Sarah Kane and the Representation of Mental Illness in Theater

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I found myself enthralled in a round-table discussion in my high school’s cluttered basement. It was a winter evening in 2015. I had scribbled a quick note in my script, and gazed up at an eager classmate.

“There is a recurring phrase in the play, ‘hatch opens, stark light’, I think it symbolizes an awakening,” she said.

“Yes, possibly the arrival of 4:48 AM, another constant theme,” another cast-member added.

Discussing this play had brought up intimate conversations about losing love, losing hope, conflict between body versus mind, medication, suicide, and a myriad of other issues. I was enjoying the process of sharing ideas and experiences with my peers, but tensions were high because we wanted to accurately serve the play.

I had never tackled a devised theater piece before, but it had only been three weeks into the process and we all felt inspired. Devised theater is a collaborative, less traditional piece of theater, which is typically not directed solely by one person, but created by the efforts and imaginations of all those involved. Many devised pieces mix theater with movement, dance, or other features of performance that make a more encapsulating experience (Oddey 2). With this freedom, we could create anything. Our goal was to share the message of 4.48 Psychosis by Sarah Kane, a story of finding acceptance for those in mental disarray. The play has themes of mental illness and its symptoms and effects such as depression, schizophrenia, and even suicide, but it also has themes of hope, acceptance, and discovery. As high school seniors, we were slowly discovering the lack of mental health recognition, understanding, and treatment in the public school system. We had seen close friends in and out of mental institutions, suffering from eating disorders and self-harm. We wanted to use our creative energy in presenting Kane’s play to educate others on mental illness.

Sarah Kane was born right outside of Brentwood, UK in 1971. She pursued a degree in drama from Bristol University, and then an MA in playwriting at the University of Birmingham. In her short life of only 28 years, Sarah Kane produced five published plays and one short film. We remember Kane for her contribution to British theater, expanding the limits for what is acceptable on the stage. She took her own life in 1999 after battling severe depression. Though her work was wildly misunderstood while she was alive, dramatists have slowly begun to revisit her plays and dissect their meaning. Her last play, 4.48 Psychosis, is the least produced and had always gained the least attention. To me, it is the most interesting because it is the last of her thoughts before she took her own life, hanging by her own shoelaces in King’s College Hospital in London (Chramosilová 12). There is no doubt that her mental illness influenced her creative work, however we can wonder how much of her work was autobiographical. What message is she trying to convey about mental illness in her piece? Mental health education around the globe is not strong.
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or available enough, partially because mental health is misunderstood. Mental illness is also a taboo topic, from which many people disassociate themselves. Through analyzing Kane’s work, we can gain a greater understanding of mental illness: how to treat it, what it feels like to live with it, and how to de-stigmatize those enduring it.

The play’s name is 4.48 Psychosis because 4:48 AM is the time that Kane often awoke and felt her most depressive symptoms. The main speaker states in the play, “At 4.48 when depression visits I shall hang myself to the sound of my lover’s breathing” and again on page 7, “After 4.48 I shall not speak again” (4.48 Psychosis). The National Library of Medicine explains that psychosis is not the name of an illness, but rather the name of the symptoms of an illness. So, the term “psychosis” can refer to the effects of psychiatric illnesses such as schizophrenia. Examples of psychosis include hallucinations, delusions, and include “lost contact with reality.” The Mayo Clinic describes common symptoms of psychosis as “deficiency of speech, incoherent speech, rapid and frenzied speaking, disorganized behavior, aggression, hostility, belief that thoughts aren’t one’s own, disorientation, thoughts of suicide, unwanted thoughts, anger, anxiety, apathy, excitement, feeling detached from self, general discontent, limited range of emotions” (“Schizoaffective Disorder”). Viewing 4.48 Psychosis from an autobiographical standpoint, these qualities are prevalent in the piece, making it possible to analyze Kane’s illness through her writing.

4.48 Psychosis does not look like your average play. There are not any characters, stage directions, or an obvious plot. There is not an inciting incident, a catalyst to the climax of the play, or obstacles made by an angry antagonist. It is a “performance text.” The text is poetry, designed for a theatrical environment. The play simply exists as if Kane’s thoughts spilled onto the page. Much like how her illness made her impulsive, her play is scattered in thought, and feels like it could erupt at any moment. Kane once said, “I frequently walk out of the theatre early without fear of missing anything. But however bad I’ve felt, I’ve never left a football match early, because you never know when a miracle might occur” (Singer). With this, Kane is addressing the significance of adventure and excitement in the theater, which we see her actively exhibit in her writing through literary techniques, and the interpretive nature of the piece. Kane’s desire for spontaneity drives her work into fruition, to create experimental works of theater based on her ever-turning mind.

Ken Urban wrote an analysis on Kane’s work in the hopes of revitalizing her plays for a new audience. Urban is a New-York-City-based actor, playwright, screenwriter, and director. He studied theater at Rutgers University, and currently teaches at Princeton University. In “An Ethics of Catastrophe: The Theatre of Sarah Kane” for the Performing Arts Journal, Urban states, “Sarah Kane emerges as the most far-reaching experimentalist. Her plays use images and movement to re-imagine British stage. Her work lacks any pretense to authorial closure, for the directors, actors, and even the readers of her plays become integral parts of their meanings.” Having read, collaborated on, and acted in her piece 4.48 Psychosis, I find that Urban’s statement is one hundred percent accurate. The play’s lack of traditional structure, as well as its poetic language, allow for interpretation rather than bias. These open-ended qualities create an opportunity for discussion of the
subject matter, instead of enforcing stereotypes on the audience like we see in most portrayals of mental illness.

As an audience, we get the most out of theater when we can analyze it and question ourselves and the world around us, as Kane allows us to. This valuable quality is the texture that is missing in most current theater pieces. We are lacking the ability to question, because stories are often neatly delivered to us. As I gained a greater understanding of Kane’s illness, I began to wonder just how much of her play is actually her illness talking? Can we consider every detail of her work as skillfully crafted art, or could it have been solely the result of depressive episodes, and therefore seen as a less significant artistic message? Kay Jamison’s book, *Touched with Fire* discusses the artistic temperament. I think that term “artistic temperament” is important to begin with, because it recognizes a pattern in creative minds. Jamison says, “Depression affects not only mood but the nature of the content as well” (Jamison 21). She asserts that mental illnesses evoke certain moods, and these moods can stir the artistic temperament. This may explain why so many artists have suffered from mental illness, and have seem to “gone mad” throughout their careers, such as van Gogh, Woolf, Plath, Tolstoy, and Hemingway.

Jamison’s research supports that “artistic temperament” may correlate with the moods that arise through mental illness. Criticisms of the play are that if Kane’s creative energy was instigated by her moods of illness, then it is not crafted art. I would disagree, because these moods still exercise her human experience, which is the core of all art. Even if Kane is influenced by her depression or current psychological state, she is still speaking her truth, which is all a viewer can ask of an artist. Kane once said, “What I can do is put people through an intense experience. Maybe in a small way from that you can change things” (Singer). Kane’s knowledge of her theatrical footprint is essential to her work. Kane has knowingly broken boundaries for new conversations. Even if her artistic temperament was heightened and her illness had evoked particular moods, Kane still intentionally wrote *4.48 Psychosis* because it was truthful to her, and with the intention of bringing mental illness into the conversation. Furthermore, she sought to recreate the feeling of her illness in her audience.

Unless you have had a personal experience or educational background in mental illness, your general perception of those affected may be based in fear. We have all seen “crazy people” mumbling to themselves on the street and immediately walked away from them. Psychology professor Stephen Hinshaw from University of California–Berkeley says that those with mental illness are often portrayed as “incompetent, dangerous, slovenly, undeserving,” (Fawcett) when that stereotype couldn’t be further from the truth. Nikki Marks, a 46 year-old diagnosed with bipolar disorder explains that not every illness fits identically on every person. Since all people are unique, their illness’s effects are unique, as well (Fawcett). Yet, through the lack of mental health education, we have been taught to see all mental illnesses as the same. On TV, we often see “the manic parts of mental illness, the dangerous and psychotic patients,” as put by UK theater blogger, Rachel Proctor; “...But someone lying crawled up in a ball for weeks on end without the energy to so much as stir doesn’t make good drama.” Therefore, we have dramatized mental illness to the point where we do not see a human suffering behind the illness, just the illness itself.
Through the interpretive text, non-traditional format, and emotional language in Kane’s *4.48 Psychosis*, the play encourages its audience to address their fear of mental illness. Kane’s writing is not only carefully crafted, but it is based in truth from her own life’s experience. The play is full of dense, monologic passages addressing an anonymous doctor, and we can only conclude that with Kane’s illness and personal history in mental institutions, *4.48 Psychosis* must have a prevalent autobiographical element. For example, on page 4, we hear about “Dr This and Dr That and Dr Whatsit who’s just passing and thought he’d pop in to take the piss as well. Burning in a hot tunnel of dismay, my humiliation complete as I shake without reason and stumble over words and have nothing to say about my ‘illness’ which anyway amounts only to knowing that there’s no point in anything because I’m going to die” (*4.48 Psychosis*). These words sound alarming, however, when translated to a stage, they educate, and allow us to connect with others. Since mental health issues are taboo and not discussed openly, bringing these issues to a stage can open conversations that may not have started otherwise.

In *4.48 Psychosis*, a layer of depth is added to the portrayal of mental illness; it is shown as human, rather than something to be feared. These qualities in Kane’s writing help de-stigmatize mental illness. By hearing her inner dialogue, we learn that all she is truly yearning for is human connection, as anyone would. The human touch, emotional or physical, are desires that when not fulfilled, we feel empty without. On page 21 she reveals, “I would rather have lost my legs pulled out my teeth gouged out my eyes than lost my love.” There is a constant theme of a significant other, and the desire to connect emotionally or physically to another human body. These identifiable traits allow us to see her for herself and not her condition. Though the imagery is intense and may sound intimidating, the emotions are honest, and convey an essential vulnerability.

Towards the end of the play, we hear Kane in a less depressed state, this time nearing hope. She speaks in fragments; words that I assume are her goals, aspirations, and deepest desires. For instance, on page 24, she says, “To overcome weakness,” “To belong,” “to be accepted,” “to draw close and enjoyably reciprocate with another” (*4.48 Psychosis*). The fragmented sentences are a literary technique that effectively illustrates her message. Kane is not giving us fully the context of her messages, yet we are urged to infer what she means. This allows freedom of interpretation, giving readers a sense of entitlement over her piece. Readers begin to identify with their own interpretation of Kane’s words, which helps those who haven’t understood mental illness to relate. This ultimately helps de-stigmatize patients, because their feelings are understood, rather than feared.

Any mention of mental illness in art is a form of education. Kane’s appeal is that she did not sugar-coat her illness; instead, let us see her raw self. As an audience, we cannot ask for much more than that. Through the text, Kane illustrates an active ability to allow a new perspective on these common but silent afflictions. Her choice of emotional language, non-traditional format, and poetic text allow viewers or readers to sympathize in a more inclusive manner. With these traits, Kane gives viewers the liberty to understand mental illness for themselves, rather than the biased stereotypes perpetuated by mainstream media.
Stereotypes of mental illness do not speak to the whole population of those affected, and judging others based on misinformation is degrading. Similarly, Kane’s story cannot represent all people with mental illness, but her story also humanizes those who are affected, and can touch those who are not. I urge institutions to produce her work thoughtfully in the hopes of educating others. The goal is to raise awareness. We have built a fearful fascination of mental illness, watching and acknowledging it from afar but never confronting it. Stigma exists when these topics are not openly discussed. With art pieces that address mental health without boundaries, we are opening the conversation and allowing stories to be told, thoughts to be shared, and people who have struggled to become less alone.

Works Cited


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