aiko's strange behaviour. Importantly, however, he never interacts with Aiko directly. Instead, her character emerges out of Melanie and Setsuko's descriptions and flashbacks enacting what they describe. In these scenes, Aiko's mental illness physically manifests in her odd behaviour and actions. The detective, Setsuko Harrison, and Melanie Henry emphasize Aiko's erratic manner. Melanie Henry, for example, remembers Aiko's "odd" behaviour during a parent-teacher interview (1995, 68). Similarly, Setsuko Harrison describes how Masato had complained of a range of "strange things" happening at home (78). Finally, the detective's description of the murder scene underlines the physical manifestations of Aiko's mental illness:

Captain, as I walked into the murder scene, I could feel the fear, the madness. There was furniture broken in pieces everywhere. Blood was smeared across the walls. The stillness got to me after a while. I couldn't stay there. If it was a murder/suicide, Aiko must have suffered a complete psychotic breakdown. (81)

Aiko's mental illness emerges from these various descriptions as behaviourally and physically manifest and, in the description of the murder scene particularly, spectacular. Importantly, however, Aiko's own account of events is never offered directly. Like the ambiguity inherent in the mask, her perspective remains a mystery.

The second narrative trajectory uses flashbacks to the pre- and post-immigration lives of Aiko and Masato Shinde. These flashback scenes begin with their early married life in Japan and move chronologically through their immigration to Canada, the ever-increasing mental challenges faced by Aiko, and, finally, her double murder/suicide. These scenes span the five-year period between 1988 and 1993 and show her attitudes towards mental illness in Japan and the development of her own mental illness in Canada. Through the chronological order of the flashback scenes, Aiko's experience of mental illness

is demonstrated as a progression that begins after her reluctant immigration to Canada. The beginning of this process is marked with a symbolic gesture that Watada emphasizes with a spotlight. After complaining about her extreme loneliness in Canada and her fear of being alone, she is unable to persuade her husband either to take her out or keep her company at home. After he exits, she calls after him, pauses, and then turns to the audience: “*lights narrow to a spot on her—she hangs her head*” (1995, 65). Watada emphasizes the gesture through the lighting change and focus. Her lowered head signals the beginning of her depression and also links her to Harumi. Harumi’s head was also lowered in the prologue, a pantomime of Harumi’s murder of the Samurai. This gestural connection to the myth is immediately strengthened in the next scene when Aiko writes a letter to her friend Sumiko in Japan, speaking as she writes. She describes her unhappiness and recurring dream about the onibaba. Impersonating her mother, she begins to retell the onibaba myth until, exasperated, she complains of lack of sleep and crumples the letter. Her invocation of the onibaba myth further connects her to its symbols of mental illness.

In addition to connections with the onibaba myth, however, Aiko’s mental illness is also demonstrated physically in these flashback scenes. For example, the stage directions in scene 14 show Aiko “*flat on her back. She speaks in a very flat tone of voice*” (Watada 1995, 74). Her monologue in this mode draws clear parallels with symptoms commonly associated with clinical depression: “Sleep. I wish I could sleep. I don’t know what’s wrong with me. I’m exhausted. I feel empty. Nothing to give. I feel like I can’t do anything” (74). In scene 16, Watada represents Aiko’s mental illness by contrasting her sense of Sumiko’s proximity with Masato’s reality:

- Aiko: I told Sumiko everything. How you leave me all alone. How you turn my own son against me.
- Masato: What? Did you call her all the way in Tokyo? That’s a lot of money!
- Aiko: No I didn’t call her. I talked to her yesterday. Here, right here. She lives next door, you know.
- Masato: Aiko, Sumiko is in Japan. We haven’t seen her in almost a year. Look, stop all this nonsense. Maybe this Sunday we’ll all go to a movie or something. (76)

In the play’s final scene, Aiko stabs Masato “*in a frenzy*” (83). Altered tone of speech, talking to someone who is not there, and erratic or “frenzied” behaviour all support Watada’s effort to portray Aiko’s mental illness using physical conventions.

Braided into the detective story and flashback scenes, the third narrative trajectory, *Harumi and the Samurai*, functions as a parable for Aiko's mental illness. In scenes 13, 16, and 20, each of which enact the folktale, Aiko and Masato take on the roles of Harumi and the Samurai respectively. The tale also serves as prologue and denouement to Aiko's story. Harumi and the Samurai are first presented in a dumbshow prior to the first scene. As soft, dim lights come up to the sounds of *gagaku* music blended with Karaoke pop music, Harumi is seen sitting with her head down and a sword at her side. The Samurai, wearing a devil's mask, stands before her with his sword raised. As *taiko* music and the blend of sound crescendos, Harumi rushes forward and fatally wounds the Samurai, who falls as the lights go to black (Watada 1995, 47). Scene 20, a pantomime like the prologue, shows Harumi donning the devil's mask and then struggling in vain to take it off. After she moves offstage in a panic, the narrative of the folktale is blended with the contemporary story: in the final scene, wearing the mask, Aiko confronts Masato by repeating Harumi's words from her earlier confrontation with the Samurai. After killing both Masato and Kentaro, she then wraps a rope around her neck and removes the mask, pulling the rope tight and freezing in this pose. In this final image, the folktale unravels the mystery of Aiko's suicide. Wearing the mask of mental illness, she commits suicide; as the mask falls away, she is released from mental illness by death. In this final flashback, the myth functions as a denouement for the detective's narrative, and all three narrative trajectories converge. The murders and suicide were caused by her illness, and Aiko saw death as her only escape from it.

Beyond its thematic connection to Aiko's narrative, Watada uses the myth as a way of making her mental illness physically present on stage. After the prologue, the mythic figures do not appear onstage until scene 9, when Aiko's mental health begins to deteriorate. In this scene, Aiko tells the story of Harumi and the Samurai to her son and complains of sleeplessness, loneliness, and dreams haunted by the Onibaba. After these first indications of her mental distress, the man in the devil's mask appears briefly on stage. Similarly, in the following scene, after Kentaro's teacher describes Aiko's strange behaviour, the masked man again appears and "*walks across stage as if searching for his way. [He] draws his sword when he sees something in the distance*" (1995, 69). By linking the first and subsequent appearance of the man in the devil's mask with the beginning and progression of Aiko's strange behaviours, Watada associates her actions with encroaching mental illness.

The increasing association of Aiko with Harumi signals the progression of Aiko's illness. After Aiko tells Harumi's story to her son in scene 9, scene 12 shows her acting as Harumi. In scene 16, Aiko expresses her fear of becoming

an onibaba to Masato and he dismisses her concern. The symbol of the mask accomplishes the ultimate convergence of Aiko and Harumi's mental illnesses and provides the climax of the play. Aiko wears Harumi's mask to confront and finally murder Masato and Kentaro:

Lights come up on Aiko with back to the audience. She is on the telephone.

Masato (in street clothes) enters, obviously angry.

Masato: Get off the phone! Who do you think you are, telling Harrison-san to fire me? You must be out of your mind.

Aiko (*turns to reveal devil's mask*):

Maybe I am out of my mind.

Masato (*surprised*):

What? Why are you wearing that mask?

Aiko: Oh don't worry, I'm human, not a devil.

Masato: Then take it off!

Aiko: I wear the mask to hide my face. (Watada 1995, 82)

Aiko asserts both the concealing and revealing properties of the mask itself: she wears the mask to hide her face and indicate something else.

Aiko's struggles with invisibility and misconceptions about her illness resonate in Watada's use of mask as symbol for mental illness. The mask both signals and mystifies her illness. It locates her experience in an object that requires her to perform the illness to be recognized. Since Masato refuses to see her illness, she wears a mask to insist that he see it; however, as we have suggested, there is a core ambiguity in this visibility. Aiko's individual experience is lost to the enigma and demonizing stigma of the mask itself. The final dialogue emphasizes this enigma:

Aiko: It's the face of madness, and madness leaves only with death.

Masato: Take it off!

Aiko: It won't come off!

Masato lunges to take the mask off. Aiko avoids him and reveals a knife. She stabs him once. He falls to his knees. Gagaku music blends with the taiko. Masato crawls around stage trying to escape. Aiko follows and continues to stab in a frenzy. (82-83)

Watada connects Aiko's mental illness to the presence of the man in the devil's mask, Harumi's encounter with this devil, and, finally, the mask itself. He presents the mask in part as a symbol for how, in his estimation, "the Japanese view mental illness as a curse put on the body, a disease from outside the body which can be caught" (2001). Such external symbols, like the marked physicality of

Aiko's strange and finally frenzied behaviour as seen and described in the other two narrative trajectories, offer concrete, visual means by which audiences can recognize Aiko's mental illness. Throughout the play, and in the Onibaba narrative in particular, Watada's strategy for representing mental illness relies on principles of exteriority, visible traits, and symbolic gestures and objects.

Aiko's difference from other stage characters is marked by her "strange" behaviours, discourse, and mask. These seem to repeat cultural stereotypes that stigmatize, isolate, and represent people with mental illnesses as obviously "Other." For example, in *Disease and Representation: Images of Illness from Madness to AIDS*, cultural historian Sander Gilman has surveyed an arsenal of mental illness representations in Western visual art and medical iconography, and he notes a long-standing pattern of rendering figures with mental illness as visibly different.¹⁰ Art, he asserts, has tended to quote art, and the endurance of this myth of visible difference is strongly connected to social anxieties:

The tradition of visually representing madness in the form of various icons, whether physiognomy or body type, gesture or dress, points toward the need of society to identify the mad absolutely. Society, which defines itself as sane, must be able to localize and confine the mad, if only visually, in order to create a separation between the sane and the insane. Thus the strength of the visual stereotype is in its immediacy. One does not even have to wait for the insane to speak. The mad are instantly recognizable, and it is our need for instantaneous awareness (which is often based on our construction of images of "madness" rather than the illnesses themselves) which is the rationale for the visual stereotype of the insane.

(Gilman 1998, 48)

Watada's use of a "Mask of Madness" seems particularly oriented towards creating a visual shorthand to define Aiko by a single trait and subordinate all other aspects of her individual character. Thus, at first glance, Watada's choices seem merely to repeat the kind of stereotypical representations identified by Gilman. Moreover, these choices seem striking given that they conflict with Watada's and WTP's stated aim to confront such stereotypes and misperceptions. Underlying this manner of representation, however, is Watada's drive to expose different cultural attitudes towards mental illness. The physical, visual, and exterior representations of Aiko's mental illness, her odd behaviours, and her symbolic connection to the mask of mental illness combine to provide a stable example through which to compare different cultural attitudes. With her mental illness as a visible constant, cultural perceptions of her mental illness become the variables explored by the text. When she is seen on stage or described by other

characters, her mental illness is apparent in her strange actions, behaviours, and vocal tones. Further, the extreme nature of the incident that drives the play, a double murder/suicide, raises the stakes of the cultural interpretation: her mental illness is not subtle, nor is its consequence negligible on a broader social level. Representing Aiko's mental illness in this striking, symbolic, and sensual way, Watada does not question the fact or fiction of Aiko's mental illness, nor does he investigate the subtle complexities of defining mental illness. Instead, he focusses on exploring the cultural attitudes that shape and inhibit its treatment. Following Gilman's logic, the visible difference indicated by the mask in the play reveals more about how different cultural perceptions and anxieties influence Aiko than about anything inherent to the illness itself. In this sense, *The Tale of a Mask* offers precisely what it claims, an investigation of a myth about visible difference and its deleterious effects.

Watada uses explicit dialogue to suggest a range of attitudes, both in Canada and Japan, towards mental health. In scene 11, Canadian restaurant owner Setsuko explains that in Japanese culture mental illness is considered to have exterior causes associated with fate and devils:

Detective: So she was totally alone. Do you think she was out of her mind?

Harrison: If she was, nobody know even if they live in Japan, "Out of her mind" is an outside problem caused by devils or fate. There's no real word for it in Japanese. People just ignore it. Maybe two years, maybe twenty years. (Watada 1995, 71)

In the pre-immigration scenes set in Japan, attitudes towards mental illness are repeatedly explored. Each time a character mentions mental illness, the other character in the scene denies it as a possibility. In scene 4, for example, Masato scoffingly tells Aiko that his boss thinks he is "*kichigai*" or crazy for quitting his job and moving to Canada to pursue his dream of becoming a Karaoke star. When Aiko agrees and calls Masato crazy, he yells at her: "*Bakayaro* [stupid]! Don't say such things to me" (55).¹¹ Another, more oblique reference to mental illness also demonstrates the taboo and strategy of denial that the play associates with Japanese culture and mental illness. In scene 4, Sumiko subtly questions Masato's mental health:

Sumiko (*tentative*): Aiko-san, is there something wrong with Masato?

Aiko: What?

Sumiko: Such an odd thing to do. To pick up and leave just like that. Maybe he needs ... help maybe?

Aiko (*infers meaning and becomes angry*):

Sumiko how could you say such a thing? There's nothing wrong with Masato. Nothing a good slap in the head wouldn't cure! (57)

This pattern of denial continues in the scenes set in Canada. In scene 10, Melanie Henry, Kentaro's teacher, confronts Masato about Aiko's mental health and suggests that they seek family counselling. Masato denies the possibility and refuses to talk about it. Similarly, near the end of the play, Setsuko corners Masato and suggests that Aiko speak with the Japanese Counselling Service:

Masato: You think my wife needs that kind of help? She's not going crazy.

Harrison: Who said anything about going crazy?

Masato: Look you're my boss but I don't need you to tell me how to handle my wife. Thanks for your concern, but don't insult me and my family by bringing up these suspicions. She's not touched in the head. She's just over reacting to being in Canada. She just needs to get out more. That's all.

(*Masato leaves stage angry. Setsuko remains with a worried look on her face*).
(79-80)

Across these scenes, the dominant action is a refusal to recognize mental illness.

While these explicit references to mental illness by Japanese and Canadian characters show cultural attitudes at one level, they also play off the perceptions of other Canadian characters in official positions in order to suggest the problem of cross-cultural understanding. This occurs particularly in the scenes where Setsuko struggles to explain Japanese attitudes to the detective. In scene 5, for example, she tells the detective of the connection between shame and denial:

Harrison: Japanese gossip too much. They don't want shame coming to them. So they make things up. Lie about everything. They'll say anything to avoid shame. "No Japanese would do that [kill themselves]!" "Vietnamese gang did it when Masato couldn't find money he owed them for drug."

Detective: What're you getting at?

Harrison: No Vietnamese, Chinese or whatever did this. It was family trouble. (Watada 1995, 59)

In another instance in scene 19, Setsuko criticizes new Canadians from Japan who adhere to traditional Japanese ideas about suicide, pride, and seeking mental health care:

Harrison (*with accent*):

I tell you, detective of the Japanese man. The will will not be broken. Too unmanly to call out for help. Macho Japanese. Stupid. They make me so mad! The Japanese, I mean. I see them come here and get robbed, raped, beaten and shot. But this? This is too much. Suicide is too tragic. Very avoidable in this country, but nobody can help unless they ask for help. It is Japanese not to ask. I think Japan is a modern country but suicide is old tradition that is still there. When will the Japanese themselves become modern and help their own people? (81)

The education of a naive Canadian in an official position is a device repeated in Melanie Henry's ineffective attempts to encourage Masato to seek counselling for Aiko. Describing Melanie as well-meaning but "*unenlightened*," Watada shows how her ignorance of some Japanese attitudes towards mental illness prevents effective dialogue with Masato (46). In the scenes with the detective, Melanie Henry, and Setsuko Harrison, Watada suggests counter-interpretations of mental illness. These three characters each advocate open discussion about mental health concerns and encourage seeking treatment for illness. In their dialogue with each other and the recently immigrated Shindes, the characters contrast and exchange different cultural attitudes about mental health.

Beyond these explicit references to a sampling of Japanese and Canadian attitudes towards mental health, the primary cross-cultural exploration in *The Tale of a Mask* occurs at the level of dramatic form. Drawing from different cultural dramatic traditions, *The Tale of a Mask* engages theatre at the crossroads of traditional Japanese Noh theatre design, pantomime, stylized gestures, naturalistic acting in the flashback scenes, and masked theatre in the Onibaba scenes. Combined with the different narratives and explicit references to competing cultural understandings of mental illness, these culturally disparate performance elements construct a cross-cultural theatrical experience for audiences.

While Watada engages a variety of culturally distinct artistic and formal traditions, his use of their respective conventions is selective. This is particularly evident in the play's stage design. All of the action in *The Tale of a Mask* takes place in a theatrical space that Watada specifies as distinctly Noh in its design. As I suggested at the outset, Japanese Noh theatre is one of the world's oldest living theatre forms and has its origins in Japan's Muromachi period.

Broadly, it is a suggestive art whose aesthetics are marked by restraint, precision, rhythm, and minimal, symbolic properties. Watada was drawn to Noh's formal, simple, stark staging because it helped to place the action in a "separate realm: a realm which emphasized and intensified the isolation and horror of the actors by focussing attention on them; a realm whose simplicity and formality also allowed for an easier transition into folklore" (Watada 2001). While Watada rejects many conventions and symbols associated with presenting mental illness on Noh stages, he uses many Noh elements to construct the space.¹² Although the Noh stage has many conventions about the kind of action performed in the different performance areas of its design, Watada does not refer to them. Perhaps because some audiences might not be familiar with the performance conventions and symbols in Noh drama, Watada focusses upon its more general value in creating a variety of performance levels, fixing attention on the actors, and providing a space open to the naturalistic, folkloric, and symbolic layers of the narrative (2001). Importantly, however, he also uses it to connect the staging with an identifiable Japanese theatrical tradition. Blended with such other culturally distinct conventions as naturalistic acting styles in the flashback scenes, pantomime, and stylized gestures, the aspects of Noh design contribute to the sense of cross-cultural theatre.

Watada's selective use of Noh staging practice for scenographic reasons is striking for its avoidance of the many Noh conventions for representing mental illness, an avoidance which, as we shall see, is indicative of Watada's broader purposes. Representations of mental illness are an integral part of traditional Noh drama. Of the five plays in the formal program of Noh drama, the *monogurui* or "mad-person plays" are traditionally presented fourth. The day's entertainment begins with a god play, followed by a warrior play, a woman play, a mad-person or obsession play, and, finally, a demon play. Noh scholar Mikiko Ishii suggests that the *monogurui* may be further subdivided into five categories based on the source of the character's torment: over-refined sensibilities; extreme grief, longing, and violent emotions; supernatural obsession; feigned madness; and congenital insanity (1994, 60). The breadth of these five causes and the range of emotional expression involved in their representation led sixteenth-century Japanese playwright and theorist Zeami to privilege these plays as "the most important art in Nō. As there are so many kinds of *monogurui*, one who has mastered the secrets of it can perform any kind of Nō" (1968, 29). Although *The Tale of a Mask* relates mental illness both to demonical possession and deserted wives, it does not follow the Noh traditions for representing such mental illness. In the *monogurui*, mad characters are typically distinguished by carrying bamboo (Ishii 1994, 54-55). As we have seen, Watada avoids this convention

and relies frequently on a devil's mask to mark Aiko's mental illness; however, many Noh scholars have suggested that masks are almost never worn in traditional Noh when the "mad person" is from "modern times" (Miner, Odagiri, and Morrel 1985, 308). Further, as Erika Ohara Bainbridge demonstrates, mad mothers in Noh drama typically regain sanity by the end of the play; their reintegration into society is marked by "frenzied dancing," which leads to a reunification with lost loved ones, usually a lost child (Ohara Bainbridge 1992, 104).¹³ Such is obviously not the case in the violent and tragic ending of *The Tale of a Mask*. Thus, in wholly omitting these conventions, Watada engages Noh theatre practices selectively. Instead of simply replicating them, he abandons their fixed associations to bring the theatre form into dialogue with others and complement the cross-cultural explorations happening at the level of narrative and theme.

The flashback scenes use a more naturalistic style but the principles of naturalism are also used selectively. Naturalistic staging is generally considered to consist of three aspects. The first concerns the milieu "conveyed by scenery that is true to nature" and is often "made of actual objects" (Pavis 1998, 236). The second and third aspects relate to language and acting style. This western aesthetic privileges art as psychological expression and produces illusion by "reinforcing the impression of mimetic reality and by inducing the actor to identify wholly with the character, all of which is to occur behind an invisible fourth wall that separates the audience from the stage" (236). Because of the emphasis on Noh staging in *The Tale of a Mask*, Watada develops these latter two aspects of naturalism rather than set design. He uses the assumptions behind these formal principles to indicate Aiko's mental illness, and her behaviour, which operates outside the norms established by the naturalistic form. For example, in the flashback scenes, characters interact with each other psychologically and do not directly engage the audience or any other characters outside their diegetic world on stage. By contrast, in scene 15, Aiko speaks to Sumiko when Sumiko is not on stage. Her actions mark her as mentally ill only because of the mimetic reality already established in this diegetic world on stage. Soliloquies or monologues are a commonplace of the theatre, after all, and are not axiomatically linked to the characterization of mental illness. Here, however, when Masato later questions Aiko about addressing an absent person, her mental illness is only underlined, while Masato's sanity is affirmed. The audience, standing outside the fourth wall and unable to hear Sumiko, also stands outside the world of Aiko's mental experience.

The naturalistic illusion of this and other scenes is also conditioned by the competing aesthetics of other dramatic conventions. The play combines these

scenes with pantomime, isolated gesture, and a stylized murder scene—adapting naturalism, as it were, on a Noh stage, all for intercultural effect. Prior to scene 1, the play begins with a pantomime prologue of Harumi's murder of the Samurai. Harumi's initial posture in this prologue, her lowered head, is repeated and isolated as a symbolic gesture by Aiko in scene 8. Here, Aiko's gesture gains significance as she turns to the audience and the lights narrow to spotlight her action. This strategy of using light to isolate movement and infuse it with significance juxtaposes modern lighting strategies with the Noh spatial elements. Further, this gesture, the pantomime scenes, and the final "*stylized representation of murder*" interrupt the naturalistic performance style associated with the flashback scenes (Watada 1995, 83). Combined, these diverse performance elements contribute to the play's broader cross-cultural explorations.

In their production program and funding applications, Watada and the Workman Theatre Project isolated invisibility as a primary factor influencing experiences of mental illness in Japanese-Canadian society. Watada, informed by the research and consultation associated with the play's development, explained the reasoning behind their choice in a *Toronto Star* interview: "Mental illness is something that very few Japanese like to talk about or even acknowledge" (Walker 1993). This invisibility, Watada suggests, is rooted in the shame typically associated with the illness in Japanese culture, a condition he finds both "nonsensical and enraging" (2001). Through *The Tale of a Mask*, Watada and the company hoped to explore stigmatized understandings of mental illness, encourage recently immigrated Japanese-Canadians to recognize and seek help for mental illness, and demonstrate invisibility's tragic effects. These aims influenced Watada's representational choices.

I began by arguing that Watada's primary means for representing mental illness were visible, symbolic, and yet fundamentally ambiguous. These choices facilitated his cross-cultural exploration by providing a constant, an unquestionable case of mental illness, through which he could highlight and question culture's role in shaping a particular experience of mental illness in Canada. While in his play *Vincent* Watada was able to reject visual clichés to privilege the disembodied and ambiguous voice of a particular, local, lived experience of schizophrenia, such rejection was not so easy in *The Tale of a Mask*, in which the primary cultural cliché he sought to avoid was invisibility. Here, he was unable to rely on a common recognition and understanding of mental illness across cultures. Instead, he relied on the mask to make the invisible visible.

I offer two key arguments in response to the question of why Watada took up the very kind of mental illness symbol he had earlier hoped to avoid, the demon's mask. First, the use of mask emphasizes the theatricality of Watada's

representation. In other words, he locates his representation in a highly theatrical performing object. The mask requires the actor who uses it to represent mental illness as a performance. This aspect is important within the play's larger project of examining cross-cultural exchanges as the mask, and indeed the whole performance of mental illness through the mask, is read differently by different cultures. Second, the mask visually connects two distinct mental illness narratives: the story of Aiko and her family from before they arrive in Canada to after their deaths, and *Harumi and the Samurai*. Importantly, however, it does so always with the reminder of cultural construction; the mask never pretends to disclose the whole of mental illness experience onstage but insists instead on showing us how it is perceived and animated through culture. Watada takes up the symbol of the demon's mask explicitly and shows how it shapes experience, perception, and miscommunication. Although Samurai, Harumi, and Aiko each wear the devil's mask, the mask itself does not explain the origins of mental illness, its distinction from sane responses to extreme situations, or any other of its fundamental qualities. This core ambiguity, inherent in the central symbol of the demon's mask, draws attention to the limits in our ability to speak knowledgeably about the whole of mental illness experience.

Watada's choices break from stigmatizing patterns of mental illness representation identified by a range of cultural theorists. As we have seen, Gilman has discovered a tendency in Western culture for artistic representations of people with mental illness to highlight visual difference. In *A Mad People's History of Madness*, Dale Peterson has argued the importance of greater listening to people who have actually experienced mental illness. Otto Wahl, author of *Media Madness: Public Images of Mental Illness*, works to discredit a number of misconceptions about mental illness in the media. Broadly, such theorists are questioning representational strategies that homogenize and devalue people with mental illness experiences, particularly those representations that do not derive from or consult with such individuals. Working against such traditions, the dramaturgical process informing Watada's play is marked by its attention to a range of individuals familiar with mental illness experience in Canada. Further, he focusses on the role of culture in shaping mental illness experience without presuming to speak for or wholly understand it. In these ways, he contributes to Canada's growing role in the contemporary reimagination of mental illness on stage. Through plays like *The Tale of a Mask*, disability arts conferences and organizations, theatre festivals focussed on mental illness, new script development, and particularly the work of Toronto's Workman Theatre Project, a more nuanced and complex understanding of mental illness is shaping theatrical performances.¹⁴

Notes

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1. Workman Theatre Project membership includes artists who have received mental health services, and its works involve both members and theatre professionals committed to mental illness issues. I use the term "mental illness" throughout this essay as it is the term favoured by the company in their public materials. Some company members self-identify as "psychiatric survivors," while others reject this term as promoting a culture of victimization rather than agency. As a result, in public documents and practice, the company members have also elected to use the phrase "people who have received mental health services," a phrase that aims to recognize the agency of individuals but also recognizes the strong influence, positive or negative, of mental health services discourse and intervention in their lives.
2. On 10 March 1990, The *Vancouver Sun* ran an article entitled "Killer in a Psychotic State," in which they reported the results of an inquiry into the 12 December deaths in Vancouver of Fumiyo Takabe, a woman who had immigrated to Canada from Japan in 1987, and her husband and two sons. The article cited the words of Provincial Coroner Mary Lou Merner's judgement of inquiry, in which she explained that Fumiyo Takabe had "suffered a complete breakdown that culminated in the stabbing and strangling of her husband and the strangulation of her two children followed by her own suicide" (Hanna 1990).
3. For further exploration of this play, see Johnston 2004.
4. The series aimed to address a core problem of immigrant and refugee mental illness in Canada, as adumbrated in a Canadian Task Force devoted to the problem in 1988 and quoted in the series fundraising proposal:
In Canada, negative public attitudes, separation from family and community, inability to speak French or English, and failure to find suitable employment are among the most powerful predictors of emotional distress among immigrants.

Funding for the whole series ultimately totaled \$107,000. Funding sources included the Ministry of Health, Ministry of Culture and Communication, Secretary of State, Ontario Mental Health Foundation, Toronto Arts Council, Metro Toronto, Ontario Arts Council, Federal Department of Communications, and a variety of private, corporate, and individual sources.

5. Since its opening at WTP, the play has been anthologized in Aviva Ravel's *Canadian Mosaic* (1995). It has also had several readings both in Toronto and Vancouver. In 2002, the playwright held a workshop with the fu-GEN Asian Canadian Theatre Company to develop this script further. Held at the Japanese-Canadian Cultural Centre in Don Mills, Ontario, the workshop group consisted of actors Karen Ancheta, In-Surp Choi, Zoe Mugford, and David Yee, as well as dramaturge Nina Aquino, her assistant Daniel Christopher Chen, and playwright Terry Watada. For further information please see the fu-GEN website at <http://www.fu-gen.org/about.html>.
6. In a note published with the play in *Canadian Mosaic*, Watada cited the Immigrant Women's Group of Prince Edward Island to explain the play's dominant theme: "We are from societies where 'men and dogs roam, while women and cats remain at home.' Unable to communicate fluently, the woman's apartment soon becomes her prison" (1995, 45). Citing these women, he suggests that while his play focusses on the particular taboos facing women who emigrate from Japan and experience depression, many of the issues it raises reflect challenges faced by a wide range of recent Canadian immigrant women. Watada also took inspiration from previous encounters with Asian women who had immigrated to North America:

In the mid-80s I was down in San Francisco doing some concerts and friends took me to a battered women's shelter for Asian women. It made an impression on me because the stereotype of the Asian immigrant family is that it is very peace-loving. In fact, a lot of women were being abused, and not only physically [but] mentally. A lot of them, I realized, come [to North America] and get completely isolated. (qtd. in Walker 1993)

Please note that I have replaced the word "or" with "but" in the quotation above. In an interview with Watada, I was informed that he had been misquoted in the Walker article and he provided this correction.

7. In Watada's play, this is how Harumi describes the mask when she first examines it after removing it from the Samurai (1995, 77).
8. This synopsis of the tale is based on the production notes and script from the Workman Theatre Project production of *The Tale of a Mask*.
9. In their funding application and press releases for the production, the company described the taboo of mental illness in Japanese culture:

Persons who are mentally ill themselves and their family members make extreme efforts to hide the fact from others.... This attitude towards mental illness is brought with them when they come to Canada.... The central tragedy to the Japanese Canadian society is its invisibility.... The pain and embarrassment in admitting mental illness may be too much for an individual to bear with the result that he/she may opt for suicide rather than facing the pressures of society. (Workman Theatre Project 1993)

10. For further analysis of how such stereotypes function to render people with mental illnesses as other, see Sander Gilman's *Disease and Representation: Images of Illness from Madness to AIDS* (1988) and *Picturing Health and Illness: Images of Identity and Difference* (1995). In *The Last Taboo: A Survival Guide to Mental Health Care in Canada* (2000), Scott Simmie and Julia Nunes suggest a range of important ways that stigma is bound up with cultural stereotypes in a specifically Canadian context.
11. Interestingly, it was Masato's commitment to this karaoke dream that *Toronto Star* critic Geoff Chapman found most implausible in his review of the play: "The villain is husband Masato (Peter Kosaka) who reputedly had a good job in Tokyo, brought plenty of cash to Canada, can speak English, instantly gets a restaurant job and yet wishes only to be a leading karaoke singer. Ridiculous. He sleeps, works and spends all his spare time in a karaoke club" (1993, C4). Watada insists, however, that Masato's dream-pursuing behaviour is in direct proportion to the very rigid, work-driven Japanese culture from which he comes. Rather than indicating Masato's instability, Watada suggests that Masato may be characterized by his strong ability to see past barriers and pursue an ideal. Watada explains that at the Powell Street Festival reading of the play in Vancouver, a forum for Japanese-Canadian culture, audiences did not find Masato's dream ridiculous but rather commensurate with the kind of dreams that drive some people to leave Japan for North America. For Watada, the ideal actor playing Masato would not demonstrate too strong a singing talent (Watada 2001).
12. The features of Noh upon which Watada focusses in his notes for the published play are the "simplicity" and "multi-leveled construction" of its set design (1995, 85). His description of this design is precise:

There is a bridge that runs the length of the stage and then turns on a 90 degree angle and runs to the front. In the elbow of the bridge, a rake at a 12 degree incline extends to the front of the stage. At the head of the rake is a noren on a door frame that acts as an entrance way. Across the top of the noren is a rope. (46)
13. Ohara Bainbridge seeks to examine "mothers' madness in Noh Drama from a socio-cultural perspective, asking how the culture interacts with madness, seeking connections between the social background of the Muromachi period and the deranged mothers' role in Noh Drama" (1992, 85).
14. The Workman Theatre Project and Centre for Addiction and Mental Health co-presented the inaugural Madness and Arts 2003 World Festival in association with Toronto's Harbourfront Centre on 21-30 March 2003 (see the Madness and Arts 2003 website at www.madnessandarts.com). This festival featured a range of international performing arts groups and visual artists who were experienced with and/or whose works were focussed upon mental illness. In 2000 and 2004, Vancouver's Society for Disability Arts and Culture produced the kickstART! Celebration of Disability Arts and Culture (see Society for Disability Arts and Culture 2005). These festivals aimed to connect, showcase, and support the work of artists with disabilities. For further information on both festivals see Johnston (2003, 2004).

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