



universität  
wien

# DIPLOMARBEIT

Titel der Diplomarbeit

„Depictions of Madness in Modern Drama“

Verfasserin

Snezana Jovanovic

angestrebter akademischer Grad

Magistra der Philosophie (Mag.phil.)

Wien, 2014

Studienkennzahl lt. Studienblatt:

A 190 344 347

Studienrichtung lt. Studienblatt:

Lehramtsstudium UF Englisch UF Französisch

Betreuerin:

Univ.-Prof. Dr. Margarete Rubik



And those who were seen  
dancing  
were thought to be insane  
by those  
who could not hear  
The music

*Friedrich Nietzsche*

To all those who have been part of this journey – thank you.



## Table of contents

<b>1. Introduction</b> .....	5
<b>2. <i>Every Good Boy Deserves Favour</i> by Tom Stoppard</b> .....	8
2.1 Biography .....	8
2.2 General Background .....	9
2.3 Structure .....	11
2.4 Characters .....	13
2.5 Medical Context .....	15
2.6 Themes .....	17
2.6.1 Political abuse of Psychiatry in the Soviet Union .....	17
2.6.2 The individual vs. the state .....	19
2.6.2.1 Sacha vs. the teacher .....	20
2.6.2.2 Doctor vs. patients .....	22
2.6.3 Music - a metaphor for the state .....	24
2.7 Conclusion .....	26
<b>3. <i>The Madness of George III</i> by Alan Bennett</b> .....	27
3.1. Biography .....	27
3.2 General Background .....	28
3.3 Structure .....	30
3.4 Characters .....	31
3.5 Medical Context .....	33
3.6 Themes .....	35
3.6.1 Politics .....	35
3.6.2 Medicine .....	40
3.6.3 Values .....	41
3.7 Conclusion .....	43
<b>4. <i>4.48 Psychosis</i> by Sarah Kane</b> .....	44
4.1 Biography .....	44
4.2 General Background .....	45
4.3 Structure .....	48
4.4 Character(s) .....	49
4.5 Medical Context .....	51
4.6 Themes .....	52
4.6.1 Intertextuality - Madness and Psychiatry/Psychology .....	52
4.6.2 Kristeva's Critical Theory .....	57
4.7 Conclusion .....	60

<b>5. <i>Blue/Orange</i> by Joe Penhall</b> .....	61
5.1 Biography .....	61
5.2 General Background .....	62
5.3 Structure .....	64
5.4 Characters .....	66
5.5 Medical Context .....	68
5.6 Themes .....	70
5.6.1 Madness and racism .....	70
5.6.2 Madness and power .....	78
5.7 Conclusion .....	79
<b>6. <i>Shining City</i> by Conor McPherson</b> .....	81
6.1 Biography .....	81
6.2 General Background .....	82
6.3 Structure .....	83
6.4 Character(s) .....	85
6.5 Medical Context .....	87
6.6 Themes .....	88
6.6.1 Search for self: Ian .....	89
6.6.2 Search for self: John .....	91
6.6.3 Sex as a temporary solution .....	93
6.7 Conclusion .....	94
<b>7. Conclusion</b> .....	96
<b>8. Bibliography</b> .....	99
<b>9. German Abstract</b> .....	103
<b>10. Curriculum Vitae</b> .....	104

### List of Abbreviations

<i>Every Good Boy Deserves Favour</i> .....	EGBDF
<i>The Madness of Geroge III</i> .....	MGIII
<i>4.48 Psychosis</i> .....	4.48
<i>Blue/Orange</i> .....	B/O
<i>Shining City</i> .....	SC

## 1. Introduction

Madness or deviant and abnormal behavior seems to instigate both interest and fear in people; interest, because it is different and unusual and fear for the same reasons, because people tend to be scared of things they do not understand or cannot explain in logical terms. The categories madness and sanity seem to suggest that these two conditions are opposites, completely separate from one another; however, the line might sometimes be thinner than one would expect.

Non-conformist behavior, the rebelling against social norms and standards, has always been intriguing. Yet, even though it has been studied by scientists for many years, it is difficult to strictly define madness considering the complexity of human nature and social values that constantly change. Certain cultural aspects which were considered normal in the past may be categorized as insane nowadays and vice versa.

There are different ways through which the topic of madness has found its way into literature: first, there are writers who are known to have suffered from a mental illness; second, madness is addressed through characters; and third, madness has been explored in psychological terms. Since all of the treatments are claimed to be based on a psychological approach, psychology, in this case, is a useful means of analyzing, interpreting, and explaining the behavior of characters who suffer (or are believed to suffer) from a mental disorder.

“Mad” writers are said to be able to draw inspiration from their own illnesses, such as paranoia, schizophrenia, or depression. The authors’ own suffering can trigger the creativity process and lead to incredible pieces of literature. This was, for example, the case with writers such as Sylvia Plath, Virginia Woolf, and Sarah Kane, who wrote some of their best work during times of depression.

Another possibility to discuss madness in literature is to attribute certain traits to characters that may be regarded as “mad,” to create a story around them and thereby to initiate curiosity. Sometimes it is suggested that society makes these characters mad, which is a reflection on how cultural values impact individuals’ lives. There is no limit to inventing mad characters: they can be genuinely ill, as in *4.48 Psychosis* and *Blue/Orange*, become ill during the course of the action,

as in *The Madness of George III*, not be ill at all as in *Every Good Boy Deserves Favour*, or they can be unsure of whether they are mad or not as in *Shining City*.

The topic of madness in literature is often used to talk about other themes that become clearer through the aspect of madness. Many authors are interested in investigating human behavior and finding out what makes people be the way they are. Madness offers a variety of possibilities as it can be explored with regards to different topics such as sexuality, race, gender, and so on. In addition, madness always raises questions about social norms, the value system of a society and automatically asks what constitutes madness and what constitutes sanity.

This thesis focuses on the depiction of madness in five selected modern plays, which will be interpreted in a chronological order: *Every Good Boy Deserves A Favour* by Tom Stoppard; *The Madness of George III* by Alan Bennett; *4.48 Psychosis* by Sarah Kane; *Blue/Orange* by Joe Penhall; and *Shining City* by Conor McPherson. The following aspects will be taken into consideration for the interpretation: structure, characters, medical context, and other themes that are discussed through madness.

Madness is depicted most extremely in Kane's *4.48 Psychosis*, as it is not only reflected in its content but also in its form. It questions the treatment methods of mentally ill people and is the only play that is completely committed to showing the patient's view on the illness, the world, and her/himself. Kane is also the only writer discussed in this paper who suffered from a mental illness herself.

Penhall's *Blue/Orange* tackles two other topics besides madness, namely racism and power relations. Since Christopher, the patient, is black and the two doctors that are treating him are white, concerns such as prejudices and discrimination come up as well. Power relations are explored through the direct rivalry between Robert and Bruce, which reveals their dark sides and results in unprofessionalism and questionable moral behavior.



While all other plays have a manageable amount of characters (between one and five), Bennett includes 27 characters from the royal court in order to depict the full impact of the king's illness on his family and his kingdom in *The Madness of George III*. The king's illness brings to light the true characters and vices of his entourage including betrayal, infidelity, and viciousness.

*Every Good Boy Deserves Favour* is a historical play, which deals with the political abuse of psychiatry in the former Soviet Union and is the one which most obviously challenges and criticizes the field of psychiatry. Stoppard's protagonist is a political dissident accused of having schizophrenia and put into a mental hospital because of his critique of the regime. Stoppard He bases this story on a lot of facts, which are surprising and quite shocking, but manages to loosen up the situation by including a genuine lunatic who often brings humor into a situation or draws it into ridicule.

McPherson's *Shining City* depicts the practical side of therapy culture in the 21<sup>st</sup> century and shows how talking to a "stranger" has become the last resort to finding help. Besides psychoanalysis, McPherson discusses cultural norms with regards to the topics of identity, relationships, and sexuality.

Despite their differences in content and form, all plays criticize some aspect of society through the depiction of madness. Although a kind of psychological therapy is always given, psychology, in fact, does not seem to be the solution for any of the characters. Psychology and its treatments are generally depicted in a rather negative way. Finally, all author's point out that playing by society's norms and rules is an unwritten but universal law; otherwise you are not qualified to live an independent life but will suffer the consequences for being different.

## 2. *Every Good Boy Deserves Favour* by Tom Stoppard

### 2.1 Biography

Tom Stoppard (born Tomáš Straussler) was born on July 3, 1937 in Zlin, Czechoslovakia (now Czech Republic). His family was Jewish and had to flee the country in 1939, when it was invaded by the Nazis. His father remained behind and was killed. The rest of the family first moved to Singapore but had to flee a second time when the Japanese invaded Singapore and moved to India. After his mother married a British Army major, they moved to England, where they finally settled down.

Stoppard dropped out of school at the age of 17 and never attended college. He started his professional career writing play and movie reviews as a journalist. By the age of 23, however, he decided to be a playwright himself and published his first stage play *A Walk on the Water* in 1960; it was first staged in 1964. Stoppard's major success came only two years later with *Rosencrantz and Guildenstern are Dead*. The play was staged by the National Theatre in 1967, making him the youngest playwright to have a play performed at this prestigious theater (Bloom, 13-16).

During his long career Stoppard wrote for the theater, television, and radio. His plays have been described as "philosophical deliberations" that are made entertaining by his use of wordplay and jokes (Theatre Database). The themes that appear in his plays are very diverse:

[...] from the world of science to the potential chaos theories (*Arcadia*, *Hapgood*); from philosophy (*Jumpers*) to Wittgenstein's language games (*Cahoots*, *Macbeth* and *Doggs' Hamlet*); from morality to relative and socially constructed metaphysical absolutes (*Every Good Boy Deserves Favour*); from history to parody (*Travesties*). (Antakyalioglu, 87)

His plays can be separated into two categories: his earlier work, until 1976, contains mainly absurd plays, while his later work, beginning in 1977, became more political. Stoppard is also known for his work with Amnesty International and his support of human rights. *Every Good Boy Deserves Favour* was first

staged in 1977 and reflects Stoppard's interest in politics and his fight against corruption and injustice. It criticizes the political abuse in the Soviet Union that was used to uphold a totalitarian regime (Antakyalioglu, 88).

## 2.2 General Background

By the time Stoppard started writing *Every Good Boy Deserves Favour*, he was already involved in political protests against the inhumane treatment of the Soviet government towards political activists. He wrote open letters in which he criticized the inhumane treatment of political prisoners and advocated the freedom of expression. He also supported the publishing of Charter 77, which was a manifesto to defend human rights. But the real inspiration that triggered the writing process for *Every Good Boy Deserves Favour* was the meeting with Victor Fainberg, who was kept in a prison hospital for protesting the Czechoslovakian invasion of 1968 and for campaigning for the release of Vladimir Bukovsky, who is referred to as "my friend C" in the play (*EGBDF*, 6-7).

Despite the fact that he denies being a political writer, the main concern of *Every Good Boy Deserves Favour* is definitely political corruption and injustice hidden behind false accusations of mental illness. In order to intensify the depiction of the regime's practices and enable the audience to relate to the prisoners' experiences, he describes some of the incidents in a very detailed way:

One day they arrested a friend of mine for possessing a controversial book, and they kept him in mental hospitals for a year and a half... Soon after he got out, they arrested a couple of writers, A and B, who had published some stories abroad under different names. Under their own names they got five years' and seven years' hard labour. I thought this was most peculiar. My friend, C, demonstrated against the arrest of A and B... and they put him back into the mental hospital. D was a man who wrote to various people about the trial of A and B and held meetings with his friends E, F, G and H, who were all arrested (*EGBDF*, 23).

Enumerating these experiences one after another intensifies the dramatic effect; yet, the truth is that they are all based on real life events.

The plot focuses on a Russian dissident named Alexander Ivanov. He is imprisoned in a psychiatric hospital for writing letters to protest the confinement of a friend and hence for criticizing the totalitarian regime of the Soviet Union. The friend was part of a group of demonstrators, who fought against the regime's use of mental hospitals to punish political dissidents. Alexander himself was first kept in a special psychiatric hospital but was moved to a civil hospital after a two months hunger strike, where, in order to be let free, he was asked to admit that his statements against the state were caused by mental illness. In the hospital, Alexander shares a cell with a genuine mental patient, also named Alexander Ivanov (referred to as Ivanov), who believes he has an orchestra, which is, however, only an imagination.

At the same time, Alexander's son Sacha is in detention at school because he does not want to participate in the school symphony orchestra. He has a conversation with his teacher, who tries to convince him that his father would not be in a hospital if he were not truly ill. Sacha still refuses to believe this and tries to tell the teacher that he knows that his father's apparent condition is a lie.

The third duo in the play contains a doctor who works at the hospital and a KGB colonel, who is in charge of Alexander's sentence, although he has no education in psychiatry per se. The doctor tries to persuade Alexander to say what the authorities want to hear, so that he could let him go, but Alexander refuses. Finally, the colonel only appears in the last scene when he confuses the two cell mates because of their names and unexpectedly lets both of them go.

The play's title *Every Good Boy Deserves Favour* is a mnemonic (a technique that facilitates remembering new information) used to teach music students the notes of the treble clef EGBDF. The play, which includes an actual orchestra that is part of the performance, is rarely staged because of the difficulties of setting up such a production. Stoppard worked with Andre Previn, a German-

American conductor, who wrote the music for the play in order to be able to perform Ivanov's imaginary orchestra. It is also part of several scenes in which Alexander and Sacha sing some of their text, which represents a kind of dialogue although they are apart from each other. The play was, nevertheless, performed several times in England and America and was produced for television by the BBC.

### **2.3 Structure**

The play takes place in three different locations: a cell, a school, and an office. Scenes that take place in the cell always include Alexander and Ivanov, scenes at the school include Sacha and his teacher, while the office is an area where all characters except for the teacher appear at some point. The play consists of 15 scenes in total, of which seven take place in the cell, five in the school, and three in the office.

The six characters seem to be split into two groups: pro-government and anti-government. The doctor, the colonel, and the teacher clearly represent the state's interest, while Alexander, Sacha, and Ivanov are standing on the opposite side, although Ivanov may not be categorized as clearly as the rest of the characters. Since he is mentally ill, much of what he says often seems illogical or absurd, yet he does have some interesting input every once in a while, such as his advice to Alexander to "[...] never confide in [his] psychiatrist," who turns out to be just one of the regime's many marionettes (*EGBDF*, 18).

Since the play incorporates an orchestra, music, besides being present throughout the play, is one of the components through which certain situations are explained. Music plays an overall important role in the life of three characters: Ivanov imagines having an orchestra, the doctor is part of one, and Sacha refuses to play in one. If we take Fransen's argument into consideration that the music, in fact, stands as a metaphor for the state, the relationship

between characters and their orchestras becomes clearer (3). Although it is difficult to find a connection between Ivanov's delusion and the state, one could argue that his belief of having an orchestra means that he believes to have an influence on the state; however, he does not seem in control of the orchestra since the musicians are never playing the way he wants them to. The doctor is a real musician who plays in an orchestra and is therefore part of the government as well as an active supporter of the state. Sacha, on the other hand, who says that he is not musical, does not want to be part of the totalitarian regime and tries to stand up against the state.

Also, the fact that the Colonel only appears in the last scene, in all other scenes he is simply mentioned by the other characters, shows how the state works – delegating tasks to others, manipulating and harassing subtly so that the world does not assume anything bad is happening.

Finally, madness is depicted mainly through the action itself which portrays a world that seems to be turned upside down. The established system inverts social norms and rules: behavior that is considered right and appropriate in a “normal” society is prohibited in the Soviet Union of the seventies and eighties. One's personal freedom is replaced with strict rules and laws that have little to do with justice. Whatever may be expected under normal conditions seems to be the opposite here.

At the center of the story is a sane man, Alexander, who is declared mad and imprisoned because of his ideology and his beliefs which in a normal society would be considered good. He fights against the regime's political manipulation and advocates freedom and truth. The fact that he is accused for his moral values reflects back on the system which seems to be “mad,” a system whose main goal is to gain power and control and to eliminate any possible threats. In order to reach its goal, the regime does not hesitate to use mental or physical violence. This leads to absurd situations in which a doctor cannot release a sane person and a teacher supports a totalitarian regime and teaches lies. It also depicts the insanity of bureaucracy which first puts two men with the same name in a cell and then confuses and mistakenly releases them. As an

audience member one may ask the same questions as after WW II or other similar events: how is it possible that something like that can happen? It is unbelievable, almost insane.

## **2.4 Characters**

### ***Alexander***

Alexander is a political prisoner. He had been kept in a psychiatric prison for years, where he was tortured in order to make him retract his accusations against the government. Since his case drew international attention and the authorities were afraid that he would die in a hunger strike, he was sent to a mental hospital, where the doctors tried to convince him to admit that his critique of the government was caused by a mental illness. Alexander, however, refuses to lie, despite the knowledge that he will never be free if he does not surrender.

### ***Ivanov***

Unlike Alexander, Ivanov has real symptoms and believes to direct an orchestra, which exists only in his head. When Alexander arrives at the hospital, Ivanov's first question is which instrument he plays because in his world everything is connected and explained through music. He, for example, thinks that he can tell the kind of person someone is by the instrument they are playing. He is the only real lunatic and often lightens the play through his funny statements and comments.

Despite his strange behavior Ivanov seems to have his sane moments as well, like when he warns Alexander not to trust his psychiatrist. Although he annoys Alexander most of the time, the audience may feel sympathy for him since he behaves that way because he is ill and cannot help himself. Yet, at one point he declares that he hears no music and has no orchestra but is ignored by his

doctor. After this incident one might wonder how insane he truly is and what he would be like if he got a proper treatment.

### ***Sacha***

Sacha is Alexander's son. He is in detention because he does not want to be part of the school symphony orchestra. Also, he does not believe that his father is sick even though his teacher claims that the government would not put him into a mental hospital if he was not truly ill. During their conversation, it becomes clear that Sacha and his teacher represent opposite parties. While the teacher speaks in the state's favor, Sacha tries to argue that the regime is not always right. It can be also seen that Sacha's behavior is supported by his father, who in several scenes encourages him to always speak the truth.

### ***Teacher***

The teacher is presented as a string-puppet of the state. She tries to teach Sacha not to question or criticize the government. She tells him that the state has the right to imprison his father if he speaks badly about it. However, she bases her arguments on rather superficial claims, while her only backup to Sacha's disagreement is that whatever the state says is correct.

### ***Doctor***

The doctor plays a similar role as the teacher. He, however, speaks openly to Alexander when he tells him that if he ever wants to get out of the mental hospital he had better say what they ask him to, even though it would be a lie. The doctor has no power over his decisions but simply executes the Colonel's orders. Moreover, he does not seem very interested in the fate of his patients and acts quite unprofessionally when it comes to Ivanov's treatment. When Ivanov finally accepts that he does not have an orchestra and says it out loud, the doctor does not notice the importance of the situation because he is too busy worrying about being late for a rehearsal and storms out of the office, leaving Ivanov behind.



### ***Colonel (KGB officer)***

The colonel is said to be in charge of Alexander's custody, although he has no education or experience in the field of psychiatry. He has a doctor in philology. Yet, he is the one to decide about Alexander's treatment and care. It was also him who decided that Alexander should be put together with his cell mate Ivanov because they share the same name. The fact that he releases both men in the end because he confuses them makes him look like a fool and projects that image back on the state.

## **2.5 Medical Context**

Political abuse of psychiatry is the misuse of psychiatry by a government in order to eliminate possible opponents by sending them to mental hospitals for political reasons rather than actual health issues. Records show that from the sixties until the late eighties, the Russian government used psychiatry to punish and remove political opponents. Laws were changed so that a psychiatric diagnosis was facilitated to serve the government's purposes. More precisely, in 1962, Article 58-10 of the Stalin Criminal Code was modified and turned into Article 70, which along Article 190-1 of the RSFSR Criminal Code and Andrei Snezhnevsky's new method of diagnosing mental illness enabled the state to transform nonconformist behavior into a crime. Any kind of "misbehavior" – criticizing authorities, demonstrating for human rights, etc. – could therefore be easily interpreted as a criminal act or as a sign for mental illness. One of the most common diagnoses was "sluggish schizophrenia," which was based on "symptoms" such as pessimism, poor social adaptation, and conflict with authorities. Other crimes, for which one could be sent to a mental hospital, to a labor camp, or even into exile included, among others, the possession of "prohibited" documents or books; involvement in civil rights demonstrations, and participation in religious activity (Gilligan, 105-106).

Dissidents were usually brought to the Serbsky Central Research Institute for Forensic Psychiatry, which was specialized in examining and evaluating people

who were accused of political crimes. According to the severity of their crime, they were then sent to either *Ordinary* Psychiatric Hospitals, which came under the Ministry of Health or to *Special* Psychiatric Hospitals, which came under the Ministry of Internal Affairs, which was a life sentence for most prisoners as the likelihood to be freed from there was very low. Also, once imprisoned, the patient had no right of appeal. (Ougrin, Gluzman, and Dratcu, 458).

Alexander Podrabinek, who was exiled for writing the truth about the unjustified treatment by the totalitarian regime, describes their actions as “punitive medicine,” which he defines as “a tool in the struggle against dissidents who cannot be punished by legal means” (63). Etkin further explains this new treatment method by stating:

Punitive psychiatry, in its essence, was related not to terror but to double-thinking. People who refused to play the “double game” and who brought elements from their private lives into the public sphere were doing something others, including their investigators and doctors, allowed themselves to do only among their family and friends. (71)

This should, however, not be mistaken for an excuse of how psychiatrists and other authorities used their power to manipulate and intimidate anybody who disagreed with them. After this inhumane and illegal treatment of dissidents became known it was internationally criticized; furthermore, the fact that psychiatrists were involved in these human rights violations raised skepticism regarding the field of psychiatry in general. Between 1980 until after the fall of communism in 1991 “procedures were set in place to remedy the identified psychiatric abuses in Russia” (Ax and Fagan, 329). Many political dissidents were released, new laws were implemented to secure citizens’ rights and offer protection of psychiatric patients, and an ethical code was reestablished for the use of psychiatry (Gordon and Meux qtd. in Ax and Fagan, 329).

## 2.6 Themes

### 2.6.1 Political abuse of Psychiatry in the Soviet Union

The reason why the Russian regime chose to use psychiatry as a punishment was that it was easier to hide it, at least at first. Alexander explains:

They don't like you to die unless you can die anonymously. If your name is known in the West, it is an embarrassment. The bad old days were over long ago. Things are different now. Russia is a civilized country, very good at Swan Lake and space technology, and it is confusing if people starve themselves to death (*EGBDF*, 24).

Furthermore, when the law was changed psychiatrists were enabled to label any kind of misbehavior as a mental illness. The dissidents could not appeal and even if their relatives managed to do it for them, the chances that the sentence would be changed were small because it was the state that chose the psychiatrists for the evaluation (Ougrin, Gluzman, and Dratcu, 457). Once imprisoned, there was nothing that could be said or done which the psychiatrist could not turn into something else. One such example is given in the play during the first conversation between the doctor and Alexander:

ALEXANDER: I have a complaint.  
DOCTOR: (*Opening file*) Yes, I know – pathological development of the personality with paranoid delusions.  
ALEXANDER: No, there's nothing the matter with me.  
DOCTOR: (*Closing file*) There you are, you see. (*EGBDF*, 26)

After Alexander suggests that sane people are put into mental hospitals, the doctor responds by telling him that only insane people would believe that sane people were locked up in hospitals. By saying that, the doctor lets him know that he can misinterpret Alexander's comments any time he likes and transform them in the way that it would suit the purpose of the state. At this point Stoppard clearly portrays the psychiatric misuse of the state and shows the present power structures. We will see similar power structures between doctor and patient in Penhall's *Blue/Orange*, although in his play the main misuse of power is based on the doctor's personal interest, while in *Every Good Boy Deserves Favour* the doctor is simply a mediator between the patient and the regime. In

fact, when Alexander tells the doctor that his name may make it into the history books for his unprofessional and unethical behavior, the doctor tries to explain that he himself has no power over what is happening and answers with the excuse: "What do you mean? – it's not *me!* I'm told what to do" (*EGBDF*, 31). Of course, he could choose not to participate in the persecution, but then he would be subject to punishment himself, which he obviously is not willing to risk.

Stoppard also stays close to the truth when he speaks about the difference of *Ordinary* Psychiatric Hospitals, which came under the Ministry of Health and *Special* Psychiatric Hospitals which came under the Ministry of Internal Affairs. He says that part of the description of the treatment Alexander received was based on Mr. Fainberg's own experiences. He also included the story of another political dissident named Vladimir Bukovsky, who fought against the psychiatric abuse and was therefore sentenced to several years in prison, labor camps, and exile (*EGBDF*, 7).

Stoppard furthermore clarifies the suppressive and illegal measures that were used by Russia to keep the country under control by placing a KGB officer in charge of Alexander. Although he does not show up personally until the very last scene, the audience learns that Alexander's treatment and release depend on a man who has nothing to do with psychiatry. When Alexander asks to be put into another ward because he is afraid that his cell mate might kill him, the doctor reveals a rather shocking fact:

DOCTOR: We have to assume that Rozinsky knows what's best for you; though in my opinion you need a psychiatrist.  
ALEXANDER: You mean he's not really a doctor?  
DOCTOR: Of course he's a doctor and he is proud to serve the State in any capacity, but he was not actually trained in psychiatry *as such*.  
ALEXANDER: What is his specialty?  
DOCTOR: Semantics. He's a Doctor of Philology, whatever that means. I'm told he's a genius.  
ALEXANDER: (*Angrily*) I won't see him. (*EGBDF*, 27-28)

Despite the state's attempt to keep its political schemes secret, many of its illegal undertakings were already known at the time they were happening.

Stoppard here simply demonstrates how bluntly the people who were in power would use their positions. Yet, Fransen argues that Stoppard's play is "not so much directed against totalitarianism as such as it is against the abuse of psychology by totalitarian states" (10). Of course, he says, the easiest way to stop this abuse would be to get rid of totalitarian states altogether, but Stoppard knew that this was impossible to accomplish at that time (Fransen, 10). Instead, it was people like Alexander who had to start fighting individually before any bigger changes could happen.

### **2.6.2 The Individual vs. the State**

Since Stoppard is known to be a defender of individual rights, it is no surprise that one of the questions Stoppard addresses in the play is the relationship between an individual and a given regime. If in a free society an individual respects the state laws and in turn can practice all rights given to him, what are his duties in a society which deprives him from his rights? In *Every Good Boy Deserves Favour* "the question is the relation of the citizen of a totalitarian state to that state" (Fransen, 3).

Stoppard shows how the Russian regime interfered with the freedom of people and punished everyone who refused to support it. Apart from Alexander's attempts to fight the totalitarian regime, the audience learns about another individual who, at an earlier point in time, tried to do the same and was assassinated for it. During a conversation between Sacha and his teacher, we find out that Nikolai Bukharin, a Russian revolutionary, was eliminated by the regime for his political activities. Nevertheless, the teacher keeps trying to convince Sacha about the advantages of the current regime compared to the former one. However, by the end of the conversation it becomes clear that the two regimes share more similarities than differences:

TEACHER: Things have changed since the bad old days. When I was a girl there were terrible excesses. A man accused like your father might well have been blameless. Now things are different. The Constitution guarantees freedom of conscience, freedom of the press, freedom of speech, of assembly, of worship and many other freedoms. The Soviet Constitution has always been the most liberal in the world, ever since the first constitution was written after the Revolution.

SACHA: Who wrote it?

TEACHER: (*Hesitates*) His name was Nikolai Bukharin,

SACHA: Can we ask Nikolai Bukharin about papa?

TEACHER: Unfortunately he was shot soon after he wrote the Constitution. Everything was different in those days. Terrible things happened. (*EGBDF*, 29-30)

The teacher suggests that the current regime is better because they do not shoot people for their beliefs anymore. Alexander, on the other hand, is the ultimate example that despite the supposed progress, the conditions are still not as they should be and much more needs to be done so that people can freely pursue their happiness in life. As long as the state dictates its people through force, individual freedom cannot be achieved.

### **2.6.2.1 Sacha vs. the teacher**

As mentioned above, certain characters in the play represent the ideologies of the state while others embody the opposition. One such direct clash of the two sides can be seen in the arguments between the teacher and Sacha. While Sacha tries to defend his father the teacher keeps claiming that it is Alexander's own fault that he is imprisoned because he did not follow the rules:

TEACHER: [...] First he smashes school property. Later he keeps bad company. Finally, slanderous letters. Lies. To his superiors. To the party. To the newspaper....To foreigners....

SACHA: Papa doesn't lie. He beat me when I did it.

TEACHER: *Lies!* Bombarding *Pravda* [a newspaper] with lies! What did he expect? (*EGBDF*, 24)

The teacher seems to be certain about Alexander's guilt and does not let any doubt cross her mind. The fact that she has a student who does not follow her instructions not only undermines her authority as a teacher but may cause her trouble with the state because she is not able to form the child according to current ideologies. Although she is aware of the fact that the situation is not as simple as she tries to make it seem in the above mentioned dialogue, she has no choice but to advocate the official ideology if she does not want to end up like Alexander. The following dialogue shows that she knows what is going on but chooses to deny it and instead tries to come up with excuses for it:

TEACHER: Open the book. Pencil and paper. You see what happens to anti - social malcontents.  
SACHA: Will I be sent to the lunatics' prison?  
TEACHER: Certainly not. Read aloud.  
SACHA: "A point has position but no dimension."  
TEACHER: The asylum is for malcontents who don't know what they're doing.  
SACHA: "A line has length but no breadth."  
TEACHER: They know what they're doing but they don't know it's anti-social.  
SACHA: "A straight line is the shortest distance between two points."  
TEACHER: They know its anti-social but they are fanatics.  
SACHA: "A circle is the path of a point moving equidistant to a given point."  
TEACHER: They're sick.  
SACHA: "A polygon is a plane area bounded by straight lines."  
TEACHER: And it's not a prison, it's a hospital.  
(Pause)  
SACHA: "A triangle is the polygon bounded by the fewest possible sides."  
TEACHER: Good. Perfect. Copy neatly ten times, and if you're a good boy I might find you a better instrument.  
SACHA: (*Writing*) "A Triangle is the polygon bounded by the fewest possible sides." Is this what they make papa do?  
TEACHER: Yes. They make him copy, "I am a member of an orchestra and we must play together." (*EGBDF*, 19-20)

In the last line of the dialogue, the teacher refers to an orchestra which is a metaphor for the state. Alexander is forced to be part of the regime as much as Sacha is forced to participate in the school orchestra. It shows that Sacha eventually awaits the same fate as his father but since he is still a child, he feels

how the regime exercises its power through social rather than political manipulation.

Despite the teacher's efforts, Sacha sticks to what he believes to be the truth and uses simple mathematical principles to support his standpoint vis-à-vis his father. Alexander explains that the government tries to change truths that cannot be changed: "Dear Sacha, try to see what they call their liberty is just the freedom to agree that one and one is sometimes three" (*EGBDF*, 34). Sacha, however, was taught by his father to always tell the truth and not believe the lies the government is trying to put into his head. The mathematical principles and Alexander's moral principles are of the same value because they represent an incontestable truth. Scientifically speaking one and one can never be three just as morally speaking lying and manipulation can never be right. In addition, Fransen explains that the dialogue between the teacher and Sacha shows their different approaches regarding the foundation of their beliefs. While the teacher thinks she can influence Sacha by using her power to threaten him, which is an immoral act, Sacha's conviction is based upon basic principles that lead to his conclusion that the state is wrong about his father. Moreover, once the teacher has run out of excuses to justify the state's actions, her last resort is to assert the lie that "Alexander is in a hospital, not a prison" (9).

#### **2.6.2.2 Doctor vs. patients**

The relationship between the doctor and Ivanov is similar to the one between him and Alexander. The fact that Ivanov is truly insane while Alexander is only said to be insane proves the unjustifiable treatment of Alexander by the doctor, who treats both patients in the same way. First, he tells Ivanov that he is not part of an orchestra even though he claims he is, just as he says to Alexander that he suffers from schizophrenia even though he swears he does not. The doctor seems to make no difference between Ivanov's real delusions and Alexander's alleged schizophrenia. Stoppard hence depicts madness through the actions of the doctor who knows that one of the patients is genuinely ill and



the other is accused of being ill but refuses to act accordingly, meaning as one would expect of him in this situation. It would be normal for him to treat Ivanov medically and let Alexander go but this does not happen because the regime changed the rules about what is considered normal or insane. Therefore, even though the doctor understands the notions of sane and insane and right and wrong, he has to accept the new definitions that are valid in that particular context which identifies a political dissident as insane. The doctor's indifference towards the patients and the absurdity of the situation as a whole can be seen in the direct comparison of the conversations between doctor and patients:

DOCTOR [to Ivanov]: I am a doctor. You are a patient. If I tell you you do not have an orchestra, it follows that you do not have an orchestra. If you tell me you have an orchestra, it follows that you do not have an orchestra. Or rather it does not follow that you do have an orchestra. (EGBDF, 21)

DOCTOR [to Alexander]: Of course. The idea that all the people locked up in mental hospitals are sane while the people walking about outside are all mad is merely a literary conceit, put about by people who should be locked up. [...] For example, *you* are here because you have delusions, that sane people are put in mental hospitals. (EGBDF, 27)

The doctor's approach is similar to the teacher's: he simply tells the patients that whatever they are saying is not correct. When they both refuse to believe him, he just gives them pills and asks them the same questions again later. The doctor's treatment is not effective for either one of the patients but it seems that he does not take his responsibility towards them too seriously anyway. During one of his talks with Alexander about Ivanov, he states that he does not even remember his name and when Ivanov finally comes into his office declaring that he does not have an orchestra, he is too busy worrying about the concert he will be late for, leaving the patient in confusion.

In Alexander's case, the doctor lets him know that he is not mentally ill but at the same time explains that he cannot let him go until he says what the authorities want to hear. At this point the situation seems to get out of hand as neither party is willing to give in: Alexander will not admit that anything is wrong

with him and the doctor will not let him go until he admits he was wrong. The doctor tells Sacha that they have reached a logical impasse and calls his father mad for wanting to die for his cause: "He'd rather die than admit he's cured? This is madness, and it's not allowed!" (*EGBDF*, 36) The doctor's statement that dying in the hospital is not allowed, reflects the irony of the whole situation, making everybody look like part of a madhouse.

Since the doctor's persuasion fails, he threatens that he will bring his son in to convince him and when that does not work either, he challenges the stability of Alexander's motives by asking him whether sticking to his beliefs is worth letting his son down: "What about your son? He is turning into a delinquent. (DOCTOR *plucks the violin EGBDF.*) He's a good boy. He deserves a father" (*EGBDF*, 29). Although Alexander and Sacha are the two figures in the play who represent all the good in the world, righteousness, honesty, morality, Stoppard suddenly creates doubt about the value of these virtues. He asks whether they are worth risking one's life for and whether they remain the same under all circumstances or are subject to change depending on one's situation. This dilemma about one's beliefs dates back to Greek mythology and may for some recall the story of Prometheus, who sacrificed himself in order to help the people. He stole the fire from the Olymp and brought it to them, which he was then punished for. In the play, Alexander is willing to sacrifice himself so that his son could live in a better world. Moreover, his two hunger strikes and the fact that he spent so many years imprisoned and did not want to betray his own convictions suggest that he would have gone all the way to achieve his goal. Finally, both men are eventually freed, proving that it is worth to fight for one's beliefs.

### **2.6.3 Music - a metaphor for the state**

It seems that Alexander shares many characteristics with Victor Fainberg, who, according to Stoppard, "was not a man to be broken or silenced; an insistent, discordant note, one might say, in an orchestrated society" (*EGBDF*, 7). In fact, there is also a Czech proverb which says that something "works like a well-

rehearsed orchestra,” if everyone does his or her job well. In order for the state orchestra to work well, everyone has to play his or her part in it and whoever refuses to do so has to be punished.

Ivanov’s way to associate and compare everything to music adds a bit of humor and wit to the play so that the severity of the topic is somewhat lightened and the audience has a break to relax between the more intense scenes. He is introduced as a crazy musical fanatic from the beginning of the play, as can be seen in the following conversation, which was the first between him and Alexander.

IVANOV: [...] Give me a word for the harpist.  
ALEXANDER: I don’t really –  
IVANOV: Plucky. A harpist who rushes in where a fool would fear to tread – with all my problems you’d think I’d be spared exquisite irony. I’ve got a blue-arsed bassoon, a blue-tongued contra-bassoon [...].  
[...]  
IVANOV: I’ve got a tubercular great-nephew of John Philip Sousa who goes oom when he should be going pah. And the Jew’s harp has applied for a visa. I’m seriously thinking of getting a new orchestra. Do you read music? (*EGBDF*, 16-17)

Although this dialogue does not seem to reveal more than Ivanov’s apparent madness, it subtly discloses facts about the other characters. Stoppard uses the musical metaphor to give the audience a first clue about Alexander’s opposing stand towards music and if music is a metaphor for the state, towards the state. Both Ivanov and the state cannot accept Alexander’s attitude and both respond with violence. The state imprisons him by declaring him mad and Ivanov suggests violent practices to get to the answer he wants to hear. Since Alexander does not play an instrument, Ivanov tries to find out which one he would play by asking him which part of the body he would cover if he were to hit him. All that Alexander can do is keep repeating that he is neither insane nor a musician.

## 2.7 Conclusion

*Every Good Boy Deserves Favour* is a political as well as historical play, which portrays the clash between social manipulation and exploitation, on the one hand, and a fight for moral principles and freedom, on the other hand, in a society that tries to control its people. While a choice has to be made, both are driven to their limits; the doctor does not know what to do when he can neither let Alexander go nor let him starve to death in his cell and Alexander's choice to leave his son behind because of his beliefs is not completely approved either. As Fransen suggests, the play "contrasts the circumstances of political prisoner and a mental patient in a Soviet insane asylum, to question the difference, if any, between free will and the freedom to conform" (Blurb of *EGBDF*). Nadel confirms this by saying that it also "challenges the illogical acts of the government and their impact on disaffected individuals. Freedom is again scrutinized and redefined" (502). Madness in this play is therefore depicted through contradicting elements. The expectations of the audience often remain unfulfilled because the exact opposite happens in situations in which a different result is anticipated under normal circumstances. On a public level, the state is expected to work for and help its people but instead manipulates and tries to control them. On a personal level, the doctor is expected to act professionally and help Alexander but instead he acts in the state's interest and keeps him locked up in a mental hospital, knowing that he is sane. The teacher should teach Sacha to think critically and be independent but instead forces him to blindly follow rules, although she cannot explain their purpose. People act in such illogical ways that they could be regarded as mad.

Stoppard, however, restores the social order in the end, at least to the point where having the right values and morals beats an almost indestructible opponent. The message is clear although the ending leaves space for doubt as, besides its comedic effect, the colonel's mix-up of the two inmates, which leads to their discharge, seems rather unlikely. Since individual freedom remains one of the highest values for Stoppard, this ending reflects "a deep respect for human life and a devout belief in an individual's freedom of conscience which

derive from a philosophical conviction about the nature of all human values” (Brassell qtd. in Görmez, 57).

### **3. *The Madness of George III* by Alan Bennett**

#### **3.1 Biography**

Alan Bennett was born on May 9, 1934 in Leeds, England. He went to Exeter College in Oxford, where he majored in history. While he remained at the university, teaching Medieval History for several years as a junior lecturer, he was also a member of the comedy group *The Oxford Revue*. Once he performed in the satirical revue *Beyond the Fringe* at the 1960s Edinburgh Festival, which made him famous overnight, he decided to drop his academic career and be a full-time writer. His first stage play *Forty Years On* was first performed in 1968 and was an immediate success.

Bennett is often described as a warm and considerate writer because of his writing style; he is known to include humor even when writing about serious themes and he writes about his characters with compassion and empathy, and depicts them in a realistic way that the audience can relate to. Bennett’s work is very diverse and, besides stage plays, includes short stories, movies, television serials, and pieces for radio. Sternlicht writes that though Bennett’s work incorporates different mediums and genres and he continuously evolves as a playwright,

[...] some themes and characters persist. He espouses sexual freedom and is disenchanted with the British political scene and the way the welfare state has provided for the body but not the soul. He likes to lampoon the royal family (177).

Some of these themes can be found in *The Madness of George III*, which depicts the events following the King’s first mental breakdown in 1788. It is partly based on historical facts but also includes fictional elements such as the rivalry between father and son and some exaggerations regarding the political

situation. Wolfe explains that by adjusting and playing with the truth and consequently “by changing history, Bennett can clarify the social and moral offshoots of George’s madness” (34).

### **3.2 General Background**

The *Madness of King George III* combines two elements of interest for Bennett. On the one hand, O’Mealy explains, part of the motivation in writing a play about George III comes from Bennett’s background as a history undergraduate, who has always been interested in the success and failures of public figures. On the other hand, he had first hand experiences with mental illness himself, as his own mother suffered from depression and had to be institutionalized (141).

The play describes the latter period of King George III’s reign and depicts the different stages during which he was lucid at times and seemingly mad at others. It mainly focuses on the period after the king lost the American colonies and had his first “episode”. Besides showing how his illness affected his family, Bennett also describes the political effect the King’s uncertain mental state had on the government, including the hypocrisy and political “theater” that was going on. Thus, the focus constantly moves from the private life of the royal family to Parliament as each unit tries to take advantage of the situation of the King’s failing health. This shifting between the King’s private and public life illustrates the King’s difficult position as he is basically two people at once: a private person (in this case a patient) and a ruler. Willis, the king’s doctor, also notices this predicament and ironically remarks that “[t]he state of monarchy and the state of lunacy share a frontier”. He goes on to ask “[...] what is normal in a king?” suggesting that as king one is out of the ordinary anyway; what is normal for the king will not be the case for somebody else, regarding everyday life but also his duties (*MGIII*, 47). The king’s “double life” furthermore enables Bennett to draw attention to “the power games, family scandals, and personal intrigues that take place under an incapacitated ruler (Beene, 853).

The play starts with an attempted murder of King George by Margaret Nicholson. His decision to pardon her corresponds to his overall image as a compassionate ruler. Yet, while he is presented as “Farmer George” on the one hand, he is also known as someone who thinks that rules are important and likes to stick to the court conventions. However, everything changes when King George starts “losing his mind” and can neither control his thoughts nor his speech anymore. The Prince of Wales immediately uses this moment of weakness and starts plotting how to best push his father aside in order to take his place. In the meantime, King George is taken care of by several doctors, who each have their own method of curing him. Dr. Baker keeps track of his pulse, while Dr. Pepys shows the same interest in his feces, while Dr. Warren tries to help by blistering the King’s skin. Finally, Dr. Willis, a former clergyman and now converted physician takes over the King’s treatment. His main method is to put the king into a straightjacket whenever he does or says something inappropriate. At the same time, both political parties try to keep or gain power, while the overall situation in the country seems to worsen. The king’s illness, however, starts disappearing towards the end of the play and he recovers just in time to prevent the worst from happening. Finally, everything goes back to the way it was before as George III declares that “[t]he King is himself again” (93).

Despite the momentary happy ending at the end of the play, Bennett reminds the audience that George III’s disease was a physical and hereditary one and that his recovery lasted only shortly. Bennett’s clever time shift to the present to include the explanation of porphyria – a disorder that builds up chemicals in the body, which can also affect the mind – by a doctor from the 20<sup>th</sup> century, puts George III’s life into perspective and brings us back to Greville’s argument that despite his status, his power, and his wealth “[...] His Majesty is but a man...” (*MGIII*, 11). In real life the king’s symptoms reappeared several times until he had a final relapse in 1811, which he never recovered from; he died in 1820, apparently deaf and blind by that time (Gibbons, 4).

Finally, it should be noted that though the focus of the play is primarily King George III’s mental illness, the play would not be the same had it not been for

the historical and political context in which the narrative took place. Similar to Kane and Penhall, Bennett writes about a controversial topic and confronts the audience as he “challenges viewers to weigh their allegiances, determine when facts are credible, and question whether following impaired authority is prudent” (Beene, 853). Wolfe supports this statement and adds in a more general sense that “[l]ike Brecht, he uses historical drama to ask where we are, how we got here, and what we should do next” (34).

### **3.3 Structure**

Although King George III suffered many mental breakdowns during his reign, Bennett chose to write about the king’s collapse in 1788, right after the loss of the American colonies, which may imply that this devastating defeat was among the causes of the King’s illness. Since throughout the play it is not sure whether the king will regain his wits or not, the story remains suspenseful until the end. This leaves the development of the story open as the king’s unpredictable state of health results in an uncertain future for the whole nation. His illness is ultimately the trigger that initiates the action and gets the debate between the two parties going.

The structure reflects and emphasizes the opposition of the two parties in the play. Space becomes an indicator for the contradictory ideologies as most of the scenes take either place at "Windsor," the King's fortress, or at "Westminster," home of the Parliament, except for the few scenes which are set at Kew and the Prince of Wales's Carlton House. Bennett, thus, stresses the ongoing conflict between the political parties, with the king and his Prime Minister Pitt on the one side, and parliament with Fox on the other side. In fact, Act 1 is almost balanced, with eight scenes set at Windsor and six scenes at Westminster, besides two scenes at Carlton House. Act 2 is split similarly, with five scenes at Windsor versus five scenes set at Westminster. After all the chaos and constant back and forth between the political parties, the play finally



ends with the royal family assembled at St. Paul's Cathedral to represent the king's regained forces.

### **3.4 Characters**

#### ***King George III and Queen Charlotte***

George III may not be considered the most competent ruler, since he is to blame for the loss of the American colonies. However, he seems to be a very generous and kind ruler. In the first scene of the play we find out that he pardoned a woman who tried to murder him. He is very family-oriented, enjoys the simple things in life, such as nature, and tries to remain close to his people; all of these characteristics finally made him earn the nickname "Farmer George." At the same time, he seems to be a different ruler, when it comes to his court: he takes his duties seriously and makes sure that everyone obliges to the court rules; he, for example, does not let a pregnant woman sit down during a performance that lasts a few hours because court rules do not allow it.

In fact, Bennett did not expect the audience to feel so much sympathy for the king. However, he explain their reaction by saying that "[...] it is obviously useful if the King's malady was a toxic condition, traceable to a metabolic disturbance rather than due to schizophrenia or a manic depression. Thus afflicted, he becomes the victim of his doctors and a tragic hero" (*MGIII*, ix).

Queen Charlotte seems to be happy in her role as a "housewife," who always stands by her husband and supports him in every possible way. Yet, she does not have any rights when it comes to important matters, such as the treatment of the king. With regard to his illness, she remains patient and understanding, even when the king propositions Lady Pembroke, a maid-in-waiting. Bennett, further, describes her as greedy, saying that she stamps "the leftover pats of butter with her signet so that they would not be eaten by the servants" (*MGIII*, xvii). Finally, she seems rather simple and superficial.

### ***Prince Regent***

The prince is egocentric and selfish. As soon as he finds out that his father is ill, he tries to take advantage of the situation. He plots against the king and wants to get him a doctor who will make sure that he will be declared mad. When Sheridan tells him that even if he was made Regent, he might only have limited power, he is furious. Besides the personal scheme against his father, he also tries to find solutions to how he can change the political regulations. Bennett explains that the prince did not have such a bad character as depicted in the play; however, in order for the play to work as he envisioned it, the antipathy between prince and king had to be exaggerated and “the prince made less sympathetic” (MGIII, xi).

### ***William Pitt and Charles Fox***

Pitt and Fox stand in opposition to each other, not just regarding politics but also their characters: “Pitt, cold, distant and calculating, Fox warm, convivial and impulsive [...]” (MGIII, xv). Pitt seems to be constantly nervous, because he knows that with the king’s illness and the ambitious prince, his position as Prime minister is in danger. Therefore, he tries to argue that Parliament should nominate a new regent and that his authority should be restricted. For Fox, it is clear that the new regent should be the prince and that he should have the right to exercise full power. While Fox is also eager to get to power, he does not need to be as worried as Pitt because time, in this case, is on his side since the king’s recovery is rather unlikely.

### ***The “London” doctors and Dr. Willis***

There are three doctors who are called to have a look at the king at the beginning of his illness. None of them know what is wrong with the king but decide to observe his bodily functions in order to find out; one of them even suggests blistering George III to let out the bad humor. Although these approaches may have been common treatments at that time,

looking at them from today's point of view, they all just seem ridiculous and in the last case, brutal. As an audience member, it is rather hard to take them seriously.

Dr. Willis, on the other hand, is presented as an experienced doctor who specializes in brain diseases. He has his own madhouse where he observes and treats mentally ill people. However, it soon becomes clear that he does not know the reasons for the king's madness either and that his methods are just as experimental. Nevertheless, the king's supporters trust that he can cure the king, despite some disagreements about his approach. Yet, he is very confident about his treatment, which is based on the formula that whenever the king starts talking nonsense, he is put into a straightjacket. Finally, the king gets indeed better, which seems to be the result of Dr. Willis's treatment.

### **3.5 Medical context**

Since medical practice during King George III's time differed in many ways from the medicine we know today, I would like to shortly outline what the mental health care system looked like in the 18<sup>th</sup> and 19<sup>th</sup> centuries, mainly with regard to diagnosis and treatment and what the common beliefs were about mental illness. It is important to have an understanding of the medical context because almost all actions in the play, social or political, are based on or respectively depend on the mental state and wellbeing of a single person, the King, who in turn depends on the doctors' expertise.

Mentally ill people, during King George III's reign, were generally outcasts of society, unless their family was willing to take care of them; in cases where they were thought to be dangerous, they were put into workhouses or prisons. The patients that ended up in either one of those institutions received a very harsh and inhumane treatment. From today's point of view, most medical treatment

would probably be considered torture, as the majority of patients was restrained and physically abused in order to be kept calm. Bewely writes:

Some inmates were chained to stone floors, to the walls of their cells, to the bars of a cage, or to heavy wooden trough bedsteads. This was not always restricted to periods of maniacal excitement but could continue for years, sometimes for life (8).

Though private madhouses existed since the 13<sup>th</sup> century, it was not until the mental illness of King George III, in the second half of the 18<sup>th</sup> century, that public attention was drawn to the issue. This increased the interest of doctors and made mental hospitals more popular. However, the treatment in these private madhouses did not improve much until the beginning of the 19<sup>th</sup> century because medicine was not always their primary concern. Instead, Bewely explains

[s]uch establishments catered both for the affluent and for the paupers if boarded out by their parishes who paid their fees. This 'trade in lunacy' was run for profit by lay people such as clergymen, as well as by doctors [...]. Accommodation could be sparse and unsuitable for the purpose and patients might be subjected to harsh treatment and mechanical restraint (4).

Considering the historical background, the different approaches used by the doctors in the play seem less surprising. Yet, some of the prescribed treatments are so shocking that they seem almost hilarious: one doctor believes he can find a cure by observing the king's stool samples, another thinks it is all about pulse rates and purgatives, and a third wants to blister the king's skin in order to let the "poison" out that makes him mad. As none of these treatments have any effect on the king's health, a new approach is tested by Dr. Willis. In his opinion, the king has to be "broken like a horse" so that every time he behaves inappropriately in any way he is put into a straightjacket. Dr. Willis, who was a former clergyman, changed his vocation and became the head of one of the first private madhouses in Lincolnshire and eventually King George's private physician. As mentioned above, this was not unusual since it was believed that mental health problems were somehow related to one's religious faith; it was,

therefore, common for clergymen to act as doctors, who saw themselves as “physicians of the soul” (qtd. in Bewely, 10).

Despite the rather dubious treatment of mentally ill people at the time, King George’s condition helped change the view on mental illness. Bewely explains that even though there was no immediate improvement, the continuous work and research finally led to the result that mental illness was considered a physical rather than a spiritual condition. Eventually, diagnosing methods and treatments were adjusted and led to a “more humane approach” towards mental illness in general (Bewely, 9).

## **3.6 Themes**

### **3.6.1 Politics**

It has been proven that people, when using logic, usually think in opposites – male/female, good/bad, madness/sanity, and so on. In structuralism, these binary oppositions are the basic units through which human thinking, language and culture are organized. Bennett uses our habit to think in binaries or opposites to explain something through something else; it is through madness that he questions the notion of sanity. This was made clearer by one of Bennett’s reviewers:

At the heart of Bennett’s sardonic piece is a paradox: What seems to be a discussion of madness is actually a consideration of the meaning of sanity. It is, of course, nothing new to use a madman to say the world is a crazy place. But the forum Bennett has chosen - the court of George III in 1788 - is a special arena. It allows a subtle and unique exploration of the uses and abuses of power and its capacity to corrupt both those who possess it and those who seek it (Desmond).

The court in King George III’s time was known to be very structured and controlled. When in the king’s presence, everyone that walked out of the room had to do so backwards, facing the king; no one was allowed to look the king straight in the eye; and one could only speak when spoken to by the king. This

obsession with the social order can also be observed in the way the king dealt with the American colonies he had lost; despite the fact that he did not allow anyone to talk about them, he used every situation to express his discontent about losing power over them. It could be argued that to an outsider's point of view this social structure and protocol which dictates the behavior seems strange or even "crazy." Yet, considering his urge to be in charge of everything and his need to oblige everyone to strictly follow all court rules, one can only imagine how difficult it must have been for him to see himself lose control.

His concerns, however, seems to have been justified as once the king's illness had become public and the people believed him to be weak, "[t]he London stock market plunge[d], the economy stagger[ed], and normal family relationships invert[ed]" (Wolfe, 71). The chaos into which the court fell allows Bennett to show what was happening under the surface and reveal everyone's hidden agendas. He draws attention to the masquerading and role playing that was part of the king's daily private as well as public life.

The easiest way for people to pretend they are something that they are not is by disguise themselves and hiding their true emotions. Bennett's play begins by introducing the *apparently* happy royal family as one of his first stage directions indicates that: *For a moment the Royal Family puts on an appearance of unity as the church bells are rung to celebrate the King's deliverance [...]* (MGIII, 3). From the start, Bennett uses little hints, such as the short conversation between the two sons and the parents, to show that the image they project is a lie and that the family has conflicts, which they must hide when in public:

PRINCE OF WALES: I rejoice, papa, that you are unharmed.  
QUEEN: The son rejoices. The Prince of Wales rejoices.  
Faugh!  
DUKE OF YORK: Me too, pa. God save the King and so on.  
QUEEN: (*Embracing him but looking at the Prince of Wales*) And he is fatter. Always fatter (MGIII, 2).

Despite this harsh conversation, they seem to be in perfect harmony as soon as they step onto the stage. The little "show" the royal family puts on is, however, not all there is to it. Fitzroy's remark about the King's appearance points out

how important make-belief really is when it comes to a public person such as the king:

FITZROY: [...] I am to do with appearances. My function is to expurgate his humanity, expunge all that is common, and present him as an object fit for public veneration (*MGIII*, 56).

This shows how even looks alone are used as a tool to influence and project authority. Even though Fitzroy's statement seems extreme, this type of manipulation is still used today. If we think of political figures who have make-up put on their face before they appear on television, who dress a certain way, and drive a certain car, it is all done to project power. This, however, might be quite normal considering that they are constantly in the public's eye. In the play, the king expresses the wish to take a house somewhere and pretend to be a "normal couple," to not talk to anyone and be able to act like ordinary people do (*MGIII*, 12). However, it seems that even if the king wants to show or be his real self, he does not have that opportunity because he is never left alone. Bennett describes this situation in a rather funny way, while the truth behind it is quite disturbing:

FITZROY: But monarchs like their days populous and determined. To be idle or alone are pools in which they might glimpse themselves. To lead them past such pools and mitigate their solitude is the whole duty of courtiers (*MGIII*, 9).

In King George's case, the fact that he was watched so closely helped notice his odd behavior at once and arrange the necessary procedures for the monarchy not to collapse. After all, a whole nation depended on his ability to make decisions and to rule. Pitt explains this when he says: "[...] The King's body is not his own. It belongs to the nation and so it is Parliament's concern" (*MGIII*, 30). Unfortunately, there was nothing that could be done and the king's illness threw the government into chaos. Bennett further describes the maneuverings which went on between the political parties fighting for power.

It is, then, no surprise that Pitt, King George's prime minister, is worried about the diagnosis of the King's illness, especially because according to him "[a]n

ailing King means an ailing Government” (*MGIII*, 23). However, Thurlow quickly explains to Pitt that it matters only little what he believes but that “[...] it is what Parliament believes. It is what the Prince of Wales believes. And it is what the City believes” (*MGIII*, 26). Pitt is, of course, aware of this and continuously lies about the king’s health to the Government and the people in order to preserve the king’s power. Bennett here points out the boldness of politicians, when it comes to keeping their power; lies, manipulations, and betrayals seem to simply be part of the game. The conversation between two other politicians, Burke and Sheridan, further confirms that make-belief in politics is essential and shows the theatricality of politics even more clearly

BURKE: Could you give it [politics] up?

SHERIDAN: As distinct from theatre, you mean? I don’t know. There’s the drama, of course. The temperament. And the acting, I suppose.

BURKE: What would you miss about politics?

SHERIDAN: I’m talking about politics. (*MGIII*, 6)

In this dialogue, it can be seen that theater is indeed a big part of politics. This is a good example of Bennett’s funny and subtle way to portray and criticize certain social patterns that are taken as a given without being questioned, despite the fact that they might not be in everyone’s best interest.

The King’s madness, on the one hand, seems to throw everything into chaos, but at the same time reveals all the secrets and hidden motives, especially with regard to his relationship with his son, the future King of England. It is only because he is mad that he can “allow” himself to speak the truth. Shortly after his first attacks, the King meets the Prince of Wales during an official ceremony, when the King finally says what he thinks:

PRINCE OF WALES: I wish you good health, father.

KING: Wish me, wish me? You wish me death, you plump little partridge.

[...]

KING: I know your game, I know your game, he wants to see me put away.

[...]



KING: Fools, don't you see it? Then you will all be put out; first the King, then all his company (*MGIII*, 28).

Despite the attempts to deny his wish to replace his father and take his place, everyone knows about the prince's desire to become the next ruler as soon as possible. Once again, everybody tries to cover up the truth that is already known. The intrigues begin the minute the Prince of Wales finds out that his father is not well. Sheridan immediately suggests to him that it would be only normal that he be declared Regent, "King in all but name" (*MGIII*, 16). Consequently, he becomes so impatient that he cannot wait for his father to fail but actively tries to make him worse. As soon as he has the power to decide, he separates the king and queen, despite his father's wish to never be parted from her, and wants to make his own physician the king's new doctor. While he pretends that his actions are in his father's best interest, he admits his true intentions to Fox, who asks: "But he's not better?" and the prince responds: "No, no, no. Nor likely to be, now that Warren's on the case" (*MGIII*, 37).

The fact that the king might be declared mad was the perfect opportunity for the prince to ensure his position. As Pitt correctly observes:

[...] Declared mad, he will stay mad. His son would be a fool to have it otherwise. The asylums of this country are full of the sound-in-mind disinherited by the out-of-pocket" (*MGIII*, 82).

Even though it might seem "crazy" that somebody could be sent to or kept in an asylum based on facts that have nothing to do with medicine, this was not exceptional in the 18<sup>th</sup> century, considering that at the time it was a common practice for people to go to Bedlam in order to look and laugh at the inmates of madhouses. People would pay an entrance fee to see different "attractions", maybe even a little show. One can only imagine how popular this place was, when nowadays, the phrase "God, it's like Bedlam in here!" is used to describe a state of chaos and confusion.

### 3.6.2 Medicine

According to historians, King George III's behavior and manners were always a bit different compared to other rulers at that time; for instance, he remained faithful to his wife throughout their marriage, he was fond of nature and always tried to connect to the people, which is why he was called "Farmer George." A further striking characteristic, similar to George VI's stuttering, was his "what, what" and "hey, hey" at the end of sentences. Bennett believes this strange habit to result from "[...] the attempt of a nervous and self-conscious man to prevent the conversation from flagging [...]" (*MGIII*, xi). Whether he is right or not, fact is that once the king stopped using those phrases, it was a first sign of distress. Even though for anybody else the reverse would be true, people around him knew that his odd speech pattern was part of his "normal self." Thus, through a simple detail Bennett shows us that the line between what is considered normal and abnormal is very thin, especially if we think of further examples, such as left-handed people or people with physical disabilities, who were also thought to be abnormal at a certain time in history.

Another minor but interesting detail referred to by Bennett about the changes and developments in the world, especially with regard to certain professions such as medicine, is discussed between the two doctors Warren and Baker. Whereas in the past doctors used to be general practitioners, they now have to choose their area of expertise:

- WARREN: (...) we may be a trifle old-fashioned, but we are both skilled in the practice of all-round medicine. (...)
- BAKER: We're general practitioners.
- WARREN: Exactly. But Willis isn't. Willis specializes. You and I George, we treat the whole man. Willis confines himself to The understanding, the intellectual parts, the head. Well, what sort of medicine is that?
- BAKER: It's profitable medicine. And if you've got a madhouse like Willis, there's all the board and lodging money as well (*MGIII*, 53).

Considering professional areas such as the one mentioned here, this dialogue in fact shows an accurate observation of their development. Of course, Bennett

includes a sarcastic tone when he lets Fox conclude: “So, you get better and better at doing less and less. What a world!” (*MGIII*, 62)

Another aspect that changed in the eighteenth century with regard to mental illness was the creation of madhouses. Foucault explains that while in the Renaissance mentally ill people were still part of society, madhouses were used to separate and exclude them from the public, as was the case with Dr. Willis’ institution. Physical punishment was a common treatment to try to control the patients’ symptoms; chains and straightjackets were used as well as hitting, stretching or blistering the body. Foucault’s critique of these treatments focuses more on the fact that it does not cure the illness but makes the mentally ill only pretend to be normal. The constant observation eventually leads to self-censorship, since the inmates do not dare to misbehave for fear of punishment.

[...] under observation madness is constantly required, at the surface of itself, to deny its dissimulation. It is judged only by its acts; it is not accused of intentions, nor are its secrets to be fathomed. Madness is responsible only for that part of itself which is visible. All the rest is reduced to silence. Madness no longer exists except as *seen*. (Foucault, 250)

Foucault further notes that despite the development of psychoanalysis and the patient’s possibility to talk about his/her problems the observation factor still prevails. The patient remains the observed and the psychologist the observer “[...] – thus preserving the old asylum structure of non-reciprocal observation but balancing it, in a non-symmetrical reciprocity, by the new structure of language without response” (Foucault, 251).

### **3.6.3 Values**

As mentioned above, King George seemed to have been a very compassionate ruler. In the play this is pointed out by the king’s reaction to one of his almost assassins, Margaret Nicholson, in the first scene. After being attacked with a knife, he says: “The poor creature’s mad. Do not hurt her, she’s not hurt me”

(*MGIII*, 1). This response makes him come across as very humane and caring, and later on makes it easier for the audience to feel compassion for him in return, when he is not well. That this was indeed a very generous reaction of George III becomes clear a few moments later when he describes the usual outcome that would have followed an attempted murder of the king:

She is fortunate to live in this kingdom, hey? It is not long since a madman tried to stab the King of France. The wretch was subjected to the most fiendish torments – his limbs burned with fire, the flesh lacerated with red-hot pincers, [...] We have at least outgrown such barbarities. The lowliest subject in this kingdom could not be subjected to such tortures in the name of justice” (*MGIII*, 3).

Giving this detailed account of the tortures he could have ordered for Margaret Nicholson as well, gives the king the opportunity to praise himself by demonstrating his kindness. Yet, despite this act of compassion, he himself was not so fortunate and later suffered for a long period of his life. (Gibbons, 4)

Apart from his public duties, the king also has a life aside from the throne. His role as a husband and father is equally important, although it is not necessarily the main focus of the play. Nevertheless, the audience learns that morality and principles are highly valued by George III. The king is faithful to his wife and, despite the Prince of Wales’ attempt to separate them, insists on having her by his side even during his worst time. He explains that character is more important than looks and that family should be everyone’s priority: “[...] Not a beauty, not a beauty but the better for it. Character what counts, eh, what, what?” he says about the queen, “[...] And children, you see. Children. Great comfort [...]” (*MGIII*, 7). Of course, the king is not a saint and may feel attracted to other women as well; however, he never acts on it except for when he has his episodes. Otherwise, he decides to repress this desire and stays loyal to his wife even though this was not expected of a king at that time. George III further informs the Prince of Wales that his “Farmer George” image is not, as the prince suggests, a sign of impertinence, but on the contrary, an expression of love, affection, admiration, and respect (*MGIII*, 2). Finally, Wolfe concludes that:

“[...] many of the [King’s] consolations that have graced him come from his person rather than his office.” (69).

### 3.7 Conclusion

Though most of the play focuses on the king’s mental illness and the chaos that resulted from it, one of the key scenes is when King George recovers and regains his common sense. Basically, everything that was going on prior to that moment can only be fully understood in relation to it. The political games and intrigues, which took place while he was “insane,” are now over and he can put his life and the kingdom back into order. O’Mealy writes: “The key scene in both the play and the film [...] is not a naïve assertion of identity such as the Duke of York’s but a reclamation of identity” (143).

George III lost the ability to control his body and his speech, and even had hallucinations but never forgot who he truly was. The therapy that Willis prescribed, which was to read *King Lear*, suggests that in contrast to Shakespeare’s king, George III himself was always aware of his situation. Although he identifies with *King Lear*, his behavior demonstrates that he knows he is playing a role like in real life, too. As George III is reading a scene from *King Lear* out loud, Thurlow enters to verify the king’s mental condition and is surprised to see him apparently cured:

THURLLOW: Your Majesty seems more yourself.

KING: Do I? Yes, I do. I have always been myself even when I was ill.

Only now I seem myself. That’s the important thing. I have remembered how to seem. What, what? (*MGIII*, 81)

The King, once again, becomes the subject of pretense and deception, since now that he is lucid again, he can control his behavior and play the role that will be of advantage to him. In Wolfe’s opinion, the final scene also suggests “that the image of power, rather than power’s exercise, satisfies any body politic” (76).

## 4. 4.48 *Psychosis* by Sarah Kane

### 4.1 Biography

Sarah Kane was born on February 3, 1971 in Brentwood Essex. She started writing short stories and poems when she was still in school. She studied at the Drama Department of the University of Bristol and continued her education at the Playwriting Program at the University of Birmingham where she started working on her first play *Blasted*. In 1992 she saw a performance of Jeremy Weller's play *MAD* in Edinburgh, which was a very intense experience and inspiration for her writing:

As an audience member, I was taken to a place of extreme mental discomfort and distress – and then popped out the other end. [...] *Mad* took me to hell and the night I saw it I made a decision about the kind of theatre I wanted to make – experimental. [...] It changed my life because it changed me, the way I think, the way I behave. If theatre can change lives, then it can change society. [...] Theatre is not an external force acting on society, but a part of it. It's a reflection of the way people within that society view the world (Sierz, 92f.).

In 1994 Kane worked as an assistant at the Bush Theater in London before she became Writer-in-Residence for the Plaines Plough Theatre Company. In January 1995 *Blasted* already premiered at the Royal Court Theatre Upstairs and made her famous over night. She became one of the most controversial playwrights of her era and is nowadays considered one of the main representatives of "In-Yer-Face" theater.

She liked to push the audience to the edge, which is why her plays were challenging with regards to both, content and form. She mostly dealt with themes of violence, sex, death, and mental illness, which she sometimes portrayed in the most shocking and blatant ways. She also played with the form and tried to express the content through writing itself. Some people believe that her latest works reflected her own disturbed state of mind, as she struggled with manic depression for several years, but kept working as a writer. She wrote five plays and several poems before committing suicide on February 20, 1999 (Gutscher, 3-4).

## 4.2 General Background

Sarah Kane's first plays were often criticized because of the amount of violence they contained and the straightforward way in which it was depicted on stage. She was shocking with scenes that included rape, cannibalism (*Blasted*), and suicide (*Phaedra's Love*). Bicer explains: "But violence is only a tool for Kane through which she criticizes the injustices of the world. She is not interested in violence for the sake of violence" (82). Despite the criticism, Kane continued working on the theme of violence and made it also part of her last play, *4.48 Psychosis*. The most significant change in comparison to her other plays is that the violence moved from the physical towards the psychological; in *4.48 Psychosis* the content is mainly presented through the protagonist's thoughts and the audience gets only a narrow and one-sided perspective of her/his life and struggles with mental illness. Greig writes:

*4.48 Psychosis* sees the ultimate narrowing of Kane's focus in her work. The struggle of the self to remain intact has moved from civil war, into the family, into the couple, into the individual and finally into the theatre of psychosis: the mind itself (xvii).

The more centered Kane's plays become, the less structure there seems to be. Kane's characters seem to gradually disappear within her plays; while in her first plays there are still clearly identifiable characters, *Crave* (*her second to last play*) consists of characters who are only marked by one letter (C, M, B, and A), and finally *4.48 Psychosis* does not refer to any specific character at all. There is no reference to a name or gender. Besides letting her characters vanish slowly, Kane also cut down stage directions, and made the plot more abstract. Watson, nevertheless, makes an attempt to give an overall summary of *4.48 Psychosis* and describes it in the most general sense as 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 (191).

While all of these themes can be easily found within the text, interpreting or understanding the separate bits and pieces without any further background information is almost impossible and could lead to the text being reduced to a mere suicide note of a mentally ill person, which many reviewers, in fact, tried to argue. Yet, according to Diedrich, many of the themes discussed in *4.48 Psychosis* were inspired by different works, especially by the French playwright and poet Artaud, who was himself mentally ill and spent some years in different psychiatric wards. Many of Artaud's works concentrated on topics such as "the pain and suffering caused by mental illness; the way it interferes with the process of artistic creation; the failures of medicine and of psychiatry; the "inversion of values," of what constitutes madness and sanity," which are all referred to in this play (391).

Besides the difficulty to name the character(s) in the play, it might also be a challenge for the audience to relate to or identify with a "mentally ill" person, which calls the protagonist's reliability into question, despite the fact that it is the only point of view the spectator gets. Barnett suggests that

[w]hile the 'I' is highly contradictory – wishing to live, wishing to die; longing for suicide and fearing death – such oppositions are indeed not that unusual when representing a figure who is severely depressed and/or psychotic (19).

In addition, given that the patient seems in constant battle with her/his inner self and the expectations of the outside world, it makes the speaker's thoughts seem unstructured and incomplete and therefore sometimes incomprehensible for the audience. Alyson Campbell, for example, states that the difficulty in interpreting this play is that

[w]e won't get a nice piece of dialogue elegantly expounding the problems with the British Government's appalling Care in the Community policy, for example, but we will get a searing indictment of that policy in *4.48 Psychosis* where it comes from a different stage landscape that allows the spectator to experience the world of the suicide rather than intellectualise and separate oneself from this experience (81).



She argues that the parallels Kane draws between fiction and reality and consequently her critique of different aspects of society are not direct but need to be discovered by the audience. *4.48 Psychosis* requires the spectators to not just sit back and relax but to make an effort in trying to understand the patient's experiences and see the world from her/his point of view; it is only through an active participation that Kane's criticism of the mental health care system can be understood.

In order to enable this experience and make it as intense as possible, director James Macdonald, for example, used a number of mirrors to stage the play. He explained: "The concept for the set, at once claustrophobic and expansive, came from the play text itself: 'A table two chairs and no windows / Here am I / And there is my body / dancing on glass' [230]" (Tycker, 29). Apart from the text that sporadically but continuously addresses the audience directly, as in "Watch me" (*4.48*, 33) or "Look away from me" (*4.48*, 19), the use of mirrors helped to show the separation of mind and body and make the audience additionally aware of their roles as observers and witnesses. This is highly important, Barnett argues, because the representation of a text is always limited and therefore never neutral so that especially in a play like this "language and images are presented and passed over to the audience to experience and only perhaps to interpret itself" (15).

In *4.48 Psychosis*, scenes include and point out atrocities such as aggression against oneself, torture, and mental manipulation, although not all of them are directly experienced by the protagonist. In one of the scenes, for example, Kane describes the inhuman cruelties performed by certain societies towards others through the eyes of her protagonist: "I gassed the Jews, I killed the Kurds, I bombed the Arabs [...]," (19). Kane indirectly suggests that everybody is responsible for such actions; she criticizes the passivity and ignorance with which people take these sorts of crimes.

To conclude, what makes this play so dramatic is the constant provoking and confronting the audience members with extreme and unexpected scenes, which are depicted mainly through words and only little action. Kane gives a unique

view into a patient's mind; she describes the experience so intensely and detailed that one could easily believe it to be true, especially since we know that she spent some time in mental hospitals herself.

### 4.3 Structure

Considering the structure of the play, one could argue that it mirrors the protagonist's confused state of mind and maybe even madness. The plot itself seems to also reflect the thoughts of a deeply disturbed person, as it consists of 24 different scenes, which do not make up a story in the traditional sense. Kane's *4.48 Psychosis* at times offers no more than a few lines on a page and dashes to indicate the beginning and ending of dialogues and monologues, or changes in scenes. The different passages seem to have no direct connection and sometimes appear as random, meaningless word chunks, especially in cases where all a scene consists of is an abbreviation such as "RSVP ASAP" (4.48, 9) or a list of numbers between 1 and 100.

Kane's untraditional way of depicting madness makes Barnett argue that *4.48 Psychosis* is a *post-dramatic* play, because it does not follow the typical features of a modern play, such as linearity, representation, and action. On the contrary, post-dramatic plays can be recognized by their deviation of these specifications. Indeed, Kane's play has no linearity; instead the protagonist's thoughts jump back and forth and are presented without context, even language seems arbitrary for the most part. Barnett explains this specificity by stating that the focus, unlike with most plays, lies on the patient's condition itself rather than on action (20); this means that the focus is on the patient's feelings and thoughts, which are not necessarily in order and can be ambivalent. It also explains the fragments in which the text is presented. In fact, one of Kane's signature marks seems to be her preference for short but dense texts:

[...] Kane only allows her characters to express themselves in the most minimalist, telegraphic language. But her strength lies in the very brevity of expression: there is no superfluous language, there is nothing you do

not need. [...] she uses the least number of words possible to achieve coherence and completeness – we are given just the bare necessities (Piribauer, 157).

In 4.48 *Psychosis*, the only certain fact is that the protagonist suffers from depression and is treated in a psychiatric ward where s/he shares her/his experiences about hospital care and medical treatment. Yet, one of the first problems that arise is the definition of characters since the text itself does not specify how many speakers there are. Sometimes a fragment resembles a dialogue, but might also be the patient talking to her/himself; at other times the audience is led to believe that a part is spoken by the doctor, only to find out later that it might as well have been spoken by the patient, and so on. Based on interviews with Sarah Kane, the play is said to include three voices, which, however, seem hard to distinguish, because of the lack of proper indications, such as names or stage directions.

Finally, Kane's play seems to reflect its overall theme of madness in both content and form. The arrangement of the various passages resembles pieces of a puzzle which are not put together yet, while the language itself seems to reflect chunks of thoughts, sometimes maybe even a stream of consciousness, whereas not everything is written down. This can also be seen in the lack of grammatical accuracy: Kane does not follow any punctuation or capitalization rules, the phrases are not separated by full stops, but by spacing. All these features together make the text look very poetic, especially since she includes alliterations and rhymes. Finally, many of the lines may be interpreted differently if read separately than if read in context with the surrounding text. In fact, it is probably the lack of structure which makes this play so unique; it is challenging for directors to stage as well as for audience members to interpret.

#### **4.4 Character(s)**

4.48 *Psychosis* does not include any reference to specific speakers and never reveals the gender of the protagonist. The only time Kane mentions gender, she

manages to keep it neutral by stating that “the broken hermaphrodite who trusted herself alone finds the room in reality teeming and begs never to wake from the nightmare” (4.48, 3) and when asking: “Do you think it's possible for a person to be born in the wrong body (4.48, 10)? There is, furthermore, no indication to how many voices there are and there are no personal details about the protagonist, such as name, age, etc. This leaves a big part of the play to the individual interpretation of the audience, which makes it more personal because everyone can relate to and understand the protagonist based on their own experiences and views.

Yet, it can be argued that some characters appear in the text, who are however, mainly referred to by the protagonist. A lot of times, s/he speaks about a lover, who rejects her/him and who sometimes seems to be non-existent; most of the time the imaginary lover is female, as in the following scene:

What does she look like?  
And how will I know her when I see her?  
She'll die, she'll die, she'll only fucking die (4.48, 10).

Besides the lover, certain scenes in the play reflect a conversation-like situation between a patient and a doctor. S/he refers to other doctors as well, who according to the sentence in which s/he refers to their gender, seem to be male: “Dr This and Dr That and Dr Whatsit who's just passing and thought he'd pop in to take the piss as well” (4.48, 5). Her/his parents are also mentioned at some point, though only very briefly:

Fuck you. Fuck you. Fuck you for rejecting me by never being there, fuck you for making me feel shit about myself, fuck you for bleeding the fucking love and life out of me, fuck my father for fucking up my life for good and fuck my mother for not leaving him [...] (4.48, 10).

Despite the uncertainty of the number of characters in the play, one indication by Kane seemed to have struck some directors as a valid reference point to stage exactly three voices: “Victim. Perpetrator. Bystander” (4.48, 22).

In contrast to the other plays discussed in this paper, which describe insanity from an external viewpoint, Kane gives a complete insight into her character's

emotional and psychological state of mind; rather than explaining or describing what is going on around the patient, she focuses on the patient's reactions towards other peoples' actions. In addition, Bicer points out that Kane's characters usually find themselves in difficult situations, where they experience psychological and physical suffering; he suggests that it adds to the emotional turmoil and serves as a "shock tactic to inspire her audience not to sit idly and to take action against the atrocities of life" (82).

#### **4.5 Medical context**

Antje Diedrich writes about the changes that took place in the seventies and eighties and modified the approach in the discipline of psychiatry, which may also have influenced Kane's critique of psychiatric care. She furthermore puts into perspective the "play's broader political ramifications," as mentioned by Tycer (24).

In the 1980s, the American Psychiatric Association published the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, which replaced the psychodynamic model with the biomedical model. While the psychodynamic model "considered psychological problems to be the result of repressed intrapsychic experiences," the biomedical model "categorized mental illnesses – like organic diseases – into discrete natural entities, clearly identifiable by clusters of symptoms" (378). This means that mental illness is now also regarded as a physical condition, such as a headache or stomachache, which can be cured with medication that can ease the pain wherever it occurs; there are pills that can either raise the mood or calm it, pills against depression or anxiety, and so on. Sociologist Allan H. Horwitz claims that the controversy about this change is that the new model was not based on scientific fact but on

a number of professional, economic, political factors, such as the interests of clinicians and drug companies, the need to justify treatment to health insurers, a growing governmental conservatism that withdrew funding from psychiatric intervention based on the alleviation of social

and economic problems in the community, and the advocacy of lay groups wanting to de-stigmatize mental illness. (qtd. in Diedrich 378)

Horwitz also believes that the publication of DSM-III is responsible for an augmentation and creation of new, previously unknown mental illnesses and the increase in mental health problems. Diedrich further refers to Rogers and Pilgrim, who confirm Horwitz's opinion and support his evaluation by saying that the main reasons for this change were not medical ones but rather

... the alignment of psychiatry with mainstream medicine in the 1960s to raise the profile and credibility of the profession, the profit motive of drug companies, the relatively cheap cost of drug treatment, and the 'illusion that biodeterminism has been proven' once psychopharmacological drugs have been patented and marketed, even though the effectiveness of their side effect are severely debilitating (qtd. in Diedrich 378).

The experience with the biomedical treatment is clearly reflected in several passages of the play, where the protagonist enumerates the drugs that are given to her/him, their usefulness or rather uselessness and their side effects. The surprising and somewhat disturbing fact, however, is that despite the continuous, unsatisfying results of the drugs and even after the patient's plea not to be medicated anymore, the doctor(s) maintain their course of treatment.

## **4.6 Themes**

### **4.6.1 Intertextuality – Madness and Psychiatry/Psychology**

Antje Diedrich argues that Kane's text is full of intertextual references and that meaning can be found through other literary works. To support her hypothesis and show that Kane knowingly borrowed ideas from other authors, she specifically refers to the following lines from the text:

Last in a long line of literary kleptomaniacs  
(a time honoured tradition)  
Theft is the holy act  
On a twisted path to expression (4.48, 9).

She suggests that “the text may owe more to plagiarism than to personal experience”, which would also challenge the theory that the play is a suicide note (Diedrich, 375). This is further supported by statements given by Kane’s family and friends in interviews, denying the idea of the play being autobiographical, even though it has been often suggested by reviewers. Kane never uses a specific name or any details that would lead to believe her character’s emotions to be unique or her own. On the contrary, medical analyses of suicidal patients show that the protagonist’s thoughts and feelings correspond with the common symptoms of depression; it has been established that depression often leads to

persistent sad or anxious mood, feelings of hopelessness, pessimism and worthlessness, decreased energy, fatigue, difficulty in concentrating, remembering or making decisions, insomnia, appetite loss or overeating, suicide attempts, [...]” (Carazo, 4).

Barnett, again arguing from the position that the play is a post-dramatic one, supports the idea that the experiences shared by the protagonist are not personal because: “[i]n post-dramatic theatre all that is ever delivered is a quotation; it is never suggested that the speaker is the originator” (20). It would make sense, then, that Kane never claimed this work to be her own experience.

Diedrich further suggests that intertextual references can be found with regard to scenes three and four in the play. In the third scene, the patient shares her/his feelings by enumerating them one after another, “I am sad / I feel that the future is hopeless and that things cannot improve / I am bored and dissatisfied with everything” (4.48, 4), while the fourth scene contains numbers between 1 and 100 randomly spread on the page. Kane based these scenes on two standard psychological tests that are used to determine a patient’s emotional state and mental fitness. They are called Beck Depression Inventory (BDI) and Serial Sevens (which are part of the Mini-Mental State Examination), the former of which is used to determine whether a person suffers from depression and the latter is supposed to determine cognitive impairment. The BDI consists of a number of questions regarding the patient’s emotional state, while in the Serial Sevens the patient is challenged intellectually by being asked

to count down from 100 to 1 in sevens. In the case of Kane's protagonist, the results of the BDI test show a negative attitude of the patient towards her/himself, "I am a complete failure as a person" (4.48, 4) and towards life in general, "I would like to kill myself" (4.48, 4), which can be interpreted as a first diagnosis of the patient's mental instability. Since, in the first of the two scenes of the Serial Sevens test, the protagonist is not able to perform the task appropriately, which is indicated by the disorder of the numbers, momentary cognitive impairment is suggested as a further diagnosis. Yet, Diedrich argues that Kane uses these tests only to show their inadequacy in determining a patient's psychological status (382-383). She, for example, criticizes the doctors' standard, textbook explanation that a people who cut themselves do so to relieve pain. It suggests that patients are seen in relation to their symptoms, which objectifies rather than "humanizes" them.

Watson agrees with Kane's critique of these tests and suggests that the first scene is a key moment in which the patient refuses to take on the role of the victim, of the suffering, helpless patient and consequently does not act as would be expected of her/him in that situation. He states that the protagonist's silence is introduced as a tool and a form of "resisting the scriptedness of therapeutic encounter" and of "refusing to act within the script of expectation and diagnosis" (194). Despite the doctor's persistent questions, the patient decides not to answer:

*(A very long silence.)*

– But you have friends.

*(A long silence.)*

You have a lot of friends.

What do you offer your friends to make them so supportive?

*(A long silence.)*

What do you offer your friends to make them so supportive?

*(A long silence.)*

What do you offer?

*(Silence.) (4.48, 3)*

The more the doctor tries to tell the patient that whatever is happening is not her/his fault because s/he is ill, the more upset the patient gets and does not



want to cooperate. According to Watson, this has to do with the protagonist refusing to be the victim:

It is [...] an assertion of the individuality of each case, each patient, each subjectivity. As such it is accompanied by the refusal to show wounds (psychic and real), to act for the spectators – the medical profession and society (194).

Kane not only speaks critically about the practices and the way mental institutions work but also targets their employees, whom she often depicts as ignorant and amateurish doctors. Even though doctors are expected to base their diagnosis on scientific facts, psychological tests by themselves may be insufficient for a final diagnosis and often need to be put into context in order to enable a proper evaluation. This means that, although a person's behavior might be considered inappropriate in one situation, it might be judged differently, if that person finds him/herself under unusual circumstances; for example, after the loss of a friend or another traumatic experience, the otherwise odd behavior would be considered as normal. The fact that despite the risks of misdiagnosis, psychologists and psychiatrists base their evaluations on these tests, might raise skepticism. Kane expresses her uncertainty about the new biomedical treatment by pointing out that trying to cure mentally ill people with pills does not work and makes the treatment look rather experimental than tailored to the patient's needs. Kane further attacks the incapability and unprofessionalism of the doctors more clearly through the voice of her protagonist:

Inscrutable doctors, sensible doctors, way-out doctors, doctors you'd think were fucking patients if you weren't shown proof otherwise, ask the same questions, put words in my mouth, offer chemical cures for congenital anguish and cover each other's arses [...] (4.48, 6).

The fourteenth scene in the play also points towards a similar critique. It indicates a doctor's notes about a patient, although it quickly becomes clear that they are not true documentations due to various rather ironic comments such as "Mood: Fucking angry; Affect: Very angry" (4.48, 17). Nevertheless, it can be assumed that parts of the records are, at least to some extent, true, such as the

enumeration of different kinds of medical pills and their dosage, the patient's physical and mental reactions to these treatments, and finally the changes of treatments according to their apparent effectiveness or inefficiency, e.g. "Venlafaxine, 75mg, increased to 150mg, then 225mg. Dizziness, low blood pressure, headaches. No other reaction. Discontinued" (4.48, 17). Based on these records, Kane shows the ineffectuality of the treatments chosen by the doctor(s), and the inadequacy of the common tests used to determine a person's mental state; consequently, she criticizes the ways of the medical health care system as a whole (Tycer, 34).

According to the patient's depiction, the doctors do not seem to know what exactly is wrong with her/him; they make assumptions but in the end cannot figure out how to help. The endless prescriptions and medications that are given to the patient suggest a rather new treatment without a clear method or definite results. Although the patient does not know how to help her/himself either, s/he seems lucid enough to notice that whatever is being done is not helpful. Finally, the patient's multiple cries for help, "Validate me/ Witness me/ See me/ Love me" (4.48, 31) are ignored and a fatal end cannot be avoided. The patient expresses the failure of these attempts, which lead to her/his ultimate resignation as "my final submission/ my final defeat" (4.48, 31).

This ignorance and apparent lack of interest by the doctors is another critical point taken up by Kane. She describes the doctor/patient interaction in several scenes and shows how much influence doctors can have on their patients and how their behavior affects the patient's well-being. There are a number of moments in which the patient asks for help but is not given the right support from the doctor:

- I don't despise you. It's not your fault. You're ill.
- I don't think so.
- No?
- No. I'm depressed. Depression is anger. It's what you did, who was there and who you're blaming (4.48, 8).

– Please. Don't switch off my mind by attempting to straighten me out. Listen and understand, and when you feel contempt don't express it, at least not verbally, at least not to me (4.48, 14).

In both cases doctor and patient seem to talk past each other without understanding what the other one is saying. The doctor keeps telling the patient that s/he is ill while the patient rejects this evaluation. Also, the patient expresses the wish to not be treated with medication but asks for someone to talk to, which the doctor is not willing to do. Finally, as all treatments seem to have failed, the patient tries commit suicide by taking a mixture of alcohol and pills:

100 aspirin and one bottle of Bulgarian Cabernet Sauvignon, 1986. Patient woke up in a pool of vomit and said 'Sleep with a dog and rise full of fleas.' Severe stomach pain. No other reaction" (4.48, 17).

Whether this is really a doctor's comment or the patient's, Kane's sarcasm makes this otherwise serious experience sound almost funny.

#### **4.6.2 Kristeva's Critical theory**

Mental illness has been often discussed in the fields of psychology and psychiatry. Julia Kristeva, however, offers another interesting and quite different perspective on the topic based on critical theory. She focuses on the concept of abjection, which is based on the definition that the abject self is "that which is rejected by/disturbs social order; since the abject is situated outside the symbolic order, being forced to face it is an inherently traumatic experience." Kane expresses exactly that feeling when she writes: "It is myself I have never met, whose face is pasted on the underside of my mind" (35). Pentony tries to put Kristeva's rather theoretical definition of the abject into context and suggests "to consider how abjection is expressed: Religious abhorrence, incest, women's bodies, human sacrifice, bodily waste, death, cannibalism, murder, decay, and perversion are aspects of humanity that society considers abject." Looking at these themes we can see that many of them are referred to in Kane's plays,

such as death, cannibalism, and murder. In *4.48 Psychosis*, the protagonist refuses to be the “other,” the patient-object and instead questions the notion of madness and sanity by claiming that the only way to remain sane in this world is to “embrace beautiful lies –,” which s/he describes as part of “the chronic insanity of the sane” (*4.48*, 20). Yet, the doctors are certain of their position and draw a clear line between themselves and the patient; they are sane and the patients are insane. One of the doctors even explains that s/he cannot be the protagonist’s friend because s/he needs her/his friends to be “sane.” The patient in this case gives a rational answer and contradicts this assumption by saying: “I know. I’m angry because I understand, not because I don’t” (*4.48*, 27). Diedrich explains the protagonist’s reaction by saying that the s/he “resists the therapeutic subject position” and claims that s/he is angry instead; she argues that Kane uses the protagonist in order to show that sadness and anger are nowadays regarded as an illness, which need to be treated in therapy because we live in an “age obsessed with the idea that the ills of the world lie within the self and not within the world itself” (Diedrich, 395).

While the protagonist challenges the notion of sanity and insanity, s/he also points out that in certain situations s/he acts more appropriately, even though s/he is considered to be insane, and that the behavior of the “sane” is unsuitable and incomprehensible. The protagonist, for example, describes feelings of shame and disgust for actions that involved violence even though she was not directly involved and should not feel guilty for them. Yet, she identifies with the people, who committed these atrocities:

I gassed the Jews, I killed the Kurds, I bombed the Arabs, I fucked small children while they begged for mercy, the killing fields are mine, everyone left the party because of me. (*4.48*, 19)

Although her/his feelings might still be considered “crazy,” in a way s/he shows that s/he feels empathy for the victims and is not scared to admit that even though s/he was not actively involved s/he also did not do anything against it. The philosopher Peter Forrest explains that this feeling of guilt is also a

psychological phenomenon called “collective guilt” and offers a hypothesis by trying to answer the question that if

all human behavior is the sum of items of the behavior of individuals, then how is it possible – if it is possible – for us as individuals to *participate* in collective guilt for wrongdoing we are not individually guilty of (145).

Forrest states that collective guilt is a consequence of individual shame, just as collective glory is a consequence of individual pride. Throughout the text several indicators point towards the protagonist’s feeling of shame, such as the request “Look away from me” (4.48, 19) or “[I] wonder why everyone is smiling and looking at me with secret knowledge of my aching shame” (4.48, 6). Kane, here, makes it look as if it were crazy not to feel guilty and suggests that people need to be made aware of what is going on around them so that they can try to do something about it. Again, the notion of sanity is questioned, since most “sane” people know about the atrocities that are going on in the world and yet almost no one does anything about them.

Although, the protagonist acts indeed oddly at times, s/he has also clear and lucid moments during which s/he makes statements that show that despite her/his apparent psychosis, s/he realizes that something is wrong with her/him. For example, the protagonist is aware of the fact that people are observing and judging her/him and that they disapprove of her/his behavior because it does not conform to social norms. The protagonist knows of her/his role as an outsider and explains how these critical looks make her/him feel:

Watching me, judging me, smelling the crippling failure oozing from my skin, my desperation clawing and all-consuming panic drenching me as I gape in horror at the world and wonder why everyone is smiling and looking at me with secret knowledge of my aching shame (4.48, 6).

This situation also implies a critique, which is not necessarily linked to mental disorder but points towards society’s narrow-minded and condemnatory thinking about anything that is out of the ordinary. Unfortunately, the protagonist does not know how to deal with being rejected, which leads her/him to irrational and

harmful behavior. Kristeva explains that self-loathing and self-discrimination are two major elements of abjection, representing a kind of “purge of the most troubling aspects of the self” (3). The protagonist in Kane’s play cuts her/himself instead of trying to talk about her/his social and psychological anxiety; s/he decides to silence the emotional pain through physical suffering and when asked by the doctor why s/he does so, simply responds: “Because it feels fucking great” (4.48, 12). Even though the protagonist is aware of her/his actions, s/he does not have the strength to change anything and cannot find her way out of the vicious cycle, similar to Kane herself, who only found peace in suicide.

#### **4.7 Conclusion**

Through her critical stance towards the mental health care system, especially with regards to psychology, Kane calls into question the notion of mental illness. She also asks the audience to think critically and try to look at life from different angles to be able to form their own opinion instead of taking everything as a given. She points out that even though medicine has come a long way, the practice of psychology/psychiatry remains questionable as treatments continue to be uncertain.

Watson points out that though Kane and Penhall depict the problem in very different ways,

their interest in psychotherapy is a concern primarily with its failures rather than with its capacity to improve the human condition. In the case of Kane’s 4.48 Psychosis, these failures are at least in part the result of an inability to view patients as individuals, rather than looking past them to their diagnosis (189).

This issue is addressed through Kane’s repeated critique of the doctors’ approaches, who instead of reacting to the patient’s personal needs, follow prescribed medical guidelines regarding their patient’s symptoms. She criticizes the biomedical model, including psychiatric questionnaires, the inefficacy of

drug treatments, “the failure of the biomedical model to account for the patient’s emotional pain,” and the lack of care in the doctors, who deal with suicidal patients. “But mostly, Kane critiques the way diagnostic psychiatry places the patient in a position of heteronomy, dependence, and otherness” (Diedrich, 394).

Kane’s attitude towards mental health care institutions, sanity and insanity is further explained in an interview:

I think to a certain degree you have to deaden your ability to feel and perceive. In order to function you have to cut out at least one part of your mind. Otherwise, you’d be chronically sane in a society which is chronically insane. I mean, look at Artaud. That’s your choice: Go mad and die, or function but be insane (Saunders, 114).

Her protagonist expresses the same sentiments with regards to living in a “sane” world:

Okay, let's do it, let's do the drugs, let's do the chemical lobotomy, let's shut down the higher functions of my brain and perhaps I'll be a bit more fucking capable of living (4.48, 14).

Whether one agrees with Kane or not, she definitely provokes a reaction and manages to involve the audience by choosing a topic that is rather sensitive and by presenting it in an unconventional manner; the fact that she uses only fragments of situations makes it possible for viewers to interpret the content for themselves, based on their own experience.

## **5. *Blue/Orange* by Joe Penhall**

### **5.1 Biography**

Joe Penhall was born on August 23, 1967 in London and grew up in Adelaide, Australia. After working as a journalist for a few years, he decided to start writing stage plays instead, because he thought it would enable him to reach a broader audience. His first major breakthrough came in 1994 with the play

*Some Voices* and his subsequent plays, including *Landscape with Weapon* and *Love and Understanding*, were equally successful. Today, he is probably best known for his play *Blue/Orange*, which was first performed in 2000 at the National Theatre and won several awards; it was also adapted for television in 2005 (Boles, 1-7).

In “The Argumentative Theatre of Joe Penhall,” William Boles claims that Penhall, along playwrights like Sarah Kane, Mark Ravenhill, and Martin McDonagh, belongs to the new era of dramatists, who have all shaped and greatly influenced the new experimental form of theater that started to be popular in the 90s, now called “In-Yer-Face” theater. At the same time, Boles notes, Penhall’s work still differs from that of his colleagues because, even though he writes about similar social issues and integrates the political context as well, he does so in a less extreme and less aggressive manner. He explains that in Penhall’s plays “[t]he sexuality, violence and language are all tempered in deference to larger political ramifications and intentions behind his work” (21).

Susannah Clapp describes Penhall’s strengths further by stating:

Joe Penhall’s plays (the most celebrated is the psychiatrically based *Blue/Orange*) are seldom exactly what they seem. Their subjects are sober, but their dialogue is buoyant with jokes. They are so full of dilemma and argument that they might be issue dramas, but their true strength is in the study of character (qtd. in Penhall, xxix).

## **5.2 General Background**

*Blue/Orange* is concerned with two social issues, racism and power dynamics, which are both expressed through language rather than through physical intimidation. Yet, Penhall does not simply state his opinion or criticize directly but discusses issues of racism and mental health care institutions through witty dialogues and jokes that are at times shockingly straightforward and honest, but easier to digest because of his use of sarcasm and irony. The three main characters get into conflicts because of professional disagreements and a power struggle, on the one hand, and prejudicial thinking and arguments about



right and ethical behavior, on the other hand. As in *4.48 Psychosis*, the audience takes an active part in giving meaning to the play, which is not surprising considering that “Penhall believes his plays should constantly test, provoke, engage and enrage his audience” (Boles, 3).

The plot includes two white doctors, Robert and Bruce, and a black patient, Christopher. After an “incident” at his local supermarket, which is never fully explained, Christopher is sectioned by the police and put into a psychiatric ward, where he is observed for 28 days. During one of his interviews, Christopher claims to see blue oranges, which opens a debate between the doctors, as they argue about the right diagnosis and treatment for the patient. Shortly before Christopher’s 28 days are over, Bruce, the junior doctor, who seems sincerely concerned about Christopher’s wellbeing, wants to resection him because he thinks Christopher was misdiagnosed with borderline personality disorder when he is likely to suffer from schizophrenia. Robert, the senior doctor, on the other hand, first argues that Christopher is sane enough to be sent home and tries rid of him in every possible way. He, however, changes his mind and decides to keep him for further observation, when he realizes that he could use him for his case study about culture specific diseases that he is working on. Meanwhile, Christopher, who finds himself in the middle of the dispute, seems to be getting more confused by the minute, finally to the point where he does not know what or who to believe anymore, especially since his attempts to express his own feelings and concerns are ignored by both doctors:

And now I don’t, I don’t, I don’t know what to think! I don’t know what to think any more. When I do think, it’s not my thoughts, it’s not my voice when I talk. You tell me who I am. Who I’m not. I don’t know who I am anymore! I don’t know who I am! (*B/O*, 101)

The play raises questions about cultural assumptions and racial prejudice on the one hand, and opens a serious discussion about the mental health care system on the other hand. It raises doubt about the competence of authority in general and more precisely, the power and responsibility doctors have with regard to their patients. Penhall writes about one of his interviews with Klein in which he explains the subject matter of the play:

*Blue/Orange* is really about status and how the medical profession is like any other. It was just saying that in this country we pay too much attention to the well-spoken, well-educated individual. [...] *Blue/Orange* is about the conspiracy of the professions against the laity, the educated establishment against those who have no status at all (Penhall, xl).

It becomes clear then, why Penhall chose a lower class (black) man and two (white) educated doctors for his plot; besides making the difference between the two parties very obvious, it also depicts the hierarchy of power. However, Penhall shows that the first impression is not always the right one and that people in powerful positions should not be blindly trusted. As the argument between the two “experts” seems to get out of hand, the doctors’ professionalism is called into question for several reasons: first, the inconsistencies regarding Christopher’s diagnosis make their decisions look based on anything else but facts, which for doctors in their position is outrageous; second, especially some of Robert’s arguments sound very amateur like and might make one wonder to what point a patient’s psychiatric diagnosis and consequently his future, can depend on a doctor’s personal and professional approach. At the same time, Christopher does not make it easy for the doctors either, since he constantly modifies his own biography, “which renders his story largely inaccessible because there is a persistent inconsistency in the narratives he tells about his life and identity” (Watson, 206).

### **5.3 Structure**

The structure of *Blue/Orange* is the complete opposite of the structure in *4.48 Psychosis*. Contrary to Sarah Kane, Penhall is known for his preference of a rather traditional representation of text. *Blue/Orange* has one setting, a psychiatric hospital, in which the whole action takes place and is limited to a time span of 24 hours. It is split into three acts with three main characters. The story has a clear plot and develops in a linear and chronological way. It is suggested that Penhall’s inspiration for the overall composition of the play came from an American playwright, David Mamet, whose play *Speed-the-Plow* is

organized in the same way and who Penhall worked with before finishing *Blue/Orange* (Penhall, xxx).

Although it might be argued that there is no action as such, the plot develops through the dialogues, which eventually reveal the full context of Christopher's situation. This seems to be a typical feature of Penhall's plays:

Penhall has often been called a 'dialectic' or 'argumentative' playwright, and *Blue/Orange* exemplifies this feature of his writing at its strongest. [...] 'Dialectic' describe[s] a process of thought by which a thesis and an antitheses (apparent contradictions) give rise to a synthesis or higher truth (Penhall, xxx).

In the play, Robert and Bruce have different views on Christopher's condition and base their arguments on their respective approaches. This finally leads to a dispute that evokes a tennis match like situation, with the audience shifting their look from one to the other. Eventually, the dispute turns into a fight about word choices and language becomes the main concern of their argument. It is implied that Robert, as the senior doctor, will get his way although Bruce's arguments are just as valid. Robert makes this clear when he says to Bruce:

It's a matter of opinion. And I'd be loathe to Section 3 the boy on the basis of a difference of opinion. It's semantics. And right now doctor, my semantics are better than yours so I win (*B/O*, 24).

*Blue/Orange* tackles several complicated issues at the same time, while Penhall's structural choices remain rather simple and conventional; this facilitates the exploration of mental illness and racism within the context of mental health care institutions, and in this case, the depiction of the clash between idealism and reality:

The play crafts a set of questions and ambiguities through its dialogue and the characters' arguments, so that, although its structure is clear and straightforward, its debate is anything but simple. These questions and ambiguities stem from the uncertainties inherent in the subject matter and the characters' lack of ideological coherence about notions of moral responsibility (Penhall, xxxi).

## **5.4 Characters**

### ***Robert***

Roberts's self-confidence in the beginning of the play quickly turns into cockiness and makes him the most unsympathetic character of the three. He is a senior consultant in a psychiatric hospital and is writing a thesis on psychosis and cultural specificity in order to become a professor. He is a careerist and so ambitious that he would do anything to get what he wants. Since his research is not making any progress, Christopher emerges just in time to break this curse as he seems to be the perfect candidate for a case study. Though this behavior might be regarded as unethical, it fits perfectly to Roberts's egocentricity. His lack of interest in anybody but himself can be seen when he interviews Christopher and somehow makes the whole conversation be about himself rather than the patient. Yet, his conceitedness often leads to errors in judgment because he believes to know everything and relies entirely on his experience rather than on facts. Consequently, his professionalism as a doctor is called into question.

The fact that he is on top of the hierarchy enables him (at least in his opinion) to speak in the name of authority and puts him in the position to judge others, while his own behavior is unquestionable. He tries to manipulate and influence both Christopher and Bruce and turns their arguments around whichever way it suits him best. The fact that he is being paradoxical and often contradicts himself is of no concern to him. Yet, at the end of the day, he is the one who says that Christopher should not be confined and tries to argue for his freedom, basing it on the very sensible argument that if Christopher were to be re-sectioned, he would be stigmatized for life. This shows that he is not only superficial and that he does not take Christopher's life lightly.

### ***Bruce***

Bruce is a young doctor trying to get his first experiences in the field of psychiatry. His lack of experience results in rather insecure behavior which can

be noticed in the first conversations between him and Christopher. He seems to be genuinely concerned about his patient, which stands in contrast to the objective standpoint he needs to take as his doctor. This sets him apart from Robert, as he seems to have a more sensible and humane side to himself, which at times, however, makes him look very naïve. Bruce wants to believe that the mental health care system, despite its flaws and failure to help Christopher, offers support to the people that need it.

During his disputes with Robert, he constantly tries to argue that it is their duty as doctors to try to help the patient, to speak for him and defend his rights. He does not want to give in to rules he thinks are neither valid nor ethical in Christopher's situation. He tries to do the right thing even though he is often contradicted and even threatened by his superior. However, after endless debates with Robert and Christopher's ungrateful behavior towards him (he files a complaint against him on Robert's advice), he loses his temper and attacks Christopher. Although Bruce is under a lot of pressure because of Robert, it makes us wonder how sincere he was before and how much of his true self came out at that moment.

Another point which implies that Bruce's behavior is not as clear as it looks at first is his absolute certainty of Christopher's schizophrenia. One of his main arguments for diagnosing Christopher with schizophrenia is his apparent paranoia. However, we will see later that studies show that black people tend to indeed be a bit more paranoid because they are more aware of their environment, especially if they live in a white community, as Christopher does. Therefore, even though Bruce wants to set himself apart from Robert who he thinks is racist, his lack of awareness of the culture difference might lead him to prejudicial thinking as well. Also, his insistence that he is right and Robert is wrong, despite his lack of experience suggests that he is very self-sure and seems to try to prove himself. This can be bad for Christopher, if it means that his health is not Bruce's main concern.

## **Christopher**

Christopher is a young, black man who has been sectioned by the police, because of an incident that happened at his local supermarket. He seems to be delusional as he claims that his father was the former Ugandan dictator Idi Amin but then says it was in fact the former boxer Muhammad Ali. Since most of what he says is as contradictory as the story about his father, Christopher's true background remains uncertain throughout the play. All the audience knows for sure is that he lives in Shepherd's Bush, which he refers to as "white city," and where he does not like to live because he feels that he is not wanted there.

His behavior seems to be out of control at times and he is very nervous, constantly kissing his teeth. He does not have anyone he can ask for support as he probably never met his father and his mother cannot be found at the address she left behind. He is, therefore, easily manipulated and relies completely on the doctors' willingness to help him. Since he does not know what he wants himself, the fact that the doctors make the decision for him and send him home at the end of the play, leaves his future open.

## **5.5 Medical context**

Studies which focused on analyzing the correlation between ethnicity and schizophrenia among the UK population showed that black and minority groups are indeed more likely to be diagnosed with this disease and are also more often admitted to mental hospitals than white people. Clare Xanthos quotes Hickling (2005) and Cochrane and Sashidharan (1996), whose research has shown that

Schizophrenia is the most chronically disabling of all the major mental disorders and typically affects only one percent of any given population. However, there is a six- to eighteen-fold elevated rate of diagnosed schizophrenia in the UK African-Caribbean population compared to Whites. Moreover, the Black incidence rate of schizophrenia is higher in the UK than anywhere else in the world (Introduction).

This is further supported by McKenzie, who has come to the same conclusion, noting that the number of patients with Caribbean and African origin admitted into psychiatric wards, is in general three to four times higher than that of white patients and also confirms that they are more likely to be diagnosed with schizophrenia.

Considering these facts, Penhall's choice to write about two white doctors, who struggle to make the right diagnosis about a black patient's mental health, allows him to point out exactly these issues. Bruce's initial diagnosis then also plays into this scenario. He believes Christopher to suffer from schizophrenia, with paranoia being one of the symptoms because, similar to Kane's protagonist, Christopher feels like he is being watched by other people: "People stare at me. Like they *know*... like they know about me. Like they know something about me that I don't know" (*B/O*, 54; emphasis original). Robert, on the other hand, has a different perspective on the situation and tries to make the diagnosis look less serious:

BRUCE: Nobody's looking at you funny Chris.  
CHRISTOPHER: He is.  
ROBERT: Well are you surprised?  
CHRISTOPHER: What?  
ROBERT: Are you surprised? Look at yourself. Now just...sit down and...relax would you? Of course people stare at you when you act like this. You know that, you know what it's like.

*Christopher looks from one to another, kisses his teeth. Pause.*

BRUCE:(to Robert) Overburdened Nervous System. Can't look me in the eye. Thinks we're staring at him.  
ROBERT: We are now. (*B/O*, 17)

Robert in this case makes a good observation regarding their assessment of Christopher as he "[...] recognizes the inherently judgmental nature of medical spectatorship" and realizes that Christopher's paranoid feeling is actually justified (Watson, 202). Moreover, Sashidharan states that a racial difference between doctors and patients might in fact lead to a misinterpretation of symptoms based on cultural differences. For example, black people who live in

a white community might naturally feel more insecure or even a little “paranoid”, which does not mean that they are schizophrenic but shows their raised awareness and caution because of the environment they live in. (qtd. in Xanthos, Ch.1)

The grey areas that still leave many questions unanswered in the psychiatric practice, such as racial differences or the proof of its effectiveness, seem to also be the battleground for “anti-psychiatrists.” While the government supports a “non-interventionist care,” which is based on psychopharmacological treatment and makes a “cost-saving deinstitutionalization” possible,

[a]nti-psychiatry demands a more humanistic, empathetic approach to patient care, a refusal to stigmatize illness, and thus it acts as a necessary corrective to a dryly clinical perspective. (Watson 198f)

It puts the doctor/ patient relationship into the center and tries to de-stigmatize mental illness in general. In contrast, Furedi, who also supports the anti-psychiatric standpoint, argues that the development in psychiatry towards the tendency to regard everyday problems as an illness “distances the self from others and opens the private sphere to therapeutic management by the government and other institutions, with potentially authoritarian implications” (qtd. in Diedrich, 395). In the play, Robert and Bruce each represent one side of the spectrum and Penhall thus creates a conflict of opposite ideas and approaches. He uses this argument as a base for the controversial situation between psychiatry and anti-psychiatry, without ever offering an actual answer or solution.

## **5.6 Themes**

### **5.6.1 Madness and racism**

For some reason society seems to always need a scapegoat to “blame” or a black sheep to point the finger at. While Penhall speaks about mental illness with regard to racial issues, Amy O’Brien, who wrote a thesis on depictions of



madness in Renaissance drama, found that similar issues were discussed in plays of the that period, except that the central figures, accused of being mad, were women. Apparently, women at that time were more likely to show mental disorders than their male counterparts, although it must be noted that the reasons for these accusations were more than questionable. As a result, O'Brien remarks,

...modern writers on the plight of women during the period focus[ed] on the subordination of women to men as a major causal factor of female mental illness during the Rainessance (9; emphasis original).

The subordination of women, however, slowly shifted towards the subordination of black people. Just like O'Brien, Reiss, in his book *Theaters of Madness*, also demonstrates how mental illness was a matter of political and philosophical beliefs in the past. Based on his findings, Reiss claims that at some point in history blackness and madness belonged to the same category:

Blackness and madness were two social categories that justified both the social marginalization and custodial care of supposedly subrational populations. Blacks and the insane were denied property rights because they lacked the capacity to manage that most important of properties: themselves (53).

Even though Reiss focused more on American society, as mentioned above, research and statistics show that there is a similar situation now for black people in England. Penhall, thus, addresses the same problematic that was mentioned by Reiss: prejudices towards black people, in this case regarding their mental stability and mental health care institutions as a whole. Both issues combined raise doubts with regards to psychiatry as a valuable field of medicine: first, although we believe to have conquered problems such as racial prejudice, the numbers found by the sociologist researchers indicate that we have not yet left them completely behind and that they are still an issue in mental health care institutions; second, if doctors are not able to diagnose their patients objectively, how can they objectively decide about their mental stability? After all, mental illnesses are usually a result of many different factors, which are diagnosed on the basis of a doctor's subjective interpretation of the

symptoms. Penhall, like Kane, ultimately questions the reliability of mental health care institutions as well as the expertise of individual doctors.

Although Christopher behaves strangely at times, it is not sure that his behavior should be classified as a mental illness. This uncertain situation enables Penhall to put that grey area where a patient's treatment might depend on the diagnosis of his doctors, into focus. Yet, the doctors' hypotheses are not consistent either.

It is, therefore, necessary to take a close look at each of the doctors' arguments and to understand the broader context in which this particular situation takes place. Consequently, meaning is made through the audience's understanding of the doctors' disagreement. At first, Bruce seems to be the one who has Christopher's best interest at heart; he tries to talk to him and maybe even understand him. However, his genuine concern might be the result of his lack of experience, since it is known that he only started working at the hospital at the same time Christopher was sectioned by the police. Robert, on the other hand, definitely has the experience but puts his own interests before anybody else's, so that his professional opinion regarding Christopher may be doubted as well. Penhall presents two opposing views that are both not convincing, especially with regard to Robert's constant inappropriate comments. William Boles explains, in order to get the audience involved into

“the play's tangled web of racist sympathies and outrages, Penhall relies on the white, senior doctor Robert, the glib, enticing, funny, well-spoken character. In discussing Robert, Penhall explained that if someone comes across as quite smart, then their racist comments go unnoticed” (119).

Language, therefore, plays a central role in the play as one of the ways in which Penhall incorporates the thematic of racial issues is “through the play's excavation of the language of political correctness and of articulacy” (Penhall, xxxviii). Bruce, for example, keeps tiptoeing around and rephrasing his expressions when he talks to Christopher. He constantly tries to explain himself to him because “there are terms [...] which people used to use all the time,

terms which used to be inoffensive but things are a bit different now” (B/O, 8). He is always aware of the situation and explains to Robert that “this is a sensitive subject. We must think carefully, *be specific*. Because it’s too...you know...it’s too serious” (B/O, 8). Robert, on the other hand, does not mind to state that he will soon be able to cure “black psychosis” (B/O, 45). Yet, it is interesting how he uses language to twist the plot and suggest that Bruce is the one who is racist. Since Bruce does not want to agree to let Christopher go, Robert manipulates Christopher into writing a complaint in which he states that Bruce called him “an uppity nigga,” (B/O, 77) although at the moment he used those words, he was only trying to make a point by repeating the words that Christopher had said himself.

Apart from political correctness, language is further used to discuss the “scriptedness” of the roles, as was also the case in 4.48 *Psychosis*. The hierarchical order between patient and doctor is set from the first moment when Bruce, representing the role of the perpetrator, tries to go through the standard tests with Christopher, who is put into the role of the victim. Christopher, however, rejects this “power hierarchy,” refuses to play his part as a victim, and tries to regain respect by diminishing the doctor’s authority; he implies that people only become psychiatrists because of the access to drugs. He also uses slang, saying “E’s and Whiz” (B/O, 4) when referring to ecstasy and amphetamines, in order to further undermine Bruce’s authority and successfully challenges the hierarchy. After Christopher repeatedly asks Bruce whether he knew what E’s and Whiz were, Bruce is forced to give in and admit that “his understanding (and thus his linguistic authority) has limits” (Watson, 200f).

After Robert finally agrees to assess Christopher’s condition himself, it can be further observed how language becomes a tool and an issue in the conversations between them as well. On the one hand, Robert criticizes Bruce’s word choices, while he seems oblivious about his own attitude and behavior towards Christopher. This becomes even more evident when Robert, for example, starts talking about Christopher’s cultural background, which he seems completely ignorant about, and wants Bruce to let him go back to his

community, arguing that “[h]e’s going back to his people” (*B/O*, 21). Boles explains the broader political implications regarding this dispute by saying that

Robert’s inability to assign the proper ethnic identity to Christopher, calling him ‘African’, presumptively and ignorantly assigns his home identity to an entire continent rather than a nationality of origin and allows him to dismiss Christopher’s place in a British context entirely, echoing the same mindset of decades of politicians who refuse to allow black the full rights of their British citizenship (Boles, 131).

Despite the fact that Christopher does not know anyone in his “community,” Robert insists that they must let him go. Yet, instead of offering a medical reason for his argument, he hides behind “authority” and says that they are only following government rules and doing what they are asked to do:

BRUCE: I want a Section 3.  
ROBERT: Take a deep breath, and forget you even thought of it.  
BRUCE: But –  
ROBERT: Let him out. You’re doing the right thing.  
BRUCE: But I’m not.  
ROBERT: Yes, this is right. You are doing what if fair and *just* and textbook medically beneficial. (*B/O*, 19)

Penhall, here, addresses another critical point that came about in the medical world in the 1980’s, which is the “Thatcherite deinstitutionalization movement, known as ‘care in the community’” (Watson, 189). Throughout the play, Penhall’s main authority figure Robert tries to persuade both, co-doctor and patient, that the best treatment for Christopher would be to go home: “The Government Guidelines clearly state that The Community is the preferred and proper place and it’s our duty to subscribe to that. Otherwise it’s no end of trouble” (*B/O*, 29). A similar situation can be found in *4.48 Psychosis* when the “[p]atient is discharged into the care of the community on arrival of an acutely psychotic patient in emergency clinic in greater need of a hospital bed” (Kane, 17). The way in which patient care is depicted here by both authors points at the downsides of mental health care institutions and offers a critical look at psychiatry and its treatments. In the end of their medical care, there are two lost patients left: Christopher, who does not know what he wants nor what he should do anymore; and the protagonist in *4.48*, who finally tries to commit suicide.

This uncertainty of whether a patient is more likely to recover by being isolated from society or by trying to find his/her place within it is also an inner debate the patient experiences. On the one hand, Watson argues, the patients know they cannot get better by themselves and seek help in the hospital, and on the other hand, they want to show that they are healthy. The consequence of this dual feeling of the patient is that it makes a proper diagnosis difficult because the doctor does not have all the necessary information to make the assessment, which is “a contrast to the patient’s impression that the therapist’s authority is based on complete, perfect medical knowledge” (Watson, 191). Of course, Penhall turns the therapist’s unprofessional behavior into a laughing matter as Robert has not even made the effort to inform himself of the patient’s history. Even after Bruce tells him to read the file, he continues to try to make a diagnosis based on his “knowledge” and the few sentences he exchanged with Christopher.

During Robert’s examination, the audience gets another look at his unprofessional behavior and approach regarding Christopher’s evaluation. Yet, it should be noted that Christopher does not make the assessment easy for either of the doctors, because he constantly changes his story and cannot decide whether he wants to stay or leave. Nevertheless, Robert’s assessment method is not appropriate. He continually distresses Christopher with the way he conducts the interview and, once again, seems to be more occupied with his own life than his patient’s. At the beginning of the examination, Robert first gives Christopher a speech about how everyone feels worthless at times, mainly by using examples from his own life; this seems odd in that kind of situation and does not really seem to be of much help for Christopher. He, then, tries to influence and manipulate Christopher by suggesting that he is not suicidal and ready to leave the psychiatric ward, even though Christopher clearly expresses his fear of going home:

ROBERT:                   And you said you were [ready to go home], didn’t  
  you?  
CHRISTOPHER:       Yeah, but I was lying. D’you know what I mean?  
ROBERT:                   You were *lying*.

CHRISTOPHER: I was lying.  
 ROBERT: Why?  
 CHRISTOPHER: Cos I wanted to get out of this place.  
 ROBERT: A-ha! 'The truth will out.' You 'wanted to get out of this place. You did. It's true.  
 CHRISTOPHER: But now I don't.  
 ROBERT: Yes you do.  
 CHRISTOPHER: No I don't.  
 ROBERT: I think you do.  
 CHRISTOPHER: I fucking don't, man.  
 ROBERT: You do and I'm going to continue to suggest to you that you do whether your conscious mind likes it or not (*B/O*, 65-66; emphasis original).

The doctor/ patient relationship Penhall creates for us here might seem extreme as the tension between Robert and Christopher becomes evident and Robert misuses his position, whereas what used to be physical torture turned into mental manipulation. In all of their dialogues, Robert manages to intimidate, confuse, and scare Christopher to the point when he does not know what to think anymore:

ROBERT: You know what I think? I think that you *think* you are scared. And that's all it is, a thought. And I think that it's not your thought.  
 CHRISTOPHER: What d'you mean?  
 ROBERT: I think that someone else's thoughts have scared you.  
 CHRISTOPHER: You think...I'm thinking someone else's thoughts?  
*Pause.*  
 Whose thoughts?  
*Pause.*  
 Whose thoughts?  
 ROBERT: I'm saying...look...Maybe Doctor Flaherty "projected" his fears of letting you go home onto you and now they're *your* fears. I'm saying maybe, just maybe Doctor Flaherty unconsciously put his thoughts in your head.  
 CHRISTOPHER: He put his thoughts in my head. In *my* head...? (*B/O*, 67; emphasis original)

Robert's intentions and motives become even more evident during the interview, when Christopher asks him for help and Robert answers "It's not my job! N'ha ha ha. D'you see?" (*B/O*, 57). It turns out that Robert's strategy works

as after this talk, Christopher changes his mind and decides to leave, even though he clearly said he is not ready to go home. Robert's behavior seems to worsen as the play develops and Penhall explains that

though he has understood the significance of and necessity for politically correct language, though he understands the issue of institutional racism, and though his use of words has changed, his attitudes haven't: he is still discriminatory (xxxix).

Penhall could not have made the carelessness and negligence of the doctor more obvious and hence shows the errors and distorted bureaucracy principles, which also play a role within the health care system and can have a negative effect on patient care.

Robert's behavior, though maybe shocking, is not that surprising at this point as he was showing the tendency to put his own interests above the patient's from the beginning of the play. He changes his mind about Christopher's treatment according to his needs: first, he tries to impress the "Authorities" by releasing Christopher in order to save the hospital money; he declares him as "not *that* mentally ill" (*B/O*, 22; emphasis original) and states that "apart from anything else we don't have the beds" (*B/O*, 19). Since Bruce does not want to let Christopher down and keeps arguing with Robert, Robert backs his decision up with the fact that they are only doing what they are told and "what everybody *expects* [them] to do" (*B/O*, 21). When this still does not convince Bruce, Robert tries a more philosophical approach and argues that "[t]he human species is the only species which is innately insane" (*B/O*, 28). He finally loses his temper and surprisingly admits the flaws of his own profession as he says that their choices are often based on subjective beliefs and therefore may be unreliable and inconsistent:

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 more 'Human' than us. Maybe *we're* the sick ones [...] just maybe he's a *right* to be angry and paranoid and depressed and unstable. Maybe it's the only *suitable* response to the human condition (*B/O*, 28).

Though Robert, at this point, seems to try to come up with any argument to silence Bruce, he is not aware of the truthfulness of his statement regarding the thin line between what is considered normal and what is not and hence about the ambiguous notion of madness and sanity. Sociologist research shows that mental health measurements and the context in which such measures are created are to be used with caution because

[a] society's beliefs about the cause of mental disorders and their likely solutions will be reflected in the instruments used to assess mental health. More broadly, the particular social arrangements – including the distributions of power, status, and recourses – will all influence the creation, selection, and administration of instruments (Alarcon et al. qtd. in Switzer, Dew, and Bromet, 134).

Considering the statistics, regarding the diagnosis of schizophrenia in patients with African origin (as already mentioned above), it can be assumed that social factors indeed influence the medical analysis and consequently the further treatment. The question, however, whether the situation would be different, if Christopher was Caucasian, remains.

### **5.6.2 Madness and power**

Despite his short outburst about the uncertainty of psychiatric professionalism, Robert's moment of self-doubt passes rather quickly and he continues to justify his actions by hiding behind medical rules and regulations. He keeps referring to the standard tests that are used to diagnose patients' mental stability and tells Bruce to stick to the ICD 10 classifications (International Statistical Classifications of Diseases) despite Bruce's argument that the ICD 10 are just "different euphemisms for 'He's Nuts' without actually having to admit he's nuts" (*B/O*, 23). Robert's sporadic changes about the diagnosis and his final "OK. BPD [Bipolar Disorder] and A Bit Nuts" does not help make these tests or the doctors' competence any more trustworthy (*B/O*, 23). Penhall, thus, creates a figure that supposedly represents the "Authority," just to ridicule this same "Authority" by presenting its major weaknesses: Robert completely



dehumanizes Christopher, plays around with the description of his diagnosis as if it were a game and treats him as if he were an annoying obligation that needs to be taken care of. Then, the reader finds out that Robert is diagnosing a patient whose file he hasn't even read. To top it off, the situation gets even more ridiculous when Bruce seems to get in Robert's way, because he wants to resection Christopher. Robert suddenly threatens Bruce and tells him to be careful to not be declared mad himself and lose his job, because he does not follow the rules:

The Authority – the rest of the Board, not even me – they will question your expertise. They will wonder why you got so upset about it. [...] People will question your mental *wellness*. *Silence*. They'll say you're Mad (*B/O*, 50; emphasis original).

This is a good example that shows the power games which can be found in many professions on an everyday basis. After exhausting all other options, Robert simply uses his position (as the senior doctor) to threaten Bruce so that he will get what he wants.

## 5.7 Conclusion

Though Robert seems like an arrogant and self-centered person for most of the play, he is right in arguing that if Christopher is diagnosed with schizophrenia, he will be stigmatized for life. "Schizophrenia," Robert says, "is the worst pariah. One of the last great taboos" (*B/O*, 50). However, Robert is also not in the position to help Christopher as his concerns are switching back and forth between his obligations as a doctor towards his patient and his compliance towards "Authority," which is apparently more worried about the bureaucratic side of medicine, such as costs and resources.

The three men, all in their different positions and situations recall Kane's role distribution of "Perpetrator. Bystander. Victim." (Greig, xvii). Although it looks as if Robert and Bruce are the perpetrators in the beginning, Bruce's position is not

certain. Robert constantly threatens him and pushes him into the role of the bystander, telling him that he cannot act on his own. In addition, the importance of politics becomes evident in their conversations and it seems that whoever is not willing to “play the game” will eventually lose. Bruce, therefore, finds himself in a difficult position to argue what he thinks is the right treatment for his patient without endangering his own career. Christopher’s role seems more obvious as he is put into the role of the victim from the beginning of the play; yet, the reasons for Christopher’s victimization change as the play progresses. At first, he is a victim because he doesn’t know how to behave and deal with his surroundings in an acceptable manner. In order to learn to act “normally”, he is sent to a mental hospital, where he is supposed to get help. Yet, in the psychiatric ward he is pushed into the victim’s position a second time by the doctors, who should actually support him. He is left aside while the two doctors fight among each other, completely forgetting about him; during a dispute Christopher is not even noticed anymore: “Hope I’m not interrupting,” (*B/O*, 88) and after he does not get an answer he finally gives in, saying: “No, you just talk amongst yourselves. D’you know what I mean?” (*B/O*, 93). With regard to this scene, Watson suggests that

[t]ransforming patients into manuscripts is the surest path to power, and the tragedy of the play is that both doctors are ultimately willing to dismiss Christopher’s well-being for the sake of this power (Watson, 203).

Finally, the observation of these three men might make the reader at times question the sanity of the doctors as much as the patient’s. Similar to Kane’s belief, Watson quotes R.D. Laing to explain the “absurdity of the notion of sanity”:

The condition of alienation, of being asleep, of being unconscious, of being out of one’s mind, is the condition of normal man. Society values its normal man. It educates children to lose themselves and to become absurd, and thus to be normal (qtd. in Watson, 198).

Unfortunately, the argument between the doctors about who is more right leads to the point that both of them lose their interest in the well-being of the patient

and end up more concerned with their career and power. The results of the treatment remain unknown. As Clements sums up, “rather than moving towards clarity and a fixed position or a resolution of the argument, Penhall crafts a journey towards uncertainty, complexity, and perhaps even stalemate” (xxxi).

## **6. *Shining City* by Conor McPherson**

### **6.1 Biography**

Conor McPherson was born on 6 August, 1971 in Dublin. He studied at University College Dublin and started writing his first plays as a member of the universities dramatic society called UCD Dramsoc. He then founded a theatre company named *Fly By Night* with some of his colleagues and is now an internationally known playwright; he also proved himself as a director and filmmaker. His first success was in 1995 when the London’s Bush Theatre decided to stage *This Lime Tree Bower* (Lonergan, 886).

Most of McPherson’s plays center around male characters, who find themselves in difficult situations and share their feelings and experiences mainly through monologues, thus making him a representative of storytelling theater. Despite the fact that he has been criticized for sticking to this particular form of drama, McPherson had many major successes and “has countered that the monologue offers a uniquely theatrical experiences to audiences, who must listen not only to his character’s words but also to their silences, unfinished sentences, and slips” (Lonergan, 886).

McPherson seems to also have an interest in the supernatural as a few of his plays include paranormal elements. In *St. Nicholas*, a drunken Irish theater critic encounters a group of vampires, *The Weir* revolves around ghost stories, *The Seafarer* plays on the image of a soul being sold to the devil, and in *Shining City* a man is haunted by his wife’s ghost. Yet, McPherson’s goal is not to tell scary stories; instead, he uses the supernatural in order to point out the everyday

struggles his characters go through. It is not necessarily important whether the audience believes in ghosts or not, it is more about what they represent.

## 6.2 General Background

While McPherson celebrated success after success with his plays, his private life was anything but glamorous. He was a heavy drinker until he ended up in hospital in 2001 and was unconscious for almost a month. He was suffering from chronic pancreatitis, an inflammation of the pancreas that can be fatal if it is not treated immediately. After he recovered, he consulted several psychiatrists and psychologists and admitted in several interviews that his illness caused him to change and rethink his life. Therefore, some critics believe that *Shining City* is at least to some extent based on his own life, especially because it was McPherson's first play after his near death experience (Williams).

The play is based on a guy, John, who unexpectedly loses his wife in a car accident and does not know how to deal with it. After seeing his wife's ghost several times, he decides to seek help at a psychiatrist. He eventually discloses that their marriage was not a happy one and that they were drifting apart ever since they found out that they cannot have children. He admits that he was not treating her well and also confesses that he had betrayed her with another woman. This leads him to believe that his experience is some kind of punishment by his wife, although her appearance might also be caused by his deep feeling of guilt. Since he is unsure what to make of the whole situation, he hopes to find answers through therapy sessions with Ian.

Ian is a former priest turned psychiatrist, whose first patient happens to be John. While Ian is supposed to help John, he has a few problems of his own which need to be resolved. Although he left the church so he could be with his girlfriend, Neasa, who he has a child with, he alienates himself from her and finally decides to end the relationship. He then ends up with a male prostitute in his office, which suggests that his past actions – him leaving the priesthood and

his girlfriend – have a much deeper meaning than one might have assumed at first.

McPherson describes his own play in the following way:

The Shining City is about a ghost. It's a ghost story but what is a ghost in a play except a metaphor for unfinished business, the stuff people are haunted by. This usually revolves around the idea of what you should and shouldn't have done. The weight of that and the regrets and guilt that come with it. (Brennan)

In the same interview, McPherson also says that he usually writes about the same topics. He is interested in human behavior, for example, how people deal with the need to connect to someone, to be part of a group and how people sometimes get in their own way to be happy, because they are selfish or ignorant. In order to sum it up, he explains: "I think plays are about big things and the two biggest are love and death, basically. That's what everything is about in the end isn't it?" (Brennan)

### **6.3 Structure**

McPherson's structure and setting of the play are straightforward and detailed: there are five scenes in total; the time is the present with about two months between each of scenes; the location is Dublin. All of the scenes take place in Ian's office, which is decorated simply and includes everything that one would expect in a psychiatrist's office: a sofa, a chair, a table with tissues and a jug of water along a few other things like a desk and some books. In addition, Watson notes:

Although the narratives of the play unfold in a variety of different locations, they are all recounted in the therapist's office, yielding a surprisingly classical unity of place. This is a fundamentally diegetic play, an exploration of storytelling and identity-construction (Watson, 204).

There are at the most two characters present at the same time on stage (Brantley). Ian is the only one who is involved with the other characters so that everything the audience learns about him and them is through conversations

with him. Thus, we only get snapshots of each of the characters' lives, assuming we can base our judgments on them.

This set up reflects Freud's psychoanalytic approach where therapy sessions usually consist of two people, the therapist and the patient. Thus, it can be argued that all scenes are therapy sessions in a way, experiences through which the characters reveal and learn something about themselves. Furthermore, it can be said that John is the only character from all the plays who suffers and whose treatment is successful. He does exactly what is expected from him in his therapy sessions, he talks, he opens up, and he manages to rid himself of his guilt and his wife's ghost which was making him lose his mind.

The first, third, and last scenes depict three different encounters between Ian and John. In the first scene, John simply explains his recent experiences to Ian, who promises to help him; in the third scene he opens up and tells him about his life with his wife, his affair with another woman, and his visit to a brothel; the last scene is not an actual therapy session, instead John just comes by to thank Ian for his support. The scenes in between show more of Ian's private life and portray his personal development. In scene two Ian breaks up with his girlfriend, although he originally left the priesthood because of her and in scene four he engages with a male prostitute, which suggests that he is starting a new chapter in his life. The fact that he is moving away at the end of the play supports this implication.

The language, on the other hand, stands in contrast to the otherwise structured play. The dialogues are full of silences, incomplete sentences, and hesitations. Monologues predominate especially in the encounters between the patient and the therapist. While John takes a lot of time to describe his current situation and his feelings, Ian is very passive and often answers in one word sentences such as "okay, yeah, mm," and rarely asks questions. The language is in general very naturalistic; the conversations seem spontaneous and true-to-life.

## **6.4 Characters**

### ***Ian***

Ian is a former priest, who decided to change his vocation because he was never really a believer and could not live a lie anymore. He is in his forties and has a child with his girlfriend, Neasa. After he left the church they all moved in with his brother, while they were looking for their own place. Ian, however, seems disinterested in a future with his girlfriend and breaks up with her. Finally, the audience finds out that Ian has had another secret all along. In scene four, he brings another man (Laurence) into his office and pays him for sex. Although Ian's profession as a psychiatrist demands him to help other with their struggles, he does not seem to have his own life figured out.

### ***John***

John goes to see Ian after he is being haunted by his wife's ghost. Nowadays, John is not considered mentally ill because he sees a ghost but his vision makes him lose his mind nevertheless. First, he becomes so unsure whether he is really going mad or not that he needs to seek psychological help, somebody who will confirm that he is not insane. Second, the vision of his deceased wife does not let him rest or find peace to the point that he takes a hotel room to avoid being at home. He also cannot go to work or sleep at night. Therefore, even if the ghost is a mere hallucination, probably caused by the unexpected and traumatic experience of his wife's death, John's reaction to the ghost and its effect on him could be seen as a sign of madness in the sense that it drives him crazy.

By talking about his supernatural experiences, John shares a lot about his private life. He is in his fifties, works as a salesman, and seems to be a down to earth person. Even though he does not reveal everything right away, the truth about his marriage comes out eventually. John and his wife, Mari, wanted children but could not have any, which was one of the reasons why they drifted apart. At some point, he tells Ian that he had imagined married life differently

and that he was not happy. He finally admits that he betrayed his wife with a woman he had met at a party and was rude to his wife before she had the accident. It seems that her appearance has to do with him feeling guilty, that it represents some kind of punishment. Ian disagrees and suggests that John is putting pressure on himself because he feels bad about the way he treated her. Despite his age and the marriage he had with his wife, John still seems very insecure about what he wants in life.

### ***Neasa***

Unlike her boyfriend, Neasa knows what she wants and tries to explain herself to Ian. She was a tower of strength when Ian left the priesthood and kept the baby because he thought it was wrong to abort, even though she did not think they were ready. She agreed to move in with his brother and worked extra shifts so that they could save money to get their own place. When she notices that Ian keeps distancing himself from her to the point where he is leaving her alone with his family for days or weeks, she goes to talk to him and is devastated when Ian breaks up with her. At the end of their conversation, Neasa admits that she had a one night stand, which she probably did out of desperation and loneliness rather than out of wrath. Although her future is uncertain, she seems to be a strong woman and she says herself that she does not need anyone to look after her.

### ***Laurence***

Laurence is in his twenties and has a son, who he sometimes takes care of; he describes the mother of the baby as crazy. He is a male prostitute, although he says he does it only to earn some money so he can move back in with his cousin. He seems confident in the situation with Ian, but it is clear that he does this work out of necessity, especially since he tells Ian that he even got beaten up once. McPherson describes him as living “from minute to minute” and his further background and his future remain unknown (SC, 47).



## 6.5 Medical Context

When Laurence, a prostitute he has a short encounter with, asks Ian if he treats mad people, Ian explains that psychological help can be of help to anybody, not just clinically insane people:

[...] people who might just feel a little bit...stuck, you know? And maybe they...just need a...just another point of view on what's going on, if they're carrying, you know, a big burden, you know? Of some guilt maybe. [...] or maybe it's just that they have some old feeling...Maybe even from years ago, just even sometimes things can happen to us when we're children, and that, you know, maybe that sets the tone for how people get on later. [...] And maybe I can just invite them to consider something that maybe they didn't think was that important before, but, you know, maybe it was... (SC, 53)

Since John and Ian's therapy sessions are based on Freud's theory of psychoanalysis, I will very shortly sum up the main concept behind it. Freud's theory of psychoanalysis as a treatment for psychopathology (study of mental disorders), influenced and changed the course of treatment of mental disorders. One of his beliefs was that neurotic symptoms are caused by the unconscious repression of wishes and feelings. His idea, then, was to find the causes of mental distress through conversations with the patient, during which the patient was asked to share his/her thoughts, feelings, dreams, etc. in order for the psychiatrist to analyze and interpret them and finally help the patient find solutions to his/her problems. This new trend was adapted, further developed, and transformed into new theories by many of Freud's followers and colleagues, such as Jung and Adler.

In the play John has visions of his dead wife he cannot deal with. During his conversations with Ian, we learn that he feels guilty, even though he was not directly involved in her death. Together, they are trying to find out why she appears to him and how he can make her go away. John tries to figure out whether she wants to punish him and what he can do to move on with his life. While Ian does not say much during their sessions, he does reassure John that he understands his problems and wants to help him. This sympathetic conduct by Ian towards John is, according to Freud, also an important element in the

therapeutic environment. Freud “speaks of the crucial importance of establishing the patient’s rapport with the analyst and also of the patient’s attachment to the treatment and to ‘the person of the doctor’” (Freud qtd. in Lister-Ford, 10).

Many of Freud’s theories have been denounced as being unscientific and unprovable. Some of his work has been declared sexist or simply wrong. Yet, despite major controversies and criticism regarding his work, the basis of Freud’s theories as well as new variations of them can still be found in the therapeutic practice of psychologists and psychiatrists today (Lister-Ford, 9-10).

## 6.6 Themes

At the root of McPherson’s story is a fantastic encounter between a man and his wife’s ghost, which indicates some kind of unfinished business and initiates the unraveling of the characters’ lives. The main characters, John and Ian are struggling with issues of identity, which McPherson connects with themes of sexuality and existence. All three themes are interconnected and part of their experiences on their quest for selfhood. Instead of providing solutions, however, McPherson’s characters seem to ask more questions rather than answer them as the play continues.

Madness is not depicted through an actual illness in this case, as none of the characters have a mental disorder, but mainly through the characters’ illogical actions. While in *Every Good Boy Deserves Favour*, some of the characters were forced to do something they did not want by others, the characters of *Shining City* are torturing themselves. Ian and John, for example, find themselves in relationships which do not make them happy. Yet, they both decide to stay although even their wives notice that they would rather be somewhere else or with somebody else. All of them have sexual encounters that do not mean anything to them and make them feel worse. Moreover, in John’s case, the audience can understand the root of his psychological distress

but Ian's radical development from priesthood to having sex with a male prostitute remains unexplained. It seems that frustration and desperation make them behave in irrational, almost mad ways.

### **6.6.1 Search for self: Ian**

In the first scene of the play, we might make assumptions and get the wrong impression that Ian, being a therapist, is in control of the situation and capable to help John. Since John is his first patient, he is a bit nervous; but besides his somewhat insecure approach at the beginning of their first session, he acts in a professional manner. He asks John to tell him about his troubles, while he listens, tries to understand, and offers his support. However, in scene two, the audience already finds out that Ian's life is as chaotic as John's and that he is trying to figure out his next steps just as much as John is. Therefore, it is questionable whether Ian is really in the position to provide psychological support, while his own life is falling apart.

Before becoming a therapist, Ian was a priest, which was obviously not the fulfillment he had hoped for. After leaving the church, however, Ian struggles to find meaning in his life. When John points out that Ian does not believe in ghosts during their last conversation, Ian responds:

John, there was a time I would've given anything to see one. Just to know that there was...something else. Do you know what I mean? [...]  
Just something else, besides all the...you know...the pain and confusion.  
Just something that gave everything...some meaning, you know? I'm talking about God, really, you know? (SC, 63)

Since he did not manage to find what he was looking for through the church, he decided to leave the priesthood and try his luck with his girlfriend Neasa. Unfortunately, that relationship was also not the answer to his question. His uncertainty about making the right choices is reflected in his decision to keep a baby that he does not seem to care for much. Originally, Neasa did not want to have the child but agreed to keep it because, according to Ian, it would have been wrong to abort it. The problem is that he does not say that he wants to

keep the baby because he wishes to have a family, but because it seems “the right thing to do.” It seems that, in this case, his former life as a priest still affected him. Of course, it does not take too long before Ian realizes that he made a mistake; he does not know how to deal with the situation he created and chooses to ignore it rather than solve it. He distances himself from Neasa, leaving her alone in his brother’s house for days. After Neasa has had enough, she confronts Ian and demands an explanation and an apology for his behavior. Finally, Ian admits that he does not want to be with her and that he needs time to think about himself: “... - I’ve been trying to just fucking think about what I need to figure out, what I need to do, you know?” (SC, 18). Although his behavior at this point seems selfish and cruel, it is hard to write him off as a “bastard”, especially after he explains himself and admits that he was wrong:

IAN: I...I’ll always .... I mean, you have been...you were the only... when... when it was all so hard for me...And I had to make that big decision – and it was a *huge* thing for me - [...] - to turn my back on the church?! You were there for me, and I couldn’t have come through it without you. [...] But...the fucking huge mistake I made was thinking that that was the end of the journey for me – and it wasn’t. (SC, 22)

If anyone doubts the sincerity of his regret, Ian’s next action reflects the honesty of his words. After the break-up with Neasa, he seems to find himself, once again, at a loss. His next action might be based on an old, repressed feeling regarding his sexuality or simply an act of curiosity. Either way, it is a rather surprising twist when Ian ends up with a male prostitute in his office. Similar to his previous life choices, he seems nervous and unsure whether he wants to proceed or not but in the end decides to go for it:

IAN: [...] when I say that I haven’t, you know, done this, or gone up to the park before, I don’t meant that I haven’t just gone up to the park at night, you know... I mean. (*Pause.*) I mean I’ve never been with a man. (*Pause.*) Do you understand me? (SC, 54)

Instead of verbalizing what happens next, McPherson ends the scene with a short description of what is acted out on stage:

[...] LAURENCE takes his hand. IAN looks into LAURENCE’s eyes. LAURENCE returns his gaze, and then places IAN’s hand against his

crotch holding it there. IAN starts to caress LAURENCE's crotch and they move closer together (SC, 54).

When a man in his forties, who was a former priest and then had a child with a woman, decides to try to be with a man, one could assume that he has a valid reason for it. Yet, once again, Ian's next step undermines this assumption when he decides to get back together with his girlfriend after all. This decision comes as a surprise after he clearly stated that he does not want to spend his life with Neasa. Taking into account all of Ian's experiences and persisting chaos in life, the closing scene reflects this ambiguity and leaves room for interpretation: in the end, Mari's ghost remains with Ian in his office, suggesting that he is now the one with the unfinished business, because he stopped looking for true happiness and settles for second-best, like John did.

### **6.6.2 Search for self: John**

When John first comes into Ian's office, he seems to have only one problem in his life: he sees the ghost of his recently deceased wife. Unlike with Ian, we do not know whether John actually believes in God or supernatural phenomena, but his reaction regarding his vision clearly shows that, either way, he is freaked out by it. It makes him question his own sanity and seek professional help in order to resolve the problem. Eventually, the search for an answer reveals issues that go beyond just ghostly experiences.

One of John's big disappointments in life was the fact that he and his wife could not have children. He confesses that even though they had many friends and took part in social events, he felt alienated from his friends because one of their main topics of conversation would be children. He describes his feelings to Ian as follows:

You know. I don't know if you have children, and I don't mean anything, because this is nothing about those people, but you know, we found, that, okay, of course we were invited to places, you know, to parties and everything. But that's what there was to talk about, you know? 'Oh my sons are ten and eleven!' You know? [...] and then of course, some

stupid fucker would turn around and go, 'Do you have any kids, yourself, John?' (SC, 31-32)

Failing to have children was obviously a bigger issue to John than he might have wanted to admit. It is clear, however, that this was at least part of the reason why Mari and he became so estranged. He finally acknowledges his repressed frustration and regret regarding this fact and confesses his true feelings:

[...] maybe I felt that when we were married, and all settled in and eh... maybe even before we found out that we couldn't, that Mari couldn't, have children, I think that maybe even before that... I felt that I had kind of settled for second best, you know? (SC, 31).

John here specifies that it was Mari who could not have children, as if he was trying to say that he was unlucky to pick the wrong girl. When the situation for him became unbearable, he would just stay away from home so he would not have to deal with his wife, like Ian did. He once even went to a brothel and another time tried to cheat on his wife with another woman, but nothing happened either time. Sadly, keeping all these feelings inside did not end well for him or his wife. After holding back for so long, John finally snapped and insulted his wife:

I just turned on her, Ian, you know? I just...exploded. And I ate the head off her. I was like an animal. And it was just so...sudden. [...] And, I pushed her up against the wall and I told her, "You are fucking killing me." And I...grabbed her by the shoulders and I shook her. I shook her so hard. I could feel how small and helpless she was. It was a terrible feeling. And I said to her, "Don't fucking speak to me anymore. Don't you dare fucking speak to me. (SC, 44)

This could have probably been avoided if John was honest about his feelings. Instead, this incident made matters worse and John felt even guiltier than he did before. Mari has to suffer because John is uncertain about what he wants in life, just like Neasa has to put up with Ian's bad behavior towards her. Yet, when Neasa confronts him with it, Ian at least apologizes and explains himself to her.

Since John's wife dies he is forced to take another look at his life and move on. He eventually ends his therapy and informs Ian about his new girlfriend, as if to

prove that he has indeed made progress and is now ready to get back to normalcy again. According to Watson, John seems to be healed as he manages to switch the roles from being the observed one to being the observer, which is indicated by the fact that John goes to see a play in the theater, where he is part of the audience, watching somebody else struggle on stage.

John's graduation from therapy, the moment at which he no longer feels like he is performing normalcy, is marked by his induction into the world of theatrical spectator and by the ability to cast a judgmental eye on others. (205)

### **6.6.3 Sex as a temporary solution**

All of the characters in the play have (or intend to have) sex with somebody besides their partners. Sex seems to be a temporary solution for a variety of problems: loneliness, alienation, or identity issues. Yet, it does not satisfy any of the characters' needs with respect to their true hopes and wishes.

John is not happy in his marriage and believes he can find love in the embrace of another woman. He seems genuinely intrigued and attracted to her, even though he does not really know her. Moreover, he believes that there is a true connection between them. He bases his feelings on a short encounter they had at a party and pursues this idea to see whether there is more to it or not. When they finally meet John is disappointed that reality did not work out as he had fantasized it, as after an awkward situation in the hotel room, they both decided not to have sex and left with strange feelings. Yet, it was only after this experience that John was able to tell his wife how he truly felt, although it was in a rather violent way. The situation between them remained nonetheless unsolved and Mari died before any real ending could have been set to their relationship.

Ian decides to experiment with his sexuality after he realizes that his girlfriend did not satisfy his search for meaning in life. He pays a male prostitute for sex but then decides to move back in with Neasa. It is unclear whether he enjoyed

his experience but went back out of guilt or whether it was again not what he thought he would find.

After Ian leaves the church, Neasa works a lot in order to compensate for Ian's lack of income. She does not feel comfortable living with the family of Ian's brother and starts visiting a friend called Mark because Ian is often absent and does not show any interest in her life. Eventually, she admits to Ian that she slept with Mark but tells him that she regrets it and hopes he will stay with her. She felt lonely and seemed to have had a moment of weakness, although it is debatable whether that is reason enough to forgive her. Either way, Neasa's one-night-stand was meaningless, at least to her; it is only after Ian finds out about it that he sleeps with Laurence.

Laurence, the prostitute, seems to be the only one who has no hidden agenda when it comes to sex; it is clear that he uses sex in order to earn his living. However, it might be surprising to discover that he has a girlfriend and a six year old son. Unfortunately, it looks like he has no other option as he tells Ian that he tried to get a job as a driver, which did not work out.

## **6.7 Conclusion**

*Shining City* is probably most similar to Kane's *4.48 Psychosis* in terms of psychological and associative work that needs to be done by the audience, especially in connection with John and Ian, whose feelings are often expressed through silences and unfinished thoughts. In the beginning of the play, we get the impression that John is looking for empathy and understanding regarding his unusual experience. Watson expresses John's feelings clearly when he says that "John is in therapy to perform a self-conception of sanity and that his crucial question for his therapist is the same as an actor's for the audience: "Do you believe me?...Do you believe what I'm saying to you? That this is happening to me?" (SC, 15). (Watson, 204) In other words, he is asking: "I'm not crazy, right? I'm not losing my mind, these things happen to people, right?" Yet, it is questionable whether Ian is a good advisor in this case, since he left



the priesthood because he, in fact, does not believe in anything supernatural. In the end of the play, the ghost leaves John and stays behind with Ian. This suggests that John has solved his issues and that he is cured and can now move on with his life. It turns out that he is not “mad,” while it is not clear what will happen to Ian.

Yet, the play does not only question John’s sanity or spiritual beliefs but also looks at peoples’ beliefs with regard to values, morality, and integrity. The story continuously uncovers the complexity of the human condition and human behavior. It shows the difficulty to connect and communicate in a busy and complicated world.

The play is also about living up to one's choices and taking responsibility for one's actions in life, even if it means having to sacrifice something. John, for example, married Mari but then regretted it because he realized that she was not the right one for him. Although he tried to stay committed, he eventually cheated on her and it is not sure how the relationship would have ended if Mari had not unexpectedly died. Neasa and Ian also were committed to each other and have a baby to take care of. While Ian was the one who insisted on having the baby, he does not seem very involved in raising it at first. Neasa agreed to keep the baby even though she did not think they were ready for it. Despite Ian’s alienation from her, she keeps fighting for her family until Ian finally decides to move with her into a house in Limerick. In both cases, the men choose to live up to their responsibilities even if that might cost them their personal happiness.

Finally, John and Ian seem to be very much alike. They are both in relationships that do not make them happy, they feel alienated from their friends and family, and they are struggling to find some meaning in life. While John is the patient and Ian the therapist, they both affect each other’s lives. Watson comments: “The characters of *Shining City* are driven by a need for connection, while being haunted by an almost pathological fear of it” (Watson, 204). The supernatural becomes a mere symbol for unfinished business and while we see them

struggling to resolve their issues and find a place in life, the characters' fate, like in *Blue/Orange* and *4.48 Psychosis*, remains unknown.

## **7. Conclusion**

Between the thirteenth century and the beginning of the eighteenth century, mental illness was believed to be the result of either physical or spiritual distress. Treatments included confinement and physical torture; often mentally ill people were excluded from society. It was not until the second half of the eighteenth century that mental illness started being treated in a more humane way. The theory that radically changed the course of treatment was Franz Mesmer's "animal magnetism," which was the predecessor of hypnosis and "influenced the development of psychological treatment and particularly psychoanalysis (Ellenberger qtd. in Lister-Ford, 6).

All five plays depict the medical context – diagnosis and treatment – according to the theories that were prominent at the time the story was set in. The mental illness of Bennett's George III, which appeared around 1760, was believed to be connected to some sort of physical distress, hence the constant observation of various bodily functions by his doctors. At the same time, the play includes Dr. Willis' new treatment method which point towards a change in medical history that takes into consideration a more psychological aspect of mental illness, although only in its most basic form. Stoppard's play is about the abuse of psychiatry which was common in the seventies and eighties in the Soviet Union, when political dissidents were falsely diagnosed with schizophrenia and locked away in mental hospitals. Kane's protagonist suffers from a treatment that was based on studies that started in the 1950s which suggested that certain mental symptoms can be treated with medication, called psychopharmacology, rather than through a psychoanalytic therapy. Penhall's *Blue/Orange* depicts issues regarding the patient's treatment in connection with other conflicts such as racial prejudice, which was proven to be a problem in the eighties and nineties in the UK. Finally, McPherson's play is the most current one and his story takes place in the present; he writes about peoples' everyday life struggles and shows

a nowadays widely used therapy, based on psychoanalysis, as a support option to deal with them.

While all main characters decide to seek psychological help themselves or are forced to do so by others, none of the treatments are successful in the sense that they actually cure any of the patients. The only exception may be John in *Shining City*. Yet, even McPherson's ghost – a metaphor for unfinished business – does not vanish after John seems to have got better but stays with Ian, suggesting that he is now the one who has to get to the bottom of his problems. The fate of Kane's and Penhall's patients remains unknown, while it is still clear that the condition of neither one of them has changed. Stoppard's inmates are both released by mistake, while Ivanov is still schizophrenic and Alexander, who was not mentally ill to begin with, never acknowledged his apparent illness, as was demanded by the authorities. Although Bennett's king experiences a short period of sanity in the end of the play, it is known that his cure was only a momentary state and that in reality he relapsed again a few years later. In all five cases the efficacy of the treatments, whether through private physicians or in public hospitals, is criticized because of the lack of provable results.

The plays show how the authors chose different perspectives in order to depict madness. Kane's *4.48 Psychosis* is the only play that describes the life of a mentally ill person through the perspective of the patient. It most clearly shows the thought processes within a chaotic mind and the emotional turmoil that includes feelings such as love, grief, guilt, anger almost all at the same time. All other plays illustrate mental illness as perceived by those surrounding the patient. This might suggest that their points of view are more accurate than the one of Kane's protagonist. However, their personal involvement in each patient's situation makes their perspectives just as biased: Robert and Bruce in *Blue/Orange* act, to some extent, in their own personal interest as they try to prove their power and Robert's interest to use Christopher for his study makes his decisions even more ambiguous; in Bennett's *The Madness of George III* the characters' perception of the king's illness is also influenced by their standpoint towards the king as a ruler: his son, for example, wants him to be

declared mad so he can take his place, while the king's followers try everything to deny his madness in order to stay in power. Stoppard's *Every Good Boy Deserves Favour* clearly depicts the regime's interest to declare Alexander mad in order to eliminate him from the political scene. While *Shining City* is the only play which is not about madness per se, it does show the development and change with regard to what used to be considered in/sane before and how it is today. A person who believed in ghosts or claimed to see one might have ended up in a madhouse in the past, while now, when people can publically speak about supernatural phenomena, it is enough to seek psychological help, if desired.

Furthermore, *Blue/Orange*, *4.48 Psychosis*, and *Shining City* take place in a therapist's office or a hospital. While the first two plays are based on monologues or conversations between the patients and the doctors, the last play involves other characters as well, but all dialogues happen in the therapist's office. *Every Good Boy Deserves Favour* and *The Madness of George III* include different locations and conversations between characters other than the patient and the therapist.

Finally, madness seems to be an interesting topic as it provides an opportunity to explore different themes and gives authors the possibility to look at society and human behavior with regard to oneself and others without constraints regarding form or structure. It also enables them to investigate social norms, values, and rules in various cultures.

Although this analysis contains only five works, the plays show a variety of ways in which madness can be depicted and the diversity of topics that can be addressed through it. Finally, it is clear that when writers discuss this theme, their plays are never exclusively about the concept of madness but also about different aspects of society in general.

## 8. Bibliography

### Primary Sources

Bennett, A. *The Madness of Geroge III*. London: Faber & Faber, 1992.

Kane, S. *4.48 Psychosis*. London: Methuen, 2000.

McPherson, C. *Shining City*. London: Nick Hern Books, 2004.

Penhall, J. *Blue/Orange*. London: Methuen, 2000.

Stoppard, T. *Every Good Boy Deserves Favour*. New York: Grove, 1978.

### Secondary Sources

Antakyalioğlu, Z. "Chaos Theory and Stoppard's *Arcadia*." *Journal of Istanbul* 3 (2006): 87-93.

Ax, R. and Fagan, T. *Corrections, Mental Health, and Social Policy*. Springfield: Charles C. Thomas Publisher Ltd., 2007.

Barnett, D. "When is a Play not a Drama? Two Examples of Postdramatic Theatre Texts." *New Theatre Quarterly* 24 (2008): 14-23.

Beene, L.D. "The Madness of King George, Alan Bennett." *The Columbia Encyclopedia of Modern Drama*. New York: CUP, 2007.

Bewely, T. *Madness to Mental Illness: A History of the Royal College of Psychiatry*. London: RCPsych Publications, 2008.

Bicer, A.G. "Depiction of Violence Onstage: Physical, Sexual and Verbal Dimensions of Violence in Sarah Kane's Experiential Theatre." *The Journal of International Social Research* 4 (2011): 81-88.

Bloom, H. *Tom Stoppard (Blooms Major Dramatists)*. Pennsylvania: Chelsea House Publishers, 2003.

Boles, W.C. *The Argumentative Theatre of Joe Penhall*. North Carolina: McFarland & Company, 2011.

Campbell, A. "Experiencing Kane: An Affective Analysis of Sarah Kane's 'Experiential' Theatre in Performance." *Australian Drama Studies* 46 (2005): 80-98.

- Diedrich, A. "“Last in a Long Line of Literary Kleptomaniacs’: Intertextuality in Sarah Kane’s 4.48 Psychosis.” *Modern Drama* 56 (2013): 374-398.
- Etkind, A. "There are no naked thoughts: psychoanalysis, psychotherapy and medical psychology in Russia." *Psychology of Russia: Past, Present, Future*. Ed. Grigorenko, E., Ruzgis P., and Sternberg R. New York: Nova Science Publishers Inc., 1997. 59-78.
- Forrest, P. "Collective Guilt; Individual Shame." *Midwest Studies in Philosophy* 30 (2006): 145-153.
- Foucault, M. *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Random House Inc., 1965.
- Gibbons, B. "The Madness of George III – Shakespeare, The History Play and Alan Bennett". *Connotations* 8 (1998/99): 1-21.
- Gilligan, E. *Defending Human Rights in Russia: Sergei Kovalyov, Dissident and Human Rights Commissioner, 1969-2003*. London: RoutledgeCourzon, 2004.
- Görmez, A. "Morality and Politics in Tom Stoppard." *Sosyal Bilimler Enstitüsü Dergisi Sayı 22* (2007): 45-58.
- Greig, D. *Sarah Kane: Complete Plays*. London: Methuen, 2001.
- Gutscher, L. J. *Violence in Contemporary British Drama – Sarah Kane’s Play Cleansed*. Norderstedt: GRIN, 2007.
- Kristeva, J. *Powers of Horror: An Essay on Abjection*. New York: Columbia UP, 1982.
- Lister-Ford, C. *A Short Introduction to Psychotherapy*. London: Sage, 2007.
- Lonergan, P. "McPherson, Conor (1971 - )." *The Columbia Encyclopedia of Modern Drama*. New York: CUP, 2007.
- Nadel, I. "Tom Stoppard: In the Russian Court." *Modern Drama* 47 (2004): 500-524.
- O’Brien, A. C. "Mad women, mad world: the depiction of madness in Renaissance drama. Those crazy Scots: madness and transformation in the ballad tradition of Scotland." Master Thesis. Lehigh University, 1994.
- O’Mealy, J.H. *Alan Bennett: A Critical Introduction*. New York: Routledge, 2001.

- Ougrin, D.; Gluzman, S.; and Dratcu, L. "Psychiatry in post-communist Ukraine: dismantling the past, paving the way for the future." *The Psychiatrist* 30 (2006):456-459.
- Penhall, J. *Blue/Orange*. 2000. Ed. Rachel Penhall. London: Bloomsbury Methuen Drama, 2001.
- Piribauer, R. "Cruel Britannica: In-Yer-Face Theatre In 1990's BRITAIN. An analysis of eight selected plays." PhD Thesis. U of Vienna, 2004.
- Reiss, B. *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture*. Chicago: U of Chicago P, 2008.
- Saunders, G. *'Love Me or Kill Me': Sarah Kane and the Theatre of Extremes*. Manchester: Manchester UP, 2002.
- Sierz, A. *In-Yer-Face Theatre: British Drama Today*. London: Faber & Faber, 2001.
- Sternlicht, S. *A Reader's Guide to Modern British Drama*. New York: Syracuse UP, 2004.
- Switzer, G.E, Mary A. Dew, and Evelyn J. Bromet. "Issues in Mental Health Assessment." *Handbook of the Sociology of Mental Health*. 2<sup>nd</sup> ed. Ed. Aneshensel, C.S, Jo C. Phelan and Alex Bierman. New York: Springer, 2013. 115-142.
- Tyler, A. "'Victim. Perpetrator. Bystander': Melancholic Witnessing of Sarah Kane's *4.48 Psychosis*." *Theatre Journal* 60 (2008): 23-36.
- Watson, A. "Cries of Fire: Psychotherapy in Contemporary British and Irish Drama." *Modern Drama* 51 (2008): 188-210.
- Wolfe, P. *Understanding Alan Bennett*. South Carolina: South Carolina Press, 1999.

### Internet Sources

- Adler, T. "Alan Bennett's *The Madness of George III*: a highly polished look at chaos." *Reader* 28 April 2011. 23 March 2014.  
<<http://www.chicagoreader.com/chicago/madness-of-king-george-review/Content?oid=3683413>>

- Brantley, B. "‘Shining City’: Conor McPherson’s Study of Loneliness in a Crowd." *New York Times* 10 May 2006. 12 May 2014.  
<[http://www.nytimes.com/2006/05/10/theater/reviews/10shin.html?\\_r=1&](http://www.nytimes.com/2006/05/10/theater/reviews/10shin.html?_r=1&)>
- Brennan, P. "Conor McPherson Interview." *Culture and Ireland*. 10 May 2014.  
<<https://sites.google.com/site/cultureandireland/conor-mcpherson-interview>>
- Carazo, C. "4.48 *Psychosis*: Sarah Kane’s ‘bewildered fragments’." Edicions i Publicacions de la Universitat de Barcelona.  
<<http://www.publicacions.ub.edu/revistes/bells15/documentos/74.pdf>>
- Desmond, R. "Using Madness As A Way of Finding Out What Sanity Means." *Philly.com* 27 January, 2007. <[http://articles.philly.com/1995-01-27/entertainment/25712382\\_1\\_king-george-king-lear-george-iii](http://articles.philly.com/1995-01-27/entertainment/25712382_1_king-george-king-lear-george-iii)>
- Fransen, F.J. "The Individual versus the State: The Childish Politics of Tom Stoppard’s *Every Good Boy Deserves Favour* and *Professional Foul* with Passing References to Flow-Control Devices and Water Conservation Regulations." *American Political Science Association*, 2003.  
<[http://citation.allacademic.com//meta/p\\_mla\\_apa\\_research\\_citation/0/6/2/5/7/pages62579/p62579-5.php](http://citation.allacademic.com//meta/p_mla_apa_research_citation/0/6/2/5/7/pages62579/p62579-5.php)>
- McKenzie, K. "Being Black in Britain is bad for your health." *Guardian* 2 April 2007.  
<<http://www.theguardian.com/commentisfree/2007/apr/02/comment.health>>
- Pentony, S. "How Kristeva's theory of abjection works in relation to the fairy tale and post colonial novel: Angela Carter's *The Bloody Chamber*, and Keri Hulme's *The Bone People*." *Deep South* 2 1996. 27 February 2014  
<<http://www.otago.ac.nz/deepsouth/vol2no3/issue6.html>>
- Theatre Database*. 2012. 3 May 2012  
<[http://www.theatredatabase.com/20th\\_century/tom\\_stoppard\\_001.html](http://www.theatredatabase.com/20th_century/tom_stoppard_001.html)>
- Xanthos, C. "Racializing Mental Illness: Understanding African-Caribbean Schizophrenia in the UK." *Critical Social Work* 9 2008. 14 March 2014  
<<http://www1.uwindsor.ca/criticalsocialwork/racializing-mental-illness-understanding-african-caribbean-schizophrenia-in-the-uk>>
- Williams, A. "Therapist, Heal Thyself." *Reader*. 24 January 2008. 7 May 2014.  
<<http://www.chicagoreader.com/chicago/therapist-heal-thyself-conor-mcphersons-shining-city/Content?oid=1212915>>



## 9. German Abstract

Diese Diplomarbeit befasst sich mit der Darstellung des Wahnsinns in fünf Theaterstücken des modernen Dramas: *Every Good Boy Deserves A Favour* von Tom Stoppard; *The Madness of George III* von Alan Bennett; *4.48 Psychosis* von Sarah Kane; *Blue/Orange* von Joe Penhall; and *Shining City* von Conor McPherson.

Dabei wird die Darstellung folgender Aspekte beachtet: Struktur, Charaktere, medizinischer Hintergrund und weitere Themen die durch das Thema des Wahnsinns diskutiert werden. Die Analyse der Struktur soll zeigen, wie die Form den Wahnsinn widerspiegelt; dies kann durch die Sprache sein, durch das Arrangement der Szenen oder überhaupt durch das Fehlen einer Struktur sein. Die Darstellung der Charaktere kann auch stark variieren: manche sind tatsächlich psychisch krank, einige werden aufgrund äußerer Umstände verrückt, wiederum andere sind überhaupt nicht verrückt, werden aber für geisteskrank erklärt und manche sind sich selbst nicht sicher. Alle Themen werden in Hinsicht auf den medizinischen Hintergrund besprochen in dem sie stattfinden, sodass es wichtig ist diesen zu kennen um gewisse Handlungen verstehen zu können. Schließlich finden die Stücke in verschiedenen Kontexten statt und können demnach eine Vielzahl an Themen besprechen wie zum Beispiel politische Korruption, persönliche Probleme, Rassismus, und so weiter.

Trotz der kleinen Anzahl an analysierten Texten, kann man sehen, dass es eine Unzahl von Möglichkeiten gibt das Thema „Wahnsinn“ darzustellen. Klar ist, jedoch, dass es sich bei dem Thema nie nur um das Konzept des Wahnsinns allein handelt.

## 10. Curriculum Vitae

**Snezana Jovanovic**

### **Persönliche Daten:**

Geburtsdatum: 10.09.1986

Staatsangehörigkeit: Österreich

Familienstand: ledig

### **Ausbildung:**

März 2010 - Lehramtsstudium (Englisch, Französisch) an der Universität  
Wien

2005 - 2009 Bachelorstudium am Lyon College, Batesville, USA

1997 - 2006 Matura am Bundesgymnasium XX, Unterbergesgasse 1, 1200  
Wien

### **Berufliche Erfahrung:**

Okt 2013 - März 2014: Sprachassistentin für Deutsch, Wissembourg,  
Frankreich

Mai 2011 - Sept 2012: Operations Assistant, Fidux Management Services  
GmbH