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**Beyond the Suicidal Despair:
An Analysis of Sarah Kane's
4.48 Psychosis**

Bachelor's Diploma Thesis

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*I declare that I have worked on this thesis independently,
using only the primary and secondary sources listed in the bibliography.*

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Author's signature

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1. Introduction

Sarah Kane has been one of the most controversial figures of the modern British playwriting, starting when she first appeared almost out of nowhere with her play *Blasted* in 1995 and culminating when she wrote her last play *4.48 Psychosis* and subsequently committed suicide four years later. Because of that, all of Kane's plays and especially *4.48 Psychosis* are being frequently interpreted in connection with her life and death by critics and the theatre public, which does not do her dramatic capacities much justice. The purpose of this thesis is to provide a brief overview of Kane's life and then prove through an in-depth analysis of *4.48 Psychosis*' dramatic form and contents surpassing the suicidal aspects of the play, that while a certain parallel to Kane's life and death is definitely visible, the play contends a much broader spectrum of themes and issues. The thesis will show that limiting the play's legacy only to a "fancy suicide note" is not fair and diminishes Kane's writing abilities, and that through unbiased evaluations and interpretations *4.48 Psychosis* acquires many new dimensions.

The first part of this thesis offers a short summary of Kane's biography – her family background, how she came to playwriting, an overview of her works and their critical reception, and what kind of impact her death has had on it. It also provides a brief description of in-yer-face theatre and a contextualization of Kane as an in-yer-face theatre playwright. This part is very important in creating as objective point of view as possible in interpreting Kane's plays. The main sources I use for this part are various interviews with Kane herself, her family, friends and colleagues, most of them included in Aleks Sierz's book *In-yer-face Theatre: British Drama Today* which covers the history of in-yer-face theatre in general and then focuses on individual authors

of modern British drama like Anthony Neilson or Mark Ravenhill. A lot of interesting background information about Kane and her works is also covered in Dan Rebellato's half-hour audio documentary *BLASTED: The Life and Death of Sarah Kane* that was broadcasted to mark the tenth anniversary of Kane's death. It contains interviews with Kane herself, her agent, friend and literary estate agent Mel Kenyon who discovered her, Kane's brother Simon, her friend and fellow playwright Mark Ravenhill and James Macdonald, the director of several of Kane's plays. The autobiographic information bank is then completed by a couple of excerpts from two different obituaries – one of them written by the above-mentioned Mark Ravenhill and the other one is a short video-obituary called *The Death of Sarah Kane* that features an interview with Kane's father.

The analysis of *4.48 Psychosis* is divided into two main sections. The first section describes in detail the unusual dramatic form of the play (stylistic, grammatical, linguistic and visual) and provides textual evidence for the individual aspects and features which Kane used and which often support the literal contents of the play. Through close reading of *4.48 Psychosis* and with the help of Manfred Pfister's *The Theory and Analysis of Drama* the distinctive features of Kane's dramatic form are brought forward, illustrated in the text of the play and endorsed by several essays, online articles and journal articles that research formal aspects of the play as well. A concise description of two *4.48 Psychosis* productions is also included in this part to draw attention to the scenic quality of the dramatic text and show the variability in theatrical interpretations of the play. One draws from my own theatrical experience of the play in Brno's experimental theatre HaDivadlo and the other one is based on Steve Earnest's performance review and photographs of the first production of *4.48 Psychosis* at London's Royal Court Theatre Upstairs.

The second section of the analysis explores the aspects of the play that transcend the suicidal despair of *4.48 Psychosis*. I concentrate mainly on Kane's representation of a hospitalized patient battling with a mental illness as a distinct criticism of the mental health care system, institutions and doctors. The play clearly maps individual stages of the patient's journey, each of them is described and demonstrated with specific parts of the play – admission into a psychiatric hospital, doctor-patient relationships and frequently made mistakes, pharmacotherapy, discharge and suicide of the patient. The definition of psychosis is also included to establish that Kane was most likely not in a psychotic mental state when writing *4.48 Psychosis* (as critics often assume), and that the play's structure is not random as it may seem, but rather crafty and intentional. The definition is drawn from Petr Možný's book about different types of psychoses, but in this whole section I also abundantly drew from my own experience with (not only psychotic) patients during my internship in a psychiatric hospital.

The last section of the analysis is devoted to other transcendental aspects of *4.48 Psychosis* and shows that Kane's last play incorporates a lot of other themes and topics. It contains her takes on love in its endless forms, friendships and relationships in general, she tackles questions of the meaning of life, religion and hope and, last but not least, endeavours to re-divide some deep-rooted social divisions of gender, mental soundness and insanity or the three-way division of society into victims, perpetrators and bystanders.

The whole analysis combines my own perceptions and interpretations of Kane's last play supported by textual evidence, as well as a number of various essays, books and articles that share the opinion that *4.48 Psychosis* should not be reduced and simply labelled as "suicide art". Anabelle Singer's journal article "Don't Want to Be This: The Elusive Sarah Kane" and Alicia Tycker's online essay "Victim. Perpetrator.

Bystander.: Melancholic Witnessing of Sarah Kane's 4.48 Psychosis” proved to be most useful in their similar ideas, but also Ken Urban’s summary of Kane’s works in “An Ethics of Catastrophe: The Theatre of Sarah Kane” journal article helped me immensely to support my thesis and to get a deeper and broader sense of Kane’s theatre. The rest of the sources that helped me to expand my knowledge and points of view in regard to this thesis are listed at the end of the thesis.

2. Sarah Kane's biography

To contextualize, understand, analyse or interpret Kane's plays better, it is fairly important to be aware of her background and her life story, but also not to get carried away with it. It is helpful to know where she came from, who and what could have possibly influenced her work and what kind of impact has her life and death had on the perception of her plays. This concise biography should help in determining that the general tendencies to project the events from Kane's life into her work, *4.48 Psychosis* in particular, may be tempting, but are unnecessary in evaluating her work, and that it would do her more justice to refrain from them and maintain objectivity.

2.1 Early life

Sarah Kane was born on 3 February 1971. She grew up in a south Essex village called Kelvedon Hatch, her mother was a teacher and her father was a journalist writing in the *Daily Mirror*. Her parents raised her as a Christian and she became Evangelical during her teens. Later she struggled with her faith and rejected it completely, but the topic of faith and God remained recurrent themes in some of her plays (Sierz 91).

Kane started to write poems and short stories early on during her time at Shenfield Comprehensive school. She was actively encouraged to read, write and act from her English and drama teachers and, as she stated, those were the things she wanted to do. She chose to study drama at Bristol University, but her genuine enthusiasm for it left as soon as "[she] got there [and] suddenly found far more interesting things to do" (Sierz 91). Despite her proneness to get in trouble – like being pointed out by one of her tutors for writing a "pornographic essay" and then throwing pornographic magazines at him the next class – she finished her studies in 1992 with First Class Honours Degree. During her years at the university, Kane acted, wrote

and directed in order to avoid spending time at drama department, she wrote a few monologues and later decided to stop acting. She saw it as a “powerless profession” and did not want to be “at the mercy of directors [she] didn’t like” (Sierz 92). Her father described her in an interview for a short obituary feature (*The Death of Sarah Kane*) encapsulating Kane’s life and death as “a loving daughter and a very independent person who had a very independent spirit, quite a feisty sort of girl, who wasn’t afraid to stick up for her rights”. He also mentioned that she cared about people and injustices in the world and how that reflected in her plays.

2.2 Playwriting

In 1992 Kane began to attend David Edgar's MA course in playwriting at Birmingham University (Ravenhill 1999), but she soon found out that she did not want to be an academic – she “wanted to invent new forms [and] try what hasn’t been tried so far” and that is when she first started to write *Blasted* (Sierz 92). At the end of the course students were required to present the first 20 minutes of their new plays as part of a showcase. Several influential visitors including the London literary agent Mel Kenyon attended and were awestruck by Kane’s opening scene from *Blasted*. Mel Kenyon’s first opinion of Kane was: “My god she’s talented, but she’s a handful,” but she took interest in her anyway and passed the rest of the play to James McDonald, literary director at London’s Royal Court Theatre (Rebellato 2009). Kane then moved to London and worked with RCT, the Bush Theatre and later was offered (and accepted) a place of writer in residence for the touring company Paines Plough by her fellow playwright Mark Ravenhill (Ravenhill 1999).

2.3 The plays and critical reception

Kane's first full length play *Blasted* was first performed in January 1995 at the Royal Court Theatre in London. It was deliberately staged after Christmas, so that there would be less people in the audience and it would hopefully "go unnoticed", but even in spite of that the play immediately raised a great wave of interest, both in a positive and a negative way (Sierz 94). Reviews of the premiere made plenty of headlines, mostly criticised for its violent and gruesome contents, yet still supported by some of the most prominent English playwrights – Harold Pinter and Edward Bond. Since the premiere Sarah Kane was constantly hounded by the media and talked over by critics. She was genuinely taken aback by the fact that "the media seemed to have been more upset by the representation of violence than violence itself" (Sierz 97), pointing to their outrage over a play and their indifference towards real-life scandalous events. The play definitely made the audience respond; some of them even walked out during the performance, others covered their eyes or tried to defuse the tension and shock with laughter (Sierz 93-107).

Kane's following plays were then largely looked at through a veil of first impressions created and burnt into the public cognizance by *Blasted*. The reviews of her next play *Phaedra's Love* – that was written on a request from the Gate Theatre in London "to adapt a classical tragedy" (Sierz 109) – were again of ambivalent nature. Some critics praised it for its powerful parallels to the contemporary issues, others hated it with passion and openly expressed concern for Kane's mental health (Sierz 108). The critical response was again very similar with Kane's next play *Cleansed*. Aleks Sierz ascribed it the status of "Kane's most ambitious and intellectual play" (115) even though its global message is somehow deliberately elusive. Kane herself stated, that "almost every line in *Cleansed* has more than one meaning" (114).

Because of the critics' continuing inability to evaluate her plays objectively, Kane decided to use a pseudonym Marie Kelvedon (Marie was her middle name, Kelvedon after the place where she grew up) alongside with fake biographic information to present her next work *Crave* in an attempt to acquire a clean "artistic slate". As Mark Ravenhill mentioned in a 2005 article about her works in the *Guardian*, "She said she didn't want people to read the play as 'the new one by the woman who wrote *Blasted*'". Using the pseudonym meant a certain level of newly found freedom for Kane, even if only for a short period of time.

2.4 Suicide and the aftermath

In the last couple of years of her life, Kane struggled with depression and anorexia, suffered through some mental breakdowns and was hospitalized several times. According to her friend and colleague Mark Ravenhill she "fell out of love with life" and was "drawn constantly to thoughts of suicide" and in February 1999, couple weeks after her twenty-eighth birthday and only a couple of days after adding some finishing touches to her last play *4.48 Psychosis*, she turned her thoughts into action. She swallowed over one hundred pills, but was then found and taken to a hospital, had her stomach pumped and survived. Her agent Mel Kenyon reminisced about visiting her in the hospital, bringing her a carton of cigarettes and talking for hours. She even thought that Kane looked radiant and great (Rebellato 2009). Unfortunately after that Kane was left unattended by the hospital staff for over an hour before she was found in the hospital lavatory, where she had hanged herself with her shoelaces.

Kane's suicide only added to the controversial perception of her and her career by the media and theatre public. Her last play *4.48 Psychosis* was posthumously staged

at the Royal Court Theatre Upstairs on 23 June 2000 after an uneasy collective decision of her family, friends and colleagues. Kane left a series of notes to them and in the note to her agent Mel Kenyon she commented on her last play: “Do with it what you will, just remember – writing it killed me!” (Rebellato 2009). The decision to publish and produce the play then largely influenced the many opinions on Kane’s work. Her suicide overshadowed even the strongest of former critical opinions, some of them had changed into sympathy reviews or blind praise and parallels between Kane’s work, her life and her death were suddenly sought and pointed out much more often, which was something that Kane was trying to very much avoid during her life: “When people talk about me as a writer, that’s what I am, and that’s how I want my work to be judged – on its quality, not on the basis of my age, gender, class, sexuality or race. I am what I am – not what other people want me to be,” (Sierz 121). After Kane’s death, her work inevitably began to be viewed and reviewed with the perspective of death and suicide, which may by all means be one of the possible perceptions of her work, but as the only one it does not do her justice (Ravenhill 2005). In my opinion it is definitely important to take the aspect of Kane ending her own life into consideration, while evaluating or analysing her works, but it is equally as important and interesting to stay objective and look for other qualities and dimensions of Kane’s plays.

2.5 Kane in context of in-yr-face theatre

According to Aleks Sierz, the British theatre critic and author of several publications on British theatre and playwrights, in-yr-face theatre is in short any kind of theatre which “takes the audience by the scruff of the neck and shakes it until it gets the message” (Sierz 4). This definition, despite being very short and brief, paints a relatively accurate picture of the kind of theatre that Sarah Kane and many other

authors of the era created. However, Sierz offers a much more complex description of in-yer-face theatre and its individual features as well. It is a theatre of experience, sensation, experimenting, shock tactics and provocation. It is often new and unusual in some of its aspects – like structure, tone, language or images; it questions moral norms, smashes taboos, creates discomfort and gets under people’s skin and “in-their-faces” by invading their personal space (4).

In-yer-face theatre is not called the theatre of extremes by the critics for no reason. The authors of the plays do not shy away from the use of filthy language in order to create very graphic images of what they want to present to the reader and the audience. Live nudity, sex and complete exposure of the actors on stage are no exceptions (Kane even plays with gender transformation including Grace’s penis transplantation and her breasts being cut off of her chest in *Cleansed*), just as gruesome scenes of violence – eyes are being sucked out of the characters’ skulls, heroin shot into their eyes, limbs are being amputated are characters are being raped and abused variously (Sierz 4-9).

Through these “shock tactics”, Kane and other authors tackled some urgent and usually controversial topics like incestuous relationships, rape, wars or suicide, pushing the boundaries of the blissfully ignorant society and confronting people, asking for extreme or just any reactions at all. Nowadays the theatre public is more used to these shocking features and sees them simply as a part of the in-yer-face genre, but in the 1990’s these plays were usually so intense and emotionally troubling for the audience, that reading and viewing them made them question their value system and ideals, their identity or attitude towards life. Especially witnessing the plays in public had a certain multiplying effect and provided for a different experience than when the plays were simply read in private. This way the audience became “an accomplice”

to whatever they were witnessing and got the feeling of actually having lived through what happened on stage (Sierz 4-9). For example when *Phaedra's Love* was staged, the angry mob that lynches Hippolytus in the end rose directly from the audience – as one of the critics David Nathan described it, it was “more in-yer-lap, than in-yer-face” (Sierz 108).

These crafty “violations” of the audience’s personal space alongside with the representation of controversial topics, sometimes in black and white contrasts, often leads to the audience’s repulsion, but at the same time fascination with what they see. They certainly do not like it, but they can not seem to look away and the images stay imprinted in their minds for some time even though the play has long ago ended, making them think about the presented topics and react (Sierz 4-9). Kane’s plays are usually so full of these tactics that in order to avoid misinterpretation or jumping to conclusions it almost feels necessary to see or read them multiple times. Apart from the content of the plays Kane often uses atypical dramatic form, always trying to do something new and different, engage people’s attention and accomplish some change through her plays. As she stated after seeing a production of Jeremy Weller's *Mad*: “[It] changed my life because it changed me, the way I think, the way I behave. If theatre can change lives, then it can change society” (Sierz 93).

3. Analysis of *4.48 Psychosis*

3.1 *4.48 Psychosis* in context

Kane's death split the theatre society into two distinct groups, regarding her works either in light of her suicide or declining to even try to find any connection between her death and her plays, *4.48 Psychosis* in particular (Singer 160). After its premiere in July 2000, the majority of critics came to the conclusion that what they have just seen is a "70 minute suicide note" (Singer 160) or even "appallingly passive aggressive Victim Art" and "the fanciest suicide note any of us are ever likely to read" (Alistair Macaulay in Tycer 2008). To shed light on the ongoing argument whether Kane's work was actually enhanced or interrupted by her mental illness, Kane's brother Simon admitted that "*4.48 Psychosis* is in fact about 'suicidal despair', so it is understandable that some people will interpret the play as a thinly veiled suicide note", but at the same time he challenges the readers and the audience to look further as "this simplistic view does both the play and [his] sister's motivation for writing it an injustice" (Singer 160-161). Mark Ravenhill (2005) supports his statement by observing that "Kane's work was immensely crafted and not just some outpouring of the soul" (n. p.) and that "we shouldn't see *all* of Kane's work as one long preparation for suicide, since only her last play was written during her periods of depression and hospitalization" (n. p.).

Kane is often compared to, and associated with other authors that committed suicide and were ultimately stigmatized by it like Virginia Woolf or Sylvia Plath (Earnest 2004, 153), but as Ravenhill (2005) clarifies, he "would certainly resist the idea that she was a great writer because she had suicidal impulses" (n. p.). He insists that the work Kane left behind is far better than anything labelled as suicide art and Dan Rebellato corroborates this in his 1999 article "Sarah Kane – An Appreciation", saying

“it would be a second tragedy if her death were to become an easy way of not confronting the seriousness of her work” (281).

Unfortunately there is not much material and documentation of Kane’s own perception or intended purpose of her last play. But from the discrepancies between her and her readers’ opinions of her earlier works we could assume that it could have been very much different to anybody’s perception of *4.48 Psychosis*. For example, Kane considered her plays *Blasted*, *Phaedra’s Love* and *Cleansed* to be very much about hope, faith and love, while to the readers and critics those seemed to be mainly about rape and violence (Sierz 120). Kane said *Cleansed* “was written by someone who believed utterly in the power of love” whereas when she wrote *Crave* she has completely lost those beliefs and “thought the world was a pretty grim place” (Sierz 117). By contrast *Crave* was then by the theatre public somehow considered to be “uplifting”, full of love and hope. Neither of those plays were back then written by a person who knew she would commit suicide, so to determine with any kind of certainty what could have been Kane’s objective when writing *4.48 Psychosis* is virtually impossible.

According to Alicia Tycer’s journal article “Victim. Perpetrator. Bystander: Melancholic Witnessing of Sarah Kane's 4.48 Psychosis” the play demands active involvement from its readers and audience members, they are not just passive receptors of Kane’s autobiography, but active witnesses to an unending trauma. Its multiple meanings may have been oversimplified and will probably always be complicated by the echoes of Kane’s suicide but they should not be limited by it (Tycer 2008). The perception of *4.48 Psychosis* as “suicide art” only or a portrait of a disintegration of the human mind would be dim and confined, which is a fact that even Kane herself discussed with her friend and agent Mel Kenyon a couple of days before her suicide.

They both agreed that some of Kane's "trademark" gallows humour would benefit the play (Rebellato 2009) and as its presence in the play is strong and visible at times "it proves inconvenient for critics viewing the play as a martyr's suicide note" (Tyce 2008).

The play takes on many more subjects than "just suicide" – a great part of it concentrates (as in most of her earlier works) on love and relationships, it tackles various religious and social aspects, it contains a "not so subtle" critique of the mental health care institutions. Inside all that questions about and maybe even answers to the meaning of life can be found and even the "ill-fated" time stamp of 4.48 gradually changes its connotations during the play. All of these topics are embraced in Kane's atypical yet expressive use of dramatic form.

In the next several sections I pursue each of these aspects individually (with a slight disregard of the "suicidal despair" that is fairly easily identifiable) and prove that they are in fact there and show how they contribute to my perception of Sarah Kane's *4.48 Psychosis* as a play that surpasses any of its autobiographical elements.

3.2 Dramatic form

While Kane's earlier works *Blasted*, *Phaedra's Love* and *Cleansed* were based largely on shock provoking violent and rather unpleasant images, the style of her two last plays *Crave* and *4.48 Psychosis* shifts prominently (Urban 43). Kane was still building dramatic tension and giving the readers and the audience a visceral experience (Singer 166), but the last two plays were written in a distinctly poetic style, Kane herself stated that when she was writing *Crave* she "knew what the rhythm was, but [she] did

not know what she was going to say” (Horoščák 127). Cohn (2008) summarizes these two styles as violent and linguistic, each enfolding a different dramatic architecture.

The form of *4.48 Psychosis* is often described as “a textual collage with a citational quality to the language” (Urban 44) or as “a collage of thoughts, lists, conversations and other random bits of information” (Earnest 299). It combines a free-form stream-of-consciousness style (Earnest 299), poetic language and naturalistic dialogue, it in fact includes lists and various quotations drawn from disparate sources, but in all the variability there still is a certain sense of monology as “the product of a singular, albeit divided, self” (Urban 44). The form plays a crucial role in any kind of interpretation of the text and as Kane once noted, “the element that most outrages those who seek to impose censorship is form” (Urban 40) and so the contents would be at least limited if not completely changed if it were not for the play’s extraordinary form.

3.2.1 The title

Kane chose a very specific time stamp that she included into the play’s title – 4.48. According to some that was the time of “the early morning hours when Kane wrote, when she felt the most sane, though these were also the hours when she appeared the most insane to others” (Singer 161). For others this could have been the time when Kane often woke up and worked on her play as David Greig mentions in the introduction to Kane’s *Complete Plays*, and some people even perceive it as the time when the suicidal thoughts are the strongest and when most people commit suicide.

Judged by the textual evidence in *4.48 Psychosis*, this time is of a more changeable nature. In the play, 4.48 is first mentioned as the time “when depression visits” and when the main character “shall hang herself / to the sound of her lover’s

breathing” (Kane 207). Later on, 4.48 indicates a time after which “[she] shall not speak again” (213), still pointing towards the suicide, but then it changes into a time “when sanity visits” and “for one hour and twelve minutes [she is] in [her] right mind” (229). It is no longer a time of depression or insanity, but a time that brings a certain calmness and a sounder state of mind – it is the time when “[she] shall sleep” (233) rather than wake up. The last time when 4.48 occurs, is nearing the end of the play when 4.48 becomes “the happy hour / when clarity visits” (242). Within the play Kane gradually transformed the time 4.48 from something crippling, deadly and scary into a more positive, calm and hopeful time span.

3.2.2 Characters

There are no speaker designations or gender specifications in *4.48 Psychosis*. Kane’s decision to not include any kind of indication of how many characters there are or how young or old they are supposed to be contributes largely to easier identification of the readers or the audience with the text or its various parts. Tycker (2008) supported this by claiming that Kane’s use of the first-person narrative or the “‘I’ form of apparent confession” resists autobiographical interpretations precisely because she decided not to designate the characters and left it to the readers or directors to distinguish the main voices. These features of the play were not characteristic for Kane only – other authors, for example Martin Crimp or Mark Ravenhill, have used them as well.

In any case it is possible to find some characters that may appear in the play in the dramatic text. Most of the monologues could be assigned to the character of “the patient” that takes shape in the first couple of scenes. As the first-person narrative does not determine the gender of the speaker it could be either a woman or a man, but female gender it is often ascribed to the main character, mainly

in languages that do not allow such linguistic camouflage of gender – like the Czech language. For the purposes of my analysis I would like to utilize this ascription as well and speak of the patient as of a female and the doctor as a male to avoid unnecessary textual multiplications.

Dialogical parts of the play create the character of “the doctor”, holding various conversations with the patient. Other doctors like “Dr This and Dr That and Dr Whatsit” (Kane 209) are mentioned alongside with other patients (209) or mysterious lovers (207) – some of them yet to be found (215), but one line of the play in particular probably inspired some directors to cast exactly three characters: “Victim. Perpetrator. Bystander” (231). All of these and possibly even more characters pervade the play and protrude from it, depending on the specific readers.

3.2.3 Grammar, linguistic features, variations in the text and emphasis

As far as grammar is concerned, parts of the play lack punctuation and capitalization, the phrases and sentences are not separated from each other by full stops and capital letters, but rather by diverse spacing, gaps and indentation. The lines appear to be broken into pieces or as if randomly scattered on the page. These passages in particular have a certain poetic quality and contribute to the possible multiple meanings of individual lines – that read individually acquire a different meaning than read in context of the following or preceding text.

Easily distinguished are the dialogues in the play since they are always appointed by dashes, or the lists of problems or wishes that are simply double spaced and consecutively arranged. Two number sequences appear in the play (see below) as well as various lines “borrowed” from other texts and authors, for example the lines “the chicken’s still dancing / the chicken won’t stop” (243) were taken from the film

Stroszek by Werner Herzog or the line “an expressionist nag” (213) was taken from a critical review of one of Kane’s plays (Cohn 2008). Kane even included a subtle notification about the borrowing of lines:

Last in a long line of literary kleptomaniacs
(a time honoured tradition)

Theft is the holy act

On a twisted path to expression (213)

To emphasize a line or a message Kane uses various tactics ranging from the most common, like capitalization – “DON’T LET THIS KILL ME / THIS WILL KILL ME AND CRUSH ME AND SEND ME TO HELL” (226), to the ones that are not quite that obvious like onomatopoeia – “flash flicker slash burn wring press dab slash...” (231), contradiction – “perhaps it will save me / perhaps it will kill me” (227), alliteration – “derailed / deranged / deform” (223), consonance – “still ill” (223), repetition – “I’m dying for one who doesn’t care / I’m dying for one who doesn’t know” (243), or rhyming – “Remember the light and believe the light / An instant of clarity before eternal night” (206).

3.2.4 Visual form of the play

As there are only very few stage directions in *4.48 Psychosis*, the visual form of the lines on the page can function as an indication of delivery. The composition of the text on individual pages can point to the consecution or simultaneity of oral presentation by individual characters. But the form goes hand in hand with the play’s contents as well – it frequently supports the meaning of individual lines. For example the line “and I must stand alone” (218) breaks off from the preceding continuous text and literally “stands alone” at the bottom of the page, or at the very end

of *4.48 Psychosis* the words “fade away” and become scarcer and scarcer on each page just as the lines say “watch me vanish” (244).

The fragmentation of the text corroborates the fragmentation of the patient’s mind as “[her] mind is the subject of these bewildered fragments” (210). The words are scattered on the page as if they were scattered on the patient’s mind, but there still is some order in it, even if it may seem chaotic at first. The individual scenes are divided by a series of dashes “– – – –”, dialogues take frequent, almost cyclical turns with monologic and poetic passages. Kane’s use of gaps and silences is equally as important as other features of the text, because it allows the readers and the audience to “include their own personal details to it”, her minimalistic approach almost requires the audiences and readers own interpretations and projections and the play’s structure gradually builds dramatic tension (Tyser 2008).

3.2.5 Verbal and scenic quality of *4.48 Psychosis*

In *The Theory and Analysis of Drama* Manfred Pfister states that the nature of dramatic text presentation is multimedial: “As a ‘performed’ text, drama, in contrast to purely literary texts, makes use not only of verbal, but also of acoustic and visual codes. It is a synesthetic text.” (7). The text then has two components, two kinds of qualities – a verbal one, which is stable in time, and a scenic one which may vary with a different time or a different place (7). Kane’s *4.48 Psychosis* verbal quality perseveres, the dramatic text is read and used in the form that Kane created (modified only by the language specifics in its different translations), while the scenic quality, the “shape of the performed play” changes regularly, depending on the time and place of the production, the contemporary social, cultural and other variables, directors’ vision of the play etcetera.

The scenic quality of a dramatic text also has two components: “elements of the stage enactment explicitly demanded by the literary text or at least clearly implied by it” – these are again stable and persist in time, and “elements added by the production” which are variable and different staging from staging (Pfister 7). This results in two different kinds of interpretation of the dramatic text: “purely literary interpretations of the verbally fixed text substrata, and the various productions and enactments of the text on stage” (7). My analysis will focus almost exclusively on the literary interpretations of Kane’s *4.48 Psychosis*, but I would like to include a brief overview of some of the production interpretations that I have encountered – the production in Brno’s alternative and experimental theatre HaDivadlo that I have seen several times, and the premiere of *4.48 Psychosis* ever at London’s Royal Court Theatre Upstairs that I looked into via performance reviews and photographs.

3.2.6 4.48 Psychosis staged

According to Pfister’s book *The Theory and Analysis of Drama*, the printed text generally distinguishes more or less clearly between two layers of text – primary and secondary text – and this distinction is often expressed typographically (13). The primary layer “comprises the spoken dialogue that takes place between the dramatic figures” and the secondary layer “refers to the verbal text segments that are not reproduced on stage in spoken form” meaning things like the title of the play, the inscriptions, dedications or prefaces, the dramatis personae, announcements of act and scene, stage directions or identification of the speaker of a particular speech (Pfister 13-14).

Kane did not include many clear-cut secondary text features in *4.48 Psychosis* and even managed to “befog” the primary layer of the text by not indicating how many

characters should play a part in it, and not providing any information about their age or gender. The play naturally has a title, but apart from that only a very few other secondary components are present – a few stage directions, unconventional demarcations of the scenes and subtle hints as to where the play could take place contained in the primary text. The only stage directions in *4.48 Psychosis* – literally the four of them – “(Silence.)”, “(A long silence.)” or “(A very long silence.)” countless times, and one time “(Looks.)” (Kane 217), when the doctor wants to check the patient’s self-mutilated arm to see if it is not infected, function mostly as indicators of the delay with which the lines should be delivered. Kane does not offer any straightforward commands or speaker designations for her characters and leaves the readers and the directors to their own visions and imagination.

3.2.7 RCT Upstairs production

In practice this meant that James Macdonald, the director of the first production of *4.48 Psychosis*, drew mostly from the primary text when creating the stage set: “A table two chairs and no windows / Here am I / And there is my body / dancing on glass” (Kane 230). The Royal Court Theatre Upstairs stage then consisted of exactly those stage properties – one table, two chairs referenced in text and to “help to realize the mind/body divide which is at the centre of the text” (Macdonald in Tycker 2008) a large mirror “suspended from the stage at 45 degrees, allowing the audience to see the action from both sides” (Earnest 300). The mirror enabled the actors to appear to be flying, floating mid-air or even as if they were hanging – thus visually supporting the fragmented text and even referencing Kane’s suicide. The table doubled up as a hospital bed or a writing desk for the main character of the patient, and its reflection in the

mirror was used as a window for video projections of a busy street, television screens or letters “RSVP ASAP”, displaying Kane’s shortest scene (Earnest 300).

The actors utilized several tones in delivering their lines – sardonic, cynical, rejecting or even ridiculing tone; numb, expressionless recitation; or a with a great emotional intensity. They also used certain means of vocal visualization – simultaneous speaking, finishing each other’s lines or answering each other’s questions – in accordance with the text (Earnest 300). There were three actors (hinting the division into victim, perpetrator and bystander), two women and one man repeatedly entering the role of the doctor.

3.2.8 HaDivadlo production

The Czech production of *4.48 Psychosis* bore a certain resemblance to the original London production, but at the same time differed considerably. The director Filip Nuckolls also decided to cast three people, but all of them were women. The stage was set in the manner of Kane’s minimalistic approach to dialogue. It included only an elevated podium where most of the play took place and bright red curtains in front of it, the only props a couple of gasmasks, and at one point a range of oversized fake medication containers. The whole performance had a distinctly vaudeville atmosphere – the actresses sometimes entering the roles of clowns, cabaret singers or music box ballerinas.

The lines were delivered with an array of tones and expressions – ranging from the expressionless declarations, sarcastic mocking or “overacting” up to dead seriousness or authentic hysterics. All of the actresses embodied “the patient” at some point and the role of the doctor was acquired and distinguished simply by putting on the gasmask. The characters speak predominantly to each other, but often directly confront

the audience with questions or various statements, and even before the very beginning of the play two of the characters enter the foyer – one of them singing an aria (whilst falling headfirst down a flight of stairs), the other one carrying a cassette player with the background music. This particular prelude has no representation in Kane’s text, but still goes hand in hand with certain principles of in-yer-face theatre and has a considerable shock value.

Both of the productions had drawn on the same primary text, yet two very different performances with different atmospheres and visual layout were the result of those staging attempts. This goes to show that Kane’s experimental minimalism and lack of pre-served in-text specifics leads to a broader spectrum of interpretations and subsequent theatrical depictions, due to the directors, actors and the audience’s own input. Kane’s agent Mel Kenyon observed that the fact that the outcome still renders the play’s contents meaningful to people in general suggests that “Kane’s increasing tendency to edit resulted not from her troubled subjective state, but from a considered experimentation with theatrical form,” (Tyser 2008) and therefore that it was not random or accidental. This goes to show how the variability and looseness of form contributes to create the multiple content levels of the play, supporting my thesis statement, illustrating Kane’s craftiness in creating it and proving that her writing skills were not impaired by her mental illness.

3.3 Representation of a patient's journey through hospitalization in *4.48 Psychosis* as a critique of the mental health care system

The predominant focus of this chapter is on the parts of the play that Kane dedicated to the portrayal of a patient's perception of hospitalization and doctor-patient interaction and communication throughout the play. These aspects of the play are depicted mostly through doctor-patient conversations, dialogues, but also lists and number sequences that delineate the story and the course of the patient's treatment.

Through these it is possible to identify the admission, case history and establishment of various diagnoses. They follow the patient as she gets acquainted with her doctors and other patients, as she plans her suicide, engages in self-harm and goes through numerous medication changes and adjustments, until she is deemed better by one of her doctors. This part of Kane's *4.48 Psychosis* is in fact "a solo symphony" (Kane 242) about a battle against a mental illness, about a patient's journey through hospitalization, maybe even a little bit about Sarah Kane's own journey, but within the play it also functions as a strong critique of the mental health care system and a fairly accurate description of the mistakes that are often made by both doctors and patients in mental institutions.

3.3.1 Psychosis

Psychiatric definition of psychoses speaks about "a group of serious mental illnesses that are connected by strongly disrupting individual's psychological functions" (Možný 3). Psychotic individuals perceive the world surrounding them differently and cannot distinguish between the reality and their own imagination and fantasies, thus cannot recognize what is and is not real. They are often convinced there is nothing wrong with them, they lack perspective and usually refuse treatment. The main

symptoms of psychoses are delusions, hallucinations, emotional flatness or incongruity, disorganization of thought and/or speech, loss of will, and others depending on the precise type of the psychosis (Možný 3-10).

Taking this definition into consideration it is possible to dismiss some of the critics' arguments about Kane being "crazy" or psychotic while writing her play. In a theatrical review of *4.48 Psychosis* Steve Earnest describes the play as an "internal exploration of Kane's desperate state of being" (300). But Kane's text clearly is to some extent structured and gets across a certain variety of messages. As Anabelle Singer remarks: "'Crazy' [is] just our own inability to make sense of another's way of thinking." And not only according to her "Kane's thinking never lacked sense; it was rigorous and agile" (Singer 166). A psychotic person would most likely not want or be able to write anything even remotely close to Kane's *4.48 Psychosis*, or if they did, such text would not be coherent and structured.

3.3.2 Admission

Kane introduces the character of the patient and her problems during the first continuous monologue. The patient describes her current state of body and mind in the form of a "list" of all the things that are troubling her. This list could be considered an answer to the doctor's obligatory, yet in the play unspoken, question "*How are you feeling today?*" during the initial examination. Many of these statements point to a depressive and suicidal thinking and behavioural pattern ("I am sad" or "I would like to kill myself"), negative self-perception ("I am fat" or "My hips are too big"), and low self-evaluation ("I am a complete failure as a person") (206-207). Most of these statements are very straightforward and clear, but at the same time a certain confliction is noticeable in the patient's list – "I cannot be alone" and "I cannot be with others"

or “I do not want to die” and “I do not want to live” (207). This sense of inner contradiction permeates the whole play.

The primary impression of the patient is then completed with the administration of the Serial sevens test. The test is usually administered during the entrance examination of patients in psychiatric hospitals to check for any mental impairment or psychotic symptoms – asking them to subtract sevens from the number 100 (Manning 1192). This test occurs twice in Kane’s play – at the beginning the readers are presented with a chaotic jumble of seemingly random numbers varying from one hundred down to seven:

100
91
84
81
72
69
58
44
37 38
42
21 28
12
7 (Kane 208)

If these numbers were evaluated according to the Serial sevens test, they would point to the patients mental status not being sound – in fact quite the opposite – which seems to be incompatible with the patient’s preceding (fairly clear and comprehensible, albeit conflicted) testimony.

3.3.3 Doctors

The readers then follow the patient thinking back to the time she spent in the psychiatric hospital and even though she “wasn't there long” a lot of intense memories emerge in a painful flashback triggered by “that medicinal smell” (208). She describes her fellow patients as “a room of expressionless faces staring blankly at [her] pain, so devoid of meaning there must be evil intent” (209) leading the reader to believe, that she probably did not make many friends there. The doctors lack proper names – “Dr This and Dr That and Dr Whatsit” (209) – as well as compassion and the patient sees them as dishonest and indifferent observers. She points out the only exception – one of the doctors who acted differently at first, but ended up betraying her trust anyway:

...I want to scream for you, the only doctor who ever touched me voluntarily, who looked me in the eye, who laughed at my gallows humour spoken in the voice from the newly-dug grave, who took the piss when I shaved my head, who lied and said it was nice to see me. Who lied. And said it was nice to see me. I trusted you, I loved you, and it's not losing you that hurts me, but your bare-faced fucking falsehoods that masquerade as medical notes. (209-210)

Kane illustrates the extremely fragile relationship that is usually established between a mental patient and their doctor and how little it can take to crush it. In this case the doctor's inappropriate or inconsiderate medical notes that the patient got access to.

The patient shows a certain degree of defiance as well as vulnerability in communication with her doctor. When asked if she has made any plans she describes her idea of insuring her death by three different kinds of suicide – “take an overdose, slash [her] wrists then hang [herself]”, because “it couldn't possibly be misconstrued

as a cry for help” (210). She goes on to argue with the therapist, who points out possible flaws in her plan, but when she is asked another question – whether she thinks she might harm herself if she was alone – her answer is “I’m scared I might” (211), showing her confliction and doubts about the choice to end her life once again. The play tackles here the strong theme of attempted suicide that is largely being interpreted as “a cry for help”, as an attention-seeking act and not as a serious attempt to take one’s life that simply went wrong.

The topic of self-harm comes up again soon after. The patient cuts her arm and is repeatedly asked if she had done it to “relieve the tension” instead of simply being asked *why* she had done it (216-217). This passage demonstrates an important issue which often accompanies any relationship between a doctor and a patient. The doctor is reluctant to pose the question in a non-polar way, instead he insists on his yes-or-no question “Did it relieve the tension?” (216). The patient’s own question is ignored for quite some time, maybe because the therapist does not really want to know the patients truth and prefers to stick to a set of universally applicable questions, thus de-individualizing the patient. Or maybe, as Anabelle Singer observes, because he hopes that she will lose interest (163). This could again be Kane’s way of showing how in the course of treatment the doctors usually only focus on identifying and eliminating the symptoms rather than finding and dealing with the cause of the illness, the cause of the patient’s actions.

This way the patient is then “guilted into” starting psychopharmacological therapy. At first she is told frequently by the doctors, that “it’s not [her] fault” – being ill, but her reaction to that is aptly cautious: “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.” (220). The concept of guilt occurs

in variations throughout the whole play. In the very beginning the patient feels guilty and as if being punished (206). Earlier she also describes herself as not ill, but depressed and according to her – depression is anger: “It's what you did, who was there and who you're blaming” (212) and she is blaming herself. But she gradually gets blamed by the doctor as well for “allowing this state of desperate absurdity” (220). Saying: “Okay, let's do it, let's do the drugs, let's do the chemical lobotomy”, and hoping that if they “shut down the higher functions of [her] brain then perhaps [she'll] be a bit more fucking capable of living” (221), she eventually caves in.

3.3.4 Medication

Kane creates a slightly ironic and also amusing contrast when she starts off the patient's case study with a rich and verbose list of the patients symptoms, diagnoses, medication switching and mood swings from the doctor's point of view and the patient's medical records (223-225). This list is then cut off by the patient's refusal of all further treatment and continues with the patient's description of her own treatment process:

100 aspirin and one bottle of Bulgarian Cabernet Sauvignon, 1986.

Patient woke up in a pool of vomit and said 'Sleep with a dog and rise full of fleas.'

Severe stomach pain. No other reaction. (225)

Comparison of these two very dissimilar lists proves to be a possible reason for the patient's initial reluctant attitude towards medication. The play draws a parallel between the long and exhausting medical treatment that resulted in leaving the patient an angry, paranoid hypochondriac, and the patient's own way of coping with her problems, which also did not make her better, but “only” left her with a severe stomach pain.

4.48 *Psychosis* brings up the issue of psychopharmacology, which is more and more pressing in today's society – people are often prescribed unnecessarily various kinds of drugs (sleeping pills, antidepressants, anxiety medication) that they can even become addicted to. The play takes a strong stand against it by pointing out the problem of doctors administering ridiculous and unreasonable amounts of drugs to a patient instead of trying other possible courses of treatments first, because medication offers quicker and more quantifiable results than for example therapy.

3.3.5 Doctor-patient mistakes

The first chronological doctor-patient conversation is shortly prefaced by an excerpt of a “future” conversation – the doctor insisting on the fact that the patient has friends and wondering what does she have to offer to them in exchange for their support (205). The readers are shown the rest of this particular conversation later on in the play – the patient is trying to get to know her doctor better, she admits that she likes him and wants to make friends with him (236), indicating that she needs a friend more than she needs a doctor. She is indirectly turned down, since – according to the doctor – their relationship is “good, but professional” (237) and because of the doctor's need for “sane friends” (237), possibly even because she does not have much to offer him “to make [him] supportive” (236).

This particular passage deals with the omnipresent ethical dilemma in any psychiatric or psychological environment. The doctors' duty is to stay in a way detached from their patients, not to cross the notional boundaries and step out from their prescribed role of “the healer”, not to become friends with their patients in order to prevent from unintentionally causing them any harm. Unfortunately by acting this way they often hurt the patient, just in a slightly different way. When the patient

expresses the need for a friend rather than a doctor, the doctor dismisses her plea, but for a small amount of time he steps out of his role and shares his innermost feelings with the patient. He reveals too much about himself by saying “I fucking hate this job and I need my friends to be sane” (237). The patient reacts angrily, because “the rejection contributes to [her] desolation” (Tycker 2008), but as she explains it is “because she understands [the doctor], not because she doesn’t” (238). The play illustrates this ethical difficulty to the readers, the double-edged sword of how easy it is to “slip up” and unnecessarily traumatize the patient in an attempt to be friendly because the patient asked for it.

3.3.6 Discharge

Towards the end of the play, the Serial sevens test is “re-administered” and this time the subtractions are precise and the numbers are in correct descending order, indicating mental improvement. It is followed by the statement that “Sanity is found at the centre of convulsion, where madness is scorched from the bisected soul” (233). The patient (diagnostically considered to be mentally fitter than she was at the beginning) sees sanity as a condition that is achievable through an unappealing and probably very painful process of burning the mad soul. This may go to show that the patient’s initial confliction and confusion gets gradually straightened out and untangled into a calmer, more determined state of mind. The doctor’s evaluation of the second test would then be the assumption that the patient is getting better, that her mental state has improved. 4.48 *Psychosis* points to the fact that the system is set in such a way that patients can end up being worse after their treatment than they had been before and despite that they get released, because of the doctors’ mistakes, laziness or wrong evaluation of the patient’s mental state.

Shortly after this are the readers presented with a rather lengthy “to do list” that Kane partly drew from Shneidman’s definition of affiliation (Tyce 2008). It could also be interpreted as the patient’s wishes and possibly even plans for the future, after she gets discharged from the hospital. It could be also seen as a list of (the doctor’s or the society’s) requirements to meet in order to be socially accepted, functional and desirable again, but its contents appear to be impossible to meet even for a “healthy” person. And thus patients often end up relapsing and being repeatedly admitted or sectioned. Kane however creates a very different ending for her patient.

3.3.7 Suicide

This seeming improvement of the patient towards the end of the play drastically dissipates to reveal that the patient in fact became more determined, only not to get better, but to really commit suicide:

Please don't cut me up to find out how I died

I'll tell you how I died

One hundred Lofepamine, forty five Zopiclone, twenty five

Temazepam, and twenty Melleril

Everything I had

Swallowed

Slit

Hung

It is done (241-242)

The patient’s last and somewhat fragmentary thoughts become scarcer and scarcer as she slowly fades away (“watch me vanish”) but in her final moments she disrupts the confidence in her actions one last time: “I have no desire for death, no suicide ever

had” (244). In spite of the gravity of the situation the play ends on a rather optimistic note: “please open the curtains” (245). The last line of the play could be seen as the theatre curtains opening at the end of the play instead of remaining closed, to allow the start of something new – perhaps a new performance; or symbolically interpreted as any window curtains drawn open to let some light in the room and make it brighter.

3.4 Beyond the suicidal despair in *4.48 Psychosis*

The last section of the analysis explores other contents and transcendental aspects of *4.48 Psychosis* apart from the obvious parallel to Kane’s own troubled mind when writing the play and committing suicide shortly after she finished the play. As the dramatic form of the play allows and encourages the readers’ own projections and input, various themes can be found in the play and looked at in detail. I focus on four dominant subject matters emerging from Kane’s play – the depiction and evaluation of love, friendship and relationships, religious aspects and references in the play, the meaning of life and hope in a seemingly hopeless environment of a suicidal mind and the play’s ability to destabilize some commonly held social standards and divisions.

3.4.1 Love, friendship and relationships

Not unlike Kane’s earlier works, *4.48 Psychosis* contains a great deal of features that are shocking, scary or depressing and unfortunately mainly concentrated on by the critics or the audience. While in her earlier plays the spotlight was primarily on the physical violence incorporated in the plays, in *4.48 Psychosis* the centre of critical attention is on the psychological violence, the “suicidal despair” (Rebellato 1999, 280-281). The underlying themes of love, friendship and relationships in general are then overlooked or overshadowed by the stronger, more obvious topics, but that certainly

does not mean that they are not there. Kane managed to interlay the play with many forms of love and their value – unconditional love, unrequited, painful love, lost love, love never found, betrayed love and reciprocal love. The theme is strong and omnipresent in its variability.

The fact that Kane refused to quantify the characters in her play and determine their genders proves very meaningful in this context. She mentions loves and lovers repeatedly, both male – “I am jealous of my sleeping lover and covet *his* induced unconsciousness” (208), and female – “What does *she* look like? And how will I know *her* when I see *her*?” (215). Through this Kane shows acceptance of any kind of love and partnership – homosexual and heterosexual, she gives the audience a chance to project their own relationships into her play.

Regardless of genders involved, Kane is not afraid to let the readers know that love can also hurt at times and that it goes hand in hand with betrayal and resentment. The patient feels betrayed by her doctor, whom she loved, “nothing can restore [her] faith” (210), later on she resents her potential lover for “never being there”, her father for “fucking up her life”, her mother for “not leaving him” and most of all God “for making [her] love a person who does not exist” (215). But nearing the end of the play, Kane softens her initial hatred towards them, even towards the readers or audience members, as she does not address anyone in particular with this statement: “I’ve always loved you / even when I hated you” (240), proving that even in spite of every harm and betrayal, it is possible to love someone unconditionally.

Throughout the play the question of people’s value of love and friendship is raised several times. At the very beginning Kane makes the readers and the audience think hard about the reciprocal aspects of their friendships: “What do you offer your friends to make them so supportive? What do you offer?” (205) Stage directions

of “long silences” between the individual lines provide enough time to search one’s conscience. Later Kane lets them inspect and question their own value system by presenting them with an almost poetical appraisal of how much her character values love:

Cut out my tongue
tear out my hair
cut off my limbs
but leave me my love
I would rather have lost my legs
pulled out my teeth
gouged out my eyes
than lost my love (230)

“To be loved” is seen as “the vital need for which [she] would die” (242-243) and thus Kane ranks love in *4.48 Psychosis* above life itself and renders it more important than avoidance of any physical loss or pain.

3.4.2 Religion

Kane admitted that most of the lines in *Crave* were written in a way that they can have more than just one meaning (Sierz 2001), this seems to be equally as true for *4.48 Psychosis*. The way the text is organized and segmented only enhances the possibilities of reading the lines and “between the lines”. Kane renounced her faith in God when she was about seventeen years old, but the theme of faith and God as an omnipresent authority appears even in her last play. She toys with the concept of light and darkness, her character turns to God in moments of uncertainty and vigorously resents God for causing her pain, she even creates almost biblical passages

in her play as if to warn the “God-fearing folk” with a hint of sarcasm and contempt. When combined with the aspect of suicide these features create an interesting mixture of pursuable topics.

The theme of light and darkness is almost ubiquitous in the context of religion and death. Kane’s recurring plea to “Remember the light and believe the light” at first combined with following “An instant of clarity before eternal night” strongly evokes a person’s last moments – the notional light at the end of the tunnel before the “eternal night” meaning death, suicide, the ultimate escape. But since suicide is usually frowned upon in some religious environments, or even considered a sin, a violation of the fifth commandment (“Thou shall not kill”), Kane creates this irritating discrepancy in the play. The patient has “resigned [herself] to death this year” (208) and since “nothing can restore [her] faith” and “this is not a world in which [she wishes] to live” (210) suicide seems to be the preferable option for her. Faith can be interpreted here as her faith in humanity, in people but at the same time as religious faith. And even though the patient has apparently lost hers, she still keeps mentioning God: “I just hope to God that death is the fucking end.” (211) as if making sure that she will not be surprised by some kind of afterlife and through that punished further. Towards the end of the play she worries that she “shall freeze in hell” (239), which in Kane’s world “is not metaphysical; it is hyperreal, reality magnified“ (Urban 45). She recurses to God once again, asking “Dear God, dear God what shall I do?” (241) only to fortify her decision to kill herself moments later in denying the Christian wrongness of her actions: “I know no sin” (242).

In regard to Kane’s renouncement of faith these little opposing details can function as a slightly amusing feature of the play and at the same time as a means of provocation. The fact that she worked them into *4.48 Psychosis* again shows

the craftiness of her writing and her seemingly effortless ability to “wreak dramatic havoc” through her clever use of language and in striving for achievement of some social change.

3.4.3 The meaning of life and hope

Kane starts her play off with blatantly confronting the audience about the extent of their investment in their relationships and with this she slightly eclipses a strong and also confrontational statement following shortly after: “I had a night in which everything was revealed to me. / How can I speak again?” (205). Kane opens up “a can of worms” – as people are often preoccupied with searching for the meaning of life, they often forget to think ahead and wonder, what could such a revelation cause. In *4.48 Psychosis* this revelation seems to be one of the reasons to commit suicide – it might be the realisation that “there’s no point in anything because [you are] going to die” (209) or something entirely different, but under the weight of this knowledge the patient is driven to take her own life. Kane makes any moments of clarity out to be something rather undesirable and not really cathartic, ultimately leading to one’s death.

In spite of the main theme of *4.48 Psychosis* being quite bleak and somewhat depressing, Kane manages to balance the gloom with flashes and glimmers of hope here and there and chooses to end the play ambiguously in the least (Tycer 2008). Apart from its Biblical sense and the possible reference to death, the recurring line “Remember the light and believe the light” (206) can also be seen as a generally hopeful and positive element in the play, light symbolizing “all things bright and beautiful”, all things that are “good”. And even though the patient several times openly talks about her hope diminishing – “insoluble hoping cannot uphold me” (213); and then disappearing altogether – “no hope no hope no hope no hope...” (218) Kane seems

to always mitigate the dreariness by giving her character, the readers and the audience some hope:

Where do I start?

Where do I stop?

How do I start?

(As I mean to go on) (226)

To end the play on a slightly more positive note, Kane adds that “Nothing is forever / (but Nothing)” (231) and while the morning may bring defeat, it also brings “beautiful pain that says [she exists] / and a saner life tomorrow” (232). The very last line in *4.48 Psychosis* – “please open the curtains” (245) is the ultimate symbol of a new start, making the room and the readers’ darkened minds brighter, letting in some of that literal and metaphorical light.

3.4.4 Rethinking social divisions

In accordance with the conventions of in-yer-face theatre, an immense power and controversy of Kane’s work comes from her bold questioning of familiar and deep-rooted social expectations and societal divisions. In an interview Kane insisted: “I don’t think of the world as being divided up into men and women, victims and perpetrators. I don’t think those are constructive divisions to make, and they make for very poor writing.” And she successfully transferred this opinion into *4.48 Psychosis* by eluding social conformity, destabilizing these commonly held distinctions among victims, perpetrators and bystanders, men and women, the sane and the insane (Tycker 2008).

The productions of *4.48 Psychosis* are usually performed by three actors – almost as if the three voices represented the division of a person into the victim, perpetrator and bystander at the same time (Singer 159). Kane intentionally blurs the

boundaries between these three. As Alicia Tycer argues – the patient as a suicidal character occupies the positions of a victim and a perpetrator simultaneously – being the executor and receiver of “the crime”, the self-facing aggression. She continues to assert that the “I” that Kane claims in writing “clearly exceeds autobiographical dimensions and embraces victim, perpetrator, *and* bystander positions” and that “the ‘I’ to whom Kane refers has not been depicted as a despot, but rather as a spectator who, exposed to inconceivable violence, has transferred culpability to him/herself.” As far as the reader or the audience is concerned, they are typically placed only into the passive role of the bystander “a position that involves an element of voyeurism” (Tycer 2008), but the play also offers an alternative position of a witness or even an accomplice. Kane’s character of the patient “admits” in an angry rant that “[She] gassed the Jews, [she] killed the Kurds, [she] bombed the Arabs, [she] fucked small children while they begged for mercy...” (227) and even though it is obvious that she really did not do any of those things, the play illustrates how easily an individual’s position can change from one of a bystander to another of a perpetrator who is complicit by their inaction or indifference.

In the same way Kane’s readers and audiences are repeatedly positioned in two or three of those “default roles”. The play reminds them that a change in these preset social divisions is possible by putting people through an intense experience. Not as “the endpoint of some utopian political narrative”, but rather “in those moments where comfortable designations break down and everything must be rethought” (Urban 36-46), only then are the boundaries broken and moved freely as is desirable in that particular moment.

4. Conclusion

Kane's works have mostly been considered shocking and outrageous even before she committed suicide. After that, their shock value has at least doubled and the theatre public was distinctly divided in their evaluation and interpretation – Kane was either canonized and blindly praised or stigmatized and reduced to a suicide artist. Not only *4.48 Psychosis*, but Kane's earlier plays as well were appointed the status of suicide art and were suddenly interpreted largely biographically because of Kane's death. This thesis proved that it is possible to stay objective, acknowledge the parallel between Kane's last play and her suicide, but also move past that interpretation as the only one and explore and discover many more subjects that *4.48 Psychosis* encompasses.

Through close reading and analysis of the dramatic text it is possible to prove that *4.48 Psychosis* was not written simply as a dramatic outburst of Kane's troubled mind or a passive aggressive suicide note. There is noticeable intent and craft behind the features of dramatic form that Kane used and it goes hand in hand with the multilayered contents of the play. The fact that Kane did not include any speaker designations and omitted certain secondary information about the play's characters, like their age or gender, only encourages the recipients – the readers, directors or the audience – to bring something of their own into the play, and contributes to their possible identification with some of the characters and shaping the story in their own way. The fragmented and “disintegrating” text of *4.48 Psychosis* is to some extent structured and Kane's clever use of various linguistic features and visual layout of the dramatic text pertinently emphasizes different messages of the play.

Within the level of the play that deals with a suicidal despair, another major theme of the play emerges – Kane's critique of the mental health care system in the

form of an exhaustive description of the patient's hospitalization journey and her battle with pathological grief. Kane brings out and takes a stand on several contemporary issues from the psychiatric environment – attempted suicide as a cry for help, psychopharmacology, ethical dilemmas and doctor-patient relationships and many more – through a series of doctor-patient conversations and her clever use of the patient's case history and basic psychiatric diagnosis tools, like the Serial sevens test. This elaborate criticism and Kane's in-depth knowledge of these issues proves that she was in her right mind during her writing process, she even dropped a little hint in the text: "I know what I'm doing / all too well" (222).

The last part of the analysis illustrates four other strong thematic clusters that pervade *4.48 Psychosis* and surpass the element of suicide. A great deal of the play, just as in her previous plays, is devoted to the omnipresent theme of love and its value combined with a few moments of sheer confrontation of the recipients about their own ranking of love and friendship in their value system. Also faith in general and religious beliefs are dealt with and confronted, the knowledge of the meaning of life is portrayed as a not so desirable commodity and hope is given in a seemingly hopeless environment of death. All of these themes and topics are brought to the fore and to elude the preset social divisions – Kane re-divides and re-divides them again, breaks boundaries in order to leave a mark on the readers' and audience members' lives individually, and through that she tries to make a change in society.

This thesis proves that looking at *4.48 Psychosis* simply as a suicide note without any added value and meaning limits the play's potential and Kane's writing skills immensely. Viewing it with a pair of unbiased eyes and interpreting it with an objective mind, acknowledging, but not getting stuck up on the biographical parallels

of Kane's life, results in a much broader range of aspects and topics and thus creates a richer reading or theatrical experience.

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6. Résumé

The objective of this thesis is a literary analysis of Sarah Kane's last play *4.48 Psychosis*. Kane, one of the most striking playwrights of British modern drama and the author of in-her-face theatre, committed suicide shortly after putting the finishing touches to the play. Because of that *4.48 Psychosis* is often seen and interpreted by the theatre public in the context of her death and mental illness – simply as a suicide note.

This thesis provides a brief overview of Kane's life and acknowledges the possible connections between her last play and her death, but also proves that this interpretation alone limits and diminishes her dramatic skills. The analysis of *4.48 Psychosis* is focused on the contents of the play that go beyond the suicidal interpretations, and on the extraordinary dramatic form that often goes hand in hand with the themes and topics covered in the play. Through close reading and textual evidence this thesis proves that an unbiased evaluation and interpretation of *4.48 Psychosis* broadens the legacy of the play significantly.

The analysis is divided into three main sections, the first of which concentrates on the description and analysis of the play's dramatic form – grammar, stylistic and visual features and structure of the play, and their relevance to the thematic contents of the play. The second part of the analysis is devoted to the depiction of the patient's hospitalization in a psychiatric hospital, from her admission to her discharge and suicide, as a critique of the mental health care system. The last section of the analysis looks in detail at four main thematic areas of the play that surpass the biographical interpretations – the theme of love, friendship and relationships, the topic of faith and religion, the questions of the meaning of life and hope in a seemingly hopeless environment of the suicidal despair, and the aspects of the play that destabilize some commonly held social standards and roles.

Předmětem této práce je literární analýza divadelní hry *Psychóza ve 4.48*, jejíž autorka Sarah Kane, jedna z nejvýraznějších dramatiček britského moderního divadla a představitelka coolness dramatu, krátce po dopsání hry spáchala sebevraždu. Kvůli tomu bývá *Psychóza ve 4.48* často interpretována výhradně jako „dopis na rozloučenou“ v kontextu autorčiny smrti a psychického onemocnění, kterým trpěla.

Hlavním záměrem této práce je tedy poskytnout stručný přehled o životě Sarah Kane, poukázat na možné spojitosti mezi její smrtí a jejím posledním dílem, ale zároveň dokázat, že tato interpretace sama o sobě omezuje a znehodnocuje autorčiny dramatické schopnosti. Samotná analýza *Psychózy ve 4.48* se tedy zaměřuje převážně na obsahovou náplň hry, která přesahuje sebevražedné interpretace, a na její neobvyklou dramatickou formu, která jde často ruku v ruce s dalšími tématy, kterými se hra zabývá. Pomocí rozboru textu hry tato práce dokazuje, že nezaujaté hodnocení a interpretace *Psychózy ve 4.48* podstatně rozšiřuje celkový odkaz hry.

Analýza je rozčleněna na tři hlavní části, první z nich se zaměřuje na popis a rozbor dramatické formy hry – její gramatickou, stylistickou a vizuální podobu a význam těchto prvků s ohledem na obsahovou a tematickou náplň hry. Druhá část analýzy se věnuje vyobrazení hospitalizace postavy pacientky v psychiatrické léčebně, od vstupního vyšetření a přijetí až po její propuštění a sebevraždu, jakožto určité kritice zdravotnického systému péče o duševní zdraví. Poslední část analýzy se podrobněji věnuje čtyřem hlavním tematickým oblastem ve hře, které přesahují její životopisné interpretace – téma lásky, přátelství a vztahů, téma víry a náboženství, otázky smyslu života a naděje v takřka beznadějném prostředí sebevražedného zoufalství, a aspekty hry které nabourávají a posunují hranice předem stanovených společenských standardů a rolí.