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MENTAL DISABILITIES IN JOE PENHALL'S BLUE/ORANGE AND SARAH KANE'S 4:48 PSYCHOSIS

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Abstract: -

The focus of this research is on how mental disability is portrayed in drama to sway the audience's perceptions. Blue/Orange by Joe Penhall and 4:48 Psychosis by Sarah Kane will be examined in this research. The researcher is attempting to describe the many methods in which the disabled characters' understanding and empathy are sought determining how far the audience can sympathize with characters that have a profoundly distorted understanding of their own lives. Studying Penhall's work, researchers found that he portrays a crippled figure as a victim of oppression, shifting the emphasis away from depicting a disturbed mind. Studying Kane's work, the researchers found that it elicits pity for her characters and elicits intense emotional disturbance in the audience, but that it may be difficult for spectators to put themselves in the position of characters about whom they have little knowledge of their thoughts and emotions.

Keywords: - actions, mental illness, disabled characters, behavior

INTRODUCTION

Mental illness, or madness, is ubiquitous on stage; representations of mental illness have historically occupied a place in theater. In musing on the general attraction of mental disorders for playwrights, Tim Shields in "Theatricality and Madness" remarks that: "Madness displays human behaviors in excess, in extremis, on the edge—it is all to do with edge and edginess;" and, "It has a whiff of the anarchic and transgressive, threatening possibilities of subversion." (200, p.38)

In *Scenes of Madness*, Derek Russell Davis notes that what audiences can learn from plays about mental illness are "the events and circumstances that have afflicted the person" and his or her problematic relationships with others (p.3). "It is exciting to study the origins of the many and varied behaviors that designate and signal emotional upheaval and psychiatric disorder," argues Femi Oyebo in his book *Madness at the Theatre* (2012) that theatrical madness is "very real," "part of the human condition." (p. iv)

Many effective theater productions embrace every potential situation in another person's life experience and make the audience sympathetic to it. Dramatists use a variety of tactics to elicit compassion from the audience. Of course, in play, we are denied instant access into the characters' brain processes, and mental incapacity must be represented through enactment on stage. There are benefits and drawbacks to portraying mental illness in the theater.

Theater distinguishes itself from mainstream media by deviating from the aggressive, mentally sick nature. There are two ways to approach mental illness in theater based on this theory. Many plays, like Penhall's *Blue/Orange* (2000), use the observational approach to provide the audience a unique perspective on what's occurring to and around the mentally ill individual. The experiential technique, on the other hand, puts the audience inside the head of the character and lets them see the world through their eyes, as shown in plays like Sarah Kane's *4:48 Psychosis* (2000).

These two plays both have a core character who is mentally ill, but use distinct methods to connect with the viewer.

Penhall's *Blue/Orange*:

Psychiatric hospitals are the setting for this play, which feature a black patient and two white clinicians. Bruce, the younger doctor, believes the patient should be diagnosed with schizophrenia and wants to keep him in the hospital rather than release him out into the community. Robert, a retired doctor with a hospital to manage and not enough beds, is urging the patient to be discharged. When it comes to the patient's mental disorder, none of the physicians is willing to use those terms to describe him. What *Blue/Orange* does with Christopher's identity and his internal reality remains a mystery, but Christopher's acting is authentic to the nature of the sickness.

The fact that Christopher has mental health issues is undeniable, but the fact that the two doctors who may serve as guidelines cannot agree leaves it unclear just how crazy he actually is. Bruce, one of his psychiatrists, describes his behavior: "Classic hallucinatory behavior." (*Blue/Orange* p. 45) As a disciple of Laing, Robert says that Christopher's disordered behavior and deterioration in social skills are entirely typical in today's culture. (*Blue/Orange* p.21) Even if Christopher's neighbors and the police appear to be harassing him, he may really be the victim of racial insults.

Controversial topics are addressed throughout the play. For example, the case of Christopher begs the question of why African men are significantly more likely than white men to be diagnosed with schizophrenia. Behavior that is accepted in minority cultures may appear insane to Anglo-Saxon psychiatrists, and so, what is considered lunacy may merely be a result of cultural differences, rather than actual mental illness. Overall, both doctors are so aggressive and nasty that they appear to be just as irrational as the patient themselves. In situations like Christopher's, the problem is a lack of sheltered housing. As a result, Penhall shifts from focusing on the symptoms of a psychotic patient to critiquing an uncaring society. Yannick Ripa from *Women and Madness: The Incarceration of Women in Nineteenth-Century France* (1986) states that one may either look at lunacy from the outside or from the inside, and that's an important distinction to keep in mind. Silence is maintained about the disparity between what is experienced and what is observed, and the secret tale of lunacy is never revealed.

Observing mental illness and experiencing it are two very different things, Ripa adds. Often, it is merely seen and documented without any analysis of the event.

Many aspects of *Penhall's Blue/Orange* revolve around questions of identity and how that identity might change. Although Bruce has been diagnosed with borderline personality disorder, he informs Christopher that he is starting to think that it is a bit wrong. But to confirm this, they'd have to keep Christopher in the hospital longer and alter his patient status to more serious, something the other doctor, Robert, is staunchly opposed to. Christopher's identity is challenged at every turn from the start of the play. For example, Christopher says, "I'm a free man. D'you know what I mean?" and Bruce replies with, "Well...aha ha...OK." Bruce is contemplating delaying Christopher's release from the hospital, which would remove his implied position as a free man. Doctors debate and disprove every label Christopher puts on himself. One scene that sticks out in this sense is when Bruce says "They'll think you're a, a, an 'uppity nigga', that's what they'll think. Kissing your teeth. It's not you. It's silly. It's crazy. You're not a, a, a, some type of 'Yardie'" (*Blue/Orange* ,p. 20) which Christopher refutes with, "Now you're telling me who I am?" and Bruce replies, "I'm telling you... to be You." (*Blue/Orange*, p.21)

However, no one can truly comprehend what it means to be Christopher because the scenario is only seen through the eyes of those who aren't Christopher. No one can say for sure what race Christopher belongs to. He is unquestionably black, yet each character interprets this fact in a different way. Through his purported father, Idi Amin, Christopher discovers the value and truth of his kind. Christopher declares to the doctors: "And if he knew where I was now I would not want to be you." (p.21) It doesn't matter if his ancestry is true or made up in his mind; it gives him a sense of self-worth. White

physicians, on the other hand, disagree. Bruce believes Christopher is a drug addict since he is black. "If you'd just wanted drugs you wouldn't really be here, would you? You'd be out there. Scoring off somebody..." (*Blue/Orange* p. 33) There is no further evidence to support the theory that Christopher had a drug-use disorder. To Bruce, the only reason he can think of is because he is black. Robert sees Christopher in a more complex light. This man thinks it is because of the genetic ancestry that connects him to his family's history of mental illness.

Despite the fact that Christopher spent the most of his life in London, Robert is hesitant to concede that his patient is at least half-British:

Robert: (icily) I'm saying where he comes from it is almost certainly not an unrealistic notion. Where we come from, it evidently is. Get it?

Bruce: But he comes from Shepherd's Bush. [...]

Robert: All right, he's 'African'.

Bruce: From Shepherd's Bush. [...]

Robert: I'm not going to squabble. His 'origins' are in Africa. (*Blue/Orange* p. 51-52)

In Act Two, Robert and Christopher have a conversation in which Robert is manipulating Christopher. He suggests that Bruce put his own thoughts in Christopher's head: "I'm think someone else's thoughts?" asks Christopher, as Robert manipulates him into believing that his thoughts are not his own. Overall, Christopher's identity and self-perception are manipulated by both physicians.

Instead of focusing on the symptoms of schizophrenia, Joe Penhall focuses on how clinicians misinterpret and mistreat their patients. The term "Paranoia Nihilism Persecution" is Bruce's response to Christopher's concern about racism. Rather than just frightening spectators with a gruesome portrayal of a mad institution, Penhall uses this opportunity to make a more significant point about the current status of mental health treatment.

A central theme in *Blue/Orange* is the institutionalization of schizophrenic men and the racial implications of their illness. Aside from the fact that he is projecting preexisting cultural beliefs and preconceptions onto his patient, Robert also reveals the subjective nature of so-called oncological categories that decontextualize patients' behaviors, feelings and cognition (Brockington, p. 207)

Bruce summarizes his senior's conclusions: "African tribesmen develop delusions about sorcerers; Westerners develop delusions about the Spice Girls and extraterrestrials." He furthermore adds: "The specifics of Christopher's cultural background are that his mother once lived in Uganda: he's got a delusion about a Ugandan dictator she no doubt talked about. You're saying he's not sick, it's a cultural thing." (*Blue/Orange*, p.48)

Blue/ Orange's position as an observational play is reinforced when an audience tries to make sense of the external symptoms without seeing the internal experience of Christopher's thoughts. There are advantages and disadvantages to the scenes and themes that offer *Blue/Orange* the observational perspective on mental illness. Penhall's focus on the status of psychiatric institutions and their dearth of beds is made clearer to the spectator through objective observation, as Robert repeatedly states. "What we have here is No Beds and, more importantly, a patient who has No Need of a Bed." (*Blue/Orange*, p. 52)

Lack of resources determines who receives therapy and who is returned to the community untreated. On the surface, Robert raises radical epistemological doubts by forthrightly challenging what is commonly perceived as 'normal': "We spend our lives asking whether or not this or that person is to be judged normal, a 'normal' person, a 'human', and we blithely assume that we know what 'normal' is. What 'human' is. Maybe he's [Christopher's] more 'human' than us. Maybe we're the sick ones". (*Blue/Orange* p. 32)

It is only Christopher who sees the oranges in a different color. Mentally sick individuals perceive the world in stark contrast to "normal" people. The audience is able to see across the "normal" and "mentally ill" divide because to the play's observational style. The experiential technique pushes the "normal" to see through the eyes of the mentally ill and bridge the gap between them and the rest of society.

Sarah Kane's 4:48 Psychosis

Sarah Kane in *4:48 Psychosis*, in contrast to Penhall, focuses only on the thoughts and emotions of a suicidal psychotic while ignoring the social background. It seems as if the play is a long monologue in which the audience is cast as the speaker's confidante since no characters are given lines. According to Alyson Campbell, Kane's play forces the audience to "put active meaning-making aside; to let the work's a-signifying power to take over." (p. 80)

In this play, there are no identifiable characters, but rather a wide range of voices that draw the listener in. However, until six a.m., when they request: "please open the curtains," (*Psychosis*, p.6) this sensation is not one of relief but rather tremendous perplexity, wrath, and despair. Watson has called *4:48 Psychosis* a "series of meditations by an unnamed, genderless character or possibly characters on suicidal depression, the therapeutic relationship, psychoactive medications both destructive and useless, and the moment of clarity that comes at 4:48 in the morning, when psychosis seems, from an observer's point of view, to be the strongest" (*Psychosis*, p.191).

It's also possible that the damaging and pathological aspects of these experiences reveal a mind that has crossed the boundaries of "normal." A psychotic breakdown is characterized by the dissolution of boundaries between self and other, as well as between self and environment, as Kane herself said when writing the play that she sought to build a narrative structure to represent the experience of a psychotic breakdown: "The play is about a psychotic breakdown and what

happens to a person's mind when the barriers which distinguish between reality and different forms of imagination completely disappear, so that you no longer know the difference between your waking life and your dream life. And also you no longer know where you stop, and the world starts." (Psychosis, p.81)

The character's actions and emotions closely match those described in medical manuals by Kane, who had firsthand knowledge of the signs of severe depressive illness. Audience members may assume that a depressed patient is unsatisfied and self-destructive, but it is important to note that psychotics are frequently unable to think, feel, or love; they are estranged from their bodies; and they harbor irrational sentiments of guilt: "I gassed the Jews, I killed the Kurds, I bombed the Arabs, I fucked small children while they begged for mercy...." (Psychosis, p. 25)

For the duration of the play, Sarah Kane's character struggles inside her fractured mind, hovering above unclear boundaries. Though it may seem like a pointless diversion, we soon realized that what seemed to be a lonely wanderer was really a longing traveler seeking connection and unity as we continued on our journey. The character says: "When I walk out of here at the end of the day I need to go home to my lover and relax. I need to be with my friends and relax. I need my friends to be really together" (Psychosis, p.27)

According to Carolina Sanchez-Palencia Carazo's article "4.48 Psychosis: Sarah Kane's bewildered fragments," the "death drive is primarily turned not towards the outside (as aggressivity), but towards the subject, that is, it is radically not a drive to "murder," but a drive to "kill oneself," and she connects aggressivity to "self-loathing" and "self-discrimination,"(p. 2) Using this part, you can better understand how people talk about their bodies and the issues they experience on a daily basis:

I cannot overcome my loneliness, my fear, my disgust [...]
I am charging towards my death
I am terrified of medication [...]
My hips are too big I dislike my genitals (Psychosis, p. 207)

Kane's character is driven to self-mutilation and rebellion by a combination of rage and frustration. She says she wants to kill herself because of "dismay," "humiliation," and "despondency,"(Psychosis, p. 6) and that she intends to overdose, stab, and hang herself.

Using physical dramatization on stage, the play brings medical descriptions to life and makes them relatable to the audience. 4:48 Psychosis, unlike the other play, uses non-sequiturs, broken grammar, and compulsive repeats to represent psychosis in its structure and style. They seem to be darkly poetic, but the speaker's illusions and fears quickly change to obscenity or despair, depending on the mood. Negative prefixes are used to represent a nihilistic, self-destructive mentality.

(Unpleasant, unacceptable, uninspiring, Impenetrable

Lea Jasmin Gutscher in *Revelation or Damnation? Depictions of Violence in Sarah Kane's Theatre* asserts that in the plays of Kane, "there is just total and utter brutality presented in a very cold, routine-like way. With their bleak and depressing atmosphere, her plays are very hard to digest" (p.17)

Her use of broken words is an effective literary tactic. As long as we're able to decipher Kane's message, it should be no problem. Viewers have a feeling of ownership over her work because of the vast variety of interpretations that are open to them. It's simpler for those who aren't acquainted with mental illness to relate when they can identify with their own personal interpretations of Kane's comments. (Fawcett, 2016).

As a consequence, patients are no longer stigmatized since their feelings are not feared but understood. When she speaks, it's in fragments, and her goals, ambitions, and deepest desires are taken for granted. She says: "To overcome weakness," "To belong," "to be accepted," and "to draw close and enjoyably reciprocate with another" (Psychosis, p. 24)

whether or not they can really understand and sympathize with a patient who suffers from pathological sorrow is a question that the audience must answer in the sense of "know[ing] emotionally what another is experiencing from within the frame of reference of that other person" and "putt[ing] oneself in another's shoes"(Berger). Rather, we feel utterly powerless in the face of this calamity. However, this does not negate the play's ability to elicit strong emotional responses from the audience. In the theater "embodied emotions produce corresponding subjective emotional states" (McConachie 66) in the spectator by emotional contagion, so the intense pain and despair conveyed leave the audience profoundly disturbed when the lights come up.

4:48 Psychosis' portrayal of a psychiatric patient is particularly rare. Unlike the majority of the works discussed in this research, in which the crippled protagonists are placed in a harsh and abusive milieu, Kane's character is reduced to the role of a social victim in order to avoid evoking sympathy though her speaker does indict the doctors for their "inability to view patients as individuals, rather than looking past them in their diagnosis." (Watson p.189).

Love is the one picture that can bring us together, and despite a surface full of disintegration, cruelty, and hatred; a tremendous flow of emotions and compassion encircles us. Carazo argues that the concluding phrase "Please, open the curtains" is an appeal to reconcile with the outer world, seeking reunion and reassuring optimism (p. 7).

Kane shows how easily a doctor-patient connection may be shattered, and how little it takes for that relationship to be irreparably damaged. In this situation, the patient had access to the doctor's incorrect or disrespectful medical notes.

Communication between the patient and the doctor exhibits a mix of stubbornness and vulnerability. When questioned whether she has any intentions, she explains how she intends to die in a variety of ways. "take an overdose, slash [her]

wrists then hang [herself]”, because “it couldn't possibly be misconstrued as a cry for help” (Psychosis, p.210) Later on, when confronted with an alternative question about whether she fears harming herself if left alone, her response is less than convincing. her answer is “I'm scared I might” (Psychosis, p. 211) Attempting suicide is a key issue in the play, which explores how it's often seen as a "cry for assistance," rather than a genuine effort to end one's life that simply goes wrong. Unlike the Pinhall, Kane focuses on a psychotic's damaged mind, imitating the patient's non-sequiturs, mood swings, and pathological suffering with no logical explanation - even at the risk of causing significant cognitive dissonance between the character and the audience. The two authors, on the other hand, concentrate on the absurdity of social behavior and, in Laingian manner, portray mental illness as an unavoidable consequence of an absurd and cruel environment. Watson's examination of *Kane and Penhall*, however, shows that the two writers share a preoccupation with the "failures [of psychotherapy] rather than with its power to enhance the human condition" (Watson p.189). By bringing up the issue of physicians administering ludicrous and inappropriate doses of medications to a patient instead of exploring other viable therapies first, the play takes a strong stance against it. Medication promises speedier and more measurable outcomes than for example therapy. For the sake of their patients, physicians must maintain a degree of separation from their patients and avoid becoming close friends with them, so as not to unwittingly do them damage. Sadly, this is a style of behaving that might inadvertently harm the patient, although in a different way. The doctor reveals too much about himself by saying “I fucking hate this job and I need my friends to be sane” (Psychosis, p. 237).

Conclusion

Through her work, Kane exhibits an active ability to provide a fresh perspective on these common yet under-recognized disorders. Because of her unusual writing style and penchant for poetic language, she is able to connect with a wider range of listeners and readers. Because of these features, Kane gives viewers the ability to form their own opinions on mental illness without than being swayed by the stereotypes propagated by mainstream media.

Use of emotionally charged language in "4.48 Psychosis" by Kane confronts the audience's fear of mental illness. For more than just being well-written, Kane's work is grounded in truth because of her own personal experiences. We may safely assume that 4.48 Psychosis has an autobiographical aspect that penetrates the monographic elements of the play, given Kane's sickness and history of mental hospitalization.

However, in *Blue/Orange*, the two doctors overlook the patient's well-being in their battle for dominance; and the treatment Kane's heroine is given has terrible side effects and fails to rescue her (or him) from suicide. The disabled characters may not be incomprehensible and insensate, but they are ultimately incurable, at least given the ineffective drugs and mere dregs of altruism and sensitivity the fictional doctors have at their disposal in these literary descriptions bent on stirring sympathy and interest in madness.

REFERENCES

- [1] **Brockington, I.(1992).** “Schizophrenia: Yesterday’s Concept.” *European Psychiatry* 7.
- [2] **Campbell, A. (2005).** “Experiencing Kane: An Affective Analysis of Sarah Kane’s ‘Experiential’ Theatre in Performance,” in *Australasian Drama Studies* .
- [3] **Carazo, C. S.(2015).** "4.48 Psychosis: Sarah Kane's bewildered fragments." Tikasense eBooks. 2013. Web. 26 Jan .
- [4] **Davis, D. R. (1992).** *Scenes of madness: A Psychiatrist at the theatre*: London: Routledge.
- [5] **Fawcett, K. (2015).** How mental illness is misrepresented in the media. *US News and World Report*.
- [6] **Gutscher, L.J.(2014).** *Revelation or damnation: Depictions of violence in Sarah Kane's theatre*. Hamburg: Anchor Academic Publishing.
- [7] **Fensham, R.(2016).** "On Not Performing Madness." *Theatre Topics* 8.2 (1998): 149-71.
- [8] Project MUSE. Web. 11 Nov. 2016.
- [9] **Kane, S.(2000).** *4:48 Psychosis*. London: Methuen, 2000
- [10] **McConachie, B.(2008).** *Engaging audiences: A cognitive approach to spectating in the*
- [11] *theatre*. New York: Palgrave.
- [12] **Oyebode, F. (2012).** *Madness at the theatre* (London: RCPsych Publications).
- [13] **Penhall, J.(2000).** *Blue/Orange*. London: Methuen, 2000.
- [14] **Shields, T. (2003).** “Theatricality and Madness: Minding the Mind-doctors.” Daniel Meyer-Dinkgrafe (ed.) *Intellect*, 37-45.
- [15] **Watson, A.(2008).** "Cries of Fire: Psychotherapy in Contemporary British and Irish Drama." *Modern Drama* 51:2 .