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Contesting the Prescriptibility of Emotion through Affective Encounters in Lucy Prebble's *The Effect* (2012)

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This paper explores how Lucy Prebble's The Effect (2012) dramatises the subversive potentialities of affective encounters as an antidote to the isolating, profit-minded forms of posthumanisation prescribed by modern psychiatry. It argues that the play poignantly unveils how the convergence of the psychopharmaceutical industry with advanced capitalism and neoliberal ideology shape popular discourse around mental illnesses and the necessity of medically induced (self-)regulation of emotion. It also investigates how Prebble mingles crisis with hope in the piece by portraying the autonomy and unpredictability of affective bodily responses, which evade being translated into bio-data and destabilise biopsychiatry's totalizing view of emotions as utterly controllable through the brain. My analysis utilises Rosi Braidotti's theorisation of the posthuman subject as both susceptible to exploitation and control and as the site of resistance and ongoing transformation, as presented in her work The Posthuman (2013). It also employs Stefan Herbechter's theories, as expressed in his book Posthumanism: A Critical Analysis (2013), on how biotechnological developments, advanced capitalism and ideology converge, facilitating new forms of self-governmentality. Finally, it refers to Brian Massumi's conceptualisation of affect, prevalent in his work "The Autonomy of Affect" (1995) as an intense autonomic bodily response which resists processes of control and manipulation. Ultimately, I argue that The Effect highlights the transformative potential of affective encounters and interconnectedness, functioning as resistance to modern psychiatry's isolating prescription of emotional self-governance through self-medication.

Lucy Prebble's creative trajectory has been characterised by immense commercial success and has rendered her a distinctive dramatic voice of the new generation of playwrights in the U.K. Her meticulous writing process and thorough research on the controversial topics she chooses to explore in each project make her creative work, according to theatre scholar Vicky Angelaki, "as exciting as it is popular," which "guarantees her a wide audience for the major debates she engages in" (232). Born in 1981 in Haslemere, Surrey, Prebble has become internationally known for her work as a writer and co-executive producer in the Emmy-award-winning black comedy/drama series *Succession*, which aired on HBO in

2018 and for which she received the prestigious Writers Guild Award in 2020. As is the case with her work for television, all of Prebble's writing for the theatre "has dealt with ethical and sometimes also legal entanglements" (Angelaki 226). As a twenty-first-century playwright largely in touch with current technological advancements, her work incorporates facets of the new millennium's digital revolution and examines the alarming ways they intersect with ethics, politics and identity.

Her 2012 play, *The Effect*, lies at the thematic intersection of medical ethics and concern with profit. The play revolves around Connie and Tristan, two healthy volunteers involved in a paid drug trial for an antidepressant, who fall in love with each other during their time at the clinic. However, the reason behind the infatuation between the protagonists is questioned, as the supervisors of the trial highlight that the drug produces high levels of dopamine, the chemical generated in the brain when two people fall in love. This sense of mistrust towards the nature of their feelings is heightened when it is unveiled that one of the tested subjects is being given a placebo. Thus, in an attempt to unveil the truth, Connie surreptitiously gives her medication to Tristan, which prompts an unforeseen tribulation that jeopardises the experiment, as Tristan experiences a severe seizure that results in a temporary disarray of his mental state. At the same time, the play explores the tension between the psychiatrist overseeing the trial, Dr Lorna James, and her superior, Dr Toby Sealey. This culminates due to their dissenting opinions about the ethics of the experiment, the effectiveness of antidepressants and the motives of the industry behind their development and circulation.

Prebble conducted meticulous research to ensure she could accurately capture the inner workings of a medical trial, which "included interviewing neuroscientist Sarah-Jayne Blakemore, who specialises in social cognitive processes" (Woolman), and even subjecting herself to an actual medical trial that took place in Croydon. Intrigued by the headline news about a medical experiment conducted "at Northwick Park Hospital in 2006, in which six volunteers suffered multiple organ failure" (Woolman), Prebble crafted a diligent dramatic world to address prominent ethical controversies surrounding contemporary medical trials by posing complex questions about the over-prescription and marketisation processes of antidepressants. In line with the major concerns of the rest of her work, the play exhibits an acute "interest in profound human crises of different forms" (Angelaki 224) without

overloading the piece with a sense of hopelessness, as her characters not only acknowledge these crises, but also “attempt to dissect and manage them” (224). This paper explores how Prebble inserts glimpses of hope in this theatrical piece by highlighting the subversive potential of affective encounters, which elude the doctors’ attempts at thoroughly monitoring and managing the subjects’ behaviour.

Bearing in mind that *The Effect* was written at a time when the human-technology interface had become a tangible part of everyday reality, Prebble places great emphasis on critiquing contemporary problematic aspects of the psychopharmacological industry. Particularly, the play offers a critique of the over-distribution of often under-researched psychoactive drugs, such as antidepressants. Prebble also underlines that the growing number of antidepressant prescriptions that have become available in the U.K. in recent years aligns with and reinforces neoliberalist values of self-regulation and individualism. As bioethics scholars David Boden and Sarah Chan argue, science and medicine’s normative “narrative of human nature as constantly striving for betterment [. . .] is closely bound up with assumptions about which sorts of choices are better and which forms of embodiment are preferable” (29). Thus, as British sociologist Nikolas Rose argues, “the new psychiatric and pharmaceutical technologies for the government of the soul oblige the individual to engage in constant risk management, to monitor and evaluate mood, emotion, and cognition” (223). This constant attempt to identify the parts of the self that need to be fixed or ameliorated contributes to the circulation of appropriately marketed mind-altering drugs that can produce disturbing forms of uniformity among subjects. However, after an evaluation of the ways in which the play criticises ongoing biomedical trends, this paper will conclude with a brief overview of the ways in which the play still offers glimpses of hope for the present and future of posthuman subjectivity by emphasising the fruitful and subversive potential of affect and interconnectedness, as opposed to modern psychiatry’s reductive view of subjects as bio-data containers that can be easily controlled and manipulated.

Automaton Subjects, Self-Governance and Neoliberalism

Prebble highlights from the beginning of *The Effect* that the volunteers are initially chosen to participate in the trial on the basis of displaying the physical and mental capacities of a conventionally healthy human being. Prebble’s meticulous presentation of the

protagonists' physiology at the beginning of the play, as "Connie Hall, 26 years, 55 kg, 163 cm" and "Tristan Frey, 30 years, 80 kg, 173 cm" (1), delineates them as specimen representing prototypical models of the 'human', in line with the humanism, best represented by the image of Leonardo da Vinci's white, young, slender and able-bodied Vitruvian Man. According to Rosi Braidotti, the normative connotations of this "ideal of bodily perfection," as the classical dictum *mens sana in corpore sano*¹ indicates, is that it "doubles up as a set of mental, discursive and spiritual values" (13). Prebble further implies that the Eurocentric idea that subjects' bodily capacities are complemented by their mental agility and articulate use of language is prevalent in the practices of modern medicine and can become "instrumental to practices of exclusion and discrimination" (Braidotti 24). This becomes apparent when, at the beginning of the piece, the volunteers undergo a screening process examining their capacity to participate in the trial not only on the basis of their medical history but also their education and ethnic background, on the premise that, based on these factors, some of them will be better able to accurately articulate how their feelings change as they are reacting to the drug than others (Prebble 10). In fact, Prebble mockingly criticises this discriminatory idea through Tristan: repeatedly stuttering and losing his train of thought, Tristan deviates from the perfectly eloquent human prototype the doctors perceive him as. This is reinforced as he explains to Connie that in paid experiments on antidepressants doctors "don't want the immigrants they usually get" (10). As bioethics researchers Thomas Hobson and Anna Roessing indicate, such normative ideas prevalent in contemporary medical practices "[risk] elevating certain categories of human life and proscribing others" (61). This way, Hobson and Roessing argue, biomedical developments can reinforce "the biopolitics and epistemes that construct" knowledge as self-evident and "determine the conditions of illness and disease from the norm(al) and healthy" (60). Thus, Prebble highlights the fact that, for contemporary biomedicine, Connie and Tristan, whose subjectivity appears to fit perfectly into the humanist norm of bodily and mental perfectibility, are discriminatorily perceived as human prototypes based on whom the standards of health and illness are determined, reducing those subjects who deviate from that norm to the status of less-than-human 'Others'. Simultaneously, the

¹ The phrase dates back to the early second century A.D., when it was first used by the Roman satirical poet Juvenal in his collection of poems *Satire X*. A similar idea was expressed even earlier by the pre-Socratic Ancient Greek philosopher Thales. The dictum resurfaced during the Enlightenment, when it was used by English philosopher John Locke in his treatise *Some Thoughts Concerning Education* (1968).

playwright shrewdly demonstrates that Connie and Tristan digress from these presumed ideal cognitive capacities, further attacking the biased stereotypes of classical humanism still upheld by current medical practices.

However, Prebble does not only criticise how medical institutions sustain the discriminatory ideas of classical humanist conceptualisations of subjectivity, but also depicts the dangerous potentialities of imposed uniformity they prescribe. Prebble demonstrates that through the convergence of biomedicine and advanced capitalism, the identity of those subjects that are perceived as typical can be compromised and commodified by medical trials, as they are deemed valuable vessels of biomedical information precisely because of their normalcy. Particularly, even though the subjects involved in the trial initially appear to be treated fairly, as they voluntarily participate in it and get compensated for doing so, their subjectivity is progressively manipulated into an easily manageable uniformity. As Angelaki argues, both Connie and Tristan may initially “believe that they will derive benefits” by volunteering to participate in the trial, but as the experiment unfolds it becomes apparent that their supposed freedom of “choice is but an empty term and self-disposition only becomes a synonym for self-submission” (242). This becomes materialised when the participants in the trial appear to be progressively transforming into a group of automatons, barely discernible from one another, as their drug dosage increases. Prebble’s stage directions display how the volunteers are stripped of their individual identities and reformed into a disturbingly homogeneous mass, as they “*are changed into clinic outfits*” (11, italics in the original) and are forced to “*eat the same amount of the same food from the same sort of trays*” and “*drink the same amount of water from the same plastic cups*” (12, italics in the original). Prebble further highlights that, as the trial progresses, the protagonists transform into non-identifiable bio-data containers, as “*their beds become MRI machines*” and Connie and Tristan “*are replaced by scans of two brains*” displayed on a screen and ambiguously labelled “*Volunteer 2 and Volunteer 7*” (42, italics in the original). Within this enclosure of the clinic, Connie and Tristan’s transfiguration into carriers of bio-data alludes to Gilles Deleuze’s conceptualisation of the “society of control”, which “substitutes for the individual or numerical body the code of a ‘dividual’ material to be controlled.” (7). Thus, the posthumanisation of Connie and Tristan into a hybrid, human/machine subjectivity does not constitute a liberating antidote to the normative and discriminatory connotations of humanist

conventions. On the contrary, their cyborgisation functions as the means through which they are stripped of their agency and their subjectivity is transformed into malleable and easily manageable transmitters of genetic information. The interrelationship of Connie and Tristan's cyborgisation with the contemporary practices of biopolitical control embedded within the closely monitored medical trial unveils how new ways of governmentality can emerge, as the participants' subjectivity is reduced to solely somatic and neurochemical bioinformation.

According to Stefan Herbechter, the vision of the posthuman subject "painted by the neuro- and cognitive sciences," which "can be summarized in the provocative phrase: 'the mind as machine'", has started "to change the way humans see themselves" in ways that can be repressive rather than fruitful (25). A disturbing possibility of this kind of posthumanisation becomes apparent in the play through the alarming disparity in the power relations formulated between the test subjects and the doctors that monitor the trial. This is especially depicted in the extensive scene portraying the recurring, monotonous way in which Dr James distributes the pills, using "*a timing device to measure the dosing intervals*" (12, italics in the original), administering the medication and checking the mouth of each volunteer before invariably repeating the process on the next one, reminiscent of an operator that controls the tested subjects who resemble obedient automatons. Connie and Tristan become part of a closely monitored medical routine, which progressively transfigures them into uniform subjects/machines without agency, similar to identical products on a conveyor belt. This transfiguration mirrors Rosi Braidotti's concern that "[a]dvanced capitalism and its biogenetic technologies engender a perverse form of the posthuman," as "all living species are caught in the spinning machine of the global economy" (7). Connie and Tristan's gradual transformation into self-obedient bio-data carriers embodies this perverse form of posthumanisation, which Braidotti described as "a paradoxical and rather opportunistic form of post-anthropocentrism" (59), that is closely linked to the commodification of living beings and life itself for profitable purposes under neoliberal capitalism. In this way, the possible dangers of self-medication through psychoactive drugs, and, more specifically, in the case of the trial that the play dramatises, antidepressants, are underlined as limiting kinds of posthumanisation afforded by modern psychopharmacology. Prebble manages to powerfully dramatise such fears by illustrating how this restrictive type of posthumanisation can render

subjects so easily governable that they are conditioned into perceiving their obedience as their responsibility and their non-conformity as unthinkable.

Prebble also offers a critique of the multiple levels of oppression operating in the contemporary British political landscape, by exploring the alarming way in which psychoactive medication and governmentality converge with neoliberalism and determine the ways in which posthuman subjects become self-governing. The implication of medicine in the policing of behaviour through the doctors' expectation that the medicated subjects should keep their actions and emotions in check becomes apparent when Connie and Tristan start to develop an intense attraction towards one another and are caught by Dr James while attempting to escape the clinic. Unable to contain her desire for Tristan, Connie argues that she can conform to the control of her body that the trial demands but not to the emotional restraint dictated by Dr James (Prebble 60). On the other hand, Dr James argues that it is Connie and Tristan's responsibility to self-regulate their feelings and the ways in which they affect their behaviour (60). Through Dr James's response, Prebble delineates the belief, prevalent in contemporary psychiatry, that feelings and moods, which inevitably affect subjects' behaviour, are controllable and should be controlled by the subject itself. As Herbechter argues, the circulation of current posthumanising developments, including psychoactive medication, depends on their becoming so "internalized by the [. . .] posthuman individual" that the subject itself ends up being the one "striving for the control and transformation of his or her own body" (97). This shift is inextricably linked not only with the development and widespread distribution of psychotropic medication, but also with the proliferation of the neoliberalist view of individuals as the only ones "responsible and accountable for [their] own actions and well-being" (Harvey 65), which leads subjects towards specific types of posthumanisation, such as self-medicating. In fact, Dr Toby Sealey, Dr James's superior, who collaborates with the government in the creation of the tested anti-depressant, is depicted in the play as an avid supporter of this belief, as he views depression solely as "a chemical imbalance" (47) in the brain that can be put under control through proper medication. By showcasing how widespread this information regarding the cause and medical treatment of depression is, Prebble also demonstrates how "political ideologies such as neoliberalism are not principally imposed through top-down government 'controls', but rather through [. . .]

the dissemination of knowledge that people internalize so that they become self-governing” (Harvie 3).

As tension grows between Dr Sealey and Dr James, the latter contests some of the arguments of modern psychopharmacology, as she suggests that depression “doesn’t just appear,” but the shifts in mood and behaviour, perceived as the symptoms of a chemical imbalance, may actually be sensible reactions provoked by the subjects’ “interaction with the world” (Prebble 47). Dr James also argues that in cases of people with mild and moderate depression, “[w]ho are the vast majority being medicated” (81), most studies show that the diagnosed subjects “have a more accurate view of the world, a more realistic view of themselves and the future” (80). Thus, contrary to biopsychiatry’s individualist view of depression, Prebble frames mental illness as a social crisis that unveils “a broader malaise” (Angleaki 14). Within the context of neoliberalism, “austerity is growing increasingly tough for the vast majority of people, and mental health is one of the casualties of this era” (Mattheys 475). At the same time, the psychopharmacological industry’s suggestion that this crisis can be medically treated reinforces a non-productive form of posthumanisation predicated on individualism, isolation and detachment. This type of posthumanisation contradicts Rosi Braidotti’s fruitful vision of critical posthumanism that emphasises a view of subjectivity premised on “collectivity, relationality and [. . .] community building” (49), and alludes to Braidotti’s critique of the analytical posthumanist approach of science and technology studies, which focuses on taking pride in the benefits of technoscientific developments, but fails to recognise, let alone question, “the forms of social and moral inequality engendered by our advanced technologies” (42). Thus, the play illuminates that viewing depression as a purely biochemical condition that necessitates self-medicating “might be a ‘numbing down’ process, precluding us from taking active steps towards mending [the] situation” (Angelaki 237). It removes accountability from social institutions and governmental practices that fundamentally affect the subjects’ quality of life both at an individual and a communal level.

The Bioethical Ambiguities of Antidepressants and the Marketisation of Medical Advancements on Mental Health

The play further explores some of the most prevalent bioethical controversies regarding the development of antidepressants. First of all, Dr James challenges Dr Sealey’s

grandiose view of the new generation of antidepressants they are developing by stating that the necessity for new psychoactive medication stems from the fact that “the old ones have been discredited” (Prebble 24). She emphasises the contradictory results of the clinic’s medical experiments throughout the years, stating that it is the “new studies” by the two doctors themselves that discredit the effectiveness of drugs they once firmly supported (24). Dr James primarily attributes these inconsistencies to Dr Sealey’s refusal to include the negative side effects of the tested antidepressants in the results they publish, so that they do not negatively affect the marketability of the newly launched drug (24). This way, Prebble deconstructs the prominent perception of contemporary biomedicine as a reliable authority, revealing that the dissemination of often-inaccurate or even deliberately distorted information by modern biopsychiatry may inevitably misshape the public’s consciousness regarding the causes and treatment of mental illnesses. At the same time, she poignantly demonstrates that “the means and ends of biotechnological research” cannot be blindly trusted, but “must be subject to sustained and critical interrogation” (Hobson and Roessing 61). Dr James also argues that it is not through sound research, but through marketing, that the psychopharmaceutical industry has engendered a dramatic rise in the prescription of antidepressants, as, only in the U.K., they exceed the number of forty million per year, (80) despite the fact that “[t]here’s no real evidence for [their] efficacy” (79). This way, Prebble highlights the alarming possibility that the medical treatment of mental illnesses may turn into a commodity “ripe for monetization,” and, as a result, depression may be transmuted into a “product for mega-industry” (Angelaki 14). Even more alarmingly so, Dr James expresses her unease regarding the fact that the long-term effects of psychoactive drugs are unknown, as “[i]mprovement on patients is only visible in the short term” (Prebble 79). At the same time, she emphasises the disquieting but often neglected fact that most of them are addictive, causing patients to “stay on them for life not because they’re ill but because the withdrawal is terrible” (79). Thus, Prebble suggests that the discrepancies in medical findings and the lack of investment in thorough research on mental illness can create unethically twisted narratives regarding the nature and treatment of depression. As a consequence, “[p]harmaceutical profits are growing at an incredible rate” (Gray 71), as subjects are drawn towards a form of self-posthumanisation that entails alarming long-term effects, possibly thwarting for their well-being.

In fact, Prebble places great emphasis on the convergence of bioethics and the commodification of mental illness by the psychopharmaceutical industry, which transforms psychoactive medication into a marketable product and the tested subjects into objects merely serving the company's profiteer intentions. The most prominent representation of this corrupt aspect of the Big Pharma industry in the play is Dr Sealey, whom Dr James accuses of not only concealing the medication's negative side effects, as they are "effects [he] can't sell," but also of ruthlessly abusing the tested subjects and "[fleecing] them for money" by dramatically increasing the doses of medication to monitor their reaction despite Tristan's alarming bodily and mental reactions to it (Prebble 78). Dr Sealey appears to be primarily interested in the marketability, rather than the validity of the results of his research, stating that his job as a scientist at a multinational pharmaceutical company is primarily to "sell things" (80). Thus, the play highlights that, in advanced capitalist societies, where the proliferated consumerist ideology implies that you "become what you buy," the current marketisation of psychotropic medication suggests that "[t]he ultimate consumption is to cyborg yourself" (Gray 40). This standpoint becomes apparent in Dr Sealey's speech in favour of antidepressant medication at an industry event, which resembles an advertiser's pitch. Appealing to the audience's emotions, he uses sentimental language in order to present the development of psychoactive drugs as an act of humanitarianism and love, thanks to which people are able to "live at home, in the community, rather than locked away" (Prebble 30). He also personifies psychiatry, which was neglected by other medical fields, as "the Cinderella of medicine" that finally "got to go to the ball" thanks to the "psychopharmacological revolution," which he calls "the most important occurrence in medicine in [his] lifetime" (30). However, according to Dr James, this romanticised portrayal of psychiatry deviates from the truth, as, in a more pragmatic account, she unveils the carnality of medical operations, by describing brain surgery as a procedure which "smells like a barn," and equates her perception of the human mind as a "three-pound lump of jelly" that resembles "a squid" (88). Therefore, Dr Sealey's initial speech delineates a "[medically] induced utopia," which constitutes a common practice in the process of marketing new medication, but "tends to neglect the contemporary material conditions and the true economic [. . .] interests at work" (Herbechter 18). Dr Sealey crafts a glamorised portrayal of psychiatry that presents the proliferation of psychoactive medication as a humanitarian success. This way, he manages to

increase the sales of the company's newly launched medication and to transform contemporary advancements in mental health treatment into a marketable narrative, which he proceeds to capitalise on through selling his own book and delivering keynote speeches (Prebble 98). Consequently, he acquires the status of authority that allows him to manipulate the trial's published results, while keeping its violations and damaging consequences on the volunteers' subjectivity concealed so as not to negatively affect the new antidepressant's marketability.

Prebble sheds light on the disturbing possibilities engendered by this commodification of mental illnesses and the promotion of specific types of cyborgisation as undoubtedly successful and safe forms of treatment through Dr Sealey's attitude towards the trial's subjects. First, when Tristan starts displaying "high risk symptoms," causing Dr James to report to her superior that the distressed volunteer should be discharged from the trial, Dr Sealey firmly refuses (77). Second, he argues that, as "a test subject," even his alarming "symptoms are relevant" and need to be monitored as such (77). He further suggests that his dismissal from the experiment would jeopardise the outcome of the trial and the publication of his alarming reaction could even prompt its "closing down" (78). Consequently, the commercial success of the antidepressant comes at the cost of the tested subject's well-being, as Dr Sealey eventually informs Dr James that the drug has been successfully launched and the severe impairment it has caused on Tristan's bodily and mental integrity will remain unpublished (97). This way, the play emphasises how biopsychiatry becomes inextricably linked with "the dominant institutionalized economic and ideological power, which fundamentally influences the way people think" and how "they form identities" (Herbechter 19). Hence, Prebble manages to poignantly criticise the profiteer motives and unethical practices of the psychopharmacological industry, which conceal the harmful potentialities self-medicating may entail.

Reclaiming Agency through Affective Encounters

Prebble presents glimpses of hope against the overwhelming power of biotechnological breakthroughs that compartmentalise and reshape subjects' identities via interventions in the human brain. This is done in the play by representing the unpredictability of affective bodily responses, prevalent in Connie and Tristan's growing desire for one

another. According to Herbechter, it is true that “[b]iotechnologies and bioinformatics do not leave the body intact, but they also cannot translate it completely into information and code” (191-192). The play validates this argument by presenting how Connie and Tristan’s embodied expression of falling in love with one another interferes with the experiment. First, when they are asked by Dr James to describe the symptoms they are experiencing, as part of monitoring the drug’s effect on them, both Connie and Tristan have difficulty expressing their intense bodily responses through language. In fact, both of their reports tend towards absurdity, as they try to capture the inexplicability and elusiveness of their affective responses through non-literal descriptions. For instance, Tristan uses expressions like “life is paying attention to me” (Prebble 53) and “[m]y stomach feels higher in my body [. . .] [l]ike just at the top of a ride” (50) and Connie states that her body feels “[l]ike having the weather inside” (53) and “[her] mouth tastes like metal” (51). The intensity and unpredictability of their autonomous reactions is further highlighted when, during the monitoring process they experience involuntary bodily responses such as “feeling sick” or “shaking” (52). Ultimately, their repetitive “I feel –” (51) followed by their silent inability to verbalise their reactions mirrors Brian Massumi’s theorising of affective responses as “autonomic, bodily reactions occurring in the brain but outside consciousness” (90), which are “not ownable or recognizable” and, as such, can function as a form of resistance to processes of control and manipulation (88). This manifestation of desire as an autonomous affective response that cannot be monitored and controlled challenges Dr Sealey’s rigid perception that the two volunteers are experiencing feelings that have been engineered by the drug, which attempts to reduce their intense symptoms to both predictable and manageable (Prebble 45). However, Dr James argues that “their physical symptoms and [their] neural activity” may allude to an antidepressant effect but their indubitable attraction towards one another obscures “any sense of what the drug itself is doing” (44). Thus, through the affective responses engendered by their desire for one another, Connie and Tristan manage to unsettle the smooth progression of the trial and resist the totalising view of modern biopsychiatry that subjects’ mental and bodily activity can be fully monitored, and therefore become manageable, through the brain.

Prebble also highlights the fruitful possibilities of togetherness through the protagonists’ affective encounters, which entail subversive potential against the

individualistic ideals of neoliberalism and the isolating forms of posthumanisation promoted by the psychopharmaceutical industry. Through embodied interconnectedness, the play unveils that bodies undergoing transformations through processes of cyborgisation are not “neutral and passive sites for the inscription of meaning by [. . .] technologies” (Rossini 164). This becomes apparent when Connie and Tristan manage to evade the ever-present control of the trial when they “*rip off the telemetry boxes they are wearing to measure their heart rate*” and “*make love*” for the first time (54, italics in the original). This way, Prebble highlights the hopeful potentialities of “the lived body [which] remains the ground not only of individual subjectivity but also of interaction and connection with the world and with others” (Rossini 155). The play emphasises how this interconnectedness can function as an antidote, promoting togetherness as a form of resistance, to the isolating forms of posthumanisation proliferated by the convergence of the psychopharmaceutical industry and neoliberalist ideology. Subsequently, in the play’s final scene, despite the impairment Tristan has undergone because of the drug, his transfigured identity after his blood transfusion could afford a hopeful interpretation, as he resembles a reborn being. This optimistic view of his transformation is reinforced by Connie’s tenderness towards him, as he tries and slowly manages to tie his shoelaces and she “*watches him affectionately*” (100, italics in the original), while the piece ends with the stage directions reading that “*Connie and Tristan, together, walk out into the real world for the first time*” (101, italics in the original). Thus, the couple’s rejuvenating transfiguration and escape from the confining model of cyborgisation perpetuated by the trial allows them to move forward into a world that appears to be reborn along with them. This shift reminds one of Rosi Braidotti’s vision of a productive form of posthumanisation that “is based on the praxis of constructing positivity, thus propelling new social conditions and relations into being, out of injury and pain” (129). Therefore, the play’s ending proposes a hopeful conceptualisation of becoming posthuman, which “does not aim at mastery, but at the transformation of negative into positive passions” (134). This way, Prebble imbues the piece with glimpses of hope, through affective encounters that transform into affection, which contest and resist the isolation and individualism promoted by contemporary psychopharmacology and neoliberal values.

Ultimately, *The Effect* displays how the norms and discriminatory assumptions of humanism regarding bodily and mental perfectibility remain prevalent in modern

biomedicine and highlights that the forms of posthumanisation afforded by contemporary psychopharmacology entail the danger of transforming subjects into self-regulating automatons. The play shows that biopsychiatry's view of depression purely as chemical imbalance promotes self-medicating as the only form of effective treatment, which becomes progressively internalised and practised even by subjects with mild symptoms. The indoctrination of this form of posthumanisation converges with the individualist values of neoliberalism that compel subjects to exhibit self-governance and detach all responsibility for their well-being from external factors such as governmental policies and social institutions. Nonetheless, Prebble imbues *The Effect* with glimpses of hope against the totalising control of biotechnological advancements over subjects' bodies, minds and identities through the autonomy and unpredictability of affect. The protagonists' desire for one another in *The Effect*, expressed through affective bodily responses, manages to unsettle the progression of the experiment and entails subversive potential against biopsychiatry's view that all human bodily and mental activity can be monitored and manipulated through the brain. The play's ending also unveils the subversive potential of affective encounters and interconnectedness against the individualism proposed by neoliberalist ideology and the transformative possibilities of interconnectedness, capable of resisting the isolating forms of posthumanisation proliferated by the psychopharmaceutical industry.

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