

The Straitjacket Turned down: A Study of Defiance and Agency in Sarah Kane's 4.48 Psychosis

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Abstract:

This article explores Sarah Kane's 4.48 Psychosis as a representation of madness and how it is internalized and confronted, employing Michel Foucault's ideas to examine various forms of the Voice's resistance against the power exercised by the medical discourse. This analysis of 4.48 Psychosis, putting the patient's madness in the second place of importance, focuses on the power relationship between medical discourse and the insane, or that between the psychiatrist/physician and the patient. The play begins with a psychotic's struggle to preserve his/her integrity and sovereignty in the treatment s/he is through. Yet, despite different forms of resistance s/he exercises, s/he emerges as giving up this resistance. As a result, the treatment of his/her madness does not seem successful, and what finally remains is the domineering power of the psychiatrist/physician over the patient, inserted through medical discourse. This investigation addresses the mechanism of this power play.

Keywords: Madness; Power Relations; Medical Discourse; Resistance; Agency

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1. Introduction

The text and the dialogue-like parts of Sarah Kane's final play *4.48 Psychosis* suggest that the play is about a psychotic persona – to whom we refer as the Voice of the play henceforth – who is under treatment in a medical institution due to a case of depression. Sometimes, the play seems to consist of several voices. Following Oyembi's *Madness at the Theatre*, we assume that the multiple voices belong to one persona, and the multiplicity of the voices is the result of the persona's illness and his/her fragmentation. Femi Oyeboode writes: "In Sarah Kane's works we come before a different kind of person, one that is in fission. Even the drastic voices at one stage become disembodied and appear to be emanating from a self in disintegration" (83). There are suggestions in *4.48 Psychosis* that the Voice of the play is a woman. At one point, for example, the pronoun "she" is used to refer to the Voice (Kane 17). Elsewhere, the object pronoun 'her' is used (16). Nevertheless, in the beginning, the play introduces the patient as "the broken hermaphrodite who trusted herself alone" (3). This creates discrepancy about the gender identity of the main character, enhancing arguments about the notion of hermaphroditic identity in this work, also discussed by scholars like Hamamra. Because of this and the focus of our analysis on the power relations between the doctors/psychiatrists and the patient in this play, regardless of gender, we will use the Voice and the pronoun s/he to refer to the main character of the play.

While the Voice is under the treatment of doctors/psychiatrists who claim they want to help him/her, using various forms of treatment including therapy and medication, the focus of this Foucauldian study would not be to examine the Voice's illness. Rather, it speculates on the discourse and the social practices at play in relation to that illness. Of great advantages to this study are Foucault's ideas on resistance and the subversive activities that the unprivileged usually perform. In fact, we discuss how the Voice, as a patient, and the doctors/psychiatrists of the play are participating in a power relation in its Foucauldian sense. Using Foucault's idea that resistance is an inherent part of power, we discuss how the Voice resists the practices of psychiatry, and announces his/her agency when s/he confronts the exertion of power by the doctors/psychiatrists.

2. Literature review

4.48 Psychosis is informed by Kane's life and her experiences of the fits of depression, medication, and psychiatric treatment. Persuasively enough, some critics have interpreted Kane's lines such as "I have resigned myself to death this year" (5) and "after 4.48 I shall not speak again" (9) as evidences of her decision to commit suicide. In a 2008 performance in Edinburgh International festival as well as another production in 2009 at the Young Vic, the directors were so taken with the idea of the play as a record of Kane's last days that they even chose actresses who strikingly resembled Sarah Kane. *The Guardian's* critic, Michael Billington,

in his review of the first production of the play referred to it as a "75-minute suicide note" and, comparing Sarah Kane to Sylvia Plath, wrote the play was "a rare example of the writer recording the act she is about to perform". Around a decade later, Dominic Cavendish was hesitant to take the play seriously: "knowing that Kane took her own life after writing this, you can't help approaching it with extreme caution".

Likewise, Claycomb has been of the idea that an autobiographical reading of the play is not reductive because by reading Kane's play through an autobiographical lens we can find out "how the playwright's selfhood and experience find their way to the stage" (104). Moreover, through this kind of reading, Claycomb believes, we may "connect her portrait of suicidal despair not just to a universal sense of melancholic witnessing but also to the specific and particular political and personal rage that resonates across the genre of performed autobiography" (104).

Despite these, Six years after Kane's death, Mark Ravenhill in *The Guardian* had warned readers against the danger of seeing Kane's works as the outcomes of depression bouts, and had called for a reappraisal of her works. Like Ravenhill, we believe that some critics' and performers' tendency to read the play merely as a record of Kane's final days is simplistically reductive and the play is worth being taken into serious consideration. First of all, even if we accept *4.48 Psychosis* as Kane's only play which was "written during her periods of depression and hospitalization," as Ravenhill writes, there is the possibility that the play was done at times when Sarah Kane was well and free of the debilitating effects of depression; even the title of the play refers to the time when Kane felt lucid and well:

At 4.48

When sanity visits

For one hour and twelve minutes I am in my right mind

When it has passed, I shall be gone again (20).

Similarly, David Greig in *Sarah Kane: Complete plays* explains Kane's moments of clarity:

For a period of her depression, Kane had found herself awoken, every morning, at 4:48 a.m. She took this moment, the darkest hour just before dawn, and found in it a moment of great clarity, a moment where the confusions of psychosis seemed to evaporate (xvi).

Agreeing with Greig's suggestion, we believe that even if *4.48 Psychosis* is produced during Kane's depression bouts, it shows a high level of Kane's control and awareness over the clarity and integrity of the text which is constructed so carefully. In other words, although the play depicts the mental breakdown of the Voice of the play and his/her isolated, ruptured world, it proves to be a work of writing which is very carefully composed, skillfully crafted, and tensely controlled. In Simon's words, *4.48 Psychosis* not only challenges the "formal theatrical orthodoxy," but also records and creates "an artistic world rich in psychiatric psychopathology" (290). This is in agreement with Saunders who contends that *4.48 Psychosis* is not "hastily

written like a suicide note" (*About Kane*, 111). This is the very idea that Tycker's psychoanalytic lens is conscious of to explore the "melancholic concept of witnessing" (23) in Kane's play. Tycker argues that it is through "melancholic witnessing" that the readers of the play can discover its "political ramifications" (24). In this witnessing, Tycker believes, "the echoes of Kane's suicide" should be avoided (24).

Similarly, we believe that Kane's final play shows her technical mastery as a playwright, and it is enacted through her contemplated recreation of power play in a medical context where the diagnosed ill resists the controlling, restricting treatment aimed at objectifying her as a case study of depression. We propose that the play depicts Kane's attempt to reveal the way the psychotic struggles to maintain his/her agency in spite of being silenced by the treatment performed by doctors/psychiatrists and their corresponding institutions such as clinics and hospitals, though s/he fails. We argue these institutions, using the discourses of madness and clinical medicine, try to control and disempower the mad.

Hamamra discusses the very notion of integrity as something destroyed in the play to highlight "allusive subjectivity ... and endless search for meaning and identity" (151). While the two perspectives overlap, Hamamra's analysis focuses on the notion of individual consistency per se, while the focus of our article is on the way context affects the struggles of the individuals who labeled as insane, hold onto some level of individual agency in the face of psychiatric treatments.

Ovasaka is similarly concerned with the contextual factor in internalizing depression. She believes mental disorder is not solely the result of "biological dysfunction of the brain and the nervous system," but straddles "the brain, the body and the environment" (1). Kutluk (2008) discusses this environmental influence via the violence enacted in various forms, including medical treatment plus verbal reasoning, to pacify the patient, and render him/her submissive before the medical discourse.

The case is that we will not ignore Kane's case of depression and her writing career in our discussion. Kane's *4.48 Psychosis* debuted around sixteen months after her suicide at King's College Hospital. This, we believe, provides a helpful biographical context in which we can study the play. Observing *4.48 Psychosis* as a literary work which was produced during Kane's years of depression, we can assume that both the play and its author participate in madness discourse, because we can argue that the play demonstrates resistance to methods of treating psychosis. The resistance is performed both by the Voice of the play and Sarah Kane. Yet, despite the biographical context of the play, through a Foucauldian analysis, we will predominantly focus on the function of the text regardless of its author. In fact, we will examine the text as a constitutive part of the discourses of madness and clinical medicine. This focus on the illness allows us to examine the conflict between the patient and the physicians/psychiatrists. We maintain that the play portrays the power struggle between the patient and the doctors. In other words, the doctors/psychiatrists, within the discourse of

medicine, claim to possess knowledge and expertise in order to both sustain their power exertion and authority, and keep the patient in check (Dabiri et al. 98). We will go through excavating this practice along with the resistance enacted by the patient by employing Michel Foucault's contributions to the discourse of power relation.

3. Theoretical framework

Essential to power relation in a Foucauldian sense is the idea of resistance. According to Foucault, every exertion of power will engender resistance which is interior to all power relations. Foucault confirms that "where there is power, there is resistance" and "resistance is never in a position of exteriority in relation to power" (*The History*, 95). Foucault observes that power is "extended" and "transmitted" by the "dominated" who, "resists the grip" of the "pressure" which the holders of power "exert upon them" (*Discipline*, 26-28). Unlike the other models of power which concentrate on oppression in a power relation, Foucault's model focuses on resistance. In fact, by foregrounding resistance, Foucault allows us to think of the relationship between those who contest for power as a relationship which cannot be simply reduced to a one-way path of power enactment, such as the relationship between a master and a slave or an oppressor and a victim. Foucault insists that to have a power relation, resistance is necessary, and even argues that if there is no resistance in a power relation, we cannot call it a power relation. Foucault's model of power enactment demonstrates that power relations pervade in all aspects of social interactions such as educational, medical, domestic and political discourses (1976; 1978; 1994; 1995). Foucault's argument that power is exercised and resisted within all social relationships, and in a bottom-up model, refutes the view that considers the dominated individuals passive objects. Rather, his model of power provides an analysis which recognizes these individuals as active agents. This can be considered as a departure from the assumption that lowers the dominated individuals as simply passive recipients of power, and gives rise to the understanding that acknowledges the presence and enactment of the dominated voice.

4. Discussion: "Resisting the grip of pressure" in 4.48 Psychosis

Now, in the light of Foucault's views, we will examine the concept of resistance in 4.48 Psychosis. Simon believes: "In its most reductive form, '4.48 Psychosis' follows the narrative of a character whose mental health progressively deteriorates before ending with a suicide" (291). This may buttress the influence of diverse factors affecting the character's mental health. Yet, conscious of Foucault's view of resistance, we do not simply see the Voice of the play as the one who receives power. Rather, we look upon him/her as the point where power is enacted and resisted. In 4.48 Psychosis, the patient's resistance gives voice to him/her. In other words, the patient resists the power exercised by the doctors and psychiatrists and makes various attempts to overcome the control mobilized over him/her; s/he resists to be

subject to the “solitary confinement inside our own skins” (Billington 2000) imposed by the outside world.

The Voice believes the medical or psychiatric system is of no use. Perhaps this is the reason why s/he shows resistance before therapy and medication. S/he challenges and resists the doctors’ power by saying that they neither can find treatment nor care for his/her despair and mental illness:

Despair propels me to suicide
Anguish for which doctors can find no cure
Nor care to understand (Kane 28)

S(he) resists the psychiatrists’ power in various forms. The first instance of his/her defiance is his/her reaction against being categorized as ill, as s/he is aware of the fact that it will facilitate the exercise of power and being controlled by the psychiatrists. In fact, it is a reductionist perspective that by “medicalizing strands of psychiatry” (Ovasaka 1), uses mental discourse as a controlling device to subvert the patient’s resistance for preserving her agency and integrity. In a dialogue with the psychiatrist, s/he avoids being labeled as ill, and oversimplifies her depression, illness, and madness to unhappiness. S/he describes her/himself as being unhappy and in a state of anger:

- Do you despise all unhappy people or is it me specifically?
- I don’t despise you. It’s not your fault. You’re ill.
- I don’t think so.
- No?
- No. I’m depressed. Depression is anger. It’s what you did, who was there and
- who you’re blaming.
- And who are you blaming?
- Myself. (Kane 8)

That the Voice refers to his/her illness to a state of anger will be better accepted as a form of resistance when we know that s/he has already referred to his/her illness as “the sickness that breeds in the folds of mind” (Kane 2000, 8). Furthermore, in this dialogue, the patient expresses his/her resistance against the psychiatrists’ exertion of power in another way, through reminding them that the way they behave toward their depressed patients is not appropriate because they despise and disdain “unhappy people” (8). Elsewhere in the play, the patient declares his/her defiance against the psychiatrists’ contemptuous, dismissive, and superior behavior: “Listen and understand, and when you feel contempt, don’t express it, at least not verbally, at least not to me” (14).

The patient challenges the doctors’ authoritative position frequently. After the patient has cut his/ her arm, a doctor insists on seeing the wound, but s/he does not give the doctor the permission to do so:

- I don’t understand why you did that.

- Then ask.
- Did it relieve the tension?
- (A long silence)
- Can I look?
- No.
- I'd like to look, to see if it's infected.
- No.

(silence) (Kane 11)

This represents the patient's defiance in confrontation with the doctor's initial means of control: examination. S/he resists being examined probably because s/he knows this will enable the doctor to diagnose a problem with him/her, exclude and control him/her, and ultimately expose him/her to more power enactment. In this dialogue, for example, the Voice is aware of the fact that if the doctor diagnoses an infection in his/her arm, s/he will need to be examined regularly, and will probably need to take more medication. This, in practice, will cause the patient to be exposed to more power enactment and control. As the dialogue proceeds, the patient even refutes the doctor's claim to knowledge which is, in the Foucauldian model of power, the means of gaining and exercising "the medical gaze" over the patient (1994). In other words, the patient targets the doctor's source of knowledge so that s/he can attack his position of knowledge and power:

- I don't know where you read that...
- I thought you might do this. Lots of people do. It relieves the tension.
- Have you ever done it?
- ...
- No. Far too fucking sane and sensible. I don't know where you read that, but it does not relieve the tension. (Kane 11)

Even the tone of the patient's dialogue with the doctor contributes to his/her refutation of the doctor's domination:

(silence)

- Why don't you ask me why?
- Why did I cut my arm?
- Would you like to tell me?
- Yes.
- Then tell me.
- Ask.

Me.

Why.

(A long silence.)

- Why did you cut your arms?

- Because It feels fucking great. Because it feels fucking amazing.
- Can I look?
- You can look. But don't touch. (Kane 12)

And finally to consolidate his/her resistance, at the end of the dialogue, the patient totally rejects his/her position as the dominated one in the power relation s/he has with the doctor. Simply, s/he does not accept his/her illness:

- (Looks) And you don't think you are ill?
- No.
- I do. It's not your fault. But you have to take responsibility for your own actions. Please don't do it again. (12)

Here, the patient's resistance is confronted with the doctor's re-enactment of power which, according to Foucault, is necessary to a power relation. By saying "I do. It's not your fault" (12), the doctor reminds the patient of his/her illness and that s/he cannot do anything for the sickness because it is not his/her fault, which means the illness is beyond the patient's knowledge, control, and ability to recover.

Although in *4.48 Psychosis* the patient, according to Hamamra does not seem to have been able to win the power struggle, and s/he lacks "control over him/herself" (153), s/he does his/her best to maintain his/her agency in the power relation. In other words, s/he has managed to avoid being merely a passive recipient of power. Thus, the operation of power in the power relation between the patient and the psychiatrists and doctors cannot be simply seen as the oppression of the patient by the doctor or the hospital as the medical institution. Rather, the patient's resistance to the doctor's power exercise is recurrent or omnipresent and, in this way, s/he manages to move away from being a passive recipient of power, and turns into an active subject, an agent. The patient's resistance against the power of the doctors/psychiatrists is as frequent as the power exercise by them. At one point in the play, s/he is reported to have an "argument with junior doctor whom s/he accused of treachery after which s/he shaved his/her head and cut his/her arms with a razor blade" (Kane 17). In some cases, the patient's resistance is heightened and goes beyond verbal conflicts with the doctors. S/he even tries "to leave hospital against medical advice" (16), and becomes aggressive. S/he is reported to have been "threatening and uncooperative" (16).

Another form of resistance the patient shows before the doctors' exercise of power is the anger s/he expresses when s/he is put on medication prescribed for her/him. Based on a foucauldian model of power exercise, it might be assumed that for doctors/psychiatrists, medical treatment is a means of enacting power on the patients (Foucault, 1994). This, according to Foucault, invokes defiance in the patient. S/he questions the efficacy of medication in improving his/her condition; "There's not a drug on earth can make life meaningful," (Kane 14), s/he says. The patient's frustration and anger with doctors and medications elevates to the extent that s/he has "homicidal thoughts toward several doctors

and drug manufacturers.” (17). In fact, the patient’s resistance to the prescription of medication generates a critique of doctors, psychiatrists, and their health system. Rather than improving his/her conditions, the various medications s/he receives even worsen the patient’s mental health status. The detailed list of medications, their dosage and side effects, and the patient’s reactions to medications show the doctors’ prescriptions have been of no use to him/her (16 – 17). This record of the patient’s reactions to various medications prescribed for him/her, shows that the medications which are supposed to be his/her savior, cannot help him/her, and even cause problems which are more serious than the illness itself. Later in the play, we find out the same medications can cause his/her death since an overdose is used as a means of committing suicide by the patient:

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. (Kane 30)

But, the patient cannot even trust the medications when s/he plans on committing suicide. Because of that, s/he uses two other methods of committing suicide, along with taking an overdose, to ensure the success of his/her suicide attempt:

Slit

Hung

It is done. (30)

The long list of medications along with their dosages, effects and side effects reveal some other Foucauldian aspects of Kane’s play. The list of medications along with the patient’s reactions to them looks like the patients’ charts which are used in hospitals. Like call rolls and absentee records used in schools, the patients’ charts remind us of Foucault’s “network of writing” (1995, 189). Foucault discusses that “examination,” as a combination of hierarchical observation and normative judgment, is a “normalizing gaze that establishes over individuals a visibility through which one differentiates them and judges them” (184). As Gutting notes, information about individuals is stored in documents with details, and this leads to a facilitated control of the individuals by the systems of power (86). This detailed record of the individuals’ information “situates them in a network of writing” and “engages them in whole mass of documents that capture and fix them” (Foucault 1995, 189). So, as the long list of medications in *4.48 Psychosis* reveals, the prescription of medicines and the detailed recorded information about the Voice’s reactions to them puts the Voice in a “network of writing.” In other words, the doctors/ psychiatrists keep a record of the Voice in the form of a detailed document. This turns the Voice into a case which for Gutting can be “a scientific example” or “an object of care” (86). This results in the exercise of power by the doctors/psychiatrists over the Voice.

Trying to resist the power exercised by the doctors/psychiatrists, the Voice is aware of the fact that taking medication would prevent him/her from thinking and writing, which would lead to his/her loss of agency. Resisting the doctor's medication would be more significant if we think of the patient as a writer. S/he refers to him/herself as a writer:

I write for the dead

The unborn. (Kane 9)

Thus, through writing, the patient is able to express him/herself, to make his/her voice heard and to maintain his/her agency. This reflects a "mind which is the author, and which is also more than the author" (Greig xvi); Kane's patient exemplifies the defiance of authority. Most of the play as a creation of the patient's mind can be regarded as the product of the patient's resistance against the doctors' silencing authority. For the patient who has been determined as mad by the medical discourse, writing is a way through which s/he can challenge the doctors'/physicians' judgments and their professional authority.

Assuming the Voice's writing as a form of resistance, we believe that s/he is aware that his/her depression would interfere with his/her writing. From the very beginning of the play, one of the disabilities s/he is suffering from is the inability to write: "I cannot write" (Kane 4), and the medication s/he takes even worsens his/her condition. This is because his/her career as a writer depends on two factors: the ability to think and to communicate; both of which are manipulated and altered by the medication prescribed for him/her. Perhaps one reason s/he acts in complete defiance of accepting and taking drugs is the fact that s/he knows s/he will not be able to think properly and clearly under the effects of medication. Confronted with his/her resistance, and to re-enact his power, the doctor warns the patient that taking medication is a matter of life and death: "nothing will interfere with your work like suicide" (14). But even when s/he is persuaded to take the medication, s/he refers to it as "chemical lobotomy" (14) and the thing which would "shut down the higher functions of" his/her brain (14). S/he is also aware that taking medication would debilitate his/her ability to write and, as a result, s/he would lose the agency which s/he is able to maintain through writing.

This anti-psychiatric position that Sarah Kane's Voice adopts resonates with Foucault's ideas. He calls into question the concept of mental illness, and challenges the nature of psychiatry as a science of treating disease. In his tracing of the social context of madness in *Madness and Civilization*, Foucault claims that external sociocultural conditions define mental illness. He explains that during the Renaissance, madmen were considered as fools and, in the 17th century, they were segregated and confined. Their confinement was necessary not because of a "concern with curing the sick," rather, due to "an imperative of labor" (1976, 46). It was in the early 1800s that madness was reinvented as a sickness, and the inhumane treatment of the madmen began in hospitals run by doctors and psychiatrists. According to Foucault, the establishment of psychiatric institutions brought the deviant and socially

aberrant people into confinement. So, Foucault suggests that the terms madness and insanity were socially constructed to make the control of deviant people possible.

To be able to provide a guide to the complexity of Foucauldian power relations and also the relation of resistance to power, some theorists have tried to expound Foucault's ideas. In *Domination and the Arts of Resistance*, for instance, James Scott analyses the behavior of the powerful and the powerless who in the absence of each other show different behaviors, while within their power relations they observe the codes of encounter (1990). Sara Mills' exemplification may clarify the situation:

when with her/his peers, the less powerful person will mock the powerful person, inventing demeaning nicknames and tell stories of ways in which the powerful person will be humiliated. The powerful person, on the other hand, will tell his or her peers about the difficulties of maintaining control over the powerless and about the strain of maintaining the steely exterior demanded by his/her role. (40-41)

Thus, based on Scott's argument, an analysis of power relations of the powerful and the powerless in each other's presence is not enough because:

How do we study power relations when the powerless are often obliged to adopt a strategic pose in the presence of the powerful and when the powerful may have an interest in overdramatizing their reputation and mastery? If we take all of this at face value we risk mistaking what may be a tactic for the whole story. (xii)

Therefore, according to Scott, in addition to an analysis of the power relations of the powerful and the powerless in the presence of each other, we need an analysis of their relations out of each other's presence because the powerless generate a "hidden transcript" which is a "critique of power spoken behind the back of the dominant" (xii). But, a "hidden transcript" is not developed by the powerless only because the powerful also form "a hidden transcript which consists of the claims of their rule which cannot be openly avowed in front of other people" (Mills 41). Scott proposes that while the powerless individuals and groups are submissive in confrontation with their powerful masters, in their absence and among themselves, they would generate various forms of resistance which enable them to critique that power. These critiques of power may appear in "folktales, gossip, songs, and in actions such as poaching, petty pilfering, foot-dragging and general non-compliance in their work (41). Thus, Mills concludes, to arrive to a viable analysis of a power relation, "we must analyze the total relations of power, the hidden transcripts as well as the public performance" (41).

In addition to various forms of resistance that the Voice in *4.48 Psychosis* shows, s/he has also develops "hidden transcripts" in his/her power relation with the doctors/psychiatrists. Out of their presence, the patient's description and the way s/he talks about them, provide her with an opportunity to critique them and their power. S/he describes the doctors' faces as without expressions, which could be representative of their inability to help with his/her illness. The patient's description may also be interpreted as their indifference and lack of

concern for his/her illness and treatment. In fact, the patient is so disappointed with the doctors'/psychiatrists inability to save him/her that s/he even suspects malice on their part: "A room of expressionless faces staring blankly at my pain, so devoid of meaning there must be evil intent" (Kane 5). The patient even invents "demeaning nicknames" such as "Dr This, Dr That and Dr Whatsit" (5) when s/he wants to talk about the way they practice: "Dr This writes it down and Dr That attempts a sympathetic murmur" (6). S/he also uses humiliating language to describe different kinds of doctors she has met:

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. (6)

In her "hidden transcript" which is some sort of hidden resistance, the patient critiques the doctors' power by depriving them of their empowering title of doctors and placing them in the position of patients who are powerless and dominated: "doctors you'd think were fucking patients if you weren't shown proof otherwise" (Kane 6). Yet, despite the patient's attempts to resist the control of the psychiatrist and the clinical medicine, s/he has only been able to confirm the association of resistance with madness. The more s/he resists, the more likely she will be to verify the attributes of madness.

Sarah Kane's patient is a model of the refutation of the authority. S/he defies the physicians' diagnoses, judgments, treatments, and medications with the purpose of setting him/herself free from their authority. This may produce the interpretation that the patient is a free individual who defies and subverts authority. This assumed failure of authority might suggest that an individual can freely determine and form oneself beyond authority. This kind of reading is definitely against a Foucauldian reading because Foucauldian reading is of the idea that the individual is determined as an effect of discourse and its permeating power. In *4.48 Psychosis*, the medical discourse has determined the patient as mad. S/he has already been determined as the object of study by the medical discourse, which is why s/he is not assumed to be able to form his/her identity and determine his/her practices and affairs. In fact, the patient is determined by the medical community to be an effect which is produced as a result of the dominance of medical discourse on madness. In this respect, the medical discourse turns the patient into an object to be studied and treated. This confirms the reason of the psychiatrist in confrontation with the patient's madness, but we should bear in mind that it is not the individual doctor/psychiatrist who decides if the patient is healthy or ill. Rather, it is the medical discourse which produces health and illness.

Although the patient resists the power exercised on him/her, we believe the medical discourse has succeeded in constructing him/her because s/he has internalized the control and surveillance of the discourse. In other words, the patient cannot escape the running violence that has afflicted the whole aspects of human life, like religious, cultural,

sociopolitical, and family life, through various discourses, as Kane is also obsessed with (Kutluk). The patient has accepted the disciplining practices exercised by the asylum. This Foucauldian reading of *4.48 Psychosis*, in spite of presenting the Voice's defiance, ultimately confirms the insidious presence of power and its pervasive exertion. It also confirms that the individual is confirmed as an effect which is constructed by the discourse. The Voice in *4.48 Psychosis* is not able to determine his/her individual identity because the medical discourse has turned her/him into an object of study, an individual who is mad and unable to arrange and shape his/her individual practices. In other words, in spite of the fact that his/her defiance seems to set him/her free from the authority of the doctors/psychiatrists, s/he remains a construct of the medical discourse. That she is introduced as a hermaphrodite in the play signifies the very notion that her identity is even deterministically defined by the discourse. In fact, the Voice of the play confirms the psychiatrists' reason because s/he is the object of their study and the patient of their therapy and medication. What we should bear in mind is that the psychiatrists' reason and the Voice's madness in *4.48 Psychosis* are both the products of a medical discourse. In this regard, it is not the psychiatrist who decides who is healthy and who is ill. Rather, the Voice's sanity or illness is determined by the medical discourse.

The Voice of the play has no way out of the power exercised by the medical discourse. From the outset of the play, the Voice accepts the system by which s/he is confined, observed, and judged. In this respect, out of resistance, as part of this power relation, the Voice's language is that of reason, not madness. Even though the language s/he uses is fragmentary and her/his madness is revealed, s/he remains rational throughout the play. His/her logic and reason are evident in his/her dialogues with the doctors/physicians. When s/he discusses how s/he might commit suicide, for example, s/he shows a great mastery of her/his thoughts and logic planning it:

- Have you made any plans?
- Take an overdose, slash my wrists then hang myself.
- All those things together?
- It couldn't possibly be misconstrued as a cry for help.
- (Silence.)
- It wouldn't work.
- Of course it would. (Kane 7)

When the doctor reminds her/him that her/his plan "wouldn't work" because s/he would "start to feel sleepy from the overdose and wouldn't have the energy to cut" her/his wrists, s/he reasons that s/he would "be standing on a chair with a noose around" her/his "neck" (7). The Voice's strong power of logic and reason in the play is even more evident when s/he corrects the doctor who mistakenly refers to a simile as a metaphor:

- Yes. It's fear that keeps me away from the train tracks. I just hope to God that death is the fucking end. I feel like I'm eighty years old. I'm tired of life and my mind wants to die.
- That's a metaphor, not reality.
- It's a simile.
- That's not reality.
- It's not a metaphor, it's a simile, but even if it were, the defining feature of a metaphor is that it's real. (7)

Assuming that the Voice of the play uses the language of reason, we would like to adopt Derrida's critique of Foucault's writing of a history of madness in his *Madness and Civilization*. Derrida remarks that Foucault persistently writes about madness, using the language of reason, and his history of madness is in fact a history of reason at the same time (Derrida 42). The same thing may be said about *4.48 Psychosis*, that even though the play is the product of a mad wo/man's mind, it is written or produced in the language of reason. Thus, the moment the Voice writes about his/her madness, s/he is, in fact, betraying madness because s/he is using the language of reason. This means that even the representation of madness in the play, as a kind of resistance against reason, is doomed to failure due to the fact that the play is produced, using the language of reason, which is the result of the domination of reason over madness. Therefore, Kane's play as a representation of madness and the Voice's resistance, in fact, only replicates the domination of reason over madness.

5. Conclusion

4.48 Psychosis is a play about a patient who has submitted him/herself to the treatment of the doctors and continues with his/her consent to and verification of his/her need to be treated. S/he is apparently afflicted with madness, which renders the play the reflection of a fragmented self, in Hamamra's word, none of whose articulations can be considered as the productions of a unified mind. Yet, more important than the patient's madness is the power relationship between medical discourse and the insane or that between the physician/psychiatrist and the patient, highlighted through the resistance the patient shows before treatment, as s/he understands it as submissiveness to a controlling power. Nevertheless, as it is understood from the play, his/her madness is not cured or corrected, and the treatment is not successful, and what ultimately remains is only the power of the physician/psychiatrist over the patient, as the dominant one in medical discourse, based on Foucault's perspective.

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