



ORBIT - Online Repository of Birkbeck Institutional Theses

Enabling Open Access to Birkbeck's Research Degree output

Sarah Kane's dramaturgy of psychic life

<https://eprints.bbk.ac.uk/id/eprint/40449/>

Version: Full Version

Citation: Sidi, Leah (2019) Sarah Kane's dramaturgy of psychic life. [Thesis] (Unpublished)

© 2020 The Author(s)

All material available through ORBIT is protected by intellectual property law, including copyright law.

Any use made of the contents should comply with the relevant law.

[Deposit Guide](#)
Contact: [email](#)

Sarah Kane's Dramaturgy of Psychic Life

Leah Sidi

Thesis submitted for the degree of
Doctor of Philosophy in English and Humanities
Birkbeck College, University of London
2019

Word Count: 84,228

Declaration

I, Leah Sidi, confirm that the work presented in this thesis is entirely my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed _____

Date 06/09/2019 _____

Abstract

Following her suicide in 1999, Sarah Kane's life and works have become the subjects of academic debate and theatrical myth. Academic criticism remains shy of connecting Kane's theatre with her experience of mental pathology. Those critics who address the theme of mental illness in Kane's works tend to focus on her final play *4.48 Psychosis*; either presenting it as a detached discursive critique of psychiatric discourse, or as a redemptive, prophetic communication from the depths of depressive experience. This thesis argues that both approaches miss the most original part of Kane's project which lies in the interrelation between the theatrical form of all of her works and representations of mental distress.

Using a combination of historical materialism, psychoanalytic theory, neuroscience, close reading and performance analysis, the thesis develops the framework of 'dramaturgies of psychic life' to show how Kane's playtexts call for theatrical encounters which are shaped by the interior life of a single subject. Kane pushes the locus of her theatrical works into a dramaturgical space 'in-between' audience and artwork, in which they become radical invitations to endure and participate in the logics of trauma and psychosis. At the same time, I argue that her works call for a new kind of response to psychic pain, which is neither mediated by diagnostic labels nor structured around redemptive categories of socially generative empathy or cure. Providing a new framework for understanding and contextualising Kane's theatrical works, this thesis also seeks to understand their recent resurgence in popularity. It uses Kane's dramaturgy to explore the consequences of understanding psychic pain as spatially enacted, positioning her as an important voice in ongoing debates about the nature of mental illness.

Acknowledgements

I am grateful to the Birkbeck School of Arts for supporting my PhD research through the Birkbeck Postgraduate Studentship. A huge thank you to my supervisors, Fintan Walsh and Jacqueline Rose for their help and encouragement. Both have been truly generous with their time, wisdom and expertise – I could not have wished for better supervisors. I'd also like to thank Louise Owen for her support, both as an excellent upgrade reader, and for giving me wonderful opportunities in teaching, presenting and publishing during my time at Birkbeck. Thank you to Anthony Shepherd, for his responsiveness and kindness.

This project would not have been possible without access to a range of materials relating to Sarah Kane's production history. I am grateful to Professor Graham Saunders, who has provided guidance, and access to his Sarah Kane archive. I'd also like to thank Dr Kim Solga for setting me on the path to doing a PhD. Thank you to Ingrid Craigie, and to Simon Kane, for giving permission for me to reproduce materials relating to the first production of *Crave*; and to Phillip Venables and to the Belarus Free Theatre, for digital material relating to their respective productions of *4.48 Psychosis*.

At times, thinking with Sarah Kane has taken me to some dark places. In these moments I have been hugely grateful to the friends I have made in the Birkbeck School of Arts community. First and foremost, to Annie Brooker whose friendship and kindness have meant more to me than I think she realises. Thank you to Laura Cushings-Harris, Kayleigh Betterton and Claire Horn for their ideas, laughter and many coffee breaks; to Alexis Wolf, Sasha Dovzhyk, Flore Janssen and Robbie Stearn for their advice and general loveliness; and to the graduate computer room crowd.

Beyond Birkbeck, thank you to Ben Hastings-Sidi and Lauren Steele for accompanying me to many Sarah Kane plays, and to the CUSU 2013 team for teaching me so much about intersectionality, mental health and disability rights – especially Helen Hoogwerf-McComb, Jia Hui Lee and Lauren (again).

Finally, thank you to my parents and siblings who taught me how to think and continue to do so. And thank you to Iain, undaunted optimist.

Contents

Introduction

- i. Escaping from hell p.7
- ii. Contribution to knowledge..... p.13
- iii. Dramaturgy and Psychic Life p.14
- iv. Theatre, playing and psychoanalysis p.20
- v. Kane entangled p.24
- vi. Chapter overview p.28

Chapter 1: Staging Mental Suffering in the 1990s: A Historical Perspective

- i. Introduction p.33

Part I: Female Maladies?

- ii. The tabloids and new historicism p.36
- iii. Gendering mental illness p.41
- iv. *Blasted* as feminist psychiatric critique p.50

Part II: Dramaturgies of deinstitutionalisation

- v. The Community Care Act p.62
- vi. *Phaedra's Love* as community care parody p.71
- vii. Spatial dislocation, psychic life p.84
- viii. Deinstitutionalised subjects p.92
- ix. Conclusion p.100

Chapter 2: A Dramaturgy of Trauma in *Blasted*

- i. Introduction p.102
- ii. Theories of trauma p.105
- iii. PTSD: Rape and repetition in *Blasted's* dramaturgy p.114
- iv. The mimetic model: hiding the subject p.127
- v. Staging subjectivity p.135
- vi. *Blasted* in production p.144
- vii. Conclusion p.154

Chapter 3: Opening up psychosis in *Cleansed*

- i. Introduction p.157
- ii. A genealogy of psychosis: Freud to Bion p.161
- iii. As genealogy of psychosis continued: 'open' psychotic subjects... p.173
- iv. *Cleansed's* de-structuring dramaturgy p.181
- v. The stage as predictive mind p.193

| | | |
|-------|----------------------------------|-------|
| vi. | Opening up and closing off | p.199 |
| vii. | Likebeing in a dream | p.202 |
| viii. | A play about love | p.210 |
| ix. | Conclusion | p.217 |

Chapter 4: 4.48 Psychosis: The Mind as Site

| | | |
|------|--------------------------------|-------|
| i. | Introduction | p.220 |
| ii. | The ceiling of a mind | p.230 |
| iii. | Hatch opens/ Stark light | p.248 |
| iv. | What do you offer? | p.254 |
| v. | It's not your fault | p.267 |
| vi. | RSVP ASAP | p.277 |
| vii. | Conclusion | p.290 |

Conclusion: Sarah Kane and Psychic Life Today p.292

Bibliography p.296

Appendix I: 'A Director in Search of a Narrative: Reality-testing in Katie Mitchell's *Cleansed*', *Performance Research*, 22.3 (2017), 49-56 p.317

Introduction

In fact the truth is I've only - I can't believe I'm going to tell a bunch of strangers this - I've only ever written in order to escape from... hell. And it's never worked, um, but... at the other end of it when you sit and watch something and think, well that's the most perfect expression of the hell that I felt, then maybe it was worth it.

Sarah Kane¹

Escaping from hell

In one of her final interviews, given at Royal Holloway in 1998, Sarah Kane placed her motivation for writing in a direct relationship with her own mental pathology. Asked by an audience member who she wrote for Kane responded that she had 'only ever written in order to escape from hell', and that despite never achieving this escape, her works could be justified after the fact as 'the most perfect expression of the hell that I felt.'² This is an unusually candid moment of self-revelation for Kane whose interviews tended to be guarded and ironic, and lay down a narrative of her development as a writer which kept her personal and interior life out of the picture. I have preserved the fillers and hesitations in the full quotation in the epigraph above to emphasise the unusualness of this moment. In the recording of the interview, Kane sounds surprised at her own statement.

The link between Kane's own mental life, her pathology and suicide, and her work is one that holds a contested place in academic criticism. Reading Kane's works in relation to discourses on mental illness risks pathologising the works themselves and

¹ Dan Rebellato, *Brief Encounter with Sarah Kane*, Online interview recording, 3 November 1998, <<http://www.danrebellato.co.uk/sarah-kane-interview/>> Accessed 31 January 2017.

² *Ibid.*

producing unconvincing analyses in which dramatic innovation is read purely as symptom.³ Nevertheless a too emphatic separation between Kane's works, her interest in, and her experiences of mental distress can also lead to readings that do not do justice to the complexity of her theatrical vision. Taking Kane at her word here, this thesis argues that by recreating a version of mental 'hell' for her potential audience to enter into, Kane created a theatre that explored what it is like to be 'inside' certain forms of mental suffering, at a specific historical juncture in the history of UK mental healthcare.

Kane frequently described her ongoing theatrical project as an attempt to create 'experiential theatre', a term which preoccupied much academic criticism of her works in the early 2000s. In his influential book, *In-Yer-Face Theatre: British Theatre Today*, Aleks Sierz grouped Kane with a series of male writers including Mark Ravenhill, Patrick Marber and Phillip Ridley, and united all of these writers under the banner of Kane's term. Sierz used the term 'experiential' to describe works that were highly visceral, full of onstage sex and violence, and meant to be 'felt' rather than carefully considered.⁴ Sierz adopts the term largely to explain the use of shock as a dramatic tool, and it has come to be linked with readings of Kane's work which see her writing as driven by overflowing rage rather than formal and socio-political interests.⁵ As Helen Iball notes Sierz's use of the term 'became a tightrope or at worst even a trip-wire for its proponents', as it tended to lead to debate as to

³ See for example Femi Oyebode's diagnosis of Kane's works in *Madness at the Theatre* (London: The Royal Institute of Psychiatry, 2012).

⁴ Aleks Sierz, *In-Yer-Face Theatre: British Drama Today* (London: Faber and Faber, 2000).

⁵ Sean Carney understands experientialism as 'Kane seeth[ing] with antagonism at the postmodern condition.' In Sean Carney, *The Politics of Contemporary English Tragedy* (Toronto: University of Toronto Press, 2013), p.266. Graham Saunders tackles this assumption in his 2003 article in which he attempts to pair the 'experiential' label with Kane's 'strict formal control'. Graham Saunders, "'Just a word on the page and there is drama": Kane's Theatrical Legacy', *Contemporary Theatre Review*, 13 (2003), 97-110 (p.100).

‘the extent to which the work achieves its experiential aesthetic’ without a clear vision of what this aesthetic entails.⁶

In later criticism the notion of ‘experientialism’ has given way to a focus on ‘feeling’ as the primary mode of reception of Kane’s works. Elaine Aston for example rejected Kane’s grouping with the ‘in-yer-face’ playwrights on grounds that Kane’s work contains a greater socio-political and global critique, and that rather than shock tactics her use of onstage violence has a transformational aim, encouraging her audience to ‘feel differently’.⁷ Clare Wallace understands Kane’s experientialism as a form of theatrical intensity, creating ‘a theatre that must be lived through’, influenced by the theatrical strategies of the historical avant-garde; and David Ian Rabey also pursues the idea that ‘experientialism’ is characterised by an almost unmanageably intense theatrical experience in which the audience must choose ‘to look directly or to look away’.⁸ Both Wallace and Rabey link Kane’s ‘experientialism’ specifically with the audience’s exposure to intense and powerful imagery on stage, suggesting that such images provoke active responses in the audience.

Other studies have focused on the literary aspects of Kane’s innovative form. In his 2011 book *Cruelty and Desire in the Modern Theater: Antonin Artaud, Sarah Kane, and Samuel Beckett*, Laurens De Vos uses Kane as an ahistorical bridge between Antonin Artaud and Samuel Beckett, to argue that both Beckett and Kane continue

⁶ Helen Iball, *Sarah Kane’s Blasted* (London: Continuum, 2008), p.45.

⁷ Elaine Aston, *Feminist Views on the English Stage: Women Playwrights 1990-2000*, (Cambridge, Cambridge University Press, 2003), p.82.

⁸ Clare Wallace, ‘Sarah Kane, Experiential Theatre and the Revenant Avant-Garde’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010) pp.88-99. David Ian Rabey, *English Drama Since 1940*, (London: Pearson Education Limited, 2003), p.207.

Artaud's artistic project of destroying literary language.⁹ De Vos focuses on the fragmentation of language in the works of both playwrights, arguing that they attempt to reach beyond language in order to access the Lacanian Real. Despite describing the way in which Artaud's destruction of the 'subjectile' of language took material form his physical attack on the paper on which he wrote, De Vos does not extend this analysis to the spatial and material elements of Kane's theatre.

In this thesis I link the desire to provoke active responses in an audience to a broader notion of 'dramaturgy', which is comprised of careful modifications of space, time, rhythm, proximity, imagery and literary factors. This dramaturgical approach, which I will return to below, creates greater scope for understanding what is specifically theatrical about Kane's 'experientialism', and enables a greater focus on the plays in performance.

If we return to Kane's own description of the 'experiential', it is possible to emphasise and trace the encounter between theatrical form and mental life throughout Kane's plays. Kane suggested that 'experientialism' is a form of theatre which attempts to place the audience in the centre of spatialised evocations of psychic experiences which would normatively be described as pathological. Whilst she never gave a full definition of the term 'experiential', Kane described it most directly in interview whilst discussing Jeremy Weller's *Mad* which she saw at the Edinburgh Festival in 1992 before writing her first full length play, *Blasted* (1995). In this description of a 'totally experiential' play, 'experiential' theatre is directly related to imaginatively and emotionally entering into the space of mental illness:

⁹ Laurens De Vos, *Cruelty and Desire in the Modern Theater: Antonin Artaud, Sarah Kane, and Samuel Beckett* (Madison, NJ: Fairleigh Dickinson University Press, 2011).

Instead of sitting, detached, and mildly interested, and “considering mental illness as an intellectual conceit, [...] *Mad* took me to hell, [...] and the night I saw it I made a decision about the kind of theatre I wanted to make – experiential. [...] It was a bit like being given a vaccine. I was mildly ill for a few days afterwards but that jab of sickness protected me from a far more serious illness.”¹⁰

For Kane, Weller’s work (the ‘only piece of theatre to have ever changed [her] life’) allowed her to enter the space of mental illness in a non-intellectual manner, with the pathology embodied in the drama actually enacting upon her in a kind of mental inoculation.¹¹ She described this theatrical encounter spatially, as an experience of moving *through* one mental space and into another, being ‘taken to a place of extreme mental discomfort and distress – and popped out the other end’.¹² For Kane then, the ‘experiential’ ideal to which her theatre apparently aspired was linked from the beginning with mental distress. It aimed to create a theatre in which distress is experienced *from within*, and in a genuine manner – a real, smaller dose of pain to ward off ‘far more serious illness’.¹³

From the start of her playwrighting career, Kane developed combinations of contrasting theatrical styles in order to enact forms of mental breakdown through her playtexts without, ‘considering mental illness as an intellectual conceit.’¹⁴ Kane’s own (self-curated) account of her development as a writer suggests that seeing Weller’s *Mad* represented a turning point in her artistic aims and methods.¹⁵ *Mad* ‘was a piece of devised and confessional theatre in which a group of performers,

¹⁰ Kane, quoted Sierz, *In-Yer-Face Theatre*, p.92.

¹¹ Sarah Kane, ‘The only thing I remember is...’, *Guardian*, 13 August 1998, p.A12.

¹² Kane, quoted Sierz, *In-Yer-Face Theatre*, p.92.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ Kane, ‘The only thing’, p.A12.

predominantly female, talked about their personal relationships, their experiences of clinical depression and the treatment they had received.¹⁶ In its focus on the experiences of mental illness and personal relationships of women, *Mad* resonates with the themes of Kane's first experiments with dramatic writing: a trio of monologues entitled *Sick* which she wrote whilst an undergraduate at Bristol University and which were performed at the Edinburgh Festival in the summers of 1991 and 1992.¹⁷ These monologues written for women include *Starved*, which details the experience of a teenage girl suffering from bulimia and sectioned under the Mental Health Act; *What She Said*, which tells the speaker's story of her first experience in a same-sex relationship; and *Comic Monologue* in which an unnamed woman recounts her oral rape at the hands of her boyfriend Kevin, and concludes that the trauma of rape is one from which the victim can never recover.

Kane's move from writing monologues to writing her first play *Blasted* (via seeing Weller's play) marked a shift in the way in which these themes of mental pain or pathology, sexual assault and sexuality were to appear in her works. *Blasted*, *Phaedra's Love* (1996), *Cleansed* (1998), *Crave* (1998) and *4.48 Psychosis* (2000) all develop the themes of sexual assault, trauma, mental illness and hospitalisation that were the central concerns of the *Sick* monologues, but no longer have characters narrate their interior lives. As we shall see Kane's plays are not documentations of their characters' experiences, unlike the speakers of Weller's *Mad* or of the *Sick* monologues, but rather theatrical explorations of how such experiences shape and structure 'mental life'.

¹⁶ Iball, p.28.

¹⁷ Dan Rebellato, 'Sarah Kane before *Blasted*, the monologues', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.28-44, pp.29-31.

Contribution to knowledge

From this starting point, this thesis marks a contribution to knowledge by making the following original claims. Firstly, that Kane's dramaturgy constitutes a unique and intentional formal collapse of theatrical and psychic space. Secondly, that Kane's entire theatrical trajectory can be read as an increasing internalisation of historically situated psychiatric discourses and structures into theatrical form. Thirdly, that Kane's theatrical works propose a spatialised understanding of traumatic and psychotic psychic suffering. And finally, that this spatial element becomes part of an original understanding of what it means to experience and share psychic suffering, one which can significantly contribute to contemporary debates on how to approach and understand the psychic pain of others.

Using a combination of historical materialism, psychoanalytic theory, neuroscience, close reading and performance analysis I address the following research questions: How can Kane's dramaturgy be understood historically, as the product of 1990s discourses on mental illness within and outside the theatre? What kind of interior life do these works present to their potential audiences, and how does this alter the audience/artwork encounter? What demands does Kane make on her potential audiences? And how do these demands gain new meaning in contemporary performance contexts?

This thesis therefore provides contributions beyond 'Sarah Kane' studies. Most importantly it contributes to psychoanalytic and theoretical approaches to mental health, by presenting theatre as a privileged site for understanding and communicating aspects of psychic interiority which are spatially experienced. The thesis suggests that greater scope exists for including these experiences into theory

than is currently practiced, and that Kane's works can be used to make claims for a radical, open approach to psychic pain.

This thesis also contributes to theatre studies, by suggesting that Kane's works provide an important step in a reconceptualisation of the relationship between stage and psychic life, which continues to have an impact on contemporary performance. Her works provide something of a bridge between 1990s theatrical works focussed on using the stage to separate out different kinds of psychic experiences, to contemporary works which trouble the boundaries between pathological and non-pathological thinking.

Finally, as I shall discuss below, the historical section of this thesis opens up new avenues of thinking for the medical humanities by identifying the 1990s as a crucial transitional period in UK mental healthcare. Major cultural studies of madness have tended to end with the end of asylum care,¹⁸ and there have been more recent studies of mental health in the context of community which focus on the present moment.¹⁹ Comparatively little has been written on community care during this crucial period of transition, and the ways in which it has come to impact the current mental healthcare crisis. By tracing the way in which Kane's works emerge out of this period and anticipate the dominance of twenty-first-century healthcare frameworks, this thesis begins to address, and reveals the need for further study of, the cultural and institutional transformations enacted by community care.

Dramaturgy and Psychic Life

¹⁸ For example, Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason*, trans. by Richard Howard (New York: Vintage Books, 1988), and Elaine Showalter, *The Female Malady: Women, Madness and Culture 1830-1980* (London: Virago, 1987).

¹⁹ See for example the work of the Wellcome Trust funded 'Waiting Times' project currently being carried out at Birkbeck, University of London and Exeter University, which examines new temporalities of care and their manifestation in psychic life.

This thesis argues that we encounter the mental consequences of violation and breakdown ‘experientially’ in Kane’s works, insofar as we are invited to look through a lens which distorts the world according to the logic of situated forms of mental suffering. I use the framework of a ‘dramaturgy of psychic life’ in order to navigate the interdisciplinary range of this investigation, and to encapsulate the breadth of Kane’s project. This is a project which collapses a number of dualisms. As I shall argue, it is not possible to fully separate out Kane’s theatrical innovation, and the challenging, innovative vision she consistently offers of psychic reality. Her plays are concerned with both psychic interiority and socio-political structures; her representations of violence both signal specific acts of political oppression and function as part of a wider dramatic structure evoking experiences of psychic suffering. Finally, mental suffering in these works is both pathological and expressive, resistant to the resolutions promised in medical discourse even as it yearns for them.

Kane’s works take place at a problematised boundary between interior and exterior where seemingly contradictory modes of understanding are invited to interact and remain in a productive irresolution. Both the terms ‘dramaturgy’ and ‘psychic life’ contain some of this irresolution and doubleness in their definitions of that which takes place in the theatre and in the mind respectively. Bringing them together thus provides fertile ground for beginning to articulate the claims Kane’s theatre makes on its audience, and on the moment in which it is situated.

This thesis will argue that Kane’s playtexts contain a call for specific dramaturgical approximations of forms of mental suffering to be recreated in performance. The term ‘dramaturgy’ is itself a difficult one, encompassing as it does the literary aspects of a playtext, as well as the interactions and connections that take place

between the audience and the various visual, auditory and spatio-temporal elements that make up a theatrical performance. In *Dramaturgy and Performance*, Cathy Turner and Synne Behrndt address this difficulty, stating a ‘need to go beyond the idea that drama contains a simple set of signifiers for us to decode, since ‘dramaturgy’ also involves and implicates spectator responses: the work must therefore be considered a dynamic event’.²⁰ Behrndt and Turner understand dramaturgy as ‘concern[ing] the relationship between subject matter and its framing’,²¹ locating dramaturgical analysis as addressing the many ways in which ‘levels of meaning are orchestrated’ onstage or in performance events.²² Examining dramaturgy in this context therefore involves addressing the mechanisms by which a dramatic work reaches its audience, and what might be provoked in the audience/work encounter.

The dramaturgy of a work takes place ‘in between’ its various signifying elements and the situation in which these elements are encountered together as a dramatic whole.²³ However, this is not to say that it is not possible to address the dramaturgy of a playtext. In these chapters I suggest that Kane engaged in dramaturgical practice in writing her playtexts, insofar as they contain direction for potential performances in which the non-literary aspects of the work are held in unresolved tension with plot and dialogue.

Whilst this thesis builds on Turner and Behrndt’s understanding of dramaturgy as a compositional logic characterized by ‘in between-ness’ it also challenges their reading of Kane’s work specifically. Turner and Behrndt identify Kane as a key

²⁰ Cathy Turner and Synne Behrndt, *Dramaturgy and Performance* (Basingstoke: Palgrave Macmillan, 2008), p.18.

²¹ *Ibid.*, p.25.

²² *Ibid.*, p.18.

²³ *Ibid.*, p.33.

example of the ‘potential challenges [that] postmodernist writing’ poses to their definition of dramaturgy.²⁴ They note that ‘Kane challenges us to identify the compositional logic that binds together the way she organizes action, time, space, character and dialogue’, and that in so doing creates works that are inherently incomplete:²⁵ ‘the openness of Kane’s dramaturgy means that [*Crave* and *4.48 Psychosis...*] are only completed by the decisions made in the performance-making process’.²⁶ Such an analysis suggests that the irresolution of Kane’s playtexts exists to be resolved in performance, with performance-makers tasked with ‘closing off’ the works’ radical openness. In contrast I argue that the ‘compositional logic[s]’ of Kane’s works are structured around maintaining this resolution and openness. What’s more, this very irresolution is situated in socio-historical and political concerns, as it thinks through and articulates a critique of dominant discourses on non-normative mental states in the 1990s.

The relationship between the forms of mental ‘hell’ generated through Kane’s dramaturgy, and the social, political and historical contexts in which these works were created are best addressed through the vocabulary of psychic life. This term allows for the articulation of subjective experience as both internally generated and subject to external power. As Lisa Baraitser has recently noted, the term ‘psyche’ is now considered dated in contemporary theories of mental life and subjectivity, to the extent that it ‘show[s] up as a kind of embarrassment’ in psychological discourses:

It goes against the grain of mainstream psychological discourse where ‘psyche’ gave way some time ago to ‘mental’ and now simply ‘neuro’, as the

²⁴ *Ibid.*, p.29.

²⁵ *Ibid.*, p.29.

²⁶ *Ibid.*, p.30.

brain, albeit conceived of as plastic, emotional, responsive, porous and in some way relational, has become *the* psychological subject.²⁷

Nevertheless, Baraitser argues for the importance of a return of the concept of psychic life or ‘psychic reality’, as a way of introducing a third term into discussions of subjecthood. As a ‘third term’, psychic life enables one to address subjective experience beyond binary constructions of interior/exterior, and self/other.

Tracing the development and return of the concept of ‘psychic life’ via Jean Laplanche and Judith Butler, Baraitser presents psychic life as the invasive meeting of external, social life with a psychological interior, which both moulds and is moulded by this experience. As Baraitser summarises, ‘[Jean] Laplanche’s rendition of psychic reality opens the way for psychic reality to be understood to change the social norm, and not just the other way around’.²⁸ Drawing on his work, Butler presents the psychic life of power as taking place in between social and political normative structures, and the supposedly interior reality of the individual. Butler’s vision of a subject who is always-already social and relational is one that is constituted by this encounter with an object that ‘is actually an already configured social world, an other who is already regulated and governed, formed by social norms.’²⁹

Tracing the inherently ambivalent relationship between power and subject-formation, Butler suggests that the internalization of power through social norms also involves an ‘interiorization of the psyche’, in that it that actually ‘*fabricates the distinction between interior and exterior life*, offering us a distinction between the psychic and the social that differs significantly from an account of the psychic

²⁷ Lisa Baraitser, *Enduring Time* (London: Bloomsbury, 2017).

²⁸ *Ibid.*, p.40.

²⁹ *Ibid.*, p.44.

internalisation of norms.³⁰ Psychic life for Butler and Baraitser is both generated by and experienced in an *in between*, a site which is neither reduceable to brain/mind, nor to social environments.

This element of ‘in-betweeness’ in relation to psychic life makes it particularly useful for discussing Kane’s theatrical project. This thesis makes two intertwined arguments in relation to Kane’s oeuvre. The first is that Kane’s theatrical project, from its inception, was to create dramaturgies which would represent painful forms of psychic life to its audience. These are representations of states which would normatively be described as ‘mental illness’ (and as such read as private, pathological and interior), but which nonetheless maintain a relation with political and social ‘outsides’ which they resist, rage against, manipulate and are shaped by. The second is that Kane’s playtexts contain within them a call for a specific kind of theatrical encounter, the creation of a dramaturgy which takes place somewhere in between work and audience.

Kane’s works repeat the troubling of the interior/exterior binary which is thematised in the forms of mental breakdown they staged, as they generate meaning by disrupting the traditional structures of identification found in dramatic theatre. This dramaturgical practice pushes the ‘in between’ nature of dramaturgy identified by Turner and Berndt to an extreme, by creating theatrical works that repeatedly solicit and reject the identifications of their audiences, ‘meeting’ them neither in the closed world of the dramatic universe nor the detached, self-reflective pose of Brechtian or metatheatrical theatre. Such a form of theatrical in-betweeness parallels that of psychic life, generating a third term (or third space) out of the encounter between

³⁰ Judith Butler, *The Psychic Life of Power: Theories of Subjection* (Stanford: Stanford University Press, 1997), p.19.

work and audience (and all of the social-political conditions the audience brings) which signifies differently, socially and anew.

Theatre, playing and psychoanalysis

As I have been outlining, contestation here is that Kane innovates both on dramaturgical form *and* on models of psychic suffering, and that for Kane these are one and the same. Drama is a way of representing experience which is at once social and mental, theatre is a site in which the two are inevitably enmeshed. This thesis navigates a number of different discourses on mental suffering in order to explore the nature of Kane's representations of psychic life. It situates Kane's work in the monumental changes to the landscape of UK mental healthcare which took place in the 1990s, revealing how her presentations of mental suffering draw on and respond to popular and professional anxieties surrounding the deinstitutionalisation of psychiatric patients (in Chapter 1). Kane draws repeatedly on frameworks for understanding mental pathology which were particularly popular in the 1990s, most notably the PTSD paradigm in *Blasted* and *Crave*, and cognitive behavioural approaches to depression and suicide in *4.48 Psychosis*.³¹ On top of this she also engages intertextually with a wide range of writing on madness and suicide, from Antonin Artaud's *Selected Writings* to Edward Shneidman's seminal study of suicide *The Suicidal Mind*. These discourses, from the popular to the specific, form the landscape in which and with which Kane crafts her own understanding of psychic anguish.

³¹ Addressed in Chapters 2 and 4 respectively. For the intertextual sources of *4.48 Psychosis* see Antje Diedrich, "'Last in a long line of literary kleptomaniacs': Intertextuality in Sarah Kane's *4.48 Psychosis*", *Modern Drama*, 56, 3 (2013), 374-398, and Ian Marsh, *Suicide: Foucault, History and Truth* (Cambridge: Cambridge University Press, 2010).

This thesis uses a psychoanalytic framework to elucidate the ways in which Kane diverges from or builds on these discourses. Psychoanalytic theory is useful in approaching Kane's work not because it explains away her theatre as symptom or (Oedipal or castration) complex; but because it provides a theoretical framework in which purportedly pathological forms of mental experience are allowed to signify in their own spaces, a framework which has been historically engaged with the relationship between psychic phenomena and site. Reading Kane's work alongside genealogies of psychoanalytic thinking, especially on trauma and psychosis, is also an attempt to position Kane as a thinker of psychic life in her own right, whose spatially enacted mental lives might bring something additional to theoretical discussions of psychic suffering.

This thesis therefore deploys psychoanalytic theory in two separate but concurrent ways. Firstly, it uses psychoanalytic theory in order to theorise the specific *mode of engagement* that Kane generated or attempted to generate with her audiences, by presenting her dramaturgical innovation as a form of Winnicottian play. According to psychoanalyst D. W. Winnicott, 'play' is a mode of relating in which the distinction between interior life and external reality is blurred. Initially the way that infants mediate the difficulties of object-relating – of realising a separation between their existence as subjects and the world of objects outside of the self – playing crucially involves the use of external, real objects within a subjectively created world. Playing takes place for Winnicott in a 'transitional space', in which the boundaries between subject and object, and between psychic interior and material exterior, are blurred. It is a mode of existence which provides a third space outside of this binary:

The third part of a human being, a part we that we cannot ignore, is an intermediate area of *experiencing*, to which inner reality and external life both contribute. It is an area which is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated.³²

Playing therefore involves a kind of extension of interior reality into the external world, creating the potential for a subject's play-world to be experienced by another in a mode not strictly dictated a separation between subject and object. For Winnicott, this is precisely the aim of psychotherapy: '*Psychotherapy takes place in the overlap between two areas of playing, that of the patient and the therapist.*'³³

Playing is an action, to play 'one has to *do* things', and to play with another is to *do* something to that other, to have them inhabit one's play-world.³⁴

Throughout her dramatic oeuvre Kane pushed the locus of her dramaturgy to occupy a site in-between the viewing subject and viewed object/artwork which is analogous to this site of play. With increasing intensity and complexity Kane's dramaturgy troubles the boundary between audience and artwork, culminating in her final works which invite her audiences to radically inhabit the inside of a spatially enacted subjectivity. Winnicott suggests that all cultural experience or creative practice generates a nostalgia for a return to the initial experience of 'transitional phenomena' in infancy.³⁵ However, I suggest that Kane attempts to transform her theatre into something much closer to the type of play which Winnicott identifies in

³² D.W. Winnicott, *Playing and Reality* (London: Routledge, 2005), p.3.

³³ *Ibid.*, p.51, emphasis original.

³⁴ *Ibid.*, p.55, emphasis original.

³⁵ *Ibid.*, passim.

psychotherapeutic practice which creates the potential for an overlap of two subjective experiences. And whilst Winnicott understood play as always ‘belong[ing] to health’,³⁶ this thesis argues that the modes of playing suggested in Kane’s dramaturgy are closer to André Green’s concept of ‘negative play’; a ‘form of thought [... which includes] treacherous, cruel, and destructive plays’, but remains linked to the need to mediate the ‘horror’ of outside reality.³⁷

The second way in which psychoanalytic theory is used in this thesis is to articulate specifically *what kinds of* psychic experiences are being staged. This involves exploring psychoanalytic theories of trauma and psychosis (which Kane most likely did not read) in order to provide a framework and language with which to discuss the claims which Kane’s plays make about these psychic phenomena, and to situate them in a broader intellectual landscape. For this purpose, the start of Chapter 2 presents a brief genealogy of psychoanalytic thinking on trauma, and the start of Chapter 3 a brief genealogy of psychoanalytic thought on psychosis. These genealogies are not designed to be comprehensive, but to identify the moments in which Kane’s own presentations of psychic distress might make inroads into expanding our understandings of these psychic phenomena. Chapter 2 uses Sandor Ferenczi’s theory of mimetic trauma as a framework for tracing the importance of identification and introjection in *Blasted*’s dramaturgy; and Chapters 3 and 4 focus on Christopher Bollas’ writing to explore Kane’s representations of psychotic breakdown. Psychoanalytic theories of psychosis are placed alongside neurocognitive studies of hallucination to better understand the relationship between

³⁶ Ibid., p.56.

³⁷ André Green, *Play and Reflection in Donald Winnicott’s Writings* (London: Karnac, 2005), p.12 and p.8.

Kane's dramaturgical mechanisms for generating uncertainty in the theatre and experiences of psychosis.

Kane entangled

By engaging in a number of medical and psychoanalytic frameworks, this research is guided by the presentations of mental suffering held within Kane's playtexts themselves and aims to avoid elevating any one framework to the level of meta-discourse. In attempting to explore dramaturgy, medical and psychoanalytic discourses on equal footing it contributes to a growing trend in medical humanities research of re-evaluating the relationship between medical and humanities research. In their opening chapter to *The Edinburgh Companion to the Medical Humanities* Des Fitzgerald and Felicity Callard address this trend by asking 'what a more *critical* medical humanities might look like'.³⁸ They ask:

how might the methodological and intellectual legacies of the humanities intervene more consequentially in the clinical research practices of biomedicine – situating accounts of illness, suffering, intervention and cure in a much thicker attention to the social, human and cultural contexts in which those accounts, as well as the bodies to which they attend, become both thinkable and visible?³⁹

Fitzgerald and Callard argue that such an intervention can be worked towards not by integrating the concerns of one discipline (the humanities) into the framework of another (biomedicine), but through the concept of 'entanglements.'

³⁸ Des Fitzgerald and Felicity Callard, 'Entangling the Medical Humanities', in ed. by Anne Whitehead, Angela Woods, *The Edinburgh Companion to the Medical Humanities* (Edinburgh: Edinburgh University Press, 2016), pp.35-49 (p.35).

³⁹ *Ibid.*

Drawing especially on feminist science and technology studies, ‘entanglement’ is used here to describe apparently cross-disciplinary concerns and analyses which are nonetheless already related. ‘What holds together much of the research employing ‘entanglement’’, for Fitzgerald and Callard,

is an intuition that some set of things, commonly held to be separate from one another (indeed, that define themselves precisely with reference to their separability) – science and justice, humans and non-humans, settlers and natives – not only might have something in common, but also, in fact, may be quite inseparable from one another.⁴⁰

I take such a relationship as an important starting point for the encounter between Kane and a number of interlocutors (individuals and theories). This is not a question of Kane-*vs*-psychiatry, anymore than it is of Kane-*as*-psychoanalysis. Rather Kane’s work is entangled with many modes of understanding and regulating psychic suffering (not limited to those discussed in this thesis) because her work never really stood alone, separate from such discourses.

The relationship between Kane and the medical, or indeed Kane and the psyche, received scarce attention in early criticism on Kane which tended to follow the lines of enquiry set out by two publications: Aleks Sierz’s *In-Yer-Face Theatre: British Drama Today*, and Graham Saunders’ ‘*Love me or kill me*’: *Sarah Kane and the Theatre of Extremes*. As discussed above, Sierz’s study established a framework for understanding Kane’s work through the lens of ‘experientialism’ – a term which in his definition describes shocking, formally experimental theatre with rageful, apolitical (or only vaguely political) content. Sierz’s framing of Kane’s works as

⁴⁰ *Ibid.*, p.39.

plays which refrain from judgement, which ‘do[]n’t make a case, [but] impose[] a point of view’, is repeated in various forms in much Kane criticism of the 2000s.⁴¹ Saunders’ presentation of Kane on the other hand emphasised the strong influence of Jacobean theatre and literary modernism on her theatrical form, and presents Kane’s dramatic universe as primarily concerned with the metaphysical and the moral.⁴² From these two early studies a number of debates emerged to preoccupy a decade of critical discourse surrounding the ethics and morality of Kane’s works,⁴³ their political content (or lack thereof)⁴⁴ and the coherence or failure of her aesthetic experimentation.⁴⁵

More recently several studies turn to consider the contested positions of the bodies and minds in Kane’s works in relation to medical and gendered discourses. Kim

⁴¹ Sierz, *In-Yer-Face Theatre*, p.103. Dan Rebellato for example repeats the assertion that Kane withdraws from a position of judgement in her transition from writing monologues to writing *Blasted*, a claim which is examined more closely in Chapter 2 below. Rebellato, ‘Sarah Kane before *Blasted*’. Vera Gottlieb understands this supposed withdrawal as a failure to create politically relevant theatre in Vera Gottlieb, ‘Lukewarm Britannia’, in *Theatre in a Cool Climate* ed. Colin Chambers and Vera Gottlieb (Oxford: Amber Lane, 1999) pp.201-212.

This position is repeated in assessments of Kane’s work as examples of what Hans Theis Lehmann terms ‘postdramatic theatre’, a theatre seeks to ‘present’ material directly, and not suppose a representational relationship with the outside world. See David Barnett, ‘When Is A Play Not Drama? Two Examples Of Post-Dramatic Theatre’, *New Theatre Quarterly*, 24 (2008). 14-23; Echart Voigts-Virchow, ‘“We are anathema” – Sarah Kane’s plays as postdramatic theatre versus the ‘dreary and repugnant tale of sense’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010) pp.195-208; Mathew Roberts, ‘Vanishing Acts: Sarah Kane’s Texts for Performance and Post-Dramatic Theatre’, *Modern Drama*, 58, (2015), 94-110.

⁴² Graham Saunders, *Love me or Kill Me: Sarah Kane and the Theatre of Extremes*, (Manchester: Manchester University Press, 2002)

⁴³ See for example Rebellato ‘Sarah Kane before *Blasted*’; Louise Lepage’s debate on the capacity for moral decision-making in Kane’s characters in, ‘Rethinking Sarah Kane’s Characters: a Human(ist) Form and Politics’, *Modern Drama*, 57, (2014) 252-272; Annabelle Singer’s discussion of Kane and religious morality in, ‘Don’t Want to Be This: The Elusive Sarah Kane’, *TDR: The Drama Review*, 48, (2004) 139-171; compared with Ken Urban’s claims that Kane’s works are ethical rather than ‘moral’ in ‘An Ethics of Catastrophe: The Theatre of Sarah Kane’, *PAJ: A Journal of Performance and Art*, 33.3 (2001) 36-46.

⁴⁴ See for example the rejection of Kane as a political writer in Gottlieb, contrasted with Christopher Wixon’s reading of Kane as building on Caryl Churchill’s politically charged critiques of globalisation in, ‘“In Better Places”: Space, Identity, and Alienation in Sarah Kane’s *Blasted*’, *Comparative Drama*, 39.1, (2005) 75-91.

⁴⁵ Especially debates as to how far Kane’s theatre can be read as postdramatic (see note 41) or avant-garde as argued by Emilie Morin argues in, ‘Look Again: Indeterminacy and Contemporary British Drama’, *New Theatre Quarterly*, 105, (2011) 71-85, and by Wallace.

Solga and Elaine Aston have both compellingly sought to reposition Kane's works in relation to feminist theatre.⁴⁶ Aston especially might be read as 'entangling' Kane's work with feminist theory and theatre. She presents Kane's works as already enmeshed with feminist concerns with gender, power and representation; emerging out of and reacting to a strong feminist tradition in UK theatre by re-presenting these concerns for a 1990s audience. Chapters 1 and 2 of this thesis build considerably on Aston's position, reading a feminist critique of sexual violence as embedded in Kane's dramaturgical practice. Nina Kane's upcoming book is a practice-based examination of transgender identities in Kane's theatre, and presents a new opening up of Kane's works for twenty-first century feminism and a (surely belated) examination of Kane in relation to queer theory.⁴⁷

Studies of Kane's theatre in relation specifically to mental health and psychiatry have focussed almost exclusively on her final work, *4.48 Psychosis*. These are discussed in depth in Chapter 4, as part of my own rereading of Kane's final work. Here I argue that critiques of Kane's engagement with psychiatry in *4.48 Psychosis* often reach a redemptive impasse, which introduces a critical hierarchy between the dramatic work, the medical intertextual content and Kane's own experience and suffering. This study builds on some of these engagements with *4.48 Psychosis*, especially the contextual work conducted by Antje Diedrich and Ian Marsh.⁴⁸ Nevertheless it diverges from them in two crucial ways. Firstly, by reading Kane's preoccupation with mental distress 'back' throughout her works and presenting her

⁴⁶ Kim Solga, 'Blasted's Hysteria: Rape, Realism, and the Thresholds of the Visible', *Modern Drama*, 50, 3 (2007) 346-374; and Aston, *Feminist Views on the English Stage*, and 'Reviewing the Fabric of Blast', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.13-27, and 'Feeling the loss of feminism: Sarah Kane's *Blasted* and an Experiential Genealogy of Contemporary Women's Playwrighting', *Theatre Journal*, 62, 4 (2010), 575-591.

⁴⁷ Nina Kane, *Sarah Kane: Queer Desires and Feminist Continuums* (Abingdon: Routledge, upcoming).

⁴⁸ See note 31 above.

dramaturgical engagement with it as a continuum, and secondly by suggesting that Kane presents psychic pain as something to be endured and held unresolved by an audience, rather than rendered coherent through a specific medical or psychoanalytic discourse.

The concept of entanglement is therefore helpful in resolving the impasse that one seems to arrive at when attempting to engage with the relationship between Kane's work, psychopathology, and her own experience of the mental healthcare system. These plays are already embedded in a complex network of discourses surrounding mental pain, a network which only gets wider and more complicated with every re-staging of her plays and resurgence of her popularity. This thesis is an attempt to trace these networks, in order to arrive at the claims Kane's dramaturgy itself makes for how mental pain should be encountered.

Chapter Overview

As I have suggested, Kane increasingly internalises psychic suffering and contemporary psychiatric practices into her dramaturgy throughout her works. The structure of this thesis takes its cue from this trajectory. Given my specific focus on theatrical space and dramaturgical practice I do not include a discussion of Kane's short film *Skin*, which I believe stands somewhat outside of Kane's dramatic project and which diverges thematically from her theatrical works through its explicit focus on British nationalism.

Chapter 1 below contextualises Kane's theatre in relation to the changing psychiatric landscape of the 1990s in the UK. Taking a historical materialist approach, it reads Kane's *Blasted*, *Phaedra's Love* and *Crave* alongside an archive of newspaper coverage of psychiatric stories from the 1980s and 1990s, and the text of the *NHS*

and Community Care Act (1990). It identifies an important shift in popular and professional discourses on mental illness following the *Community Care Act (1990)* in the UK, which led to the dislocation of psychiatric identity and experience from psychiatric institutions. Whilst public discourses surrounding mental illness are heavily tied to asylum narratives throughout the 1980s, the 1990s present a period of discursive flux, in which the new spatial conditions of mental healthcare challenge old assumptions about madness.

I suggest that *Blasted* thematises and seeks to undermine gendered assumptions surrounding psychiatric care which were particularly popular before anxieties about community care became widespread. It stages the typically gendered stigmas of the violent madman and sexually provocative, victimised madwoman that are typical of 1980s asylum narratives. Following *Blasted*, I suggest that Kane incorporates the newly unstable spatial conditions of mental healthcare into her presentations of psychic life. In *Phaedra's Love* and *Crave* especially, Kane explores the failures of psychiatric institutions to contain and regulate extreme psychic suffering. This chapter suggests that the 'contents' of the psychic lives that Kane stages, fraught with sexual and political violence, power play and oppressive medical interventions, are shaped by historically specific spatial conditions.

Chapters 2 and 3 build on this contention, by addressing specifically what kinds of psychic experiences Kane's theatre staged. Chapter 2 focuses on the dramaturgy of *Blasted*, arguing that it presents a dramaturgy moulded by the sexual trauma of a single character. Shifting from the usual critical focus on Ian to Cate, I suggest that *Blasted's* dramaturgy manipulates its audience into an unsustainable identification with the male antihero, in order to simulate the traumatic identification and breakdown of the female character. In this play, Kane follows the pattern of

repetition and distortion found in diagnoses of post-traumatic stress disorder – a framework for understanding the psychic consequences of violence which was becoming ubiquitous in the 1990s. I use Sandor Ferenczi’s mimetic model of trauma to argue that Kane adds an additional element to this popular framework by highlighting the role that identification plays in traumatic experience. The identificatory model of trauma that Kane stages in *Blasted* is one in which the mental consequences of violation are irreparable, a position which returns in the resurgences of sexual violence which erupt throughout her works. I examine the 2015 production of *Blasted* by Sheffield Theatres to explore the limits of actually staging this traumatic dramaturgy in a contemporary theatre context.

Chapter 3 identifies a turning point in Kane’s work with the writing of *Cleansed*, and traces her intensification of the relationship between mental life and theatrical space from this point. From *Cleansed* onwards, Kane’s works become increasingly interested in the psychotic, and her dramaturgy shifts so as to dislocate the subjectivity it spatially enacts from any single character on stage. Here I argue that *Cleansed* attempts to dramaturgically simulate the kind of radical unpredictability and disorientations described in experiences of psychotic breakdown. Drawing on both Christopher Bollas’ writing on psychotic breakdown and neurocognitive studies of hallucination, I suggest that *Cleansed* is structured so as to hold its audience in a state of sustained irresolution which might be said to approximate that of psychosis.

Comparing the play’s original Royal Court production to Katie Mitchell’s 2017 production of *Cleansed* at the National Theatre, this chapter argues that *Cleansed*’s playtext asks to be staged in a way that leaves its non-coherence unresolved, so that an audience might share in it. This contrasts to Mitchell’s directing approach, which attempted to ‘resolve’ the fragmented play into a continuous narrative. I argue that

maintaining the openness and non-coherence of *Cleansed*'s dramaturgy allows for the play's most radical suggestion to be articulated: that a spatially enacted version of psychotic suffering can be shareable with others, and experienced as social rather than 'locked in' the mind of an individual.

Chapter 4 builds on these arguments to explore the political potential of Kane's representations of psychic suffering today. It argues that in *4.48 Psychosis* Kane pushes the relationship between mind and site to an extreme, inviting the audience to reside *inside* a psychic space undergoing extreme pain without resolution or cure. In this work the possibility of enduring and sharing a space with psychic suffering is directly opposed to transactional approaches to mental illness, especially those found in Cognitive Behavioural Therapy (CBT). As such, the work prefigures the increasingly neo-liberal landscape of mental healthcare in which we find ourselves today.

This chapter examines Kane's intertextual engagement with suicidology in order to identify the claims which she makes on her audience's attention. It suggests that *4.48 Psychosis* represents a culmination of a call for a new mode of engaging with psychic suffering which Kane developed throughout her dramatic project. This mode of engagement would involve understanding psychic pain as something to be shared rather than described, endured rather than empathised with, and acknowledged even as it remains in a fraught relationship with the concept of cure.

The past five years have seen a resurgence of interest in Kane's works in major UK theatres, and concurrently a shift in public awareness of mental illness. By moving through Kane's dramatic project beginning with her engagement with the psychiatric narratives of her own time and ending with how her works speak to our current

‘mental health’ moment, I aim to position Kane as an original, nuanced voice on the experience of psychic suffering – one whose import has perhaps yet to be realised.

Chapter 1

Staging mental suffering in the 1990s: A historical perspective

Introduction

As I discussed in the introduction, Kane's interest in experiences of mental illness and psychic suffering clearly begins with her unpublished monologues and continues throughout her ever more dramaturgically complex theatrical project. Concerns with the psychic consequences of sexual assault, psychiatric encounters and the problems of sharing psychic pain become enmeshed in a wider set of themes in her dramatic works, even as they seem to become the structuring principles of Kane's dramaturgy.

Kane's first three works have a number of historically and politically specific referents, which have received critical attention. Duška Radosavljević has written powerfully on *Blasted* as a response to the Balkan conflict, and suggests that Kane overcomes traditional, 'orientalist' views of former Yugoslavia by restaging the conflict in a British setting;¹ whilst Helen Iball has highlighted the play's re-staging of the violence of football hooliganism, a particularly widespread issue in the late 1980s and early 90s.² *Phaedra's Love* clearly parodies the scandals of the British Royal Family, as Sean Carney and Graham Saunders have noted, and Hallie Rebecca Marshall has read the play more broadly as staging the 'moral vacuum' of post-Thatcherite politics.³ Several commentators have also identified *Cleansed* as

¹ Duška Radosavljević, 'Sarah Kane's Illyria as the land of violent love: a Balkan reading of *Blasted*', *Contemporary Theatre Review*, 22.4 (2012), 499-511.

² Helen Iball, *Sarah Kane's Blasted* (London: Continuum, 2008).

³ Sean Carney, *The Politics of Contemporary English Tragedy* (Toronto: University of Toronto Press, 2013), p. 274, Saunders, *Love me or Kill Me: Sarah Kane and the Theatre of Extremes*, (Manchester:

continuing Kane's concerns with the Bosnian conflict in a more abstracted fashion.⁴ These readings all create thematic links between Kane's works and the socio-political moment in which she was writing, especially in relation to the mediatisation of violence. In doing so they contribute to an ongoing debate as to the extent to which Kane's plays can be read as political theatre, and seek to position Kane as a socially engaged playwright.

This chapter situates Kane in a different, historically specific context. Whilst the readings above make discreet connections between socio-political circumstances of the 1990s and specific plays, I suggest a framework for understanding all of Kane's theatrical project as situated in a moment of important historical transition for UK mental healthcare. In doing so I build on the work of Antje Diedrich, who has eloquently outlined Kane's intertextual use of psychiatric texts in *4.48 Psychosis*.⁵ Whilst Diedrich's study focusses on the importance these texts in Kane's final work, this chapter will read Kane's earlier works in a broader psychiatric context. This is not to undermine the connections between Kane's works and her observations on global conflicts, which are undoubtedly an important part of her theatrical vision. Rather, it is to that understand the claims which Kane would appear to make both thematically and through her dramaturgy about the nature of mental suffering both arise within, and are perhaps enabled by discursive conditions specific to the UK in the 1990s.

Manchester University Press, 2002), p.75; Hallie Rebecca Marshall, 'Saxon Violence and Social Decay in Sarah Kane's *Phaedra's Love* and Tony Harrison's *Prometheus*', *Helios*, 38, (2011) 165-179.

⁴ Elizabeth Angel-Perez, *Voyages au Bout du Possible Les Théâtres du Traumatisme de Samuel Beckett à Sarah Kane*, (Klincksieck : Paris, 2006) ; Naum Panovski, 'New Old Times in the Balkans: the Search for a Cultural Identity', *PAJ: A Journal of Theatre and Performance and Art*, 28, 2 (2006), 61-74.

⁵ Antje Diedrich, "'Last in a long line of literary kleptomaniacs": Intertextuality in Sarah Kane's *4.48 Psychosis*', *Modern Drama*, 56.3 (2013), 374-398.

The 1990s was a period of profound change in public perceptions and delivery of psychiatric services in the UK. Following the passing of the *NHS and Community Care Act* in 1990, psychiatric care was finally and definitively divorced from long-term mental hospitals and asylums. This change led to persons with psychiatric diagnoses being treated in ‘revolving door’ scenarios, which established a pattern of acute care and discharge followed by care in the community, often combined with inadequate housing and financial support. It also introduced a change in the way mental patients were perceived in the press and the public imagination. Historically the image of ‘madness’, of those suffering from pathological psychic distress, had been deeply tied to the image of the asylum. The very public closure of asylums by government decree provoked a backlash in the press, as they people struggled to understand what it meant to live in a society in which ‘mad’ people were no longer confined to ‘mad’ houses.

This chapter is split into two parts, and traces the way in which Kane’s works can be read as responses to these changes. It asks what Kane takes from the socio-political conditions in which psychic suffering was managed and represented during her lifetime, and what her plays reflect back to this period. Part I focuses on the gendering of mental illness via the figure of the asylum in the 1980s, and argues that in *Blasted* Kane both thematises and subverts the popular image of the passive female mental patient. It juxtaposes Kane’s works with an archive of tabloid journalism from within this decade, in order to suggest that Kane establishes a combative exchange with tabloid discourses in her first play, which continues throughout her oeuvre. Reading Kane against tabloid reporting on psychiatry and mental illness creates a concrete context through which to understand her engagement with contemporary ‘popular’ discourses.

Part II of this chapter looks at Kane's works following *Blasted*, and argues that they respond to the changed nature of psychiatric representation and experience following the *Community Care Act*. Here I argue that the act created a period of discursive flux in which the figure and actual experience of mental illness became unmoored from the sites which used to regulate them. Kane responds to this unmooring, and the media hysteria which accompanied it, first by thematising it in *Phaedra's Love*, and then by incorporating the spatial indeterminacy of community care into the dramaturgies of her final three works. In this way Kane's works might be read as establishing a dramaturgy of *deinstitutionalisation* which examines the ways in which the new spatial conditions of psychic suffering might shape and influence psychic life.

Part I: Female maladies?

The tabloids and new historicism

Kane's representations of psychic suffering draws on popular, political and clinical discourses on mental illness in the 1990s. Thematising the violent sexual encounters between a journalist, a young woman and a soldier, her first play *Blasted* places the relationship between misogynistic, stigmatising tabloid journalism and actual sexual violence at its core. Briefly, *Blasted* stages the story of Ian and Cate who arriving a hotel room in Leeds. It becomes clear that Ian wishes to restart the abusive relationship which had previously existed between them. Ian bullies and intimidates Cate, and then rapes her during the scene break. In the following scene, Cate confronts Ian and then escapes through the bathroom window. The world outside the hotel room is transformed into a war zone, as a soldier appears at the door and the

stage is blasted by a mortar bomb. In the wreckage, the soldier asks Ian to report his story, and upon Ian's refusal, the soldier rapes him, sucks out his eyes and then kills himself. Cate returns from the war zone carrying a baby, who dies and who she buries in the floor. She refuses to help a now blind Ian to kill himself, and leaves in search of food. The play becomes a tableau of Ian performing abject acts on stage, before burying himself in the floor. Cate returns with food and feeds him. He thanks her. The play famously provoked a near-hysterical backlash from the press, which reported outrage that public funds should be used to support the creation of a play with such violent content and supposed formal incoherence.

The staging of tabloid journalism in this play, combined with the powerful journalistic backlash which the first production famously provoked began an ongoing relationship between Kane and the tabloids which would be maintained throughout her short career. As Elaine Aston notes, the polemical reviews of *Blasted* 'truly belied and belittled the power and purpose of Kane's writing', by producing outraged lists of acts of onstage violence in order to 'engineer an anti-Kane campaign that also brought into question the wisdom and taste of the Royal Court and its then artistic director Stephen Daldry for selecting the play for performance.'⁶ Kane herself interpreted the viciousness of the journalistic reaction to her works as offense at her staging of a journalist-as-villain: 'inevitably, a list of what happens in *Blasted* - middle-aged male journo rapes his girlfriend and gets buggered by a soldier who sucks his eyes out - isn't going to enamour me with your average middle-aged critic.'⁷ Aston concurs with this assessment, suggesting that the 'male-dominated [...] white, middle-class Oxbridge tastes' of the theatre-reviewing

⁶ Elaine Aston, 'Reviewing the Fabric of *Blasted*', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.13-27, p.13.

⁷ Aleks Sierz, *In-Yer-Face Theatre: British Drama Today* (London: Faber and Faber, 2001), p.98.

establishment were unlikely to find the violence of *Blasted* to their liking.⁸ Aleks Sierz on the other hand dismisses Kane's explanation immediately after quoting it, doubting that theatre reviewers would identify with 'hard-bitten tabloid hacks such as Ian', and claiming it 'doesn't explain why female critics didn't like the play' – as though a damning portrayal of the profession would not also offend female journalists.⁹ I return to these issues of identification and the male gaze in both newspaper and academic criticism of *Blasted* in Chapter 2. Here I wish to note that whether or not Ian's portrayal of journalism is the 'true' reason for *Blasted*'s negative reception, Kane's identification of an adversarial relationship between her work and the world of journalism is nonetheless significant.

Despite the heavy intertextuality and wide range of cultural sources quoted throughout her oeuvre, journalism, and specifically tabloid journalism remains Kane's primary referent for what we might call 'popular' discourse. The daughter of *Daily Mirror* journalists, Kane was of course familiar with the world of tabloid journalism. Following her comment that her father had taught her 'the tricks of the trade: "Always save the poison for the page"',¹⁰ one might even reflect that Kane takes a tabloid-esque tack in responding to the vicious reception she initially received for *Blasted*: staging a tabloid-like mob in *Phaedra's Love*, naming a murderous villain after a *Daily Mail* journalist in *Cleansed*, and mining her old reviews for quotations in *Crave* and *4.48 Psychosis*. To understand how Kane's representations of psychic suffering interact with and are impinged upon by popular discourse, it is therefore necessary to examine particularly how these discourses were being played out in the press at her time of writing.

⁸ Aston, 'Reviewing the Fabrice of *Blasted*', p.14.

⁹ Sierz, *In-Yer-Face Theatre*, p.98.

¹⁰ Claire Armitstead, 'No Pain, No Kane', *Guardian*, 29 April 1998, p.12.

Blasted's portrayal of psychological and physical abuse draws on and re-deploys the language and stereotypes of 1980s tabloid journalism, in particular the tabloids' construction of mentally pathological femininity. Reading this work alongside archives of tabloid journalism from the decades of Kane's studying and writing follows a new historical tradition of destabilising the 'secure distinction between "literary foreground" and "political background"'.¹¹ Approaching Kane's works through a new historical lens is an attempt to open up and acknowledge the gap of almost twenty-five years that stands between now and the production of her first play. Initially it may seem an unusual critical approach to apply to a writer whose work is unmistakably 'modern', and whose contemporaries are still alive and writing today. Indeed, much criticism of Kane's works emphasises her continued and curious 'contemporaneity', suggesting for example that she anticipated the war on terror of the early 2000s or the challenges to gender binaries of third-wave, twenty-first century feminism.¹² Nevertheless, a critical methodology which historicises these works in fact provides greater insight into how the plays can and do continue to speak to the present, than approaches which elide the political and cultural changes of a quarter of a century.

The new historical approaches of Stephen Greenblatt and his colleagues attempted to both acknowledge and critically explore the gulf that separates early modern and late

¹¹ Stephen Greenblatt, *The Power of Forms in the English Renaissance* (Norman Oklahoma: Pilgrim Books, 1982), p.6.

¹² Sierz suggests that 'Ten years before the London bombings, Kane instinctively, if unconsciously suggested the politics of Muslim disaffection, and of English reactionary racism.' Aleks Sierz, 'Looks like there's a war on': Sarah Kane's *Blasted*, political theatre and the Muslim Other', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.45-56, p.45. Cristina Delgado-Garcia suggests that Kane's characters are Butlerian 'performative subversions' of heteronormative subjectivity, and Nina Kane's upcoming book locates Kane's works in relation to contemporary trans feminisms. Cristina Delgado-Garcia, 'Subversion, Refusal, and Contingency: The Transgression of Liberal-Humanist Subjectivity in Sarah Kane's *Cleansed*, *Crave*, and *4.48 Psychosis*', *Modern Drama*, 55, (2012) 230-250, Nina Kane, *Sarah Kane: Queer Desires and Feminist Continuums* (Abingdon: Routledge, upcoming).

twentieth century subjectivities, by exposing the cultural discourses that contributed to renaissance self-fashioning and paralleling them with our own. This approach allows analysis of historical constructions of identity *as past* (in contrast to celebrating the ‘universal’ truths of Renaissance works for example, Shakespeare in particular) whilst also acknowledging the role of these constructions in self-making today. As Greenblatt remarks on *Hamlet*: ‘If we are, in part, the unintended consequences of *Hamlet*, Shakespeare’s play [...] is in part one of the unintended consequences of the theological struggles [of its time].’¹³

Whether due to her theatrical innovations, her notoriety, or the well-publicised nature of her death, it is difficult to have a conversation about theatre and mental illness today without eventually coming upon the topic of Sarah Kane – as though any thematization of mental illness on stage is in some way an ‘unintended consequence’ of Kane’s work and death. Kane haunts her own plays. The apparently inescapable nature of her biography not only continues to colour their reception, but also creates the impression of an uncomfortable presentness, as though the works (particularly *4.48 Psychosis*) can enable an immediate identification with the suffering woman herself.¹⁴ To gain further insight into the relationship between Kane’s representations of psychic suffering and the conditions of their writing, and to understand how her works continue to speak to the present, it is necessary to break this fantasy of identification. In order to do so we must ask: first, if as Greenblatt argues ‘[a]bove all, the work of art is an event’, what do these works *do* as events, in

¹³ Stephen Greenblatt, *Hamlet in Purgatory*, (Princeton: Princeton University Press, 2002), p.5.

¹⁴ Mary Luckhurst suggests that Kane’s works are so bound up in her notoriety, that this has made it almost impossible to fairly assess their literary merit, in ‘Infamy and Dying Young: Sarah Kane 1971-1999’, in *Theatre and Celebrity in Britain*, ed. by Mary Luckhurst and Jane Moody (London: Palgrave Macmillan, 2005), pp.107-124.

relation to the discourses on mental suffering with which they coincide?¹⁵ And second, what do they *return* to the cultural discourses from which they emerge; how do they reveal or inflect the narratives of their moment?

Gendering mental illness

One way of doing this is to explore how the relationship between Cate and Ian in *Blasted* is in dialogue with the gendered constructions of mental illness popular throughout the 1980s and early 1990s. Ian draws on a constellation of stereotypes relating to mental illness, learning disabilities and sexual provocation in order to coerce and psychologically abuse Cate in the first two scenes of *Blasted*. In their first conversation of the play Ian classes Cate with her brother who as learning disabilities, an association he maintains throughout scenes one and two:

Cate There's Indians at the day centre where my brother goes. They're really polite.

Ian So they should be.

Cate He's friends with some of them.

Ian Retard, isn't he?

Cate No he's got learning difficulties.

Ian Aye. Spaz.

[...]

Your mother I feel for. Two of you like it.¹⁶

¹⁵ Paul Hamilton, *Historicism: The New Critical Idiom*, 2nd edn, (London: Routledge, 2003), p.138.

¹⁶ Sarah Kane, *Blasted*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.1-62, p.4.

Repeatedly calling Cate 'stupid', convinced that she will never find work and go on 'screwing the taxpayer', Ian constructs an image of Cate, to her and to the audience, as dependent, passive and mentally deficient.¹⁷ This construction would have been compounded in the first production of the play by the decision to characterise Cate as having 'the mental age of about 12'.¹⁸

However this construction is itself sexualised as it is simultaneously the source of Ian's desire for Cate and his excuse for discounting her lack of consent: **Ian:** [You] Don't know nothing. That's why I love you, want to make love to you.'¹⁹ Ian's 'love' here is in response to a fantasy of Cate based on her ignorance, gullibility and lack of resistance. When Ian forces Cate to masturbate him the assault is bound up in her fits, introducing a connection between Ian's sexual coercion and her mental illness. First, she stutters and then '*She starts to tremble and make inarticulate crying sounds*' a possible sign of one of her psychosomatic fits. When '*Ian stops, frightened of bringing another 'fit' on*', she '*sucks her thumb*' and he goes on to manipulate her into completing the act, characterising her as cruelly sexually provocative:

Ian That wasn't very fair.

Cate What?

Ian Leaving me hanging, making a prick out of myself.

Cate I f-f-felt -

Ian Don't pity me Cate, You don't have to fuck me 'cause I'm dying but don't push your cunt in my face then take it away 'cause I stick my tongue out.

¹⁷ Ibid., p.8.

¹⁸ Dominic Cavendish, 'Debut: Interview with Kate Ashfield', *Independent*, 9th September 1998, available via the Royal Court Theatre archive.

¹⁹ *Blasted*, p.23.

[...]

Don't give me a hard-on if you're not going to finish me off. It hurts.²⁰

Cate's supposedly pathological subjectivity is, according to Ian, caught between uncontrollable sexual provocativeness and the inability to be self-responsible – a misogynistic double-bind which we shall see is typical of popular discussions on mental illness in the 1980s.

Presentations of mental illness in both television and the popular press throughout the decade leading up to Kane's writing of *Blasted* are highly gendered. Articles mentioning 'psychiatry' *Daily Mirror* from 1980 to 1990 for example, can be broadly broken down into three categories: 1) articles about men being sent to psychiatric hospital or for psychiatric testing after committing a violent or sexual crime;²¹ 2) about women who have either been committed to psychiatric hospital/received psychiatric tests having been victim to a violent or sexual crime or to domestic abuse, or have been abused whilst in a psychiatric facility (or both),²² and 3) those reporting on systemic problems in the NHS, including underfunding, neglect and mistreatment in psychiatric hospitals and wards, and psychiatric treatment in prisons.²³ Reading the articles together, one gathers a cumulative picture of the psychiatric ward as a site to which male perpetrators of outrageous, sensational or seemingly perverted acts of violence are sent.

²⁰ Ibid., p.15.

²¹ 62 articles.

²² 45 articles – there were eight additional articles that referred to abused children in a similar light.

²³ 44 articles. Based on a text-based search of articles mentioning 'psychiatry' or 'psychiatric' in the *Daily Mirror* and *Sunday Mirror* from 1980 -1990. In addition to this were articles either reported the breakdowns (6), eating disorders (3), or suicides (9) of famous or infamous figures. The remaining articles either reported psychiatry incidentally (10) or related to the following: psychiatric treatment following road accidents; alcohol or drug abuse; nervous breakdowns unrelated to abuse or violence (3); general medicine (2), women's health (4) world health (2), LGBT rights (1), and one human interest story about a rat. There are also two articles which report women as having perpetrated violent crimes and being sent for psychiatric tests, which do not frame the women as victims, unlike those included in category 2 above.

One article which makes the front-page headline in 1983 clearly demonstrates the perception of psychiatric treatment as a way out for men with dangerously perverted minds. The headline reads: ‘Revenge Attack Father is Jailed’, with the by-line ‘he beat up the sex fiend who assaulted his daughter’.²⁴ The article reports the jailing of a ‘father’ for ‘beating up a man who had sexually assaulted his eight-year-old daughter.’²⁵ The man is said to have been ‘goaded’ into this act of vigilantism ‘because he felt the law had not punished [his daughter’s attacker]’, after the latter was sentenced to receive psychiatric treatment rather than a prison sentence.²⁶ The article constructs psychiatric treatment as an outrageously light sentence compared to the weight of the crime, implicitly lending its approval for the fathers’ vigilantism. Having stated that the child’s attacker went ‘unpunished’, the article goes on to provide a detailed description of the wounds the father’s attack inflicted on him: ‘He kicked in the door of the house and attacked him, giving him a fractured jaw and nose, two black eyes and severe cuts and bruises. The man was in hospital for two weeks.’²⁷ Providing dramatic details of the staging of the ‘revenge attack’, the article solicits identification for the father and offers the wounded sexual predator’s body to the reader as a kind of symbolic reassurance that at least one form of justice has been done.

The article is interesting as it clearly lays out a distinction between two forms of violence which is found repeatedly in tabloid articles throughout the 1980s. On the one hand, the violence of the father is presented as understandable. The reader is invited to relate to the man who commits violence to avenge his disabled, eight-year-old daughter, and the article ends with a comment from his wife asking: ‘what would

²⁴ ‘Revenge Attack Father Jailed’, *Daily Mirror*, 13 June 1983, p.1.

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*

any other father have done?’²⁸ In other words, the father’s act of violence is legible, and follows a predictable pattern of emotion and masculinity which the reader can follow. And this sort of legible violence is punished through the prison system. The violence of the other man however, is of a different sort. We are told nothing about this man other than the fact that he is a ‘sex fiend’ and ‘a 47-year old paedophile’ and that he has received psychiatric treatment. This form of violence is perverse, incomprehensible, and we might say it is illegible to the tabloid reader – insofar as it is given no logic or history. It is also this form of violence that is presented as *the* male mental pathology in popular references to mental illness in this period.

On the other side of the gender divide, popular presentations of mentally ill women 1980s invariably depict women according to a sexualised victim-narrative.

According to this narrative, women with psychiatric problems are caught in a double bind. Either they are institutionalised as a consequence of sexual abuse, or they become victims of physical or sexual abuse whilst they are in psychiatric institutions.

One major story relating to the psychiatric detainment of women for example broke in November 1980 when newspapers and an ITV documentary reported the plight of a young woman 'Christine', who had been detained for over 4 years on an indeterminate life sentence in a psychiatric unit due to aggressive though non-criminal behaviour. The article covering this story in the *Daily Mirror* takes up the upper half of a double page spread and with a large accompanying photograph. The article paints 'Christine', dubbed 'The Girl that Life Forgot' in the headline, as a victim of the care system.²⁹ Her physical self-harm is graphically described and the blame pointed squarely at the authorities detaining her.

²⁸ Ibid.

²⁹ 'The Girl That Life Forgot', *Daily Mirror*, 25 November 1980, pp.12-13 (p.12).

As well as revealing and attempting to generate a deep distrust in the psychiatric and social care systems the article also sexualises the young woman whose plight it claims to reveal. Whilst 'Christine's' behaviour is described in a quotation from a MIND representative as 'aggressive', the journalist penning the article describes her 'tearaway exploits', generating the image of rebellious, exciting adolescence.³⁰ The photograph accompanying the article is of a wide-eyed and attractive Amanda York, half concealed behind bars, the actress in the dramatisation which would accompany the documentary about 'Christine'. The article is thus careful to present Christine in terms of a traditionally misogynistic and accessible version of femininity, for all the transgressive behaviour which has located her in the realm of the 'psychiatric' in the first place.

This combination of victimhood, passivity and provocativeness in female madness has a long history. In *The Female Malady*, Elaine Showalter traces the development of the madwoman trope from the inception of the lunacy-reform movement at the start of the nineteenth century until the 1980s. Showalter suggests that asylums and moral management in part emerged out of anxieties as to the role and treatment of women patients:

The lunacy-reform movement had its immediate origins in revelations of the brutal mistreatment of frail women in madhouses. [...] exposés of the abuse, even the rape and murder of women patients by madhouse keepers and attendants further changed the tide of public opinion.³¹

Whilst early nineteenth-century commentators supported the brutal treatment of violent male 'madmen', 'accounts of the abuse of 'delicate' women inspired public

³⁰ Ibid.

³¹ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virago, 1987), pp.9-10.

outrage and a change of consciousness that lead to a series of legislative reforms.³² However, Showalter also highlights the extent to which this pitiable, ‘delicate’ version of mad femininity is also sexualised under the supposedly nurturing, moral management gaze. The typical representation of the nineteenth-century female asylum inmate is ‘a lovely, passive dishevelled young woman, her eyes cast modestly down, upon whose exposed bosom [a male doctor/onlooker] gazes with ambiguous interest.’³³ A combination of passivity and untameable sexuality is particularly noticeable in articles relating to the role of female psychiatric patients in institutions in 1980s tabloids; suggesting that the integration of this version of ‘mad’ femininity into the perception of asylum which Showalter observes lasted for the duration of asylum life in the UK.

Whereas the actions that lead men to psychiatric incarceration in the 1980s are presented as taboo-breaking and illegible, those leading women to institutionalisation are written as transparent and titillating to the (presumably male) *Daily Mirror* reader. Articles about the abuse of women and adolescents in the care system are even more explicit. The subhead to an article relating to the forced medication of a female teenager in 'a unit for disruptive children', 'Problem Girl Drugged with Liquid Cosh' in 1987 reads: 'A girl of 14 was sedated with the powerful tranquiliser "liquid cosh" to curb her sexy antics'.³⁴ The article plays a double game of quoting a MIND representative condemning the treatment on the one hand, but giving the final quotation to the young person's care-worker describing 'the girl whose sexy behaviour disrupted work': "'She moved her lips provocatively", he

³² Ibid.

³³ Showalter, p.2. Here Showalter describes Tony Robert-Fleury's 1887 painting 'Pinel Freeing the Insane' as archetypal of the representation of the madwoman in this period.

³⁴ 'Problem Girl Drugged with Liquid Cosh', *Daily Mirror*, 18 February 1987, p.8.

said. "She stirred up the older boys by the way she used her body."³⁵ Another article relates how a psychiatric ward has had to use smoke bombs to flush out the 'boyfriends' of female patients to stop them having sex.³⁶ The trend in presenting female psychiatric patients therefore treads a line between presenting them as victims and in this presentation sexualising and subtly victim-blaming them. Read together the articles build up a fantasy of the hyper-sexual mentally ill young woman, held at the mercy of a system which punishes her for her apparently unstoppable sexual behaviour.

The apparent unstoppable nature of this sexual behaviour echoes the animality in the articles about male psychiatric subjects. Female provocation forms a parallel with perverse male violence because it too is both outside of responsibility (outside of the subject's control, pathological) and simultaneously merits blame and punishment. Tabloid articles of the 1980s maintain a narrative of mental pathology which is bound up with the idea of a site in which such unstoppable passions might be contained - in other words with the asylum. In much popular discourse in this period, the 'psychiatric' comes to represent high security psychiatric facilities, typified by the frequently-mentioned and ominous Broadmoor, which emerges as the physical and discursive site for illegible or perverse violence.

The image of this kind of site could not be put more clearly than in an article from 1981, entitled 'Boy is caged with madmen'. The description of the special hospital in this article, though brief, is a clear summary of the ideas that had been associated with asylums since their inception.³⁷ Writing about the creation of new asylums in France in the Eighteenth Century, Foucault identified the purpose of the modern

³⁵ Ibid.

³⁶ 'Hospital "trick to stop sex"', *Daily Mirror*, 4 May 1984, p.4.

³⁷ 'Boy is Caged with Madmen', *Daily Mirror*, 25 November 1980, p.5.

asylum as a site in which violence and unreason are silenced, contained, and displayed:

The ideal was an asylum which, while preserving its essential functions, would be so organized that the evil could vegetate there without ever spreading; an asylum where unreason would be entirely contained and offered as spectacle, without threatening the spectators; where it would have all the powers of example and none of the risks of contagion. In short, an asylum restored to its truth as a cage.³⁸

‘Boy is caged with madmen’ evokes this image of the asylum-as-cage. The article reports the case of a ‘boy of twelve [who] is being held in a top security hospital for the criminally insane. He is among six youths all under 17, at Moss Side special hospital, near Liverpool. Similar hospitals house murderers and psychopaths.’³⁹ The article expresses anxiety at the contagious mixing of incompatible categories. A boy of twelve, it implies, cannot be in the same category as the ‘murderers and psychopaths’ that occupy ‘similar hospitals’.⁴⁰ The caging of such people is not being disputed. Rather it is presented as outrageous that children, who contain an indisputable innocence in much tabloid writing of this decade, should be sharing a space with these perpetrators of monstrous violence.

The special hospital in these articles is indeed a Foucauldian cage. It is a site of containment for forms of violence that can only be understood through the ‘psychiatric’ prism. It anchors these forms of violence to a (medical) discourse which renders them legible, whilst also enacting physical/topographical containment

³⁸ Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason*, trans. by Richard Howard (New York: Vintage Books, 1988), p.207.

³⁹ ‘Boy is Caged with Madmen’, p.5.

⁴⁰ *Ibid.*

upon its perpetrators. The tabloid itself becomes the gaps in the cage's bars, as it lays out the scandals of the psychiatric institution and the crimes of its patients for its readership as sensational spectacle. The discursive 'caging' of the psychiatric subject is thus performed on both male and female subjects. The female psychiatric subject is presented as unwittingly, uncontrollably (animally) sexual, and her story is served up as spectacle for the male reader. With the subject safely held in by both the walls of her ward/asylum and the tabloid's column inches, the reader is invited to enjoy her story, even as he is allowed to preserve the position of moral righteousness and outrage given that the articles are ostensibly critical of her victim-position.

***Blasted* as feminist psychiatric critique**

Both the male and female versions of these discourses make their way into the story of violence and abuse staged in *Blasted*, even as Kane subverts the apparently transparent nature of the tabloid's story-telling. Throughout scenes one and two of *Blasted*, Ian repeatedly constructs Cate in the image of the sexualised patient/victim, placing himself in a paternalistic sexual position, somewhere in between the institutional abuser and the excited journalist/reader. Through Ian, Kane self-consciously draws on dominant narrative prevalent in 1980s tabloid journalism in order to root Ian's perception and treatment of Cate in a discourse that exists outside of the play itself. The stories that Ian writes and reads out from his newspaper are precisely of the same sexualising and trivialising nature as those in the *Daily Mirror* archive. In scene one Ian dictates an article down the phone about an exotic murder of a 'bubbly nineteen-year-old from Leeds', describing her as a 'beautiful redhead

with dreams of becoming a model'.⁴¹ Two lines later he rejects another story on the basis that the supposed victim is a provocative malingerer:

Ian That one again, I went to see her. Scouse tart, spread her legs. No. Forget it. Tears and lies, not worth the space.⁴²

The narratives which Ian dictates down the phone mirror the narrative he imposes onto Cate, in which sexualised passivity and disingenuousness are the hallmark of his misogynistic view of the feminine.

Kane's inclusion of tabloid and tabloid-style characterisations of the female psychiatric subject is an act of what Edward Said calls 'worldly self-situating'.⁴³ Without needing to include a speech about the problems of this form of discourse, Kane's play nevertheless takes on the pernicious assumptions surrounding psychiatry that were dominant in 1980s media and popular culture. Her play contains an acknowledgement of this discourse, and as such is historically situated within it. Nevertheless, the discourse sits uncomfortably within the rest of the play. It is represented in heightened form and associated with a physically violent subject. By re-staging psychiatric narratives of the tabloid press, Kane 'introduces circumstance and distinction where there had only been conformity and belonging [and creates] distance, or what we might also call criticism.'⁴⁴

As a cultural event *Blasted* coincides with a number of feminist interventions into the position of women in the mental healthcare system in the UK, from both cultural and campaigning contexts. Feminist theatre-makers and campaigning groups characterised psychiatric institutions as the meeting point between male perpetrators

⁴¹ *Blasted*, pp.12-13.

⁴² *Blasted*, p.13.

⁴³ Edward Said, *The World, the Text, the Critic* (Cambridge MA: Harvard University Press, 1983), p.15.

⁴⁴ *Ibid.*

and female victims in the 1980s. By 1992 MIND, the mental health charity, was conducting a comprehensive review and campaign to address the systemic abuse of women in mental health services. The implicit suggestion in the *Daily Mirror* archives that psychiatric wards were the destination for abuser and abused appeared to be accurate. Reporting on MIND's 'Stress on Women' campaign social worker Phil Cohen wrote: 'One of the social workers at [Hackney Hospital], who preferred not to be named, says that under the government's care in the community policies, men with a history of rape or violence against women, were being transferred from Broadmoor or Rampton special hospitals and being placed on mixed wards. "You are taking women who may have been abused or raped into another risk situation".'⁴⁵

Some feminist writers were explicit about the risks of mixed psychiatric hospitals. In her account of her own breakdown in *The Loony Bin Trip* for example, Kate Millett notes the dark absurdity of the fact that a woman can be thrown into the same psychiatric institution as her rapist, and be expected to recover.⁴⁶ This writing to some extent maintains the gendered stereotypes of identified in the *Daily Mirror* articles (without the victim-blaming overtones), in order to press the importance of reforming conditions for women in psychiatric institutions. Feminist and mental health activism in this period reinforces the narrative that the mental health system is a dangerous site for vulnerable and abused women, and encourages women to acknowledge abuses that took place within the system and seek help.

Patient-facing material associated with the MIND campaign from 1992 clearly depicts women along this narrative. A leaflet for patients entitled 'Your right to say NO' outlines personal accounts of abuse under the title 'These things DO happen'.

⁴⁵ Phil Cohen, 'High Risk Mix: Are women safe in some of London's mental health units?', *Social Work Today*, 16 April 1992, p.10.

⁴⁶ Kate Millett, *The Loony Bin Trip* (London: Virago, 1991).

The leaflet provides personal narratives of abuse in institutions under the subheadings ‘Inappropriate touching’, ‘Abuse in therapy’ and ‘Rape’. It presents the psychiatric ward as a site in which women are left exposed and passive to the sexual predation and violence of male patients, mental health professionals and ‘men off the street [...] walking in and ‘visiting’ women in their dormitory cubicles.’⁴⁷ The starting point for these activist discourses is that female psychiatric patients occupy a position of victimhood, in which they will be inevitably exposed to male violence without wide-reaching change.

Through its exposure of ableist and misogynistic popular discourse in *Blasted*, Kane situated her first play in the contexts both of an abusive and gendered psychiatric system, and of feminist theatre. This relationship suggests a new space for dialogue between Kane and her explicitly feminist contemporaries, as well as suggesting that an active engagement in mental health discourses is also part of *Blasted*'s politics. Feminist theatre and activism in the 1980s was explicitly preoccupied with the relationship between women, sexual and physical abuse, and psychiatry. Feminist writing in this period did much to raise the problem of sexual violence leading to and taking place in psychiatric institutions in the public and professional imagination. The MIND ‘Stress on Women’ campaign drew on feminist writing of the 1980s and provided feminist texts as recommended reading for mental health professionals and patients alike.⁴⁸ Kane’s work emerges as an important relationship is opening up between feminist activism, theatre and the psychiatric system.

⁴⁷ ‘Your right to say NO’ (London: MIND, 1992).

⁴⁸ Recommended reading for the ‘Stress on Women’ campaign included: Luise Eichenbaum and Susie Orbach, *Understanding Women* (London: Pelican, 1985); ‘Finding our own Solutions (Women's experience of mental health care)’ (London: Women in MIND, MIND publications, no date); Celia Heddou, *Women and Tranquilisers* (London: Sheldon Press, 1984); G. Brown and T. Harris, ‘Social origins of depression: a study of psychiatric disorder in women’ (London: Tavistock, 1987); Alice Miller, *The Drama of Being a Child* Alice Miller, (Boston Mass.: Little Brown, 1987).

By bringing together physical violence and an offensively ableist and stereotyping vocabulary, Kane's characterisation of Ian contributes to a growing concern in feminist theatre in the 1980s and early 1990s about the abuse of mentally unwell women. Plays developed by theatre and campaigning groups such as the Clean Break Theatre Company, established in 1979, address the psychiatric as a destination in which abused women face further abuse. Sarah Daniels' *Head-Rot Holiday* was developed with Clean Break, and performed in 1992. Set at Christmas at Penwell Special Hospital (a psychiatric prison for women), it stages the absurd situation in which a group of female prisoners, most of whom have been abused, are made to attend a festive disco and dance with male prisoners in order to prove the success of their psychiatric recovery – secure in the knowledge that their dance partners are convicted rapists. The inmate Ruth in particular presents her situation as being caught in a cycle of sexual abuse and humiliation at the hands of family members, fellow inmates and facility staff:

It's happened all my life, in much worse ways in the past, much worse than any of the category A blokes have done to me in here. There are people out there who have really fucked me over. [...] [I]f a man wants to do something to me, anything, I let him. I hold my breath until it's over. [...] I've been forcibly stripped by six men in here and left naked without even a tampon. I've been watched in the bath by men. They get paid to do it.⁴⁹

Punished for causing a fuss after being groped by one of the 'category A blokes' at the disco, Ruth's sexual provocativeness is deplored by the psychiatric nurses, and

⁴⁹ Sarah Daniels, *Headrot Holiday*, in *Plays 2* (London: Bloomsbury Methuen Drama, 1994), pp.189-262, p.233.

the play presents sexual double-standards as central to the functioning of the institution.

Daniels' play attempts to provide a sympathetic perspective on both the patients and staff of the secure unit, whilst identifying the situations and standards by which sanity is judged to be unreasonable and absurd. As fellow patient Dee muses following Ruth's seclusion: 'if I was on the outside, and I made a relationship with a serial killer, or rapist or both you'd consider me mad, but that's what you'd have to do here to prove you're sane.'⁵⁰ Whereas Kane might be read as lending Cate the possibility of interiority through her withdrawal from the linguistic sphere altogether, Daniels' psychiatric subjects take it upon themselves to ridicule their own situations, and her plays about mental illness humanise their subjects through comedy:

Ridicule can often be a more devastating weapon than argument. And some things *are* ridiculous. [...] The women I talked to [who had come out of Broadmoor] had wonderful senses of humour and could laugh at the most *heinous* things. [...] A large proportion of men in Broadmoor are in for repeated, gratuitous, sexually violent crimes and a very large proportion of the women in Broadmoor, whatever crimes they have committed, have been horrendously sexually abused as children, and they are encouraged to be 'normal', to go to the disco and dance with these men. It's horrendous, you know, the illogicality of it. But it's so horrendous its funny – the idea that this is how to attain normality.⁵¹

Writing self-consciously within a feminist tradition, Daniels' play takes the form of a social comedy, highlighting the absurdity of a social and political situation.

⁵⁰ Ibid., p.238.

⁵¹ Heidi Stephenson and Natasha Langridge, *Rage and Reason: Women Playwrights on Playwriting*, p.7.

Playwrights such as Daniels and Anna Reynolds (another Clean Break writer), whose writing is contemporary with Kane's, write in a feminist-realist style insofar as their critiques of the psychiatric focus on representing the injustices coming out of a site and system which legitimises violence. For Reynolds, who had personal experience of incarceration, the psychiatric is a form of violence itself:

If I do have villains they are probably shrinks. [...] Psychiatry has very rigid limits that don't allow people, doctors or clients, to be individuals. The whole practice looks at people as if they are dangerous animals that need to be contained in some way, as if all you can do for them is to give them medication.⁵²

Writing about the research for her play *Wild Things* (1994), playwright Anna Reynolds focussed on the paradoxical violence of psychiatric institutions:

I've talked to people who've been in gaol and though they might have had horrific experiences, the thing they were still having nightmares about twenty years on was some sort of [psychiatric] hospital experience. You assume that you're in a safe place when you enter a hospital of any sort and then you realise very quickly that you're in the most dangerous place you could be.⁵³

Daniels and Reynolds contribute to a tradition that identifies the animalistic construction of the psychiatric subject which 'dispossesses [wo]man of what is specifically human in h[er]', and attempts to restore this humanity by giving these subjects a voice which they are deprived of at large.⁵⁴

⁵² Stephenson and Langridge, p.31.

⁵³ Ibid.

⁵⁴ Foucault, *Madness and Civilisation*, p.74.

Kane diverges from this tradition, and as such can be understood to both continue and innovate on a feminist theatre approach to psychiatry. Having begun her writing career in the 1980s, Sarah Daniels can be read as an interesting interlocutor for Kane's theatre. Daniels' radical feminist play *Masterpieces* premiered at the Royal Court a decade before *Blasted* provoking a similarly vicious public and critical outcry, with its suggestion that there is a direct line connecting misogynist humour, pornography and actual rape.⁵⁵ As Elaine Aston has pointed out, *Blasted* is not only reminiscent of *Masterpieces* for the critical response it provoked, but also for the feminist sensibility with which it treats sexual violence – an issue which is discussed more extensively in Chapter 2.⁵⁶ Like Daniels, Kane's first polemical play was partly inspired by the violence of hard-core pornography, and throughout the 1990s Daniels' created self-consciously feminist works on the subjects of sexual violence, psychosis and trauma – a similar nexus of issues that circulate in Kane's works. Whilst Daniels' works maintain an explicit thematisation and vocal critique of the relationships between misogyny and social and political institutional power, Kane's relocate these critiques into the dramaturgies of her works themselves. In *Blasted*, for example, Ian's misogynistic characterisation of Cate is thwarted by the dramatic universe itself. Rather than restoring a voice to Cate, Kane compounds Cate's silence by making her deliberately enigmatic, whilst allowing her psychic life to dominate the dramaturgy of the play itself. As I will argue in Chapter 2, Kane can be understood as working in subtle response to her feminist contemporaries, returning

⁵⁵ *Masterpieces* did not have a second professional staging until it opened to mixed reviews at the Finborough Theatre in April 2018, where it was lauded as 'relevant' to the sexual harassment scandals in the theatre industry revealed by the #MeToo movement. However, its return might also be put into a wider context of the increased attention paid to victims of sexual assault in the public sphere and the growth of popularity of third wave feminism. This changing historical context and 'return' of a feminist gaze in the public sphere is also relevant to recent productions of Kane's works, discussed in Chapter 2.

⁵⁶ Elaine Aston, 'Reviewing the Fabric of *Blasted*', p.23.

to the same issues fresh dramaturgical tools to articulate a specific relationship between sexual violence and psychic life.

Through its representation of the limiting and dangerous association of female mental illness with sexual passivity and victimhood, *Blasted* creates a different form of feminist critique of this discursive construct. In *Blasted* Kane presents a version of the female pathologised mind as truth-telling through a different form, undermining a binary opposition between pathology and truthful representation. Cate is associated with 'the psychiatric' throughout the play; through her fits, the association with her brother, and her own possible learning difficulties. However, she also thwarts the characterisation Ian imposes upon her through the persistence of her refusal, her reticence and psychosomatic fits that Ian classes as signs of her mental deficiency. Rather than placing Ian in conflict with an eloquent interlocutor who might disprove his ableist and misogynistic narrative, Kane places him opposite two characters, Cate and the soldier, both of whom who remain outside his narrative control; the soldier because he presents stories so horrific that Ian cannot narrate them, and Cate because she preserves a form of mental life that is non-linguistic, and beyond Ian's specific domain. Both Cate and the soldier make unmistakable allusions to contemporary forms of gendered or military violence which are never adequately described in the language of tabloid journalism.

Whilst Ian insists that Cate's problem is that she is mentally deficient like her brother, the audience may come away with a very different impression. Throughout the first two scenes Cate's 'fits' are constantly linked to and triggered by sexual aggression. The fits have ominously begun 'since Dad came back', and the play also strongly suggests that Ian's own relationship with Cate began when she was underage:

Cate We used to always go to yours.

Ian That was years ago. You've grown up.⁵⁷

Kim Solga suggests that by revealing the origins of Cate's pathology from the outset, Kane undermines the forms of narrative suspense that would make such a 'discovery' a source of pleasure for the audience. Comparing Kane's narrative structure to Ibsen's, Solga notes that *Blasted* eschews the moment of revelation of sexual history usually bestowed upon Ibsenite heroines. Rather than having a personal narrative that unfolds as the play progresses, Cate arrives onstage already-damaged:

This symptomatic pattern, coupled with Cate's early comments about the link between the fits and her father, assert quite plainly that the fits are her psychosomatic response to verbal, physical, and sexual abuse: they are the material, performative manifestation of Cate as rape and abuse victim. In fact, the trajectory of events in scenes one and two makes so obvious the link between Cate's abused body and her mental illness that any analysis of these scenes as a version of the realist medical melodrama needs to state the obvious: the pleasurable "discovery" of the source of Cate's illness is a startling let-down.⁵⁸

For Solga therefore the play deprives Cate's story of sensationalism. The fits themselves thwart both Ian and the audience in search of a narrative.

Rather than providing a climactic Ibsenite revelation that Cate is a 'woman with a past' or turning the tables on a previously sympathetic presentation of Ian, Cate's fits

⁵⁷ *Blasted*, p.10, p.13.

⁵⁸ Kim Solga, 'Blasted's Hysteria: Rape, Realism, and the Thresholds of the Visible', *Modern Drama*, 50, 3 (2007), 346-374, p.361.

thwart Ian's (anti)hero narrative through non-participation. Whilst Cate does seem to explain the experience of her fits she does so in language which in fact reveals nothing, other than the absolute difference between the experience of a fit and the experience of reality:

Cate The world don't exist, not like this.

Looks the same but -

Time slows down.

A dream I get stuck in, can't do nothing about.

One time - ⁵⁹

Throughout scenes one and two Ian does everything in his power to insist on Cate's narrative of sexual availability coupled with helpless stupidity; repeatedly sexually assaulting her, raping her, infantilising her and locking her into the room.

Nevertheless, Cate repeatedly undermines this narrative by retreating into a mental space in which she cannot be reached and suggesting a subjectivity that is beyond Ian's gaze. The audience's potential trust in Ian as the dominant voice of the play is undermined even while Cate never voices an extensive counter-narrative.

Throughout *Blasted* Kane thus draws on the tropes of passivity and victimhood associated with female mental illness in the 1980s and invites the audience to identify these tropes in Ian's speech. Nevertheless, she represents them as somehow dislodged from reality, as they can impose upon Cate's subjectivity but cannot adequately expose it or render it legible.

⁵⁹ *Blasted*, p.22.

In so doing, Kane also unwittingly anticipates the tone of much of her play's reception. Not only were the reviews of *Blasted* dismissive and 'affect-stripping', many reviewers sought to dismiss *Blasted* by casting Kane in the model of psychiatrically sick femininity. Jack Tinker of the *Daily Mail* famously suggested that 'the money [from the Jerwood Foundation grant which funded the play] might have been better spent on a course of remedial therapy', whilst Roger Foss described the play as 'the prurient psycho-fantasies of a profoundly disturbed mind' and Kate Kellaway's *Observer* review hoped that '[Kane] wakes up from the nightmare of her own imagination'.⁶⁰ Such reviews toe the same line between passivity and provocativeness in their characterisation of Kane, as popular presentations of female mental illness on which Kane draws. Not only is Kane a victim of the 'prurient psycho-fantasies' of her own imagination in these reviews, she is simultaneously cast 'the naughtiest girl in the class, trying to find out just how far she can go before being sent to stand in the corridor.'⁶¹ 'Adolescent', described repeatedly as a 'girl' rather than playwright, and haunted by incoherent monstrosities, the mode through which many of the reviewers of *Blasted* went about dismissing its author seems to draw on the very tropes which the play seeks to expose. This response thus embedded questions surrounding Kane's sanity, mental illness and femininity into the ongoing, publicly adversarial relationship between Kane and newspaper criticism. Kane becomes part of a developing conversation about how to talk about

⁶⁰ Jack Tinker, *Daily Mail*, 19 January 1995, *Theatre Record*, 15.1-2 (1995), 42; Roger Foss, *What's On*, 25 January 1995, *Theatre Record*, 15.1-2 (1995), 38; Kate Kellaway, *Observer*, 22 January 1995, *Theatre Record*, 15.1-2 (1995), 40-41. Such characterisations continue in later productions, with Charles Spencer's review of *Phaedra's Love* for example ending 'It's not a theatre critic that's required here, it's a psychiatrist.' Charles Spencer, *Daily Telegraph* 21 May 1996, *Theatre Record*, 16.11 (1996), 652.

⁶¹ Charles Spencer, *Daily Telegraph*, 20 January 1995, *Theatre Record*, 15.1-2 (1995), 39-40, (pp.39-40).

both atrocity and mental illness which extends beyond her works, but also defines the place her works hold in popular discourse of the 1990s.

Part II: Dramaturgies of deinstitutionalisation.

The Community Care Act

Whilst *Blasted* responds to mental illness stigma typical of the 1980s, as I have demonstrated, Kane's following plays are particularly concerned with the new conditions in which mental illness was experienced after 1990. The *NHS and Community Care Act 1990 (Community Care Act)* marked a turning point in the treatment and perception of psychiatric patients and mental health service users in England.⁶² This shift took place in different ways in legislative and medical terms on the one hand, and in popular discussions and representations of psychiatric patients on the other. The *Community Care Act* can be understood as having three major consequences for UK mental healthcare. Firstly, it enacted an economic shift in the way the NHS was to be conceived of and managed: by creating the NHS internal market and legislating for the release of resources from newly formed NHS Trusts to local authorities to better enable patients suffering from disabilities, mental health conditions and chronic illnesses to receive treatment outside of hospitals. Secondly, it consolidated a process of deinstitutionalisation of disabled, mentally ill, and chronically ill patients which had been steadily taking place for several decades. Thirdly, it provoked a crisis in the perception of mentally ill patients in the general public, exemplified by a series of 'community care murders' which occupied the press throughout the decade. These changes come together to produce a radical shift

⁶² *NHS and Community Care Act 1990*, (London: Department of Health, 1990).

in the cultural discourse surrounding mental illness, as they brought about a decisive split between the asylum and the psychiatric subject in the public imagination.

Examining the nature of these changes in greater depth in this section, will allow us to better understand the extent to which Kane's presentations of psychic pain respond to the social and historical conditions in which they were written.

Kane's thematisation of inadequate sites of psychiatric care and dramaturgical engagement with the new conditions of community care, is a key mechanism by which Thatcherism is opposed in her works. It is a trope in much Kane criticism that her works somehow resist the 'Thatcherisation' of English society – a claim for example explicit in Sierz's notion that she and her peers were 'Thatcher's Children', and Helen Iball's identifying of Thatcherism as a key context for Kane's works.⁶³

Nevertheless, if this claim is to be justified her works need to be examined with reference to specific pieces of legislation which constituted direct interventions of Thatcherite economics into the discursive and actual of status people living in the UK. Whilst Sierz claims that Kane was vaguely motivated by anger at 'Thatcherite subsidy cuts', the specific ways in which her works are situated in the context of Thatcherite economics are nowhere addressed.⁶⁴ The *Community Care Act* is a powerful instance of the impact of this economic ideology onto the day to day lives of and provision for mentally ill citizens, and an example of how a single economically-motivated policy transformed dominant cultural discourse. In the following section, I will outline the radical cultural changes enacted by the *Community Care Act*, before returning to Kane's works and their responses to this context below.

⁶³ See Sierz, *In Yer Face Theatre*, p.237; Iball, pp.14-16.

⁶⁴ Aleks Sierz, "'We all need stories": the politics of in-yer-face theatre', In *Cool Britannia? British Political Theatre in the 1990s*, ed. by Rebecca D'Monte and Graham Saunders (Basingstoke: Palgrave Macmillan, 2008), pp.23-27 (p.25).

In both economic and social terms, the *Community Care Act* paved the way for the partial privatisation and neo-liberalisation of psychiatric care, and the National Health Service more widely. The *Community Care Act* enacted a series of fundamental economic changes on the organisation of the NHS. Part 1 of the Act lays out the means by which the NHS is to be converted into an economically neoliberal, Thatcherite organisation. The Act converted Local Health Authorities into NHS Trusts, incorporated organisations which would act more like private companies. Run by a board of directors these Trusts had greater financial accountability and independence than had been previously available.⁶⁵ NHS Trusts became the frontline for the financial management of healthcare and the implementation of cost-cutting directives. This led to the creation of an internal economy within the NHS, as NHS Trusts formed their own ‘NHS contracts’.⁶⁶ From 1990 therefore, the National Health Service was reformed as a site of internal economic competition in which the local bodies tasked with delivery care were also financially responsible for keeping costs low. As such, the Act represented a radical and lasting intervention of Thatcherite economics into the everyday lives of those using the health services.

It was in the context of these economic changes that the Act transferred mental healthcare into ‘the community’. The text of the *Community Care Act* introduces two key changes to the delivery of community care: firstly, it names disability as a category that is now under the responsibility of local authorities and not hospitals, and secondly it legislates that local authorities may sub-contract to private care services where they had previously relied on public and voluntary organisations.

This part of the Act is preoccupied with the transfer of goods and services, and of the

⁶⁵ *Community Care Act*, Part I, Section 5, p.7.

⁶⁶ *Ibid.*, Part I, Section 4, p.4.

duty to provide goods and services, *out* of the NHS and into the hands of local authorities. It amends earlier legislation (the *National Assistance Act 1948*) which allocated responsibility for the elderly and ‘infirm’ to local councils, by extending this category to include those suffering from ‘illness, [and] disability’.⁶⁷ As such, the Act accelerated the deinstitutionalisation process which had been ongoing since the 1960s, and redefined disability and mental illness as socio-economic rather than medical issues.

The *Community Care Act* thus paved the way for a new understanding of those living with mental illness which has taken particular hold in public perceptions of mental illness today. By reconstructing mentally ill individuals as ‘economic’ rather than medical subjects – the ‘service user’ (although this phrase is not used within the Act itself) – the Act places the issue of mental suffering in relation to questions of competence, rather than cure. To some extent, the ‘service user’ is unbound in contrast to the ‘medical’ subject. Whereas the medical subject primarily exists in relation to a medical authority, who diagnoses, contains and treats in a specified medical site (the hospital or GP’s surgery), the service user exists at the centre of a network of services that has no ultimate medical or discursive authority, and exists without a specific site of treatment. Ideally (and ideologically) the service user is active, self-responsible, and dislocated from the rigid constraints of the patient-subject position.⁶⁸ They are also, at this historical moment, discursively unmoored –

⁶⁷ Ibid., Part III, p.50.

⁶⁸ The service user is also open to new and harsher forms of criticism in public discourse, that of being a burden, a scrounger, or more simply ‘using’ too much and contributing too little. These are of course narratives that go back at least to late Victorian era, with its division between the ‘deserving’ and ‘undeserving’ poor. Pat Thane for example addresses the development of ‘burden’ stigmas about single mothers throughout the twentieth century in *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford: Oxford University Press, 2014). It would nevertheless take a period of transition for this image of the burdensome ‘scrounger’ to attach itself to the psychiatric patient/ service user in the public imagination – as it undoubtedly has

dislocated from the physical and metaphorical site which had for centuries defined the experience and perception of mental patients.

This dislocation of mental healthcare from the site of the asylum provoked immediate outrage in the public sphere, revealing a pervasive anxiety as to the failure of public institutions to control ‘dangerous’ psychiatric patients. Three particularly high-profile murders by former psychiatric patients dominated the press during the 1990s, and the *Community Care Act* was framed as directly leading to these tragedies (although in fact it was loopholes in a different piece of legislation, *The Mental Health Act 1984* which in part allowed them to happen). Following the murder of a young girl by psychiatric out-patient Carol Ann Barratt in 1991, two men were killed in 1992 by patients who had similarly recently been released from psychiatric care. Of these the murder of Jonathen Zito by Christopher Clunis gained a very high profile. In her history of the political changes affecting the NHS in the 1990s, Anne Richardson suggests that it is difficult to underestimate the impact that this murder had on public and political opinion, and she notes that ‘all [government ministers] were very affected by the event surrounding the death of Jonathan Zito’.⁶⁹ Reporting of both Zito’s death and Fred Graver’s death at the hands of another psychiatric outpatient Michael Buchanan, emphasises them as consequences of the *Community Care Act*, which is framed as freeing dangerous individuals who ‘should not have been allowed out on the street’.⁷⁰ By the end of the decade, the most popular tabloid newspaper *The Sun* was carrying out a concerted campaign to end ‘community care murders’ by putting mentally ill individuals ‘back’ into long-term

since the coalition government of 2009. The ways in which Kane’s works might speak to such a conception subjects living with non-normative mental states will be addressed in chapter 4.

⁶⁹ Anne Richardson, ‘The Historical, Political and NHS Context’, in *Clinical Psychology in Britain: Historical Perspectives* ed. by John Hall, David Pilgrim and Graham Turpin (Leicester: The British Psychological Society, 2015), p.85.

⁷⁰ Gordon Hay, ‘Second Maniac Freed to Kill’, *Daily Mirror*, 2 June 1993, p.8.

institutions – demanding that ‘psychos [...] be taken off the streets and caged for life’.⁷¹ The *Community Care Act* was understood as a dangerous piece of legislation in much popular press and television coverage in this period, through which medical and psychiatric institutions are able to absolve themselves of their social task to regulate and contain violence.

There is perhaps a further lesson to be found in the manner in which these tragic killings were reported by the press. Whilst all ‘community care’ murders are presented as monstrous, it is Zito’s death that is most often reported in accounts of the period as having had a wide public and political influence. This is certainly largely due to the actions of Zito’s wife, who launched a high-profile campaign to amend the *Mental Health Act* following her husband’s death. Nevertheless, we may also speculate as to the racial and gendered politics of the incidents. Clunis was singled out as the most important example of community care gone wrong perhaps because he was a black man murdering a white member of the public. Given the historical and continuing presence of racial prejudice in the psychiatric system in the UK and in public perceptions of mental illness, it is possible that the narrative of a black psychiatric patient murdering a white, middle class, ‘sane’ man had considerable hold on the public imagination.⁷² As Lisa Blackman suggests:

Media reports at this time, in line with the repeated way in which mental health signifies with the broadsheets and tabloid press, brought into play an associated set of signifiers which constitute ‘mental illness’ as sick; dangerous; a risk; a timebomb waiting to go off. [...] These signifiers were

⁷¹ Paul Gilfeather, ‘600 Psychos to be Locked Up’, *The Sun*, 20th July 1999, p.14.

⁷² Suman Fernando traces an ongoing presence of racism in public perceptions of mental health and in UK psychiatry since its inception, in: *Mental Health, Race and Culture* (Basingstoke: Palgrave, 2002) and *Race and Culture in Psychiatry* (Basingstoke: Palgrave Macmillan, 2010).

hung around the image of Clunis as a large black man who had killed a young, white, married man.⁷³

Such a narrative might be seen by the tabloid reader to represent a shocking reversal of historical power structures, by which white sanity has (violently) regulated supposedly violent black ‘madness’ for centuries. In this context the violence supposedly released by community care is not a series of unfortunate misdiagnoses but a sudden loss of structures of hierarchy and control.

This sense of an upheaval of racial hierarchies in the reporting of the Clunis story is accompanied by a concurrent anxiety about the relationship between madness and gender in the *Daily Mirror* archive of this period. The releasing of women psychiatric patients into the community coincides with a widening of the kinds of stories regarding women patients which appear in the popular press. After 1990 in the *Daily Mirror* archive, the newspaper becomes concerned with stories of female psychiatric violence. Whilst articles between 1990 and 1995 continue to associate psychiatry with male violence,⁷⁴ only seven articles in this period follow the narrative of the previous decade with regards to psychiatry and women-as-victims which is described in Part I of this chapter. Twice as many articles in relation to psychiatry between report stories of women committing extreme acts of violence and being placed under psychiatric care.⁷⁵ These stories display a new ambivalence towards women receiving psychiatric care, as articles veer between framing violent

⁷³ Lisa Blackman, *Hearing Voices: Embodiment and Experience* (London: Free Association Books, 2001), p.4.

⁷⁴ 29 articles.

⁷⁵ The change in reporting attitude before and after the *Community Care Act* goes beyond the preferences of individual editors. The *Daily Mirror* had two editors in the decade preceding the Act, Mike Molloy (1975-85) and Richard Stott (1985-90) and four editors in the following five years: Roy Greenslade (1990-91), Richard Stott again (1991-92), David Banks (1992-94) and Colin Myler (1994-6). Despite this high editorial turnover the narratives surrounding psychiatry in these periods is relatively consistent, with 1990 very a noticeable transitional point in which the gender-narrative changes.

women as victims, and as perpetrators of monstrosity. The reporting of these acts betrays anxiety over the care in the community policy, and uncertainty as to how and where to situate perpetrators of these killings.

Reading these articles cumulatively one receives the impression that new, female forms of violence are suddenly emerging from psychiatric spaces, which cannot be contained by the narrative strategies of the *Daily Mirror* reporter. This can be seen clearly in the reporting of the case of Carol Ann Barratt, who murdered a young girl in a shopping mall in 1991, two days after being discharged from a psychiatric ward. On the one hand, the front-page headline of this story clearly frames Barratt as a story-less, genderless monster: ‘Doc freed psycho to kill’.⁷⁶ The lead article continues in this narrative vein, referring to Barratt as a ‘crazed psychopath [who] stabbed a little girl’ and laying the responsibility for the child’s death at in hands of the doctor who discharged her.⁷⁷ Nevertheless, the commentary articles that follow the leader attempt at other forms of characterisation. One focuses on Barratt’s life as a psychiatric patient, noting that she ‘was admitted to mental hospital 20 times in 10 years’ and that ‘Barratt as the victim of a serious sexual assault at the age of 13. And that triggered her mental problems.’⁷⁸ This article therefore moves Barratt from the ‘crazed psychopath’ to a ‘deranged’, victimised young woman. A third article on the same page, entitled ‘She killed a little angel’, attempts to understand Barratt’s motivations by painting her as the victim of her psychiatric illness, whilst placing her actions in a trans-generational narrative. It recounts Barratt’s history of hearing voices including ‘that of her great grandad, [which] told her to kill a woman called Stephanie Harris who had betrayed him to the Germans in the war.’ The article is a

⁷⁶ Jim Oldfield and Gordon Hughes, ‘Doc freed psycho to kill’, *Daily Mirror*, 3 October 1993, p.1, pp.4-5, p.1.

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*, p.5.

dramatic account of the moments leading up to Barratt's release from hospital and her act of murder. It ends with a completion of Barratt's own psychotic narrative: 'the psychiatrist let her out. And 48 hours after that, Barratt - screaming "Stephanie" - stabbed Emma to death.'⁷⁹ The cluster of articles surrounding Barratt's case do not cohere around a single version of the psychiatric subject. All the accounts of the Barratt case agree that the murder is an act of insanity. But whether it is due to the culmination of the sufferings of a traumatised victim, the directionless, illegible violence of a 'psycho killer', or the tragic fall of a woman attempting an act of hallucinatory heroism is up for debate.

At a discursive level, the articles on Barratt present the psychiatric as newly, doubly inadequate. No longer able to contain actual violence away from public spaces (much is made of the murder taking place in a shopping mall), it also no longer offers clear narratives through which the public might consume and understand these acts of violence. I have argued that the tabloid previously acted as a Foucauldian cage, allowing its readership to observe curated spectacles of madness without fear of contagion. Now that the cage has opened, forms of madness that were not previously available to the public eye reveal themselves and the story-tellers struggle to create narrative frameworks that present psychiatric subjects in these new conditions. As Barbara Taylor highlights, female violence has long created problems for historically gendered understandings of mental illness :

Female lunacy is disreputable. [...] Femininity had always been perceived as having a pathological element, embodied in such familiar figures as the breast-heaving hysteric and the wispy neurasthenic. These figures conform neatly to womanly stereotypes. But the noisy, disinhibited, disrupted

⁷⁹ Ibid.

madwoman is a perversion of nature, an anti-woman, especially when she is a mother.⁸⁰

The emerging popular obsession with the violent ‘anti-woman’ in the 1990s speaks to a wider crisis of representation surrounding psychiatric subjects. Created and performed within this cultural environment, Kane’s works following *Blasted* explore what it means to suffer from mental distress in the absence of the institutions and hierarchies which have historically regulated supposedly pathological behaviours.

***Phaedra’s Love* as a community care parody**

In her works following *Blasted*, Kane stages the failure of medical sites to contain, regulate and cure pathological passion and anguish. In *Phaedra’s Love* and *Crave* especially, the medical or psychiatric establishment is just one of the many sites through which characters circulate in their searches for relief from mental suffering, and it is presented as particularly inadequate. In *Phaedra’s Love* Kane addresses the breakdown of institutional control over mental patients thematically. Here Kane seems to construct her dramatic universe out of the press’s worst ‘community care’ fears. Failures of diagnosis lead to a complete breakdown of the social order, and Kane combines this breakdown with a dramaturgy of excess to construct a compelling parody of her contemporary moment’s mental healthcare narratives. In her direction of the first production in 1996 Kane also begins to incorporate spatial uncertainty into her dramaturgy, a process which would become more explicit and more linked to the new conditions of psychic suffering in *Crave* (discussed in the next section). Emerging from a moment when the position of mental illness in

⁸⁰ Barbara Taylor, *The Last Asylum: A Memoir of Madness in Our Time* (London: Penguin, 2015), p.170.

society is surrounded by uncertainty, *Phaedra's Love* and *Crave* return a troubled image of the inadequacy of psychiatric discourses back to the culture in which they were produced.

Phaedra's Love represents a dramatic universe in which the institutions charged with regulating madness are in crisis. In *Phaedra's Love*, Hippolytus' tragicomic journey from palace to grave takes him through both psychiatric and penal sites, whilst uncontrollable violence simmers beyond the palace gates and eventually consumes him as he enters the city. Widely considered Kane's least successful work, the play is filled with repetitive metaphors and over-the-top violence. *Phaedra's Love* adapts Seneca's *Phaedra* with notable changes. In Kane's version of the play, Hippolytus is transformed from a stoic into a slovenly, sex-obsessed nihilist, who spends his time masturbating to violent television reportage and playing with expensive toys. The play begins with him masturbating into a sock in front of the television. His stepmother Phaedra consults a doctor, who diagnoses Hippolytus with depression, but can only suggest a better diet and cleanliness as solutions. After attempting to discern the nature of Phaedra's relationship with her stepson, the doctor dismisses the whole issue and his previous diagnosis, concluding, '[h]e's just very unpleasant. And therefore incurable.'⁸¹

The emerging sense that it is Phaedra's desire and not Hippolytus' nihilism that is pathological is compounded in the following scene in which Phaedra's biological daughter Strophe advises that Phaedra return to see the doctor to discuss her own obsessive love of Hippolytus. Phaedra ignores the repeated advice of both the doctor and Strophe, and confesses her love to Hippolytus, then performs oral sex on him

⁸¹ Sarah Kane, *Phaedra's Love*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.63-103, p.68.

without his consent. Hippolytus then rejects her, revealing that he has a sexually transmitted disease and that he has previously had sex with Strophe, who in turn had slept with Phaedra's husband Theseus on their wedding night. Phaedra kills herself leaving a note accusing Hippolytus of rape. Despite Strophe's protestations, Hippolytus accepts Phaedra's accusation, interpreting it as a 'gift' that has finally broken through his apathy, and turns himself in. He goes to prison where a priest attempts to make him recant for the sake of the state's stability. Hippolytus maintains a position of haughty and ruthless honesty and has sex with the priest. Theseus returns after a prolonged absence and vows to kill Hippolytus. He joins a mob that has formed outside the prison and convinces them to murder Hippolytus. Hippolytus is grabbed by the mob as he is being transferred to court and Strophe, in disguise, tries to save him. Theseus rapes and murders Strophe, before realising who she is. The crowd dismembers and disembowels Hippolytus. Theseus regrets the death of Strophe and cuts his own throat. Hippolytus gazes up at the vultures descending to eat his remains and wishes that 'there could have been more moments like this.'⁸²

Both the heavy metaphors and excessive violence of the play have been read as a double send-up of both tragic form and the British royal family in the scandalous Diana years. Certainly, the absurd extremity of the violence of the final scene, as well as the abruptness with which the priest spontaneously decides to have sex with Hippolytus seem more fitting to comic excess than tragedy. Kane herself described the play as 'my comedy' and Sean Carney argues that the play is best understood as a Pythonesque parody of the tragic genre – 'as if the Pythons had decided to stage a

⁸² *Ibid.*, p.103.

parody of the Royal Family by starring them in a Roman Tragedy'.⁸³ In fact, despite its usual rejection as something of a failure of Kane's oeuvre in much academic criticism, many reviewers of the first Kane-directed production found the play to be engaging, relevant and 'blackly funny'.⁸⁴ Kate Bassett suggested that Kane 'surely slips her tongue in her cheek when the expected atrocities pile in', and Kate Stratton maintained that the play had 'just the right laconic inflections and dark comic edge to her material' whilst 'blow[ing] a range of dramatic raspberries at an unmistakably British society captured in galloping decay'.⁸⁵ Reading the play as a comedy allows for investigation into which areas of the play and genre Kane chooses to essentialise for comedic effect, and the way in which it opens these tropes up for parodic critique.

The anxieties surrounding community care form an essential context for reading *Phaedra's Love* as parody, as much of the comedy arises out of the contrasts between failed attempts at containing Phaedra's and Hippolytus' supposedly pathological behaviour and their obviously superior abilities which are used to thwart this containment. The opening dialogue between the doctor and Phaedra is paralleled in the scene in which Hippolytus talks to the priest, as both appear insipid and unauthoritative in the face of their interlocutors. The doctor's advice for Hippolytus is a litany of platitudinous, self-help style phrases: 'He should change his diet. [...] And wash his clothes occasionally. [...] He needs a hobby'.⁸⁶ Whilst the doctor easily surmises that the problem in the royal household is not Hippolytus *per se* but Phaedra's passion for him, his subsequent advice to her is equally, obviously

⁸³ Kane, Interview with Nils Talbert, quoted Graham Saunders, *About Kane: The Playwright and the Work* (London: Faber and Faber, 2009), p.5, Sean Carney, *Contemporary English Tragedy*, p.273.

⁸⁴ Paul Taylor, *Independent*, 23 May 1996, *Theatre Record*, 16.11 (1996), 651-652 (p.651).

⁸⁵ Kate Bassett, *The Times*, 22 May 1996, *Theatre Record*, 16.11 (1996), 651; Kate Stratton, *Evening Standard*, 21 May 1996, *Theatre Record*, 16.11 (1996), 653.

⁸⁶ *Phaedra's Love*, pp.67-68.

useless, consisting simply of the instruction that she ‘[g]et over him.’⁸⁷ The priest’s advice to Hippolytus in his prison cell is equally platitudinous. He begins by attempting to cure Hippolytus’ cynicism by telling him that ‘Self-satisfaction is a contradiction in terms’, that ‘[t]rue satisfaction comes from love’, and that ‘[l]ove never dies’.⁸⁸ Given that the only model of love so far provided in this dramatic universe is Phaedra’s, which is torturous, vindictive and suicidal, the Priest’s advice rings particularly hollow. It is also undermined a few moments later when he changes tack and berates Hippolytus for bringing about political instability: ‘Your sexual indiscretions are of no interest to anyone. But the stability of the nation’s morals is. You are the guardian of those morals. You will answer to God for the collapse of the country you and your family lead.’⁸⁹ Both dialogues (Phaedra/Doctor and Hippolytus/Priest) read as somewhat stilted and highly one-sided. They try repeatedly to contain and redirect Hippolytus’ depression without the linguistic capabilities to do so. In contrast, Hippolytus and Phaedra are given all of the play’s poetry and witticisms. Faced with the protagonists’ suicidal passions, minor two-dimensional characters such as the doctor and priest don’t stand a chance.

Whilst the stilted writing of these scenes might be criticised, one can also read them as a parodic critique of the loss of authority of institutions charged with regulating madness and their corresponding uselessness. Foucault suggests that the psychiatric profession inherited the authoritarian psychiatrist-patient relationship from its religious, moral-management antecedents. The psychiatrist-patient relationship succeeds in regulating perverse behaviour only through exerting a form of moral power:

⁸⁷ Ibid., p.69.

⁸⁸ Ibid., p.93.

⁸⁹ Ibid., p.94.

[The introduction of doctors into asylums] did not introduce science, but a personality, whose powers borrowed from science only as their disguise, or at most their justification. These powers by their nature were of a moral and social order; they took root in the madman's minority status, in the insanity of his person, not his mind. If the medical personage could isolate madness, it was not because he knew it, but because he mastered it; and what for positivism would be an image of objectivity was only the other side of domination.⁹⁰

For Foucault, the authoritarian position of the religious asylum warden or priest is reified in the inviolable authority of positivist discourse in modern medical psychiatry. It is this authority that allows the patient and the public to give the psychiatric its powers of containment and believe in the isolating effects of diagnosis.

The priest and the doctor in *Phaedra's Love* give up this authority. The doctor moves from diagnosis to vague self-help, before finally giving up entirely and concluding that Hippolytus is 'just very unpleasant. And therefore incurable'.⁹¹ The priest moves from preaching to political negotiation and back to preaching in his attempt to move Hippolytus, but Hippolytus emerges from the scene as the verbal and moral victor – so much so that he satirically assumes the authoritative position of priesthood himself at the end of the scene:

(He comes.

*He rests his hand on top of the **Priest's** head)*

⁹⁰ Foucault, *Madness and Civilisation*, p.271-2.

⁹¹ *Phaedra's Love*, p.68.

Go.

Confess.

Before you burn.⁹²

Neither is able to maintain discursive authority over their interlocutor and they appear vacuous when attempting to do so. Kane's play thus depicts a dramatic universe in which the institutions which discursively regulate and actively contain madness are without authority, in comparison to the unwieldy individuals they are faced with.

It is precisely this function of containment that Foucault argued was the purpose of asylums, and which I have been suggesting was widely perceived as being surrendered by the *Community Care Act*. Foucault argues that the cage-like nature of the asylum emerged to prevent a certain kind of contagion. This contagion is not based on scientific descriptions of the actual contagiousness of madness, but a perceived need to socially separate normality from abnormality. Foucault writes: 'Long before the problem of discovering to what degree the unreasonable is pathological was formulated, there had formed, in the space of confinement and by an alchemy peculiar to it, a *mélange* combining the dread of unreason and the old specters of disease.'⁹³ Foucault argues that the aim of the asylum was to create a site in which unacceptable and nonsensical forms of violence and desire might be walled off and prevented from *mixing* with the normative. It is to this end that madness is medicalised in the late eighteenth century:

⁹² Ibid., p.97.

⁹³ Foucault, *Madness and Civilisation*, p.205.

It is important, perhaps decisive for the place madness was to occupy in modern culture, that *homo medicus* was not called in to the world of confinement as an *arbiter*, to divide what was crime from what was madness, what was evil from what was illness, but rather as a guardian, to protect others from the vague danger that exuded from the walls of confinement.⁹⁴

The slow process of binding the concept of madness with the medical subject which took place throughout the eighteenth and nineteenth centuries according to Foucault's analysis, was thus shaped by a need to create a category and a site in which forms of perversion could be isolated. He goes as far as to argue that the practice of confinement – of physically isolating ‘mad’ individuals – itself created a medicalised concept of madness:

If [the consciousness of madness] slowly changed, it was within that simultaneously real and artificial space of confinement. [...] No medical advance, no humanitarian approach was responsible for the fact that the mad were gradually isolated, that the monotony of insanity was divided into rudimentary types. It was the depths of confinement itself that generated the phenomenon.⁹⁵

According to this analysis diagnostic psychiatry, the practice of dividing insanity into ‘rudimentary types’, itself emerged out of asylum culture. Even though long-term in-patient psychiatric care was on the decline throughout the twentieth century, this discursive medical category nevertheless imitated the walls of the asylum until 1990. It reified the experience of mental illness as something contained and entirely separate from normal social life. *Phaedra's Love's* opening diagnostic statement,

⁹⁴ Ibid.

⁹⁵ Ibid., p.224.

‘He’s depressed’, attempts to enact this separation onto Hippolytus. It seeks to separate the misbehaving medical subject from the popular, intelligent prince. However, it does so in a historical moment, and a dramatic universe, in which the power of confinement has been radically diminished.

The impossibility of containment in the dramatic universe of *Phaedra’s Love* is emphasised through Hippolytus’ excessive, abject body. There is a sense of dangerous contagiousness to Hippolytus’ presence throughout the play. Strophe’s dislike of him is based in a pervasiveness of his presence despite him never leaving his own bedroom:

Phaedra Everyone likes Hippolytus.

Strophe I live with him.

Phaedra It’s a big house.

Strophe He’s a big man.⁹⁶

Strophe experiences Hippolytus’ infectious presence as fatal, claiming that ‘[h]e’s poison’, and Phaedra’s love for him shares this dangerous pervasiveness: ‘Can feel him through the walls. Sense him. Feel his heartbeat from a mile.’⁹⁷ Hippolytus’ presence and physical body throughout the early scenes of the play are characterised by boundary-crossing excess. He excretes abject fluids onstage, snot and ejaculate, the latter turning out to be actually infectious when it is revealed that he has gonorrhoea. In her writing on abjection, Julia Kristeva defines ejected bodily material as causing horror and repulsion because it threatens a discursive breakdown between subject and object:

⁹⁶ *Phaedra’s Love*, p.70.

⁹⁷ *Ibid.*, p.71; p.70.

It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions rules. The in-between, the ambiguous, the composite.⁹⁸

Hippolytus's physical presence on the stage is defined by this boundary-threatening excess: he is an ambiguous, porous presence which threatens the sanity of those around him. Hippolytus' abject, 'disgusting' body becomes a clear parallel for the breakdown of social boundaries in *Phaedra's Love*, as he forms the centre point around which incestuous and filicidal passions, social unrest, and violence circulate.

In *Phaedra's Love* Kane satirically literalises the tragic trope that there is something rotten in the state (of Britain), placing Hippolytus' literally mouldy body in the centre of both sexual scandal and civic instability. When Strophe comes to deliver the news that Phaedra has accused Hippolytus of rape and that there are riots in the streets, Hippolytus is more interested in perusing his mouldy tongue:

Strophe Hide

Hippolytus Green tongue.

Strophe Hide idiot.

Hippolytus turns to her and shows her his tongue.

Hippolytus Fucking moss. Inch of pleurococcus [sic] on my tongue. Looks like the top of a wall.⁹⁹

Again, Kane takes the metaphor of contagion and boundary-dissolution to an arguably comic extreme. Hippolytus's excessive, mouldy body is finally is

⁹⁸ Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon Roudiez (New York: Columbia University Press, 1982), p.4.

⁹⁹ *Phaedra's Love*, p.85.

dismembered and his body parts thrown around a crowd and then roasted on a barbeque by the gleeful crowd. His ‘sickness’, far from being contained in the diagnostic category of ‘depression’, eventually leads to his complete disintegration and dispersal into the public sphere.

The scene of Hippolytus’ dismemberment represents a final attempt to control and contain unruly subjectivity, disastrously executed by the ‘community’ itself. Here the public rape and riotous dismembering of two people is played out as a grand day out for the family:

Theseus Come far?

Man 1 Newcastle

Woman 1 Brought the kids

Child And a barby. [barbecue]¹⁰⁰

Phaedra’s love – its force and its object – cannot be cured, politicised or prayed away. It is a sickness that affects both individuals and the state and turns Phaedra into a perpetrator rather than a patient. Finally, it forms the centre point for increasing absurdity, until it is destroyed by a *polis* who parodically embody the reductive, binary conservatism of tabloid rhetoric. The insults that the crowd hurl at Hippolytus reflect the animalistic construction of violent and perverse masculinity that characterises male psychiatric subjects in the tabloid discourses of the 1980s discussed above. Punchy and alliterative, the cry of ‘Royal raping bastard!’ could well be a tabloid headline.¹⁰¹

¹⁰⁰ Ibid., p.98.

¹⁰¹ Ibid., p.100.

The limited and shallow nature of this speech exposes the illogical assumptions about innocence and victimhood that circulate around Hippolytus' accused act of perversity – it also reflects the gendered anxieties surrounding the new position of psychiatric subjects which I have described above. Like the use of metaphor throughout the play, the mob-speak of the final scene is heavy-handed. Limited in vocabulary, the mob uses the insult 'bastard' nine times in two and a half pages of short dialogue. Both femininity and parenthood are absurdly invoked as justifications for murder and police brutality:

Woman 1 [He] [d]on't deserve to live. I've got kids.

Man 1 We've all got kids.

Woman 1 You got kids.

Theseus Not any more.

Woman 2 Poor bastard.

Man 2 Knows what we're talking about then, don't he.

[...]

Policeman 1 Poor bastard.

Policeman 2 You joking?

(He kicks Hippolytus hard)

I've got two daughters.¹⁰²

Children are invoked by both the mob and the policemen as a category of inviolable innocence, even as actual children in the crowd cheer on as Hippolytus is

¹⁰² *ibid.*, p.100; p.102.

dismembered and proceed to play with his cut off body parts. Similarly, the crowd perceives Strophe to be a violation of womanhood for ‘defending a rapist’ only to cheer Theseus as he rapes her.¹⁰³ Violence against the innocent is perpetrated to maintain a category of innocence, and the ‘I’ve got kids’ refrain might be seen as parodying a far-reaching anxiety as to the location, reach and contagiousness of perverse forms of violence and identification. At the very moment when assumptions about gender, victimhood and mental illness were being profoundly troubled in the press, Kane produces a play which raucously exposes their inadequacy.

The first production of *Phaedra’s Love*, which Kane directed herself, paralleled the thematisation of a failure of containment with a spatially unstable dramaturgy. As Graham Saunders describes, ‘Kane’s direction for the production also concentrated on attempting to break down the barriers between audience and the actors where seating was dispersed around the theatre, and no single playing space selected.’¹⁰⁴ Kane explained that this dispersal of the action into the audience was designed to produce shifts in the spectating process: ‘It meant that for any given audience member, the play could be at one moment intimate and personal, at the next epic and public. They may see one scene from one end of the theatre and find themselves sitting in the middle of a conversation for the next.’¹⁰⁵ Kane’s direction undermined theatrical conventions of proximity and distance, as her audiences were neither consistently separated from the action by a boundary between audience and stage, nor were they consistently surrounded by and participating in the action as in immersive theatre. The final scene had actors ‘among the squatting audience rise like a lynch mob to take matters in their own hands’, which Michael Coveney interpreted

¹⁰³ *Ibid.*, p.101.

¹⁰⁴ Saunders, *Love Me*, p.80.

¹⁰⁵ Stephenson and Langridge, p.134.

as a relocating of the powers of the classical gods into the hands of the populist crowd, providing ‘a powerful, genuinely effective equivalent of the monster rising from the angry sea to frighten the prince’s horses.’¹⁰⁶ Kane’s blurring of the boundary between playing space and audience through the direction of *Phaedra’s Love* placed the audience literally at the centre of a dramatic universe soaked in the free-wheeling violence of a populist nightmare.

In her next three plays, *Cleansed*, *Crave* and *4.48 Psychosis* this dramaturgical over-spilling would take on a more central role in the structuring of the playtexts themselves. Here the blurring of the boundary between audience and theatrical work is executed with greater precision and subtlety, through sustained manipulations of the audiences’ perspectives and identifications. *Phaedra’s Love* stands out in Kane’s short oeuvre as her most loosely structured work, which is also the only one to engage in political parody. Whilst *Phaedra’s Love* immerses its audience in a deteriorating, disorientating but consistent dramatic universe, the rest of Kane’s plays attempt to represent their universes through the lens of a specific form of psychic life. We might say that her three final works explore what it means to suffer from psychic pain from *within* a universe suffering from the dislocations which formed the basis for the world of *Phaedra’s Love*.

Spatial dislocation, psychic life

Kane’s final three works investigate the consequences of the spatial dislocations of deinstitutionalisation on psychic life itself, bringing together the themes of mental illness and popular discourse with her aims towards theatrical “experientialism” (discussed in the introduction of this thesis). In these plays, spatial instability and

¹⁰⁶ Michael Coveney, *Observer*, 26 May 1996, in *Theatre Record*, 16.11 (1996), 653.

transformations of the stage space become the conditions through which mental suffering is both experienced and communicated. *Cleansed*, *Crave* and *4.48 Psychosis* all make reference to Kane's own experience of the mental healthcare system. *Cleansed* is dedicated to ES3, the psychiatric ward in the Maudesley Hospital in which she was hospitalised, and in which she carried out research for the play's representation of the schizophrenic character Robin. In *Crave*, the characters actually find themselves inside ES3 at the end of the play; and *4.48 Psychosis*, written during another period of hospitalisation, clearly draws on the experience of being treated for suicidal depression and psychosis. (The difficulty of locating Kane's biography in relation to these works has been discussed in the introduction and is returned to in chapter 4 of this thesis.)

The decision to include a named psychiatric ward in *Crave*, and to situate *Cleansed* in relation to the ward through its dedication indicates a return in Kane's focus to the specific spatialities of psychiatric treatment, which had in part been the focus of her unpublished monologue *Starved*. In *Starved* the speaker's experience of bulimia is charted through her journey through domestic and medical spaces. The medical site is presented as a place where the speaker is deprived of autonomy, no longer able to control her eating and purging, and is force-fed and physically restrained. Having returned to a healthy weight however, the speaker expresses bewilderment as to where she is meant to return, unable to conceive of an outside of the medical site. By the end of *Starved* the speaker comes full circle, returning to her original refrain to describe her patterns of disturbed eating in her parent's home. One is given the impression that the whole monologue could just start all over again, and the journey from home to hospital to home will be repeated.

As Dan Rebellato has pointed out, Kane re-used several passages from all three of her monologues in *Crave*, but ‘it is *Starved* that she draws on the most’.¹⁰⁷ C’s experience of trauma, disordered eating, sexual bullying and psychiatric breakdown draw on the phrases used in *Starved*, although set within a very different stylistic and dramaturgical framework. Rebellato suggests that ‘*Crave* [...] is a great leap forward, but in one important way is also an act of careful retrospection across the entirety of [Kane’s] work’.¹⁰⁸ It is also testament to the continuity of Kane’s thematic as well as dramaturgical preoccupations with mental suffering and its representation. In *Starved* Kane explores different ways in which the monologue might represent the experience of bulimia, ranging from diary-like entries recording weight, date and food consumption, to narrating upsetting memories about food, to broken down, repetitive Beckettian language with which she describes the experience of hospitalisation. In *Crave* this exploration takes a new form, as Kane attempts to integrate the unstable spatialities of psychiatric care into the play’s dramaturgy. *Crave* presents its audience with several narratives of pathologized mental suffering, which came together in the 1998 production to form a single expanded consciousness. The play stages four speakers, young woman C (which stands for Child), older man A (Author/Abuser), young man B (Boy), and older woman M (Mother). The characters speak in fragments of conversation, quotation, and poetry, and a series of relationships emerge out of the overlapping conversations. C is traumatised by past sexual abuse, and tormented by her rejection of her mother and her seemingly abusive relationship with A, she turns to M for help; A is a self-confessed paedophile who is C’s abuser and/or lover; M desperately wants a child,

¹⁰⁷ Dan Rebellato, ‘Sarah Kane before Blasted, the monologues’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.28-44, p.39.

¹⁰⁸ *Ibid.*

and has a relationship with B in order to become pregnant, she then abuses and rejects him; B is an alcoholic in love with M. The characters weave a tapestry of speech which partially reveals their narratives whilst never providing enough concrete information to fully distinguish between their ‘real’ and imagined relationships.

Key to this confusion is the fact that despite the speech being fairly evenly distributed across all four speakers, the play nevertheless seems to be structured by C’s mental experience. Actress Ingrid Craigie, who played M in the original 1998 production by Paines Plough, noted the technical difficulty of performing such an ambiguity:

it’s a paradox that you are very clearly who you are, this woman who has a fear that she is barren and desperately wants a child, but at the same time [...] you merge into something else [...] That’s one level of your existence but through that more literal or concrete existence you are part of a whole, part of the experience of this disintegration, this breakdown.¹⁰⁹

Craigie describes the process of rehearsing the play with Kane and Featherstone, as finding a way to negotiate the development of a single character and at the same time participating in a dramaturgy which embodies the breakdown of another.¹¹⁰ This aim was outlined by Kane herself in a funding proposal for the development of the play, where she notes that ‘as a whole [*Crave*] forms one voice which can be broken into four distinct and separate voices, and these in turn can be broken down into a

¹⁰⁹ Ingrid Craigie, private correspondence with Graham Saunders, reproduced with kind permission from Ms Craigie.

¹¹⁰ Kane was heavily involved in the rehearsal process, elucidating the references for every quotation with the actors and re-drafting the play substantially during the rehearsal period.

multiplicity of voices.¹¹¹ As ‘part of the experience of this disintegration’, Craigie and her fellow actors participated in the presentation of a single mental breakdown in which they were ‘four individuals but really all part of one voice, one experience.’¹¹²

This theatrical doubling, by which Kane and Featherstone presented both the experiences of four characters and the breakdown of one mind, intended to create a theatrical version of mental anguish which was indeterminate and almost impossible to objectify. Kane emphasised the indeterminacy of the character representations and contexts as key to the play’s dramatic project:

The people in this play are representations of people rather than characters. To C, M represents her mother (even though she is not, because M is childless). A represents C’s abuser (though he may “in fact” be her lover), and also represents her lover (though he may be her abuser). All the characters represent something to each other, but these representations have little to do with actuality.¹¹³

Distinctions between reality and imagination are deliberately avoided. In this document Kane notes that she wishes the audience of *Crave* to be exposed to ‘a multiplicity of contexts, none of which are given priority over one another.’¹¹⁴ being given the impression of an urban site from which a multiplicity of voices and experiences spring, but which nonetheless also represents a single experience.

¹¹¹ Sarah Kane, ‘Crave by Sarah Kane’, 1997, accessible via the Royal Court Theatre archive. Reproduced by kind permission of Simon Kane. As a funding proposal, it is important to note that this document was not intended as guidance to future actors or directors and Kane was insistent that the play could be staged in multiple ways, without the A, B, C, and M, positions becoming rigid. At the same time, we can see that this funding proposal highlights the indeterminacy of these positions, and suggests the importance of their fluidity.

¹¹² Craigie.

¹¹³ ‘Crave by Sarah Kane’.

¹¹⁴ Ibid.

Crave portrays a contextually indeterminate breakdown by representing mental suffering across a series of unstable and uncertain sites. The speakers of *Crave* narrate and refer to a number of locations throughout the play, without ever settling into a site or narrative. The first location invoked by C in the opening lines of the play is itself a non-place:

C You're dead to me.

[...]

C Somewhere outside the city, I told my mother, you're dead to me.¹¹⁵

The site emerges apparently as a qualifier to C's initial phrase which opens the play. The phrase appears to have a location and an interlocutor in its second iteration. However, the location is defined only by what it is not. 'Somewhere outside the city' is not the city's antithesis (the country), nor is it the city itself. The play thus begins with C's evocation of vague outskirts, on the boundary between two types of site.

Whilst the play is littered with references to urban sites, the city itself never emerges as a stable 'context' for the speakers' narratives or their suffering in *Crave*. These urban locations are intertwined with remembered or fantasied moments in rural locations, which are characterised by their impossibility. M 'remembers' seeing her grandparents embrace from a poppy field outside her grandfather's house, only to be told by her mother that 'That didn't happen to you. It happened to me. My father died before you were born.'¹¹⁶ C either remembers or re-imagines her childhood sexual trauma as a terrible and ecstatic moment in the open countryside: 'A fourteen

¹¹⁵ Sarah Kane, *Crave*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.153-202, p.155.

¹¹⁶ *Ibid.*, p.159.

year old to steal my virginity on the moor and rape me till I come.’¹¹⁷ C’s assault by the fourteen-year-old at this moment in the play seems impossible, both because of its reference to orgasm and because in the earlier episodes her childhood abuse is repeatedly linked with urban locations and old men. The audience cannot know if her ‘real’ or ‘original’ traumatic encounter was with her grandfather in a car, which she is reclaiming through the fantasy of the fourteen-year-old ‘his blue blue eyes full of sun’; if the ‘small dark girl’ in car is someone else; or if they are both examples of the litany of abuse that C has been subjected to.¹¹⁸ These flights into the rural do not provide any more context for the intense pain of the characters than the indeterminate urban locations. The mental pain which the play describes and represents overflows them both and is best characterised by its inability to be contained by any location.

Crave’s representation of a mental breakdown across a series of indeterminate locations can be read as a direct engagement with the new spatiality of mental suffering associated with ‘care in the community’, as it was experienced by patients. As mentioned above, the *Community Care Act* provoked a representational crisis with regards to mental illness in the UK. For centuries, those suffering from mental illness had been associated in the public imagination with asylums; places which would regulate and contain ‘madness’ to prevent it from touching the ‘sane’ population.¹¹⁹ As Peter Barham notes, the Victorian asylum had a profound effect on shaping both the experience of ‘madness’ and the place of the mentally ill in society:

The legacy of the Victorian asylum is, in an important sense, the abolition of the *person* who suffers from mental illness. In place of the person we have

¹¹⁷ *Ibid.*, p.178.

¹¹⁸ *Ibid.*, p.178; p.157.

¹¹⁹ See Foucault, *Madness and Civilisation*, p.207.

been given mental patients, their identities permanently spoiled, exiled from the space of their illness on the margins of society.¹²⁰

Barham identifies two main consequences of care in the community for those diagnosed with mental illness. The first is a practical transformation of their experience of place, especially in relation to dependencies on social and medical services. Care in the community provoked concerns about vagrancy across both popular and professional forums, caused either by stigmatisation or the very real question of where former mental patients were to go, once asylums and long-stay psychiatric wards closed.

Rather than being held for long periods in a total institution, those requiring psychiatric care were now to be treated in a ‘revolving door’ scenario, constantly moving back and forth from acute ward to often impermanent accommodation.¹²¹ As an article in the *British Medical Journal* noted following the *Community Care Act*:

[Community care is] an unknown quantity with unknown consequences. [...] [A] young man with severely disabling schizophrenia might block an acute psychiatric ward bed for a year, enter a slow stream rehabilitation ward, move to a hostel in the centre of town, return to his parents’ home, stay in a bed and breakfast or sleep in a cardboard box.¹²²

Former psychiatric patients under ‘care in the community’ were, according to many in the medical establishment, at risk of homelessness and lack of treatment.¹²³

According to this narrative, deinstitutionalisation added the stresses of vagrancy and

¹²⁰ Peter Barham, *Closing the Asylum* (London: Penguin, 1992), p.xiii.

¹²¹ *Ibid.*, p.32.

¹²² T. Groves, ‘After the Asylums: Can the community care?’, *British Medical Journal*, 300, 6733 (1990), 923-1188, p.1188.

¹²³ David King, *Moving on from Mental Hospitals to Community Care: A Case Study of Change in Exeter* (London: The Nuffield Provincial Hospitals Trust, 1991), p.53.

uprootedness (moving from ward, to hostel, to street, to ward) to the experience of pathological mental suffering.¹²⁴

Unsurprisingly, popular discourses expressed similar concerns with more flair and greater stigmatisation. The tabloid press painted a picture of mental health care in which the doors of the asylum were open and dangerous or helpless maniacs were left to walk the streets. An article symptomatic of ‘care in the community’ coverage in the popular press states:

[T]he psychiatric hospitals have never had to waste time concerning themselves with quite what the community their former patients were joining. Which is why you can spot the very same people who used to have a warm, clean bed, hot meals and their drugs administered wandering round the street zombie-like by day, and living in filthy squats and cardboard boxes by night.¹²⁵

‘Care in the community’ was therefore presented to the public imagination as transforming those who had a rightful location in society – the asylum where they had ‘warm, clean bed[s]’ – into vagrants who ‘zombie-like’ are neither alive or dead, neither a part of the community nor truly separate from it.

Deinstitutionalised subjects

The spatial and subjective transformation that patients leaving long-term psychiatric care experienced can be understood as creating a new kind of dramaturgy of mental suffering for the 1990s. The practical re-location of former psychiatric patients into

¹²⁴ Testimonies such as those collected by Barham, and autobiographical accounts such as Barbara Taylor’s, evidence that some patients experienced ‘care in the community’ in this light.

¹²⁵ Anne Robinson, ‘System that’s a sick joke’, *Daily Mirror*, 14 February 1990, p.13.

the community provoked a deeper symbolic crisis of representation. The second consequence of ‘care in the community’ identified by Barham is a troubling of their role as social subjects. He remarked that those suffering from mental illness were ‘discharged as patients and [told] to rejoin the community as ordinary persons.’¹²⁶ This transformation from patient to ‘ordinary person’ is not straightforward. As both Foucault and Erving Goffman have suggested, asylum culture effectively ‘created’ the social subject position of the psychiatric patient in a process of institutionalisation that lasted over a century.

The revolution that ‘care in the community’ performed on society’s treatment of the mentally ill by eliminating asylums disrupted the discursive formation of the social identity of the ‘psychiatric patient’ category. Erving Goffman, in his seminal work *Asylums* (1961), observes how the intense organisation of every aspect of asylum life regulated and effectively transformed asylum inmates into institutionalised subjects. For Goffman, asylums are not simply locations. Everything in the asylum, from the physical site, to medical treatment, to the great number of social relations that he describes, come together to create a specific form of institutionalised subjectivity. Considering the importance of rules and ceremony in total institutions, Goffman reminds his reader that institutionalisation ‘has a *dramaturgical*, not a material character’.¹²⁷ This insofar as the aim of such institutions is to create a ‘social reality’ which is based as much on the rituals, temporalities and social restrictions of the institution as it is on the site itself.¹²⁸ Goffman’s concept of the asylum as a ‘total institution’ in which all sensory and relational aspects come together to produce a certain kind of subjectivity, bears superficial resemblance to current definitions of

¹²⁶ Barham, p.99.

¹²⁷ Irving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, (London: Penguin, 1991), p.103. Emphasis added.

¹²⁸ *Ibid.*

dramaturgy. As Synne Behrndt and Cathy Turner note, the dramaturgy of a performance event involves ‘the compositional logic that binds together the way [it] organizes action, time, space, character and dialogue.’¹²⁹ As a deliberately organised site, the asylum creates institutionalised subjects through such a compositional logic, in which ‘action, time, space, character and dialogue’ or speech are carefully regulated. The patients that Goffman observes are not so simply *located* in the asylum, they are *made to perform it*. *Deinstitutionalisation*, in this case, would not only involve removal from a site, but an entirely new network of social and physical elements through which a new kind of (formerly psychiatric) subjectivity might emerge.

Kane dramaturgically re-imagines the relationship between psychic life and site in her final three works, in an engagement with the spatial conditions of community care which is quite unlike that of her contemporaries. In *Cleansed*, *Crave*, and *4.48 Psychosis*, mental suffering is communicated through and shaped by spatial revolutions and indeterminacy. Once again this engagement opens up a space for dialogue between Kane and her feminist contemporaries, who explicitly tackled the issue of deinstitutionalisation in the 1990s. Both Sarah Daniels and Anna Reynolds developed work in this period based on real-life experiences of women leaving long-term compulsory detention. Daniels’ *The Madness of Esme and Shaz* (1994) stages the story of Shaz, released from a secure wing after thirteen years into the care of her estranged aunt. The play counters popular concerns about the release of patients who have been under compulsory detainment by portraying the touching friendship that develops between aunt and niece, as both attempt to find a place in a changed world. Reynolds’ *Jordan* (1992) in contrast is a one-woman show co-written with Moira

¹²⁹ Cathy Turner and Synne Behrndt, *Dramaturgy and Performance* (Basingstoke: Palgrave Macmillan, 2008), p.29.

Buffini, which tells the story of Shirley Jones, who Reynolds had met when they were both detained in the secure psychiatric wing of Royal Holloway Prison. What is striking about both plays in relation to care in the community, is that whilst they are both ostensibly ‘deinstitutionalisation narratives’, they both suggest that a new subjectivity outside of psychiatric institutions is effectively impossible. Reynold’s Shirley ends her life immediately following her acquittal and release. Daniel’s play ends with a utopic escape by Esme and Shaz from the police and psychiatric authorities, by joining a Mediterranean cruise and deciding to ‘go mad’.¹³⁰ Whilst both plays are preoccupied with the process of leaving institutions, neither manages to address the formation of a new subjectivity without the institution. Joe Penhall’s *Blue/Orange* (2000), which is another self-consciously ‘care in the community’ play, similarly avoids addressing the life and identity *in* the community, ending as it does at the moment of patient Christopher’s discharge.

In all three of these works, the identity of the patient-character remains structured by their relation to an institution and the dramatic universe itself is remains tied to a number of binaries introduced by the institution: inside/outside, sanity/insanity, health/illness. Goffman goes so far as to state that institutionalisation is constituted by the constant reinforcing of these binaries, in which the inmate is made to accept their patient status as part of a process which leverages the difference between ‘inside’ and ‘outside’:

The full meaning for the inmate of being ‘in’ or ‘on the inside’ does not exist apart from the special meaning to him of “getting out” or “getting to the outside”. [...] [T]otal institutions [...] create and sustain a particular kind of

¹³⁰ *The Madness of Esme and Shaz*, in *Sarah Daniels: Plays 2* (London: Bloomsbury Methuen Drama, 1994).

tension between the home world and the institutional world and use this persistent tension as strategic leverage in the management of men.¹³¹

Daniels' and Reynolds' works in particular explore this boundary between the inside and outside of the institution, but nonetheless remain structured by it.

Kane's theatre takes a different approach, and it seems to attempt to abandon the interior/exterior binary as a spatially structuring principle. In *Cleansed* the institution is totalised yet radically unstable, providing confinement but no containment for the passions and suffering of its inmates. This institution, which is at once a prison, hospital and concentration camp. makes up the entire dramatic universe in which the boundaries between psychic and spatial interior and exterior are troubled and porous. (The dramaturgical techniques employed in *Cleansed* and their consequences for Kane's representations of psychosis are explored in Chapter 3 of this thesis.) *Crave* is perhaps Kane's most explicitly 'care in the community' play. Rather than representing the departure of patients from institutions into a dubious 'community', it stages the experiences of mental suffering by subjects whose lives are stretched across a number of unstable sites. Importantly, *Crave* begins its account of mental suffering on the 'outside', without the explicit structure of an entrance or exit narrative to shape the speakers' experiences.

The urban and medical sites through which the speakers of *Crave* experience their individual and group breakdown are characterised by indeterminacy and inadequacy. The city is returned to after C's first evocation of it in an anecdote which seems to describe her history of sexual abuse:

¹³¹ Goffman, p.22.

In a lay-by on the motorway going out of the city, or maybe in, depending on which way you look, a small dark girl sits in the passenger seat of a parked car.¹³²

‘[G]oing out of the city, or maybe in’, the motorway is a site of directionless movement. The incident in the layby is presumably an account of C’s early traumatic experience. It also spatially literalises the paradoxical sense of both stasis and movement that characterises C’s mental experience of her trauma: ‘And though she cannot remember she cannot forget./ And has been hurtling away from that moment ever since.’¹³³ Held in a restless stasis between remembering and forgetting, and yet simultaneously ‘hurtling’ through time, the temporal disruptions that structure C’s mental suffering seem derived from the contrasting speed of movement and spatial indeterminacy of the motorway and layby itself. *Crave* presents the audience with a dramatic universe in which the relationship between external and internal (mental) landscapes are porous, as the spatial structures of traumatic experience are integrated into mental suffering.

In the 1998 production of *Crave*, this contrast between movement and stasis was integrated into the dramaturgy of the performance event itself. The playtext of *Crave* is strange and poetic. The characters talk to and over one another, and out to the audience. Whilst the text contains no stage directions, it seems clear that the speakers are required to stay onstage throughout, impelled to speak their desires and mental anguish whilst not being afforded freedom of movement or action. Reminiscent of Beckett’s *Play*, the dramaturgy of *Crave* is found in the contrast between the slippage, fluidity and unreliability of language, and the suggestion of an oppressively

¹³² *Crave*, p.156.

¹³³ *Ibid.*, p.158.

static stage-space. The 1998 production compounded this sense of oppressive stasis by setting the play in a talk-show. Here, the speakers were seated throughout the production, participating in a kind of obsessive sharing without being able to get up and actually dramatize the emotions they were going through.¹³⁴ Craigie notes that this was due to a sense on director Vicky Featherstone's part that the audience needed a concrete visual 'setting' in order to help them cope with the difficulty and fluidity of the language: 'I think that [the chat-show format was chosen] because Vicky wanted it to have a concrete existence, a way in for the audience'.¹³⁵ This sense of simultaneous restless movement and oppressive stasis thus gave dramaturgical form to the frustrating indeterminacy of the speakers' subjectivities which, in C's words, 'exist in the swing, neither one thing nor the other.'¹³⁶

This production's dramaturgy thus represented painful psychic breakdown as structured by the environment of deinstitutionalisation, in which those in pathological mental distress occupy practically and discursively indeterminate spaces. By incorporating the spatial and temporal qualities of this new kind of existence into its formal embodiment of a 'single breakdown', *Crave* radically suggests that this new spatiality actually structures the nature of psychic suffering in the 'care in the community' era.¹³⁷ Despite the variety of experiences and suffering displayed by the characters in *Crave* they share a problematised relationship with space, which we might identify as a deinstitutionalised, or post-asylum subjectivity. B describes this experience as one of always being located in an unstable outside:

¹³⁴ Saunders, *Love Me*, p.132.

¹³⁵ Craigie.

¹³⁶ *Crave*, p.194.

¹³⁷ Craigie.

A circle is the only geometric shape defined by its centre. No chicken and egg about it, the centre came first, the circumference follows. The earth, by definition, has a centre. And only the fool knows it and can go wherever he pleases, knowing the centre will hold him down, stop him flying out of orbit. But when your sense of centre shifts, comes whizzing to the surface, the balance has gone.¹³⁸

This shifting of the centre and whizzing out of orbit might be a characterisation of the dramaturgy of Kane's play itself. The play never settles into a single narrative, nor does any firm understanding of the relationships between the characters ever become clear. The text itself is 'out of orbit', circulating within and around the speakers in a site which cannot bring it into order. *Crave* thus presents its audience with a dramaturgy of mental suffering for a specific historical moment, in which sufferers were perceived (by others and by themselves) as newly and inevitably out-of-place. It offers a response to the socio-political changes brought about by the *Community Care Act* by exploring its consequences for the inner lives of the people it affects. This is not to say that the play advocates for a return to institutionalisation. Rather, it troubles the political narrative implicit in the act (and ongoing today) that the problems of mental health care are primarily the implicitly impersonal problems of allocation of spatial and monetary resources. The play may be understood as a politicised response insofar as it stakes a claim for the importance of considering the complex inner lives of those living with pathological mental pain, and suggests that these inner lives are constantly being shaped by the spaces and structures they are legislated to inhabit.

¹³⁸ *Crave*, p.193.

Conclusion

I have argued here that Kane's works both emerge from and contribute to a period of striking cultural change with regards to the experience and representation of UK mental healthcare. In *Blasted*, Kane takes on British psychiatry's fraught, gendered history, and undermines its power by refusing to offer up her female protagonist's interiority in a diagnostic or legible form to her spectators. In *Phaedra's Love* and *Crave*, new social conditions of psychic suffering are integrated into dramatic universes in which mental pathologies cannot be contained. In Kane's final works, the spatial dislocations of community care shape both the interior lives of the subjects on stage, and the dramatic space through which they are expressed. In doing so, these plays express the politically charged relationship between the psychic lives of new psychiatric subjects and the spaces they inhabit.

Kane's development of an experiential dramaturgy of mental suffering, which will be explored in the following chapters, was thus situated in and shaped by a unique historical moment in the history of mental healthcare and its representation. It is also possible that the dislocated nature of psychiatric discourse in the 1990s not only influenced but enabled the nuanced and dialectical understanding of mental pain that Kane stages. Paul Hamilton suggests that Foucault's own analysis of the break between early modern and twentieth century medicine is not definitive. 'Foucault,' he argues, 'forces us to admit the possibility of a new comparison: we haven't superseded an earlier stage of knowledge in an unbroken continuum of medical progress; we have broken into a new discursive practice in which, at some point, power is likely to be achieving the same ends.'¹³⁹ The destabilised voices of the

¹³⁹ Hamilton, p.122.

tabloid archive, together with fraught opposition and confusion from patient, campaigning and professional groups in the face of care in the community in the 1990s suggests precisely a discursive break. But this break is not so much a sudden shift from one discursive regime to another as a pause, a period of transition and silence in which power relations and discursive dominance is waiting to re-form. It is possible that Kane's innovative dramaturgy exploits this pause. The plays contain direct critiques neither of asylum culture nor of neo-liberal oppression. Rather they explore the possibility of experiencing and representing psychic pain on the peripheries of these power structures. In the following chapters, I will explore exactly what kinds of mental suffering Kane represents at this periphery, and the demands that her works make for a new kind of encounter with spatially enacted psychic life.

Chapter 2

A Dramaturgy of Trauma in *Blasted*

Introduction

Sarah Kane's 'experiential' theatre (as discussed in the Introduction to this thesis), attempted to place her audience *within* a psychic life of a subject undergoing specific and historically situated experiences of suffering. In this chapter I will suggest that Kane begins this form of experientialism in *Blasted*, by creating a dramaturgy structured around the suffering of a single character. The playtext of *Blasted* suggests a theatrical experience that is shaped by the traumatic experiences of its female protagonist Cate, as the play's world and its thematic and temporal coherence become distorted following her rape. Cate's rape is 'repressed' into the fabric of the play by being elided in a scene break, after which indirect references to it break into the play's initially naturalistic setting. I suggest that *Blasted* introduces a specific pattern of distortion and repetition into its dramaturgy that draws on the framework of trauma, especially of the post-traumatic stress disorder (PTSD) diagnosis. This was a framework which was an increasingly ubiquitous way of understanding the psychic consequences of violation in the 1990s, supported as it was by diagnostic psychiatry and the women's movement.

However, Kane does not provide a wholesale appropriation of 1990s trauma theory in *Blasted*. As I shall demonstrate, Kane adapts the PTSD framework to suggest that the consequences of sexual trauma do not only include repression and repetition, but also a shattering of identity. In this way, Kane's dramatic form is reminiscent of an older theory of trauma which has been regaining popularity since the 2000s. This 'mimetic model' of trauma presents the effects of sexual assault as a voiding of the

victim's identity, as their subjective experience becomes dominated by the attacker. I will argue that Kane enacts a similar voiding and domination onto her play itself, as Cate is disappeared from the stage and the potential audience is left with only violent, male characters with which to identify. The dramaturgy of *Blasted* can itself be understood as enacting Cate's traumatic breakdown, combining the disruptive return of violence of the PTSD diagnosis with an uncomfortable invitation to identify with a sexual perpetrator. I suggest that this reading ultimately opens up a new feminist potential for the play, as it reads Cate's disappearance as a challenge to the potential audience to see the female experience which is hidden, but indirectly referred to.

At the end of this chapter I discuss the potential difficulties of staging a play which is structured around an invisible act and a disappearance. I suggest that Richard Wilson's 2015 production at the Sheffield Theatres successfully re-centred the play around Cate's experience, creating a performance which differed from that of the play's major London productions. This created a version of the play which resonated with specifically twenty-first century concerns with sexual violence and child abuse, enacted the experience of an already-traumatised, dissociated subjectivity for the audience.

The focus on the rape of Cate and the first half of *Blasted* in particular in this chapter is intended to refocus criticism away from a preoccupation with shock and violence *per se*, towards a consideration of Kane's dramaturgical mechanisms for the representation of psychic life. In considering mental pathology in the play it also continues a line of recent feminist criticism by Elaine Aston and Kim Solga of Kane's work, which looks into Cate's absence onstage as a politically charged theatrical decision. As Kim Solga commented, '[a] curious blind spot remains in the

critical response to Sarah Kane's *Blasted*: the rape of Cate by Ian.'¹ Solga's article represents a departure from previous Kane criticism, in which she attempts to correct 'Cate's marginalization in criticism of the play, and especially by the near-total lack of scholarly engagement with the unique representational circumstances of her rape.'² The history of Kane criticism is gendered, and never more so than in the reception and consequent re-evaluation of *Blasted* and the choices made by critics as to which victim and which narrative to focus on.

The play-text of *Blasted* itself thwarts a single, gendered reading containing as it does two forms of traditional narrative, as well as multiple references to varied theatrical forms (realist, Jacobean, Brechtian, Beckettian). In terms of narrative, Ian's character can be identified as a re-working of the flawed tragic hero, a modern-day Lear. Moving obviously from a position of complete power to one of total degradation, seemingly getting his comeuppance for a *hubris* of racist pride coupled with sexual power-play in the latter half of the play, Ian's narrative follows that of a tragic (anti)hero. Graham Saunders has convincingly mapped *King Lear* as a source-text onto Ian's narrative in *Blasted*, and several articles focussing on the confusion of the victim/perpetrator binary as the key feature of the play seem to follow a similar tack, implicating Ian as a modern-day Oedipus – perpetrating and bringing horrors upon himself all at once.³ The figuring of Ian as a tragic hero (he is after all blinded

¹ Kim Solga, 'Blasted's Hysteria: Rape, Realism, and the Thresholds of the Visible.' *Modern Drama*, 50.3 (2007), 346-374, p.346.

² *Ibid.*, p.347.

³ Graham Saunders, "'Out Vile Jelly": Sarah Kane's *Blasted* and Shakespeare's *King Lear*', *New Theatre Quarterly*, 20 (2004), 69-77.

Ken Urban proposes that Kane collapses the victim/perpetrator binary to create a morally uncertain universe; Sarah Ablett argues that Ian becomes a representation of the abject; and Robert Lublin that Ian is driven by inescapable, 'pitiabile' desire to abuse Cate. Ken Urban, 'An Ethics of Catastrophe: The Theatre of Sarah Kane', *PAJ: A Journal of Performance and Art*, 33, 3 (2001), 36-46; Sarah Ablett, 'Approaching Abjection in Sarah Kane's *Blasted*', *Performance Research*, 19 (2014), 63-71; Robert I. Lublin, ' "I love you now": Time and desire in the plays of Sarah Kane', in *Sarah Kane in*

onstage, putting him in a direct lineage with both *King Lear* and *Oedipus Rex*) has also allowed for some more one-sided readings, which will be discussed below. Such readings highlight the power of Ian's tragic-hero narrative arc, which is created partly through his verbal dominance of the stage (he is the source of the play's dark humour as well as the literal story-teller as a journalist) and his remaining onstage for the duration of the play. However by only focussing on Ian's unstable narrative arc, such readings do not note the specific ways in which Kane deliberately thwarts this framework, returning the potential audience's attention to what is unseen.

The 'blind spot' identified by Solga in the critical reception of *Blasted* is simultaneously a blind spot in the play itself, an invisible act whose consequences are both unrepresented and yet key to the play's subsequent events and structure.⁴ By rendering Cate's rape both invisible and out of time, Kane creates a situation which actually repeats the disrupted temporalities and dissociations associated with the psychic experience of trauma. Circulating around an unrepresentable gap, the play as a whole comes to embody traumatic subjectivity.

Theories of trauma

Blasted presents a specific, dramaturgically-enacted vision of the psychic consequences of sexual abuse to its potential audience; one which is situated in a network of culturally influential debates surrounding trauma. It is my contention that the means by which the consequences of sexual abuse are portrayed in this play might itself constitute a contribution to these debates, preoccupied as they are with the formation and representation of subjectivity. Read alongside one of the major

Context, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.115-125.

⁴ Solga, p.346.

debates in current trauma studies, Kane's first play can be seen to bring together two apparently conflicting theories of trauma: 'unrepresentable' trauma and the 'mimetic model'. I will briefly outline both models and their consequences here, in order to better discuss Kane's relationship with them in the rest of the chapter.

The 'unrepresentable' model of trauma, builds on the work of Freud's *Beyond the Pleasure Principle*, and has proved very influential forming the basis of the diagnosis of PTSD, as well as the works of several important literary and clinical trauma theorists such as Shoshanna Felman, Dori Laub, and Cathy Caruth.⁵ In *Beyond the Pleasure Principle*, Freud famously sets out to theorise the phenomena of 'traumatic neurosis', which is characterised by the persistent repetition, for example in dreams, of unpleasant past events. In such cases, Freud notes:

The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it. [...] He is obliged to *repeat* the repressed material as a contemporary experience rather than, as the physician would prefer to see, *remembering* it as something in the past.⁶

Central to Freud's understanding therefore, is the inability by the patient to integrate the unpleasant experience into their own timeline. This inability is not caused by the nature of the traumatic event itself, but its reception and relationship to the fundamental structures of the human psyche:

⁵ The unrepresentable nature of trauma is the focus of: Shoshanna Felman and Dori Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (London: Routledge, 1992), and Cathy Caruth *Unclaimed Experience: Trauma, Narrative and History* (Baltimore: John Hopkins University Press, 1996).

⁶ Sigmund Freud, *Beyond the Pleasure Principle*, trans. James Strachey in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVIII (1920-1922): Beyond the Pleasure Principle, Group Psychology and Other Works* ed. by James Strachey (London: The Hogarth Press and the Institute of Psychoanalysis, 1955), pp.1-64 (p.18).

These reproductions, which emerge in their unwished-for exactitude always have, as their subject, some portion of infantile sexual life – of the Oedipus complex, that is, and its derivatives.⁷

This belief that traumatic repetition is caused not by the specific nature of the unpleasant experience itself but by its relation to the repression of the Oedipus complex marked a shift in Freud's thinking on trauma which is key to the 'unrepresentable' model of trauma theory. Here Freud moves away from his previous theory of trauma known as 'seduction theory', in which he posited that hysterical patients' symptoms were caused by the repressed memories of actual sexual abuse in childhood.⁸ In *Beyond the Pleasure Principle* in contrast, traumatic phenomena are understood to be a temporal disruption in the patients caused by the universally traumatic experience of the Oedipus complex. Events become traumatically repeated only insofar as they excite the repressed Oedipal memory.

It is this relationship between traumatic repetition and a form of universal unrepresentability which has become central to the trauma theory of Cathy Caruth, arguably one of the most influential writers in field of 'trauma studies.' Key to this version of trauma is the idea that a rupture takes place in the reception of a traumatic event, which leads it to be stored in a manner which bypasses consciousness (and therefore representability). Never consciously experienced, the traumatic moment

⁷ Ibid.

⁸ See Freud's *Studies in Hysteria* for an account of seduction theory. The move away from seduction theory has been subject to extensive debate. Some commentators, most notably Jeffrey Moussaieff Masson, have argued that Freud abandoned seduction theory out of a desire not to address the reality of child abuse – either unconsciously or in order not to offend the psychiatric establishment (see *Assault on Truth: Freud's Suppression of Seduction Theory* (New York NY: Farrar, Straus and Giroux, 1984)). On the other hand, commentators as varied as Juliet Mitchell and Roger Luckhurst argue that seduction theory was ever really abandoned, just reintegrated into a version of the psyche in which memory and fantasy are inextricably intertwined. Juliet Mitchell, *Psychoanalysis and Feminism: A Radical Reassessment of Freudian Psychoanalysis* (New York, NY: Basic, 2000, first published 1974) and Roger Luckhurst, *The Trauma Question* (Abingdon: Routledge 2008).

then returns in repetitive and persistent form in flashbacks or dreams. As Cathy Caruth summarises:

The pathology cannot be defined either by the event itself – which may or may not be catastrophic, and may or may not traumatise everyone equally – nor can it be defined in terms of a *distortion* of the event, achieving its haunting power as a result of distorting personal significance attached to it. The pathology consists, rather, solely in the *structure of its experience* or reception: the event is not assimilated or experienced fully at one time, but only belatedly, in its repeated *possession* of the one who experiences it.⁹

For theorists such as Caruth and Felman, traumatic phenomena point to something inherent in the human psyche, a structural enigma that leads to some forms of reception being disrupted. For Caruth, the phenomena of traumatic repetition becomes a foundation for a theory of enigmatic psychic life, as she argues that ‘the notion of trauma has confronted us not only with a simple pathology but also with a fundamental enigma concerning the psyche’s relation to reality.’¹⁰ The traumatic event is somehow integrated into the psyche without being touched by consciousness, as Freudian repression is ‘replaced by latency’.¹¹ As such, the event remains enigmatic, but literally preserved until it emerges symptomatically and can be integrated into a patient’s timeline through therapy: ‘It is this literality and its insistent return which thus constitutes trauma and points towards an enigmatic core:

⁹ Cathy Caruth, ‘Introduction’, in *Trauma: Explorations in Memory*, ed. by Cathy Caruth (Baltimore, John Hopkins University Press, 1995), p.4.

¹⁰ Caruth, *Unclaimed Experience*, p.91.

¹¹ Caruth, ‘Introduction’, p.8.

the delay or incompleteness in knowing, or even in seeing, and overwhelming occurrence that then remained, in its insistent return, absolutely *true* to the event.’¹²

The influence of this ‘unrepresentable’ model of trauma on the PTSD diagnosis can be found in this insistence on the preservation of the traumatic memory somewhere in the mind and the necessity of its reintegration for the purposes of cure. Allan Young has emphasised the roles of ‘prolonged exposure therapy’ as the ‘gold standard’ of treatments for PTSD in veterans in the US. In these cases, the patient is asked to recount a traumatic event in extreme detail, or watch footage of such events repeatedly, until it is re-assimilated in the patient’s memory.¹³ In such an understanding of PTSD, trauma is a temporal disruption in the receiving of an overwhelming event, and its cure involves a reordering into the ‘correct’ temporality – i.e. leaving the past in the past.

Didier Fassin and Richard Rechtman have argued that psychoanalytical ‘trauma theory’ has had an important impact in turning the specific diagnosis of ‘combat stress disorder’ into the more widely applicable PTSD diagnosis in two ways. Firstly by repositioning the traumatic experience ‘to become a testament to the unspeakable’, it enlarged the psychiatric questions surrounding trauma into wider questions about the limits of knowledge. And secondly, perhaps more importantly, it turned PTSD into a social issue, a question of how the psyche is capable of living through atrocity:

In contrast to the image offered by the combat shock patient of soldiers psychologically damaged by battle, the trauma of survivors testified to the

¹² *Ibid.*, p.5.

¹³ Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Princeton University Press, 1997), and Allan Young, ‘Trauma and Harm’, podcast recording, The Birkbeck Trauma Project, 14 April 2016 <www.bbk.ac.uk/trauma/events/trauma-and-harm> [accessed 2 February 2017].

transgression of a fundamental boundary, beyond which social life had been destroyed.¹⁴

The model of ‘unspeakable trauma’ thus understands trauma as a structural psychic response to atrocity, in which the repetitive return of the traumatic event is not so much a symptom of the damage a specific event has wrought on the psyche, but evidence of the psyche’s inability to represent such an event that is by its very nature unrepresentable.

Having reached its prominence in the 1990s, this model of trauma has since begun to lose favour, in part because of the supposedly universal nature of its applicability. As I will discuss further below, the trauma paradigm had become an almost ubiquitous tool for interpreting the psychic consequences of violence by the end of the twentieth century. Reflecting on the responses to the attack on the World Trade Centre in 2001, Fassin and Rechtman argue that ‘trauma’ had become a commonplace term and concept in both psychiatric and media discourses, with ‘discourse often shift[ing] from one meaning to another [popular to diagnostic] without particularly marking the distinction.’¹⁵ Through this discursive ubiquity, they suggest, ‘a new condition of victimhood [has been] established’ in which the condition of having been traumatised gains its own truth value. In contrast to the early days of combat neuroses in which soldiers were broadly criticised for being malingerers, Fassin and Rechtman argue that trauma has gained its own truth value through its link to universal unspeakability – a claim that could certainly be challenged with respect to the social stigma and structural silencing that continues around reporting certain acts of violence, rape being a key example. Roger Luckhurst has similarly argued that the

¹⁴ Didier Fassin and Richard Rechtman, *The Empire of Trauma* (Princeton: Princeton University Press, 2009), p.73.

¹⁵ *Ibid.*, p.2.

PTSD diagnosis (as it was conceived of in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM III)* in 1980) became too universal, seeking to create a single category in which all exceptionally painful forms of violence or oppression should be grouped. For Luckhurst this creates the danger of the traumatised ‘survivor [...] becom[ing] a locus for a host of identifications’, and losing the historical specificity of acts of violence themselves and their consequences.

As part of this debate, Ruth Leys’s *Trauma: A Genealogy* turns back to an older ‘mimetic model’ of trauma, which she opposes to the ‘unrepresentable’ model I have been outlining. The ‘mimetic model’ is based primarily on the work of Sandor Ferenczi, who was a Hungarian psychoanalyst and student of Freud’s. In his final paper, Ferenczi returned to the question of childhood trauma, rejecting Freud’s turn away from seduction theory. Rather than focussing on the structure of traumatic reception and its indication of the enigmatic in the psyche, Ferenczi’s focuses specifically on the impact of sexual abuse in childhood on psychic development. According to Ferenczi’s mimetic model, the survivor’s ability to perceive is shattered by the traumatic sexual assault to the extent that they are no longer able to experience themselves as an autonomous subject. It alters the way the survivor actually sees the outside world, enacting ‘a pervasive change in someone’s perceptual world’.¹⁶ As a consequence Leys argues, the survivor ‘mimetically incorporate[s] the thoughts and feelings of the aggressor’, and their own subjectivity becomes occupied by the traumatising ‘other’.¹⁷ The survivor is ‘shocked out of

¹⁶ Jay Frankel, ‘Exploring Ferenczi’s Concept of Identification with the Aggressor: Its Role in Trauma, Everyday Life and the Therapeutic Relationship’, *Psychoanalytic Dialogues*, 12, 1 (2002), 101-139 (p.102).

¹⁷ Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000), p.173.

consciousness into a condition of trance-like incorporation or imitation of the violent other'.¹⁸

This model of trauma thus emphasises the disruptive power of the act of aggression, and the encounter between victim and perpetrator. Whilst the 'unrepresentable' model of trauma, according to Leys, allows the traumatic event to bypass the consciousness of the subject and be stored in an exceptional psychic space until it is historically restored; the 'mimetic' model views the event as entering consciousness and causing potentially irreparable damage by forcing the subject to recreate themselves in the model of their aggressor in a bid for survival. As such, this is a version of 'mimesis' more extreme than the form of imitation, or re-presentation the term tends to denote with regards to theatre. Mimetically experienced trauma involves the subject actually remaking herself in a new image, as she unwillingly incorporates her aggressor into her psychic life. It becomes a model for understanding the way in which psychic life can be reshaped, even entirely remade, in relation to a violent outside event.

Throughout her works, Kane presents a version of traumatised psychic life which speaks to both of these models. *Blasted* in particular creates a vision of psychic life in which unrepresentability and identification are intertwined. The model of trauma as unrepresentable was particularly popular during Kane's time of writing, in discourses surrounding mental illness and in women's movements and feminist theatre in 1980s and 1990s Britain. Within the medical establishment of the 1980s the diagnosis of Post-Traumatic Stress Disorder (PTSD) was quickly becoming the go-to diagnosis for individuals suffering from mental distress following any form of

¹⁸ Ibid., p.175.

painful experience or violation.¹⁹ As I will demonstrate below, the dramaturgy of *Blasted* appears to enact processes which belong to a PTSD diagnosis: most notably the distorted repetition of an original, affectively forgotten violation. However *Blasted* sits somewhere in between representing a version of sexual trauma which corresponds with a PTSD diagnosis, and presenting trauma as a crisis of identity. The play enacts the former model of this trauma, whilst simultaneously inviting its audience into a radical identification with the play's primary perpetrator.

In so doing, the dramaturgy of *Blasted* also enacts the version of trauma put forward by Sandor Ferenczi which I am referring to as the 'mimetic model'. Reading *Blasted* alongside the 'mimetic model' of trauma allows us to articulate the extent to which the dramaturgy of the play emerges, and to some extent *is created* out of its content – out of the impossibility of representing the consequences of Cate's violation through conventional means. In what follows I will outline first the way in which the playtext of *Blasted* performs the repetitions and distortions of the PTSD diagnosis in its dramaturgy, in a manner which situates the dramaturgy of the play in a specific socio-historical moment. I will then examine how Kane brings these features together to obscure the interiority of the play's original victim, Cate, enacting a 'mimetic model' of trauma onto the form of *Blasted*; and the consequences of understanding Kane's dramaturgy as a whole as a kind of radical mimesis of psychic life. Kane's vision of the experience of trauma may be seen as bridging a gap between two apparently competing theories by tolerating the contradiction between the repetitions of a forgotten event on the one hand, and introjection of a perpetrator on the other. By using Ferenczi's 'mimetic model' of trauma to trace the disappearance of Cate's narrative in the playtext, I will also open *Blasted* up to a

¹⁹ Caruth, 'Introduction', p.3.

feminist re-reading which dislodges Ian from the dominant position of anti-hero which he has occupied in much Sarah Kane criticism.

PTSD: Rape and repetition in *Blasted*'s dramaturgy

Blasted's dramaturgy is structured according to a logic of distortion and repetition, which is found in the processes of mental breakdown associated with a PTSD diagnosis. The definition of PTSD which was included in the *Diagnostic Statistics Manual III* in 1980 (a hugely influential diagnostic guidebook published and revised at least once a decade by the American Psychiatric Association) contained four main symptoms by which the disorder was to be identified. These were the experiencing of 'an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone'; the persistent 're-experience[ing]' of the event in some form'; 'avoidance of stimuli associated with the trauma or numbing of general responsiveness' and 'persistent symptoms of increased arousal' including physiological responses to situations reminiscent of the traumatic event.²⁰ According to the PTSD diagnosis the actual 'original' traumatic event is not remembered, or if it is, it is remembered with a sense of detachment or 'numbing' which prevents it from being affectively integrated in the individual's history. Instead it is intrusively repeated in the form of dreams, flashbacks or hypersensitivity to events that resemble the traumatic moment. The patient's timeline is effectively disrupted, and they are unable to understand the event as past because it keeps re-erupting into their present.

Blasted performs this loss and recurrence of a traumatic moment by temporally eliding the rape of Cate in a scene break and using it as the hidden catalyst for the

²⁰ *Diagnostic and Statistical Manual of Mental Disorders*, 3d ed. (Washington, D.C.: American Psychiatric Association, 1980), p.236.

overwhelming scenes of violence that follow. It also visually elides the event, circumventing the spectacular violation of the play's only female body. Kane summarises this vision of trauma in her fourth play *Crave* in which C's experience of sexual abuse is described as a temporal gap: 'And though she cannot remember she cannot forget/ And has been hurtling away from that moment ever since.'²¹ C and her relationship with A are in many ways reminiscent of Cate and Ian in *Blasted*, except that C to some extent has a greater voice than Cate, and is given the chance to articulate her trauma and her fantasies. In *Blasted*, instead of giving Cate a voice through which to express her interiority, Kane deliberately obscures the key act of violence perpetrated against her. Instead of showing us the rape of Cate, Kane shows us its effects – its traumatic invisibility and the overwhelming repetitions of violence that follow.²²

Kane introduces disruptions and repetitions into the form of the playtext in order to manipulate the experience of a potential spectator, and create an 'experiential' style which places the reader or spectator *within* the experience of post-traumatic repetition. Much has been said of the stylistic changes *Blasted* undergoes but it is necessary to recap them here for the sake of argument. The play begins by presenting the audience with what seems to be the mode of Ibsenite realism as discussed above: two people enter a hotel room, previous connections between them are revealed through dialogue, and conflict between them occurs. The opening scene more or less follows the formal rules of this mode, as everything that does occur can be explained

²¹ Sarah Kane, *Crave*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001) pp.153-202, p.158.

²² Elaine Aston makes a similar claim when she argues that Kane's use of explicit violence makes us 'feel the effects of the symbolic masculine' while challenging us to 'feel differently' about global violence which we witness in the play. Aston makes her claims in the context of a project which attempts to reinstate Kane as a feminist writer alongside contemporaries such as Sarah Daniels. As such, Aston's analysis overlooks the issue of mental pathology in favour of establishing Kane's plays as an affective response to compulsory heterosexuality. In Aston, *Feminist Views on the English Stage: Women Playwrights 1990-2000*, (Cambridge, Cambridge University Press, 2003), p.82.

by the internal logic of the plot – either suggested (Cate’s fits are caused by abuse) or explicit (Cate is here because Ian asked her to be). At the beginning of scene one for example, there is a bunch of flowers in the hotel room. Their presence is consistent with the classiness of the room, the champagne provided and the romantic intentions of Ian. It is therefore easy for the audience to assume that Ian has requested for them to be there before arriving. At the end of the scene Ian picks them up and gives them to Cate:

Ian (*Turns away. He sees the bouquet of flowers and picks it up.*)

These are for you.²³

In the beginning of scene two the flowers have begun to function in terms of a new signifying logic, for which the audience has been unprepared: ‘*The bouquet of flowers is now ripped apart and scattered around the room*’.²⁴ Whilst it is possible that either Ian or Cate themselves ripped apart and distributed the flowers, the event is neither discussed, nor does it fit with the events of the night as they emerge from Ian and Cate as the scene progresses. A botany-destroying stand-off does not feature in the narrative the audience pieces together regarding the events of the night in which Cate and Ian go to bed together and hold hands, following which Ian rapes Cate and performs violent oral sex on her causing her to still be bleeding the following day. The bouquet, in other words, no longer responds to the ‘*structure[s] [...] of experience or reception*’ of Ibsenite realism that were established in scene one.²⁵ Instead they belong to a new form of reference and signification, in which their destruction obliquely points to the unseen violence that occurred in the scene break, and is now emerging outside of realism’s representative channels. The

²³ *Blasted*, p.24.

²⁴ *Ibid.*, p.24.

²⁵ Caruth, ‘Introduction’, p.4.

blasting of a hole into the back wall of the stage at the end of scene two is an escalation of the blasting of the bouquet, as the violence of and towards the set escalates alongside the violence perpetrated by and towards the characters.

The disruption of the play's narrative logic is also detectable on the level of the acts of the characters onstage. As some of *Blasted*'s initial reviewers noted, even before the entrance of the soldier Cate and Ian's characters emerge with inconsistencies. Ian was a journalist in scene one, but scene two reveals him as a Pinteresque character: a slightly unbelievable secret agent - or a journalist with paranoid fantasies in which he is a secret agent. Cate on the other hand goes from being so shy and averse to sexual contact that she has a psychosomatic fit in response to being kissed with tongue, to a woman willing to perform oral sex and bite her aggressor's penis as an act of revenge. Whilst neither of these is totally unbelievable, it nevertheless destabilises the kind of narrative logic that scene one has established for its audience. Whereas in scene one aggression and violence were contained within the logic of a domestic narrative, in scene two they emerged unexpectedly and unbelievably from sources outside of the premised plot: the changes to the room, the unexpected character twists and the newly violent world outside the door. The viewing experience for a potential spectator might become disorientating and split, having to observe the unfolding of the plot and experiencing emotional response to it on the one hand, and simultaneously attempting to assimilate the illogical additions to it on the other. As Michael Billington asked in his review of the first production: 'who exactly is meant to be fighting whom on the streets?'²⁶ Whilst one could argue that questions such as this demonstrate a failure to understand either the Bosnian

²⁶ Michael Billington, *Guardian*, 20 January 1995, *Theatre Record*, 15.1-2 (1995), 39.

reference or the formal innovativeness of the work,²⁷ it is nevertheless a valid question that may well occur to the viewer whilst watching the play. The emergence of a soldier from an unmentioned location bringing the horrors of an unnamed war in tow is an escalation of the increasing disorientation that has been playing itself out since the unstaged rape of Cate.

Kane structures *Blasted*'s dramaturgy so as to perform the repetition of Cate's rape in increasingly amplified and distorted forms. According to the PTSD framework, this repetition disrupts the survivor's internal chronology, holding them in a traumatic present rather than allowing memory to be consigned to the past. Trauma theorist Ruth Leys summarises the supposed effects of this disrupted temporality: 'As a result, the victim is unable to recollect and integrate the hurtful experience into normal consciousness: instead she is *haunted or possessed by intrusive traumatic memories*. The experience of trauma, fixed or frozen in time refuses to be represented *as past*, but is *perpetually re-experienced as painful, dissociated, traumatic, present*.'²⁸

The violence enacted upon Ian by the soldier in scene three, and his subsequent breakdown in the expressionist tableaux of scene five contain thematic and formal echoes of his aggression towards Cate in the first two scenes of the play. The representation of Ian's rape especially parallels the simulation of his rape of Cate in scene two:

Cate *trembles and starts gasping for air.*

She faints.

²⁷ As Graham Saunders implies in his influential reading of Kane's works in *Love Me or Kill Me: Sarah Kane and the Theatre of Extremes* (Manchester: Manchester University Press, 2002) p.40-41.

²⁸ Leys, p.3, my emphasis.

Ian goes to her, takes the gun and puts it back in the holster. Then he lies her on the bed on her back.

He puts the gun to her head, lies between her legs, and simulates sex.

As he comes **Cate** sits bolt upright with a shout.

Ian moves away, unsure what to do, pointing the gun at her from behind.

She laughs hysterically, as before, but she doesn't stop.

She laughs and laughs and laughs until she isn't laughing anymore, she's crying her heart out.²⁹

-

The **Soldier** turns **Ian** over with one hand.

He holds the revolver to **Ian**'s head with the other.

He pulls down **Ian**'s trousers, undoes his own and rapes him – eyes closed, and smelling **Ian**'s hair.

The **Soldier** is crying his heart out.³⁰

The connection between the simulated rape of Cate and the actual rape of **Ian** is one that Kane herself was emphatic about, deploring her reviewers for 'ignoring [...] the fact that [the soldier] does it with a gun to his head which **Ian** has done to Cate earlier – and he's crying his eyes out as he does it.'³¹ But the violence of scene three is not simply a reiteration of the simulation of scene two. They are both repetitions,

²⁹ *Blasted* p.27.

³⁰ *Ibid*, p.39.

³¹ Kane, quoted Saunders, *Love Me*, p.46.

references to an assault that is not staged but eclipsed by the chronological structuring of the play which elides the rape of Cate in the scene break.

Following the rape of Ian the violence gets worse, his eyes are removed and eaten by the Soldier who subsequently kills himself. Each act of violence builds on the last in a reiterative rather than narrative logic that does nothing to explain what has come before. The play's penultimate scene is a series of tableaux separated by blackouts, in which Ian cries, laughs, masturbates, defecates, attempts to eat the baby and buries himself in the floor. By the time we get to this the narrative logic of the play has broken down completely. Ian's abject acts escalate the thematic concerns of act one. Masturbation is a repetition of the first (forced) sex act performed onstage, cannibalism an escalation of Cate's disgust at Ian's meat-eating, defecating reminiscent of the constant trips to the bathroom, burying himself in the floor an escalation of the hole in the back wall – the first violation of the stage itself. Rather than a simple litany of degradation the play follows a careful pattern of distortion, repetition and escalation, giving its audience visual and thematic connections between the scenes without a traditionally unfolding narrative that provides a logic of 'before' and 'after'.

In terms of the temporality of the *Blasted*, scene five marks the biggest shift as Kane abandons narrative chronology in favour of eight tableaux separated by blackouts inserted into a scene between Cate and Ian. Yet again, the breakdown is a form of repetition. Eight moments are separated with eight blackouts, reminiscent of the play's first blackout in which the unstaged violation occurs. The blackouts are also reminiscent of Cate's fits, which themselves point to a traumatic symptomatic structure. Rather than returning at the expected interval after the length of a scene, the blackouts in scene five are now piling up, within the scene, perhaps with under a

minute between them. The acts that they frame are singular, unrelated to one another and without specific narrative precedent. In this moment in the play, the audience is held in a present, totally cut off from, any narrative experience, and yet constantly being referred back to that which it has not seen, by the sight of the original aggressor and the return of the blackout. The repeated blackouts introduce a new temporality to the potential audience, undermining the assumptions about dramatic time that may have been established earlier on. The repeated blackouts constitute disruptions in the play's rhythm, as it is prevented from achieving temporal coherence through the repetitive intrusion of escalated violence.³² This intrusion interferes with the process of receiving the play, on paper and in production.

I have been explicit in the ways in which these 'formal' developments refer back to the unseen rape in order to emphasise the connection between the violence and stylistic changes of the play and the character and body of Cate. This is not to say that the Soldier's rape of Ian is a vengeful repetition of his assault on Cate. Such an interpretation would actually maintain Ian as the play's primary referent, figuring him as an anti-hero receiving his comeuppance. There are two ways in which the act simultaneously signifies. On the level of plot the Soldier rapes Ian in the context of war, and the atrocities he has committed and submitted to unwitnessed. On the level of overall dramaturgy, violence begins to break in, to destroy the play's narrative logic and fill the field of vision, even as it refers back to an invisible source. These levels of signification do not cancel each other out. Throughout Kane's work the psychic and the actual, which is imbued with the global-political, are tightly bound together. The boundary between gendered violence, political violence and psychic breakdown is rendered untenable in this work, as the psychic experience is in itself

³² See for example Saunders, *Love Me*, p.46.

worldly and the boundaries between interior and exterior, and personal and global are deeply troubled.

This is what separates my argument from those of Patrick Duggan and Peter Buse, who both read *Blasted* as a ‘traumatic’ text but fail to note the elision of the rape of Cate. Duggan’s reading does attempt to locate an ‘originary’ moment for the dramaturgical breakdown that takes place afterwards, but does so in a scene he reads as Ian’s metaphorical castration. Duggan’s reading of *Blasted* figures Cate as the primary perpetrator, who threatens Ian’s masculinity thus inciting him to traumatic violence (i.e. violence routed in Ian’s trauma):

Cate’s laugh and the fracturing it causes in Ian’s understanding of himself is a psychologically violent attack which marks the beginning of a traumatic cycle that rumbles throughout the play.³³

Having identified Cate laughing at Ian as the key traumatic moment, and ignoring both her history of psychosomatic fits and the implied previous abuse, Duggan goes so far as to suggest that Cate brings her rape upon herself.

Perpetrators have the traumas they have committed turned upon themselves: Cate rebuffs and laughs at Ian, but, as T. G. A. Nelson warns, laughter can be treacherous because ‘people laugh when they feel superior, but the tables may turn so that the laughter become the butt’ (1990:6) and so Ian rapes Cate, returning the traumatic experience to her.³⁴

A critical perspective which does not look into the ‘blind spot’ of the play here, (i.e. to look directly at the circumstance and elision of the rape of Cate), can lead

³³ Patrick Duggan, *Trauma-Tragedy: Symptoms of Contemporary Performance* (Manchester: Manchester University Press, 2012), p.120.

³⁴ *Ibid.*, p.123.

dangerously close to adopting the rape apologism of Ian himself, figuring Cate as a castrating mother-figure, participating in the (anti-)hero Ian's degradation.³⁵ By following Ian's anti-heroic narrative arc as the only structuring principle of the play, such criticisms miss the specific pattern of repetition and distortion that takes place in the play's dramaturgy. For both Duggan and Buse, Ian is the traumatic victim and the bomb and generalised 'chaotic violence' that follow are the consequences.³⁶

On the other hand, as I have been arguing, if we see the rape of Cate as the originary perpetration, the violence and breakdown reveals itself not to be chaotic at all, but to be a careful and structured series of repetitions and distortions. Kane explained this, somewhat vaguely, in interview with Nils Talbert:

[T]he soldier is the way he is because of the situation, *but the situation exists because of what Ian has created in that room, of what he has done to Cate* [...] So, basically, it's a completely self-perpetuating circle of emotional and physical violence. If you skip the connection between all this, if you skip the emotional reason, the play does appear to be completely broken backed, just split into two halves which means it fails totally.³⁷

By adopting a more nuanced approach and placing Cate at the centre of the play's dramaturgical structure we not only give scope to a feminist reading of the play, but may be able to articulate a specific thesis as to the kind of mental life Kane awards the traumatised subject. The rape of Cate is never actually represented, but Kane also makes sure it is not truly forgotten. Sight and memory are intertwined in this dramaturgical imaginary, in which the potential audience is repeatedly exposed to obscene referents to an invisible act. *Blasted* attempts to trap its audience in a

³⁵ Solga, p.346.

³⁶ Duggan, p.126.

³⁷ Saunders, *Love Me*, pp.45-46, my emphasis.

constant circulation of violent images in order to create the 'experiential' impression of an event which 'though [we] cannot remember [we] cannot forget/ and ha[ve] been hurtling away from [...] ever since'.³⁸

Understanding this connection also enables us to read *Blasted* as situating itself in relation to feminist trauma studies. This builds on my suggestion in chapter one that *Blasted* thematises contemporary gendered approaches to mental suffering. By taking on aspects of the PTSD framework as a structuring principle, it also integrates these into its dramaturgy. The concept of trauma-as-PTSD, and especially rape-trauma as PTSD, had a significant influence on the literary and artistic culture within the women's movement in the UK. Lisa Appignanesi notes how the focus on trauma and rape in the 1980s shaped the women's movement, moving the focus from empowerment to overcoming victimhood. 'A dynamic abuse narrative had been moulded' Appignanesi says, 'it took for granted that the entirety of a life was misshaped by the experience of early sexuality.'³⁹ Pressure emerged from within the women's movement for this narrative to be voiced repeatedly: 'Speaking the horror in front of sympathetic witnesses, perhaps in a women's group or in therapy or most controversially in the courts, took on, particularly in the USA, the force of a moral injunction.'⁴⁰

The cultural importance of this kind of 'speaking up' about women's traumatic experiences found its way into feminist theatre in Britain, where the 'practice of performances that [drew] on personal, lived experiences, [became] coterminous with

³⁸ *Crave*, p.158.

³⁹ Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Hachette UK, 2008), p.469.

⁴⁰ *Ibid.*

the history of ‘Second Wave’ Western feminism.’⁴¹ Whilst it is unclear how far Kane was aware of specific ideas and theories of trauma, both *Blasted* and her university works speak to this cultural concern. Kane’s early interest in and experimentation with the rape monologue in *Comic Monologue*, and her decision to direct Franca Rame’s seminal feminist monologue *The Rape* whilst an undergraduate, demonstrate her interest in the voicing of traumatic sexual experiences.⁴² Elaine Aston provocatively suggests that had the first reviewers of *Blasted* been exposed to Kane’s monologues, the play would have been received and criticised as an explicitly feminist work, perhaps with a response closer to the misogynistic repudiation the Sarah Daniels’ *Masterpieces* had received at the Royal Court almost a decade earlier. Whilst such a suggestion is clearly speculative, it does remind us to situate Kane’s first play and its reception in the context of ongoing preoccupations with relationship between sexual violence, verbal misogyny, structural patriarchy and trauma in British theatre in the 1980s and 1990s. Whilst *Blasted* does avoid the didactic accusation levelled in *Masterpieces* that there is a direct link between misogynistic humour, pornography, and rape, all three of these nonetheless play an important role in Kane’s play. *Blasted* might be read as re-casting these feminist concerns in a new dramatic structure, allowing them to articulate their relationship in a manner which is more difficult to dismiss as moralising or hysterically feminist – accusations which Daniels’ work received. The resonances between the formal structure of *Blasted* and the PTSD diagnosis are therefore historically situated both in a moment in which this diagnosis had become the overwhelming framework through which to understand the

⁴¹ Dee Heddon, ‘The Politics of the Personal: Autobiography in Performance’ in *Feminist Futures? Theatre, Performance, Theory*, ed. by Elaine Aston and Geraldine Harris (Palgrave Macmillan: Basingstoke, 2006), pp.130-148 (p.130).

⁴² For Kane’s directing of Franca Rame’s monologue, see Nina Kane, ‘Breath And Light: *Blasted*, Sheffield Theatres And New Directions In The Staging Of Sarah Kane’, *Litro*, 19 April 2015 <<http://www.litro.co.uk/2015/04/breath-and-light-blasted-sheffield-theatres-and-new-directions-in-the-staging-of-sarah-kane/>> [accessed, 31 January 2017].

consequences of violence, and in which the questions of how to successfully stage accounts of sexual violence were being raised.

Kane's presentation of violence in *Blasted* is open to the same criticisms of universalism that have been levelled against the PTSD diagnosis and its appropriation by feminist discourse. As a framework for understanding the psychic consequences of violence, PTSD emerged as a bridging term, connecting the consequences of the violence of war, political oppression, state violence, and the violence of patriarchy. As a diagnosis, PTSD gained popularity in the 1980s and 1990s in part due to two widespread and vocal campaigns which pushed the diagnosis into the medical establishment and the public imagination: the Vietnam veterans campaign in the USA and the North American and European women's movements. Key to some of the criticisms of PTSD as a diagnostic category listed above, is its history as emerging out of several separate movements with different aims.⁴³ After the introduction of PTSD as a veteran's disease, feminist psychiatrists in the USA such as Julia Herman battled for the *DSM III* definition to be enlarged to include the trauma of rape and child abuse. Herman and her contemporaries had political and practical motivations for including abuse in the PTSD diagnosis, as Appignanesi points out:

[S]ince diagnoses do make their way into court in the form of expert witnesses, since they do affect divorce, custody or the rarer murder trials and also serve to release insurance expenditure for treatment, the battle to find a diagnosis for the abused of the private sphere had a sense of justice about it.

⁴³ See for example Roger Luckhurst's criticism that 'advocates [of trauma theory are] self-consciously comparative, seeking out links to studies of the psychological reactions of those who survived the Hiroshima bombing, the victims of Nazi persecution, the consequences of slavery and segregation on African-American identity, and women who [have] suffered incest or rape trauma.' Roger Luckhurst, pp.61-2.

The diagnosis which Herman and her colleagues battled to attach to abused women was PTSD.⁴⁴

The effect of these vocal campaigns was to create a symptomatic structure through which to understand and interpret psychic pain following a variety of experiences of abuse, one which it was necessary to subscribe to if treatment or legal consequences and compensation were to be forthcoming. PTSD therefore provided a framework which was capable of navigating the personal and the political, domestic rape and atrocities of warfare.

This is relevant to Kane's integration of both the violence of war and gendered violence into a single dramatic universe. The readings relating *Blasted* to rape trauma and feminist theatre in this chapter do not preclude readings of *Blasted* as a political response to the British public's apathy to the Balkan conflict. Rather, it adds to this already widely addressed perspective by suggesting that the acts of warfare narrated and staged take place within a dramatic space shaped by a single act of domestic rape. In her important book on the history of rape, Joanna Bourke warns of essentialising or universalising sexual violence. For Bourke, such an attitude risks eliminating the specific social and political circumstances in which rapists commit violence.⁴⁵ Kane's representation of sexual violence in *Blasted* seems to take place somewhere between these two poles, and there is certainly some ambiguity in her perspectives on the universality (or not) of traumatic violence.⁴⁶

The mimetic model: hiding the subject

⁴⁴ Appignanesi, p.482.

⁴⁵ Joanna Bourke, *Rape: A History from 1860 to the Present* (London: Virago, 2007).

⁴⁶ Whilst Kane's staging of violence in *Blasted*, *Phaedra's Love* and *Cleansed*, would seem to represent a certain universalism, in interviews Kane moves from making sweeping connections with different forms of violence to discussing the cultural specificity of rape in certain fields of war (Saunders *Love Me*, p. 48).

The specificity of the rape of Cate in *Blasted* is the fact of its invisibility. *Blasted* is not a wholesale regurgitation of the effects of violence according to the definition of PTSD. Rather it presents a modified version of these effects, as Kane's dramaturgy enacts and represents a mental scene in which violence engenders a new form of traumatised subjectivity. Kane uses Cate's literal absence from the stage to suggest that the consequences of domestic rape and child abuse include the obliteration of the victimised subject from her own psychic experience. In this way *Blasted* resonates with Ferenczi's 'mimetic model' of trauma, which understands the sexual traumatic event as so decimating that it voids the victim of her own subjectivity, and forces her to build another in response to a new and violent situation.

In *Blasted* Kane represents and simulates a version of traumatic vision in which the traumatised subject cannot continue as a consequence of sexual abuse. The play's female protagonist is not only damaged by traumatic sexual violence, but is also occupied by it. This occupation is militaristic in its nature, metonymically linked to the soldier's occupation of the hotel room.⁴⁷ Cate, her narrative, her body and the glimpses we catch of her interiority, are displaced from the play itself by the overwhelming scenes of violence that follow. The reader or potential spectator is taken out of a pseudo-naturalist situation in which it was possible to empathise with the female protagonist, 'to a place of extreme mental discomfort and distress',⁴⁸ in which the images of male violence are so explicit they seem to render the first half of the play irrelevant.

⁴⁷ Christopher Wixson has drawn parallels between the set of *Blasted* and Cate, seeing the room itself as an extension of Cate's body. The allying of bodily and spatial violence opens up the potential for greater political critique in the play for Wixson, linking Kane with Churchill and Wertebaker as playwrights concerned with responsibility and the global community. For both Churchill and Wertebaker (according to Wixson), spatial boundaries and privacy (space-as-property) are to be destroyed in the aim of communality. Christopher Wixson, "'In Better Places": Space, Identity, and Alienation in Sarah Kane's *Blasted*', *Comparative Drama*, 39, 1 (2005), 75-91.

⁴⁸ Kane, quoted Sierz, *In-Yer-Face*, p.92.

Cate is not so much repressed in the dramaturgy of *Blasted* as *disappeared*. By disappearing Cate from the stage altogether and creating a situation in which it is very difficult to see anything but the immediate images onstage, Kane seems to simulate a ‘mimetic model’ of trauma, in which ‘shocked out of consciousness into a condition of trance-like incorporation or imitation of the violent other’.⁴⁹ Kane enacts this process both on Cate and on the structure of *Blasted* itself, in an attempt to signal and simulate the decimation of identity which follows sexual abuse. On the one hand, following her rape, Cate’s interior world is slowly invaded by Ian’s worldview, and she reappears in scene five having abandoned what little signs of subjectivity she had betrayed to the audience in scene one. On the other, the play itself has Cate and her narrative ‘shocked out’ of it, by the Soldier and the mortar bomb.⁵⁰ The reader and potential audience member is left with nobody but Ian and the Soldier to identify with, as Ian’s worldview is totalised and his paranoid and racist fantasies seem to be confirmed. The dramaturgical consequence of the rape of Cate is the absolute dominance of Ian in the potential audience’s field of vision.

Following the rape of Cate in *Blasted*, the world of the play and Cate’s interior world become overrun by Ian’s worldview. Cate’s tentatively established interiority in contrast begins to disappear. Throughout scene one Ian views the outside world as violent and threatening, and expresses this through paranoia and rampant racism. Entering the room he takes out a gun, ‘*checks it is loaded and puts it under his pillow*’.⁵¹ His constant use of racist slurs are linked to a sense of threat, to himself and to the city beyond the window. Afraid that the ‘Wogs and Pakis’ are taking over the city outside the window and that the woman he is attempting to possess is a

⁴⁹ Leys, p.175.

⁵⁰ *Ibid.*

⁵¹ *Blasted*, p.3.

‘nigger-lover’, Ian already perceives himself as under attack from a myriad of others.⁵² In scene one, however, Cate resists both the racism and the sense that the outside world is a threat. Whilst Ian needs to answer the door with a loaded gun, Cate knows the name of the waiter bringing up the room service. The world that Ian reads as teeming with violence is one that Cate is happy to interact with:

Ian: And when was the last time you went to a football match?

Cate: Saturday. United beat Liverpool 2-0.

Ian: Didn’t you get stabbed?⁵³

After the scene break between scene one and two, in which the rape of Cate occurs, the violent and threatening fantasy through which Ian sees the world begins to seep into the rest of the play, through the dramaturgical changes discussed in the section above, and through the change in Cate’s own perspective. Throughout the scene Cate begins to introject Ian’s fear of the outside world. She colludes with his earlier assessment of the view from the window commenting that it ‘looks like there’s a war on.’⁵⁴ And whilst she was incredulous at Ian’s fear of opening the door in scene one, in scene two she responds to knocks at the door with terror:

There is a knock at the door. They both jump.

Cate DON’T ANSWER IT DON’T ANSWER IT DON’T ANSWER IT

*She dives on the bed and puts her head under the pillow.*⁵⁵

Following Cate’s coming around to the perspective that the world is filled with violence and threat, the world of the play actually changes. It becomes full of more

⁵² Ibid., p.4 and p.5.

⁵³ Ibid., p.19.

⁵⁴ Ibid., p.33.

⁵⁵ Ibid., p.34.

violence than even Ian could have imagined. Following her rape Cate repeatedly calls Ian a 'nightmare' and in a sense his worst nightmare is realised in the following scenes. He is attacked, emasculated, symbolically castrated through blinding, all by a generically 'foreign' other who emerged through the door he has been terrified of since scene one. Ian's worldview and his subsequent suffering take over the play, leaving Cate physically absent, and absent from the narrative.

In *Blasted* the psychic consequences of sexual trauma are staged as interminable. In the final scene of *Blasted*, when Ian's body, the stage set, and the play's form have been mutilated almost beyond recognition, Cate returns. Dan Rebellato has interpreted this return as an overcoming on the part of Cate, and a significant departure for Kane from her rape monologue, *Comic Monologue*. In *Comic Monologue* a woman describes her oral rape at the hands of Kevin, moving from the event to the onset of post-traumatic shock, and ending with a condemnation and remark that the consequences of such an attack cannot be overcome. Rebellato argues that this 'editorial commentary' in *Comic Monologue* (the statement that the trauma of rape is unrecoverable) is removed from *Blasted*.⁵⁶ For Rebellato, Cate's return to the stage at the end of *Blasted* marks a change of heart for Kane, and a chance for recovery following trauma. Nina Kane has taken this claim further, writing that 'Cate reclaims her sexuality and agency in the face of violence throughout the play, emerging as a survivor, not a victim, her humanity intact.'⁵⁷

⁵⁶ Rebellato, 'Sarah Kane before *Blasted*, the monologues', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.28-44 (p.44). Others making an argument for the 'amoral' or judgement-free nature of *Blasted*: Robert Lublin who argues that Kane represents a world in which characters are amoral 'desiring machines'; Ken Urban who argues that Kane stages an open ended 'quest for ethics'; and Vera Gottlieb who takes a sceptical view of the potential for Kane's work to have any moral or political message due to its lack of specific references to historical events or situations. Gottlieb, 'Lukewarm Britain', in *Theatre in a Cool Climate*, ed. by Colin Chambers and Vera Gottlieb (Oxford: Amber Lane Press, 1999), pp.200-212.

⁵⁷ Nina Kane, 'Breath and Light'.

Whilst it is tempting to try to find a hopeful final message in *Blasted* through Cate's return, when examined in the context of the rest of the play the final scene provides no such relief. Cate returns to a world in which the violence perpetrated upon her 're-circulates in the images of war that follow'.⁵⁸

What's more, asking at what cost survival is found is certainly not to undermine the play's feminist potential, or to underestimate Cate 'as a character'. Cate has been forced by the violence of war to abandon the few signs of personal identity and interiority which she showed in scene one. Having begun the play as a vegetarian, disgusted by Ian's alcoholism, and committed to monogamy she returns at the end without any of these attributes:

Cate enters carrying some bread, a large sausage and a bottle of gin.

There is blood seeping from between her legs.

*[...] She eats her fill of the sausage and bread, then washes it down with gin.*⁵⁹

Cate returns from the war-torn world outside with the very food and drink (gin and pork) that she refused to eat at the beginning of the play, food she has only been able to acquire through a violent sexual encounter. Cate's return marks a new set of behaviours and to some extent a new subjectivity, one which is now constituted through violence. To suggest that this return is in some way an act of overcoming, or even empowerment is to undermine how Cate is present as a subject. Her return marks a total submission to the logic of a new, violent world in the name of survival – a submission that has led to the repetition rape on her body and an inability to

⁵⁸ Aston *Feminist Views*, p.85.

⁵⁹ *Blasted*, p.61.

continue to live life according to the values that previously defined her. Whilst there is no explicit statement that the trauma of rape is unrecoverable in the dialogue of the play, the dramaturgy itself provides this 'editorial commentary' by enacting a form of subjectivity structured by Cate's psychic life.⁶⁰ The dramatic world the playtext presents to a potential audience enacts Cate's submission, as the audience has been forced to look through the lens of a mind in which violence fills the field of vision. The rape of Cate acts as a catalyst for the domination of the theatrical site by male violence, leaving the audience with only Ian and the Soldier with which to identify. Following the rape of Cate, which is invisible, all subsequent violence is presented with startling explicitness and the dramatic universe of the play becomes a site of extreme aggression. For Ferenczi, traumatic confusion takes place in an abused child because there is no language or framework for the child to understand what has happened to them. The attacker's own shame and guilt creates a silence around the attack, which is imposed on the child. This introjection for Ferenczi 'arises mainly because the attack and the response to it are denied by the guilt-ridden adults, indeed, are treated as deserving punishment'.⁶¹ This traumatised subject literally leaves themselves in order to avoid feeling the pain of abuse, and takes up the subjectivity of their own aggressor instead: 'I do not feel the pain inflicted upon me at all, because I do not exist. On the other hand, I do feel the pleasure gratification of the attacker, which I am able to perceive'.⁶² Jay Frankel has noted the extent to which this identification is understood as a survival mechanism in Ferenczi's work:

'Knowing the aggressor 'from the inside' in such a closely observed way allows the child to gauge at each moment precisely how to appease, seduce, flatter, placate, or

⁶⁰ Rebellato, 'Sarah Kane before Blasted', p.41.

⁶¹ Sandor Ferenczi, *The clinical diary of Sándor Ferenczi*, ed. by Judith Dupont, trans. Michael Balint and Nicola Zarday Jackson, (Harvard: Harvard University Press, 1988), p.178.

⁶² *Ibid.*, p.104.

otherwise disarm the aggressor'.⁶³ This is not done consciously. Rather '[i]dentifying with the aggressor involves feeling what one is expected to feel, whether this means feeling what the aggressor wants his particular victim to feel or feeling what the aggressor himself feels'.⁶⁴ The attack itself causes a voiding of subjectivity, but it is the guilt and ambivalence of the attacker that fills the void, as Kane herself suggested: 'when people are intensely violent they manage to make the victim feel guilty'.⁶⁵

In *Blasted* however Kane alters this introjection. Ian's violent misogyny and entitlement are so strong that he feels no guilt with regards to his abuse of Cate, and therefore no guilt is introjected by Cate, or into the form of the play. Instead, the world of the play becomes soaked in the violence of Ian and the Soldier which is presented so as to seem to block out and overwhelm everything else. Ian as the victim and perpetrator of this violence (against himself and the baby) becomes the play's epicentre, and it is difficult to look past his dominance onstage to see Cate at all. If the play's dominant features and aesthetic identity are its onstage violence, as newspaper reviews and academic criticism seem to suggest, then what needs to be acknowledged is that this violence is engendered by the rape of Cate. In other words, the representational challenges of her rape shape the dramatic universe itself, forming a novel dramaturgy out of the obliteration of the first act of violence.

By both drawing on the patterns of repetition of PTSD on the one hand, and enacting a version of trauma in which the perpetrator invites identification and interminably occupies psychic space on the other, *Blasted* therefore sits uncomfortably between

⁶³ Frankel, p.104.

⁶⁴ Ibid.

⁶⁵ Saunders, *Love Me*, p.46.

two major, ostensibly conflicting theories of trauma.⁶⁶ Ferenczi's 'mimetic model' differs most from both the PTSD diagnosis and Caruth's trauma theory in one key aspect: the 'mimetic model' understands trauma as disruption of *identity*, rather than of memory and reception. In both Caruth's work and definitions of PTSD, the memory of the traumatic moment is inscribed *in some way* into the mental life of the subject, and is to that extent recoverable. In psychiatric and therapeutic contexts, the recovery of the 'lost' memory of a traumatic moment has become a key to many treatments.⁶⁷ In contrast Ferenczi 'would attribute the patient's lack of memory of the trauma [...] to the vacancy of the traumatised subject or ego in a hypnotic openness to impressions or identifications occurring prior to all self-representation'.⁶⁸ This perspective leads us to a point of contention between Ferenczi and other theorists. If at the moment of trauma the victim is affectively absent, then a 'true', accurately remembered version of the event simply cannot exist. We, as potential audience members within the traumatic structure must experience the distress of this event without being provided with a historical 'cause' which would frame the rest of the play into a clear narrative. The rape of Cate is both obvious and cannot be 'proved', and the consequent damage it inflicts to the world of the play is clearly manifest despite taking place in her absence. The challenge issued by *Blasted*, for potential audience members as well as those involved in productions of the play, becomes whether and in what way to integrate the absence of Cate into the play's reception.

Staging subjectivity

⁶⁶ Shoshanna Felman's ferocious extended footnote in *The Juridical Unconscious: Trials and Traumas in the Twentieth Century* (Cambridge MA: Harvard University Press, 2002) is evidence of the heatedness of this debate, p.175.

⁶⁷ See Allan Young on 'prolonged exposure therapy' in *The Harmony of Illusions*.

⁶⁸ Leys, p.32.

By creating an anti-heroic narrative arc for Ian, and making him the centre of the onstage violence, Kane invites her reader or potential spectator into an identification with Ian. On the other hand, she thwarts this identification by making Ian a repulsive character and making the formal logic of the play hang on an assault which is invisible and a character who is absent. It is in this way that the experience *Blasted* enacts most resembles the ‘mimetic model’ of trauma. Following an invisible act, the audience is only able to see the perpetrator, and only able to identify with him (or with nobody) and yet this identification is rendered senseless because of the breakdowns in form and logic which ensue, and because of the representation of Ian as morally shocking. Ian’s narrative, as a stand-alone story, makes no sense. It becomes coherent only in the absence of Cate, and in the context of what is done to her during that absence. The sense of the play takes place outside of narrative, as a demonstration and enactment of the consequences of violence through the disruption of the mechanisms of storytelling employed by naturalist theatre.

By inviting her potential audience to experience this traumatic absence from within, Kane reimagines the relationship between the stage and its representation of subjects. In *The Psychic Life of Power*, Judith Butler defines the ‘subject’ as a grammatical position, which is not to be seen as ‘interchangeable with “the person” or “the individual”’.⁶⁹ Rather, the subject ‘ought to be designated as a linguistic category, a placeholder, a structure in formation.’⁷⁰ Subjectivity is spatially imagined by Butler, as it is both a site and a mode of linguistic intelligibility: ‘Individuals come to occupy the site of the subject (the subject simultaneously emerges as a “site”), and they enjoy intelligibility only to the extent that they are, as it were, first established

⁶⁹ Judith Butler, *The Psychic Life of Power: Theories in Subjection* (Stanford: Stanford University Press, 1997), p.10.

⁷⁰ *Ibid.*

in language.⁷¹ To be a subject is thus to hold a linguistic and spatial position in relation to others and oneself, to be able to experience oneself *in the first person* as opposed to in the second or third person. Spatially, we might add that it is also to experience oneself *as here*, as opposed to *there*. This distinction is important to Butler's theory of psychic life (discussed in the Introduction to this thesis) because it means that coming to know and understand oneself as a subject involves a contradiction: 'the subject can refer to its own generation only by taking a third person perspective on itself, that is, by dispossessing its own perspective in narrating its genesis.'⁷²

This contradiction is relevant to any attempt to locate a subject of a play or performance, and to understanding how Kane's representation of 'mimetic trauma' also involves a shifting of the terms of theatrical mimesis. Colloquially (when discussing dramatic or mimetic theatre), we may talk of the 'subject of the play' as the protagonist – the character who carries out the action, and with whom the audience is invited to identify. This dynamic is at the heart of Hans Thies Lehmann understanding of 'dramatic theatre':

If one thinks of theatre as drama and as imitation, then action presents itself automatically as the actual object and kernel of this imitation. And before the emergence of film indeed no artistic practice other than theatre could so plausibly monopolize this dimension: the mimetic imitation of human action represented by real actors.⁷³

⁷¹ Ibid., pp.10-11.

⁷² Ibid., p.11.

⁷³ Hans Thies Lehmann, *Postdramatic Theatre*, trans. by Karen Jürs-Munby (London : Routledge, 2006), p.36

The subject of dramatic mimesis for Lehmann is the body who imitates the actions of life beyond the theatre: ‘Within the necessary fixation action seems to entail thinking the aesthetic form of theatre as a variable dependent on another reality – life, human behaviour, reality etc.’⁷⁴ The very identification of such a subject involves objectification and points to the position of the theatre-goer as an observer who for the most part maintains their own subjective distance. The audience member maintains the distinction between themselves as a watching ‘I’ and the performing ‘them’, just as they know the difference between ‘here’ (the auditorium) and ‘there’ (the stage). The ‘subject’ of dramatic theatre both carries the audience along in an identification with their actions, and presents themselves as there to be objectified, as the other which the play is ‘about’.

We can characterise Kane’s ‘experientialism’ as an attempt to transform this relationship by positioning the play itself as a subjectivity, and thus create a theatrical experience in which the relationship between audience and art work is more difficult to pry apart. In this sense Kane neither repeats the imitation of action that Lehmann locates at the centre of ‘dramatic theatre’, nor does she fall easily within the terms of ‘postdramatic theatre’, in which the representative function of performance is abandoned.⁷⁵ The mimetic relationship at the centre of her work is the doubling of a psychic pattern rather than an external action. This doubling is created by a dramaturgy which attempts to radically close the distance between audience and artwork. Kane described the apparent instability of *Blasted*’s dramaturgy, its positing and then thwarting an anti-heroic narrative, as an attempt to create a unique theatrical ‘form’:

⁷⁴ Ibid.

⁷⁵ For articles arguing that Kane’s works are ‘postdramatic’ and as such subjectless see Introduction, note 41. The problems with interpreting Kane’s works, especially her later works, in a postdramatic framework are further discussed at the start of Chapter 4 of this thesis.

Largely [what] [...] I attempted to do, and it seems, I think, probably succeeded, was create a form for which I couldn't think of a direct, obvious precedent. So it wasn't possible to say this form was exactly like the form in a play written twenty years ago. I wanted to create a form that hadn't happened before.⁷⁶

Kane ambitiously located herself in a particular moment in the history of British theatre, taking it upon herself to 'destroy[...] naturalism' and create something else to replace it with.⁷⁷ What 'naturalism' might mean for Kane here is unclear. In interviews on *Blasted* Kane frequently noted that she believed it was the move from the more conventional form of theatre in the first two scenes to the inclusion of Brechtian and Beckettian techniques at the end of the play that actually provoked press outrage at the premiere.⁷⁸ She identifies scenes one and two as heavily influenced by Ibsen, suggesting that 'destroying naturalism' may refer to the abandoning of Ibsenite realism.⁷⁹ Solga's reading of *Blasted* understands it specifically in this light, and suggests that Cate is an Ibsenite heroine for the late 20th century. Solga notes that '(i)n the prevailing (sympathetic) argument about *Blasted*, the play is said to challenge post-war British "kitchen sink" realism; it blows a hole in its fourth wall when the mortar bomb goes off at the end of scene two, bringing with it both the Armageddon of the outside war and a crack in the frame of John Osborne and after.'⁸⁰ Reading *Blasted* alongside *Hedda Gabler* however, Solga nuances this reading to suggest that *Blasted* offers a visual challenge to its audience:

⁷⁶ Dan Rebellato, *Brief Encounter with Sarah Kane*, online interview recording, 3rd November 1998, <<http://www.danrebellato.co.uk/sarah-kane-interview/>> Accessed 31 January 2017.

⁷⁷ Claire Armistead, 'No Pain, No Kane', *Guardian*, 29 April 1998, p.12.

⁷⁸ See Sierz, *In-Yer-Face*, p.96-98.

⁷⁹ See Saunders, *Love me*, p.41.

⁸⁰ Solga, p.356.

it draws attention to the ocular apparatus on which the power of the [Ibsenite] realist spectator pivots: Cate's rape raises the very questions realism papers over, questions about the limits of our vision and the possibility that seeing and knowing are not necessarily coeval.⁸¹

This destruction of 'naturalism' comes hand in hand with a view of psychic life which exceeds the possibility of being staged via subjects, or narrative characters. The subjective expression of characters in Kane's plays is always partial and ambivalent. I argue that this is because the action takes place within a dramaturgy which is itself the articulation of a mental state or subjectivity. The idea that a play might to some extent stage a mode of subjectivity is not new, and has been central to the relationship between psychoanalysis and theatre since the former's inception. In 'Psychopathic Characters on Stage', Freud initially explored this relationship. At the beginning of the article, Freud outlines his beliefs as to how identification forms between tragic hero and audience member. The audience member 'he longs to feel and to act and to arrange things according to his desires—in short, to be a hero. And the playwright and actor enable him to do this by allowing him *to identify himself* with a hero.'⁸² Here Freud seems to subscribe to a Hegelian notion of tragedy as the staging of an irreconcilable conflict between two equal motives which ends with a renunciation:

Here [in psychological drama] the struggle that causes the suffering is fought out in the hero's mind itself—a struggle between different impulses, and one

⁸¹ Ibid., p.349.

⁸² Sigmund Freud, 'Psychopathic Characters on the Stage (1942 [1905 or 1906])' trans. by James Strachey, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume VII (1901-1905): A Case of Hysteria, Three Essays on Sexuality and Other Works*, ed. by James Strachey, pp.303-310 (p.305), emphasis in original.

which must have its end in the extinction, not of the hero, but of one of his impulses; it must end, that is to say, in a renunciation.⁸³

Still the subject of the play, the hero's struggle finds its correlate for Freud in the daydreams of the audience.

At the same time, in his reading of *Hamlet* at the end of 'Psychopathic Characters on Stage', Freud moves towards imagining the structure of a play as a whole as evocative of a single psychic experience. Hamlet's conflict for Freud is of course the Oedipus complex, a 'repressed impulse [which] is one of those which are similarly repressed in all of us, and the repression of which is part and parcel of the foundations of our personal evolution.'⁸⁴ Nevertheless, we do not explicitly identify with Hamlet's own repression. Rather, 'it is this repression which is shaken up by the situation in the play',⁸⁵ with the play actually exposing and playing out the Oedipal structures which are repressed in the audience. It is *Hamlet* the play, and not Hamlet the hero, which exposes this structure – a structure which has been derived by Freud precisely from another famous tragedy. The reception of this form of theatre thus differs from the phantasied identification which Freud describes in the first instance. Instead, what is repressed in the play 'is never given a definite name; so that in the spectator too the process is carried through with his attention averted.'⁸⁶ The relationship between theatre and the subject in Freud's writing, both on *Hamlet* and on *Oedipus Rex*, is thus premised on the possibility that a theatrical work as a whole can in some way embody and play out the psychic

⁸³ Ibid., p.308.

⁸⁴ Ibid., p.309.

⁸⁵ Ibid.

⁸⁶ Ibid.

structures of an individual.⁸⁷ For a theatrical work to enact subjectivity in a Butlerian sense however, it would have to go a step further and claim a shared site and first person position with the spectator.

Blasted enacts a traumatic subjectivity on its potential audience, by placing them in a situation in which they are repeatedly reminded of an unseen, violent event - even as Cate is made as invisible to her audience as she to herself. I would therefore argue that it provokes a different mode of relating with the potential audience, outside of straightforward identification. Rather this dramaturgy relates to its audience through the mode of psychoanalytic play. For Winnicott and other object-relations psychoanalysts,⁸⁸ play is a mode of thinking and relating to an other which involves the sharing of the same transitional site. Play, for Winnicott, '*is in fact neither a matter of inner psychic reality nor a matter of external reality*'.⁸⁹ Rather it is located in a 'potential space' that is in between the inner lives and external realities of the participants. Transitional phenomena in infants, cultural experiences in adults, and transference in psychoanalytic practice all take place in a psychic in-between in which the separation between subject and object is not absolute. Whilst Winnicott suggests that all cultural experience or creative practice generates a nostalgia for a return to the initial 'transitional phenomena' experienced in infancy;⁹⁰ I suggest that Kane attempts to transform her theatre into something much closer to the type of play attempted at in the object-relations therapeutic practice described by analysts such as Christopher Bollas. In this practice, according to Bollas, the therapist is

⁸⁷ André Green discusses this relationship at length in *The Tragic Effect: The Oedipus Complex in Tragedy*, trans. by Alan Sheridan (Cambridge: Cambridge University Press, 1969).

⁸⁸ Here I refer to 'object-relations' psychoanalysts of the Independent group of the British Psychoanalytic Association, who broadly follow Winnicott's psychoanalytic framework. See Gregorio Kohon, *The British School of Psychoanalysis: The Independent Tradition* (London: Free Association Books, 1986), and my discussion of object relations below, in the 'A genealogy of psychosis: Freud to Bion' section of Chapter 3, p.160.

⁸⁹ D.W. Winnicott, *Playing and Reality* (London: Routledge, 2005), p.129.

⁹⁰ *Ibid.*, passim.

made to feel the patients' 'aesthetic of being'.⁹¹ By entering into a mode of play which is structured by the psychic life of the patient, the therapist experiences the temporalities, spatialities and narratives of the patient within a 'potential space' in which neither patient nor therapist is truly the 'object'.

Kane's theatre, in claiming a shareable psychic space for the theatrical event itself, attempts to reproduce such an experience without such therapeutic goals. *Blasted* in particular can be interpreted as a mode of traumatic 'negative play'. André Green suggests that play does not in itself 'belong to health'.⁹² For Green play 'is a form of thought (like the dream) or of knowledge',⁹³ which can contain its own negative: 'In the same way, just as treacherous, cruel and destructive plays are forms of non-playing, they can also be seen as negative playing'.⁹⁴ Such a form of negative playing is infiltrated with domination. It mediates between reality and the horror reality produces through a form of thought that can be filled with aggression and power-play, which is by no means necessarily a pathway to cure. It is this form of play that I argue is central to Kane's attempts to share traumatic affects with her audiences. Through her manipulations of theatrical form, Kane invites her audience into a potential space in which they might experience distortions, repetitions akin to those of the trauma following sexual abuse. By voiding Cate from the stage space altogether, the play invites a troubling identification with its primary perpetrator which repeats Cate's internalising of his world view. This identification by the audience might be understood as a form of negative playing, with the audience sharing in something of the 'aesthetic of being' of the traumatised subject herself.

⁹¹ Christopher Bollas, *The Shadow of the Object: Psychoanalysis of the Unthought Known* (London: Free Association Books, 1987), p.13.

⁹² André Green, *Play and Reflection in Donald Winnicott's Writings* (London: Karnac, 2005) p.11.

⁹³ *Ibid.*, p.12.

⁹⁴ *Ibid.*

***Blasted* in production**

The extent to which sharing has been successful in production, is demonstrated in the newspaper reviews of the three major London productions that have taken place of *Blasted* since its opening. The now infamous reviews of the play's 1995 premiere largely follow the same pattern: a short summary of scenes one and two followed by an extensive list of the abject and violent acts committed onstage, and some gleeful condemnation of them and of the Royal Court's decision to stage the play.

Reviewers of the Royal Court's 2001 revival of the production were largely preoccupied with retracting some of the negative sentiment of their previous reviews following Kane's suicide. Nevertheless, one feature familiar to reviews of both the original production of *Blasted* and its 2001 revival is the focus on onstage violence and the degradation of Ian's body.⁹⁵ The 2001 reviews largely attempt to justify the onstage violence in the face of Kane's death, either with the argument that scenes just as violent can be seen on news channels,⁹⁶ in Beckett plays, or in Jacobean drama,⁹⁷ or with speculation that Kane was making 'a point' about Bosnian violence,⁹⁸ or about the personal horrors of depression.⁹⁹

Reviews of Sean Holmes' 2010 production at the Lyric Hammersmith are more nuanced, the event being at a greater distance from Kane's suicide. Nevertheless, the

⁹⁵ Elaine Aston argues that the original reviews of *Blasted* 'affect stripped' the play, by focussing only on the body of Ian, in 'Reviewing the Fabric of *Blasted*', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.13-27.

⁹⁶ Nicholas De Jongh, *Evening Standard*, 4 April 2001, *Theatre Record*, 21.7 (2001), 418.

⁹⁷ Kate Bassett, *Independent on Sunday*, 8 April 2001, *Theatre Record*, 21.7 (2001), 420; Benedict Nightingale, *The Times*, 5 April 2001, *Theatre Record*, 21.7 (2001), 421; Brian Logan, *Time Out*, 11 April 2001, *Theatre Record*, 21.7 (2001), 422; Charles Spencer, *Daily Telegraph*, 5th April 2001, *Theatre Record*, 21.7 (2001), 419.

⁹⁸ Michael Billington, *Guardian*, 4 April 2001, *Theatre Record*, 21.7 (2001), 421; Nightingale, 2001; Georgina Brown, *Mail on Sunday*, 8 April 2001, *Theatre Record*, 21.7 (2001), 422; Spencer, 2001; De Jongh, 2001.

⁹⁹ John Gross, *Sunday Telegraph*, 8 April 2001, *Theatre Record*, 21.7 (2001), 420; Andrew Smith, *Observer*, 8 April 2001, *Theatre Record*, 21.7 (2001), 421; Billington, 2001; Brian Logan, 2001.

reviews emphasise the image of Ian's body as the most impactful of the play, and Danny Webb's portrayal of Ian as its stand-out performance. Several reviewers viewed Ian as a modern day Lear,¹⁰⁰ and others made a comparison between Ian's body at the end of the play and the religious paintings of Francis Bacon.¹⁰¹ The directing, design, and performances of the 2010 production established Ian as the anti-hero of the play, who 'rapes his epileptic former girlfriend and thereby unleashes a surreal storm of retributive horrors that blast the play into a different shape.'¹⁰² These productions, none of which diverged too far from Kane's text, presented their reviewers with a dramatic world which revolved around Ian, in which Cate's narrative was seen as a stepping stone and coda to the savagery suffered and perpetrated by the male characters.

These reviews point to the inevitable problem of attempting to enact a process of forgetting or disappearing on an audience. Solga argues that the unique status of the rape of Cate in Kane's oeuvre as a dramatically and temporally hidden act might make it stand out from an intellectual perspective, but onstage its being a non-event does not make it noticeable. If it does, it does so only after the fact, when the subsequent sexual assaults refer us back to an original victim, and then only if directing, design and performance decisions choose to point an audience in this direction. The rape of Cate is not something we are made to notice so much as something we have to make an effort to see, a 'blind spot' in the visual field of the

¹⁰⁰ Susanna Clapp, *Observer*, 31 October 2010 in *Theatre Record*, 30, 22 (2010), 1240; Charles Spenser, *Daily Telegraph*, 1 November 2010 in *Theatre Record*, 30, 22 (2010), 1240; Siobhan Murphy, *Metro (London)*, 3 November 2010, in *Theatre Record*, 30, 22 (2010), 1241.

¹⁰¹ Murphy, 2010, p.1241; Paul Taylor, *Independent*, 2 November 2010, in *Theatre Record*, 30, 22 (2010), 1241; Henry Hitchins, *Evening Standard*, 29 October 2010, in *Theatre Record*, 30, 22 (2010), 1240; Michael Billington, *Guardian*, 29 October 2010, in *Theatre Record*, 30, 22 (2010), 1240.

¹⁰² Paul Taylor, 2010, p.1241.

play.¹⁰³ Nevertheless, as we have seen, the violence of the second half of the play appears ‘broken backed’ and ‘chaotic’ without the pattern which links it back to the invisible source.¹⁰⁴ Sean Carney has noted Ian’s position as the site of representational ambivalence in *Blasted* – both impossible to like and an extreme sufferer.¹⁰⁵ Carney concludes that this ambivalence makes for a play that is very self-conscious, revealing the contradictions inherent in tragedy itself as containing both thought and feeling.

Richard Wilson’s 2015 production of *Blasted* at the Sheffield Theatres approached this challenge unusually, by situating the character of Cate firmly at the centre of his production. This production thwarted the invisibility of the rape of Cate and her narrative by pushing Cate into the foreground of the play’s dramaturgy. In doing so, Wilson diverged from the tradition of London productions mentioned above, which have tended to place a greater emphasis on the visual impact of Ian’s body in the later scenes of the play. By considerably downplaying the visual impact of Ian’s violation and bodily breakdown Wilson’s production opened *Blasted* up to a feminist re-reading which both drew on specifically 21st century concerns surrounding victimhood and sexual abuse, and articulated an often overlooked aspect of the play’s narrative. Rather than maintaining the representational ambivalence surrounding Ian in the playtext, Wilson resolved it by making Cate more central to the *theme* of the play, turning it more clearly into an abuse-narrative.

Wilson’s production of *Blasted* chose to draw out the narrative of Cate more strongly than that of the soldier and Ian, thus reversing the framework which I have suggested above. So far I have suggested that the playtext and previous productions of *Blasted*

¹⁰³ Solga, p.346.

¹⁰⁴ Saunders, *Love me*, p.46, and Duggan, p.123.

¹⁰⁵ Sean Carney, ‘The Tragedy of History in Sarah Kane’s *Blasted*’, *Theatre Survey*, 46, (2005) 275-296.

seem to draw the audience along Ian's troubling, anti-heroic narrative arc, whilst the 'formal' characteristics of the play disrupt the way in which the narrative is received and allow the potential audience member to see via a traumatic lens. In this scenario the audience member has to work hard to see the connection between Cate and the formal breakdown, as the dramaturgy is geared to make this both obvious and invisible. Wilson's production on the other hand emphasised the connection between trauma and the breakdown of form in the play. This was partially achieved by reducing the explicitness with which the onstage violence was staged. Toning down the violence of the second half (no screaming or spurts of fake blood) the production disappointed some critics, who suggested 'a certain amount of sanitised coyness about the showing of sexual depravity, male rape, eyeball gauging, eating a dead baby and so on'.¹⁰⁶ One reviewer complained that 'in some places the violence and sex were so sanitized that it actually became unclear what was meant to be occurring – which somewhat detracted from the visceral power of the play because it was clear that some of these things weren't 'really' happening' - a reflection that says as much about the voyeuristic fascination with which Kane's plays are anticipated as it does about the production itself.¹⁰⁷

By avoiding a gore-fest interpretation (the litany of horrors implied in 'and so on') in favour of a slow-paced, stylised production Wilson allowed space for greater articulation of Cate's character. The majority of reviews of this production dedicated more time to Cate's narrative than is usually seen in reviews of the play, and highlighted the visual impact of Cate's body on the production. Whereas the reviews

¹⁰⁶ Roger Foss, 'Blasted Review', *The Stage*, 10 February 2015, <<https://www.thestage.co.uk/reviews/2015/blasted-2/>> [accessed 15 September 2016].

¹⁰⁷ Ruth Deller, *Broadway World Reviews*, 14th February 2015 <www.broadwayworld.com/uk-regional/article/BWW-Reviews-BLASTED-Crucible-Studio-Sheffield-February-10-2015-20150214> [accessed 15 August 2016].

of the 2010 production at the Lyric Hammersmith frequently return to the vision of ‘Ian pinned in a shaft of white light in Bacon-like poses of miserable suffering’, reviews of the Sheffield Theatres production dwell on the haunting image of ‘Jessica Bardem’s cracked, porcelain doll-like Cate’ as the production’s lasting impact.¹⁰⁸

By placing a greater emphasis on the character of Cate, Wilson made her mental pathology a central thematic concern of the play and connected it explicitly to her history of abuse. In doing so Wilson risked the trap of ‘considering mental illness an intellectual conceit’ which Kane was so keen to avoid.¹⁰⁹ Jessica Bardem’s performance as Cate in the 2015 production clearly characterised her as an abuse victim. Bardem was slow-speaking, fragile and highly dissociated – seeming numb and detached from the world around her, withdrawn from her own narrative. She spoke in a flat tone, slightly too loud, and stared out of the hotel room window with a disturbingly blank expression. This blankness was contrasted with moments of child-like excitement in which she bounced on the bed, and of child-like vulnerability, at one point curling her entire body into a small armchair and sucking her thumb.

Previous performances of Cate in the 1995 and 2010 London productions performed Cate with various pathologies, as well as emphasising the changeable nature of her actions onstage. Lynda Wilson’s performance in the Lyric Hammersmith’s 2010

¹⁰⁸ Murphy, 2010, p.1241; Lyn Gardner, 'Blasted review – unflinching revival of Sarah Kane’s prescient horror show', *Guardian*, 11 February 2015 <<https://www.theguardian.com/stage/2015/feb/11/blasted-sheffield-crucible-sarah-kane-richard-wilson-review>> [accessed 15 February 2019]. See note 101 in this chapter for references to Bacon in reviews of the Lyric Hammersmith 2010 production.

The following reviews of the 2015 production also emphasis the impact of Bardem’s physical performance and her portrayal of an already-traumatised Cate: Velda Harris, 'Blasted Review', *British Theatre Guide*, 3 February 2015 <<http://www.britishtheatreguide.info/reviews/blasted-crucible-studio-11191>> [accessed 15 February 2019]; Foss, 2015; Verity Healy, 'Blasted - Crucible Theatre Sheffield', *Theatre Bubble*, 16 February 2015, <<http://www.theatrebubble.com/2015/02/blasted-crucible-theatre-sheffield/>> [accessed 15 February 2019]; Matt Trueman, 'Blasted (Sheffield Crucible) - anniversary revival does Sarah Kane's play full justice', *What's On Stage*, 11 February 2015, <http://www.whatsonstage.com/sheffield-theatre/reviews/blasted-sheffield-crucible-sarah-kane_37128.html> [accessed 15 February 2019].

¹⁰⁹ Sierz, *In-Yer-Face*, p.92.

production was noted for its range of emotion. Critics noted for example that ‘Lynda Wilson’s enigmatic, epileptic Cate switches between helplessness, affection, furious disgust and disinterest’,¹¹⁰ and praised her ability to ‘change from sweet pathos to shrieking anger’.¹¹¹ Those reviewers of the 2010 production which made reference to Cate’s fits understood them as epileptic fits rather than psychosomatic events.¹¹² According to *Financial Times* critic Ian Shuttleworth, Lydia Wilson’s Cate was ‘less obviously “damaged”’ than previous characterisations, and had the agency and strength to resist Ian’s abuses.¹¹³ Interestingly, Shuttleworth notes that such an interpretation of Cate served to emphasise the dominance of Ian’s character in the production’s reception: ‘Conversely this interpretation scores in that it thereby emphasises Ian’s utter inability to even conceive of being anything other than the bastard he is, as his sexual and linguistic violence continue regardless.’¹¹⁴ In the Lyric Hammersmith production therefore, Cate was portrayed as an independent woman with a health problem who reacted emotionally to her abuses but ultimately took a backseat compared to Ian’s downfall. The portrayal of Cate in the original 1995 production was at the other extreme, as actress Kate Ashfield played Cate as developmentally disabled, ‘with a mental age of about 12’.¹¹⁵ Ashfield’s Cate was therefore almost entirely deprived of agency, a passive victim who was extremely vulnerable due to a developmental disability.

Whilst they are contrasting, both of these performances of Cate defined her pathology outside of her personal history, and therefore provided no clear connection

¹¹⁰ Murphy, 2010.

¹¹¹ Paul Callan, *Daily Express*, 5 November 2010, in *Theatre Record*, 30, 22 (2010), 1242.

¹¹² The following reviews describe Cate as ‘epileptic’: Murphy, 2010; Hitchins, 2010; Billington, 2010; Ian Shuttleworth, *Financial Times*, 1st November 2010 in *Theatre Record*, 30, 22 (2010), 1240; Spenser, 2010; Paul Taylor, 2010; Maxie Szalwinska, *Sunday Times*, 7 November 2010, in *Theatre Record*, 30, 22 (2010), 1242.

¹¹³ Shuttleworth, 2010, p.1240.

¹¹⁴ *Ibid.*

¹¹⁵ Dominic Cavendish, ‘Debut: Interview with Kate Ashfield’, *Independent*, 9th September 1998.

for the audience between the breakdown of Cate's mind and that of the dramatic universe – a connection which Kane later emphasised in her claim that 'the play collapses into one of Cate's fits'.¹¹⁶ Bardem's performance in 2015 on the other hand did just that. Her laughter during Cate's fits was loud and hollow, and the fits themselves were most disturbing for their similarity with the waking Cate. Bardem portrayed a woman who was already-vacant, who had already retreated from a violent world into 'another place', which '(b)locks out everything else'.¹¹⁷ As such Bardem's performance thematised the kind of affective withdrawal which is found in classic trauma theory and the PTSD diagnosis. Through this powerful characterisation of Cate, the production obviously thematised sexual trauma and the 'blind spot' of the play was brought into the audience's field of vision.

The continuity between the waking Cate and her fit behaviour was reflected in the Sheffield Theatre's production in the continuity between the two halves of the play. Whilst the onstage violence was shocking, and the blasting of the hotel room effectively achieved, both were staged in the same slow, drawn out rhythm of the first half, so that there was more a sense of seeping violence than sudden escalation. When the soldier laboriously chewed Ian's eyeball in scene three, the sound and pace of the act recalled each previous incident of eating in the play and reminded the audience of the physicality and time-consuming nature of bodily processes. Ian's rape took place on the same spot on the bed as Cate's simulated rape. And Cate took up the same position looking out onto the war-torn city whilst cradling the baby in scene four as she had when she commented that it 'look[ed] like there's a war on' in scene two. As Velda Harris noted, 'Wilson's slow-paced direction allow[ed] plenty

¹¹⁶ Stephenson, Heidi and Natasha Langridge, *Rage and Reason: Women Playwrights on Playwriting* (London: Methuen, 1997), p.130.

¹¹⁷ *Blasted* p.22.

of time to consider the implications of verbal exchanges, and to adjust to the metaphorical significance of the later action.’¹¹⁸ James Cotterill’s set was key in achieving this connection. The raised box set was surrounded at the top and bottom by windows, and it was these windows that Cate and Ian gaze out of into Leeds. As the explosion took place and in later scenes in the play’s latter half, underfloor lighting flashed, and the audience were able to see themselves through these windows. By introducing the opportunity for the audience to see themselves fairly late in the production, Wilson provoked a moment of dissociation for the audience drawing a parallel with the interpretation of Cate’s character as seemingly already outside of herself. ‘Experientially’ the play was less an encounter with breakdown and ricocheting images of violence, and more a sense of being held in a painfully slow, dissociated present in which the onstage violence was both nauseating and strangely without emotional affect.

The decision to place such a focus on Cate in this production can be seen as a reflection of specifically 21st century concerns with child abuse, trauma, and victimhood. Coming at a time when the UK newspapers are rife with stories about aging male celebrities being taken to court on historical abuse and rape charges, it may be that 2015 audiences and theatre-makers were hyper-sensitive to narratives of child abuse and that the production was part of a larger national process of refocussing the gaze onto historical victims, attempting to give them a voice they were unable to find in the 70s and 80s. As one reviewer put it: ‘(Set i)n Leeds too: impossible not to think of Jimmy Saville.’¹¹⁹ Highlighting a traumatised pathology in Cate’s character, and downplaying the subsequent stage violence, the play’s child-

¹¹⁸ Harris, 2015.

¹¹⁹ Trueman, 2015.

like first victim haunted the remainder of the play, perhaps rehearsing a vision of voiceless victimhood that is so prevalent in public consciousness and tabloid newspapers today. The production perhaps reflected a shift in public perceptions of the consequences of sexual abuse, especially the sexual abuse of children that has taken place since the play's writing.

In this sense the 2015 production, which played Cate as a clear victim of previous abuses, connected with the play's first production, in which Cate was understood to have a 'mental age of about twelve'. By connecting the rape of Cate with the historic abuse of a child (or of a woman with the mental age of a child) the possibility of Cate as a sexually mature agent is reduced, and she is linked with a kind of innocent victimhood that is perhaps more palatable to public consciousness. It may be that it was easier for audience members and reviewers to rally around Bardem's 'cracked, porcelain doll-like Cate' than one who switches from 'sweet pathos to shrieking anger' as in the 2010 production.¹²⁰ Wilson felt that 'one of the most fascinating aspects of the play is the relationship between Ian and Cate, and exactly what is happening there'.¹²¹ Looking back at this production from the perspective of 2018, it also serves as a chilling reminder of the recent historical allegations regarding the conduct of Max Stafford Clark at the Royal Court, whose artistic directorship there ended the year before Kane's debut. Such circumstances suggest that *Blasted* was first directed and produced at a moment in which the Royal Court had itself only just been a site of silencing culture around sexual abuse. The invisibility of Ian's rape of Cate, from this perspective, also reflects the obscuring and making-invisible of sexual misconduct and violence by theatres themselves. By foregrounding this aspect

¹²⁰ Lyn Gardner, 2015; Paul Callan, 2010.

¹²¹ In Nick Ahad, 'The Lasting Legacy of Sarah Kane's Genius', *Yorkshire Post*, 13 February 2015 <<http://www.yorkshirepost.co.uk/what-s-on/theatre/the-lasting-legacy-of-sarah-kane-s-genius-1-7105126>> [accessed 15 February 2019].

of the play's narrative, Wilson created a framework for the interpretation of *Blasted* by his audience and reviewers that resonated strongly with the public concerns of 2015.

At the same time, I would argue that Wilson's decision to turn Cate's invisible rape into a central thematic concern of the production (to make it symptomatically visible even though it remained unstaged) in some sense simplifies and resolves some of the serious tensions to be found in the playtext. As I have argued above with reference to the chapters of Buse and Duggan, *Blasted* can leave itself open to a misogynistic line of criticism and even to suggestions of rape apologism.¹²² The invisibility of Cate's narrative and the relocation of her interiority into the play's dramaturgy may simulate an 'experiential' vision of traumatised consciousness for some viewers and readers, but it may also be the case in many productions that the balance swings so heavily in the direction of Ian's image and narrative that any impact of Cate's character is lost.

It has been my argument in this chapter that *Blasted* carries an inherent critique of the effects of rape on mental life in its form; and that this critique had to be held *only* in the play's form in order for Kane to simulate the decimating effects of this violation of personhood for the audience. That Wilson's production articulated this critique so strongly may be an indication that the challenge the *Blasted* issues, that we see into its 'blind spot', cannot be achieved onstage without some adaptation. Personally, I found Wilson's production to be a compelling work, and successful in achieving the 'experiential' aims of Kane's theatre: for me the production simulated

¹²² This has taken place in rare critical pieces, through attempted justification of Ian's actions such as that of Duggan's argument outlined above, or Lublin's analysis in which Ian, as a Deleuzian 'desiring machine' cannot help but rape Cate, and Cate cannot help but continue to desire him (despite Cate's insistent rejection of him throughout the play).

the experience of being simultaneously held at a distance from a violent event and yet viscerally affected by it and I left the theatre feeling both numb and nauseous. Wilson's production may have made for a less complex viewing experience, smoothing over the connections between the first and second half of the play, but it nonetheless presented and enacted a powerful vision of the impact of abuse on mental life to its audience.

Conclusion

Reading *Blasted* through the lens of the psychic life of its female protagonist, therefore leads us to reconsider the nature of Kane's dramaturgy itself. This is a dramaturgy which I have argued actively *plays* with its potential spectators, in order to invite them to repeat aspects of traumatic psychic life. In so doing she creates a work which performs a kind of psychic mimesis, placing the experience of a subjectivity, rather than action, at its centre. As I suggest above, this experience is historically situated in a period in which trauma, and especially PTSD, were central to popular and feminist understandings of the consequences of sexual violence. As such, the mimesis of psychic life which *Blasted* performs also reflects the time in which it was written, and constitutes an attempt to find new ways of focussing on the consequences of sexual violence outside of traditional, didactic, feminist theatre.

Blasted differs from Kane's following plays insofar as the psychic life that the dramaturgy enacts is linked back to the interior life of a single character. *Blasted* thinks Cate's trauma, and both the literary shape of the play and its spatio-temporal existence are constituted in relation to her invisible traumatic moment. The play *makes itself* out of its inability to recover from Ian's rape of Cate, thus reflecting Ferenczi's version of trauma whereby the subject is constituted out of a traumatic

moment. I have suggested that *Blasted* makes for uncomfortable watching and difficult staging partly due to the doubleness of this presentation. In *Blasted* Kane creates a work in which dramaturgical devices both encourage identification with a character in a believable dramatic universe, and which disrupts these attempts at identification in order to point to an experience beyond the visible plot itself.

In the next chapter, I suggest that Kane abandons this link from *Cleansed* onwards. In *Cleansed* the dramaturgy exists precisely to prevent any sustained identification and immersion into a distinct dramatic universe from being possible. This aesthetic/stylistic development takes place in conjunction with a move from concerns in *Blasted* and *Sick* with the traumatic, to a sustained concern from *Cleansed* to *4.48* *Psychosis* with the psychotic. These later works mark a progression from considering the way in which an external, empirically experienced event might mould and destroy interior life, to a radical questioning of the boundaries between interior and exterior life altogether. Whereas *Blasted* thinks through the trauma of an individual which overflows and shapes the dramatic universe, *Cleansed* attempts to put the potential audience through the experience in which the signposts distinguishing reality, imagination and hallucination are fully removed.

The traumatic dramaturgy examined in this chapter, and the psychotic dramaturgy in the next come together however to make one crucial claim: for the validity of the affect they embody. Both unspeakable and subject-making, the rape of Cate takes place outside of narration. Nevertheless, it manifests itself so thoroughly throughout the dramatic universe of the play as to make knowledge of it and its affect undeniable to a potential audience. The play's dramaturgy therefore insists upon the affective validity of an invisible act and its psychic consequences, even as it suggests that they are impossible to narrate affectively. Dramaturgy exceeds narration. It

creates the potential for affirming the epistemological validity of an experience which is repressed, or unrepresentable, or unreal.

Chapter 3

Opening up psychosis in *Cleansed*

Introduction

In Kane's quest to create a dramaturgy that experientially shared 'real' psychic pain, she constructed an original and insightful vision of the psychic phenomena of trauma and psychosis. Clearly eschewing diagnostic labels, Kane's dramatic works represent a constant entanglement between psychotic, depressive and traumatic phenomena which diverges from the containment with which they were treated in her student monologues: *Starved* confines itself to an account of bulimia, and *Comic Monologue* to trauma following sexual assault. As I demonstrated in the previous chapter, the representations of trauma (especially of sexual trauma) in Kane's dramatic works build on and are in dialogue with discourses on trauma and PTSD which were popular in the 1990s in clinical settings, as well as in feminist theory and theatre. Unlike this largely historically situated engagement with trauma, Kane's representations of psychosis diverge significantly from those to be found in either popular discourses or contemporary theatre concerned with mental health. With regards to her portrayal of psychosis, Kane strikes out on her own (with the help perhaps of Antonin Artaud) to create a theatre of psychotic psychic life which posits psychosis as a radically open experience of subjectivity, one that is both deeply painful and disorienting and at the same time constantly attempts to reach out of itself and into social life.

Kane's third play *Cleansed* represents a turning point in her dramatic project. Whilst the dramaturgies of *Blasted* and *Phaedra's Love* played on the expected tragic arcs of their male protagonists, in *Cleansed* Kane moves her theatrical apparatus further

from narrative forms of theatre. Here and in *Crave* and *4.48 Psychosis* Kane draws on the techniques of the historical avant-garde, particularly the works of Antonin Artaud and Strindberg in order to create a dramaturgy which interacts with, but is nonetheless separate from the plot-like goings on of the figures on stage.¹ This development in her dramaturgy coincides with a closer engagement with mental illness in these works, in particular an engagement with her own biography. As Kane put it in interview with Nils Talbert, *Cleansed* holds a complex, indirect relationship with Kane's own mental distress. *Cleansed*, Kane reflects, had 'certainly been written as a reflection of my life. Without being autobiographical.'² In this interview Kane describes the 'extreme state' which she experienced writing *Cleansed*, which enters in some way into her dramatic universe.³

In her final three works, Kane also signposts a relationship to her own psychic life and experience of the mental health system. *Cleansed* is dedicated to ES3, the psychiatric ward at the Maudsley hospital in which Kane was hospitalised in between her writing of *Phaedra's Love* and *Cleansed*, and to which she arranged research trips during the rehearsal for the first production. The relationship between the authoritarian institution in the play and the hospital is itself ambivalent, with the dedication indicative of an attitude of gratitude towards the 'patients and staff of ES3' on the one hand, and the suggestion that the torturous environment of the play is based on psychiatric hospitalisation on the other. In *Crave* ES3 finds its way into

¹ Kane identifies Strindberg's *The Ghost Sonata* as one of main influences for *Cleansed*, notes the importance of Artaud in her late works in Nils Talbert, 'Interview with Sarah Kane', in *Playspotting: Die Londoner Theatreszene der 90er* ed. by Nils Talbert (Reinbeck: Rowohlt Taschenbuch Verla, 1998), English manuscript available via Graham Saunders' private archive (p.6). For the influence of Strindberg on *Cleansed*, see Mateuz Borowski, 'Under the surface of things: Sarah Kane's *Skin* and the medium of the theatre', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010) pp.184-194, and Louise Lepage, 'Rethinking Sarah Kane's Characters: a Human(ist) Form and Politics', *Modern Drama*, 57 (2014) 252-272.

² Talbert, p.5.

³ *Ibid.*

the playtext itself, as the hospital in which all of the speakers end up at the end of the play. As Ingrid Craigie notes, this is just one of numerous personal references that Kane included in the work, in order to transform them into ‘something different’ in the context of the dramaturgy.⁴ (Craigie notes for example that A’s love monologue in *Crave* was lifted from an actual love letter written by Kane, which is ‘utterly transformed’ when put into the mouth of an abuser.)⁵ These inclusions and transformations of biographical material, as well as the much speculated-upon relationship between *4.48 Psychosis* and Kane’s experience of suicidal depression, point to a development in Kane’s theatre both in terms of the extent of her engagement with pathological mental pain and the methods through which it is addressed.

This chapter argues that *Cleansed* represents a turning point in Kane’s work, as she moves towards creating a dramaturgy which approximates psychotic experience. I suggest that Kane’s use of dramaturgical irresolution and unpredictability invites the audience to participate in the creation and thwarting of theatrical expectations. This process evokes the temporalities and disorientations of psychotic breakdown, even as it suggests that aspects of psychotic experience are sharable when they are understood as spatially enacted. This shareable, ‘open’ understanding of psychotic experience finds its resonances in a thread of psychoanalytic thinking leading from Melanie Klein to Christopher Bollas, since, as I will argue, they begin to understand psychotic experience as accessible in a psychoanalytic situation. These thinkers can be brought into productive dialogue with Kane’s work as they understand psychosis as routed in relatable, *social* experience. They therefore help us to read both what is

⁴ Ingrid Craigie, private correspondence with Graham Saunders, reproduced with kind permission from Ms Craigie

⁵ *Ibid.*

being shared in Kane's representations of psychotic psychic life, and what Kane's mode of sharing might reflect back to contemporary understandings of psychotic psychic life.

Such ideas about the shareability of psychosis are not unique to psychoanalysis, but find their correlates both in new research by the Hearing Voices Network and in cognitive neuroscience. This chapter goes on to draw a parallel between narrative disruptions in Kane's play and a cognitive neuroscience understanding of psychosis as caused by prediction error. I suggest that this parallel might help us to understand what is 'done to' the audience via Kane's dramaturgy, and to approach the 'openness' of Kane's final works within the logic of experimentation upon the audience itself. This experimental attitude is highlighted in contrast to the way psychosis is staged by Kane's contemporaries, which follow a more conservative 'closing off' of psychotic phenomena.

In the final section of this chapter I consider the durability of Kane's open dramaturgy in relation to Katie Mitchell's recent production of *Cleansed* at the National Theatre. Staged in a new mental health landscape, Mitchell's production produced a play which ran counter to the interpretation of Kane's works which I present here. Such a production both highlights the difficulty of maintaining openness on stage, as well as perhaps revealing anxieties about the staging of fragmented works in a historical moment that is so preoccupied with aetiology. This preoccupation ultimately 'closes off' the play's sharing of psychosis in favour of a simpler vision.

To understand Kane's unique intervention into the representation of psychotic experience, it is necessary to lay out a genealogy of thinking on psychotic

phenomena. The purpose of the following genealogy is not to be comprehensive, but to situate Kane's works in ongoing psychoanalytic debates as to the nature of psychosis. I suggest in this and the following chapter that Kane uses the theatrical site to create a radically 'open' interpretation of psychotic experience, which is shareable via its spatial enactment. As I shall demonstrate in the following genealogy, this version of psychosis finds a resonance in a particular strand of psychoanalytic thinking, which can in turn be used to better articulate Kane's intervention into this field.

A genealogy of psychosis: Freud to Bion

Psychotic phenomena hold a contested place in early writing on psychoanalysis. Freud himself maintained that psychotic individuals were unreachable through the psychoanalytic method because they were unreachable through transference.⁶ In his 1924 article 'Loss of Reality in Neurosis and Psychosis' Freud distinguished between neurosis and psychosis on the basis that psychosis involves a complete rejection of reality and retreat into a created world. Freud suggests that psychotic experiences share an initial retreat from reality provoked by a traumatic scene with the first stage of neurosis:

thus we might expect that in a psychosis, too, two steps could be discerned, of which the first would drag the ego away, this time from reality, while the

⁶ Sigmund Freud, 'On Narcissism', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-analytic Movement, Papers on Metapsychology and other works*, trans. by James Strachey, (London: Hogarth Press, 1957-66) pp.67-102 (p.74).

second would try to make good the damage done and re-establish the subject's relations to reality at the expense of the id.⁷

However whilst in neurosis 'the exciting cause (the 'traumatic scene')' is a libidinal impulse that must be repressed and the distortion of reality following repression can be traced back to this 'cause', in psychosis for Freud a confrontation with reality itself gives way to the complete replacement of reality with another, more pleasurable one: 'the creation of a new reality which no longer raises the same objections as the old one that has been given up.'⁸ Freud repeats the differences between neurosis and psychosis in three formulations, emphasising that it is not simply the manner in which reality is replaced or rejected in both cases that differentiates them, but also the manner in which it is initially *received*:

Accordingly, the initial difference is expressed thus in the final outcome: in neurosis a piece of reality is avoided by a sort of flight, whereas in psychosis it is remodelled. *Or we might say: in psychosis, the initial flight is succeeded by an active phase of remodelling; in neurosis, the initial obedience is succeeded by a deferred attempt at flight.* Or again, expressed in yet another way: neurosis does not disavow the reality, it only ignores it; psychosis disavows it and tries to replace it.⁹

The second phrasing of this differentiation points to an issue in the initial perception of reality, which distinguishes neurosis from psychosis. In the example of neurosis that Freud provides, an actual reality is confronted: the death of a woman's sister.

This is followed by a libidinal reaction, desire for the brother-in-law, which is

⁷ Sigmund Freud, 'The Loss of Reality in Neurosis and Psychosis' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX (1923-1925): The Ego and the Id and Other Works*, trans. by James Strachey (London: Hogarth Press, 1961), pp.181-188 (p.184).

⁸ *Ibid.*

⁹ *Ibid.*, p.185, emphasis added.

repressed in the patient leading to neurotic symptoms. In the neurotic, the libidinal impulse is denied, but the material reality – the sister’s death – is preserved. A psychotic reaction, according to Freud, would deny the death of the sister itself.

In this way, the ‘loss of reality’ in psychosis is presented as more radical and more isolating. According to the picture Freud paints in this article psychosis has almost no relation with reality. The psychotic does not attempt to deal with external reality at all, but flies from it immediately. As such, the psychotic patient appears unreachable, as they no longer occupy a similar or relatable psychic space to that of the analyst, or ‘normal’ (non-psychotic) subject.

However, the psychotic loss of reality presented here is also a dynamic one. The neurotic subject is stuck between a desire to flee a libidinal reaction to reality, and this reaction’s manifestation or return through the symptom. The psychotic subject on the other hand, by participating in an ‘active phase of remodelling’, continues to assert itself as an ego with some agency, only the agency is misdirected from the outside world to the inner. This is how Freud is able to make the statement that the remodelling the psychotic subject engages in is analogous to that of a ‘normal’ subject changing his circumstances to better suit his needs or desires. As such, the psychotic ego is not presented as disintegrating or split, as many of Freud’s followers would argue. It participates in a wholesale retreat from the world, after which it continues to try to pursue its aims in an alternative world of its own creating.

This picture of the psychotic ego as isolated but nonetheless ‘whole’ builds on Freud’s writing on psychosis in *On Narcissism* a decade earlier. Here Freud used psychotic phenomena (which at this stage he still named ‘paraphrenic’) in order to

posit a condition of primary narcissism in infantile development. Freud begins with the premise that the paraphrenic (psychotic) person has ‘really [...] withdrawn his libido from people and things in the external world, without replacing them by others in phantasy’.¹⁰ Freud is particularly interested in the relationship between the paraphrenic’s withdrawal from the object world (i.e. her inability to relate to ‘reality’) and the often-accompanying paranoia and megalomania. This coincidence of complete withdrawal and self-obsession leads Freud to posit

the idea of there being an original cathexis of the ego, from which some is later given off to objects, but which fundamentally persists and is related to the object-cathexes as much as the body of an amoeba is related to the pseudopodia which it puts out.¹¹

These forms of cathexis (ego- and object-) are thus seen as fundamentally different by Freud because they are formed at different stages of infantile development. Ego-cathexis involves a libidinal attachment by the ego to itself (ego-libido), which exists prior to any object-cathexis and thus to the development of an object-libido.

The withdrawal or ‘flight’ of the ego in psychosis is therefore a form of regression. The psychotic ego regresses to a paranoid and megalomaniacal state in which it experiences only the ego-libido which gets ‘dammed up’ and is trapped, as it were, in a relationship with itself.¹² Freud suggests that the aspects of psychosis which are

¹⁰ Freud, ‘On Narcissism’, p.75.

¹¹ Ibid.

¹² Freud links this regression to primary narcissism to paranoia initially in the Schreber case. Here a repressed libidinal impulse, somewhere between narcissism and homosexuality, is projected outwards into a hallucinated, all-powerful persecutory figure. See ‘Psychoanalytic notes on an autobiographical account of a case of paranoia (Dementia Paranoides) (Schreber)’, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works* trans, by James Strachey, (London: The Hogarth Press and the Institute of Psycho-analysis, 1958) pp.3-84. Freud’s contemporary Victor Tausk built on this idea considerably, arguing that the often-mechanized persecutory figure in paranoia is a projection of ‘the patient’s body onto the outside world.’ Tausk, ‘On the Origin of the Influencing

usually understood as symptoms (i.e. hallucination and delusion) are secondary to this regression and represent not psychosis itself but the ego's attempt to resolve the unpleasant tension caused by this damming-up of the ego-libido. Psychosis here is imagined as regression to a state of primary narcissism, which the ego attempts to escape by re-creating the object-world from which it has withdrawn.

Freud's understanding of psychotic withdrawal is thus inextricably linked to his positing of a stage of development prior to object-cathexis, in which the infant's ego is whole and relates only to itself. It is tempting to say that his theory of psychosis is premised on a theory of infantile narcissism, but in fact the opposite is true: Freud arrives at the theory of primary narcissism through his limited observations of psychotic patients.¹³ Nevertheless, this relationship between ego-formation and psychosis is important because it points to the fact that a belief in a fully-withdrawn psychotic subject rests on and contributes to a belief in a fully isolated primary subject. Such a narrative of subject-formation would be challenged in the late twentieth-century as psychoanalytic thinkers such as Jean Laplanche suggest that the subject is always already-social. As we shall see, this perspective will therefore also make room for a more 'open' view of psychotic experience.

This more open view of psychosis, as we shall see, is one that Kane's works seem to reflect. In an interview about *4.48 Psychosis*, Kane emphasised the experience of disintegration as key to psychotic phenomena. She describes 'psychotic breakdown' as 'what happens in a person's mind when the barriers which distinguish between reality and different forms of imagination completely disappear [...] you no longer

Machine in Schizophrenia', *Journal of Psychotherapy Research and Practice*, trans. Dorian Feigenbaum 1.2 (1992), 184-206, p.192.

¹³ In his reflections on the Schreber case, Freud highlights the difficulty of observing cases of psychosis for psychoanalysts like himself who are not attached to an asylum. Most of Freud's observations on psychosis were therefore derived from written accounts such as Schreber's, or as in *On Narcissism* from neurotic patients with some psychotic symptoms. Freud, 'Schreber', p.138.

know where you stop and the world starts.’¹⁴ This idea that the experience of psychosis involves not so much a withdrawal from the exterior world but a disintegration into it finds a particularly strong correlate in mid- twentieth century understandings of psychosis and schizophrenia.

Melanie Klein was perhaps the first psychoanalyst to move away from this formulation of psychosis as regression to primary narcissism through her theorisation of the paranoid-schizoid phase. As with Freud, Klein’s observations of psychosis are keenly linked to her theories of infantile development. However, Klein suggests that psychotic regression draws on a phase of development later than that of primary narcissism. The subject of the paranoid-schizoid phase as Klein presents it is both less isolated and less cohesive than the psychotic subject presented by Freud. In ‘Notes on Some Schizoid Mechanisms’ (1946), Klein theorises the paranoid-schizoid position as a pre-Oedipal phase of development in which the infant splits off the destructive impulse and projects it outwards onto an object (bad breast) only to identify with this object.¹⁵ This process of ‘projective identification’ is a method of dealing with anxiety, especially with anxiety caused by the presence of hatred, aggressiveness and sadism in the infant.¹⁶ Faced with a negative situation (frustration and consequent hatred) the infant begins by denying the reality of that situation by splitting the object into good and bad breast, and subsequently splitting the self: ‘the bad object is not only kept widely apart from the good one but its very existence is denied, as is the whole situation of frustration and the bad feeling (pain) to which

¹⁴ Saunders, *Love Me*, p.112.

¹⁵ ‘Notes on Some Schizoid Mechanisms’, in *The Selected Melanie Klein*, ed. by Juliet Mitchell (London: Penguin, 1990) pp.175-200.

¹⁶ *Ibid.*, p.181.

frustration gives rise'.¹⁷ This 'denial of reality' is only possible because of the 'psychic omnipotence' that characterises the infant's life.

This process of splitting and projective identification for Klein troubles the boundaries between the subject and the infant's emerging sense of the surrounding object (the breast). Through the defence of projective identification, Klein posits that the infant obeys both oral and anal impulses. The oral impulse leads the infant to attempt to consume or rob the mother's body of its good contents through introjection, and the anal impulse is experience as a desire to expel 'bad' contents of the self into the mother, and in doing so to both harm and control her.¹⁸ The boundaries of the subject in this pre-Oedipal phase are blurred by the ego-defences, and the child does not clearly distinguish between itself and the object (mother/bad breast) into which it has projected its split-off elements: 'In so far as the mother comes to contain the bad parts of the self, she is not felt to be a separate individual but is felt to be *the* bad self'.¹⁹ During this phase according to Klein, the process of splitting leads the subject to be constituted somewhere *between* ego and object, in a confusion of ego and object which if maintained for too long can lead to a maintained state of indeterminacy and 'disintegration' which 'must be regarded as a sign of schizophrenic illness'.²⁰

Klein's paranoid-schizoid phase is therefore to some extent relational, first because the subject is attempting to deal with an external reality through projective identification, and second because this defence through splitting is not a retreat from the outside world but an investment of the self in objects from the outside. However,

¹⁷ Ibid., p.182.

¹⁸ Ibid.

¹⁹ Ibid., p.183.

²⁰ Ibid., p.185.

as a pre-Oedipal phase, this investment is simultaneously constitutive of selfhood, as it is only by moving through projective identification and into (then out of) the depressive phase that the ‘normal’ ego eventually develops. Juliet Mitchell suggests that ‘where Freud proposed that, to produce the psychoses, the neuroses must be closed off or regressed from, Klein sees a spider’s web of direct lines between normal ego development and psychosis’.²¹ This ‘spider’s web’ might also be a useful metaphor for the connection in Kleinian terms between psychoses and ‘reality’, as the Kleinian paranoid-schizoid subject is in the process of attempting to hold together its integrity as an ego on the one hand, and assimilate unassimilable negative experiences from the outside on the other.

What Klein introduces into the framework of ego-development is an understanding of subjectivity as social from its inception and constituted by relations to the outside world. Gregorio Kohon has highlighted that this conception of the already-relating ego was one of the most important principles of British psychoanalysis: one which Klein shared with contemporaries in the British Psychoanalytic Society including D. W. Winnicott. Kohon suggests that ‘these authors concentrated their attention on the early development of the infant, rejecting the idea of the infant who does not relate to his objects from the very beginning.’²² The work on psychosis discussed below, first by mid-twentieth-century Kleinians Wilfred Bion and Herbert Rosenfeld and then by

²¹ Juliet Mitchell, ‘Introduction’, *The Selected Melanie Klein*, ed. by Juliet Mitchell (London: Penguin, 1986), pp.9-32 (p.32).

²² Gregorio Kohon, *The British School of Psychoanalysis: The Independent Tradition* (London: Free Association Books, 1986), p.21. Kohon emphasises that whilst the British Psychoanalytic Society did split, and the Independent Group (of which Winnicott was eventually part) diverged from Klein’s work; both Kleinian and Independent psychoanalysts agree on the basic idea that the infant always relates to objects. This idea, which the Independent Group would call the theory of object relations, suggests that ‘it is not only to the [infant’s] real relationship with others that determines the subject’s individual life, but the specific way in which the subject apprehends his relationships with his objects (both internal and external). It always implies an unconscious relationship to these objects.’ Kohon, p.20. What Klein, Winnicott, and the thinkers discussed in the rest of this section share is an apprehension of internal life as containing multiplicity – constituted by a network of both internal and external objects which mediate the individual’s relationship with alterity.

Christopher Bollas (who is affiliated with Winnicott's Independent Group), all build on this fundamental rejection of primary narcissism, in favour of a subjectivity which is always relating.

Klein's modification of the Freudian framework also introduces the notion of the schizophrenic ego as fragmented, as opposed to simply withdrawn. Klein links the failure to 'work through' the paranoid-schizoid phase with schizophrenia, which she defines as a process of 'falling to pieces': 'under the pressure of this threat [anxiety about being destroyed from within by the ego's own destructive impulse] the ego tends to *fall to pieces*. This falling to pieces appears to underlie states of disintegration in schizophrenics.'²³ In its explicit focus on disintegration rather than retreat, and its implicit positioning of the subject as (in) a liminal space *between* objects, Klein's writings on schizophrenia therefore differ considerably from Freud's.

Furthermore, the role of projective identification for the constitution of subjectivity in Klein's work suggests a strong mimetic role in the creation of the subject. In the paranoid-schizoid phase, the infant constitutes itself by introjecting parts of itself that it has expelled into the mother. However, these parts were themselves only split off through dissatisfactory contact with the mother and the splitting of the object is one and the same as the psychic act of splitting the self: 'the ego is incapable of splitting the object – internal and external – without a corresponding splitting taking place within the ego'.²⁴ The object and subject split together, and bad object and bad self are not distinguished from one another. One might argue that projective identification is therefore a mimetic mechanism, in which the ego is constituted by

²³ Klein, p.180, emphasis added.

²⁴ *Ibid.*, p.181.

taking in something that is outside of itself and passing this back and forth between ego and object until it returns in a form that can be integrated and is no longer the cause of further splitting.²⁵

Whilst Klein's connection between the paranoid-schizoid phase and schizophrenia remained largely theoretical (she did not take on schizophrenics as clients) several of her students went on to use her insights in order to attempt the psychoanalysis of schizophrenic patients – most notably Herbert Rosenfeld and Wilfred Bion.

Rosenfeld in particular made the case that not only does Klein's paranoid-schizoid phase correspond with the diagnosis of schizophrenia,²⁶ but that schizophrenia can be psychoanalysed using Klein's child analysis techniques. Rosenfeld defines the pathology of schizophrenia as taking place in the splitting process, and suggests that schizophrenic patients oscillate between the superegos of the paranoid-schizoid and depressive phases: 'in my opinion the schizophrenic patient has never completely outgrown the earliest phase of development to which this object relationship [of projective identification] belongs and in the acute schizophrenic state he regresses to this early level'.²⁷ This can be resolved through restoration of the libidinal impulses that splitting attempts to avoid: '[libidinal impulses help the ego] striv[e] for better integration and for synthesis of its internal objects. If these processes were to succeed, recovery would result.'²⁸ Rosenfeld breaks from the Freudian tradition in

²⁵ It is nevertheless important to note that this mimetic mechanism is not as complete as the introjections described by Sandor Ferenczi, discussed in the previous chapter. Whilst Klein's paranoid-schizoid subject passes something back and forth between subject and object, this process is provoked by drives which are located in the ego. The subject is therefore only partially mimetic, as it is never voided as in Ferenczi's account.

²⁶ Herbert Rosenfeld, 'Notes on the psycho-analysis of the superego conflict in an acute schizophrenic patient (1952)' in *Psychotic States: A Psychoanalytic Approach*, Herbert Rosenfeld (London: Karnac Books, 1965), pp.63-103, (p.72).

²⁷ Ibid.

²⁸ Rosenfeld, 'Note on the psychopathology of confusional states in chronic schizophrenia' (1950) in *A Psychoanalytic Approach*, Herbert Rosenfeld (London: Karnac Books, 1965), pp.52-62 (p.57).

these articles by insisting that ‘transference analysis of acute schizophrenic patients is possible’ if the play techniques from Kleinian child analysis are employed.²⁹

Rosenfeld builds on the tendency identified above in Klein’s work to understand the paranoid-schizoid position as locating the subject between ego and object, with the boundaries between them undefined and porous. The patients Rosenfeld describes are not so much withdrawn from the world as dangerously immersed in it. One patient describes his experience of being ‘all broadened out’ as he felt threateningly incorporated into the world:

His behaviour, gestures and the few sentences and words he uttered showed that he felt he had destroyed the whole world outside, and he also felt he destroyed the world inside himself. [...] He felt he had taken the destroyed world into himself, and then felt he had to restore it.³⁰

This experience is more complex than the Freudian ‘retreat’ into narcissism.³¹ Here the patient both takes the world into himself and simultaneously disintegrates into it, and is ‘broadened out’ *into* the world to the point that he cannot separate himself from it. The schizophrenic patient as characterised by Rosenfeld is faced with intense anxiety due to this lack of separation between him/herself and the outside world.

This leads to the possibility of some schizophrenic patients experiencing illness as a fear of psychic contagion. Rosenfeld describes a patient’s dream of shaking hands

²⁹ Rosenfeld, ‘Superego conflict in an acute schizophrenic’, p.66.

³⁰ *Ibid.*, p.79.

³¹ Although it does bear some resemblance to Schreber’s own description of his psychotic experience, as reported by Freud. Nevertheless, Freud understands Schreber’s projections of himself into the world and consequent apocalypticism as a consequence of his libidinal withdrawal and regression to a state of primary narcissism: ‘his subjective worlds has come to an end once the withdrawal of his love from it’. Freud, ‘Schreber’, p.208. Whilst Freud sees this immersion as a consequence of libidinal withdrawal Rosenfeld seems to understand it as the primary affect of psychosis, and positions withdrawal as a secondary consequence.

with a(n other) schizophrenic: ‘the shaking hands with the paranoid woman was a friendly gesture towards her, but at the same time it means that he made her as ill as himself by putting his illness into her’.³² Throughout Rosenfeld’s articles schizophrenic patients are described as fearful of losing themselves, through disintegration into the external world and/or intrusive insertion of the external world into the self. Rosenfeld presents symptoms that might lead an observer to describe a schizophrenic patient as isolated and withdrawn (difficulty with communication, confusion, dissociation) as defences or disguises to hide this radical openness: ‘In almost all cases of acute schizophrenia I have seen in consultation or have treated by analysis such typical schizophrenic behaviours are being *used as a cover* for overwhelming anxiety.’³³

Wilfred Bion makes a similar observation in his important article ‘Attacks on Linking’, in which he describes two patients’ symptomatic attempts ‘to destroy whatever it was that linked two objects together’ (i.e. the linguistic, material or social relationships between two concepts or people).³⁴ Here Bion reflects that these ‘attacks’ took place in order to destroy projective identifications and attempt ‘to decide if [the patient] was hallucinating or not’.³⁵ Bion describes the patient as experiencing a highly disturbing sense of mingling, in which neither good or bad object, nor real or hallucinated object can be distinguished. The destruction of links through confusion, dissociation or withdrawal are presented as repeated attempts to resolve this mingling and re-enact meaningful separations between objects.

³² Rosenfeld, ‘Confusional states in chronic schizophrenia’, p.58.

³³ Rosenfeld, ‘Consideration regarding the psycho-analytic approach to acute and chronic schizophrenia (1954)’, in *Psychotic States: A Psychoanalytic Approach*, Herbert Rosenfeld (London: Karnac Books, 1965), pp.117 – 127 (p.118), my emphasis.

³⁴ W. R. Bion, ‘Attacks on Linking’, *The International Journal of Psychoanalysis*, 40 (1959), 308-315, (p.308).

³⁵ *Ibid.*, p.309.

Rosenfeld's and Bion's reworkings of Klein's paranoid-schizoid position into a diagnostic category therefore emphasise the dangerously entangled nature of the ego-world relationship which might be characterised not as a flight from the exterior world but a drowning immersion into it.

Sarah Kane's dramaturgical position that psychosis is both a condition which makes it impossible to distinguish between interior and exterior life but is nonetheless reachable and shareable through spatial encounter (explored in this and the following chapter of this thesis), thus finds a surprising correlate in mid-century Kleinian attempts to approach psychosis psychoanalytically. It is perhaps significant that Bion and Rosenfeld adapt Klein's play techniques as their primary mode of analysis. Rather than focussing on the language-centred analysis used for adults at the time, their psychoanalysis of schizophrenics included analysis of movement, sounds and objects. As such this analysis of play included a more holistic spatial awareness, which we might characterise as an attending to the dramaturgy co-created by analysand and analyst in the consulting room.

A genealogy of psychosis continued: 'open' psychotic subjects

The dramaturgical shareability of traumatic and psychotic phenomena in Kane's work is predicated on an attempt to position and push to its extreme the notions of the theatre-as-mind-space, and play-as-subject. As the following chapters will argue, Kane's final three works use the theatrical site itself in order to create dramaturgies which share aspects of psychotic experience with her audience. Insofar as these plays spatially enact subjective experiences of psychosis, they also present psychotic psychic life as an experience that is 'open' to and involved with alterity. In this way, Kane's works resonate with more recent psychoanalytic thinking on the nature of

subjectivity, and might be seen to provide an artistic, spatialised contribution to these debates.

As we have seen, the major mid twentieth century works introducing psychotic experience into the realm of psychoanalytic thought all linked psychosis or schizophrenia to a particular stage of early subjective experience (narcissistic or paranoid-schizoid). More recent works of psychoanalytic theory have pushed the notion of an open, projective subject even further. In particular the works of Jean Laplanche and Christopher Bollas universalise an understanding of subjectivity as ‘open’, whilst maintaining the link between this ‘openness’ and the experience of psychosis. Whilst they derive from different psychoanalytic sub-disciplines,³⁶ both Laplanche and Bollas posit a primary relationship with alterity which has been influential in psychoanalytic theory and philosophy. Judith Butler, for example, brings together Bollas’s and Laplanche’s insights into her arguments for an ethics based on a primary relationship with alterity.³⁷ Attention to the relationships which Laplanche and Bollas posit between psychosis and subject-emergence provide an insight into the ways in which psychotic states can be approached as not uniquely separate, but existing on a continuum with ‘healthy’ experience. By placing Kane in dialogue with these thinkers, I suggest that her works are able to contribute to wider debates on this relationship.

Jean Laplanche presents what is perhaps the most radical challenge to Freudian theories of subjectivity and its emergence. Firmly abandoning the concept of primary narcissism, he suggests that subjective experience emerges through an initial,

³⁶ Christopher Bollas publishes with the British Psychoanalytic Society’s Independent Group, and his work on transformational space and countertransference especially builds on the work of Winnicott, as described in the previous chapter. Jean Laplanche on the other hand was trained by Lacan, and writes broadly, though controversially, in the Lacanian tradition.

³⁷ See Judith Butler, *Giving an Account of Oneself* (New York: Fordham University Press, 2005), especially pp.50-80.

invasive encounter with sexuality. Laplanche identifies a ‘primal situation’ which is already a ‘primal seduction’: ‘a fundamental situation in which an adult proffers to a child verbal, non-verbal and even behavioural signifiers which are pregnant with unconscious sexual significations’.³⁸ This approach differs significantly from Freud’s insofar as it involves an encounter with a deliberate and desiring other. Whereas Freud’s model involves the projection of infantile needs and libidinal urges out into a sexualised space, and Klein’s projective identification involves projecting out and then taking back in the good and bad objects in a circular process,³⁹ Laplanche imagines the infant in an invasively sexual world, encoded with “*messages*” from the parent. Objects would not become good or bad simply according to their ability to fulfil the child’s need in this formulation, but would carry their own agency and desires that are enigmatically felt by the infant:

There is not only the reality of the other ‘in itself’ forever unattainable (the parents and their enjoyment) together with the other ‘for me’ existing only in my imagination; there is the other who ‘wants’ something from me if only by not concealing intercourse.⁴⁰

Laplanche therefore suggests an experience of subjectivity which is predicated on the desire of an other, ‘implanted’ into the unconscious of the infant.

Laplanche links psychotic experience to the enigmatic nature of that which is implanted in this primary encounter with an other. The implanted signifier is ‘enigmatic’ or untranslatable into consciousness because it takes place in infancy, before the development of sexuality. This implantation and its inaccessibility replace

³⁸ Jean Laplanche, *New Foundations for Psychoanalysis*, trans. by David Macey (Oxford: Wiley-Blackwell, 1989), p.126.

³⁹ Jean Laplanche, *Essays on Otherness*, ed. by John Fletcher (London: Routledge, 1999), p.133.

⁴⁰ *Ibid.*, p.78.

the Oedipus complex for Laplanche as the primary structuring event of psychic life. Following the encounter, the infant will attempt to bind or symbolise the dangerous signifiers implanted within the ego. Those that remain ‘unmasterable’ are repressed - they become thing-like representations which are divorced from content and thus form the id. The presence of enigmatic signifiers in the subject also becomes the sources of drives in this theory – ‘internal excitations’ caused by an unmasterable ‘*internal foreign body itself*’.⁴¹ This process of implantation is contrasted with its ‘violent variant’, *intromission*, which involves the entry of something which cannot be bound, translated *or repressed* into the subject.⁴² This ‘foreign body’ is involved both in the formation of the superego, and the development of psychosis. Whilst Laplanche does not posit a concrete mechanism for the development of psychosis, he nonetheless suggests that it is the persistence of this too-alien, intromitted enigmatic signifier that brings about psychotic experience, stating that psychosis is the presence of ‘what is most alien to the subject’.⁴³ What is more, the material for psychotic experience exists within the experience of a ‘normal’ superego: ‘messages that become super-ego messages are messages that are not being translated. So I would speak of the super-ego as some kind of psychotic enclave in everyone, something that consists in part of messages that cannot be translated.’⁴⁴

There are two aspects of Laplanche’s writing on subjectivity which are of particular interest in relation to this thesis. Firstly, in positing that psychotic experience is in

⁴¹ *Ibid.*, p.125.

As Laplanche notes, this is a divergence from (perhaps an escalation of) Klein’s thinking. Whilst Klein suggests that the process of projective identification begins with drives internal to the infant, Laplanche finds the source object for drives outside the subject, in the invasive world of adult sexuality, *Essays on Otherness*, p.133.

⁴² *Ibid.*, p.136.

⁴³ *Ibid.*, p.134.

⁴⁴ Cathy Caruth, *Interview with Jean Laplanche* (Atlanta, Georgia: Emory University, 2001) <<http://pmc.iath.virginia.edu/text-only/issue.101/11.2caruth.txt>> [accessed 15 February 2019], (para. 86 of 142).

some way derived from unmasterable intromission of the other, Laplanche roots psychosis firmly in a relationship with alterity. Rather than a retreat into narcissism or a disintegration into an ‘in between’, psychosis would appear here to be the remainder of a violent encounter with an intrusive, agentive world. Crucially, psychotic experience *is* the experience of the outside world, but in an unassimilable form. Secondly, it leads us back to a position in which psychosis and trauma are entangled. It is a violent act which introduces the psychotic enclave in the mind, ‘put[ting] into the interior an element resistant to all metabolisation’.⁴⁵ Psychosis is thus doubly linked to the ‘exterior’ for Laplanche, both derived from the outside world and a sign of its persistence in the subject.

Christopher Bollas presents what we might term a gentler version of Laplanche’s view that subjectivity is constituted via an encounter with alterity. Building on the work of D. W. Winnicott, Bollas writes from within the theory of object-relations which presumes a relationship between the subject and their internal and external objects as the primary conditions for the emergence of subjectivity.⁴⁶ Bollas suggests that there is a stage prior to object-relating in which the infant nonetheless has a form of relation with agentive others. In such encounters, ‘[t]he object can cast its shadow without a child being able to process this relation through mental representations or language as, for example, when a parent uses his child to contain projective identifications. Whilst we do know something of the character which affects us, we may have no **thought** yet.’⁴⁷ Rather than being in themselves constitutive of psychic splitting as in Laplanche’s work, Bollas argues that the messages contained in such

⁴⁵ Laplanche, *Essays in Otherness*, p.136.

⁴⁶ See note 22 of this chapter above.

⁴⁷ Christopher Bollas, *The Shadow of the Object: Psychoanalysis of the Unthought Known* (London: Free Association Books, 1987), p.3.

encounters are ‘unthought knowns’ which structure the ego processes which organize mental life:

The ego is the constitutive factor in the unthought known. We are in possession of complex rules for knowing and relating, processes that reflect the dialectic of the inherited and the acquired. In the primary repressed unconscious we know this but as yet only some of them have been thought. A very significant portion of our existence is determined by this unthought known.⁴⁸

Subjective experience is thus being shaped by encounters with alterity before any capacity for thought or representation it developed. For Bollas, subjective experience emerges out of an environment which, acting as an object, casts its shadow on the subject.

There are two important distinctions to be made here between Laplanche and Bollas’s understanding of the relation between the emergence of subjectivity and agentive others. Firstly, Bollas understands the presence of the ‘unthought known’ in the subject as part of a dialectic, in which ‘the inherited and the acquired’ share responsibility for structuring the ego. Introducing the term ‘idiom’ into his mapping of the psyche, Bollas suggests that the unthought known modifies an already-present psychic form. ‘Idiom’ is an unconscious form evolved from the inherited disposition which is there before birth, which Bollas accounts for by observing that there are distinctive ‘personalities’ in neonates.⁴⁹ So whilst Laplanche suggests that there is no psychic structure prior to the implantation of the enigmatic signifier, responsible as it is for the creation of drives, the id and the superego, Bollas understands unthought

⁴⁸ Ibid., p.9.

⁴⁹ Ibid., p.8.

knowns as contributing to mental structures by interacting with pre-existing mental forms. Secondly, the unthought known itself can refer to a greater variety of encounters than Laplanche's 'enigmatic signifier'. Laplanche's enigmatic signifier is always desire, specifically the desire of the mother for her child, which she unconsciously transmits to her infant (and as such Laplanche's model is essentially an inversion of the Oedipus complex). Those 'violent variants' of enigmatic signifiers, which are intromitted and lead to psychotic experience are also transmissions of desire, perhaps conscious or more aggressive than the norm.⁵⁰

Bollas on the other hand suggests that a range of experiences can be rendered into unthought knowns. Whilst the parent might force their desire or envy onto the infant, for example by using '[the] child to contain his projective identifications', experiences of nurture, play and rhythm also make their way into the infant's psychic life as unthought knowns. Some of these will also become translated into thought knowns (i.e. representation) and are thus not so fundamentally 'untranslatable' as Laplanche's enigmatic signifiers.

What Laplanche and Bollas share is a vision of subjectivity in which there is an experience of alterity prior to object relation (or representation) which has a lasting effect on the structure of psychic life; and which, when it goes awry, has an effect on the development of psychosis in later life. For both psychoanalysts, psychotic experience is essentially caused by the encounter with and continuing presence of an other which remains outside of representation. Whilst Laplanche did not work extensively with psychotic patients,⁵¹ the link between psychosis and the 'unthought known' has been a cornerstone of Bollas' development of a psychoanalytic technique for treating psychosis. Throughout his psychoanalytic career, Bollas has

⁵⁰ Laplanche, *Essays on Otherness*, p.136.

⁵¹ Caruth, *Interview with Jean Laplanche*, para. 138 of 142.

developed controversial adaptations to standard psychoanalytic techniques in order to treat early-stage schizophrenia and psychotic breakdowns.⁵² Key to Bollas' interventions is the belief that it is possible to reverse the early effects of schizophrenic breakdown through intensive psychoanalysis, if the unthought knowns precipitating the breakdown can be rendered into thought (i.e. can be represented). By bringing the disorganising associations and objects into representation 'so that [they] are no longer part of the unthought known', patients can '*subject*[them] to thought'.⁵³ Far from being inherently enigmatic, Bollas' unthought knowns can be brought into thought and communicated to others, bringing the subject out of psychotic experience and back into social, representable life.

It is therefore possible to draw a thread through some forms of psychoanalytic theory from Freud to the late twentieth century, in which (despite their sub-disciplinary differences) thinkers explore and seek to understand psychotic experiences in general, and schizophrenia in particular, as a subjective experience which is radically open to alterity and even constituted by it. Bollas would appear to take this a step further in his therapeutic practice, adding that it is also an experience which is *accessible* and translatable into non-psychotic, representational thought. Perhaps because of this conviction, Bollas' most recent work on schizophrenia, *When the Sun Bursts*, is also a remarkable account of the phenomenology of the disease, tracking aspects of the *experiences* of breakdown of his many patients, as well as theorising on them. Whilst questions certainly remain as to the validity of Bollas' adaptations of the psychoanalytic method, his writing provides a rich account of the varied ways

⁵² For Bollas' interventions into early-stage schizophrenias and adaptations of the psychoanalytic method, see Christopher Bollas, *Catch Them Before They Fall: The Psychoanalysis of Breakdown*, (London: Routledge, 2013).

⁵³ Christopher Bollas, *When the Sun Bursts: The Enigma of Schizophrenia* (New Haven, Connecticut; London: Yale University Press, 2016), p.183, emphasis original.

in which psychosis develops during schizophrenic breakdown, and the radical transformation of a subject's 'aesthetic of being' during this process.⁵⁴ Beginning as it does with the conviction that psychosis is a shareable experience, it is a powerful text to read alongside Kane's works. This and the final chapter of this thesis thus use Bollas' observations on psychotic experience to explore Kane's own claims about the shareability of psychic suffering, whilst not subscribing to the optimism of his works.

These observations are set in a wider reflection that Kane might have something to contribute to the debates outlined above, and could be productively placed in dialogue with Klein, Rosenfeld and Bion, or Laplanche. Reading Kane alongside Klein for example might provide productive discussion on the relationship between staging extreme, unassimilable aggression and the 'splitting' of dramatic forms. The discussions on the breakdowns of boundaries in this chapter focus on Bollas, but clearly have links to the observations on psychotic immersion by Bion and Rosenfeld. And as I have remarked above, Laplanche provides provocative tools for exploring the relationship between invasive sexual experiences and psychotic breakdown, which as we shall see runs throughout Kane's final three works.

Nevertheless, using Bollas as a primary interlocutor on the subject of psychosis also has the added advantage of integrating these observations on psychosis with the broader reflections on the possibility of dramaturgy to develop sites of play and transformational space in the theatre which we began in the previous chapter.

Cleansed's de-structuring dramaturgy

⁵⁴ Bollas, *The Shadow of the Object*, p.13.

In *Cleansed* Kane creates an episodic structure for her twenty scenes that deliberately eschews the narrative arch of psychological realism. The play tracks the experiences of five inmates, Grace, Graham, Rod, Carl and Robin, who are being held in an institution built on the site of a university. The institution is run by Tinker, variously a doctor, torturer, drug dealer and prison warden. The play begins with Tinker killing Graham with an overdose of heroin. Grace arrives at the institution looking for him and is committed to the institution as an inmate herself. She sees and physically interacts with Graham even though he is dead. Grace faces a series of tortures at the hands of Tinker, culminating in a forced mastectomy and phalloplasty without anaesthetic, so that she might become Graham. At the same time, in another room of the university, Tinker tests Rod and Carl's homosexual relationship by torturing Carl after each of his expressions of love, until Rod finally agrees to die for Carl. The fifth character, Robin, is a young illiterate inmate who has been committed because he hears voices. Grace teaches him to read and count, and upon finding out the length of his sentence, he kills himself. Additionally, there is an unnamed woman working as a strip-tease performer in a shower cubicle, who is visited by both Tinker and Robin. Her name turns out to be Grace. The strands of the play interact with one another without ever coalescing into a single narrative, and its increasing violence is combined with images of flowers springing from the ground and rats swarming the stage, reminiscent of the surrealist theatre of Apollinaire, and Artaud's theatre of cruelty.

The scenes function as a series of pairings, with each pairing haunted by a bystander – usually Tinker or Graham. Whilst the actions of these pairings seem to unfold in chronological time, the pairings (Grace/Graham, Carl/Rod, Tinker/Woman, Grace/Robin) operate in parallel with one another, showing a cross-section of

individuals under similar tortures, rather than tracing the disintegration of heroes or situations as in Kane's first two plays. The link between the scenes is the site they take place in: the university, the responsiveness and violence of the environment, and the regime of violence perpetrated upon them by Tinker in this place.

Various precedents for this episodic structure have been suggested, with several commentators noting the clear debt this structure owes to Beckett's work. Elisabeth Angel-Perez has linked this episodic structure to post-holocaust art, citing Primo Levi on the anhistorical nature of the experience of Auschwitz. Angel-Perez suggests that the horizontal axis of narrative time set in motion by Graham's death is disrupted by the vertical axis of the tableaux structure in which the dead and almost dead persist.⁵⁵ Angel-Perez's argument draws partly on Kane's own statement that the play is based on Roland Barthes's question in *The Lover's Discourse*, 'is it not indecent to compare the situation of the love-sick subject to that of an inmate of Dachau?'⁵⁶ The problematics of taking both Kane's reflection and Barthes' statement at face-value are returned to in the last section of this chapter. Despite the problems with linking *Cleansed* specifically to Auschwitz-art, I would agree with Angel-Perez's identification of the temporality of *Cleansed* as an-historic, as the suspension of narrative temporality is key to Kane's dramatic project. Hilary Chute has argued that *Cleansed*'s episodic structure demonstrates the use of metonymy as opposed to metaphor as the play's key representational aesthetic. Rather than providing a metaphorical representation of the violent world, Chute argues, Kane's play is a

⁵⁵ Elisabeth Angel-Perez, *Voyages au Bout du Possible : Les Théâtres du Traumatisme de Samuel Beckett à Sarah Kane*, (Klincksieck : Paris, 2006) p.161. For *Cleansed*'s Beckettian structure see for example Saunders, *Love Me*, and Laurens De Vos, *Cruelty and Desire in the Modern Theater: Antonin Araud, Sarah Kane and Samuel Beckett* (Madison, NJ: Fairleigh Dickinson University Press, 2011).

⁵⁶ Roland Barthes, *A Lover's Discourse: Fragments*, trans. Richard Howard (London: Vintage, 2002), p.49.

metonymic extension of it, a performance in the form of Artaudian Theatre of Cruelty which allows that audience a closer connection with the Lacanian Real:

Kane offers a performance that is not *like* the worst aspects of sadistic culture but is rather contiguous with it – to recall [Peggy] Phelan’s most basic example of metonymy, ‘the kettle is boiling *because* the water inside the kettle is.’⁵⁷

I will argue that metonymy is only one of various signifying logics employed by Kane as her episodic structure forms part of a complex and contradictory dramaturgy. Kane draws on several disparate signifying logics throughout *Cleansed* and allows them to come into conflict with one another, in order to generate a deliberate disorientation.

Rather than being structured with a traditionally unfolding narrative, *Cleansed* takes the form of a cruel call and response, in which the inmates attempt to communicate, to give accounts of themselves and their loves, only to be punished by Tinker for their linguistic failure. The episodic nature of the scene structure in *Cleansed* represents an extension of the tableaux of Ian that end *Blasted* as well as an anticipation of the parallel yet overlapping testimonies and desires that make up *Crave*. In *Crave* the play’s structure seems to emerge out of the unanswered and unanswerable call of the desires of the speakers. *Cleansed* on the other hand embodies a painful call and response predicated on an all-hearing, Orwellian authority.

⁵⁷ Hilary Chute, “‘Victim, Perpetrator, Bystander’”: Critical distance in Sarah Kane’s Theatre of Cruelty’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010) pp.161-172 (p.164).

This is most explicitly demonstrated in the relationship between Rod and Carl. In their first encounter onstage, Carl professes his love for Rod through exaggerated linguistic tropes which he nonetheless appears to believe. Convincing sceptical Rod to exchange rings in an unofficial marriage Carl professes his undying love for Rod:

Rod You'd die for me?

Carl Yes.

Rod (*Holds out his hand.*) I don't like this.

Carl (*Closes his eyes and puts the ring on Rod's finger*)

Rod What are you thinking?

Carl That I'll always love you.⁵⁸

Tinker, audience to this conversation, responds in scene five by threatening Carl with death by anal penetration until he denies his commitment to Rod, breaking his own love narrative that he had established in the marriage scene:

Carl Please don't fucking kill me God

Tinker I love you Rod I'd die for you

Carl Not me please not me don't kill me Rod not me don't kill me

ROD NOT ME ROD NOT ME

[...]

Tinker Show me your tongue

Carl *sticks out his tongue.*

⁵⁸ Sarah Kane, *Cleansed*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.105-151 (p.110).

Tinker produces a large pair of scissors and cuts off **Carl's** tongue.⁵⁹

This scene is an obvious borrowing from Orwell's *1984*, but unlike Orwell's version, which marks the end of secrecy and the possibility of a private self, Kane's play oscillates back to Carl and Rod's relationship which continues despite the betrayal.⁶⁰ Carl is systematically deprived of all his means of communication and sources of joy throughout the play, losing his hands after writing, his feet after dancing, and finally his genitals after making love.

The experience for the audience, depending on the individual and the directing, is either harrowing or pornographic. It is also likely to be deeply disorientating. The mutilations are repetitive and sequential, and do not end when Rod finally agrees to give up his life for Carl. Kane stages both rejection and death in the relationship between Rod and Carl, but allows neither to terminate their love, nor to provide the dramatic high point or termination of the narrative. As Susanna Clapp commented with regards to James MacDonald's first production, 'It does not so much unfold or develop as accumulate'.⁶¹ Whilst Carl fails to live up to the love narrative he initially provided, he nevertheless persists even as he and his body become increasingly incoherent to the audience. The conflict within the call and response structure here remains unresolved at the end of the play, with Tinker offstage and yet alive, and Carl mutilated and reduced but still living. The cumulative nature of the scene structure in *Cleansed* is thus generative of a tension for the audience from which Kane withholds a coherent resolution.

⁵⁹ *Cleansed*, p.118.

⁶⁰ See chapter five of George Orwell, *1984* (London: Penguin, 1949).

⁶¹ Susanna Clapp, 'Kane's new play is a howl of horror with the sensibility of a Damien Hirst', *Observer*, 10 May 1998 in *Theatre Record*, 18, 9 (1998), 566.

If the linking strand between the scenes in *Cleansed* is the site or environment in which they occur, then this too falls short of being a coherent structuring principle. The scenes take place in a series of rooms on the site of a university, each room with a colour and each relating to a different pairing: The College Green (Rod and Carl), The White Room (Graham and Grace), The Red Room (Tinker's torture chamber), The Black Room (Tinker and Woman), The Round Room (Grace and Robin). The symbolism relating to the overlaying of university and a site of torture is clear, and presents a continuity with the suggestion implicit in *Blasted* that violence is present under the surface of any apparently civilised setting. But the set is more than a flat symbol as Kane creates an active environment which is responsive to the emotions of the characters, both allowing them a voiceless means of expression and perpetrating Tinker's tortures. Chute's application of the different functions of metonymy and metaphor is useful here. The fictional site of the play and the physical stage itself do act in a kind of metonymic relationship with Grace. In the moments of high romance in her relationship with Graham, after they have made love and after he has protected her from an array of bullets, flowers emerge from the floor. However the stage is not only in a relationship with Grace. It also perpetrates violence through invisible attackers on Grace's body, confinement through the conversion of a shower cubicle into the Woman's peep show, and becomes the means of both Robin's education and his suicide. Like the bodies of the characters, the stage itself is a conflicted environment which moves from acting in a poetic metonymy through the growth of Grace's flowers to becoming the means by which her attempts at love and subjectification are violently repressed.

In the Royal Court's 1998 production, the destabilising treatment of space in the play was compounded by Jeremy Hubert's set design, which created the impression that

the various rooms in which the play is set were being viewed from different perspectives. At certain moments in the production, the actors and props were lifted and pinned to a wall to create the impression for the audience that they were being viewed from above and with the actors ‘sprawl[ed] on steeply raked platforms as if stuck to a fly trap’.⁶² The changeability of the relationship between set and onstage characters was therefore reiterated in the relationship between audience members and the stage space. Terry Brawn identified this lack of continuous spatial logic as the most disorientating aspect of the production:

And my most disorientating response was one of confusion as to where this story was taking place. And no, I don’t mean literally – we were obviously in the realm of fable or allegory. I was trying to map the world of the play. I must admit I never succeeded.⁶³

Kane requires a stage and visual effects that are unsafe for the audience, as not only are they potentially hostile to the characters onstage, they also present a site that is at once a coherent ‘whole’ (a university complex) and a variable space which changes its functions from scene to scene. The site of *Cleansed* is at once an agent of poetic expression and torture, and is variously compliant with the desires of the inmates, static, or actively used against them.

Through the dramaturgy of *Cleansed* Kane creates a theatrical experience which provokes the desire to create narrative or temporal/historical coherence in the reader or potential audience member and then thwarts it. It is important to elaborate here what form the ‘non-coherence’ of the features I have been mentioning so far take. To say that the scenes of the play and the visual eruptions therein do not cohere in the

⁶² Ibid.

⁶³ Terry Braun, ‘Another angle on smack city’, *Sunday Business: Life Section*, 10 May 1998 available via the Royal Court Theatre archive.

form of a narrative is not the same as saying that they are nonsense. Taken as particularities, the scenes and events do each have an internal logic. However this is a logic which constantly requires revision, as it changes from episode to episode. When flowers burst through the floor for example, the event can be explained by a form of aesthetic internal logic; that Grace is in a metonymic relationship with her environment which responds to her happiness. When the environment attacks Grace through the form of invisible voices a new logic is proposed; that the environment is a manifestation of the violent cultural norms also embodied by Tinker. And whilst both of these instances seem to fit within the realms of surrealist theatre the storyline relating to Robin is painfully realistic. Detained in a medical facility for being a difficult child Robin is illiterate and innumerate, and therefore has no understanding of the length of his detainment. He learns to read and count from fellow inmate Grace, and kills himself upon realising his detainment will last thirty years.

The cruelties perpetrated against Robin take form of humiliation which is both shocking and believable in the context of countless media reports of institutional abuse of this kind, such as the public inquiry into Ashworth hospital which was taking place during the production's first run.⁶⁴ This of course brings us back to The relationship between Kane's work and popular discourses on mental illness, including scandals and inquiries relating to psychiatric hospitals, which was addressed in Chapter 1. Were Robin's story line to stand alone one could draw out a plausible socio-realist play bent on exposing abuse in institutions such as young offenders institutions or care homes. This reference was picked up by one of the play's initial reviewers who suggested; 'It might be of more consequence to read or listen to the ongoing public inquiry into Ashworth Hospital for the criminally

⁶⁴ Illtyd Harrington, 'Cleansed – Royal Court', *Camden New Journal*, 14 May 1998, available via the Royal Court Theatre archive.

insane'.⁶⁵ It is telling that reviewers of several different productions have identified the scene in which Robin is made to eat an entire box of chocolates as 'one of the most disquieting scenes' of the play as it provides a moment of painfully realistic tragedy in the otherwise surreal environment.⁶⁶ Through the scenes relating to Robin, Kane therefore creates an interruption of the surreal logics of earlier scenes, returning the play to a form of realism which it then repeatedly discards. Rather than being incoherent in the sense of failing to signify anything, the non-coherence Kane manifests in *Cleansed* requires constant re-evaluation. It signifies through various apparently contradictory frameworks in sequence without giving one dominance over the rest.

In this way, *Cleansed* is an attempt to immerse a potential spectator into a situation of sustained irresolution, in which the need to establish a narrative history is encountered as both violent and necessary, and impossible. Critics of the 1998 production used language relating to insiderness to describe the experience of viewing Kane's play. David Benedict wrote that '[director James] MacDonald and [designer Jeremy] Herbert take you by the hand, allowing you to become a prisoner of Kane's fierce but fiercely controlled imagination', and Jon Peter commented that the action took place 'like a nightmare it unreels somewhere between the back of your eyes and the centre of your brain with unpredictable but remorseless logic.'⁶⁷ These spectators encountered *Cleansed* as a phenomenon of being trapped *inside a mind*, without the agency or control to halt the nightmarish accumulation of scenes,

⁶⁵ Ibid.

⁶⁶ Clare Allfree, 'Sarah Kane's pageant of torture tests the furthest boundaries of love', *The Telegraph*, 24 February 2016 <<http://www.telegraph.co.uk/theatre/what-to-see/sarah-kanes-cleansed-tests-the-furthest-boundaries-of-love/>> [accessed 17 February 2017], see also Matt Trueman, 'Cleansed is more than just shock theatre', *What's On Stage*, 29 February 2016, <http://www.whatsonstage.com/london-theatre/news/matt-trueman-cleansed-sarah-kane-national_39853.html> [accessed 1 January 2017].

⁶⁷ David Benedict, 'Real Live Horror Show', *Independent*, 9 May 1998; Jon Peter, 'Short stark shock', *Sunday Times*, 10 May 1998, both available via the Royal Court Theatre archive.

or the identification with a single hero or narrative which would provide the reassurance that the action is taking place outside of oneself.

The ‘unpredictable but remorseless logic’ of the play was achieved in the first production by depriving the audience of the ability to use an established past narrative to predict the events ahead.⁶⁸ This tension between the necessity to create a narrative and its impossibility is evocative of Christopher Bollas’s accounts of the experience of psychotic breakdown. Bollas provides some of the most creative and provocative accounts of psychoanalytic treatments for psychosis in young people, suggesting that the long-term effects of psychosis can be diverted with the correct early treatment.⁶⁹ Bollas highlights the importance of narrative and predictability in coping with everyday life:

In normality we live with the illusion that we foresee the future, or at least a range of future possibilities. We prepare ourselves for being let down or socially derided. We carry the assumption that a well-prepared self is a safe haven, and the illusion of safety in the present has implications of how we look back on the past.⁷⁰

The dramaturgy and structure of *Cleansed* is an attempt to undermine this ‘illusion of safety’, and to put the spectator through the experience of trying to make sense of compelling, even destructive imagery without preparation.

Cleansed deliberately disorients, thwarting attempts to establish a history of the dramatic universe on the one hand or anticipate a future narrative on the other. In doing so it pushes the locus of the dramaturgy from the dramatic universe

⁶⁸ Peter, 1998.

⁶⁹ Bollas, *Catch Them Before They Fall*.

⁷⁰ Bollas, *When the Sun Bursts*, p.178.

represented on stage to an in-between space which is the site of the audience-artwork encounter. Bollas' description of the kind of disorientation that takes place in schizophrenic breakdowns makes for an interesting comparison with this process, and points to the kind of mental experience that the dramaturgy of *Cleansed* might be simulating. A shocking event takes place in the narrative of the young individual, perhaps a disappointment or rejection, and the ability to contextualise this event, place it in the past and continue in reality is lost. 'Most people rebound', says Bollas, 'But not all. Some are hijacked by a shock that becomes an eternal present. The self is suspended, remaining on constant watch, and this means they can no longer inhabit everyday reality. Past-present-future ceases to have any meaning. The temporal structures are lost.'⁷¹ It is within a simulated voiding of temporal structures that Kane stages Tinker's violent attempts to force the characters and world of *Cleansed* back into a narrative history and predictability. Of course, this voiding is not complete, as works staged in traditional theatres are always bounded by temporal and physical frameworks. However, whilst theatre's temporal boundaries are usually used as the framework for narrative-making, in *Cleansed* the relationship between temporal progression and history is suspended.

Kane described this technique of historical suspension in a distinction she named the difference between 'plot' and 'story'. Speaking with students at Royal Holloway, Kane identified 'story' as the historical narratives in a play, 'chronologically what happens over time.'⁷² 'Plot' on the other hand, she identifies as what the audience actually encounter. She describes the process of writing *Cleansed* as one of initially writing out the stories of each character pairing individually: 'I wrote out all the

⁷¹ Ibid., pp.178-9.

⁷² Dan Rebellato, *Brief Encounter with Sarah Kane*, online interview recording, 3rd November 1998, <<http://www.danrebellato.co.uk/sarah-kane-interview/>> Accessed 31 January 2017.

story-lines if you like the Rod and Carl story, the Grace/Graham story, the Tinker/ stripper story.’⁷³ These ‘stories’ were then rearranged into individual scenes in which only the moments of ‘high drama’ were preserved. Kane used a diagram in order to explain this process of voiding her ‘stories’ of history in order to transform them into compelling theatre, which showed a straight horizontal line, with a wavy line running through it:

If the wiggly line [...] which goes up and down is the story, the bits which go up are the moments of high drama, which tend to be violent [...]and the bits under [the line] are the build-up. So that’s the story. Everything [above] the line is the plot. So all the stuff underneath it you just shed. [...] Anything remotely extraneous or explanatory is completely cut, all you get are the moments of extremely high drama.⁷⁴

This process of dehistoricizing the plot becomes essential to create the intensity of affect which the work attempts to generate:

In a lot of plays there are things like, “then a messenger comes on [and explains what is happening]”, all of which is much easier to take and gives you time to calm down. But I didn’t want to give anyone time to calm down.’⁷⁵

Cleansed thus aims to enact a situation of sustained temporal irresolution onto its potential audience, which undermines the audience’s predictive capacities in a psychosis-like process.

⁷³ Ibid.

⁷⁴ Ibid. Image of the diagram can be found online on <<http://www.danrebellato.co.uk/sarah-kane-interview/>> [last accessed 24/01/2019].

⁷⁵ Ibid.

The stage as predictive mind

That an inability to predict the future is a feature of psychotic breakdown is not unique to Bollas's psychoanalytic observations; it is also an increasingly popular position in neuroscientific thinking. The prediction error minimization (PEM) framework for understanding cognition places prediction and its failures at the heart of all cognitive processes. As Jakob Hohwy summarises is, PEM is a theory that suggests 'that the brain is a sophisticated hypothesis-testing mechanism, which is constantly involved in minimizing the error of its predictions of the sensory input it receives from the world.'⁷⁶ This theory understands all cognitive processing as a balancing act between 'bottom-up' intake of perceptual information and 'top-down' prediction of what is expected to be perceived based on former perception. As Hohwy notes, this is a particularly broad way of conceptualising the activity of the brain/mind, as 'the mechanism is meant to explain perception and action and everything mental in between' and therefore suggests that 'prediction error minimization is all the brain ever does'.⁷⁷

From within this broad framework the hypothesis has emerged that the experience of positive psychotic symptoms (delusion and hallucination) is brought about through specific disruptions of the mind's predictive capacities. This hypothesis rests on a model of the brain which is hierarchical. It suggests that there is a low-level system which predicts and confirms prediction through perception. When perception errors occur, the error is referred up to a higher-level (more complex) system which figures out whether the abnormal perception should be discarded (i.e. that it is noise), or whether the body of knowledge on which the predictive capacity depends needs

⁷⁶ Jakob Hohwy, *The Predictive Mind* (Oxford: Oxford University Press, 2013), p.1.

⁷⁷ *Ibid.*, p.1 and p.7.

updating. Neuroscientists Paul Fletcher and Chris Frith suggest that delusions and hallucinations can be accounted for by the dysfunction of this system – specifically by disruption in the processing of prediction errors:

Persistence of the disruption up the hierarchy can mean that the attempts at the lower levels to explain the world will fail. Achieving a world model that is not continually being signalled as wrong will require more complex changes. [...] Ultimately, someone with schizophrenia will need to develop a set of beliefs that must account for a great deal of strange and sometimes contradictory data.⁷⁸

The suggestion here is that due to faults in the processing of prediction errors, changes need to be made at a higher, more conscious level of cognition which leads to the phenomena of delusion and hallucination.

Whilst this model for understanding psychosis may seem sterile when paired with Kane's plays, with its language of data inputs and hypothesis-testing, it has the advantage of bringing together cognitive mechanics with a phenomenology of hallucination. The study cited in the paragraph above attempts to posit PEM as a mechanism of transition, from one world view to another: 'If one imagines trying to make sense of a world that had become strange and inconsistent, pregnant with sinister meaning and messages, the sensible conclusion may well be that one is being deliberately deceived.'⁷⁹ This picture of the experience of psychosis, as one of constantly trying to map out and account for an incoherent world certainly resonates with experiences described by patients and practitioners working with schizophrenic patients, such as the predictive crisis described by Bollas above. Fletcher and Frith

⁷⁸ Paul Fletcher and Chris D. Frith, 'Perceiving is believing: A Bayesian approach to explaining the positive symptoms of schizophrenia', *Nature Reviews Neuroscience*, 10, 1 (2009), 48-58 (p.56).

⁷⁹ *Ibid.*

cite the experience of Peter Chadwick ‘a psychologist who wrote [...] about his experience of schizophrenic breakdown: “I had to make sense, any sense, out of all these uncanny coincidences. I did it by radically changing my conception of reality”’.⁸⁰ Despite its cognitive vocabulary, the PEM framework provides a useful structure for discussing the spatial and temporal scuppering experienced during the psychotic breakdowns of some people.

In *Cleansed*, Kane transforms the theatre into a site of erroneous prediction. This is achieved, as I have been arguing, not simply by creating a surreal theatrical landscape, but by repeatedly *soliciting* the potential audiences’ predictive capacities and then thwarting them. This creates a dramaturgy which is actively unpredictable, in which the voiding of predictive capacities (at a conscious level) is not represented but *done to* the audience. As such, a shift in the locus of the dramaturgy itself is performed. The theatre becomes a site of play or experiment, with audience and artwork meeting in an active encounter with each other. The artwork is no longer the passive object of the audience’s gaze, nor is it creating an entirely active, immersive world in which the audience is rendered passive. Instead, the audience and artwork might meet in the processes of soliciting and thwarting prediction, and the experience of psychosis-like psychic life is evoked at this meeting point.

One might of course express reservations about pairing understandings of psychosis which are neuroscientific with those derived from psychoanalysis, given that the cognitive neuroscience model would appear to leave little room for interior life, and for the unconscious in particular. This theoretical problem is addressed at length in the work of philosopher Catherine Malabou, who suggests that the impasse can be resolved through the concept of ‘cerebrality’, which would incorporate both the

⁸⁰ *Ibid.*

activity of the brain and the events of psychic life.⁸¹ Malabou suggests that the brain's capacity to regulate its own affects, 'auto-affectation', can be understood as the unconscious of the cerebral: '*cerebral auto-affectation is the unconscious of subjectivity*'.⁸² It is this ability of the brain to regulate its own affects, which according to Malabou allows a person to feel themselves as a subject, or as an other. A reorganisation of this process, due to accident, trauma, brain disease or schizophrenia, leads to an irrecoverable transformation of psychic life.⁸³ The disruption of 'auto-affectation' for Malabou is a '*point of no return*'.⁸⁴

Malabou can be usefully brought to bear on the PEM framework, although not without some problems. The concept of auto-affectation can find its correlate in the hypothetical prediction-testing mechanisms, which regulate pre-conscious perception in order not to overwhelm the conscious brain, whilst managing and evaluating the brain's relationship with its own contents. On the other hand, Malabou's understanding of psychotic experiences, both in terms of schizophrenia, and in brain diseases such as Alzheimer's, presumes a complete discontinuity with a previously existing subject, and as such a radical break between the subject of mental 'health' and the subject of illness.⁸⁵ Such a break is particularly problematic when applied, as Malabou suggests, to hallucinatory phenomena experienced by those with schizophrenia diagnoses, given the growing evidence for the role of psychic histories of trauma on the contents of hallucinations.⁸⁶ This difference is clearly relevant to

⁸¹ Catherine Malabou, *The New Wounded: From Neurosis to Brain Damage* (New York: Fordham University Press, 2012).

⁸² *Ibid.*, p.42, original emphasis.

⁸³ *Ibid.*, p.10 for Malabou's inclusion of schizophrenia in the category of the 'new wounded'.

⁸⁴ *Ibid.*, p.59.

⁸⁵ *Ibid.*, p.80.

⁸⁶ Lisa Blackman's work with the Hearing Voices Network has highlighted the roles of abuse and trauma in shaping the content of auditory hallucinations. See Lisa Blackman, 'The Challenges of New Biopsychosocialities: Hearing Voices, Trauma, Epigenetics and Mediated Perception', *The Sociological Review Monograph*, 64, 1 (2016), 256-273.

the applicability of either framework to Kane's works, given their entanglement of sexual violence, trauma and psychotic breakdown. The framework of the predictive mind on the other hand suggests a greater continuity between a person's psychic history and the generation of hallucinatory experience. Rather than being irreparably broken, this framework suggests that the mechanisms of cognition are *disrupted*; as a consequence the mind mines its own history (figured here as a bank of data) in order to create a new understanding of the world which fits with unpredicted perceptual information. Understood in this light, PEM might actually run parallel to the concept of psychic life, as it understands one's experience of oneself (as a subject) as constantly in the process of being constituted through an encounter between interiority and exterior life – which may indeed be disordered, violent or traumatic.

Rather than proposing either cerebrality or PEM as ontological certainties, I wish to identify the latter as useful in defining and tracing mechanisms for understanding both how the mind relates to itself and to its environment. The mechanisms of prediction which are proposed as existing inside the brain also exist and can be simulated in artificially created environments – such as the theatre.⁸⁷ By triangulating Kane's radically unpredictable dramaturgy, psychoanalytic understandings of psychosis as a disintegration of boundaries and narrative capacities, and the PEM model of psychosis as prediction error, we open up the possibility for a spatialised sharing of psychotic phenomena in a concrete way. Kane might be therefore be read as conducting an experiment into the extremity of theatre's ability to put people through curated alternative psychic states – states which are traditionally understood as 'closed off' or irrecoverable.

⁸⁷ Hohwy uses the example of binocular rivalry to demonstrate how the confusion of predictive capacities can be simulated in an artificial, experimental setting. Hohwy, p.20.

Opening up and closing off

The uniqueness of Kane's vision, especially at the time of her writing, is exemplified in her prioritising of epistemological uncertainty for her audience. Whilst the structure of *Cleansed* surrounds the audience in a series of scenes that thwart efforts to impose a historical structure on the work, the content of the scenes represents a collapse of interior, imaginary life and actuality. At the same time Kane's dramatic universe in *Cleansed* contains enough traces of the characters' individual narratives and histories to imply a reality outside of their interior lives. Grace and Graham may exist in an ahistorical moment onstage, in which Graham is both alive and dead, but Graham's desire does have a history:

[Graham] hesitates.

He kisses [Grace], slowly and gently at first, then harder and deeper.

Graham I used to... think about you and ...

I used to ... wish it was you when I ...

Used to ...⁸⁸

Graham's desire is both physically manifest here and contains its own history of prohibition and the realisation of past fantasy. Likewise Robin very much exists within a narrative of his own, in which he has a mother who he is not allowed to see due to a past misdemeanour, and who he longs to return to. The tragedy of Robin's character is that by learning to count he becomes aware of his own external reality, in which he is condemned to remain in the institution for thirty years, and consequently ends his own life. As mentioned above, this almost socio-realist

⁸⁸ *Cleansed*, p.120.

storyline is played out in parallel and overlapping with the stories of Rod and Carl, who have no external references at all, and Grace and Graham who seem to operate in a metonymic relationship with the stage in the style of surrealist theatre.

By not providing a moment of revelation explaining Graham's return from the dead as either psychosis, dream or imagination, Kane differs from her contemporaries dealing with a similar real/unreal boundary. Anthony Nielson's *The Wonderful World of Dissocia* (2004), Sarah Daniel's *Beside Herself* (1990) and Joseph Penhall's *Blue/Orange* (2000) are a few examples of Kane's contemporaries attempting, like Kane, to represent a mind for which the distinction between internal and external has broken down. In Nielson's and Penhall's plays, the resolution is found within the medical establishment, which finally provides a boundary between real and unreal, allowing one side of the patient's staged experience to be delegated to psychosis. These take place in different ways in each of the plays. *The Wonderful World of Dissocia* takes place within the psychotic world of 'Dissocia' in which Lisa has a surrealist adventure which is at once thrilling, confusing and terrifying. Slowly sounds of the 'outside' world, such as traffic, break in to the dissociated world represented onstage. The nature of 'dissocia' as unreal is clearly confirmed in act two in which the protagonist wakes up in a hospital bed on a psychiatric ward, having been sectioned during a psychotic episode.

In Penhall's *Blue/Orange* a similar moment of revelation takes place, although this time between the doctors who are debating the status of a patient who thinks oranges are blue, and believes that Ugandan dictator Idi Amin is his father. In an effort to clear bed space, psychiatric consultant Robert convinces himself and attempts to convince his colleague Bruce that there is reasonable doubt that the patient Christopher may in fact be the son of Idi Amin, and that designating this belief a

psychosis is racism. The turning point comes when the junior psychiatrist Bruce reveals that previously Christopher has believed himself to be the son of other internationally renowned figures, such as Muhammad Ali:

Robert Don't you think you're being a bit arbitrary?

Bruce What?

Robert Why should he put [a newspaper cutting about Idi Amin's wives and children] away?

Bruce Why?

[...]

Because he cut it out of *The Guardian* on Saturday. I watched him. Where do you think he got a pair of scissors from?

Pause.

Robert snatches the article from Christopher and examines it.

Robert So...?

Bruce Three weeks ago it was Muhammad Ali. He'd seen Muhammad Ali on the television winning 'Sports Personality of the Century' and put two and two together.⁸⁹

Having explored and represented a certain ambiguity as to the reality of the patient's beliefs through the conflict between Robert and Bruce, Penhall nevertheless confirms the psychotic, 'unreal' nature of Christopher's fantasy parentage to his audience. In differing ways therefore, both Penhall's and Nielson's plays reinstate the

⁸⁹ Joe Penhall, *Blue/Orange*, (London : Methuen Drama, 2000), III.97.

boundaries between what constitutes fact and psychotic fiction in their dramatic universes. In so doing they end up subordinating the confusing experience of psychosis to a medical discourse that closes off internal ‘fiction’ from external ‘fact’.

Evelyn in Daniels’ *Beside Herself* is more complex. *Beside Herself* tells the story of Evelyn, wife of an MP, who has been sexually abused as a child. Throughout the play Evelyn is followed by a woman called Eve, who is invisible to the other characters. It becomes clear that Eve is a split-off part of Evelyn, emerging to protect her from memories of abuse. The difference from Nielson’s and Penhall’s plays is that Evelyn is aware that Eve is unreal. When Evelyn finally confronts her abuser at the end of the play, Eve disappears, and Evelyn is effectively cured from the burden of supporting an ‘unreal’ psychic intrusion in her life. Whilst the play stages the experience of an individual that is split in the face of trauma by staging a figment of the protagonist’s mind, it does not produce a fundamental confusion as to what is within and what is outside of the mind for its potential audience. *Beside Herself* is useful to read alongside *Cleansed* because it reveals a clear formal difference between Kane and her contemporaries, and the extent to which this difference is articulated through the play’s (lack of) narrative. Were Grace to be the central character of *Cleansed* then the conclusion that the difficult and impossible occurrences of the play, including the appearance of Graham, are representations of Grace’s imagination or psychosis would be more plausible. But whilst Evelyn is clearly the protagonist of *Beside Herself*, the episodic nature of *Cleansed* makes it difficult to relegate the strangeness of the play to one mental disturbance for want of a single protagonist.

Like being in a dream

In her production of *Cleansed* for the National Theatre in Spring 2016 director Katie Mitchell introduced a staging and narrative structure for Kane's play which attempted to resolve the play's disorientating aesthetic. This production was the first major production of *Cleansed* in London since it debuted in 1998, and the first play of Kane's to be performed at the National Theatre. Mitchell's production represents an interpretation of *Cleansed*'s dramaturgy which runs counter to the argument presented so far in this chapter, as Mitchell set out to resolve the play's non-coherence and provide a meta-narrative for her production. In so doing Mitchell re-located the play in a world in which it is possible to reality-test the images onstage, suggesting a boundary between the real and the unreal which introduces a new division into Kane's dramatic universe.

As I have been arguing, in the play-text of *Cleansed* Kane blurs the boundary between the real – the external and empirically verifiable – and the imaginary – that which takes place only within the mind, be it psychotic figment, dream or imagination. The most obvious way in which this blurring is manifest in *Cleansed* is through the character of Graham who, like Ian in *Blasted*, returns from the dead with enough physicality as to trouble the interpretation that he is ghost or imagination. Whilst Graham seems only to be seen by Grace and Tinker, he nevertheless physically interacts with the stage, characters and soundscape, and causes no surprise through his appearance. In *Blasted* Ian wakes from death only to find everything is the same except that it is now raining, a final irony which extends the ruthlessly ironic treatment he receives at the hands of the play. Graham's return is related to the arrival of his sister Grace but also carries the implication that he has never left the institution in which he was killed. For Grace, Graham is alive enough to love, make love and protect her from bullets. In other words Graham is *as real* as the tortures

which are inflicted upon Grace in the university and the environment which makes up the rest of the play. In her production for the National Theatre Mitchell set out to separate the real and 'unreal' elements of Kane's play through her directorial choices, thus modifying the play's disorientating affect.

Mitchell attempted to resolve this central ambiguity by shutting off the open dramaturgy suggested in Kane's playtext. Speaking in conversation with Matt Trueman at the National Theatre, Mitchell identified a major adaptation that she had made to Kane's dramaturgy by having the character of Grace remain onstage throughout the play. This adaptation was made, according to Mitchell, in order to render the play more 'coherent' to the audience.⁹⁰ With the aim of coherence, Mitchell decided that the action 'was the dream of one of the characters and that was Grace'.⁹¹ For Mitchell this decision allowed a unity of genre in which to situate the play which better allowed her to direct it. She used 'the genre of surrealism as opposed to naturalism' in which 'characters can be happily inside this dreamscape'.⁹² Within this decision regarding genre, Mitchell further imposed a criteria for the action itself to be as naturalistic as possible. With regards to the sexual and violent events taking place onstage, these were to be done with cinematic accuracy: 'it's just how I understand the material when I read it, like a piece of literature, I see it like a film.'⁹³ Overall Mitchell remarked that the framework she had given her actors to work with was that of an exceptionally realistic and vivid nightmare, with Grace at its centre.

⁹⁰ Katie Mitchell 'Katie Mitchell Platform', public interview with Katie Mitchell, National Theatre, London, 2 March 2016.

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

By placing Grace at the centre of her production of *Cleansed* and insisting on the dreamscape as its cohering element, Mitchell set out to eliminate the disorientating changeability of the playtext. For Mitchell as a director, consistency to an ongoing genre is essential: ‘genre is very important to me. Once I decide it is surrealism every single thing has to follow the rules of surrealism.’⁹⁴ Mitchell’s own understanding of what surrealism means in terms of directing is set out in her book *The Director’s Craft*:

It is like being in a dream. Strange things happen but people might not comment on them as they would in real life.

You pursue the things you want with intensity.

You are often misunderstood by the people you are talking to.

Objects may take on a significance out of proportion with their import.

The physical laws of the universe may be subject to alteration.⁹⁵

Mitchell insists several times throughout *The Director’s Craft* as she did in conversation with Mat Truman that the surrealist logic is essentially the logic of the dream. Whilst the surrealist logic does allow for a certain amount of confusion to take place onstage, ‘where the banal and the fantastical can co-exist in the same space unchallenged’, Mitchell’s approach to style nevertheless alters the audience’s perspective, requiring them to adopt a single stylistic view point: ‘style and genre define the world that the audience see and the way in which the characters interact in

⁹⁴ Ibid.

⁹⁵ Katie Mitchell, *The Director’s Craft*, (London: Taylor and Francis, 2008) p.51.

that world.⁹⁶ For Mitchell then, a play which she has chosen to direct in the style of surrealism will portray a dreamscape.

By interpreting the play as a dream and introducing new elements to emphasise this interpretation to her audience, Mitchell introduced a reality-testing function which is absent in the playtext of *Cleansed*. When Graham comes back from the dead in Mitchell's version of *Cleansed*, unlike in the playtext, he is accompanied by a funeral procession which slowly walk back and forth across the stage carrying umbrellas, implying the intrusion of Grace's memory of her brother's funeral onto the dream. At the end of scene eleven in the play-text Graham shields Grace's body from a very physical attack of gunfire.

The wall is being shot to pieces and is splattered with blood.

After several minutes the gunfire stops.

Graham uncovers Grace's face and looks at her. She open's her eyes and looks at him.

Graham No one. Nothing. Never.

Out of the ground grow daffodils.

They burst upwards their yellow covering the entire stage.⁹⁷

Whilst this took place in Mitchell's production, she added a funeral procession which crossed the stage and left behind an urn. Graham opened the urn with Grace, and poured his own ashes through her fingers. The symbolism of the urn in this moment was obvious: Graham is truly dead, he is affirming his status as dead to Grace through her imagination by showing her the content of his own urn.

⁹⁶Katie Mitchell, *Director's Craft*, p.50.

⁹⁷ *Cleansed*, p.133.

It also introduces a strong implicit connection between Grace's loss of Graham and the gunfire. The production contained an impressive, continuous soundscape, combining the sirens and music with sounds of a war taking place on the outside of the building, created by sound designer Melanie Wilson. The penetration of the sound of gunfire into the set with the slow-motion opening and pouring out of Graham's ashes onto Grace created a link between the two, implying that the destruction taking place beyond the building and throughout the dream-world emanated out from Grace's primary loss. At moments of particular distress or confusion for Grace in this production, the characters moved in slow motion, or the funeral procession walked backwards. The procession was carried out by suited individuals in balaclavas – the same individuals who seem to be running the facility. The occasional metonymic relationship between Grace and the stage which takes place in some of the scenes in the play-text, such as when flowers grow in response to her happiness, was used by Mitchell to become the overall structuring principle, in order to 'define the world which the audience see'.⁹⁸ The entire play was staged as Grace's nightmare journey through imaginary tortures, occasioned by her grief at the loss of Graham.

Whilst I would not want to suggest that any interpretation of Kane's play which diverges from the text is invalid, Mitchell's decision to place Grace at the centre of the work in this production was problematic because it subordinated the rest of the play to Grace's vision and distress. Grace in this version is a lot more like Daniel's Evelyn in *Beside Herself*, or like *Blasted*'s Cate whose mental trauma effects what appears onstage and destroys the rules of naturalism. This decision might also reflect a changed political and social mental health climate, as Mitchell staged *Cleansed*

⁹⁸ Katie Mitchell, *Director's Craft*, p.50.

eighteen years after it was written. As I shall argue in the following chapter, this forms a more rigidly neo-liberal discursive landscape in which to discuss psychic pain than the period of flux in which Kane was writing, which I addressed in chapter 1. Placed alongside contemporary works such as Alice Birch's *Anatomy of a Suicide*, which Mitchell directed in 2017, the 2016 production of *Cleansed* perhaps reveals an interest in aetiology that is particularly potent today. Birch and Mitchell's production reflected Mitchell's *Cleansed* aesthetically and reinforced a preoccupation with staging the causes of psychic suffering. Whilst Mitchell's reworking of Kane suggested a single trauma to be at the centre of a dreamlike breakdown, *Anatomy of a Suicide* stages a story of genetically transmitted suicidality. Both productions clearly offered a direct cause of their characters' suffering to the audience, despite the unusualness of both playtexts.

In interview at the National Theatre, Mitchell explained her approach to *Cleansed* was to work with the play as though she were staging an unfinished text, using her skills as a director to mould the scenes in an actual play. Reflecting on her general preference to stage adaptations of novels or non-theatrical forms, she compared directing *Cleansed* to an adaptation, pulling together and re-working non-dramatic fragments into a coherent whole: 'It's not really a play [...I'm] not sure I can do plays anymore [...] It's just fragments that have to be ordered and resist cohering.'⁹⁹ This approach, which has been much commented upon in regard to Mitchell's theatre practice as a whole, subordinates the text of the play to the vision of the director leaving it to Mitchell to create out of supposedly incomplete source

⁹⁹ Katie Mitchell, 'Platform'.

material.¹⁰⁰ In this way it differs radically from the directing philosophy of James Macdonald, who directed the first production of *Cleansed* and with whom Kane had previously worked on *Blasted*. For Macdonald, the director's role is to be invisible: 'I don't have anything I need to express about myself. My job is to enable other people to express themselves.'¹⁰¹ It also shuts off the openness of the play's dramaturgy, so that the nightmarish content no longer takes place somewhere between the audience and the stage, but is held in an objectifiable stage-space, mediated by a single character. The play becomes about telling a story, rather than sharing a state of heightened, disorienting drama.

I highlight these differences to suggest that the National Theatre production of *Cleansed* was in a sense born of two opposing projects. On the one hand Kane's play-text contains a uniquely un-cohering vision, in which the audience is challenged to remain in a liminal space in which knowledge of the boundaries between the interior and the actual is suspended. On the other Mitchell's directorial project was to erect a coherent 'whole' out of the work, and move from accumulation towards narrative. A simple example of this intervention may be that at the end of Mitchell's version of the production, Tinker kills the woman he loves and shoots himself. The play-text leaves our final image of Tinker alive, suggesting that the play's call and response is not complete and that further cruelties and transformations in the institution could be perpetrated. Killing Tinker off itself raises interesting questions. Does he feel guilty? Is he as affected by the despair of the institution as his victims? Has he performed these acts under duress? Is the 'love' he feels for the woman

¹⁰⁰ For Katie Mitchell's *auteur* status see for example Dan Rebellato's essay 'Katie Mitchell, Learning from Europe', in *Contemporary European Theatre Directors*, ed. by Maria M. Delgado, Dan Rebellato (Abingdon: Routledge, 2010), pp.317-38.

¹⁰¹ James Macdonald interview with Matt Trueman, 'I'm drawn to plays I don't know how to do', *Independent*, 19 January 2016, available via the British Newspaper Archive.

simply too much to cope with? These questions arise at the end of Mitchell's production, but they are only able to arise because Tinker is dead. The story is closed and by being closed it has realised itself *as a narrative*. In this way Mitchell partially removed the disorientation that I have been arguing is key to Kane's work. The result was a production that was at times painful to watch, and at times numbing, and which several viewers and reviewers ultimately found boring.¹⁰² The accumulation of acts was deprived of its ability to disorient, and therefore felt like a repetitive and uninteresting narrative.

A play about love

The suggestion that *Cleansed*, *Crave* and *4.48 Psychosis* all form part of a project to dramaturgically open up psychotic subjectivity both specifies and complicates a trope of Kane criticism: that her works are ultimately about love. The trope, for example, largely characterised the press reception to Mitchell's production. Widely interpreting the play as a representation of Grace's entrance into an institution which tests her love for her brother, newspaper articles on Mitchell's production of *Cleansed* demonstrate that the role of love in the production itself is unclear. On the one hand Sarah Hemming and Jess Denham saw love as the durable foil to violence:

The search for love haunts Kane's work. *Cleansed* tests love to extremes, probing at what it can endure.¹⁰³

The play is set on a university campus that has become an interrogation centre where a man brutally tortures characters to test the durability of love.¹⁰⁴

¹⁰² See for example, Susanna Clapp, 'Cleansed review – the first cut was the deepest', *Observer*, 28 February 2016, available via the British Newspaper Archive.

¹⁰³ Sarah Hemming, *Financial Times*, 13 February 2016, available via the British Newspaper Archive.

Michael Billington and Holly Williams on the other interpreted love as itself torturous, forcing the characters to persist through the cruelty:

While the play is not without residual optimism, it dubiously implies that love is only truly manifested when associated with extreme pain and suffering.¹⁰⁵

Cleansed seems to suggest that love is the most powerful weapon of torture that there is.¹⁰⁶

Mitchell's claim on Radio Four's *Front Row* that the play 'is not about violence, it's about love' clearly provided a guiding point for these reviewers and is often quoted in press cuttings related to the production.¹⁰⁷

This claim comes from Kane herself who decided it would be the defining line on the play during an interview with James Christopher in *The Observer* in 1997:

“It's a completely different play [to *Blasted*] in every way. The trilogy will eventually amount to three responses to war.” [Says Kane.]

She is suddenly struck by a thought from which the interview never quite recovers. “I've changed my mind what the trilogy is about just in that second. They are not about war at all but about faith, hope and love in the context of war” says Kane wonderingly. “*Blasted* is about hope. *Cleansed* is about love.

¹⁰⁴ Jess Denham, *Independent*, 24 February 2016, available via the British Newspaper Archive.

¹⁰⁵ Michael Billington, *Guardian*, 14 February 2016, available via the British Newspaper Archive.

¹⁰⁶ Holly Williams, *I*, 25 February 2016, available via the British Newspaper Archive.

¹⁰⁷ *Front Row*, BBC Radio 4, 2 February 2016, 7:15pm, <<http://www.bbc.co.uk/programmes/b071fyq9>> [accessed 20 April 2016].

Scrap that bit before the war. It's suddenly become clear to me. After three years. How amazing.”¹⁰⁸

The trope that the play is ‘about love’ has been repeated throughout critical and journalistic material since this interview, with little attention to the kind of self-fashioning Kane may well have been engaged in when suddenly changing her mind mid-interview. Perhaps due to the circumstances of her death and the limited availability of interview material available, Kane sound-bites tend to be treated as gospel by academics and reviewers alike. *In what way Cleansed* might be ‘about love’, and *what kind of love* it may be about are not addressed.

To interpret the play as thematising a generic, Hollywood-style version of love as salvation, in which every ‘I love you’ is regarded as both ‘true’ and a sign of ethical redemption is patently unconvincing. Susanna Clapp noted that Mitchell's production made this binary more pronounced and dully unconvincing due to the realistic interpretation of stage directions:

Its morals stuck out a mile. Its targets were too obvious: torture bad, love good. [...] In 1998 it had the particular interest of presenting itself in a new form: installation theatre. [...] [T]he lexicon which Mitchell draws on is so familiar. So much of it seems to have come out of a toolkit of theatrical despair.¹⁰⁹

These reviews suggest that the production did not leave room to examine what love actually consists of for Kane, and what risks it involves. Clapp’s review also refers to the altered spatial logic of the play in Mitchell’s production. Whereas the 1998

¹⁰⁸ James Christopher, 'Her first play was about defecation, cannibalism, and fellatio. The new one's about love', *Observer*, 2 November 1997, available via the British Newspaper Archive.

¹⁰⁹ Clapp, 2016.

production had the budget to create a dynamic hydraulic set that represented the various rooms of the university with striking artistry and allowed the audience the impression of looking through various perspectives, Mitchell's budget at the Dorfman theatre did not allow for this.¹¹⁰ Mitchell and her team resolved this by choosing to stage the entire play in a single site, which looked like a concrete bunker. In this oppressive space, Grace's love seemed doomed to fail, and the (arguably impossible) malleability and variability of the space in the playtext was not expressed. The 2016 production of *Cleansed* was understood by newspaper critics as the presentation of a militarised site containing a straightforward choice between love exemplified by Grace, and violence exemplified by Tinker, an interpretation which seriously limits the scope of the play.

The extreme kind of love that Kane presents in the play may be a reference, deliberate or unwitting, to the obsessions of psychosis. As I mentioned above, the play is clearly routed in a relation to the real psychiatric establishments in the outside world, through its dedication to the patients of ES3 and the pseudo-medical actions of Tinker. During the rehearsals for the first production Kane took Daniel Evans, who played Robin, on a research trip to the ward in the Maudesley hospital where she herself had stayed.¹¹¹ In rehearsal for this production, Kane also identified Robin as 'a schizophrenic', revealing a direct thematic link between a character in the play and its possibly-psychotic form.¹¹² The medical link in *Cleansed* therefore sits across both thematic and intellectual concerns with a diagnosis, and Kane's lived experience of being a patient. Reflecting on this visit and a further one made after

¹¹⁰ Records in the Royal Court Theatre Archive show that the set of the 1998 production exceeded the budget for any London West End theatre production that preceded it. See Katie Mitchell, 'Platform' for the set restrictions resulting from the 2016 production budget.

¹¹¹ Saunders, *Love Me*, p.172.

¹¹² *Ibid.*, p.169.

Kane's death, during the rehearsals for *4.48 Psychosis*, Evans reflected 'going to the Maudesley for me showed and justified absolutely the anger that flows through *4.48 Psychosis*, against the way the medical profession treats people who fall ill.'¹¹³ The theme of incarceration in the play, which is most poignantly expressed through Robin's narrative and suicide, is therefore tied up with the kind of rebellion against medical authority that is so pronounced in *4.48 Psychosis*. Likewise, the potentially lethal pain of unrequited love in *Cleansed* is inseparable from the thread of concerns with pathological psychic suffering which runs throughout her oeuvre.

Understanding the 'love' thematised in *Cleansed* as linked to psychotic suffering nuances the claims Kane herself made about the play's relationship to obsession. Kane claimed that inspiration for the play came from reading Roland Barthes' *The Lovers Discourse* in which he compares 'the situation of the love-sick subject to that of an inmate of Dachau'.¹¹⁴ On reading it, Kane commented:

When I first read that I was appalled he could make that connection, but I couldn't stop thinking about it. And I gradually realized that Barthes is right: it is all about loss of self. When you love obsessively, you lose your sense of self. And if you lose the object of your love, you have no resources to fall back on. It can completely destroy you.¹¹⁵

As with the interview above, this statement has largely been taken as an unproblematic given by critics of Kane's work, as if to compare love with the experience of being a Holocaust victim is not highly polemical. Indeed, David Nathan's 1998 review of *Cleansed* in the *Jewish Chronicle* seems to be the only

¹¹³ *Ibid.*, p.172.

¹¹⁴ Barthes, p.49.

¹¹⁵ Sierz, *In-Yer-Face Theatre: British Drama Today*, (London: Faber and Faber, 2000), p.116.

critical voice to have found issue with this connection.¹¹⁶ That falling in love involves a loss of selfhood so radical, humiliating and violent that it can be equated with the experience of a concentration camp is clearly not the case for all love stories, or even all love stories staged by Kane. Ian's love for Cate in *Blasted* is based on dominance, and a reaffirmation of his own masculine power over her. Ian's identity is bolstered in scene one of *Blasted* by Cate's passivity and his fantasy that her forced acquiescence is a sign that this love is requited.

However there is one kind of love that involves a radical and life-threatening loss of self, and that is the love experienced in the form of psychotic empathy. Christopher Bollas describes the radical empathy that can be felt in the experience of psychosis as deeply threatening to the boundaries of the psychotic person's sense of self:

Because of [a psychotic person's] skill in projecting himself into objects, of hiding his mind, he is at risk when it comes to relationships with other people. If the other for whom they feel affection comes to harm, either through a breakdown or by suffering some physical injury, the schizophrenic can have become so identified with the person that this becomes his own suffering [...] the inability to cure the other of the state they are in, and the fact that he is fated by identification to *be* the other, ties him to an indeterminate vector that mirrors his own history of being fated by external factors.¹¹⁷

The experience of psychotic empathy is, according to Bollas, based on a loss of affective boundaries between interior and exterior life - a total breakdown in the ability distinguish between self and beloved other. The ability to recognise pain in

¹¹⁶ David Nathan, *Jewish Chronicle*, 15 May 1998, in *Theatre Record*, 18, 9 (1998), 568.

¹¹⁷ Bollas, *When the Sun Bursts*, p.139.

others is replaced by an actual experience of that pain, making any form of empathetic or affectionate relationship for the psychotic individual a risk of losing the sense of self.

This obsessive love which is experienced as radical and dangerous identification finds its way into the dramaturgy of *Cleansed*, through the blurring of boundaries in the incestuous relationship between Grace and Graham. Throughout the play, Grace and Graham's relationship involves a merging of bodies, from making love and dancing identically on the one hand, to Grace's transformation into 'Graham' on the other. In scene eleven Graham's body absorbs Grace's wounds

***Graham** presses his hands onto **Grace** and her clothes turn red where he touches, blood seeping through.*

Simultaneously, his own body begins to bleed in the same places.¹¹⁸

In the following scene Grace's identification with Graham's body is so complete that it is interpreted as threatening and pathological by Tinker and the voices, who attempt to '(b)urn it out' using a crude form of electroconvulsive therapy:

Grace My balls hurt.

Tinker You're a woman.

Voices Lunatic Grace.

[...]

Tinker Can make you better.

[...]

¹¹⁸ *Cleansed*, p.132.

Voices Frazzle it out.¹¹⁹

Grace and Graham's relationship does indeed stage a love so extreme that it involves a 'loss of self' and at the same time a loss of boundaries between the bodies on stage. This is compounded by Graham's dead-and-alive status discussed above, as the audience may or may not understand him to exist 'inside' Grace's psychic life. A thematic collapse of the couple's identities is enacted via this confusion, and the constant images of doubling which appear on stage.

Conclusion

I have argued in this chapter that the dramaturgy that Kane calls for in the playtext of *Cleansed*, and which she and Macdonald achieved in the first production, is one that pushes the play out into the shared psychic site of the theatre itself. The refusal to resolve apparently contradictory modes of narratives, formal logics and theatrical styles in *Cleansed* makes for an experience which Turner and Behrndt identify as one of 'complete undecideability, while the possibility of interplay and exchange is as much a source of terror as it is a source of energy or solace'.¹²⁰ Turner and Behrndt have argued in relation to *4.48 Psychosis* and *Crave* that 'the openness of Kane's dramaturgy means that these plays – more than most – are only completed by the decisions made in the performance-making process.'¹²¹ Given the literal impossibility of many of Kane's stage directions in her first three plays, it is evident that in order to transition from playtext to production a number of production decisions must be made which alter the theatrical work itself.

¹¹⁹ *Cleansed*, XII.134-5.

¹²⁰ Turner, Cathy and Synne K. Behrndt, *Dramaturgy and Performance* (Basingstoke: Palgrave Macmillan, 2008), p.29.

¹²¹ *Ibid.*, p.30.

Nevertheless to understand this process as ‘complet[ing]’, and resolving the ‘openness’ of the works – as Turner and Behrndt do and as Mitchell stated she did above – imposes a notion of final signification and reduction which Kane herself was highly resistant to.¹²² Evans describes how Kane insisted that each line, action and image in the playtext was open to several meanings, and that this multiplicity of meanings was to be (impossibly) preserved:

I remember distinctly the day we were discussing something, and it was to do with Stuart McQuarrie who was playing Tinker. There’s one word – just ‘no’. We went around and discovered five different possible meanings for it, so we turned to the playwright and said, ‘which one?’ And she said, ‘all of them, play them all’. Which of course is impossible, but you just leave it open.¹²³

In linking this irresolution to mental pathology through a comparison with the processes of psychotic thinking, I do not intend to introduce a theoretical structure with which to ‘close’ this openness. Rather I wish to suggest that in *Cleansed* irresolution is a valid mental experience itself, and not a sign of unfinished business. The challenge to maintain this painful irresolution is issued not least to anyone attempting to stage the play, as theatre-makers must grapple with the physical impossibilities of the playtext as well the narrative, story-telling challenges that the dramaturgy poses.

This very irresolution in *Cleansed*, which is sustained throughout Kane’s later works, might also be read as issuing a wider challenge to the reductive conceptions of mental life encountered both in the medical discourses discussed in chapter one,

¹²² Ibid.

¹²³ Saunders, *Love Me*, p.169.

and in today's neo-liberal society more largely. That an experience may be heavily imbued with 'unreal' content, highly painful, unresolved and yet still 'true' is in itself a radical claim. In the following chapter, I will examine how this irresolution might be seen as containing ethical and political challenges to twenty-first century neoliberal culture, through its insistence on the validity of a non-cohering, often non-functional subjectivity. I will also examine how the unresolved, possibly-psychotic nature of these plays has been harnessed by particular productions and narratives in order to make more specific political statements. Whilst Kane's dramaturgy may be variously 'completed' by different theatrical productions, the irresolution of the playtext nevertheless leaves it open to constant reinterpretation, and its visions of supposedly pathological mental states still has the potential to disturb assumptions about contemporary subjectivity over two decades after her death.

Chapter 4

4.48 *Psychosis*: The Mind as Site

When we try to build a bridge between the schizophrenic and ourselves, it is often with the idea of leading him back to reality – our own – and to our own norm. He feels it and naturally turns away from this intrusion.

Marguerite Sechehaye¹

Introduction

The relationship between the openness of the form of *4.48 Psychosis*; the play's claim to 'experientially' represented psychotic, suicidal depression; and Kane's own suicide make it a particularly difficult play to write about in relation to mental pathology. The idea that the play has something to say about the experience of psychotic depression itself, with its obvious corollary that this knowledge comes *in some way* from the author's experience, leans close to the claim that *4.48 Psychosis* is an account of Kane's own mental suffering and is thus 'nothing but' a '75-minute suicide note'.² The dilemma of where to place Kane's death in relation to her work haunts approaches to this play, as the play both very clearly is and is not a representation of her suicidal state. As her agent Mel Kenyon suggested at the time of the first production, the play provokes a profound ambivalence in relation to Kane's suicide: 'I pretend that [*4:48 Psychosis*] isn't a suicide note but it is. It is both a suicide note and something much greater than that.'³ Both Kenyon and director James Macdonald, who directed the play's posthumous debut, note the intertwining

¹ *A New Psychotherapy in Schizophrenia* (New York, Grune & Stratton, 1956), p.38.

² Michael Billington, 'How do you judge a 75-minute suicide note?', *Guardian*, 30 June 2000, p.5.

³ Quoted Ken Urban, 'An Ethics of Catastrophe: The Theatre of Sarah Kane', *PAJ*, 23, 3 (2001), 36-46 (p.44).

of Kane's personal experience and theatrical innovation in a way that has been treated with wariness by critics. James Macdonald reflects simply, 'I think she set out to described her 'illness' experientially – to find a theatrical form which would mirror this experience.'⁴ This comment reflects the argument I have been making throughout this thesis, that Kane's works all, to some extent, involve their audiences into a version of interior life. Reactions to this dilemma regarding *4.48 Psychosis* from journalists, theatre-makers and critics have tended to produce readings of the play which fall along one of two axes: either the play is emphatically *not* about Kane's experience (and is instead about the breakdown of form/ the demise of humanism/ the death of God etc), or the play *is* about Kane's final days and as such is a 'positively heroic' communication from the other side (or in the case of a few commentators, simply transcribed symptom).⁵

Responses to the work on both sides of the biographical dispute participate in what Leo Bersani identifies as 'the culture of redemption'. This is a

critical assumption [...] that a certain type of repetition of experience in art *repairs inherently damaged or valueless experience*. Experience may be overwhelming, practically impossible to absorb, but it is assumed [...] that the work of art has the authority to master the presumed raw material of experience in a manner that uniquely gives value to, perhaps even redeems, that material.⁶

⁴ Graham Saunders, *Love Me or Kill Me: Sarah Kane and the Theatre of Extremes* (Manchester: Manchester University Press, 2002), p.124.

⁵ David Greig, 'Introduction', in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.ix-xviii (p.xvii). For a reading of Kane's works as symptom see Femi Oyebode, *Madness at the Theatre* (London: The Royal Institute of Psychiatry, 2012).

⁶ Leo Bersani, *The Culture of Redemption* (Cambridge, MA: Harvard University Press, 1990), p.1, emphasis added.

This approach is clearly visible in commentaries such as those by Edward Bond and David Greig which raise Kane to a prophet-like status. Greig comments that:

4.48 Psychosis is a report from a region of the mind that most of us hope never to visit but from which many people cannot escape. Those trapped there are normally rendered voiceless by their condition. That the play was written whilst suffering from depression, was an act of generosity from the author. That the play is artistically successful is positively heroic.⁷

In his elegiac afterward to Graham Saunders' book, Bond takes these claims a step further. Here he frames Kane's suicide and her theatre as a prophetic indictment of the ills of the twentieth century:

The confrontation with the implacable created [Sarah Kane's] plays. Did she – the dramatist in her – know she might not be able to go on confronting it in her plays? Our economy and theatre are against it. [...] If she thought perhaps the confrontation could not take place in our theatre, because it is losing the understanding and the means – she could not risk waiting. Instead she staged it elsewhere. Her means to confront the implacable are death, a lavatory, and shoelaces.⁸

Highly reminiscent of Artaud's 1947 essay 'Van Gogh, the Man Suicided by Society', Bond's elision of Kane's death and her art is at once grandiose, crude and extreme. However it also reveals, by virtue of its extremity, a tendency which runs through much Kane criticism. For both Greig and Bond, the suffering in the work is redeemed by virtue of its communication, an act that transforms it into form of

⁷ Greig, 'Introduction' in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.ix-xviii (p.xvii).

⁸ Saunders, *Love Me*, p.191.

generous sharing. This response is perhaps the most straightforward when it comes to addressing the fundamental question which confronts us when reading or viewing *4.48 Psychosis*: what to do with Kane's suffering, and what to do with the suffering the play presents us with? Bond and Greig respond to this suffering directly by redeeming it, which at least allows it to remain central to the play's concerns.

However, this redemption can also function as a critical blindness to the staging of certain forms of pain. In a play so imbued with expressions of pain, and so unwilling to provide its audience formal guidance as to how this suffering ought to be interpreted, it is perhaps unsurprising that many critical approaches have sought to eliminate it completely from their critical framework. Analyses by Antje Deidrich and Ian Marsh have focussed eloquently on the intertextual use of medical texts in the play arguing that *4.48 Psychosis* functions as a discursive critique of diagnostic psychiatry. I have already drawn briefly on these analyses in Chapter 1 and will return to them below. Both analyses valuably situate Kane's work in the context of a changing mental health landscape in the UK, and suggest the authorial position as one of detached, informed critique. In doing so they follow Graham Saunders' argument that the play finds its structure and meaning 'through the division of the play into a series of *discourses*'.⁹ The idea that one might be able to both be an informed observer and suffer seems to be absent from their argument. Here as elsewhere is the sense that in order to confer value onto the artwork, one must distance it from the pain it represented.

Other works have sought to address the suffering expressed in *4.48 Psychosis* as responding to ontological crises. Sean Carney, Erhen Fordyce and Juliet Waddington highlight that the disintegration of this mind responds to a wider crisis as to the

⁹ Saunders, *Love Me*, p.112.

nature of the subject. Carney identifies this crisis as the universalising of a search for metaphysical love, in a Godless dramatic universe; Waddington as a conflict between humanist and Cartesian experiences of subjectivity; and Fordyce as a conflict between the imperative to re-present the violence of the world and violence identified in the authorial position itself.¹⁰ Whilst Waddington does state that the disintegration of the subject of *4.48 Psychosis* ‘resembles psychosis’, these criticisms nonetheless all shy away from addressing the psychotic nature of the subject(s) at the centre of the play. Like discourse, ontology becomes a means of separating the work, and specifically its author, from the muddy waters of personal suffering. The work is placed seemingly outside of (we might say ‘above’) biographical concerns, and gains validity through its relationship to philosophy.

Redemptive readings therefore promote a critical hierarchy, in which the representation of mental suffering, if acknowledged at all, is subordinate to the play’s ‘intellectual’ interventions, into medical discourses, philosophy or aesthetics. As I have suggested throughout this thesis, Kane’s works become increasingly characterised by dramaturgical indeterminacy. Several critics have written about this indeterminacy in relation to the aesthetics of *4.48 Psychosis*. David Barnett, Ken Urban, Eckhart Voigts-Virchow, and Mathew Roberts all view the play as eschewing the representative function of dramatic theatre in favour of either non-representative textual collage (Urban) or post-dramatic, non-mimetic ‘presentation’ (Barnett and Roberts).¹¹ Focussing on the play’s textual indeterminacy from a different

¹⁰ Sean Carney, *The Politics of Contemporary English Tragedy* (Toronto: University of Toronto Press, 2013); Juliet Waddington, ‘Post-Humanist Identities in Sarah Kane’ in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.139-148; Ehren Fordyce, ‘The Voice of Kane’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.103-114.

¹¹ David Barnett, David, ‘When Is A Play Not Drama? Two Examples Of Post-Dramatic Theatre’, *New Theatre Quarterly*, 24 (2008), 14-23; Eckhart Voigts-Virchow, “‘We are anathema” – Sarah Kane’s

perspective, Christina Delgado-Garcia has argued that in *Crave* and *4.48 Psychosis* Kane moves from having staged a critique of liberal-humanist subjects to eschewing the staging of subjects altogether.¹² However, as approaches which read the play *purely* in terms of aesthetic innovation they also clearly participate in this kind of supposed elevation. These approaches share a conviction first that the play's success lies in its non-representational textual indeterminacy, and second that this indeterminacy (and therefore the play's innovativeness and power) is undermined in the conditions of performance, in which it must necessarily become embodied (Delgado-Garcia) and risks being transformed into 'drama' (Barnett). For this strain of criticism, *4.48 Psychosis* is a work which *uses* the challenge of representing pain for aesthetic/philosophical ends, (barely) thematising suffering on the pathway to artistic innovation. Despite their variety, these criticisms all participate in the kind of redemptive practice which Bersani identifies, whereby the artwork is seen as *repairing* valueless experience (painful, psychotic) through its repetition in a higher register. Such criticism 'erases, repeats and redeems' the 'damaged' experience at the centre of *4.48 Psychosis* precisely by declining to address the nature of this experience itself – that is to say its painful content and its materiality.¹³

Restoring the question of representing mental pain to the centre of a reading of Kane's works allows for the articulation of the demands Kane's dramaturgy makes on its audience; and addresses the consequences of her radical conflation of theatrical and psychic space. The suggestion that Kane's play might 'just' be a

plays as postdramatic theatre versus the 'dreary and repugnant tale of sense', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.195-208; Mathew Roberts, 'Vanishing Acts: Sarah Kane's Texts for Performance and Post-Dramatic Theatre', *Modern Drama*, 58 (2015), 94-110, and Urban.

¹² Cristina Delgado-Garcia, 'Subversion, Refusal, and Contingency: The Transgression of Liberal-Humanist Subjectivity in Sarah Kane's *Cleansed*, *Crave*, and *4.48 Psychosis*', *Modern Drama*, 55 (2012), 230-250.

¹³ Bersani, *Culture of Redemption*, p.11.

representation of psychotic and suicidal suffering, valid, informed, somehow linked to 'life', and artistically proficient should not be critically intolerable. *4.48 Psychosis* presents a form of suffering that does not seek to be redeemed from the outside, but rather invites its audience to participate in its material presence. This is not to say that the subject(s) of *4.48 Psychosis* do not want to be cured or released from suffering, or that the play is an anti-psychiatric glorification of psychosis. Rather it suggests that *4.48 Psychosis* aims at creating new formal potentials for understanding the experience of psychosis, in a manner that is not uniquely orientated towards cure. I propose that Kane's theatre offers her audience an unredemptive mode of sharing, orientated towards coexistence rather than cure, with a history and with a consistently fraught relationship with 'life'. These relationships remain deliberately open: to paraphrase Bersani we never know if the play voices Kane's suffering, the speaker(s) suffering or abstracted suffering derived from ideals by the speaker(s). The following analysis of Kane's dramaturgy does not aim to close any of these down, but to explore what kind of alternative mode of engagement with mental pain we might find in Kane's work, through the articulation of a form of knowing rooted in the materiality of theatre.

This chapter suggests that Kane's final two works push the relationship between theatrical site and psychic life to its limits, a relationship that she had been troubling since she turned from writing monologues to creating the 'experiential form' of *Blasted*. As I discussed in chapter 2 above, western philosophy and theatre criticism have long maintained some level of equivalence between theatre, or specifically drama, and the representation of some form of mental experience. Freud most famously used *Oedipus Rex* as the prototypical structure for his mapping of the human psyche, using not just the representation of a hero, but of a dramatically

generated structure of relations and site (a dramaturgy, perhaps). Freud's Oedipal subject is not simply analogous to King Oedipus but is constituted by the set of theatrical relations described in Sophocles' tragedy. Kane literalises this relationship in *Crave* and *4.48 Psychosis* attempting not only to convey a sense of certain affects generated by mental pain, but to actually represent the experience of mental suffering for the audience through the space of the stage itself.

I will suggest that through its extreme invitation of the spectator into the dramaturgy of the play, *4.48 Psychosis* suggests that psychotic experience is not an isolated form of mental pathology that can only signify through cure. Instead it is a painful ongoing means of relating with the outside world which is to be met with recognition and participation. The play's dramaturgy spatialises the experience of mental suffering in such a way that disturbs the boundary between dramatic universe and 'reality', implied by the limit of the stage. *4.48 Psychosis* stages a conflict between this dramaturgical understanding of psychic suffering, and recurring voices which suggest its antithesis: that resolution and 'cure' are to be found in a return to autonomous, narrative subjectivity. These voices can be understood as anticipating a neoliberal understanding of the subject, insofar as they ask the subject(s) of the play to experience themselves in transactional, economic terms.

This chapter goes on to argue that Kane's representation of pathological mental pain is one which finds special relevance in productions today. Mental health discourses and policy have become increasingly neoliberal in the last twenty years, through an intensification of the relationship between health and productivity. This trend, which we might term 'the neoliberalisation of mental health care' had begun in 1990 and has become almost ubiquitous and is reaching an unsustainable and arguably violent extreme. I suggest that *4.48 Psychosis* continues to provide a relevant and powerful

site of resistance to this trend. Firstly, because it deconstructs the dominant assumptions of neo-liberal mental healthcare through its doctor-patient dialogues, and secondly because it presents a version of psychic suffering which is incompatible with this understanding of subjectivity.

Finally, I discuss Kane's integration of the politics of desire into the medical relationship of *Crave* and *4.48 Psychosis*. Examining Kane's use of Edwin Shneidman's *The Suicidal Mind* as an intertextual 'source' for *4.48 Psychosis* reveals the extent to which Kane condensed the case studies in her sources, to hone in on the questions of responsiveness and desire. By integrating objectless searches of desire into both plays, Kane creates metatheatrical situations which involve their audiences in their demands. These works offer their audiences a choice: to respond by resolving the onstage occurrences into narrative, and therefore return them to the orientation toward cure, or to accept their radically irresolved nature. The latter option would involve emphatically not redeeming Kane or her works, but simply enduring the spaces which they create.

In all her works, but most pointedly in *4.48 Psychosis*, Kane offers theatre as alternative site of encounter with mental suffering, one similar to the Winnicottian site of play. This is a mode of thought which is inseparable from the material objects and sites which it uses, and which mediates between inner and outer experience. *4.48 Psychosis* is a text that asks to be played (or perhaps plays itself) at the boundary, between the inside and outside of a mind, and of the psychic space contained within the boundaries of the stage. Like all modes of play this creates the possibility for participation, even in its difference from actual 'reality'. Kane's works are not 'participatory' or 'immersive theatre' and would probably fail if they were staged as such. Their dramaturgical complexity and success comes from their troubling of the

boundary between stage, mental space and audience, asking for forms of mental participation even as they remind their potential audiences of the theatricality of the encounter.

Examining 4.48 *Psychosis* as a representation of acute mental pain outside of the logic of cure opens up the possibility of understanding Kane's work in relation to a number of discourses in queer, feminist, and critical disability theory. Whilst there is not scope to fully develop these potentials in this thesis, it is worth noting those works which create a network of theoretical and practical claims in which this argument to some extent participates and responds. Bersani's critique of redemption is itself part of a wider discourse on the creation and appreciation of non-reproductive temporalities in queer theory.¹⁴ The rejection of redemptive logic for Bersani is therefore also a rejection of a heteronormative time which is end-oriented, a time structured by future transformation which is at the same time a 'pastoralizing' norming of present structures.¹⁵ Mel Y Chen brings together queer non-reproductivity and disability studies in *Animacies: Biopolitics, Racial Mattering and Queer Affect* to argue for a transformed relationship between non-normative and marginalised bodies to the concept of life (and good life).¹⁶ The relationship between transformative temporalities and potentially violent modes of norming has also been explored in recent feminist criticism focussed on affect theory. Bringing together feminisms and affect theory, recent studies by Lauren Berlant and Sarah Ahmed have sought to untangle the relationship between cultural imperatives for happiness

¹⁴ See for example Lee Edelman's critique of reproductive futurism in *No Future: Queer Theory and the Death Drive* (Durham NC: Duke University Press, 2004), and Bersani's *Is the rectum a grave?: And Other Essays* (Chicago: University of Chicago Press, 2010), which argues for acknowledgment of sex as unredemptive, 'anticommunal, antiegalitarian, antinurturing, antiloving'. p.22.

¹⁵ Bersani, *Is the rectum a grave?*, p.22.

¹⁶ *Animacies: Biopolitics, Racial Mattering and Queer Affect* (Durham NC: Duke University Press, 2012).

and neo-liberal or late capitalist modes of exploitation, prejudice and violence.¹⁷

Berlant and Ahmed both read the ‘promise of happiness’ as perpetuating forms of potentially violent norming in situations of institutional prejudice, systemic violence and institutional prejudice. Such criticisms of the very desirability of happiness and ‘the good life’ (happy, healthy, productive) might well be relevant to a theatrical practice that neither glorifies nor redeems experiences of acute mental suffering, but nonetheless demands that such affects take up space.

Much of the thinking of this chapter, and the thesis as a whole, also owes a particular debt to work of disability rights activists and writing in critical disability studies.

Groups such as the Hearing Voices Network, campaigners for the social model of disability such as Rachel Perkins, and anti-cure activists such as Eli Clare all provocatively destabilise the relationship between normativity, illness and cure.¹⁸ In doing so, they provide opportunities for exploring alternative modes of representing, receiving and most importantly living forms of mental and physical suffering outside of a series of oppressive binaries: health/illness, productive/useless. Current UK productions of Kane’s works thus take place in a context in which ideologies of happiness, cure and productivity are subject to challenge in both scholarly and community-led discourses.

The ceiling of a mind

The playtext of *4.48 Psychosis* contains within it a call for a spatial encounter with mental suffering. The playtext begins and ends with an evocation of the mind experienced as a cavernous site. *4.48 Psychosis* opens with a frustrated attempt by a

¹⁷ Sarah Ahmed, *The Promise of Happiness* (Durham NC: Duke University Press, 2010), Lauren Berlant, *Cruel Optimism* (Durham NC: Duke University Press, 2011).

¹⁸ See for example: Eli Clare, *Brilliant Imperfection: Grappling With Cure* (Durham NC: Durham University Press, 2017), Mel Y. Chen, ‘Lurching For the Cure? On Zombies and the Reproduction of Disability’, *GLQ: A Journal of Lesbian and Gay Studies*, 21, 1 (2015), 24-31.

medicalised voice to have its interlocutor provide a transactional account of themselves, asking repeatedly ‘What do you offer your friends to make them so supportive?’ only to encounter a series of ‘*long silence(s)*’ in response.¹⁹ Following this initial, failed attempt to engage the interlocutor on its own transactional/behaviourist terms, the medicalised voice disappears and is replaced by a highly poetic register, which provides an account of its experience of mind that is at once plural, unstable and spatial:

A consolidated consciousness resides in a darkened banqueting hall near the ceiling of a mind whose floor shifts as ten thousand cockroaches when a shaft of light enters as all thoughts unite in an instant of accord body no longer expellant as the cockroaches comprise a truth which no one ever utters.²⁰

This dense opening image, and its contrast with the preceding failed dialogue, largely encapsulates the thematic and formal concerns that will unfold throughout the rest of Kane’s short final play.

Throughout the playtext of *4.48 Psychosis* and especially throughout many productions, a constant tension is generated between the subject(s) experience of themselves as plural and spatial, and an imperative to have the subject(s) enter into a behaviourist, transactional form of discursive exchange in which this experience is actively denied. The description of the ‘consolidated consciousness’ which opens the play immediately establishes the mental experience which it evokes in a paradox –

¹⁹ Sarah Kane, *4.48 Psychosis*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001) pp.202-245 (p.205).

²⁰ *Ibid.*

this consciousness is at once singular and plural, both ‘a [...] consciousness’ and something consolidated, assembled out of a variety of pieces that are held together. The extent to which such a consolidation can be considered successful is thrown into question in the multitude of images which follow in quick succession – the banqueting hall, the ceiling of the mind, the cockroaches, the shaft of light, the body, the impossibility of speech – images which will return repeatedly throughout the play. This complex opening series of images also contains a suggestion of a mode of engaging with this apparent cacophony. Consciousness ‘resides in a darkened banqueting hall near the ceiling of a mind whose floor shifts’, generating an unstable site reminiscent of the skull cavity in which multitudes, ‘ten thousand cockroaches’, are allowed to circulate. A few lines later the consciousness experiences itself as once again in a contained site in which the presence of plurality is both a pleasure and a torment: ‘the broken hermaphrodite who trusted herself alone finds the room in reality teeming and begs never to wake from the nightmare’.²¹ Through these images, the opening of *4.48 Psychosis* offers two alternative ways of encountering mental suffering and isolation: the first, encapsulated in the repeated question ‘What do you offer?’ asks the subject(s) to re-present a (palatable) version of themselves to the outside world, as the basis for understanding and intimacy. The second, evoked in the images of the banqueting hall, the mind’s ceiling and the teeming room, emerges out of the notion of *residing*. The first act of self-expression by the suffering consciousness in the play thus evokes the experience of *entering-into*, and *living-in* an unstable site. The dramaturgy of the play takes this loose assemblage of mental experience as its starting point, suggesting a dramatic site in which language, sound, image and bodies circulate and coexist without ever resolving themselves into a truly

²¹ Ibid.

consolidated singular consciousness. The audience is invited to reside within this dramaturgy for 75 minutes and is faced with a choice between painful co-existence with or imposed resolution of the mental suffering held therein.

4.48 Psychosis represents psychotic suffering as a painful disintegration of spatial boundaries. Kane identified the evocation and disintegration of a bounded space as key to her representation of psychotic breakdown, as we have already seen in Chapter 3:

I'm writing a play called *4:48 Psychosis* [...] It's about a psychotic breakdown and what happens in a person's mind when the barriers which distinguish between reality and different forms of imagination completely disappear [...] you no longer know where you stop and the world starts.²²

The image of the mind as cavernous site returns throughout the play, through references to the mind's 'ceiling', the floor of cockroaches and the repeated phrase 'hatch opens/stark light'. In each instance it troubles the demands for self-representation in a dyadic relationship voiced in the opening questions.

After having undergone a litany of chemical treatments which form the central scene of the play, the image of the mind-as-site returns with greater complexity, reviving the images of the first description. Here however, the mind-as-site has obtained a dangerously porous quality. The scene begins, 'Hatch opens/Stark light', and this suggested spatial opening is followed by an influx of anxiety relating both to the plurality experienced within the mind, and its lack of boundaries.²³ Having previously deplored the constant medical gaze to which it has been exposed ('A room full of expressionless faces staring blankly at my pain, so devoid of meaning

²² Saunders, *Love Me*, p.112.

²³ *4.48 Psychosis*, p.224.

there must be evil intent')²⁴ the image of tormenting spectators returns as both within and outside of the mind:

the television talks

full of eyes

the spirits of sight

and now I am so afraid

I'm seeing things

I'm hearing things

I don't know who I am.²⁵

Both spectator and spectated, speaker and listener, are assimilated in the site suggested in this scene. The 'I' states that it is seeing things, and both the 'I' and that which it views is 'full of eyes'. Unable to create a clear division between viewed object and viewing subject, the 'I' is thrown into a spatio-temporal crisis:

Where do I start?

Where do I stop?

How do I start?

(As I mean to go on)

How do I stop?

How do I stop?

How do I stop?

²⁴ Ibid., p.209.

²⁵ Ibid., p.224.

How do I stop?

How do I stop?

How do I stop?

How do I stop?

How do I stop?²⁶

The repeated question ‘How do I stop?’ contains both a temporal question, ironically denied in its own repetition, and a spatial one. The ‘I’ literally asks how it might ‘stop’, how it may be bounded in space. For Kane this spatial fluidity is at the heart of psychotic suffering, and one which she attempts to embody dramaturgically, ‘making form and content one’.²⁷

The experience presented here of losing a bounded sense of self into a porous environment is an important feature of psychoanalytic accounts of psychotic suffering. In this scene, and throughout *4.48 Psychosis*, representation of disintegrated spatial boundaries is achieved through attention to the disturbance of the speaker’s gaze in attempts at self-representation. The disruptions in the speaker’s gaze throw the unity of the ‘I’ into question. When spectator and spectated are assimilated, the question ‘Where do I stop?’ becomes imperative. Christopher Bollas identifies the breakdown of the ‘I’ and its spreading into the environment as the major process in psychotic breakdowns:

²⁶ Ibid., p.226.

²⁷ Kane in Saunders, *Love me*, p.112.

In schizophrenic breakdown the integrity of the I is fragmented and projected into the environment for safekeeping. The pronominal present may remain in a superficial way, but much else is lost.²⁸

For Bollas it is the consistency of the 'I' in self-representation which allows non-psychotic people to retain a sense of separateness from the world around them: 'The I is crucial. The act of speaking for oneself sustains the essential illusion of a continuous perspectival authority.'²⁹ In *4.48 Psychosis* Kane deliberately stages the breakdown of such a 'continuous perspectival authority', staging (or voicing) the breakdown of the speaker's ability to perceive from a single viewpoint.

Simultaneously, the play represents an experience of selfhood which has been expanded into the surrounding environment. Near the end of this short scene the speaker(s) returns to the image of mind-as-site. These painful expressions of self-disintegration are summarised as 'a dismal whistle that is the cry of heartbreak around the hellish bowl at the ceiling of my mind'.³⁰ Evocative of the image of the wind whistling through a drafty interior, the image of the cavernous mind no longer provides the containment that it did in its initial incarnation. Instead, the 'dismal whistle' describes the experience of unpleasant sounds circulating through a porous space, drawing attention to the relationship between sound and site that has been played out in the repetitiveness and visual invocations throughout this scene. The audience are invited to notice and reside within a spatiality that is increasingly unstable, whose bounded-ness cannot be relied upon.

²⁸ Christopher Bollas, *When the Sun Bursts: The Enigma of Schizophrenia* (New Haven, Connecticut; London: Yale University Press, 2016), p.169.

²⁹ Ibid.

³⁰ *4.48 Psychosis*, p.227.

The dramaturgy suggested by the playtext of *4.48 Psychosis* establishes an unstable spatial encounter for its potential audience, which is analogous to the one described in the scene addressed above. Kane achieves this spatiality by placing the audience's gaze at a point which allows them to participate in the specular splitting and collapse enacted by the psychotic subject(s) on stage. Throughout the play, the potential audience encounter contradictory imperatives with regards to their own spectatorship. At the same time, they must attempt to follow the trajectory of an 'I' for whom self-representation is almost impossible, and self-spectatorship is considered a torment. As in the incorporation of the 'television[...]/ full of eyes' into the subject's own specular identity, the speaker(s) attempts at self-spectatorship are invariably described in terms of failure or of the collapse of the spectator/spectated positions.

These collapses are preceded, followed by, or concurrent with challenges to the audiences' positions as spectators which might lead the audience into a contemplation of their own spectating practice, or provoke a crisis in the audience member who does not know *where to look*. Throughout the more 'medical' sections of the play, the speaker(s) continually solicits and refuses the gaze of both doctor/therapist and audience member. The medical situation is first described in a line that could just as easily be an address to the audience: 'A room of expressionless faces so devoid of meaning there must be evil intent.'³¹ The spectator's gaze is once again vilified a few lines later, this time specifically referring to the gaze of 'Dr This and Dr That and Dr Whatsit':

Watching me, judging me, smelling the crippling failure oozing from my
skin, my desperation clawing and all-consuming panic drenching me as I

³¹ *Ibid.*, p.209.

gape in horror at the world and wonder why everyone is smiling and looking at me with secret knowledge of my aching shame.³²

Having perhaps somewhat comically (depending on the delivery) interpolated the audience into the position of watching doctor in the first instance, the play now implicates the audience in the gaze that is actively causing the onstage subject pain.

This has the potential to push the spectator into a position of visual and ethical uncertainty. This uncertainty is again compounded when moments later the speaker yearns for a remembered positive visual encounter, with ‘the only doctor who ever touched me voluntarily, who looked me in the eye, [...] who lied and said it was nice to see me.’³³ Certain forms of looking are mocked, rejected, and solicited within the space of a few moments, as if inviting the audience to cast their eyes around for a place where it is permissible for them to rest.

The playtext of *4.48 Psychosis* therefore implicates its potential audience into the speaker(s)’ ethical-specular crisis. As the play continues, the pressure on the audience’s gaze is increased, as acts of looking towards and looking away are directly implicated in the suffering of the onstage subject(s). The speaker(s) on stage both desires and refuses the gaze of their audience with increasing urgency. The act of symbolisation required to represent oneself as a bounded subject, to oneself and to an audience, becomes impossible for the speaker(s) in the second half of the play. As the speaker(s) laments: ‘Every act is a symbol/ the weight of which crushes me’.³⁴

In response to the crushing nature of the imperative to hold oneself together and represent oneself to the outside, the speaker(s) changes tack in the following scene,

³² Ibid.

³³ Ibid.

³⁴ Ibid., p.226.

multiplying and spreading the boundaries of the 'I' to take responsibility for a litany of global atrocities and personal wrongs:

I gassed the Jews, I killed the Kurds, I bombed the Arabs, I fucked small children when they begged for mercy, everyone left the party because of me, I'll suck your fucking eyes out and send them to your mother in a box and when I die I'm going to be reincarnated as your child only fifty times worse and mad as fuck and make your life a living fucking hell I REFUSE I REFUSE LOOK AWAY FROM ME.³⁵

As several commentators have pointed out, the outburst seems to represent an example of psychotic responsibility, an experience common to schizophrenia whereby the psychotic subject takes on responsibility for often global wrongs they cannot possibly have committed.³⁶ However, *4.48 Psychosis* builds on the idea of psychotic responsibility here in order to implicate its audience. This scene presents a consistent 'I' to the audience, one with which they may choose to identify with as a character. This 'I' is in crisis, expanding to occupy roles of perpetrators of terrible crimes. At the same time, the emotional intensity and unpalatability of this expansion pushes the audience away. By the time the speaker(s) asks the audience to 'LOOK AWAY FROM ME', the elision between the 'I' and atrocity has already made the identification, and the gaze, difficult to sustain. By expanding of the notion of 'I' into universal perpetrator, Kane provokes the refusal of the audience's gaze even before it is demanded. Faced with the pressure of being looked at, the only form of self-symbolisation the 'I' can achieve is one that is radically open, which causes it to merge with perpetrators of atrocity.

³⁵ Ibid., p.227.

³⁶ See Oyeboode.

This short scene invites its audience to participate in the 'I's specular crisis, meta-theatrically collapsing the positions of spectator and spectated. The openness of the outburst can be read both as a psychotic symptom and an ethical claim. Indeed, Bollas has suggested that encountering persons with psychotic responsibility can be profoundly disturbing to a non-psychotic person's sense of responsibility and normality. Bollas describes working with schizophrenic children in the late 1960s, during which time 'many of [the] students thought they had killed King and Kennedy'.³⁷ Bollas and his colleagues noticed the extent to which the claims of their students nonetheless reflected their own anxieties as to the social responsibility they had for the political situation: 'Had we, indeed, murdered our leaders? How could we have stopped these murders from happening?'³⁸ For Bollas working with schizophrenic patients, especially those who experience a form of psychotic responsibility, is difficult because they undermine the 'capacity for denial' which non-psychotic people exercise in order to continue living in a violent world:

They [the students] would interrogate the clinicians about the illusions that comforted us and allowed us to live in a bearable world, and as we engaged in our in-depth conversation with them we would have to bear the erosion of the illusory in their own lives. To work with a psychotic person over a long period is distressing, not so much because of their psychosis, but because of how they deconstruct the defences crucial to our own peace of mind.³⁹

Finally representing 'hermself' to the audience as a repeated and sustained 'I', the speaker(s) in *4.48 Psychosis* does so in a context which invites the audience into an identification which would take on a wide-ranging ethical responsibility for atrocity.

³⁷ Bollas, *When the Sun Bursts*, p.28.

³⁸ *Ibid.*

³⁹ *Ibid.*, p.35, p.36.

In doing so it invites distressing questions of individual and group responsibility for acts and war crimes perpetrated by the audiences' own governments.

Such an identification, as Bollas suggests, is very difficult to sustain. By the time the speaker in *4.48 Psychosis* refuses the audience's gaze, and the position of responsibility which comes with it, the audience has already been put into an almost impossible situation. This scene therefore acts on its potential spectators in two seemingly contradictory ways. On the one hand it suggests that the pressure of self-representation – the pressure of the spectator's gaze – is provoking suffering in the speaker by pushing it into an unsustainable position of universal responsibility and leads the speaker to emphatically reject the position of being looked at. On the other, it solicits the spectator to join in a difficult, perhaps unsustainable, identification with a radically open subjectivity. In this perspective, the voice arrives at the demand for refusal at the same time as the spectator, and both turn away from a form of ethical responsibility which they cannot bear. The scene's potential audience is thus both asked to interrogate their own viewing practice *and* invited to *reside within* an unsustainable identification.

This short scene can be read as a highly succinct condensation of the technique of both eliciting and refusing identification which Kane had already developed in the dramaturgy of *Blasted*, and which I have outlined in Chapter 2 above.⁴⁰ Whereas in Kane's first play this technique was developed through the contrast between anti-hero and dramaturgy, here it is collapsed into an intense dramaturgical interrogation of the spectator's position in relation to the staged subject. The phrase 'look away from me' is repeated another four times from this point. Ariel Watson argues that this rejection of the audience's gaze, and of the gaze of the doctor-figure, represents

⁴⁰ See the argument of chapter 2, especially the '*Blasted* in Production' section.

a rebellion against the spectatorship implicit in psychiatric treatment: ‘The weight of the spectatorial gaze (the gaze of medical analysis, of the refracted self-examination of depression, and of the theatrical audience), [...] is too much at times, yielding some of the fiercest rejections of the theatricality of treatment.’⁴¹ Whilst Watson’s argument is enlightening in terms of her examination of the theatricality of medical and psychiatric encounters, it does not make room for the apparently contradictory imperatives imposed on the audience with regards to looking.

After having refused the spectator’s gaze in the middle of the play, *4:48 Psychosis* also repeatedly addresses its spectator to demand a witness to its disintegration. The play ends with a plea to be looked at, and the implication that the subject’s salvation is only possible through audience’s gaze:

I have no desire for death

no suicide ever had

watch me vanish

watch me

vanish

watch me

watch me

⁴¹ Ariel Watson, ‘Cries of Fire: Psychotherapy in Contemporary British and Irish Drama’, *Modern Drama*, 51, 2 (2008), 188-210 (p.193).

watch.⁴²

The question of whether to look at or look away is implicated in the suffering of the staged subject(s). The audience is held in an ethical double-bind in which the gaze is both rejected as a form of aggression and solicited as the only possibility of redemption.

Such a technique suggests how far *4.48 Psychosis* subverts usual modes of theatrical presentation. In his seminal book on psychoanalytic theatre criticism André Green suggests that

the aim of psychoanalytic reading is the search for the emotional springs that make the spectacle an affecting matrix in which the spectator sees himself involved and feels himself not only solicited but welcomed, as if the spectacle was intended for him.⁴³

Kane subverts this 'affecting matrix' most completely in her final work so as to make the spectator undergo a kind of dislocation whereby they are at once welcomed *and rejected* by the artwork. The pressures on the audience's gaze share in the perspectival crisis of the subject(s) of the play. Both solicited and refused, the spectator, like the speaker(s), may well feel that they 'don't know where to look anymore'.⁴⁴

Through these challenges the spectator/spectated dynamic is reversed, and both audience and performer share in a site of troubled looking. The audience are both looking and *looked at* – implicitly by the onstage speaker who critiques and refuses their gaze, and meta-theatrically by themselves. By forcing the audience to note their

⁴² *4.48 Psychosis*, p.244.

⁴³ André Green, *The Tragic Effect: The Oedipus Complex in Tragedy*, trans. by Alan Sheridan (Cambridge: Cambridge University Press, 1969), p.18.

⁴⁴ *4.48 Psychosis*, p.240.

own spectating practice, the play transfers the burden of self-observation and self-representation onto its audience. This was literalised in the design of the first production, directed by James Macdonald and designed by Jeremy Herbert (the same team who worked with Kane on *Cleansed*):

While the stage props of table and chairs were functional to the point of being anonymous, the intriguing feature that dominated the set was a mirror slanted at a 45-degree angle, cutting off the back of the set so that it resembled a small attic room. The mirror's presence meant the audience could simultaneously see the drama on two planes, so that they could both witness the actors playing in front of them and above their heads. Audience members seated further back could also observe a vertical view of the first two rows of theatre-goers.⁴⁵

Jeremy Herbert's set design here gave the audience a number of options as to where to direct their gaze: at the bodies on stage, at their reflection, or at other audience members. Whilst several commentators have emphasised the meta-theatricality of this technique, it is also notable that the creation of the attic-like space literalises the images of being close to the 'ceiling of the mind', which are repeated throughout the play.⁴⁶ For those audience-members seated at the back, the mirror not only created new options for spectating the play: by highlighting the presence of other audience members, it also highlighted their own positions as occupying a shared space of looking, in continuity with the stage. This space - attic-like, disorientating and 'full of eyes' – is highly evocative of the unstable spatial images used to describe the mind throughout *4.48 Psychosis*. A continuity is established between the literal space

⁴⁵ Saunders, *Love me*, p.115.

⁴⁶ See Watson, and Saunders, *Love me*.

of the theatre (including stage and auditorium) and the metaphorical space of the mind. The dramaturgy of this production might be said to have extended beyond the stage, in order to create a situation in which the audience might experience a sense of *residing within* the site lodged at the ‘ceiling of the mind’.

I would like to suggest that the nature of this theatrical space and its desired effect on the potential audience member is best described in relation to Bollas’ psychoanalytic concept of ‘transformational space’. In this way it totalises the mode of ‘playing’ which I have been tracing throughout Kane’s works. Derived from D.W Winnicott’s ‘transitional space’, ‘transformational space’ (more frequently described as a ‘transformational object’ in which the object exists as object-as-process) describes an environment created for the infant by the ‘good enough’ mother, or in the therapeutic site by analyst and analysand. This is an environment in which and through which the subject undergoes a ‘process of alteration of self experience’.⁴⁷

Bollas understands the transformational space as a process which is organised in spatial terms: through gaze, gesture, touch, proximity/distance etc.⁴⁸ When a mother acts as a transformational object by generating this space/environment for the infant, her modifications of the environment organise it and give it its own character (or ‘idiolect’), generating an ‘aesthetic of being’ that is transferred to the infant who inhabits it.⁴⁹ Crucially, Bollas proposes that this process creates an alternative way of knowing that is rooted in the experience of an environment and is not reduceable to language.⁵⁰ The form of understanding generated in this environment exists, as

⁴⁷ Christopher Bollas, ‘The Transformational Object’, *International Journal of Psycho-Analysis*, 60, (1979), 97-107 (p.97).

⁴⁸ Christopher Bollas, *The Shadow of the Object: Psychoanalysis of the Unthought Known* (London: Free Association Books, 1987), p.13.

⁴⁹ *Ibid.*, p.13.

⁵⁰ Bollas suggests that this form of knowing ‘remains symbiotic [...] and coexists alongside other forms of knowing.’ *Ibid.*, p.16.

Bollas suggests in his book title, as the *shadow* of the object, insofar as it is experienced ‘without [...] being able to process this relation through mental representations or language [...] While we do know something of the character which affects us, we may have no thought yet.’⁵¹ In other words, the experience of the transformational object involves ‘a kind of existential, as opposed to representational knowing,’ which Bollas calls the ‘unthought known’.⁵²

The notion of an object which acts as an ‘enviro-somatic transformer of the subject’ finds its echo in Kane’s experiential aims for her theatre, especially in relation to her experience of Weller’s *Mad*, discussed in chapter 2. In several interviews Kane identified *Mad* as an experience of transformation, calling it ‘the only play ever to have changed my life.’⁵³ This transformation was achieved through spatial immersion, being ‘taken to a place of extreme mental discomfort and distress – and popped out the other end’.⁵⁴ Bollas associates this form of spatialised knowing specifically with the experience of psychosis, in which subjects go through a process of designification through which they might lose themselves in the surrounding objects or environments. Key to Bollas’ psychoanalytic therapy for schizophrenia is the naming of objects and associations, ‘so that [they] are no longer part of the unthought known’ and can be ‘*subjected* to thought’.⁵⁵ For this process to be successful, the therapist must to some extent enter into an understanding of the unthought known of the patient, sharing the transformational environment.

Whilst Bollas understands aesthetic experience as the nostalgic *memory* of the transformational object/environment, I suggest that Kane’s theatre creates such a site

⁵¹ Ibid., p.3.

⁵² Bollas, ‘The Transformational Object’, p.97.

⁵³ Sarah Kane, ‘The only thing I remember is...’, *Guardian*, 13 August 1998, p.A12.

⁵⁴ Kane, quoted Aleks Sierz, *In-Yer-Face Theatre: British Drama Today* (London: Faber and Faber, 2000), p.92.

⁵⁵ Bollas, *When the Sun Bursts*, p.182.

of ‘enviro-somatic transformation’ for her audiences and does so most completely in *4.48 Psychosis*. Through manipulations of the audience’s spatio-temporal and narrative experience, and oscillation between inviting and rejecting the audience’s identification, Kane’s final work acts at the boundary between spectator and spectated. Kane thus generates a site of play – the ‘basic form of living’ which makes up Winnicott’s transitional and Bollas’ transformational space.⁵⁶ Play is a precarious mode of thought, as it is ‘always on the theoretical line between the subjective and that which is being objectively perceived’.⁵⁷ Whilst play can and does fail, when it succeeds it is through the balancing and intermingling of the internal and the external experiences through spatio-temporal *action*:

*[P]laying has a place and a time. It is not inside by any use of the word [...] Nor is it outside, that is to say, it is a not part of the repudiated world, the not-me, that which the individual has decided to recognise (with whatever difficulty and even pain) as truly external, which is outside magical control. To control what is outside one has to do things, not simply to think or to wish, and doing things takes time. Playing is doing.*⁵⁸

The playtext of *4.48 Psychosis* demands a staging which participates in a kind of overspilling between the work’s interior (representational/fictional site) and its exterior reality in the auditorium. The audience of *4.48 Psychosis* are placed *both* within and outside of the spectacle, which itself both *represents* the experience of mental suffering and attempts to immerse the audience *inside* it.

Through the work’s oscillation between immersion and representation *4.48 Psychosis* asks its potential audience to determine their own measure of participation

⁵⁶ D W Winnicott, *Playing and Reality* (London: Routledge, 2005), p.67.

⁵⁷ *Ibid.*, p.68.

⁵⁸ *Ibid.*, p.65.

in the theatrical space. As I shall explore below, the audience of *4.48 Psychosis* (and indeed it's directors and performers) are given a measure of choice as to how far to enter into the play's own perceptual crisis. For the play's *playing* to succeed, both audience and production must participate in it and generate the possibility for an 'overlap of the two play areas'.⁵⁹ Kane's play (in both sense of the word) creates the possibility for a mode of knowing to be realised, should the theatre-makers choose to create and the audience-member choose to actively reside in the enviro-somatic experience which the play-text suggests. This qualifies the claims I have been making about Kane's dramaturgy so far as 'simulating' specific non-normative mental experiences for its audience. Kane's works cannot truthfully simulate an 'actual' experience of the trauma or psychosis of another, as clearly no work can. Instead, Kane's dramaturgy in *4.48 Psychosis* attempts to place us in what Bollas might refer to as the 'shadow of the [psychotic experience]'. The work invites its audience to participate in a disordered and pathologised representation of psychotic suffering without the tools to objectify it. Instead, they are 'compelled [...] to experience' a site of enviro-somatic knowledge, in which they are faced with an 'I' that has distributed itself into a transformational environment.⁶⁰

Hatch opens/Stark light

The specular dynamics in the playtext of *4.48 Psychosis* (i.e. the splitting and collapsing of the speakers' and spectator's gazes which I have been discussing), and its use of spatial metaphors for mental experience, set a precedent for a dramaturgical evocation of mind-as-site, which has repeatedly provided the basis for directing and set design in production. Since the first production directors and set designers have used a variety of concepts to generate spatial equivalents to the

⁵⁹ Ibid., p.72.

⁶⁰ Bollas, *Shadow of the Object*, p.5.

cavernous mind-as-site, indicating the role of these spatial metaphors in shaping 4.48 *Psychosis*'s ever-evolving dramaturgy. Anna Harpin has highlighted the use of rays of light and areas of onstage darkness in three productions, which literalise the repeated phrase 'Hatch opens/Stark light', as a starting point for set design: the TR Warsaw production at Kings Theatre, Edinburgh International Festival in 2008; the Arcola Theatre production in 2006 and a production at St Ann's Warehouse, New York in October 2004.⁶¹ Like the set design of the first production, these examples point to the site of the play being imagined as a kind of ceiling, this time with light piercing through its surface, mirroring the porous quality of the mind-as-site/mind-as-cavern evoked in the second half of the play.

In the productions Harpin describes, 'directors [...] commonly realise these textually-implied ambiguous spaces (pits, ponds, chambers and so forth) through shards of brilliant light, white boxes and the multiplying surface reflections on glass.'⁶² Harpin links the piercing of light into these sets with a call for spatial proximity with madness. Building on Juliet Foster's sociological research into cartographical metaphors for mental illness, she emphasises the extent to which madness is often figured through metaphors of distance:

To be mad is, according to common idiom, to be out-of-place. [...] A person descends into madness or is driven there. Two things are apparent here. First there is a sense of journeying that attends to madness. Secondly, the

⁶¹ 4.48 *Psychosis*, p.225, p.230, p.239 and p.240.

⁶² Anna Harpin, 'Dislocated: Metaphors of Madness in British Theatre', in *Performance, Madness and Psychiatry: Isolated Acts* ed. by Julia Foster and Anna Harpin (London: Palgrave Macmillan, 2014), p.190.

dominant notion of place renders ‘mad’ experience an inherently geographical encounter.⁶³

Foster and Harpin both note that the ‘mad’ individual is typically figured as somehow outside of or away from themselves, and spatial metaphors are used to emphasise the gulf between the pre-illness, ‘true’ self and the mentally ill subject. This is reinforced in schizophrenia narratives ‘in which the pre-illness person goes missing, seemingly abandoned by the disorder’.⁶⁴ Harpin suggests that these productions of *4.48 Psychosis* propose a new spatial logic by allowing the literalised ‘stark light’ to break into the isolated, distant site of madness and create a new site ‘oppressive in its expansive luminosity’.⁶⁵ The bright, porous stage-spaces in these productions ‘disturb notions and associations of space, place and perception’ in order to create ‘a kind of phenomenological empathy through [Kane’s] arresting evocations of iridescent solitude.’⁶⁶ In the productions described by Harpin, as in the first production by McDonald and Herbert, the visual qualities of the experiences described onstage are transferred into the set itself, thus generating a form of expanded consciousness in which the theatrical site both represents and embodies the mental experience it stages. The frequency with which such decisions are made suggests a widespread opinion on the sides of set designers and directors to interpret the playtext itself as a call for the creation of a particular type of space. *4.48 Psychosis*’ radical manipulation of its potential audiences’ perspectives, along with an expanded auditory quality, thus suggest a kernel of dramaturgical specificity which seems to be repeated throughout many productions.

⁶³ Ibid., p.187.

⁶⁴ Ibid..

⁶⁵ Ibid., p.192.

⁶⁶ Ibid., p.194.

Theatre-makers are offered a choice as to how far to construct the theatrical site as an embodiment of the kind of spatial experience embedded in the playtext. *4.48 Psychosis* as a *site* into which the ‘I’ is fragmented and projects itself forms the basis for perhaps one of its most innovative recent dramaturgical re-imaginings. The 2016 production co-produced by the Lyric Hammersmith and the Royal Opera House re-staged *4.48 Psychosis* as an opera, composed by Phillip Venables and directed by Ted Huffman. In this production it was not the visual but the auditory features of the playtext which were used as the basis of the production’s dramaturgical decisions. Developed as part of his doctoral project in composition research, Venables used the playtext of *4.48 Psychosis* as a starting point for developing new ways of integrating non-sung modes of text delivery into opera. Taking the play’s polyphonic nature as a starting point, Venables and Huffman created a theatrical experience in which the multi-directional nature of sound and wide-ranging assignment of spoken and sung text created an auditory equivalent of the disorientating ‘mind-as-cavernous-site’.

In their words, Huffman and Venables sought to create a ‘hive mind’ in which musical and textual expressions of mental suffering were spread across the bodies, set and instruments on stage:

No single cast member would take on a truly fixed role, with the exception, perhaps, of one person carrying some of the solo arias on behalf of the main character (the patient). The whole ensemble would at times represent the main character, at other times they would step out to play the roles of doctors, lovers, carers. The polyphonic inner voices could be mapped into real vocal polyphony, solo arias or speeches could be distributed between the cast, some

parts could be left open in the score and allocated in the rehearsal room, leaving the director more flexibility with staging.⁶⁷

The composition made use of both spoken and sung recordings as well as live speech and singing, and projected text accompanied only by percussion. Venables innovated on ‘five varying approaches to dealing with non-sung text’ as part of the opera, which were included alongside ‘singing in many forms’. These were: 1) the ‘opera thought-bubble’, ‘a synchronisation of solo sung gesture and voiceover, to indicate the inner thoughts of the performer who is singing’; 2) the voiceover, ‘pre-recorded voice over music, with or without projected text’; 3) mid-phrase switching ‘singers switch from sung to spoken text mid-phrase’; 4) tape-cutting, ‘implementing cut-and-splice and stuttering/scratching techniques to make stream-of-consciousness spoken text’; and 5) ‘percussion dialogues’, ‘dialogue scenes where projected text is synchronised with two percussion soloists.’⁶⁸ All of these techniques involved further splitting of the already-polyphonic voices of the play texts, so that the voices ranged across speech and song, and also across differing positions within the stage-space.

In the ‘opera thought bubble’ sections for example, soprano Gweneth-Ann Rand stood usually alone onstage singing wordlessly, while the sung text was broadcast as a pre-recorded voiceover from speakers above her head. The sound clearly came from above, as was occasionally emphasised by Rand looking upward, directing the audience to search to a source for the disembodied speech. The impact of this auditory splitting was both polyphonous and spatial. Whilst it was clear that both the spoken text and the wordless singing were meant to be expressive of Rand's

⁶⁷ Phillip Venables, ‘4.48 Psychosis’ <<http://448psychosis.philipvenables.com/2-analyzing-sarah-kanes-4-48-psychosis/>> [accessed 20 July 2018] (2. Analyzing Sarah Kane’s *4.48 Psychosis*).

⁶⁸ *Ibid.*, (4. The opera thought bubble).

suffering, the means of this expression were extended to incorporate the theatrical site itself. The spatial dynamics of this experience were emphasised by Hannah Clarke's set design, which located the orchestra above the back wall of the set, which was dressed to look like an anonymous waiting room. The orchestra was partially lit, so that one could see the teeming movement of musicians in a dark space above the sparse, brightly lit stage. In the '*very long silence*' which opens the play in the original text, elevator *muzak* was played from a speaker above the back wall. This music maddeningly returned in all of the many 'silences' that followed, contrasting with the rich orchestral music and intense percussion which travelled down from the orchestra in the more poetically expressive sections of the play. This combination of musical polyphony and innovative set design thus formed an auditory and spatial parallel to the textual evocations of mind-as-site. The use of *muzak* especially evoked the 'dismal whistle [...] around the hellish bowl at the ceiling of [a] mind'.⁶⁹ By placing the orchestra and speakers significantly higher than the singers, Clarke, Huffman and Venables created a phonic equivalent to the unstable, cavernous site, reminiscent of the set of the first production. In both cases this was achieved through the introduction of an unusual measure of choice as to where the audience might direct their gaze or ear, and a set design which undermined a dyadic relationship between stage and audience member by drawing the audience's perception to areas above and around the stage.

The penultimate line of *4.48 Psychosis* returns to the conflict between the possibility of residing within a disordered dramaturgy, and demand for self-representation: 'It is myself I have never met, whose face is pasted to the underside of my mind.'⁷⁰ Here the metaphorical link between the richly imagined mind-as-site and the skull cavity

⁶⁹ *4.48 Psychosis*, p.227.

⁷⁰ *Ibid.*, p.245.

are collapsed, into a single image in which it is the body's physicality itself which prohibits the encounter with a fully-formed, representable 'self'. The line evokes a highly visual image of a material face, 'pasted' like a photograph in a location that is at once interior and utterly inaccessible. The cavernous mind-as-site which has provided dubious containment for mental suffering throughout the play is now implicated in the apparent impossibility of the subject's self-representation. If this cavity also represents and to some extent reflects the boundaries of the theatrical site itself, as I have been suggesting, then the very idea of traditional forms of knowing through theatrical identification are also being challenged. The play never yields a traditional, knowable subject to its audience, the sort that could perhaps be summarised on a promotional poster with the image of an actor's face. Instead, it created an environment into which the audience member is invited to reside, and in which they might participate in the 'I's inability to place itself.

What do you offer?

The 'transformational site' evoked by *4.48 Psychosis* is populated by fragments of medical and behaviourist discourse. As noted above, *4.48 Psychosis* opens with an incomplete dialogue, in which a possibly medical voice repeatedly asks an other to give an account of themselves:

(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?

What do you offer?

*(Silence.)*⁷¹

The account required by the speaker in this opening scene is a transactional one, seeking a set of representable attributes which can be exchanged for interpersonal support. The scene is usually interpreted as the first of seven doctor/patient dialogues in the play, in which the 'patient-voice' repeatedly resists, complicates and thwarts their medical interlocutor, whilst simultaneously seeking for a meaningful connection with a 'doctor' who resists getting emotionally involved. As Ariel Watson and Alicia Tyser amongst others have noted, the use of the long silences in response to the repeated question immediately establishes a relation of resistance between the patient and doctor voices (assuming they are voiced by different individuals in production) and silence becomes a key 'tool' for resisting the medical gaze throughout the play: 'Silence is a tool or a weapon here, resisting the scriptedness of the therapeutic encounter, its inability to deviate from the expectations of depression and illness or from the prescriptions of cure.'⁷² Depending on the rest of the dramaturgy and the length of the silence in production, the opening '*very long silence*' can also work meta-theatrically, drawing the audience's attention to their growing discomfort at the lack of speech or action on stage. The onstage silence can variously be read or staged as active resistance by the interlocutor to the medical-voice's demand, or alternatively as a sign of the impossibility for the interlocutor of finding an answer – perhaps even the absence of such a representable subject to

⁷¹ Ibid., p.205.

⁷² Watson, p.194.

begin with. In the latter case the failure of the dialogue may be read as undermining a specific conceptualisation of subjecthood and relationality based on transactionality.

The failure of this initial (presumed) dialogue and the nature of its demands also sets a precedent for the kinds of intervention the 'medical' voice will make throughout the play. Throughout the patient/doctor dialogues which follow, the voice returns to repeatedly frame the 'patient' in terms and techniques derived from behavioural psychology, notably using techniques espoused by cognitive behavioural therapy (CBT). The opening failed dialogue appears to begin the play with a fragment of a session in which the therapist is attempting to use the CBT technique of 'guided discovery', in which a patient is repeatedly questioned in order to lead them to challenge 'maladaptive core beliefs'. Through this technique:

Therapists use questions to probe a patient's assumptions, question the reasons and evidence for their beliefs, highlight other perspectives and probe implications. [...] Guided discovery is central to the interventions aimed at each level of cognition.⁷³

Later in the play, Kane quotes from the Beck Depression Inventory, a key diagnostic tool created by the founder of CBT Aaron Beck, in which patients assess their own depression by rating the relevance of 21 statements. Key to the behaviourist approach is the notion that successful therapy is required to address patterns of thought rather than actual experiences by the patient: '[CBT] hypothesises that people's emotions and behaviours are influenced by their perceptions of events. It is not a situation in and of itself that determines what people feel but rather the way in

⁷³ Kristina Fenn, Majella Byrne, 'The key principles of cognitive behavioural therapy' *InnovAiT*, 6.9 (2013), 579-585 (p.581). See also J. S. Beck, *Cognitive Therapy: Basics and Beyond* (New York: Guildford Press, 1964), p.10 and pp.23-25.

which they *construe* a situation'.⁷⁴ Challenging the veracity of the patient's perception of and emotional reaction to an event is thus key to the techniques of CBT, either directly or through indirect means such as 'guided discovery', behavioural experiments or written exercises.

The representation of cognitive behaviourism *4.48 Psychosis* is critical of such an approach, as both the failure of the first dialogue and the antagonism of the following ones demonstrate.⁷⁵ Nevertheless, Kane does more than stage the inadequacies of a therapeutic technique at the hands of an incompetent therapist. Rather, the doctor-patient dialogues draw out two key aspects of behaviourist ideology and practice: first the denial of the emotional veracity of the patient's experience, and second its insistence on patient-responsibility and the link between this conceptualisation of the patient and neoliberal constructions of subjectivity.

4.48 Psychosis's representation of the medical voice both exposes and ridicules the claims to epistemological certainty/sovereignty found in the cognitive behavioural model. This is perhaps most clearly demonstrated in the second doctor-patient dialogue, in which the patient-voice is silenced for using poetic rather than behavioural language in order to characterise their emotional state:

- I feel like I am eighty years old. I'm tired of life and my mind wants to die.
- That's a metaphor, not reality.
- It's a simile.
- That's not reality.

⁷⁴ Beck, p.30, original emphasis.

⁷⁵ See for example Watson, and Alicia Tycer "'Victim. Perpetrator. Bystander.': Melancholic Witnessing of Sarah Kane's *4.48 Psychosis*", *Theatre Journal*. 60, 1 (2008) 23-36.

- It's not a metaphor, it's a simile, but even if it were, the defining feature of a metaphor is that it's real.

*(A long silence)*⁷⁶

Placed in the context of a theatrical work which is masterful in its use of rich metaphors, the obstinacy and linguistic narrow-mindedness of the doctor-voice in this dialogue appears foolish (almost) to the point of being parodic and is reminiscent of the extreme banality of the doctor in *Phaedra's Love*. At the same time, the exchange exposes the foundational beliefs of the behaviourist approach in which the patient is to be drawn away from maladaptive 'false' beliefs and emotions, thus implying a rigid emotional-epistemological hierarchy which denies the depressive's reality in favour of the reality of the positive or the 'well'. Under this approach, the patient is encouraged to constantly monitor their interior life, identifying when to approach their own thoughts with suspicion, and deny their suffering. As William Davies argues CBT and behavioural sciences more widely encourage individuals to 'come to interpret and narrate their own lives according to this body of expertise. [...] [W]e train ourselves to be more suspicious of our thoughts, or more tolerant of our feelings'.⁷⁷

Using *4.48 Psychosis* as an example, psychoanalyst Darian Leader identifies this process as one of the most damaging aspects of modern psychiatry. Leader introduces the experience of one of his patients, who 'described how she was forced into a set of concepts and categories that were alien to her, like the protagonist of Sarah Kane's *4.48 Psychosis*, whose fury grows as her doctor refuses to go beyond

⁷⁷ William Davies, *The Happiness Industry: How the Government and Big Business Sold Us Well-Being* (London: Verso, 2016), p.258.

the question of whether her act of self-harm provided relief or not.’⁷⁸ Leader suggests that the denial of the patient’s inner life parallels the violence with which patients were treated under Victorian regimes of ‘mental hygiene’:

The clinician who attempts to graft his own value system and view of normality onto the patient becomes like the colonizer who seeks to educate the natives, no doubt for their own good. Whether the system is secular and educative or religious, it still bulldozes away the culture and the history of the person it purports to help.⁷⁹

For Leader, a clinical approach which insists on a rigid epistemological framework and tells the patient ‘how her behaviour is incorrect, and how she need[s] to learn to think differently and see herself [differently]’, doesn’t attempt to transform the patient’s relationship to themselves so much as truncate it. Eschewing the patient’s desire to reveal their interior life in their own idiom, the ‘violence’ of this approach ‘is present each time we try to crush a patient’s belief system by imposing a new system of values and policies on them.’⁸⁰

In *4.48 Psychosis* the ‘medical voice’ largely follows the techniques of CBT in order to quietly and persistently erase those parts of the patient’s interior life which do not conform to that of a behaviourist subject. Having been semantically thwarted by the patient-voice, the doctor-voice returns to the ‘guided discovery’ technique in order to lead the interlocutor into a position of suspicion as to their own metaphorical-thinking:

– You are not eighty years old.

⁷⁸ Darian Leader, *What is Madness?* (London: Penguin, 2011), pp.6-7.

⁷⁹ *Ibid.*, p.6.

⁸⁰ *Ibid.*, p.7.

(Silence)

Are you?

(A silence.)

Are you?

(A silence.)

Or are you?

*(A long silence.)*⁸¹

Alternating between a denial of the patient's mode of self-expression and an irritatingly repetitive insistence on its own regime of truth, the presentation of the behaviourist doctor-voice in *4.48 Psychosis* reveals the behavioural-medical position as one predicated on the denial, even the elimination of, the patient's interior life.

The persistent thwarting of the emotional-epistemological hierarchy proposed by the doctor-voice, which takes place throughout *4.48 Psychosis*, frames such systems of knowledge as antithetical to understanding mental pain. Throughout these dialogues the patient-voice is increasingly trapped in paradoxical claims made with regards to their ability to 'take responsibility' for their emotions. Any affirmations of the patient's suffering (always through the vocabulary of 'illness') from the doctor-voice are swiftly accompanied by a call to responsibility:

- And you don't think you're ill?
- No.

⁸¹ *4.48 Psychosis*, pp.211-2.

- I do. It's not your fault. But you have to take responsibility for your own actions.⁸²

As well as denying the patient-voice an opportunity to represent 'hermself' in terms that contain paradox or ambiguity, the medical interlocutor uses the notion of responsibility as a double-bind through which to objectify the patient's illness whilst constructing an implicit culture of blame around them.

- I don't feel contempt.
- No?
- No. It's not your fault.
- It's not your fault, that's all I ever hear, it's not your fault, it's an illness, it's not your fault, I know it's not my fault. You've told me that so often I'm beginning to think it is my fault.
- It's *not* your fault.
- I KNOW.
- But you allow it.

(Silence)

Don't you?

- There's not a drug in on earth that can make life meaningful.
- You allow this state of desperate absurdity.⁸³

⁸² Ibid., pp.217-218.

⁸³ Ibid., p.220.

The notion of responsibility here is used to erase the question of 'fault', and thus the possibility that the patient might consider their suffering as a (possibly political) consequence either of their own actions, *or* of the conditions to which they are exposed.

By denying any discursive space for the notion that there might be *causes* for the patient-voice's suffering, 'responsibility' also becomes a means for discounting the truth-content in the patient's observations, and their history. In a dramatic world which is coursed through with violence, fraught relationships and power-play, this framework is striking in its reductiveness. The patient's own claims are framed as irresponsible, whilst their suffering is given no weight, as it is implicitly permissible - 'allowed by' the patient. Nevertheless, as with the previous exchange, the doctor-voice is unequal to the patient's expressive power, the works dramaturgical representation of suffering. Kane fragments the cognitive behavioural framework, so that it exists in the theatrical space as persistent and aggressive, but never as a meta-discourse. By presenting both its persistence and its cracks, *4.48 Psychosis* creates space for an epistemological and ethical critique of the power dynamics hidden in CBT's supposed scientific neutrality.

Kane uses the fragmented medical voice in *4.48 Psychosis* to articulate a specific critique of reductive models of mental suffering which is rooted in her historical moment of writing. In these short exchanges Kane reveals one of the key paradoxes and strategies central to the neo-liberalisation of healthcare: the marrying of epistemology, responsibility and a (dubious) ethical system. In chapter 1 I suggested that Kane wrote during a period of crucial transition in UK mental healthcare. This was a period of flux, during which mental healthcare moved from an asylum system, to one in which care was delivered in the community, by a number of service

providers. Having written about and experienced the mental health care system in the UK in the decade following the *NHS and Community Care Act 1990*, Kane would have witnessed a period of fundamental transition in the way in which mental illness was conceptualised and treated in the UK. I have suggested that as the first act of parliament to introduce private sector providers into the health and social care systems and to establish an internal market within the NHS, the *Community Care Act* began a process of neo-liberalisation of health and social care which has perhaps reached its apotheosis today.⁸⁴ The new legislation enabled further implementation of a conception of the NHS based on the idea of patients-as-consumers and NHS Trusts as competitive corporate-style service-providers. Using the framework of neo-liberalism to describe the subsequent changes in UK mental healthcare is useful, as it enables one to address the way in which structural and ideological changes combine to create new discursive and practical conditions for subjectivisation.

Key to analyses of neo-liberalism from Foucault onwards is the idea that as a ‘governmental rationality’ it acts as a series of economic and governing practices which impact the lives of individuals, *and* simultaneously creates a new epistemic order in which all forms of knowledge are subsumed into an economic logic. For Foucault, neoliberalism is a system of governance in which the logic of the market is expanded beyond the economic:

Analysis in terms of the market economy, or, in other words, of supply and demand, can function as a scheme which is applicable to non-economic domains.⁸⁵

⁸⁴ This is also the argument of the epilogue to Barbara Taylor’s *The Last Asylum: A Memoir of Madness In Our Times* (London: Penguin, 2015).

⁸⁵ Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-79*, trans. by Graham Burchill (Basingstoke: Palgrave Macmillan, 2008), p. 243.

Not only is market logic applied to non-economic realms under such a system, but the market is posited as the ultimate arbiter of governmental decision-making, acting as an epistemological and ethical meta-discourse:

Laissez-faire is thus turned around, and the market is no longer a principle of government's self-limitation; it is a principle turned against it. It is a sort of permanent economic tribunal confronting government.⁸⁶

A system can be described as neo-liberal therefore, insofar as it holds the market as the standard against which all other forms of value are to be judged.

Foucault emphasises the way in which neo-liberal economic theory lays claim to the entire concepts of the real and the rational. Neo-liberalism's chief proponents and theorists thus promote an epistemic order in which 'rationality', 'health' and 'sanity' are subsumed under the banner of economic productivity. Proponents of economic neo-liberalism from the Chicago school both drew on and contributed to the field of behavioural psychology. The behavioural economics model espoused by the Chicago school applies 'price theory' 'beyond the limits of market consumption, to apply to *all* forms of human behaviour.'⁸⁷ Crucially, it posits single a form of rationality to which all 'sane' individuals conform.

Homo economicus is someone who accepts reality. Rational conduct is any conduct which is sensitive to modifications in the variables of the environment and which responds to this in a non-random way, in a systematic way, and economics can therefore be defined as the science of the systematic nature of responses to environmental variables.⁸⁸

⁸⁶ Ibid., p.247.

⁸⁷ Davies, p.151.

⁸⁸ Foucault, *Biopolitics*, p.269.

In classic neoliberal theory therefore, the individual is redefined as an autonomous agent who reacts ‘rationally’ (i.e. according to the logic of a cost-benefit analysis) to changing environments in order to survive changes to the market-environment, whose continuance is the only end-in-itself. Reactions that do not follow such a principle are defined as aberrant or irrational, to be altered if the subject is to survive. One can easily see the link with the cognitive behavioural framework here: targeting ‘maladaptive thoughts’, CBT does not seek to identify an aetiology of suffering but focuses instead on guiding patients to have ‘reasonable’ or proportional reactions to their environment. As such, the behavioural approach sees the subject as an autonomous, though maladapted, agent, to be brought in line with the dominant epistemological-emotional regime.

In identifying the neoliberal, behaviourist trend in mental healthcare and having it largely characterise the medical voice in her final play, Kane presented a highly prescient vision of the direction of UK mental healthcare. In the UK, the redefinition of the psychiatric subject along neo-liberal and behaviourist lines has had profound practical consequences since the 1990s, as patients with mental health problems are increasingly figured as faulty economic agents. As William Davies points out, the recent adoption of CBT as the dominant mode of therapy in the NHS was largely a neoliberal economic decision.⁸⁹ In the proposal for the creation of the largely-CBT based Increasing Access to Psychological Therapies (IAPT) scheme in 2006, Richard Layard argued specifically that ‘the money which the government spends will pay for itself. For someone on Incapacity Benefit costs us £750 a month in extra benefits and lost taxes. If the person works just a month more as a result of the

⁸⁹ Davies, p.111.

treatment, the treatment pays for itself.’⁹⁰ Since its inception IAPT has had links with the UK Department for Work and Pensions, with employment advisers integrated into the service, and return to employment a key marker for measuring recovery. In 2014, the Conservative Party sought to make Employment and Support Allowance for those diagnosed with depression dependent on individuals receiving CBT, with sanctions for non-attendance.⁹¹ What’s more, 2017 proposals sought to further embed the link between employment and recovery, by mandating that economic self-sufficiency be both the *aim* and the *focus* of IAPT therapies. Under the heading ‘Changes to clinical practice for IAPT therapist’, a joint DWP and DoH presentation states:

During therapy keep informed of the progress of employment support and in collaboration with the client *take the necessary action to ensure that employment support is successful by focussing on psychological blocks*, for example, fear or anxiety around interviews.⁹²

The change marks a notable escalation in the application of neoliberal thinking and the relationship between work and therapy. Whilst the ability to work has long been a marker in the mapping of illness and health, the new proposal takes this a step further. The 2006 Layard report had already collapsed the distinction between health and work, proposing employment as a sign of recovery. In the new guideline to clinicians this logic is reversed, and unemployment itself identified as the major

⁹⁰ Richard Layard, ‘The Depression Report. A new deal for depression and anxiety disorders.’ *Centre for Economic Performance Special Papers* (London: London School of Economics, 2006), p.2.

⁹¹ Tim Ross, ‘Tories discuss stripping benefits claimants who refuse treatment for depression’, *Telegraph*, 12 July 2014 <<https://www.telegraph.co.uk/news/politics/conservative/10964125/Tories-discuss-stripping-benefits-claimants-who-refuse-treatment-for-depression.html>> [accessed 18 February 2019].

⁹² Kevin Jarman, ‘Employment Advisers in IAPT – Providing Integrated IAPT and Employment Support’, New Savoy Partnership Conference (2017) <<https://www.newsavoypartnership.org/2017presentations/kevin-jarman.pdf>> [accessed 18 February 2019] (Slide 12), my emphasis.

pathology: the role of the clinician becomes to ‘ensure that employment support is successful’, and mental pathology is only understood in terms of ‘psychological blocks’ to the return to work. The redefinition of the psychiatric subject into a self-responsible economic one that began with the *Community Care Act* reaches its peak here, in which discourses of therapy, psychiatry and patient choice have been entirely subsumed into the economic. The shift is at once practical, epistemological and coercive: with their livelihoods and benefits often dependent on receiving such therapies, subjects are entered into a therapeutic process which asks them to *redefine themselves* as behaviourist-economic subjects, and the therapeutic site ceases to be one in which a variety of subjectivisations can be explored.

It’s not your fault

In this context, contemporary stagings of both *Crave* and *4.48 Psychosis* go somewhat against the grain of current mental health discourses, both in professional and theatrical contexts. There is an element of cultural dissonance when these works are compared to contemporary playwrighting on mental illness, especially with those works staged at major West End theatres. This dissonance is generated both by the staging of the inadequacy of the CBT therapeutic encounter in *4.48 Psychosis*, and by both works’ refusal of the orientation towards cure. Recent successful new writing around the subject of mental suffering include Alice Birch’s *Anatomy of a Suicide* and Duncan Macmillan’s *People, Places, Things*, staged at The Royal Court, and National Theatre/Wyndhams respectively. Both productions opened to highly positive reviews, with *People, Places, Things* securing a West End transfer. Whilst they vary dramatically in style and dramaturgy, these new plays share two notable similarities: firstly they represent dramaturgically innovative attempts to represent

mental suffering, and secondly they are all structured around a journey out of mental illness which takes the form of a precarious return to 'normal' or productive life.

This return is most clearly noticeable in *People, Places, Things* which tells the story of an actress, possibly called Emma, who enters a rehabilitation centre for drug and alcohol abuse. The play stages her two cycles of rehabilitation, in which she struggles to accept the program, eventually accepting her helplessness but not the role of Christianity in Alcoholics Anonymous process. Instead of repeating the serenity prayer, she attempts to remember a corporate monologue which she had performed for her first acting job, and which she subsequently rehearsed with her late brother and uses for auditions. The play contains interesting dramaturgical evocations of Emma's mental anguish during the withdrawal process, with her dissociation and pain represented through the emergence of multiple 'Emmas' on the stage, writhing and shaking under flashing lights, generating a confusion in the audience as to whether we are witnessing hallucinations, or a self no longer experienced in coherent spatial and chronological terms. This confusion is compounded by the fact that Emma's substance abuse is combined with an 'addiction' to acting, as she present successive 'roles' to the audience and her therapy group, repeatedly undermining her own past narratives and casting doubt on her real name and identity. Nevertheless, the play ends with the suggestion of possible return both to 'health' and to economic productivity. Having left rehab, Emma returns to her toxic family environment, ignoring the injunction to avoid the 'people, places and things' that cause the addict to want to use. Instead, Emma returns to the site that makes her want to use the most, stating that if she can stay sober whilst living with her mother, she can be sober anywhere. In the final scene, the bedroom in her parent's house moves away, and Emma is left standing on a bare

stage, finally correctly reciting the corporate monologue as though in an audition. The final monologue functions in a number of ways in this scene: it is at once a sign of Emma's recovery, her defiance of her toxic family environment, and her return to economic subjecthood. The end of the play combines the language of defiance and combat with illness, increasingly applied in the mental health context, with that of economic identity and corporate banality to generate an uncertain sense of cure and restoration to 'life'.

Alice Birch's *Anatomy of a Suicide* ends with a similar transformation of the stage space in order to indicate the lifting of illness and the cure-filled future. Birch's play, directed by Katie Mitchell at the Royal Court in 2017, owes a clear debt to Kane's *Crave* in its presentation of three generations of suicidal women, all of whom occupy the stage at the same time. Like *Crave*, the narratives of *Anatomy of a Suicide* enfold in unclear chronologies, with scenes from each generation taking place simultaneously, and speech overlapping. Nevertheless, Birch introduces narrative certainty and transformation which are very different from Kane's dramatic universes. The play's exploration of genetically inherited suicidality ends when the woman from the youngest generation decides to sell her grandmother's house, the site of her mother's and grandmother's suicides, and to have her ovaries tied. Refusing to continue an apparent biological compulsion towards suicide and distancing herself from the traumatic history held in her maternal home, Jo causes a transformation of the stage space. For most of the play, the set was a concrete-like cell, with three doors along the back wall, with a date projected above each door to indicate the time of each narrative. Action from each time-period took place in front of the assigned door, so that one had a sense of separate narratives being played out in parallel. Jo's escape from her suicidal heritage is represented as a literal lifting of

this depressive landscape, as the back wall rises in the final scene, to reveal the ‘actual’ house flooded with light behind it.

Both plays are thoughtfully critical of the cure that their narratives end with. Jo is restored to the possibility of future health only through an elimination of the possibility of reproduction, as if the mental illness which she has inherited is not so much suicidal depression as motherhood. Emma’s return to her life as an actress is rendered dubious both because of the extent to which acting has been represented as part of her addiction to begin with, and because she literally returns to where she had started – on stage, where, at the start of the play she had been drunkenly performing the end of Chekhov’s *The Seagull*. Nevertheless, these doubts are made possible within dramaturgical representations of mental illness which track the journey from psychiatric intervention to home, and back to work, and follow chronologies in which cure is an end point. What’s more, these journeys are represented as entirely personal, with ‘home’ a toxic but nonetheless economically stable, middle-class house, reliably available to its adult daughters. Rather than being direct or indirect engagements with the conditions and power relations in which mental suffering takes place, both Birch and Macmillan ultimately stage narratives of personal strength leading to autonomy, and dubious self-fulfilment or cure. In contrast, Kane’s unrelenting portrayals of seemingly irresolvable mental suffering make significantly different demands on contemporary audiences.

When restaged in the current neoliberal mental health context, Kane’s plays provide audiences with the opportunity to think otherwise, by presenting them with versions of mental suffering which are incoherent within the neoliberal framework. As I discussed in chapter 1, one of the lasting consequences of the *Community Care Act* has been the conversion of the psychiatric patient into a ‘service user’, who is

positioned as a consumer in the centre of a number of service providers. Returning to this shift now, we can see how deeply Kane's final play provides a charged response to its political moment. This repositioning assumes a level of capability, autonomy and expert knowledge by the service-user which is not necessarily present, as well as transferring the liability for any failure of the services on to poor navigation by the user. As Barbara Taylor observes in her account of community care, those living with pathological mental suffering are now 'looked after (or not) [...] through a network of services provided by the voluntary sector, private companies and local NHS mental health trusts', with 'the guiding principle behind this vision [...] that the best way of life – for everyone, sick or well - [is] one of personal independence.'⁹³

This shift towards autonomy as the founding principle of service-provision has been described by economic and sociological critiques of neoliberalism as the process of 'responsibilisation'. Under a 'regime' of responsibilisation patients are understood in a system which 'provides the illusion of control, autonomy and sovereignty' and in which 'capability (and the failure to exert it successfully) is perceived as fully under the control for consumers'.⁹⁴ As such, the space for criticism of structural causes of distress or patient-capabilities is effectively eliminated:

When individuals are asked to make choices and conform to the ideals of responsibilisation, but are unable to do so because of structural tensions within the service system, the self-blame effect magnifies and induces a vicious-cycle. [...] Not succeeding in integrating resources from their personal domain with those from providers and the service system becomes a

⁹³ Barbara Taylor, p.249.

⁹⁴ Wendy Brown, *Undoing the Demos: Neoliberalism's Stealth Revolution* (New York, NY: Zone Books, 2015), p.113; L. Anderson et. al, 'Responsibility and Well-Being: Resource integration under responsibilization in expert services', *Journal of Public Policy and Marketing*, 35.2 (2016), 262-279, < https://pure.qub.ac.uk/ws/files/120912347/Responsibility_and_Well_Being.pdf > [accessed 18 February 2019] (pp.3-4 of proof)

reflection of consumer deviance, incompetence, and inadequacy under the neoliberal logic of responsabilisation.⁹⁵

The logic of responsabilisation thus aims to transform the individual into a successful and autonomous economic unit and condition their responses to the failure to realise oneself as such a unit into a personal inadequacy. Such a logic is noticeable in both Birch and Macmillan's narratives of recovery, with Emma finally 'taking responsibility' for the harm she caused due to her addiction and returning to independence, and Jo's radical choice to become infertile in order to avoid passing suicidality on to a future generation, taking responsibility for possible future suffering and dependency by eliminating its possibility.

In *4.48 Psychosis*, the doctor's attempts to guide the interlocutor into a transactional account of themselves is eventually revealed to be based in a fearful rejection of interdependency. The patient's silences force the medical voice into an unprofessional moment of self-disclosure, which reveals its previous calls for self-responsibility and for transactional self-representation as above all attempts to distance the patient, and isolate their pain from others:

(Silence.)

- Most of my clients want to kill me. When I walk out of here at the end of the day I need to go home to my lover and relax. I need my friends to be really together.

(Silence.)

I fucking hate this job and I need my friends to be sane.

⁹⁵ *Ibid.*

(*Silence.*)

I'm sorry.

- It's not my fault.⁹⁶

Fearfully refusing the patient's desire for friendship and constantly denying their request to be believed, the therapist's confession here exposes the limits of the neo-liberal/responsibilised therapeutic encounter. The kind of sustained engagement with the patient's suffering which speaker(s) seeks, and which is perhaps described by Bollas when he comments on the psychotic's ability to challenge the foundations of their therapist's beliefs, is impossible under a behavioural/neoliberal framework which works on the assumption of subject-autonomy.

Kane renders this form of autonomy incoherent through her staging of two kinds of overflowing in the dramaturgy of *4.48 Psychosis*: the representational overflowing of mind into space, and the overflowing of desire into pathology. The ideal responsabilised subject is autonomous and above all bounded – contained in a single, capable body. By creating a dramaturgy of mental breakdown which spreads the representation of a single consciousness across a number of bodies, temporalities, sounds and sites, Kane communicates a version of mental suffering which experiences the demand for autonomy as an unwanted and unanswerable intrusion.

In Venables' opera production, the essential contradiction between the demands of the medical voice and the audio-spatially realised 'hive mind' of the play was ingeniously and comically underlined through the staging of the dialogues. Venables developed these scenes into 'percussion dialogues', in which text was projected onto

⁹⁶ *4.48 Psychosis*, p.237.

the back wall of the set accompanied by percussion, to the rhythm of natural speech.

Both text and percussionists were spatialised:

One percussionist stage right played the Doctor and one percussionist stage left played the Patient. The text for each role was projected onto the upstage white wall of the set stage right and left respectively, close to the location of the performers, who were in the corresponding left and right positions on the raised gantry. The left-right spatialisation helped make the dialogue aspect clearer, and highlighted the adversarial nature of the characters' relationship in these scenes.⁹⁷

During these dialogues the stage was occupied either just by soprano Gweneth Ann Rand, the 'leader' of the hive mind/ensemble who carried most of the solo arias, or by Rand and Lucy Schauer who was frequently choreographed as a doctor/therapist figure. The representation of the patient/doctor scenes was thus spread across a variety of visual and auditory modes of expression. The 'patient-voice' was at once text and percussion, and expressed through the visible body of the percussionist, the blankness of the back wall of the set, and Rand's onstage presence.

Each 'voice' was given its own quality through use of specific instruments. The patient's voice was expressed with a bass drum and the doctor's variously using a bass drum, toy drum, snare drum metal scaffolding pole and a wood saw on a piece of wood. Question marks in the text were marked with the pinging of a counter bell. This variation of instruments allowed for the articulation of different levels of intrusiveness on the part of the medical voice:

⁹⁷ Venables, ('8. Percussion Dialogues').

The doctor interferes, annoys, niggles, often with trite or ridiculous questions. Instruments were chosen to reflect this, for example with the penetrating, invasive sound of metal scaffolding with metal-headed hammers (Scene 6), or the comic effect of sawing a piece of wood with heavy amplification applied (Scene 12). Only in Scene 23, when the Doctor finally shows her own humanity, flaws, emotions and vulnerabilities, does the Doctor also play the orchestral bass drum.⁹⁸

Venables thus used the percussion dialogues to create a sense of impossible demands entering an expanded mind-as-site through auditory effects which varied from banal to aggressive and, in the case of the wood saw, almost unbearable. The splitting of the dialogue across singers, sounds, percussionists and texts made it impossible to assign the 'voices' to a specific body, whilst nonetheless maintaining the doctor/patient split through the assigning of bodies and sounds to the left or right-hand sides of the stage. The result was a staging of the dialogues which was significantly funnier than that of other productions (at least those I have witnessed). Placed in the theatrical context of an *environment* of mental suffering, the doctor's repetitive questioning and calls for the patient to 'take responsibility for your actions'⁹⁹ became absurdly comical, with the incongruity of such demands emphasised by the return of banal, waiting-room style muzak on either side of the dialogues.

The second form of overspilling performed in *4.48 Psychosis* involves the intimate relationship between desire and the medical gaze, a relationship which the medical voice(s) of the play repeatedly tries to deny. This came to the fore in the production

⁹⁸ Ibid.

⁹⁹ *4.48 Psychosis*, p.219.

the Belarus Free Theatre staged in London in 2015, in collaboration with the Young Vic as part of their 'Staging a Revolution' festival. This production in which the thematics of desire became the starting point for the dramaturgy of the performance. The play was performed by two female actors, Maryia Sazonava and Yana Rusakevich, who variously embodied each other's friends, lovers, doctors and doubles. The performances were very physical: crawling on the floor, climbing the walls, touching, embracing and tugging one another. As a performance by an exiled theatre company from a country in which homosexuality is illegal and in which suicide 'doesn't exist', the production highlighted the playtext's intertwining of illicit desire and unacknowledgeable mental suffering.¹⁰⁰

A striking moment of this entanglement in the production occurred in the scene which lists eleven drug treatments for psychosis and depression and their consequences for the patient-voice. In this scene, one actor brought out a large glass container of brightly coloured fruit (mostly strawberries and kiwifruit). The pair took it in turns to announce the name of a drug and dosage of a drug, whilst feeding the fruit to their counterpart. The gestures of feeding throughout the scene ranged from tender, to erotic, to aggressive and back again. The clinical tone of the list of prescriptions and the detachment of the patient-voice's sarcastic commentary was contrasted with the intense physical connection between the bodies on stage. The scene could be interpreted in a number of ways: lovers playing at being doctors; doctor and patient playing at being lovers; an illicit relationship taking place in a ward or asylum. By leaving these options open the performance filled the clinical text with an unstable narrative of desire, preventing the audience from separating 'medical' and 'personal' sections of the play. Not only was the reductionism of the clinical language in this

¹⁰⁰ Belarus Free Theatre, '4.48 Psychosis, Post-Show Discussion', The House of Detention, Farringdon, London, 3 November 2015.

scene exposed by the gestures which accompanied it, but it was also transformed into the conditions for intimate physical exchange. In the theatrical site, the overspilling of boundaries between interior and exterior becomes social, as the porosity of the mind represented by the dramatic universe becomes the porosity of the theatrical site, interpellating the audience into a new mode of relating facilitated by the site itself.

RSVP ASAP

Kane integrates questions of intimacy and desire into *4.48 Psychosis*'s metatheatrical challenge to its potential audiences. By guiding the audience to notice the spatial conditions in which it is (or may be) variously staged, the playtext of *4.48 Psychosis* is one which is particularly conscious of its own frame. The playtext *plays* with the conditions of its own potential performance, referring to mutable spaces in which it might be staged, constantly aware of its own theatricality. However, as Barbara Johnson reminds us, the self-conscious highlighting of a text's frame can serve to undermine the very boundaries it seems to point out: 'The "frame" thus becomes not the borderline between the inside and the outside, but precisely what subverts the applicability of the inside/outside act of interpretation.'¹⁰¹ *4.48 Psychosis* disturbs that act of interpretation, by referring its potential audience to a theatrical mind-as-site which both is and is not equivalent to the site of the theatre, and by involving the audience to the point that it renders the boundaries of that theatrical space psychically porous. Kane's later works (*Crave* and *4.48 Psychosis*) thus create theatrical situations in which the frame not only enhances but repeats the content. This repetition, as I have been arguing, allows the dramaturgy of the play to form a

¹⁰¹ Barbara Johnson, 'The Frame of Reference', *Yale French Studies*, 55.56 (1977), 457-505, p.481.

critique of the reductive forms of mental life which the subject(s) on stage struggle with and resist. We might state that the repeated question, 'what do you offer?' is answered by the dramaturgy itself: *4.48 Psychosis* and its subject(s) offer intimate access to and through a mind-as-site.

Nevertheless, the question of repetition between frame and content is only partially answered by this statement. The play also turns the question, *what do you offer?* onto the audience itself, including the spectator in its fraught representation of the limits and ethics of desire. Whilst *Crave* and *4.48 Psychosis* seem to be structured around the spaces and temporalities of mental breakdown, each play also strongly maintains the thematics of desire, sexual violence and power relations which are so prominent in *Blasted*, *Phaedra's Love* and *Cleansed*. The question of how to respond to intense emotional needs, demands and possibly pathological desires continues in the two final works, but is now also integrated into the play's frame. Refusing to give a transactional account of themselves to their medical and theatrical audiences, the subject(s) of these plays nevertheless make demands upon their audiences – demands which are complicated by each play's collapse of spectatorial distance.

By giving formal embodiment to the troubling relationships of intimacy and desire in these plays, Kane explores the realms of psychic life that are refused in the behavioural, and neo-liberal frameworks I have been discussing. *Crave* and *4.48 Psychosis* stage relationships and desires that never fully make their way into representation. In both plays, desire is characterised by a yearning for something that is impossible to find and is sought for in unlikely urban and medical sites. The speakers yearn for loved others who they present as fugitive, always slipping away from the speaker and the speaker's attempt to describe them. This is perhaps best characterised in the relationship between C and M in *Crave*, in which M occupies an

uncertain position as possibly C's mother, doctor, or loved other. Usually cast as an older woman, M's initial refers to 'mother', corresponding to C's which stands for 'child'.¹⁰² Nevertheless, Kane's reduction of the titles to initials was a deliberate attempt to open up possibilities for different relations to emerge in future stagings of the play: 'I didn't want to write those things down because then I thought they'd get fixed in those things forever and nothing would ever change.'¹⁰³ M describes and acts out her own narrative, in which she seduces and abuses B in an attempt to have a child. Yet she also occupies a position as the implicit female love object and/or mother-figure for C. M moves through different positions in relation to C, taking up roles that respond to C's craving for something or someone who will end her suffering.

Crave opens with C's apostrophe: 'You're dead to me'.¹⁰⁴ Identifying the object of the apostrophe in her next line, 'Somewhere outside the city, I told my mother, you're dead to me', C seems to denote M as her addressee, at least in productions which follow the original casting. Later M and C perform a mother-daughter pair, discussing the infidelity of a husband and father:

M When he's generous, kind, thoughtful and happy, I know he's having an affair.

C He thinks we're stupid, he thinks we don't know.

M A third person in my bed whose face eludes me.¹⁰⁵

¹⁰² Dan Rebellato, *Brief Encounter with Sarah Kane*, online interview recording, 3rd November 1998 <<http://www.danrebellato.co.uk/sarah-kane-interview/>> Accessed [31 January 2017].

¹⁰³ *Ibid.*

¹⁰⁴ Sarah Kane, *Crave*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.153-202 (p.155).

¹⁰⁵ *Ibid.*, p.182

Craigie noted that when playing M in the original production, ‘there were sections where I definitely felt, [...] I was her mother and that A was the father, and that there was a father, mother, daughter [relationship] here.’¹⁰⁶ However, this implicit kinship between C and M is destabilised in the middle of the play, in which M emerges as the clinical voice, first introducing the clinical site (‘Sunny landscapes. Pastel Walls. Gentle air conditioning.’¹⁰⁷), and then taking C’s medical history. In this version of their relationship, M rejects the maternal relation with C outright:

C You could be my mother.

M I’m not your mother.¹⁰⁸

Instead another relation emerges in which M, in her role of doctor/therapist, becomes the object of C’s desire, even as C acknowledges that she had ‘fallen in love with someone who does not exist’:¹⁰⁹

C My entire life is waiting to see the person with whom I am currently obsessed, starving the weeks away until our next fifteen minute appointment.¹¹⁰

As well as the obvious Oedipal reference that can be found in the elision of mother, doctor and lover; it is notable that representational slippage with which M is presented to the audience repeats the frustrating nature of C’s experience of desire in which the potential loved object never quite comes into focus, or into language. C’s unclear desire for M, or some version of M, takes place in the shadow of the much clearer abusive relationship which C has with A. Unlike the heterosexual pairings in

¹⁰⁶ Ingrid Craigie, private correspondence with Graham Saunders, reproduced by kind permission of Ms Craigie.

¹⁰⁷ *Crave*, p.171.

¹⁰⁸ *Ibid.*, p.173.

¹⁰⁹ *Ibid.*, p.158.

¹¹⁰ *Ibid.*, p.184.

the play (again, dependent on casting: A/C, B/M), the nature of the C/M relationship never becomes clear in the playtext, inviting a potential audience to repeat C's search for an impossible object as spectators.

The indeterminacy of the loved object-position in which C (possibly) casts M in *Crave* becomes total in *4.48 Psychosis*. In *4.48 Psychosis* Kane pushes this representation of desperate and impossible desire in the shadow of sexual violence to an extreme. There are moments of romantic and sexual attachments threaded throughout the playtext of *4.48 Psychosis*, none of which are possible to pick out as objectifiable relationships. The speaker(s) identifies a male lover in the moment they plan their suicide, 'I am jealous of my sleeping lover and covet his induced unconsciousness'.¹¹¹ Alongside this lover who is present only in his sleep, references and addresses to another (or several other) absent love-objects emerge. The third scene introduces two references to absent love-objects:

It wasn't for long, I wasn't there long. But drinking bitter black coffee I catch that medicinal smell in a cloud of ancient tobacco and something touches me in that still sobbing place and a wound from two years ago opens like a cadaver and long buried shame roars its foul decaying grief.¹¹²

I want to scream for you, the only doctor who ever touched me voluntarily [...] I trusted you, I loved you, and it's not losing you that hurts me, but you're bare-faced fucking falsehoods that masquerade as medical notes.¹¹³

¹¹¹ *4.48 Psychosis*, p.208.

¹¹² *Ibid.*, p.208-9.

¹¹³ *Ibid.*, p.210.

Characterised only by the subject's sense of betrayal and lingering pain, these lovers barely achieve referential status as they come from a past or life outside of the play which remains obscure.

For the rest of the play, this/these lovers are increasingly addressed through the figure of apostrophe, 'the direct address of an absent, dead, or inanimate being by a first-person speaker'.¹¹⁴ The speaker(s) positions themself(ves) as repeatedly reaching out to a source of satisfaction (and increasingly salvation) that is at the same time revealed to be vacant:

No one touches me, no one gets near me. But now you've touched me and
somewhere so fucking deep I can't believe and I can't be that for you.
Because I can't find you.¹¹⁵

Absent because she is dead, lost or non-existent, the object(s) of the apostrophes seems to give the lie to the form of address itself which is unequal to the strength of feeling which it attempts to carry. This becomes clear when the apostrophe simultaneously becomes a rejection:

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, but most of all, fuck you God for
making me love a person who does not exist, FUCK YOU FUCK YOU
FUCK YOU.¹¹⁶

¹¹⁴ Barbara Johnson, 'Apostrophe, Animation and Abortion', *Diacritics*, 16.1 (1986), 28-37 (pp.29-31).

¹¹⁵ *4.48 Psychosis*, p.215.

¹¹⁶ *Ibid.*

Moving from an apostrophic insult, into an address to God and back into a general curse, this outburst destroys the object it set out to find. As Johnson notes, the act of apostrophe is always to some extent fictive:

Apostrophe is thus both direct and indirect: based etymologically on the notion of turning aside, of digressing from straight speech, it manipulates the I/Thou structure of direct address in an indirect, fictionalized way. The absent, dead, or inanimate entity addressed is thereby made present, animate, and anthropo- morphic. Apostrophe is a form of ventriloquism through which the speaker throws voice, life, and human form into the addressee, turning its silence into mute responsiveness.¹¹⁷

The speaker's apostrophe in *4.48 Psychosis* undoes its own ventriloquism. Rather than constructing a version of the other for the audience, or indeed for the speaker, this form of address in *4.48 Psychosis* underlines its own emptiness. An unstable 'I' reaches out to address a 'you' which is not only absent but non-existent, and thus unable to fill the object-position the speaker seeks to form for them.

The absent or impossible position of the love-objects in *Crave* and *4.48 Psychosis* creates the impression of content which the mode of representation is not quite able to master or objectify. The voices of both plays seem to refrain from (or find themselves unable to) claim the narrative authority required to describe and objectify others (although *A* might be read as an exception to this in *Crave*). The extent of this withdrawal from narrative authority in *4.48 Psychosis* is highlighted when compared with Kane's intertextual psychiatric sources. Kane quotes liberally from Edwin Shneidman's *The Suicidal Mind* throughout the *4.48 Psychosis*, as Antje Diedrich

¹¹⁷ Johnson, 'Apostrophe', p.31.

has noted in her thorough study of Kane's source texts. *The Suicidal Mind* is one of the last works of psychologist and thanatologist Edwin Shneidman, one of the founders of the study of suicide in the US. In this work, Shneidman reviews case studies of three of his patients in depth in order to illustrate his theory that suicide arises when an individual's 'vital needs' are thwarted. Of all of Kane's diverse sources, Diedrich identified Shneidman's work as providing the basis for the type of endlessly desiring subject staged in the play:

4.48 Psychosis clearly reflects Shneidman's notion of suicide as "a drama in the mind" with the self focusing in on a thwarted vital need and moving to psychological constriction and suicide. Within this drama in the mind, the world of psychiatry is represented in negative terms, not responding to but worsening the I's *psychache* and suicidal intentions.¹¹⁸

Nevertheless, despite drawing on the concept of vital needs ('this need I have for which I would die') *4.48 Psychosis's* presentation of the relationship between desire and suicidal psychic life is strikingly different from Shneidman's.

Shneidman's suicidal dramas are perhaps best characterised novel-like, as he presents his case studies as compelling narratives in which the patient (hero) struggles against the nemesis of their unfulfilled need. Patients are presented as intriguing characters, with suicide attempts forming the central point in their narrative arc. The subject of the first study is introduced in this mode:

Ariel's appearance was somewhat unusual, certainly memorable. She had a lovely face, touched with brooding – she reminded me of a young Dolores

¹¹⁸ Antje Diedrich, "'Last in a long line of literary kleptomaniacs': Intertextuality in Sarah Kane's *4.48 Psychosis*", *Modern Drama*, 56.3 (2013), 374-398 (p.394). Shneidman coins the term *psychache* to describe the psychic pain of the suicidal patient.

Del Rio, the movie actress of my youth – pale skin and ebony hair. She wore a floor-length dress, blue, with tiny white polka-dots; the sleeves were to her wrist; at her throat, a choker collar, decorated with the same white lace.¹¹⁹

Having established the attractiveness and movie-star-like charisma of this subject, the stage is set for a dramatic revelation: ‘she undid her collar and her sleeves and from what I saw I could estimate that, except for her lovely hands and face, every part of her was covered in angry keloid scars.’¹²⁰ The subsequent case studies are introduced in similar style. The subject of the second study, Beatrice Bessen is

an attractive, slender, handsomely dressed woman. [...] Not hostile, but deeply rebellious; not iconoclastic, but thoroughly unimpressed by authority; not surly, but beyond being captivated by anyone.¹²¹

and the third, Castro Reyes is ‘handsome, and robust, with a penchant for cutting corners and defying the establishment.’¹²²

Following these introductions, Shneidman documents his conversations and reproduces edited extracts of correspondence with each subject in which they describe their experiences up to and including a failed suicide attempt. The accounts are followed by an identification of the vital needs of each patient, and how their inability to meet these needs led to the suicide attempt. Ariel and Castro’s accounts are each accompanied by a short section headed ‘A Sad Postscript’, which recounts the circumstances of their death. Kane borrows words and phrases from these case studies, but absolutely refuses the kind of characterisations in which Shneidman indulges.

¹¹⁹ Edwin S. Shneidman, *The Suicidal Mind* (Oxford: Oxford University Press, 1998), pp.27-28.

¹²⁰ *Ibid.*, p.28.

¹²¹ *Ibid.*, p.64.

¹²² *Ibid.*, p.98.

Instead Kane draws specifically on moments in which the subjects of the case studies seem to reach a crisis of communication or are out of touch with the completeness of the characterisations provided by Shneidman. Beatrice Bessen's feelings of separation between 'me and my body' recur *4.48 Psychosis*'s 'here I am/ and there is my body/ dancing on the glass.'¹²³ Kane also appears to have borrowed from Castro Reyes' lengthy correspondence with Shneidman, and Castro's is certainly the case study which has the most impact on Kane's work. The reproduction of parts of Shneidman's 'vital needs form' near the end of the play quotes most extensively from Castro's 'need for affiliation'.¹²⁴ In one of the letters Shneidman cites, Castro writes: 'Please reply soon. I must regain control and find the solution. R.S.V.P ... I now reach out to you for help.'¹²⁵ In Kane's reworking, this phrase becomes the basis for a single scene made up of two acronyms: 'RSVP ASAP'.¹²⁶ The scene is bracketed by two more scenes which seem to draw on Castro's complaints: his sense of existing in a 'Living Death', ('I have been dead form a long time') and the torment of being in love with 'a person who does not exist'.¹²⁷ Castro finds his way into *4.48 Psychosis* without being named or described. Kane's condensation of his lengthy plea for help into the simple and urgent 'RSVP ASAP' exemplifies her reappropriation of Shneidman's correspondence. Where Shneidman converts his case studies into characters, Kane uses their words to form a dramatic sense of openness which has no interlocutor. Kane removes the framework through which to understand the plea and it becomes, like Castro's and the speaker(s)' desire, painfully objectless. The *desire for a reply* becomes the unique content of this scene, and thus the play opens up a potential space, in which the audience is invited to

¹²³ Shneidman p.71, *4.48 Psychosis*, p.230.

¹²⁴ Shneidman p.121, *4.48 Psychosis*, pp.233-235

¹²⁵ Shneidman, p.120.

¹²⁶ *4.48 Psychosis*, p.214.

¹²⁷ Shneidman p.115 and p.121, *4.48 Psychosis*, p.214 and 215.

consider what a response might consist of, and what kind of intimacy is being demanded.

The absence of objects of desire or speech in *4.48 Psychosis* has the potential to become the means by which the play extends its demands onto its audience. Kane's final play disturbs its own thematics of desire by converting address into apostrophe, and then apostrophe into an objectless expression of desire. Nevertheless, as Johnson reminds us, the absence of objectification does not mean that a text (or indeed a performance) does not make demands on its audience - 'for in spite of the absence of mastery, there [may be] no lack of *effects of power*.'¹²⁸ Through a deliberate dramaturgical confusion of spectator, lover and doctor, *4.48 Psychosis* implicates its audience into its own demands. In the short scene, 'RSVP ASAP', the speaker(s) at once addresses a medical interlocutor, lover and audience-members.¹²⁹ Imposing this condensed demand for reply onto an audience in a site which by its very nature prevents such a response, places its audience in an ethical bind. The question 'what do you offer?' is turned outwards towards the audience who remain seated, hyper-aware of the theatricality of the situation presented to them and yet simultaneously and repeatedly asked to respond.

As the speaker(s) advances further into their breakdown this demand becomes increasingly urgent, apparently bound up with the speaker(s) own survival. The play's final moments combine a demand for a spectator's response, be it lover, doctor or audience member, with a heart-breaking plea:

I have no desire for death

no suicide ever had

¹²⁸ Johnson, 'The Frame of Reference', p.458.

¹²⁹ *4.48 Psychosis*, p.214.

watch me vanish

watch me

vanish

watch me

watch me

watch.¹³⁰

The thematics of desire and dependency overflow their frame here, until the words of a staged subject seeking salvation from suicidal pain become both a demand on the supposed interlocutor and a distillation of the only response possible from the audience.

That this response is inadequate and unredemptive for the speaker is obvious when compared to the demands it made moments earlier, again with metatheatrical undertones:

No one speaks

Validate me

Witness me

¹³⁰ *ibid.*, p.244.

See me

Love me.¹³¹

Like the absent object of desire, the silent audience cannot produce a form of validation, love or witnessing that is in any way meaningful to the staged subject(s), precisely because of the theatricality of the situation of which they are constantly reminded. All the audience can do is watch and participate in the specular collapses the speaker(s) undergoes. Such watching does not provide the speaker(s) with the kind of witnessing which would enable the transition into narrative and alleviation of pain.¹³² Instead it asks the audience to remain involved with the pain that is communicated to them, to sit through it without retreating into the busy separateness of the orientation towards cure.

Through a combination of the construction of a theatrical, psychotic mind-as-site which the audience is invited to inhabit and the invitation to the audience that they occupy the position of the impossible desired other, *4.48 Psychosis* forces its audience into a position of endurance. Bollas suggests that in the therapeutic encounter, the analyst is ‘*compell[ed]* [...] to experience the patient’s inner object world.’¹³³ Acting under this powerful demand, the analyst enters the world of the analysand’s ‘unthought known’, experiencing and eventually naming the object with the patient, allowing them to ‘reliv[e] through language that which is known but not yet thought’.¹³⁴

¹³¹ *Ibid.*, p.432.

¹³² Tyser suggests that the play facilitates the kind of witnessing that Shoshannah Felman and Dori Laub advocate as a response to the trauma.

¹³³ Bollas, *The Shadow of the Object*, p.5

¹³⁴ *Ibid.*, p.4

Throughout Kane's dramaturgy, there exists an element of this compulsion. The meeting between audience and spectator is never neutral in these works. The forces of disorientation, representations of physical and verbal violence are put to use in an attempt to actively mould the audiences into specific, spatialised experiences of great intensity. However, this is not to ask that the audience acts as the object-naming analyst. In attempting to generate a spatialised *rather than* objectified representation of mental suffering, Kane seems to make the opposite demands on her audience. The consciousness at the centre of *4.48 Psychosis* demands over and over again to be seen, watched, validated and yet emphatically *not* to be named or described. This transitional site, in which manipulations of space, rhythm, proximity and narrative generate a psychotic 'aesthetic of being', is an end in itself. The play overreaches itself, making deeply uncomfortable demands on its audience who are compelled to experience the turbulent fragmentation of psychotic breakdown and tolerate but not resolve the subject(s)' impossible demands for salvation.

Conclusion

I began this chapter with an epigraph from Marguerite Sechehaye, in which she imagines building a bridge between 'schizophrenic' and 'ordinary' experience. This bridge for Sechehaye is the psychotherapeutic situation which, she suggests, is usually constructed for the purpose of leading the other 'back to reality – our own – and to our own norm.' Such an invitation is felt as intrusive and can lead to a loss of the very connection it seeks to maintain: 'he feels it and naturally turns away from this intrusion'.¹³⁵

¹³⁵ Sechehaye, p.38.

In this chapter I have suggested that Kane's final works have the potential to build a similar bridge, in a theatrical rather than therapeutic situation. The purpose of this bridge is emphatically not to coax the suffering psyche 'back' to normality. Rather it contains the opposite invitation. It asks that those of us in the audience, who bring the norms of the outside world into the theatre with us, take a few steps out onto this bridge. In doing so it asks us to put aside those norms for a fixed period of time and reside in a psychic and physical space which might be quite different from those we have experienced before.

It is in this invitation, which might be experienced as a demand, that I believe Kane's works find their most urgent and radical politics. It speaks both to the conditions of the regulation of psychic life in which Kane was writing, and to a number of contemporary circumstances – from the UK neoliberal mental health context to the Belarus Free Theatre's resistance to the oppressive legislation of everyday life in totalitarian regimes. Kane's dramaturgy asks us to think psychic life otherwise, to understand it somehow inherently spatial, and therefore inhabitable and shareable in the psychic in-between of theatrical space.

Conclusion

Sarah Kane and Psychic Life Today

To research and write about the life of Sarah Kane's theatre today is to write across a time span of just under three decades – decades of perhaps unprecedentedly fast change. It is to go from reading faxes and typewritten letters in boxes at the Royal Court's archive, to joining a live stream of a performance of *4.48 Psychosis* which is being transmitted all over the world. It is also to see how productions of Kane's works are remade and form new significations in the contexts of globalisation, heightened neo-liberalism, third wave feminism, new populisms and a host of other contexts. The apparent ease with which Kane's works can be brought to bear on these contemporary contexts is remarked on with every new production and seems to signify a kind of proximity between her theatrical vision and the ills of contemporary life.

This project has opened up the historical distance between Kane's writing and contemporary performances, to better understand the intense sense of involvement which many productions of Kane's works produce. I have suggested that Kane's works take on the spatial disruptions and discursive flux of 1990s mental healthcare, and that they return to it an understanding of psychic life and 'mental illness' as spatially enacted and socially communicable. This spatiality is itself a politicisation of mental health discourses in the context of the upheavals of deinstitutionalisation. It points to the moulding of psychic life by environmental conditions as well as social encounters and suggests that both are dictated by dynamics of power and disempowerment.

Introducing this historical perspective to Kane's theatre, both illuminates her representations of mental experience and reveals her works to be important cultural critiques of the 1990s mental healthcare moment. To date, many important studies of the cultural history of mental healthcare have tended to either end with the closure of asylums or present a direct transition from asylum care to diagnostic psychiatry, without considering the evolving spatial and social dynamics that this transition entailed. Reading Kane's works alongside a cross-section of material including mental health legislation and media coverage uncovers the importance of the 1990s as a transitional decade in the history of UK mental healthcare. Here too the proximity of this moment often leads it to be situated somewhere in-between history and contemporaneity. The spatial and epistemological decentralisation of care following the closure of asylums, how it was experienced and represented, are areas which warrant further exploration and research in and beyond the medical humanities.

Investigating the historical conditions in which and through which Kane staged experiences of psychic life illuminates her contemporary relevance. Her works journey to the present through many iterations and a rich performance history, to present a vision of psychic life outside of the rigid constraints of the neoliberal framework which seems to dominate today's culture. Her theatre has influenced other female writers and artists who work against this trend to produce some of the most interesting writing of mind today, such as playwright Alice Birch and novelist Eimear McBride. To stage Kane's works now and in the future is to build on this tradition and reveal how Kane's radical invitation to experience psychic distress 'from within' challenges new structures regulating mental life, suffering and desire.

Throughout this thesis, theatre emerges as a privileged site for exploring certain experiences of mental distress. This includes theatre's capacity to stage new environments of mental illness in the 1990s, in both Kane's works and the works of her contemporaries such as Sarah Daniels, Anna Reynolds and Joe Penhall. Amongst these voices, Kane most emphatically placed spatial dislocation and involvement at the centre of her representations of psychic suffering, to suggest a new mode through which to communicate the experience of mental pain. It is this mode that I have named a 'dramaturgy of psychic life'. It is one that exploits the shared nature of the theatrical site in order to generate an overlap between the transitional spaces of audience and artwork, and repeatedly throws out demands to the audience for specific kinds of attention.

In the hands of Sarah Kane and many of the creatives who have produced her works, this dramaturgy of psychic life creates a holding space for confusion and despair. The dynamics of the theatrical site itself allow psychic suffering to be held in sustained irresolution for a fixed period of time, without being resolved through narrative or translated into meta-discourse. The dramaturgy of Kane's works demands the holding and enduring of the pain of an other without recourse to narrative. As such dramaturgy itself becomes a mode of thinking and communicating which includes, but is not reduceable to, the linguistic. In this way, dramaturgy functions *like* the play theorised by D. W. Winnicott, Christopher Bollas and André Green: 'it is a form of thought (like the dream)' which can contain and mediate an experience which presents itself as intolerable.¹ The status of dramaturgy as a discursive tool would benefit from future research and theoretical exploration. Such exploration would consider what kinds of knowledge are allowed to develop when

¹ André Green, *Play and Reflection in Donald Winnicott's Writings* (London: Karnac, 2005), p.12.

interior life is considered spatially, building on the suggestion here that the dramaturgical is a particularly apt mode for communicating the unredemptive.

Beneath the ceiling of a theatre, which both is and simultaneously is not the 'ceiling of a mind', Kane's works find new ways of holding open despair. In this space the relatability of pain itself is reimagined, as is the scope of theatre's capacity to present psychic life.

Bibliography

Primary Sources

Performances Cited

4.48 Psychosis, by Sarah Kane, composed by Phillip Venables, dir. Ted Huffman,
28th May 2016, Lyric Hammersmith.

4.48 Psychosis, by Sarah Kane, dir. Vladimir Shcherban, 2nd November 2015,
Belarus Free Theatre: House of Correction, Farringdon, London.

Blasted, by Sarah Kane, dir. Richard Wilson, 12th February 2015, Sheffield Theatre:
Crucible Theatre, Sheffield.

Cleansed, by Sarah Kane, dir. Katie Mitchell, 12th March 2016, National Theatre:
Dorfman Theatre, London.

Sarah Kane texts and Interviews

Kane, Sarah, *Blasted*, in *Sarah Kane: Complete Plays* (London: Methuen Drama,
2001), pp.1-62

-- *4.48 Psychosis*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001),
pp.202-245

-- *Cleansed*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001),
pp.105-151

-- *Crave*, in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.153-
202

-- *Phaedra's Love*, in *Sarah Kane: Complete Plays* (London: Methuen Drama,
2001), pp.63-103

Armitstead, Claire, 'No Pain, No Kane', *Guardian*, 29 April 1998, p.12

Christopher, James 'Her first play was about defecation, cannibalism, and fellatio.

The new one's about love', *Observer*, 2 November 1997, available via the British Newspaper Archive

Kane, Sarah, 'Crave by Sarah Kane', 1997, accessible via the Royal Court Theatre Archive. Reproduced by kind permission of Simon Kane.

-- 'The only thing I remember is...', *Guardian*, 13 August 1998, p.A12

Rebellato, Dan, *Brief Encounter with Sarah Kane*, online interview recording, 3rd November 1998 <<http://www.danrebellato.co.uk/sarah-kane-interview/>> [Accessed 31 January 2017]

Stephenson, Heidi and Natasha Langridge, *Rage and Reason: Women Playwrights on Playwriting* (London: Methuen, 1997)

Talbert, Nils, 'Interview with Sarah Kane', in *Playspotting: Die Londoner Theaterszene der 90er* ed. by Nils Talbert (Reinbeck: Rowohlt Taschenbuch Verla, 1998), English manuscript available via Graham Saunders' private archive

Other literary and dramatic works

Daniels, Sarah, *Headrot Holiday*, in *Plays 2* (London: Bloomsbury Methuen Drama, 1994), pp.189-262

-- *The Madness of Esme and Shaz*, in *Sarah Daniels: Plays 2* (London: Bloomsbury Methuen Drama, 1994)

Orwell, George, *1984* (London: Penguin, 1949)

Penhall, Joe, *Blue/Orange* (London: Methuen Drama, 2000)

Sarah Kane Production History and Reviews

- Ahad, Nick, 'The Lasting Legacy of Sarah Kane's Genius', *Yorkshire Post*, 13 February 2015 <<http://www.yorkshirepost.co.uk/what-s-on/theatre/the-lasting-legacy-of-sarah-kane-s-genius-1-7105126>> [accessed 15 February 2019]
- Bassett, Kate, *Independent on Sunday*, 8 April 2001, *Theatre Record*, 21.7 (2001), 420
- *The Times*, 22 May 1996, in *Theatre Record*, 16.11 (1996), 651
- Belarus Free Theatre, '4.48 Psychosis, Post-Show Discussion', The House of Detention, Farringdon, London, 3 November 2015
- Benedict, David, 'Real Live Horror Show', *Independent*, 9 May 1998, available via the Royal Court Theatre archives
- Billington, Michael *Guardian*, 20 January 1995, *Theatre Record*, 15.1-2 (1995), 39
- 'How do you judge a 75-minute suicide note?', *Guardian*, 30 June 2000, p.5
- *Guardian*, 14 February 2016, available via the British Newspaper Archive
- *Guardian*, 29 October 2010, in *Theatre Record*, 30, 22 (2010), 1240
- *Guardian*, 4 April 2001, *Theatre Record*, 21.7 (2001), 421
- Braun, Terry, 'Another angle on smack city', *Sunday Business: Life Section*, 10 May 1998, available via the Royal Court Theatre archive
- Brown, Georgina, *Mail on Sunday*, 8 April 2001, *Theatre Record*, 21.7 (2001), 422
- Callan, Paul, *Daily Express*, 5 November 2010, in *Theatre Record*, 30.22 (2010), 1242
- Cavendish, Dominic, 'Debut: Interview with Kate Ashfield', *Independent*, 9 September 1998, available via the Royal Court Theatre archive
- Clapp, Susanna, 'Kane's new play is a howl of horror with the sensibility of a Damien Hirst', *Observer*, 10 May 1998 in *Theatre Record*, 18.9 (1998),

566.

-- 'Cleansed review – the first cut was the deepest', *Observer*, 28 February 2016,
available via the British Newspaper Archive

-- *Observer*, 31 October 2010 in *Theatre Record*, 30.22 (2010), 1240

Coveney, Michael, *Observer*, 26 May 1996, in *Theatre Record*, 16.11 (1996), 653

Craigie, Ingrid, private correspondence with Graham Saunders, reproduced with kind
permission from Ms Craigie

De Jongh, Nicholas, *Evening Standard*, 4 April 2001, *Theatre Record*, 21.7 (2001),
418

Deller, Ruth, *Broadway World Reviews*, 14th February 2015

<[www.broadwayworld.com/uk-regional/article/BWW-Reviews-
BLASTED-Crucible-Studio-Sheffield-February-10-2015-20150214](http://www.broadwayworld.com/uk-regional/article/BWW-Reviews-BLASTED-Crucible-Studio-Sheffield-February-10-2015-20150214)>
[accessed 15 August 2016]

Denham, Jess, *Independent*, 24 February 2016, available via the British Newspaper
Archive

Foss, Roger, 'Blasted Review', *The Stage*, 10 February 2015,

<<https://www.thestage.co.uk/reviews/2015/blasted-2/>> [accessed
15/09/2016]

-- *What's On*, 25 January 1995, *Theatre Record*, 15.1-2 (1995), 38

Front Row, BBC Radio 4, 2 February 2016, 7:15pm,

<<http://www.bbc.co.uk/programmes/b071fyq9>> [accessed 20 April 2016]

Gardner, Lyn, 'Blasted review – unflinching revival of Sarah Kane's prescient horror
show', *Guardian*, 11 February 2015 <

[https://www.theguardian.com/stage/2015/feb/11/blasted-sheffield-crucible-
sarah-kane-richard-wilson-review](https://www.theguardian.com/stage/2015/feb/11/blasted-sheffield-crucible-sarah-kane-richard-wilson-review)> [accessed 15 February 2019]

- Gross, Joss, *Sunday Telegraph*, 8 April 2001, *Theatre Record*, 21.7 (2001), 420
- Harrington, Illyd 'Cleansed – Royal Court', *Camden New Journal*, 14 May 1998,
available via the Royal Court Theatre archives
- Harris, Velda, 'Blasted Review', *British Theatre Guide*, 3 February 2015
<<http://www.britishtheatreguide.info/reviews/blasted-crucible-studio-11191>> [accessed 15 February 2019]
- Healy, Verity, 'Blasted - Crucible Theatre Sheffield', *Theatre Bubble*, 16 February 2015, <<http://www.theatrebubble.com/2015/02/blasted-crucible-theatre-sheffield/>> [accessed 15 February 2019]
- Hemming, Sarah, *Financial Times*, 13 February 2016, available via the British Newspaper Archive.
- Hitchins, Henry, *Evening Standard*, 29 October 2010, in *Theatre Record*, 30.22 (2010), 1240
- Kellaway, Kate, *Observer*, 22 January 1995, *Theatre Record*, 15.1-2 (1995), 40-41
- Logan, Brian, *Time Out*, 11 April 2001, *Theatre Record*, 21.7 (2001), 422
- Mitchell, Katie, 'Katie Mitchell Platform', public interview with Katie Mitchell, National Theatre, London, 2 March 2016
- Murphy, Siobhan, *Metro (London)*, 3 November 2010, in *Theatre Record*, 30.22 (2010), 1241
- Nathan, David, *Jewish Chronicle*, 15 May 1998, in *Theatre Record*, 18.9 (1998), 568
- Nightingale, Benedict, *The Times*, 5 April 2001, *Theatre Record*, 21.7 (2001), 421
- Peter, Jon, 'Short stark shock', *Sunday Times*, 10 May 1998, available via the Royal Court Theatre archives
- Shuttleworth, Ian, *Financial Times*, 1st November 2010 in *Theatre Record*, 30.22 (2010), 1240

- Smith, Andrew, *Observer*, 8 April 2001, *Theatre Record*, 21.7 (2001), 421
- Spencer, Charles, *Daily Telegraph*, 5th April 2001, *Theatre Record*, 21.7 (2001), 419
- *Daily Telegraph*, 1 November 2010 in *Theatre Record*, 30.22 (2010), 1240
- *Daily Telegraph*, 20 January 1995, *Theatre Record*, 15.1-2 (1995), 39-40
- *Daily Telegraph*, 21 May 1996, *Theatre Record*, 16.11 (1996), 652
- Stratton, Kate, *Evening Standard*, 21 May 1996, *Theatre Record*, 16.11 (1996), 653
- Szalwinska, Maxie, *Sunday Times*, 7 November 2010, in *Theatre Record*, 30.22 (2010), 1242
- Taylor, Paul, *Independent*, 2 November 2010, in *Theatre Record*, 30.22 (2010), 1241
- *Independent*, 23 May 1996, *Theatre Record*, 16.11 (1996), 651-652
- 'The Play the Critics Blasted', *Sheffield Telegraph*, 6 February 2016
- <<http://www.sheffieldtelegraph.co.uk/what-s-on/theatre/the-play-the-critics-blasted-1-7091051>> [accessed 15 February 2019]
- Tinker, Jack *Daily Mail*, 19 January 1995, *Theatre Record*, 15.1-2 (1995), 42
- Trueman, Matt 'Cleansed is more than just shock theatre', *What's On Stage*, 29 February 2016, <http://www.whatsonstage.com/london-theatre/news/matt-trueman-cleansed-sarah-kane-national_39853.html> [accessed 1 January 2017]
- 'I'm drawn to plays I don't know how to do', *Independent*, 19 January 2016, available via the British Newspaper Archive
- 'Blasted (Sheffield Crucible) - anniversary revival does Sarah Kane's play full justice', *What's On Stage*, 11 February 2015, <http://www.whatsonstage.com/sheffield-theatre/reviews/blasted-sheffield-crucible-sarah-kane_37128.html> [accessed 15 February 2019]

Venables, Phillip, '4.48 Psychosis' <<http://448psychosis.philipvenables.com>>

[accessed 20 July 2018]

Williams, Holly, *I*, 25 February 2016, available via the British Newspaper Archive

Psychiatric Legislation, Campaign Material and Newspaper Coverage

'Boy is Caged with Madmen', *Daily Mirror*, 25 November 1980, p.5

'Finding our own Solutions (Women's experience of mental health care)' (London:

Women in MIND, MIND publications, no date)

Gilfeather, Paul, '600 Psychos to be Locked Up', *The Sun*, 20th July 1999, p.14

Hay, Gordon, 'Second Maniac Freed to Kill', *Daily Mirror*, 2 June 1993, p.8

'Hospital "trick to stop sex"', *Daily Mirror*, 4 May 1984, p.4

Jarman, Kevin, 'Employment Advisers in IAPT – Providing Integrated IAPT and

Employment Support', New Savoy Partnership Conference (2017)

<[https://www.newsavoypartnership.org/2017presentations/kevin-](https://www.newsavoypartnership.org/2017presentations/kevin-jarman.pdf)

[jarman.pdf](https://www.newsavoypartnership.org/2017presentations/kevin-jarman.pdf)> [accessed 18 February 2019]

NHS and Community Care Act 1990, (London: Department of Health, 1990)

Oldfield, Jim and Gordon Hughes, 'Doc freed psycho to kill', *Daily Mirror*, 3

October 1993, p.1 and pp.4-5

'Problem Girl Drugged with Liquid Cosh', *Daily Mirror*, 18 February 1987, p.8

'Revenge Attack Father Jailed', *Daily Mirror*, 13 June 1983, p.1

Robinson, Anne, 'System that's a sick joke', *Daily Mirror*, 14 February 1990

Ross, Tim, 'Tories discuss stripping benefits claimants who refuse treatment for

depression', *Telegraph*, 12 July 2014 <

<<https://www.telegraph.co.uk/news/politics/conservative/10964125/Tories->

discuss-stripping-benefits-claimants-who-refuse-treatment-for-depression.html> [accessed 18 February 2019]

‘The Girl That Life Forgot’, *Daily Mirror*, 25 November 1980, pp.12-13

‘Your right to say NO’ (London: MIND, 1992)

Secondary Sources

Psychoanalytic theory, theatre, literary and cultural criticism

Ablett, Sarah, ‘Approaching Abjection in Sarah Kane’s *Blasted*’, *Performance Research*, 19 (2014), 63-71

Ahmed, Sarah, *The Promise of Happiness* (Durham NC: Duke University Press, 2010)

Allfree, Clare, ‘Sarah Kane's pageant of torture tests the furthest boundaries of love’, *The Telegraph*, 24 February 2016

<<http://www.telegraph.co.uk/theatre/what-to-see/sarah-kanes-cleansed-tests-the-furthest-boundaries-of-love/>> [accessed 17 February 2017]

Anderson, L. et. al, ‘Responsibility and Well-Being: Resource integration under responsabilization in expert services’, *Journal of Public Policy and Marketing*, 35.2 (2016), 262-279, <
https://pure.qub.ac.uk/ws/files/120912347/Responsibility_and_Well_Being.pdf> [accessed 18 February 2019]

Angel-Perez, Elizabeth, *Voyages au Bout du Possible Les Théâtres du Traumatisme*

- de Samuel Beckett à Sarah Kane*, (Klincksieck : Paris, 2006)
- Appignanesi, Lisa, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Hachette UK, 2008)
- Aston, Elaine, 'Reviewing the Fabric of Blasted', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.13-27
- 'Feeling the loss of feminism: Sarah Kane's *Blasted* and an Experiential Genealogy of Contemporary Women's Playwrighting', *Theatre Journal*, 62, 4 (2010), 575-591
- *Feminist Views on the English Stage: Women Playwrights 1990-2000*, (Cambridge, Cambridge University Press, 2003)
- Baraitser, Lisa, *Enduring Time* (London: Bloomsbury, 2017)
- Barham, Peter, *Closing the Asylum* (London: Penguin, 1992)
- Barnett, David, 'When Is A Play Not Drama? Two Examples Of Post-Dramatic Theatre', *New Theatre Quarterly*, 24 (2008), 14-23
- Barthes, Roland *A Lover's Discourse: Fragments*, trans. Richard Howard (London: Vintage, 2002)
- Berlant, Lauren, *Cruel Optimism* (Durham NC: Duke University Press, 2011)
- Bersani, Leo *The Culture of Redemption* (Cambridge, MA: Harvard University Press, 1990)
- *Is the rectum a grave?: And Other Essays* (Chicago: University of Chicago Press, 2010)
- Bion, W. R., 'Attacks on Linking', *The International Journal of Psychoanalysis*, 40 (1959), 308-315
- Blackman, Lisa, 'The Challenges of New Biopsychosocialities: Hearing Voices,

- Trauma, Epigenetics and Mediated Perception', *The Sociological Review Monograph*, 64, 1 (2016), 256-273
- *Hearing Voices: Embodiment and Experience* (London: Free Association Books, 2001).
- Bollas, Christopher, 'The Transformational Object', *International Journal of Psycho-Analysis*, 60, (1979), 97-107
- *Catch Them Before They Fall: The Psychoanalysis of Breakdown*, (London: Routledge, 2013)
- *The Shadow of the Object: Psychoanalysis of the Unthought Known* (London: Free Association Books, 1987)
- *When the Sun Bursts: The Enigma of Schizophrenia* (New Haven, Connecticut; London: Yale University Press, 2016)
- Borowski, Mateuz, 'Under the surface of things: Sarah Kane's *Skin* and the medium of the theatre', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.184-194
- Bourke, Joanna, *Rape: A History from 1860 to the Present* (London: Virago, 2007)
- Brown, Wendy, *Undoing the Demos: Neoliberalism's Stealth Revolution* (New York, NY: Zone Books, 2015)
- Butler, Judith, *Giving an Account of Oneself* (New York: Fordham University Press, 2005)
- *The Psychic Life of Power: Theories of Subjection* (Stanford: Stanford University Press, 1997)
- Carney, Sean, 'The Tragedy of History in Sarah Kane's *Blasted*', *Theatre Survey*, 46 (2005), 275-296

- *The Politics of Contemporary English Tragedy* (Toronto: University of Toronto Press, 2013)
- Caruth, Cathy, 'Introduction', in *Trauma: Explorations in Memory*, ed. by Cathy Caruth (Baltimore, John Hopkins University Press, 1995)
- *Interview with Jean Laplanche* (Atlanta, Georgia: Emory University, 2001) <
<http://pmc.iath.virginia.edu/text-only/issue.101/11.2caruth.txt>> [accessed 15
 February 2019]
- *Unclaimed Experience: Trauma, Narrative and History* (Baltimore: John Hopkins University Press, 1996)
- Chen, Mel Y., 'Lurching For the Cure? On Zombies and the Reproduction of Disability', *GLQ: A Journal of Lesbian and Gay Studies*, 21.1 (2015), 24-31
- *Animacies: Biopolitics, Racial Mattering and Queer Affect* (Durham NC: Duke University Press, 2012)
- Chute, Hilary, "'Victim, Perpetrator, Bystander": Critical distance in Sarah Kane's Theatre of Cruelty', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010) pp.161-172
- Clare, Eli, *Brilliant Imperfection: Grappling With Cure* (Durham NC: Durham University Press, 2017)
- Cohen, Phil, 'High Risk Mix: Are women safe in some of London's mental health units?', *Social Work Today*, 16 April 1992, p.10.
- Davies, William, *The Happiness Industry: How the Government and Big Business Sold Us Well-Being* (London: Verso, 2016)
- Delgado-Garcia, Cristina 'Subversion, Refusal, and Contingency: The Transgression of Liberal-Humanist Subjectivity in Sarah Kane's *Cleansed, Crave*,

- and *4.48 Psychosis*', *Modern Drama*, 55 (2012), 230-250
- De Vos, Laurens, *Cruelty and Desire in the Modern Theater: Antonin Artaud, Sarah Kane, and Samuel Beckett* (Madison, NJ: Fairleigh Dickinson University Press, 2011)
- Diedrich, Antje, "Last in a long line of literary kleptomaniacs": Intertextuality in Sarah Kane's *4.48 Psychosis*', *Modern Drama*, 56.3 (2013), 374-398
- Duggan, Patrick, *Trauma-Tragedy: Symptoms of Contemporary Performance* (Manchester: Manchester University Press, 2012)
- Edelman, Lee, *No Future: Queer Theory and the Death Drive* (Durham NC: Duke University Press, 2004)
- Eichenbaum, Luise and Susie Orbach, *Understanding Women* (London: Pelican, 1985)
- Fassin, Didier, and Richard Rechtman, *The Empire of Trauma* (Princeton: Princeton University Press, 2009),
- Felman, Shoshanna and Dori Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (London: Routledge, 1992)
- Felman, Shoshanna, *The Juridical Unconscious: Trials and Traumas in the Twentieth Century* (Cambridge MA: Harvard University Press, 2002)
- Ferenczi, Sándor, *The Clinical Diary of Sándor Ferenczi*, ed. by Judith Dupont, trans. Michael Balint and Nicola Zarday Jackson (Harvard: Harvard University Press, 1988)
- Fernando, Suman, *Mental Health, Race and Culture* (Basingstoke: Palgrave, 2002)
- *Race and Culture in Psychiatry* (Basingstoke: Palgrave Macmillan, 2010)
- Fitzgerald, Des, and Felicity Callard, 'Entangling the Medical Humanities', in ed. by Anne Whitehead, Angela Woods, *The Edinburgh Companion to the*

Medical Humanities (Edinburgh: Edinburgh University Press, 2016) pp.35-49

Fordyce, Ehren, 'The Voice of Kane', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.103-114

Foucault, Michel, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-79*, trans. by Graham Burchill (Basingstoke: Palgrave Macmillan, 2008)
 -- *Madness and Civilisation: A History of Insanity in the Age of Reason*, trans. by Richard Howard (New York: Vintage Books, 1988)

Frankel, Jay, 'Exploring Ferenczi's Concept of Identification with the Aggressor: Its Role in Trauma, Everyday Life and the Therapeutic Relationship',
Psychoanalytic Dialogues, 12.1 (2002), 101-139

Freud, Sigmund, 'Beyond the Pleasure Principle', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVIII (1920-1922): Beyond the Pleasure Principle, Group Psychology and Other Works* trans. by James Strachey (London: The Hogarth Press and the Institute of Psychoanalysis, 1955), pp.1-64

-- 'On Narcissism', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psychoanalytic Movement, Papers on Metapsychology and other works*, trans. by James Strachey (London: Hogarth Press, 1957-66) pp.67-102

-- 'Psychoanalytic notes on an autobiographical account of a case of paranoia (Dementia Paranoides) (Schreber)', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works* trans.

- by James Strachey (London: The Hogarth Press and the Institute of Psychoanalysis, 1958) pp.3-84.
- 'Psychopathic Characters on the Stage (1942 [1905 or 1906])' trans. by James Strachey, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume VII (1901-1905): A Case of Hysteria, Three Essays on Sexuality and Other Works*, ed. by James Strachey, pp.303-310
- 'The Loss of Reality in Neurosis and Psychosis' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX (1923-1925): The Ego and the Id and Other Works*, trans. by James Strachey (London: Hogarth Press, 1961), pp.181-188
- Goffman, Irving, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, (London: Penguin, 1991)
- Gottlieb, Vera, 'Lukewarm Britannia', in *Theatre in a Cool Climate* ed. Colin Chambers and Vera Gottlieb (Oxford: Amber Lane, 1999) pp.201-212
- Green, André, *The Tragic Effect: The Oedipus Complex in Tragedy*, trans. by Alan Sheridan (Cambridge: Cambridge University Press, 1969)
- *Play and Reflection in Donald Winnicott's Writings* (London: Karnac, 2005)
- Greenblatt, Stephen, *Hamlet in Purgatory*, (Princeton: Princeton University Press, 2002)
- *The Power of Forms in the English Renaissance* (Norman Oklahoma: Pilgrim Books, 1982)
- Greig, David, 'Introduction', in *Sarah Kane: Complete Plays* (London: Methuen Drama, 2001), pp.ix-xviii
- Groves, T., 'After the Asylums: Can the community care?', *British Medical Journal*, 300.6733 (1990), 923-1188,

- Hamilton, Paul, *Historicism: The New Critical Idiom*, 2nd edn, (London: Routledge, 2003),
- Harpin, Anna, 'Dislocated: Metaphors of Madness in British Theatre', in *Performance, Madness and Psychiatry: Isolated Acts* ed. by Julia Foster and Anna Harpin (London: Palgrave Macmillan, 2014)
- Heddon, Celia, *Women and Tranquilisers* (London: Sheldon Press, 1984)
- Heddon, Dee, 'The Politics of the Personal: Autobiography in Performance' in *Feminist Futures? Theatre, Performance, Theory*, ed. by Elaine Aston and Geraldine Harris (Palgrave Macmillan: Basingstoke, 2006), pp.130-148
- Iball, Helen, *Sarah Kane's Blasted* (London: Continuum, 2008)
- Johnson, Barbara 'Apostrophe, Animation and Abortion', *Diacritics*, 16.1 (1986), 28-37
- 'The Frame of Reference', *Yale French Studies*, 55.56 (1977), 457-505
- Kane, Nina, 'Breath And Light: Blasted, Sheffield Theatres And New Directions In The Staging Of Sarah Kane', *Litro*, 19 April 2015
<<http://www.litro.co.uk/2015/04/breath-and-light-blasted-sheffield-theatres-and-new-directions-in-the-staging-of-sarah-kane/>> [accessed, 31 January 2017]
- *Sarah Kane: Queer Desires and Feminist Continuums* (Abingdon: Routledge, upcoming)
- King, David, *Moving on from Mental Hospitals to Community Care: A Case Study of Change in Exeter* (London: The Nuffield Provincial Hospitals Trust, 1991)
- Klein, Melanie, 'Notes on Some Schizoid Mechanisms', in *The Selected Melanie Klein*, ed. by Juliet Mitchell (London: Penguin, 1990) pp.175-200
- Kohon, Gregorio, *The British School of Psychoanalysis: The Independent*

- Tradition* (London: Free Association Books, 1986)
- Kristeva, Julia, *Powers of Horror: An Essay on Abjection*, trans. Leon Roudiez (New York: Columbia University Press, 1982)
- Laplanche, Jean, *Essays on Otherness*, ed. by John Fletcher (London: Routledge, 1999)
- *New Foundations for Psychoanalysis*, trans. by David Macey (Oxford: Wiley-Blackwell, 1989)
- Leader, Darian, *What is Madness?* (London: Penguin, 2011)
- Lehmann, Hans Thies, *Postdramatic Theatre*, trans. by Karen Jürs-Munby (London : Routledge, 2006)
- Lepage, Louise, 'Rethinking Sarah Kane's Characters: a Human(ist) Form and Politics', *Modern Drama*, 57 (2014), 252-272
- Leys, Ruth, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000),
- Lublin, Robert I., ' "I love you now": Time and desire in the plays of Sarah Kane', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.115-125
- Luckhurst, Mary, 'Infamy and Dying Young: Sarah Kane 1971-1999', in *Theatre and Celebrity in Britain*, ed. by Mary Luckhurst and Jane Moody (London: Palgrave Macmillan, 2005), pp.107-124
- Luckhurst, Roger, *The Trauma Question* (Abingdon: Routledge 2008).
- Malabou, Catherine, *The New Wounded: From Neurosis to Brain Damage* (New York: Fordham University Press, 2012)
- Marsh, Ian, *Suicide: Foucault, History and Truth* (Cambridge: Cambridge University Press, 2010)
- Marshall, Hallie Rebecca, 'Saxon Violence and Social Decay in Sarah Kane's

- Phaedra's Love and Tony Harrison's Prometheus', *Helios*, 38 (2011), 165-179.
- Masson, Jeffrey Moussaieff, *Assault on Truth: Freud's Suppression of Seduction Theory* (New York NY: Farrar, Straus and Giroux, 1984)
- Miller, Alice, *The Drama of Being a Child* Alice Miller, (Boston Mass.: Little Brown, 1987)
- Millet, Kate, *The Loony Bin Trip* (London: Virago, 1991).
- Mitchell, Juliet, 'Introduction', *The Selected Melanie Klein*, ed. by Juliet Mitchell (London: Penguin, 1986), pp.9-32
- *Psychoanalysis and Feminism: A Radical Reassessment of Freudian Psychoanalysis* (New York, NY: Basic, 2000)
- Mitchell, Katie, *The Director's Craft*, (London: Taylor and Francis, 2008)
- Morin, Emilie, 'Look Again: Indeterminacy and Contemporary British Drama', *New Theatre Quarterly*, 105 (2011), 71-85
- Oyebode, Femi, *Madness at the Theatre* (London: The Royal Institute of Psychiatry, 2012)
- Panovski, Naum, 'New Old Times in the Balkans: the Search for a Cultural Identity', *PAJ: A Journal of Theatre and Performance and Art*, 28.2 (2006), 61-74
- Rabey, David Ian, *English Drama Since 1940*, (London: Pearson Education Limited, 2003)
- Radosavljević, Duška, 'Sarah Kane's Illyria as the land of violent love: a Balkan reading of Blasted', *Contemporary Theatre Review*, 22.4 (2012), 499-511.
- Rebellato, Dan, 'Katie Mitchell, Learning from Europe', in *Contemporary European Theatre Directors*, ed. by Maria M. Delgado, Dan Rebellato (Abingdon: Routledge, 2010), pp.317-38

- 'Sarah Kane before *Blasted*, the monologues', in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.28-44
- Richardson, Anne, 'The Historical, Political and NHS Context', in *Clinical Psychology in Britain: Historical Perspectives* ed. by John Hall, David Pilgrim and Graham Turpin (Leicester: The British Psychological Society, 2015)
- Roberts, Mathew, 'Vanishing Acts: Sarah Kane's Texts for Performance and Post-Dramatic Theatre', *Modern Drama*, 58 (2015), 94-110
- Rosenfeld, Herbert, 'Consideration regarding the psycho-analytic approach to acute and chronic schizophrenia (1954)', in *Psychotic States: A Psychoanalytic Approach*, Herbert Rosenfeld (London: Karnac Books, 1965), pp.117 – 127
- 'Note on the psychopathology of confusional states in chronic schizophrenia' (1950) in *Psychotic States: A Psychoanalytic Approach*, Herbert Rosenfeld (London: Karnac Books, 1965), pp.52-62
- 'Notes on the psycho-analysis of the superego conflict in an acute schizophrenic patient (1952)' in *Psychotic States: A Psychoanalytic Approach*, Herbert Rosenfeld (London: Karnac Books, 1965), pp.63-103
- Said, Edward, *The World, the Text, the Critic* (Cambridge MA: Harvard University Press, 1983)
- Saunders, Graham, "'Just a word on the page and there is drama": Kane's Theatrical Legacy', *Contemporary Theatre Review*, 13 (2003), 97-110
- "'Out Vile Jelly": Sarah Kane's *Blasted* and Shakespeare's *King Lear*', *New Theatre Quarterly*, 20 (2004), 69-77
- *About Kane: The Playwright and the Work* (London: Faber and Faber, 2009)

- *Love Me or Kill Me: Sarah Kane and the Theatre of Extremes*, (Manchester: Manchester University Press, 2002)
- Sechehaye, Marguerite, *A New Psychotherapy in Schizophrenia* (New York, Grune & Stratton, 1956)
- Showalter, Elaine, *The Female Malady: Women, Madness and Culture 1830-1980* (London: Virago, 1987)
- Sierz, Aleks, “‘We all need stories’”: the politics of in-yer-face theatre’, In *Cool Britannia? British Political Theatre in the 1990s*, ed. by Rebecca D’Monte and Graham Saunders (Basingstoke: Palgrave Macmillan, 2008), pp.23-27
- ‘Looks like there’s a war on’: Sarah Kane’s *Blasted*, political theatre and the Muslim Other’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.45-56,
- *In-Yer-Face Theatre: British Drama Today* (London: Faber and Faber, 2000)
- Singer, Annabelle, ‘Don’t Want to Be This: The Elusive Sarah Kane’, *TDR: The Drama Review*, 48 (2004), 139-171
- Solga, Kim, ‘*Blasted*’s Hysteria: Rape, Realism, and the Thresholds of the Visible’, *Modern Drama*, 50.3 (2007), 346-374
- Tausk, Victor, ‘On the Origin of the Influencing Machine in Schizophrenia’, *Journal of Psychotherapy Research and Practise*, trans. by Dorian Feigenbaum, 1.2 (1992), 184-206
- Taylor, Barbara, *The Last Asylum: A Memoir of Madness in Our Time* (London: Penguin, 2015)
- Thane, Pat, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford: Oxford University Press, 2014)

- Turner, Cathy and Synne Behrndt, *Dramaturgy and Performance* (Basingstoke: Palgrave Macmillan, 2008)
- Tycer, Alicia, “‘Victim. Perpetrator. Bystander.’: Melancholic Witnessing of Sarah Kane’s 4.48 Psychosis’, *Theatre Journal*, 60.1 (2008), 23-36
- Urban, Ken, ‘An Ethics of Catastrophe: The Theatre of Sarah Kane’, *PAJ: A Journal of Performance and Art*, 33.3 (2001), 36-46
- Voigts-Virchow, Echart, “‘We are anathema’ – Sarah Kane’s plays as postdramatic theatre versus the ‘dreary and repugnant tale of sense’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.195-208
- Waddington, Juliet, 'Post-Humanist Identities in Sarah Kane' in in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010), pp.139-148
- Wallace, Clare ‘Sarah Kane, Experiential Theatre and the Revenant Avant-Garde’, in *Sarah Kane in Context*, ed. by Graham Saunders and Laurens De Vos (Manchester: Manchester University Press, 2010) pp.88-99.
- Watson, Ariel, ‘Cries of Fire: Psychotherapy in Contemporary British and Irish Drama’, *Modern Drama*, 51.2 (2008), 188-210
- Winnicott, D. W., *Playing and Reality* (London: Routledge, 2005)
- Wixon, Christopher, “‘In Better Places’”: Space, Identity, and Alienation in Sarah Kane’s *Blasted*’, *Comparative Drama*, 39.1 (2005), 75-91
- Young, Allan, ‘Trauma and Harm’, podcast recording, The Birkbeck Trauma Project, 14 April 2016 <www.bbk.ac.uk/trauma/events/trauma-and-harm> [accessed 2 February 2017].
- *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton:

Princeton University Press, 1997)

Psychiatric and Scientific Publications

Beck, J. S, *Cognitive Therapy: Basics and Beyond* (New York: Guildford Press, 1964)

Brown, G. and T. Harris, 'Social origins of depression: a study of psychiatric disorder in women' (London: Tavistock, 1987)

Diagnostic and Statistical Manual of Mental Disorders, 3d ed. (Washington, D.C.: American Psychiatric Association, 1980)

Fenn, Kristina, and Majella Byrne, 'The key principles of cognitive behavioural therapy' *InnovAiT*, 6. 9 (2013), 579-585

Fletcher, Paul, and Chris D. Frith, 'Perceiving is believing: A Bayesian approach to explaining the positive symptoms of schizophrenia', *Nature Reviews Neuroscience*, 10.1 (2009), 48-58

Hohwy, Jakob, *The Predictive Mind* (Oxford: Oxford University Press, 2013)

Shneidman, Edwin S., *The Suicidal Mind* (Oxford: Oxford University Press, 1998)



Performance Research

A Journal of the Performing Arts

ISSN: 1352-8165 (Print) 1469-9990 (Online) Journal homepage: <http://www.tandfonline.com/loi/rprs20>

A Director in Search of a Narrative

Leah Sidi

To cite this article: Leah Sidi (2017) A Director in Search of a Narrative, Performance Research, 22:3, 49-56, DOI: [10.1080/13528165.2017.1348659](https://doi.org/10.1080/13528165.2017.1348659)

To link to this article: <http://dx.doi.org/10.1080/13528165.2017.1348659>



Published online: 21 Sep 2017.



Submit your article to this journal [↗](#)



Article views: 66



View related articles [↗](#)



View Crossmark data [↗](#)

A Director in Search of a Narrative

Reality-testing in Katie Mitchell's *Cleansed*

LEAH SIDI

In her 2016 National Theatre production of Sarah Kane's *Cleansed*, director Katie Mitchell introduced a staging and narrative structure for the play that attempted to resolve the play's disorientating aesthetic. The play-text of *Cleansed* blurs the boundary between the real – the external and empirically verifiable – and the imaginary – that which takes place only within the mind, be it psychotic figment, dream or imagination. Kane's play-text invites the potential audience into a radical proximity with her dramatic universe by positioning the audience in such a way as to experience the confusion of hallucination or psychosis from within that dramatic universe. In doing so, *Cleansed* opens up a mode of addressing the boundary between the real and the unreal that differs from many of her contemporaries, and she raises the potential of a dramaturgy that explores psychosis without objectifying it. Meanwhile, Katie Mitchell's production viewed Kane's work as 'unfinished', and attempted to restore a sense of narrative cohesion to *Cleansed*, presenting the scenes as the mediated dream of one character. Here, I argue that the effects of these directorial choices were to increase the distance between the audience and the potential spectacle proposed by the play-text. First, I explore the treatment of psychosis in the work of various playwrights in the 1990s and 2000s with reference to the Freudian concept of 'reality-testing', to examine how their plays dramaturgically construct external realities, and I compare and contrast them with Kane's work. Next, I discuss Katie Mitchell's 2016 production in detail, to assess the politics of its aesthetic decisions. Throughout, I am interested in how Kane's work simulates the

experience of psychosis, and how the choice to submit *Cleansed* to a singular narrative closes down its most radical dramaturgical aspects.

PSYCHOSIS AND REALITY-TESTING IN 1990S THEATRE

Cleansed is made up of twenty scenes that are structured cumulatively, and are not united under a single narrative arc. The play tracks the experiences of five inmates – Grace, Graham, Rod, Carl and Robin – who are being held in an institution built on the site of a university. The institution is run by Tinker, variously a doctor, a torturer, a drug dealer and prison warden. The play begins with Tinker injecting Graham with a lethal dose of heroin, at Graham's request. Grace arrives at the institution looking for him, and is committed to the institution as an inmate herself. She sees and physically interacts with Graham even though he is dead. Grace faces a series of tortures at the hands of Tinker, culminating in a forced mastectomy and phalloplasty without anaesthetic, so that she may become Graham. At the same time, in another room of the university, Tinker tests Rod and Carl's homosexual relationship by torturing Carl after each of his expressions of love, until Rod finally agrees to die for Carl. The fifth character, Robin, is a young illiterate inmate who has been committed because he hears voices. Grace teaches him to read and count. Upon finding out that he has to remain in the institution for thirty years, he kills himself. Additionally, there is an unnamed woman working as a strip-tease performer in a shower cubicle, who is visited by both Tinker and Robin. Her name turns out to be Grace. The strands

of the play interact with one another without ever coalescing into a single narrative, and its increasing violence is combined with images of flowers springing from the ground and rats swarming the stage, reminiscent of the surrealist theatre of Apollinaire, and Artaud's theatre of cruelty.

By allowing these images to coexist without any being subordinated to the position of 'unreal', *Cleansed* anticipates Kane's final play *4.48 Psychosis*. *4.48 Psychosis* explores a psychotic state of mind in which the boundary between what is internal and external is collapsed. As Kane put it in an interview with Dan Rebellato, *4.48 Psychosis* conjures 'a psychotic breakdown and what happens to a person's mind when the barriers which distinguish between reality and different forms of imagination completely disappear' (Rebellato 1998). The most obvious way in which this blurring is manifest in *Cleansed* is through the character of Graham who, like Ian in Kane's first play *Blasted*, returns from the dead with enough physicality as to trouble the interpretation that he is ghost or imagination. In *Blasted*, Ian 'dies with relief', having repeatedly insisted that there is no life after death, and having been transported to a hell-on-earth situation of warfare and violence (Kane 2001a [1995]: 60). He wakes from death only to find that everything is the same except that it is now raining – a final irony that extends the ruthlessly ironic treatment he receives at the hands of the play. In *Cleansed*, Graham seems only to be seen by his sister Grace and his doctor/warden Tinker; he nevertheless physically interacts with the stage, characters and soundscape, and causes no surprise through his appearance. Graham's return is related to the arrival of his sister Grace but also carries the implication that he has never left the institution in which he was killed. For Grace, Graham is alive enough to love, make love and protect her from bullets. In other words, Graham is *as real* as the tortures that are inflicted upon Grace in the university and the environment that makes up the rest of the play. In her production for the National Theatre, Mitchell set out to separate

the real and 'unreal' elements of Kane's play through her directorial choices, thus modifying the play's disorientating affect.

Cleansed stages a collapse of interior, imaginary life and actuality. Rather than representing a dramatically self-contained universe, Kane's play-text contains enough traces of the characters' individual narratives and histories to imply a reality outside of their interior lives. Grace and Graham may exist in an ahistorical moment onstage, in which Graham is both alive and dead, but Graham's desire does have a history:

[Graham] hesitates.

He kisses [Grace], slowly and gently at first, then harder and deeper.

Graham: I used to ... think about you and ...
I used to ... wish it was you when I ...
Used to ...

(Kane 2001b [1998]: 120)

Graham's desire for his sister is both physically manifest here and contains its own history of prohibition and the realization of past fantasy. Likewise, Robin very much exists within a narrative of his own, in which he has a mother who he is not allowed to see due to a past misdemeanour, and to whom he longs to return. The tragedy of Robin's character is that by learning to count he becomes aware of his own external reality, in which he is condemned to remain in the institution for thirty years, and consequently ends his own life. This almost socio-realist storyline is played out in parallel and overlapping with the stories of Rod and Carl, who have no external references at all, and Grace and Graham, who seem to operate in a metonymic relationship with the stage.¹

By not providing a moment of revelation explaining Graham's return from the dead as either psychosis, dream or imagination, Kane removes the dramaturgical signposts that would usually allow an audience to reality-test the images on stage. Reality-testing is a psychoanalytic process originally proposed by Freud in 1911, by which a subject distinguishes between external perception and internally created images and ideas. In their *The Language*

¹ In Mitchell's production, Grace is in a metonymic relation to the stage itself, which sprouts flowers at moments of high romance in her storyline. Reading these moments as metonymic rather than metaphoric emphasizes that there is a direct causality between the flowers and Grace's emotion – the stage is revived *because* Grace is revived, because the aesthetic of the stage space is subordinated to Grace's emotional state.

of *Psychoanalysis*, Laplanche and Pontalis summarize reality-testing as a 'process ... which allows the subject to distinguish stimuli originating from the outside world from internal ones, and to forestall possible confusion between what he perceives and what he only imagines – a confusion supposedly fundamental to hallucination' (1988 [1973]: 382). While there are variations in Freud's use and definition of the term, 'reality-testing' is eventually defined as 'a device (*Einrichtung*) which allows us to discriminate between external stimuli which motor action is able to influence and internal ones which such actions cannot eliminate' (283). Reality-testing, therefore, serves to provide the subject with a basic distinction between physical, external reality on the one hand, and imagined or hallucinated reality on the other. Total absence of reality-testing becomes a sign of pathology, as the subject can no longer tell which aspects of their life and environment they are able to act upon physically, and which are purely mental. In dramatic terms, reality-testing may be used to refer to the aesthetic mechanisms by which a theatre-maker demonstrates to their audience which aspects of the dramatic universe are to be considered the character's physical reality, and which are to be understood as representing dream, imagination or hallucination. When faced with non-realist dramaturgies, techniques may be used to signpost to the audience that a particular effect – flashing lights, for example – are a metaphorical indication of a particular character's distress, and not actually perceived by the other characters on stage. In this way, the audience engages in a reality-testing process within the dramatic universe, distinguishing which aspects of the performance could be physically altered by the characters within the scope of the play's narrative, and which are to be understood as representative of a character's internal life.

In *Cleansed*, Kane differs from her contemporaries also dealing with representations of this real/unreal boundary. Anthony Nielson's *The Wonderful World of Dissocia* (2004), Sarah Daniels' *Beside Herself* (1990) and Joseph

Penhall's *Blue/Orange* (2000) are a few examples of Kane's contemporaries attempting, like Kane, to represent a mind for which the distinction between internal and external has broken down. In Nielson's and Penhall's plays, the resolution is found within the medical establishment, which finally provides a boundary between real and unreal, allowing one side of the patient's staged experience to be delegated to psychosis. These take place in different ways in each of the plays. *The Wonderful World of Dissocia* takes place within the psychotic world of 'Dissocia' in which Lisa has a surrealist adventure that is at once thrilling, confusing and terrifying. Slowly, sounds of the 'outside' world, such as traffic, break in to the dissociated world represented onstage. The nature of 'dissocia' as unreal is clearly confirmed in Act Two in which the protagonist wakes up in a hospital bed on a psychiatric ward, having been sectioned during a psychotic episode. In Penhall's *Blue/Orange*, a similar moment of revelation takes place, although this time between the doctors who are debating the status of a patient who thinks oranges are blue, and believes that Ugandan dictator Idi Amin Dada is his father. In an effort to clear bed space, psychiatric consultant Robert convinces himself and attempts to convince his colleague Bruce that there is reasonable doubt that the patient Christopher may in fact be the son of Idi Amin, and that designating this belief a psychosis is racist. The turning point comes when the junior psychiatrist Bruce reveals that previously Christopher has believed himself to be the son of other internationally renowned figures, such as Muhammad Ali:

Robert: Don't you think you're being a bit arbitrary?

Bruce: What?

Robert: Why should he put [a newspaper cutting about Idi Amin's wives and children] away?

Bruce: Why? ... Because he cut it out of *The Guardian* on Saturday. I watched him. Where do you think he got a pair of scissors from?

Pause.

Robert snatches the article from Christopher and examines it.

Robert: So ... ?

Bruce: Three weeks ago it was Muhammad Ali. He'd seen Muhammad Ali on the television winning 'Sports Personality of the Century' and put two and two together.

(Penhall 2000:97)

Having explored and represented a certain ambiguity as to the reality of the patient's beliefs through the conflict between Robert and Bruce, Penhall nevertheless confirms the psychotic, 'unreal' nature of Christopher's fantasy parentage to his audience. In differing ways therefore, both Penhall's and Nielson's plays reinstate the boundaries between what constitutes fact and psychotic fiction in their dramatic universes. In so doing, they end up subordinating the confusing experience of psychosis to a medical discourse that clearly separates internal 'fiction' from external 'fact'.

In Daniels' *Beside Herself*, the character Evelyn is more complex. *Beside Herself* tells the story of Evelyn, wife of an MP, who was sexually abused as a child. Throughout the play, Evelyn is followed by a woman called Eve, who is invisible to the other characters. It becomes clear that Eve is a split-off part of Evelyn, emerging to protect her from memories of abuse. The difference between this and Nielson's and Penhall's plays is that Evelyn is aware that Eve is unreal. When Evelyn finally confronts her abuser at the end of the play, Eve disappears, and Evelyn is effectively cured from the burden of supporting an 'unreal' psychic intrusion in her life. So, while the play stages the experience of an individual that is split in the face of trauma by staging a figment of the protagonist's mind, it does not produce a fundamental confusion as to what is within and what is outside of the mind. *Beside Herself* is useful to read alongside *Cleansed* because it reveals a clear formal difference between Kane and her contemporaries, and the extent to which this difference is articulated through the play's (lack of) narrative. Were Grace to be the central character of *Cleansed*, then the conclusion that the difficult and impossible occurrences of the play, including the appearance of Graham, are representations of Grace's imagination or

psychosis would be more plausible. But while Evelyn is clearly the protagonist of *Beside Herself*, the episodic nature of *Cleansed* makes it difficult to relegate the strangeness of the play to one mental disturbance, for want of a single protagonist.

The lack of a clear protagonist also marks a clear difference between *Cleansed* and Kane's earlier plays, *Blasted* and *Phaedra's Love*. The dramaturgy of *Blasted* is intertwined with the two main character narratives in the play. On the one hand, *Blasted* contains a tragic-hero narrative arc that tracks the downfall of Ian, and, on the other, the dramaturgy of the play enacts the escalating consequences of Cate's violation. The audience of *Blasted* is offered a challenge to choose between two narrative experiences with which to identify, and the breakdown of the dramaturgy emerges out of one of these narratives. The binary nature of this narrative choice in *Blasted* is reflected by the gender politics of the play, which are more strongly rooted in traditional understandings of gender, connecting *Blasted* to the rape monologues of some feminist theatre and second-wave feminism more generally.² Kane's early interest in and experimentation with the rape monologue in her unpublished *Comic Monologue*, and her decision to direct Franca Rame's seminal feminist monologue *The Rape* (1978) while an undergraduate, demonstrate her interest in traditions of second-wave feminist theatre in her early works. *Cleansed* emerges as a turning point in Kane's treatment of both gender and psychic life, as it enacts painful psychic irresolution while portraying a dramatic universe in which the gender binary is itself radically destabilized, even rejected.³ In the twenty scenes of *Cleansed*, no one character emerges as the clear protagonist, and the scenes build up in a cumulative rather than sequential or narrative logic. As Susanna Clapp noted of the first production: 'It does not so much unfold or develop as accumulate' (1998:566). *Cleansed*, therefore, takes place in a liminal space, presenting the audience with a world that both invokes the experience of madness and impossibility, and also refuses to designate

² I argue this in my chapter "Looks like there's war on": Rape, trauma and identification in Sarah Kane's *Blasted*, in *Psychoanalysis and the Humanities in the Twenty-First Century* (to be published Routledge, 2018).

³ Elaine Aston, in *Feminist Views on the English Stage*, argues that *Cleansed* represents an attempt by Kane to make her audience 'feel the violence of the symbolic masculine' (2003:80-81). Cristina Delgado-Garcia argues that the characters of *Cleansed* are Butlerian 'performative subversions' of heteronormative subjectivity, disrupting and coming to signify beyond the gender binary (2012:231).

specific disorientating events to the representation of a character's pathology. As such, the potential audience member is allowed to participate in an illogical and disorientating viewing experience from the 'inside' as it were, participating in that confusion rather than objectifying it.

RESTORING BOUNDARIES IN 2016

In her 2016 production of *Cleansed* for the National Theatre, Mitchell attempted to resolve the play-text's central ambiguity. This was the first major production of *Cleansed* in London since it debuted in 1998, and the first play of Kane's to be performed at the National Theatre.⁴ Speaking in conversation with Matt Trueman at the National Theatre, Mitchell identified a major adaptation that she had made to Kane's dramaturgy by having the character of Grace remain onstage throughout the play. This adaptation was made, according to Mitchell, in order to render the play more 'coherent' to the audience (2016). With the aim of coherence, Mitchell decided that the action 'was the dream of one of the characters and that was Grace' (ibid.). For Mitchell, this decision allowed a unity of genre in which to situate the play that better allowed her to direct it. She used 'the genre of surrealism as opposed to naturalism' in which 'characters can be happily inside this dreamscape' (ibid.). Within this decision regarding genre, Mitchell further imposed a criterion for the action itself to be as naturalistic as possible. With regards to the sexual and violent events taking place onstage, these were to be done with cinematic accuracy: 'it's just how I understand the material when I read it, like a piece of literature, I see it like a film' (ibid.). Overall, Mitchell remarked that the framework she had given her actors to work with was that of an exceptionally realistic and vivid nightmare, with Grace at its centre.

By placing Grace at the centre of her production of *Cleansed* and insisting on the dreamscape as its cohering element, Mitchell set out to eliminate the disorientating changeability of the text. For Mitchell as

a director, consistency to an ongoing genre is essential: 'genre is very important to me. Once I decide it is surrealism every single thing has to follow the rules of surrealism' (ibid.). Mitchell's own understanding of what surrealism means in terms of directing is set out in her book *The Director's Craft*:

It is like being in a dream. Strange things happen but people might not comment on them as they would in real life.

You pursue the things you want with intensity.

You are often misunderstood by the people you are talking to.

Objects may take on a significance out of proportion with their import.

The physical laws of the universe may be subject to alteration. (Mitchell 2008: 51)

Mitchell insists several times throughout *The Director's Craft*, as she did in conversation with Matt Trueman, that the surrealist logic is essentially the logic of the dream. While this version of the surrealist logic does allow for a certain amount of confusion to take place onstage, 'where the banal and the fantastical can co-exist in the same space unchallenged', Mitchell's approach to style nevertheless alters the audience's perspective, requiring them to adopt a single stylistic view point: 'style and genre define the world that the audience see and the way in which the characters interact in that world' (Mitchell 2008: 50). For Mitchell, then, a play that she has chosen to direct in the style of surrealism will portray a dreamscape.

By interpreting the play as a dream and introducing new elements to emphasize this interpretation to her audience, Mitchell introduced a reality-testing function that is absent in the text of *Cleansed*. When Graham came back from the dead in Mitchell's version of *Cleansed*, unlike in the play-text, he was accompanied by a funeral procession that slowly walked back and forth across the stage carrying umbrellas, implying the intrusion of Grace's memory of her brother's funeral on to the dream. Graham Butler's voice as Graham was given an electronic echo, making it qualitatively different from the voices of the other 'living'

⁴ Sean Holmes had directed a production in 2005 at the Arcola Theatre in the London Borough of Hackney.

characters. At the end of scene eleven in the play-text Graham shields Grace's body from a very physical attack of gunfire:

The wall is being shot to pieces and is splattered with blood.

After several minutes the gunfire stops.

Graham uncovers Grace's face and looks at her. She opens her eyes and looks at him.

Graham: No one. Nothing. Never.

Out of the ground grow daffodils.

They burst upwards, their yellow covering the entire stage.

(Kane 2001b [1998]: 133)

While this took place in Mitchell's production, she added a funeral procession, which crossed the stage and left behind an urn. Graham opened the urn with Grace, and poured his own ashes through her fingers. The symbolism of the urn in this added moment in Mitchell's production was obvious: Graham is truly dead; he is affirming his status as dead to Grace through her imagination by showing her the content of his own urn. It also introduced a strong implicit connection between Grace's loss of Graham and the gunfire. The production contained an impressive, continuous soundscape, combining the sirens and music with sounds of a war taking place on the outside of the building, created by sound designer Melanie Wilson. The penetration of the sound of gunfire into the set with the slow-motion opening and pouring out of Graham's ashes onto Grace created a link between the two, implying that the destruction taking place beyond the building and throughout the dream-world emanated out from Grace's primary loss. At moments of particular distress or confusion for Grace in this production, the characters moved in slow motion, or the funeral procession walked backwards. The procession was carried out by suited individuals in balaclavas – the same individuals who seem to be running the facility. The occasional metonymic relationship between Grace and the stage that takes place in some of the scenes in the play-text, such as when flowers grow in response to her happiness, was used by Mitchell to become the

overall structuring principle, in order to 'define the world which the audience see' (Mitchell 2008: 50). The entire play was staged as Grace's nightmare journey through imaginary tortures, occasioned by her grief at the loss of Graham.

While I would not want to suggest that any interpretation of Kane's play that diverges from the text is invalid, Mitchell's decision to place Grace at the centre of the work in this production was problematic, because it placed Grace in between the audience and the play's distressing and disorientating content. The scenes were presented as part of Grace's story and the audience had the option of viewing Carl's torture through Grace's horrified, slow-motion reaction. Grace in this version is a lot more like Daniel's Evelyn in *Beside Herself*, or like *Blasted's* Cate, whose mental trauma affects what appears onstage and causes disruption to the rules of naturalism. In conversation at the National Theatre, Mitchell explained that her approach to *Cleansed* was to work with the play as though she were staging an unfinished text, using her skills as a director to mould the scenes in an actual play. Reflecting on her general preference to stage adaptations of novels or non-theatrical forms, she compared directing *Cleansed* to an adaptation, pulling together and re-working non-dramatic fragments into a coherent whole: 'It's not really a play ... [I'm] not sure I can do plays anymore ... It's just fragments that have to be ordered and resist cohering' (Mitchell 2016). This approach, which has been much commented upon in regard to Mitchell's theatre practice as a whole, subordinates the text of the play to the vision of the director, leaving it to Mitchell to create out of supposedly incomplete source material.⁵ In this way, it differs radically from the directing philosophy of James Macdonald, who directed the first production of *Cleansed* and with whom Kane had already worked on *Blasted*. For Macdonald, the director's role is to be invisible: 'I don't have anything I need to express about myself. My job is to enable other people to express themselves' (Macdonald 2016).

I highlight these differences to suggest that the National Theatre production of *Cleansed*

⁵ For Katie Mitchell's auteur status see, for example, Dan Rebellato, 'Katie Mitchell, learning from Europe' (2010).

was in a sense born of two opposing projects. On the one hand, Kane's play-text contains a uniquely un-cohering vision, in which the audience is challenged to remain in a liminal space in which knowledge of the boundaries between interior and exterior is suspended. This approach may be generative of an unusual kind of proximity, to the material, as it leaves the audience open to the confusion of the dramatic universe. On the other, Mitchell's directorial project was to erect a coherent 'whole' out of the work, and move from accumulation towards narrative. Through this insistence on coherence a distance was opened between audience and representation, as the play now presented the audience with an objectifiable narrative. A simple example of this intervention may be that at the end of Mitchell's version of the production, Tinker kills the woman he loves – the peep-show performer – and shoots himself. The play-text leaves our final image of Tinker alive, suggesting that the play's tortures are not complete and that further cruelties and transformations in the institution could be perpetrated. Killing Tinker off itself raises interesting questions. Does he feel guilty? Is he as affected by the despair of the institution as his victims? Has he performed these acts under duress? Is the 'love' he feels for the woman in the peep-show simply too much to cope with? These questions arise at the end of Mitchell's production, but they are only able to arise because Tinker is dead. The story is closed and, by being closed, it has realized itself as a narrative. In this way, Mitchell partially removed a disorientation that is key to Kane's work. The result was a production that was at times painful to watch, and at times numbing, and that several viewers and reviewers ultimately found boring (see, for example, Clapp 2016). The accumulation of acts was deprived of its ability to disorient, and therefore felt like a repetitive and uninteresting narrative.

Mitchell's decision to place Grace at the centre of the work in this production subordinated the rest of the play to Grace's vision and distress. One problem with imposing this interpretation onto *Cleansed* is that the violence and cruelty

enacted by Tinker on to inmates other than Grace are disproportionate to the trauma of Grace's loss of Graham. Throughout the play, Carl is repeatedly mutilated, as his hands, feet, tongue and genitals are cut off, while Robin is psychologically abused, made to clean up his own urine with his prized books, and force-fed a box of chocolates. The play-text partly refers to the experiments carried out by Holocaust doctor and torturer Mengele, as well as the concentration camps of the Bosnian war. *Cleansed* combines these events with the cruel and bullying treatment of Robin, a reference to an inmate of Robben Island, west of the coast of South Africa, and the evocation throughout the play of a reductive medical discourse. The sexual violence faced by Grace from the invisible voices in scene eleven makes reference to rape culture and extreme gendered violence, a reference also found in the position of the peep-show dancer who is held captive by her peep-show cubicle.

Each separate storyline is situated in real violence beyond the world of the play. Importantly, each violent act is allowed space for its own articulation through the play's episodic structure, rather than being subordinated to a narrative plot. With reference to his direction of the play's original production, James Macdonald highlighted the importance of keeping a variety of significations open to the audience:

Sarah has very consciously laid the play open to a lot of meanings.

It is the reverse of conventional theatrical practice where the meaning is narrowed scene by scene ... *Cleansed* removes the psychological signposts and psychological geography that you get in the Great British Play. This makes it accessible to lots of different meanings which in turn makes it extremely hard to play. (Macdonald 1998)

A staging of *Cleansed* that would allow for this reading of the play to be articulated would therefore be one in which the violent scenes and episodic structure were capable of referring to several different historic and psychic scenarios rather than imposing an internal logic that unified them. Mitchell's decision

to keep Grace onstage throughout the entire production created an opposite kind of staging, one that prevented the possibility that Rod and Carl's relationship may signify for itself, instead being constantly watched and staged in response to Grace. Grace's confusion in the face of Carl's torture anticipates the confusion of the audience in Mitchell's production, and gives them a person onstage with which to sympathize – the horrified onlooker Grace. As part of Grace's nightmare, Carl no longer signifies for himself and the tortures enacted upon him are unsuitable and potentially unethical reflections of Grace's pain.

Mitchell's production therefore increased the intellectual distance between the audience and the work, by making Grace a mediator for the play's violence and disorientation. In the play-text of *Cleansed*, Kane creates a dramatic world that provides contradictory experiences without explanation, and in so doing places the audience *within* the experience of a mind unable to distinguish between interior and exterior reality. The potential audience must navigate through the disorientating play-text or production without a guide, and tolerate the irresolution generated by not knowing what is or is not real. In this way, *Cleansed* troubles an interpretation of non-normative mental states that only grants epistemological validity to 'exterior' life. By removing the interior/exterior boundary, Kane's play radically suggests that there is some form of truth to be found in the absence of this distinction. In the case of the 2016 National Theatre production, this tension was resolved in performance, in an attempt to introduce stability into a deliberately unstable dramatic universe. Mitchell's choice to represent the dramatic universe of *Cleansed* as a singular narrative thus closed off one of the play's most radical affects. It transformed the dramatic universe, mediating the unexpected through the more normative and objectifiable mental experiences of a single protagonist. In this way, the production presented a more politically and aesthetically conservative version of mental life than that which is suggested by Kane's daring play.

REFERENCES

- Aston, Elaine (2003) *Feminist Views on the English Stage*, Cambridge: Cambridge University Press.
- Clapp, Susanna (1998) 'Kane's new play is a howl of horror with the sensibility of a Damien Hirst', *The Observer*, 10 May, in *Theatre Record* (April – May 1998) p.566.
- Clapp, Susanna (2016) 'Cleansed review – the first cut was the deepest', *The Observer*, 28 February, p.29.
- Delgado-Garcia, Cristina (2012) 'Subversion, refusal, and contingency: The transgression of liberal-humanist subjectivity in Sarah Kane's *Cleansed*, *Crave*, and *4.48 Psychosis*', *Modern Drama* 55: 230–50.
- Kane, Sarah (2001a [1995]) '*Blasted*', in *Sarah Kane: Complete Plays*, London: Methuen Drama, pp. 1–61.
- Kane, Sarah (2001b [1998]) '*Cleansed*', in *Sarah Kane: Complete Plays*, London: Methuen Drama, pp. 105–52.
- Kane, Sarah (2001c) '*4.48 Psychosis*', in *Sarah Kane: Complete Plays*, London: Methuen Drama, pp. 203–45.
- Laplanche, Jean and Jean-Bertrand Pontalis (1988 [1973]) *The Language of Psychoanalysis*, trans. Donald Nicholson Smith, London: Karnac Books.
- MacDonald, James, in interview with James Christopher (1998) 'Rats with hands exit stage left', *The Independent*, <http://www.independent.co.uk/life-style/rat-with-hand-exits-stage-left-1161442.html>, 4 May, last accessed 14th May 2017.
- Macdonald, James, in interview with Matt Trueman (2016) 'I'm drawn to plays I don't know how to do', *The Independent*, <http://www.independent.co.uk/arts-entertainment/theatre-dance/features/james-macdonald-on-caryl-churchills-escaped-alone-im-drawn-to-plays-i-dont-know-how-to-do-a6819916.html>, 19th January, last accessed 14th May 2017.
- Mitchell, Katie (2008) *The Director's Craft*, London: Taylor and Francis.
- Mitchell, Katie (2016) 'Katie Mitchell Platform', public interview at the Dorfman Theatre, National Theatre, 2 March.
- Penhall, Joe (2000) *Blue/Orange*, London: Methuen Drama.
- Rebellato, Dan (1998) 'Brief encounter platform', public interview with Sarah Kane, Royal Holloway, University of London (RHUL), www.danrebellato.co.uk/sarah-kane-interview, 3 November, accessed 30 March 2017.
- Rebellato, Dan (2010) 'Katie Mitchell, learning from Europe', in Maria M. Delgado and Dan Rebellato (eds) *Contemporary European Theatre Directors*, Abingdon: Routledge, pp. 317–38.
- Sidi, Leah (forthcoming), 'Looks like there's war on': Rape, trauma and identification in Sarah Kane's *Blasted*, in *Psychoanalysis and the Humanities in the Twenty-First Century*, Routledge.