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Understanding Mental Illness: A Medical Humanities Approach to Sarah Kane's *4.48 Psychosis* (2000)

Abstract

Sarah Kane's *4.48 Psychosis* premiered in 2000. This paper suggests that the play is a reflection of Kane's agonizing experience with mental illness. It offers an understanding of Kane's play through the lens of a medical humanities approach—an emerging field that aims to educate medical professionals about medical issues from diverse perspectives, encompassing humanities, social sciences, and the arts. It explores subjective and personal experiences of health, sickness, and human suffering. The play portrays Kane's struggle with mental illness, leading her to see suicide as the only escape from her agony. Firstly, this paper illuminates the role of medical humanities as a new approach to analyzing literary works dealing with medical issues related to health, sickness, and professional ethics of medical practitioners. Secondly, it provides an analysis of the play using a medical humanities approach, focusing on the public and self-stigma of mental illness, the doctor-patient relationship, and psychotherapy.

Keywords: Sarah Kane, medical humanities, mental illness, depression.

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فهم الاكتئاب والمرض العقلي من خلال منظور العلوم الإنسانية الطبية في مسرحية

"ذهان الساعة 4.48" لسارة كين

مستخلص الدراسة

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 مدرس الأدب الإنجليزي
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عُرِضت مسرحية سارة كين "ذهان الساعة 4.48" لأول مرة عام 2000. تعكس المسرحية تجربة كين المؤلمة مع المرض العقلي. تتناول هذا الدراسة المسرحية من خلال منظور العلوم الإنسانية الطبية، وهو مجال مستحدث يسعى إلى تثقيف العاملين في المجال الطبي في موضوعات تتعلق بالصحة والمرض والمعاناة الإنسانية. تشمل العلوم الإنسانية الطبية العلوم الاجتماعية والإنسانية والفنون، والتي تدرس التجارب الشخصية والمعاناة الإنسانية. تتناول المسرحية صراع كين مع المرض النفسي الذي دفعها إلى التفكير في الانتحار باعتباره السبيل الوحيد للتخلص من هذه الأزمة. أولاً، تتناول الدراسة العلوم الإنسانية الطبية كمنهج جديد لتحليل الأعمال الأدبية التي تتناول الصحة والمرض والممارسات المهنية الخاصة بمسؤولي الرعاية الطبية. ثانياً، تقدم الدراسة تحليلاً للمسرحية في ضوء منهج العلوم الإنسانية الطبية، مع تركيز الاهتمام على وصمة الأمراض العقلية، العلاقة بين المريض النفسي والطبيب النفسي، والعلاج النفسي. الكلمات الرئيسية: سارة كين، العلوم الإنسانية الطبية، المرض العقلي، الاكتئاب

Introduction:

Sarah Kane's *4.48 Psychosis* premiered in 2000. Although she did not write the play with the intention of teaching readers/audiences about mental illness, or maybe she did, the play is a valuable resource in the context of medical humanities. This paper offers an understanding of Kane's play, which involves an analysis of the play through the interdisciplinary lens of literature, medicine, and cultural studies. Medical humanities is an emerging field which strives to educate health professionals and ordinary people on topics related to health and illness, as it combines medicine and humanities. It presents a humanistic understanding and valuable insights into the portrayal of mental illness as represented in Kane's *Psychosis*.

This paper provides a brief overview of Kane's life and mental illness which may have contributed to writing *4.48 Psychosis*, revealing her personal agony with mental illness. The play is full of emotions and contradictory feelings that signify Kane's struggle with her feelings of loneliness, hallucinations, and depression, which push her to think of suicide as the only way out of this agony. The play includes much broader spectrum of themes and issues like doctor-patient relationship, psychotherapy, love, and hope.

Sarah Kane's *4-48 Psychosis* has received significant critical attention since its posthumous premiere in 2000. Published studies include a book, a thesis, and an article. Leah Sidi's book, *Sarah Kane's theatre of Psychic Life: Theatre, Thought and mental Suffering*, offers a comprehensive examination of Kane's works, including *4-48 Psychosis* and mental illness. Martina Chramosilová's thesis, "Beyond the Suicidal Despair: An Analysis of Sarah Kane's *4.48 Psychosis*" (2013), delves into the themes of the play and argues against reducing it to a mere suicide note, highlighting Kane's skill as a writer. Additionally, Annabelle Singer's article, "Don't Want to Be This: The Elusive Sarah Kane" (2004), suggests that Kane's plays reflect the tumultuous experiences and emotions that defined her life and death.

This paper delves into the portrayal of mental illness in the play, seeking to investigate whether Kane's play draws inspiration from her own personal experiences with mental illness or not. It suggests that Kane's play is a depiction of her agonizing struggle with mental illness, ultimately culminating in her decision to end her life. The first part of the paper deals with Kane's biography, the critical reception of her works, and her confrontational style which belongs to in-her-face theatre. The paper attempts to provide an analysis of the play using medical humanities approach. Firstly, it deals with medical humanities as an emerging approach that investigates human suffering and personal experiences of health issues in the arts, humanities, and social sciences. Secondly, it provides an analysis of the play in the light of the medical humanities approach. It explores the influence of social, cultural construction of mentally-ill people, paying special attention to public and self stigma of mental illness. It deals with Kane's manipulation of the unconventional dramatic form of the play that reveals her agonizing experience of mental illness, diagnosis, and hospitalization. The play reveals the patient's journey starting from hospitalization to discharge, highlighting mistaken practices in psychotherapy, doctor-patient relationship, and pharmacotherapy. The definition of depression is included to investigate the influence of this mental state on the dramatist's unconventional writing style. Finally, the analysis deals with other themes and topics dealt with in the play such as friendship, love, hope, and religion. Throughout the play, Kane criticizes social stigma against mental illness, as she divides society into three categories; perpetrators, victims, and bystanders.

The play is an authentic reflection of the playwright's personal struggle with mental illness through untraditional dramatic form. It is titled with that mental state, and the time she wakes up in the morning to do her work. Since she adopts a confrontational style in her works, she portrays her mental state in the play to reveal the influence of social and cultural attitudes on mentally-ill people.

Kane was born in 1971. She was a Christian. However, she rejected her faith in God later. She studied drama at Bristol University. In an interview with her father, he declared that she was an independent, loving daughter who cared about injustices in the world, which is reflected in her works. In 1992, she attended an MA course in playwriting by David Edgar at Birmingham University. At the end of the course, she presented the first 20 minutes of her first play. Mel Kenyon, a literary agent, attended the show and recommended her play to be performed at London's Royal Court Theatre (Chramosilová 9-10).

Kane's first play was *Blasted* (1995). The play was criticized because of its violent and shocking content. Mark Ravenhill revealed that it was “an instant scandal.” Kellaway believed that the play “does not deserve attention, but it demands it. It made me sick, and giggly with shock. [...] Sarah Kane does know how to write. I hope she wakes up out of the nightmare of her own imagination” (qtd. in Singer 146). Jack Tinker, *Daily Mail*, wrote a critical review about the play. He argued:

why the 23-year-old Sarah Kane chose to write it is her affair. Presumably because she was given a grant by the hitherto admirable Jerwood Foundation in their quest to help new talent. Some will undoubtedly say the money might have been better spent on course of remedial therapy. But the real question is why, with the cooperation of our Royal National Theatre, the Royal Court saw fit to stage it. (qtd. in Singer 145)

However, the play was supported by Harold Pinter and Edward Bond. Her next play was *Phaedre's Love*, which was an adaptation of a classical Greek tragedy. It was received with negative and positive attitudes. Some critics showed concern for Kane's mental health. Likewise, *Cleansed* received the same amount of controversy (Chramosilová10). Due to continuous criticism of her plays, Kane used the pseudonym Marie Kelvedon for her play *Crave*. Ravenhill mentioned that she did not want the audience to make a connection between *Blasted* and her new play.

Kane committed suicide after finishing her play *4.48 Psychosis* (Ravenhill). Before her death, Kane struggled with depression, and was hospitalized several times, as she suffers from recurrent suicidal thoughts. She took advantage of being unattended by the hospital staff and committed suicide, hanging herself by her shoelaces in the hospital lavatory. She left a note to her agent Mel Kenyon concerning her play *4.48 Psychosis*; she says, ““Do with it what you will, just remember—writing it killed me!” (Charmosilová 12-13). This indicates that the play is an expression of a personal experience. It also reveals her struggle with mental illness during the writing process. The play was published and produced after her death. It elicited sympathy rather than criticism for the first time.

Kane's theater deals with mortality, and human suffering. She uses experimenting, shocking tactics such as structure, fragmented language, and images to question and investigate moral norms, and taboos. Aleks Sierz describes her confrontational style as a type of in-ye-face theater that “takes the audience by the scruff of the neck and shakes it until it gets the message” (Charmosilová 13). In *Cleansed*, she uses extreme scenes of violence and nudity, including rape, cannibalism, and amputation of characters' limbs. This shocking tactics enables the writer to deal with controversial issues like rape, suicide, incestuous relationships, etc. They are used to confront society with urgent issues in order to incite action and encourage change. After seeing Jeremy Weller's *Mad*, she stated “[It] changed my life because it changed me.... If theatre can change lives, then it can change society” (Sierz 93). Kane rejects theatrical conventions like acts, and characters in order to present a challenging performance.

Theoretical background:

The medical humanities approach is a new international, interdisciplinary approach that includes humanities, social sciences, and the arts. It explores subjective and personal experiences of human condition, health, sickness, personhood, and suffering. Felice Aull

argues, "Attention to literature and the arts helps develop and nurture skills of observation, analysis, empathy, and self-reflection—skills that are essential for humane medical care." Meanwhile, William Viney et al. believe that this approach enables "epistemological innovation diversity". It provides a lens through which it is possible to examine how literature engages with medical themes, patient experiences, ethical considerations, and healthcare practices. Using medical humanities as a framework to analyze *4.48 Psychosis* can provide deeper insights into Kane's portrayal of mental disorders and their significance within the broader context of literature, and medicine. This approach allows for an analysis that considers the complex interplay between medical knowledge, and literary representation.

According to Kirklin, medical humanities approach is based on diverse disciplines such as literature, drama, film, music, etc. which are used for medical educational purposes. Here, humanistic sciences are used to answer questions and to offer subjective perspectives to the sciences. Viney et al. underpin the importance of the arts and humanities in studying human behavior and history, which could be used to critique healthcare practices and discuss priorities.

As medical humanities approach deals with visual arts, cultural studies, and social sciences, it plays an important role in providing different perspectives of central issues in medical professions like medical ethics and doctor-patient relationship from different cultural perspectives. Literature and medicine, a subfield of medical humanities, was introduced to US medical schools in 1972. As a reflection of society, literature has dealt with different issues related to medicine. According to R. Charon et al., it provides literary accounts of sick people's lives and personal experiences that are considered helpful to physicians in order to understand their patients' needs, medical practitioners' biases, and moral issues. Charon et al. state, "Chosen from the traditional literary canon and from among the works of contemporary and culturally diverse writers, novels, short stories, poetry, and drama can convey both the

concrete particularity and the metaphorical richness of the predicaments of sick people and the challenges and rewards offered to their physicians." Drama offers new perspectives on medicine, medical professionals, and health problems. *4.48 Psychosis* deals with the playwright's struggle with depression, and criticizes psychotherapy, questioning the relationship between a mentally-ill patient and her psychiatrist. It is about the main character's struggle with mental illness, and psychotherapy, which aligns with the focus of medical humanities. The play deals with themes of sanity, insanity, love, doctor-patient relationship, and hospitalization experience. It is a clear reflection of Kane's struggle with mental deterioration and crave for a normal life, where she has normal relationships. It reveals her need for a vibrant, fulfilling life filled with love, and hope.

Kane chose not to specify the number, age, or gender of the characters in the play, leaving it open to interpretation for readers and directors. However, the monologues are attributed to the patient. The gender of the speaker is not identified, as Kane employs a first-person narrative. The dialogues within the play occur between two characters, the patient and the doctor.

However, the play is performed by three actors, two women and one man. The women represent different mental stages of the patient. The stage props consist of a table, and two chairs, forty-five-degree mirrors in order to enable the audience to watch the stage from different angles. The verse was spoken individually or in chorus by the actors. Some critics interpreted the play in the light of Kane's suicide; others declined any relationship between her suicide and her work (Singer 159-160).

4.48 Psychosis is replete with introspective monologues, where the writer makes confessions about what irritates her as a patient, a woman, a daughter, a friend, and a lover, highlighting her need for support and care. It reflects a struggle between the writer's outwardly comprised self and her inner turmoil, marked by feelings of boredom, despair, and

delusional thoughts. As the patient approaches death, she suffered from a depressed view of the future, which stimulates reflection on whether her mental decline is attributable to hereditary factors or social stigma. The play portrays the protagonist's struggle to initiate normal relationships because of her mental status.

This play serves not only as a suicidal note, but also as a poignant portrayal of Kane's mental anguish preceding her death. It appears that the factors leading to this outcome are numerous and complex. Throughout the play, death is presented as a comforting resolution to the agony she endures. The patient speaks to herself, viewing death as her ultimate, tranquil destination. She believes that it will silence the tumultuous ideas and thoughts plaguing her mind. According to the protagonist, it is the long-awaited hero who will vanquish these tormenting thoughts that haunt her at 4:48 AM. It seems that it could serve as a substitute for a lover who is absent, a friend who fails to offer support during her ordeal, or a doctor who is constrained by rigid rules preventing him/her from forming personal connections with his/her patients, despite being as a savior in life and death situations.

Kane's introspective monologues depict a struggle between her soul and mind. In these moments, she maintains her rational self-awareness, recognizing that she is in the midst of a harrowing ordeal. Yet, she finds herself unable to extricate herself from it. Perhaps, she searches for solace in friendships and feels frustrated at their absence. Alternatively, she may harbor anger towards herself for her inability to confront the overwhelming onslaught of suicidal ideation, and thoughts of death.

The playwright may have crafted this play to articulate her anguish regarding ineffective medical ethics dictating the dynamics between patients, and medical professionals. This raises the question: is it feasible to develop tailored ethics that govern the interactions between doctors and their psychiatric patients? Do existing ethical guidelines adequately address patients' profound need for genuine emotional support from medical professionals?

Are there ethical frameworks that prioritize the humane acknowledgment of patients' emotions, treating them as individuals of significance rather than mere cases among many others? Due to the unique nature of psychiatry, there is a need for "psychiatric ethics to go beyond the ethical standards of General medicine" (Sidhu & Srinivasraghavan). The play examines hospitalization measures and procedures designed to monitor patients exhibiting suicidal tendencies. However, the question is: are these measures adequate to prevent the loss of a distressed patient's life? Perhaps, the easiest answer is to claim that Kane would have committed suicide, even if she had been subjected to strict surveillance.

The play serves as a message to individuals grappling with mental illness, reassuring them that they are not alone in their struggle. Human beings can endure these dark moments and navigate through debilitating emotions. However, some may quickly find relief, while others remain trapped in such moments indefinitely. The protagonist refuses to resign herself to a lifetime of despair and delusion. She yearns to silence the voices and images that haunt her, especially since medications seem ineffective in alleviating her suffering.

Kane depicts mental illness as an incurable affliction that consumes the lives and souls of its patients/sufferers. Regrettably, these patients often do not receive comforting words or empathic responses, as they silently battle against this relentless disease. On the contrary, they suffer from public stigma and social prejudice. Indeed, they are engaged in a formidable struggle and deserve to be recognized as heroes. The writer grapples with the dilemma of choosing between death and an unbearable life. Consequently, she expresses her yearnings for a supportive friend, a passionate lover, a revolutionary mother, an intimate patient-doctor relationship, a healing remedy, and a life brimming with hope.

Kane's play received varied interpretations. It is viewed as a "suicide note." Her brother acknowledged its portrayal of "suicidal despair." However, he suggested that labeling it solely as a suicide note did a disservice to both his sister and the play (Singer 161). Ravenhill

refused to categorize Kane's work as "suicide art." Nevertheless, Kane's psychological struggle undoubtedly informed her throughout the writing process, particularly her critiques of patient-doctor relationship, hospitalization practices, and the significance of support from friends and loved ones for those struggling with mental illness. Kane's depiction of the journey of depressed individuals drew from her own experience as a patient. Regardless of whether Kane's play directly reflects her illness or not, it remains a valuable work that exposes the agony experienced by those with mental illness. In his article in 1999, Dan Rebellato suggests that failing to acknowledge the importance of her artistic contributions would be an additional tragedy on top of her untimely death (281).

While there is limited documentation of Kane's specific intentions for her final play, the note she left to her agent suffices to underscore its significance to the writer. The play explores a myriad of themes beyond suicide and depression, which include love, friendship, life, boredom, death, and religion. It offers critical commentary on mental health care institutions, and prompts reflection on the meaning of life through its expressive dramatic form. Although often labeled as a form of "suicide art", the play encourages audiences to delve deeper into its various themes, including the critique of psychotherapy and the doctor-patient relationship. Beyond Kane's characteristic style of shocking the audience, the play sheds light on numerous thought-provoking topics. Earnest describes the play as a collection of thoughts and conversations employing free-form, poetic, and naturalistic language (299). It blends introspective monologues and dialogues between the patient and her doctor.

The title of the play includes a specific time stamp, 4.48, which refers to "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). However, throughout the play this time represents the different emotional states of the protagonist/playwright. At first, it is the time "when depression visits" (4), and she wants to hang herself. It is also the time

that signifies the end of her life, as she "shall not speak again" (9). Later on, it is the time when she is sane. She states, "at 4.48 when sanity visits for one hour and twelve minutes I am in my right mind" (21). It is the time when the character experiences incompatible feelings and emotional states, which refer to the internal struggle that lead to her ultimate demise.

Kane uses grammar and some linguistic features to indicate unstable mental state. She disregarded punctuation rules. Phrases and sentences are not punctuated with full stops, but they are instead separated by various gaps, spacing, and indentation. The lines are scattered across the page and fragmented. However, the dialogues consistently begin with dashes. Additionally, she used two number sequences in the play.

Kane underscores her lines and messages through various literary devices. For instance, she utilizes capitalization for emphasis, as seen when the character exclaims, "THIS WILL KILL ME AND CRUSH ME AND SEND ME TO HELL" (18). Additionally, she employs contradiction as seen in "perhaps it will save me /perhaps it will kill me" (19), alliteration which is evident in "derailed / deranged / deform" (16), repetition showcased in "I'm dying for one who doesn't care / I'm dying for one who doesn't know" (31), and rhyming as seen in "Remember the light and believe the light / An instant of clarity before eternal night" (3).

Kane presents unconventional text with insufficient stage directions and untraditional demarcations of the scenes. The scattered text on individual pages could refer to a simultaneous oral presentation of monologues and dialogues in the play, intensifying and emphasizing its content. When the character says, "I must stand alone" (13), the line is separated from the rest of the text and is written at the end of the page. Text fragmentation is an indication of the troubled mind of the patient. Meanwhile, the scenes are divided by dashes. Gaps and silences are used in different situations, inciting the audience to engage actively and impose their interpretations of events. She does not even indicate the setting or the number of characters in the play, which unleashes readers'/audiences' and directors'

imagination to form their own interpretation of the play.

The play is a valuable asset, as the author documents her personal experience of mental illness, providing a detailed description of how the patient feels during the treatment process. It also criticizes patient-doctor relationship and some practices adopted by medical practitioners that are detested by psychiatric patients. The patient's discussions with the doctor shed light on medical professionals' faulty practices when dealing with a troubled patient. They are considered valuable feedback from the writer/patient about psychotherapy and professional ethics adopted to deal with psychiatric patients, as they highlight the patient's perception of mental illness, public stigma, and hospitalization.

The writer/patient is clear about her admission to the hospital, case history, and diagnosis. Her case history is revealed during her dialogues with the doctor, introspective monologues, suicide plans, and medication adjustments, which signifies the debilitating effect of mental illness on her soul and mind. The description of the patient's journey is intended to criticize mental health care system, as it puts into focus mistaken practices adopted by both doctors and patients. According to Steve Earnest, the play is an "internal exploration of Kane's desperate state of being" (300). Through her play, Kane effectively portrays the experience of being mentally ill, and highlights the hardships patients encounter during their treatment journey. Although her play lacks clear structure, and the dialogues and monologues are intentionally or unintentionally scattered across the pages, it offers profound insights into her mental state while writing the play.

Through the first monologues in the play, the patient provides a comprehensive list that includes all the symptoms of her illness. Upon a closer examination of this list, it becomes apparent that she suffers from severe depression and suicidal thoughts. She says, "I am sad, I feel that the future is hopeless....I am a complete failure as a person....I would like to kill myself.... I have lost interest in other people....I cannot write" (4). The patient loses interest

in life and people, and exhibits low self-esteem. There is a severe, evident inner conflict, as she states, "I do not want to die"; however, "I have decided to commit suicide" (4). This conflict sheds light on the extent of her troubled mind.

Insights from psychiatry can enhance the understanding of mental health issues depicted in the play. They could offer interpretations of the characters' psychological state, behavior, and mental illness. Based on the patient's symptoms, the patient could be diagnosed with major depressive episode, according to DSM-5 Criteria. Diagnosis depends on having five or more of depression symptoms present during the same 2-week period, which include markedly decreased interest in activities, significant weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness or excessive guilt, inability to think or concentrate, recurrent thoughts of death, and suicidal behaviors (American Psychiatric Association). The patient has six of the aforementioned symptoms.

The presence of mental disorder is considered an important risk factor for suicide. Louise Brådvik believes, "Most suicides are related to psychiatric disease, with depression, substance use disorders and psychosis being the most relevant risk factors." According to Xue-Zhu Feng et al., patients with psychotic disorders, especially patients with major depressive episode, have higher rates of suicide attempts. Based on the symptoms present and the degree of functional impairment, this diagnosis provides evidence that the patient's/writer's suicide is due to severe depressive episode, which is quite clear in her writing style.

Before the examination of the patient in psychiatric hospital, she undergoes the Serial Sevens test to assess her mental impairment and psychotic symptoms. In this test, the patient is asked to count down from 100 by sevens (Manning 1192). Interestingly, the patient performs this test twice, as it is depicted twice in the play. She undergoes two tests, one

before admission to hospital and the other before discharge. The evaluation of the numbers in the test provides insight into the patient's troubled mental state.

Throughout the play, Kane reflects on her experience at the psychiatric hospital, which appears to evoke painful memories triggered by "that medicinal smell in a cloud of ancient tobacco...and a wound [form] two years ago opens like a cadaver and a long buried shame roars its foul decaying grief" (5). She vividly recalls the expressionless faces, and the indifferent doctors staring at her pain. Her inability to articulate her illness and stumbling over words leave her feeling disappointed and frustrated. This sense of helplessness is palpable, as she states:

Inscrutable doctors, sensible doctors, way-out doctors, doctors you'd think were fucking patients if you weren't shown proof otherwise, ask the same questions, put words in my mouth, offer chemical cures for congenital anguish and cover each other's arses. until 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 your bare-faced fucking falsehoods that masquerade as medical notes....

And while I was believing that you were different and that you maybe even felt the distress that sometimes flickered across your face and threatened to erupt, you were covering your arse too. Like every other stupid mortal cunt.

To my mind that's betrayal. (5-6)

Kane describes the fragile and often inconsiderate relationships between doctors and mentally-ill patients. She criticizes her doctor's insensitive medical notes, which she perceives as a form of betrayal. When the doctor inquires about her suicide plans and whether she would act on them if she is left alone, she responds, "Take an overdose, slash my wrists then hang myself" (7). This indicates her resolve to commit suicide and her consideration of various methods. However, when she cuts her arm, the doctor dismisses her action as "a very

immature, attention seeking thing to do" (10), misinterpreting the patient's attempted suicide as seeking attention rather than addressing the underlying issues. This reflects the doctor's insensitive and unprofessional approach in dealing with a patient exhibiting suicidal behaviors. Instead of exploring the reasons behind her actions, he focuses solely on whether her actions provide relief (10), disregarding her motives, and inciting the patient's frustration. Later, when the patient questions the doctor about his personal experiences, he dismisses her inquiries, hoping she will lose interest.

The patient exhibits feelings of guilt, because she is a psychiatric patient. She states, "It's not your fault....you've told me that so often I'm beginning to think it is my fault" (14). This sense of guilt haunts her throughout the treatment process, as she feels responsible and consequently punished. When she acknowledges her depression, the doctor asks, "And who are you blaming?" She responds, "Myself" (8). Ultimately, the doctor acknowledges that although it is not her fault, she allows "this state of desperate absurdity" (14). Thus, the patient suffers from self stigma and public stigma, which are reflections of social and cultural factors.

Stefanie and Alessandro Rossi argue that mentally-ill people evade "seeking professional help due to the fear of disclosing a diagnosis which involves stigma associated with MI." Actually, social factors contribute to misconceptions and marginalization of mentally-ill people. Wulf Rössler argues:

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life.

Rössler believes that mentally-ill people suffer from ubiquitous stigma due to cultural

influence. Therefore, it is important to challenge social stereotypes and encourage empathy and understanding. It is the role of health care systems to raise awareness about mental illness through destigmatization efforts and social conversations to make a change. Addressing mental illness requires the cooperation of various systems such as psychology, sociology, public health, cultural studies, and literary studies. Incorporating the insights of these fields can help change current perception of mental illness.

Patrick W. Corrigan and Amy C. Watson refer to the twofold impact of stigma on the patient. They refer to public stigma which is people's reaction to mental illness, and self-stigma which deals with mentally-ill people's prejudice against themselves. Both types of stigma are affected by social stereotypes, because they are collective notions that define who belongs to a stereotyped group. Stigma is also influenced by social prejudice, which leads to social discrimination against persons with mental illness. Prejudice could lead to fear, avoidance and refraining from offering help. Corrigan and Watson argue, "Research suggests self-stigma and fear of rejection by others lead many persons to not pursuing life opportunities for themselves." Changing social and cultural stigma against mental illness requires protest against misrepresentation of mental illness in the society and media tools. Education is another approach to change deep-rooted misconceptions. It can inform the public about the truth of mental illness. Corrigan and Watson suggest that

the strategic provision of information about mental illness seems to lessen negative stereotypes. Several studies have shown that participation in education programs on mental illness led to improved attitudes about persons with these problems. Education programs are effective for a wide variety of participants, including college undergraduates, graduate students, adolescents, community residents, and persons with mental illness.

Contact is an effective strategy that could be used to diminish mental disorder stigma. It gives

the public the chance to intermingle with mentally-ill people as their peers or neighbors.

Through the patient's case study, detailing her symptoms, diagnoses, and prescribed medications, it appears that the doctor experiments with various types of medications, each discontinued due to different side effects such as mood swings, insomnia, delusions, homicidal thoughts, amongst others. Eventually, the patient rejects the doctor's treatment and devises her own regimen, which consists of 100 aspirin and a bottle of Bulgarian Cabernet Sauvignon, 1986. Unfortunately, she wakes up in a pool of vomit, experiencing severe stomach pain (17). This illustrates the patient's reluctance to adhere to the doctor's treatment plan and her aversion to medications, emphasizing the detrimental impact of exhausting medical interventions and their side effects, which leaves the patient with no alternative but to endure her own struggles. However, her condition does not improve, as she continues to suffer from severe stomach pain the following morning.

The play illuminates the issue of psychopharmacology, depicting how patients are frequently prescribed various drugs such as antidepressants, and sleeping pills, which can lead to severe side effects including addiction, dizziness, insomnia, etc. It criticizes the practice of prescribing excessive amounts of drugs to patients without considering the potential side effects, or exploring other types of treatments such as psychotherapy.

In another meeting between the doctor and the patient, the patient declares, "I know nothing of you" (25). She indicates that she needs a friend to give her hope, as she argues, "You're my last hope" (26). The doctor assures that they have a professional relationship. He states, "I need my friends to be sane" (27). This could be apprehended in the light of his earlier question, "What do you offer your friends to make them so supportive?" (26). Here, the writer reveals that even medical professionals look down upon their patients. According to Sidhu & Srinivasraghavan, "Compassion is an integral part of professionalism, along with transparency, honesty, listening to the patient, developing an understanding of the uniqueness

of the patient and their story and respecting the basic human rights of the patient." A psychiatrist should always value patient's trust. Despite the doctor's adherence to medical ethics and maintaining professional detachment, his repeated dismissal of the patient's request to be treated as a friend deeply wounds her. The play delves into the complexities of medical ethics within the patient-doctor relationship, suggesting that existing rules may not adequately foster a supportive environment for psychiatric patients. It reveals the struggle of mentally-ill individuals, and indicates that they need compassion and support from their psychiatrists, as they grapple with mental battles that transcend reason and ordinary life. It underlines the fact that mental sickness is still perceived as a shameful disease. As a result, patients who need mental health care often feel guilty and avoid seeking help because of societal attitudes toward them.

The patient undergoes the Serial Sevens test towards the end of the play. Subsequently, she declares that sanity could be achieved through an agonizing process that burns her tormented soul. Unfortunately, her mental status deteriorated after treatment, despite being discharged following the doctor's wrong evaluation. After leaving the hospital, the patient writes a list of her plans and aspirations for the future. Some of these aspirations depend on social acceptance. She is supposed to "fascinate, shock, intrigue, amuse, entertain, or entice others" (24). Without this acceptance, she will suffer. Therefore, she sets forth certain criteria that are impossible to fulfill, leading to her eventual relapse.

In the end, the patient decides to commit suicide. She implores, "Please don't cut me up to find out how I died" (30). She ends the play by her note, "please open the curtains" (35). This suggests that death is not the end for her; it marks the beginning of something else. Although the play primarily focuses on the main character's suicidal behavior, it deals with other themes such as reciprocal love, and lost love, which allude to her need for different forms of love that support her to overcome her ordeal. Therefore, she feels betrayed by her

doctor, who pretends to care for her (6). She resents her father for destroying her life, her mother for "not leaving him", and God for making her "love a person who does not exist" (10). Despite her earlier resentment of her father, she admits that she looks like him (29), which implies that she loves him unconditionally. It seems that individual's relations with their parents affect their psychological health (Shehata 380).

The play questions the value of friendship and love among people, as the doctor asks, "What do you offer your friends to make them so supportive?" (3). However, the question is met with a long silence, leaving the audience to contemplate and think about the significance of the question and the importance of friendship. The patient answers this question later, "I would rather have lost my legs, pulled out my teeth, gouged out my eyes, than lost my love" (21-22). Kane investigates the reciprocal aspects of friendship and love. The patient expresses her need for sincere love that supports her during her ordeal. Therefore, she declares before her suicide that "the vital need for which I would die" is "to be loved" (31). Thus, love is portrayed as the most valuable thing worth living and dying for.

Chramosilová maintains that Kane rejected her faith in God when she was seventeen years old (39). However, she refers to God as the source of light and hope regardless of the current circumstances, as she states, "Remember the light and believe the light" (3). She prays to God when she feels there is no way out of her situation. She recurses, "dear God what shall I do?" (29). She prays to God that death is the end (7). Perhaps, she hopes that she will not be punished for committing suicide and ending her life.

Kane's confrontational style always raises controversy as she questions, "social expectations and societal divisions" (Chramosilová 42). In an interview Kane argues, "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" ("Author Spotlight"). In *4.48 Psychosis*, Kane manages to blur the boundaries between the victim and

the perpetrator in the play, as they are represented by one person: the patient who commits suicide. Here, the audiences are bystanders, who are either accomplices or indifferent to what happens to the patient and other mentally-ill people.

Conclusion

Kane's works have always been controversial, even before she committed suicide. Her play *4.48 Psychosis* stands out as a potent expression of her inner turmoil, often interpreted as an emotional suicide note. This study suggests that Kane's play is a depiction of her agonizing struggle with mental illness, ultimately culminating in her decision to end her life. Approaching it from the perspective of medical humanities reveals its profound value, as it documents the playwright's journey through mental illness and the treatment process she endured.

Doctor-patient relationship is a central topic in the play, which is portrayed in a manner that highlights its potential to traumatize rather than support the patient. Additionally, the play puts into focus the detrimental effects of psychiatric medications, showcasing the protagonist's descent into severe side effects, ranging from mood swings to suicidal behaviors. Through the portrayal of the agony of the struggling patient, *4.48 Psychosis* raises ethical questions about health care practices, and psychiatric professionals' attitude toward mental illness. The play is a thought-provoking commentary on the complexities of mental illness and the patients' urgent need for compassion and understanding during the treatment process.

4.48 Psychosis is a dramatic manifestation of Kane's experience of mental illness, which is evident in its fragmented text, and linguistic features. Through this documentation of her agony with mental illness, Kane criticizes current practices adopted by mental health care systems, dealing with pressing issues such as suicide, psychotherapy, medical ethics dilemmas, and doctor-patient relationship. Incorporating all these details in the play suggests

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that the play is built on Kane's experience and struggle with mental illness. The play criticizes social prejudice against mentally-ill people. It speaks directly to those grappling with mental illness, revealing that they are not alone in this struggle. It serves as a reminder that people with mental disorders need love, compassion, and support. It underscores the resilience of mentally-ill people, portraying them as heroes who deserve love and acceptance. Regardless of whether the play is a suicide message or not, it is a valuable piece that reveals a lot about pressing social and medical issues. It unveils the interplay between literary representation, medical knowledge, and ethical considerations, offering valuable insights into the complexities of mental health discourse.

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