

A FOUCAULDIAN READING OF POWER EXERTION IN SARAH KANE'S *4.48* *PSYCHOSIS*

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Abstract

This paper is an attempt to offer a Foucauldian reading of power exertion in Sarah Kane's final play *4.48 Psychosis*. After discussing Foucault's notions of power and discourse and based on his idea that medical discourse manages to exert power and control over individuals deemed insane, I claim that in *4.48 Psychosis* the psychiatrists and physicians manage to exert power over the Voice and control her/him through the creation of the field of psychiatry. I discuss that power operates through the discourses of madness and clinical medicine. The discourse of medicine creates the field of psychiatry, which functions as a basis to generate propositions on madness or reason. Then, it forms claims to knowledge and expertise which give it power. The propositions obtain the status of knowledge which is the reason why we can assume that in *4.48 Psychosis*, psychiatry and clinical medicine are established and accepted as bodies of knowledge. I argue that the medical discourse has succeeded to construct the Voice because she/he has accepted and internalized the control and surveillance of the discourse. The Voice's acceptance makes the medical discourse, even stronger.

Keywords: Foucault, Sarah Kane, power exertion, medical discourse, madness

Introduction

Sarah Kane, the renowned British playwright, was born in 1971 in Essex. She graduated in Drama with first class honours from Bristol University and then did an M.A in Creative Writing at Birmingham University. Kane suffered from depression and had spells in hospital. After an unsuccessful suicide attempt with sleeping pills, she finally hanged herself in the hospital where she was under treatment.

Kane's plays were considered as the epitome of the in-yer-face style of theatre and were influential on theatre communities both inside and outside Britain. Aleks Sierz refers to in-yer-face theatre as "any drama that takes the audience by the scruff of the neck and shakes it until it gets the message. It is a theatre of sensation: it jolts both actors and spectators out of conventional responses, touching nerves and provoking alarm" (Sierz 2001, p.4). Sierz believes this kind of drama is shocking because "it is new in tone or structure, or because it is bolder or more experimental than what audiences are used to" (Sierz 2001, p.4). In-yer-face theatre challenges the conventions that dictate "what can or what should be shown onstage." Sierz notes that *The New Oxford English Dictionary* (1998) defines the term "in-your-face" as "blatantly aggressive or provocative,

impossible to ignore or avoid". *Collins English Dictionary*, according to Sierz, adds the word "confrontational" to describe the term in-your-face (Sierz 2001, p.4). In-her-face theatre tries to unsettle the audiences through extreme language and events. The audiences, in this kind of theatre, cannot feel safe in their detached positions as they are constantly exposed to extreme emotions shown on the stage.

Kane's oeuvre comprises five plays and a short television script written between the years 1995 to 1999. Ruby Cohn divides Kane's plays into two categories: "violent" and "linguistic" (Cohn 2002, p.39). *Blasted*, *Phaedra's Love* and *Cleansed* feature extreme violence while *Crave* and *4:48 Psychosis* are characterised by their poetic language. *Blasted*, Kane's debut play, was performed for the first time at the Royale Court Theatre in London in 1995 and only a few days of performance was enough to bring the play and its author from anonymity to the center of media attention and controversy. Theater critics condemned and attacked the play for its use of explicit violence. Kane wrote her second play, *Phaedra's Love*, in 1996. While *Phaedra's Love* contained violent content and language, it did not cause much controversy over its representation of violence and the reception of the play was not as hostile and intense as the reception of her debut play. In 1998 Kane wrote *Cleansed*, a play with themes of imprisonment, punishment, torture and love. Kane's fourth play, *Crave*, was performed the same year. It is a play with four characters named A, B, C and M. *Crave* marked a radical shift in Kane's dramaturgy as it lacks the onstage violence predominant in her previous work and is more poetic in style. *4:48 Psychosis*, Kane's last play, was the only play which was performed after the author's death by the Royal Court Theatre in 2000. In *4:48 Psychosis*, Kane abandoned conventional theatrical form as the play has no specific theatrical divisions, stage directions or even characters. The play is a poetical piece of writing which explores mental illness and suicide.

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While *Blasted*, *Phaedra's Love* and *Cleansed* are mainly engaged with more explicit forms of violence, *4.48 Psychosis* is concerned with more subtle forms of violence used by medical establishments when trying to diagnose and treat mental illness. It is not an easy job to provide a synopsis for *4.48 Psychosis* but it can be inferred from the text and particularly the dialogue-like sections that the play is about a psychotic persona who is suffering from depression and is being treated for the problem by a medical institution which claims it wants to help her through therapy and medication. Even though at no point in the play is the Voice explicitly described as mad, the play presents the Voice's perception of his/her illness and the psychiatrists/doctors' views and diagnoses.

Regarding its form, we may notice that the play departs from the conventions of playwriting to the extent that it makes itself open to interpretative performance. Although Kane violates the conventions of playwriting in all of her plays, in *4.48 Psychosis* she pushes the conventional borders of playwriting even further. The play is composed of twenty-five fragments, each representing a different style of writing including poem-like fragments, scattered numbers, a list of numbers which is counted down by sevens, lists of imperative verbs, dialogues between doctors and patients, jumbled quotations from the Bible and the monologues of a speaker who is evidently suffering from depression.

With the exception of the opening line "(A very long silence)" which is frequently repeated throughout the play and also the ending line "please open the curtains", Kane does not provide any stage directions. The characters are not designated and the speakers are not specified. In the absence of stage directions and conventional breaks, divisions in the play are suggested through the use of punctuation. A staggered line on the page, for example, may suggest a transition or shift from one moment to another. For Saunders, these divisions in the text, which he refers to as "discourses", "are used as a way of making language attempt to express the boundaries between reality, fantasy, and different mental states" (Saunders 2002, p.112). Based on the punctuation Kane uses, three structures may be identified in Kane's text in *4.48 Psychosis*. The first type of structure resembles interior monologues. These lines, which read like free verse, are short, fragmented and without punctuation. The second type of structure which may be identified in *4.48 Psychosis* seems to comprise dialogues between a patient and a psychiatrist or physician. The hyphens which initiate the lines are indicative of the speaker shift. The third kind of form which Kane has used in her play is similar to correspondence format and includes punctuated lines with different lengths. The fragmentary structure used by Sarah Kane in *4.48 Psychosis* is significant as it may be related to the fragmentation of the psychotic mind of the patient who is under the control and power exertion of the doctors and psychiatrists.

In this paper I discuss how the interactions in *4.48 Psychosis* reflect power relations in Foucauldian terms. As this paper's examination of *4.48 Psychosis*, Sarah Kane's final play, is based mainly on the study of power relations in the play using the concept of power in its Foucauldian sense, a brief review of his model of power may help clarify how I have come to the analysis of the play and its power relations.

The notion of power for Foucault is different from the concept of power proposed in other models. Power from Foucault's point of view is not looked upon as a possession which has been centralized in a person or institution. Rather, Foucault believes, power is like a strategy which is performed by individuals. This is the reason why he is interested in studying power among individuals and invites us to study power at local levels. Unlike previous theories of power which believed in a centralized form of power exercised by institutions like the police or army, Foucault's model considers power as "a set of relations which are dispersed throughout society" (Mills 2004, p. 35). I maintain this concern with the local level of power relations may be seen in *4.48 Psychosis* as it demonstrates the power relation between the Voice as a psychotic patient and the psychiatrist(s). This conforms with Sara Mills' argument that Foucault "is interested in local forms of power and the way that they are negotiated with by individuals or other agencies" (Mills 2004, p. 36). In his argument of "anti-authority struggles" Foucault refers to "opposition of the power of men over women, of parents over children, of psychiatry over the mentally ill, of medicine over the population, of administration over the ways people live" as "local" or "immediate" struggles because as Mills notices "they are instances in which people are criticizing the immediate conditions of their lives and the way that certain people, groups or institutions are acting on their lives" (Mills 2004, p. 38). Not only does the play echo Foucault's notion that power circulates at local levels and through all social relations, but it also reflects another aspect of Foucault's ideas, namely that power needs to be constantly exercised. In this paper I show that in *4.48 Psychosis*, through a power relation at its local and immediate level, power is constantly enacted on the Voice in various forms.

Foucault's Notion of Power

For Foucault, power travels through discourses. Due to its complex history and the fact that it has been used in various ways by theorists, it is difficult to attribute one fixed meaning to the term "discourse". Sara Mills notices that "Foucault himself defines it in a number of different ways throughout his work" (Mills 2004, p.53). That Foucault believes he has contributed to the meaning of discourse by "treating it sometimes as the general domain of all statements, sometimes as an individualizable group of statements, and sometimes as a regulated practice that accounts for a number of statements" (Foucault 1972, p.80) shows that he believes that discourse has a range of meanings. But, for the purpose of analyzing Kane's *4.48 Psychosis*, I propose that Foucault's thinking of discourses as "practices that systematically form the objects of which they speak" would be more productive because it provides a practical framework for the analysis of the power relations and the discourse of medicine in the play. Sara Mills explains that discourses produce structures

which can be detected because of the systemacity of the ideas, opinions, concepts, ways of thinking and behaving which are found within a practical context, and because of the effects of those ways of thinking and behaving. Thus, we can assume that there is a set of discourses of femininity and masculinity, because women and men behave within a certain range of parameters when defining themselves as gendered subjects (Mills 1997, p.18).

So, a discursive framework of masculinity, for example, helps people come to an understanding of themselves and others as men or women because these frameworks mark off the boundaries in which we can decide what it means to be masculine or feminine. These discursive frameworks of masculinity may define the socially acceptable or 'normal' ways of behavior and thinking for individuals about themselves and others. While interpreting the world and its events we use the structures at hand and "we lend these structures a solidity and a normality which it is often difficult to question" (Mills 2004, p.56). In this way discourses obtain normalizing power because their discursive frameworks can determine what kind of behavior is acceptable and what ways of thinking about oneself and others are valid in relation to power relations within the discourse. According to Foucault "we can only think about and experience material objects and the world as a whole through discourse and the structures it imposes on our thinking" (Mills 2004, p. 56).

Knowledge and Power in the Foucauldian Sense

As Berten notices, a discourse creates a field which enables the formation of propositions about that discourse (Berten 2005, p.154). Within the created field, then, the discourse would be able to claim to knowledge and expertise and our acceptance of these claims gives it power and ultimately leads to our control and surveillance by that discourse. This idea, I believe, can be applicable to an analysis of Kane's *4.48 Psychosis* in which the psychiatrists exercise power on the patient through their claim to knowledge and expertise within the fields of psychiatry and clinical medicine. This places the psychiatrists in the position of power and enables them to maintain a constant surveillance and

control over the patient, without the patient being aware that this is happening. I base this aspect of my argument on Foucault's examination of punishment in pre-modern and modern societies in his seminal work *Discipline and Punish*, in which he discusses modern mechanisms of control and punishment in which the agents of control and surveillance are concealed. Foucault maintains that this system of control which he refers to as "discipline" and "panopticism" exists throughout modern societies. This enables those in power to sustain control and surveillance using disciplinary techniques which are complicated but hardly noticeable. Foucault also posits that it is the knowledge of the "dominant" about the "dominated" which makes people more submissive when confronted with the exercise of the techniques of control and surveillance. Discussing the power-knowledge relationship, Foucault concludes that:

power produces knowledge (and not simply by encouraging it because it serves power or by applying it because it is useful); that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations. These 'power-knowledge relations' are to be analyzed, therefore, not on the basis of a subject of knowledge who is or is not free in relation to the power system, but, on the contrary, the subject who knows, the objects to be known and the modalities of knowledge must be regarded as so many effects of these fundamental implications of power-knowledge and their historical transformations. (Foucault 1975, p. 27-28).

By declaring that "power and knowledge directly imply one another", and that "there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute" power, Foucault highlights the significance of scrutinizing the interrelationships of "the subject", "the object" and the "modalities of knowledge" in the production of power. Such an analysis would help us come to an understanding of how discourse uses the knowledge within the field to create propositions about others so that it can define and categorize them. Berten explains that through establishing a field, propositions can be formulated about a given discourse. He insists the formation of the field is of great significance because without it, it would not be possible to relate phenomena "that seemed discrete and unconnected" (Berten 2005, p.154).

A Foucauldian Reading of Power Relations in *4.48 Psychosis*

In the case of *4.48 Psychosis*, I maintain, power operates through the discourses of madness and clinical medicine. The discourse of medicine has created the field of psychiatry which functions as a basis to generate propositions on madness or reason. Then, it forms claims to knowledge and expertise which give it power. In other words, the propositions obtain the status of knowledge which is the reason why we can assume that in *4.48 Psychosis* psychiatry and clinical medicine are established and accepted as bodies of knowledge. Moreover, the Voice's acceptance makes the medical discourse even stronger. Hoping to be treated, the patient accepts the domination of the doctors and psychiatrists' power: "I came to you hoping to be healed" (Kane 2000, p.24) the patient says. In fact, this acceptance of the domination of medical discourse makes the doctor or psychiatrist

much more powerful, in his or her presumed position as the one who can judge, treat and save the patient and perhaps the only person who can help her get out of the world of madness and enter the world of sanity:

You are my doctor, my savior, my omnipotent judge, my priest, my god, the surgeon of my soul.
And I am your proselyte to sanity. (Kane 2000, p.24).

The Voice even accepts the doctors' medication which she/he refers to as "chemical lobotomy": "Okay, let's do it, let's do the drugs, let's shut down the higher functions of my brain and perhaps I'll be a bit more fucking capable of living" (Kane 2000, p. 14). In this way, it is due to its claim to expertise and knowledge and also the patient's acceptance that the discourse of clinical medicine can dictate the way the Voice should think and talk about her/his illness. In this way, how the Voice and we think about mental illness is determined by the discourses of madness and clinical medicine. Thus, *4.48 Psychosis* can be regarded as a representation of the authority of physicians or psychiatrists over the patient. The Voice's identity is confirmed as a patient, a psychotic who is depressed and mad. The features of a psychosis case, as explained by Kaplan, reverberate throughout the play:

One of the defining attributes of psychosis is thought disorder, characterized by hallucination, disorganized speech and delusional thinking, all of which contribute to a feeling of gross sensory overload. In a psychotic onset, frequently there is an attendant sharpening of the senses, and the psyche is overpowered and overwhelmed by stimuli it cannot sufficiently organize and interpret. Individuals have described feeling dissolution of the bonds that constitute identity, including feelings of dislocation and dissociation from the body, and a blurring of the boundaries between inner life and external reality. (Kaplan 2005, p.120).

The characteristics of "thought disorder" such as hallucination and delusional thinking can be detected in the Voice's monologues:

I'm seeing things
I'm hearing things
I don't know who I am (Kane 2000, p.18).

Her worlds of reality and fantasy merge into one another and her utterances swing between her "inner life and external reality" (Kaplan 2005, p.120). Somewhere in the play, for example, she/he feels responsible for incidents of violence in the real world because she/he cannot differentiate between the happenings and her own identity: "I gassed the Jews, I killed the Kurds, I bombed the Arabs..." (Kane 2000, p.19). In fact, what Kaplan mentions as attributes of psychosis may be referred to as the symptoms of illness in the persona of Sarah Kane's *Psychosis 4:48* including the inability to differentiate between real life and dreams, frequent feelings of disembodiment, hallucinations and depression. These attributes of the Voice enable the psychiatrists and doctors to diagnose her illness as a case of psychosis. Thus, the Voice, in the eyes of the doctors and psychiatrists, is the one who needs to be considered as the object of study and the one who needs to be under To enable a system of surveillance and control to be practiced, the authority of

clinical medicine discourse needs to be established. To do this, the illness of the Voice is determined by the medical discourse which turns him/her into a subject. When the Voice is seeking friendship or a kind of relationship, instead of providing her/him with what she/he is looking for, she/he is reminded that she/he is ill and she/he needs a doctor: "You don't need a friend you need a doctor" (Kane 2000, p. 26) the Voice is told. The medical discourse is trying to make her/him believe that her/his case is an illness for which she/he can do nothing: "it's not your fault, that's all I ever hear, it's not your fault, it's an illness, it's not your fault, I know it's not my fault..." (Kane 2000, p.14). From the very beginning of the play the Voice's symptoms of psychosis are listed and it is evident that she/he has accepted the diagnosis of her/his illness by medical discourse:

I am sad
I feel that future is hopeless and that things cannot improve
I am bored and dissatisfied with everything
I am a complete failure as a person
I am guilty, I am being punished
I would like to kill myself
I used to be able to cry but now I am beyond tears
I have lost interest in other people
I can't make decisions
I can't eat
I can't sleep
I can't think
I cannot overcome my loneliness, my fear, my disgust
I am fat
I cannot write
I cannot love
My brother is dying, my lover is dying, I am killing them both
I am charging towards my death
I am terrified of medication
I cannot make love
I cannot fuck
I cannot be alone
I cannot be with others
My hips are too big
I dislike my genitals (Kane 2000, p. 4).

The Voice evidently accepts the physician's judgment that her/his case is nervous depression:

At 4.48
When depression visits
I shall hang myself
to the sound of my lover's breathing (Kane 2000, p.4).

She/he accepts that she/he is "unreasonable" in contrast to the physician's reason: My life is caught in a web of reason spun by a doctor to argument the sane (Kane 2000, p.23).

Therefore, the patient accepts the subject position which is determined by medical discourse. Her/his position has been dictated by the medical discourse as unreasonable, abnormal and mad. The discourse then requires her/him to be treated and corrected. The Voice accepts the medical discourse's dictate that she/he has lost her/his "formal thought" and needs to be returned to the state of form, reason and normality. But, the Voice does not know how to "return to form": "How can I return to form now my formal thought has gone?" (Kane 2000, p. 8)

To be able to regain the state of "formal thought", the Voice will need the help of the doctors and psychiatrists which will, in turn, facilitate the exertion of power by them. The absence of "formal thought", also seen as disorganized thinking is present throughout the play and conforms with Kaplan's features of psychosis which I mentioned earlier. To put the Voice in the position of being ill or psychotic is important for the discourse of medicine because it would enable the discourse to exercise its strategies of power. If we think of psychosis as a kind of illness and disability, to be a psychotic, then, would be equal to being in the powerless position because the medical discourse positions psychosis as a condition which needs to be controlled and disciplined. Similar to other forms of illness and disability, psychosis needs to be 'administered' by an authority in the form of medical discourse. Therefore, the doctors and psychiatrists would be in the position to exert power on the psychotic. Human beings have always been worried about illness. They have tried to keep it away and have made attempts to make it go away when it comes. This is because we are aware of the fact that we are mortal creatures. This makes us feel intimidated by not being healthy, which we know will eventually lead to death and annihilation. In 4.48 *Psychosis*, labeling the Voice as a case of psychosis is an indicator of not being well and getting closer to death:

*Don't let this kill me
This will kill me and crush me and
Send me to hell (Kane 2000, p. 18).*

This enables the doctors and psychiatrists to exercise their power while the fear of death and hope for improvement enforces the patient's acceptance of their claim to knowledge and power:

*I beg you to save me from this madness that eats me
A sub-intentional death (Kane 2000, p. 18).*

Another aspect of psychosis which facilitates the exercise of power for the psychiatrists and doctors is the close relationship between psychosis, language and authority. In comparison with madness, in other forms of illness or disability the individual's authority is not affected to a very great extent. In madness, however, it would be really difficult for the patient to maintain her/his authority. Even though in madness the patient's ability to use language properly may be affected, the reason for her/his loss of authority is not language per se. The reason can be traced to society which does not pay attention to her/him and therefore ascribes no authority to her/him. Cross remarks that even when the patient's illness is supposed to be treated, the treatment process impairs her/his "credibility to speak publicly on matters pertaining to one's situation" (Cross 2010, p. 26). This would disqualify the speaker and would end in her/his loss of power, authority and agency.

Once the patient's position has been determined as abnormal and mad, she/he is exposed to the technologies of control which are exercised by medical discourse at the site of treatment. A technology mobilized by the medical discourse in the play is confinement. As Foucault points out in *Madness and Civilization*, confinement was a method used by a discourse which was of the idea that madness required physical demarcation. Foucault begins his discussion with leprosy and how it was controlled by segregating lepers from the rest of the community. Then, he points out that even after the disappearance of leprosy the structures devised to control it remained and lepers were replaced by other groups that cities wanted to exclude from their communities:

What doubtless remained longer than leprosy, and would persist when the lazar houses had been empty for years, were the values and images attached to the figure of the leper as well as the meaning of his exclusion, the social importance of that insistent and fearful figure which was not driven off without first being inscribed within a sacred circle (Foucault 1988, p.6).

In fact, by discussing the disappearance of leper houses, Foucault attempts to trace the cultural shifts through which a space is created in which certain groups of people are defined, excluded, contained and controlled. Thus, a space which previously controlled lepers may be devoted to the containment of madness. This may be representative of a shift in involvement with diseased bodies to a concern with diseased minds of the mad and also their abnormal behavior. According to Foucault's *Madness and Civilization*, in the seventeenth century many houses of confinement were created and almost one out of every hundred citizens of Paris was confined. Throughout the century madness was linked to confinement which was regarded as natural for mad people. Confinement houses were places used to contain several groups of people such as: the poor, the idle and the insane. Even The General Hospital which was founded in 1656 did not have a medical structure and was more of an administrative establishment as its "directors had chains, prisons, stakes, dungeons and irons within the hospital for their use" (Foucault 1988, p.40). In fact, its directors had sovereignty over people both inside and outside the hospital. For Foucault, confinement comprises various measures in the social and economic context of the community. Society, according to Foucault, makes an attempt to create a space in which it can enclose those considered as abnormal or deviant namely criminals, the idle and the mad. The reason they were confined was not their need for medical attention. Rather, the ultimate reason for their confinement was the need to control them. Moreover, confinement was implemented as a means of checking the extreme passion and force of madness, which was seen as being potentially disruptive to society.

Drawing on Foucault's ideas about confinement I maintain that although in *4.48 Psychosis* there is very little mentioned about the hospital in which the patient is being treated, it is evident that the hospital is used as an apparatus of confinement which is a technology of control. The medical reports reveal that the patient is controlled, confined and contained. As a result, a discipline is maintained under the careful watch of the doctors and nurses. When "patient attempted to leave hospital against medical advice", she/he is "restrained by three male nurses twice her size." The patient is aware of her/his confinement as she/he "believes hospital staff are attempting to prison her" (Kane 2000, p. 16). Graham Saunder's interpretation (Saunders 20002, p.112) of Kane's recurrent stage direction "hatch opens / stark light" supports my idea of the hospital

as an apparatus of confinement. The patient, who is at risk of committing suicide, is contained under the careful watch of the medical system and is observed on a regular basis day and night. The image of the stark light which enters through an opening in the door reminds us of a prisoner who is confined and regularly watched and controlled by the prison guard. In fact, in *4.48 Psychosis* by confining the patient the physicians can know, watch and control her/his movement and behavior. Thus, confinement is one of the methods the doctors use to treat her/him. But, for my Foucauldian reading of the play, more significant than confinement as a technology of treatment is the role it plays in facilitating the surveillance of the patient because it is through confinement first that the discourse of medicine is able to determine her/him as a subject, a patient who is mad and in need of further control and surveillance.

In the nineteenth century, according to Foucault, surveillance was added to confinement and even replaced it as a means of control. Unlike confinement which is usually exercised by the use of force, in surveillance there is no need to apply force. The patient in *4.48 Psychosis* is subject to the tacit surveillance of the physicians, psychiatrists and nurses and even when the "patient is discharged into the care of the community" because of the "arrival of an acutely psychic patient in emergency clinic in greater need of a hospital bed" (Kane 2000, p.17), her/his freedom seems to be a part of the discourse's system of observation, surveillance and control. 'Care in the Community' which according to a BBC (1999) report took place in the 1950s and 1960s and represented a change in the treatment of mentally ill people was the result both of social changes and political expediency and a movement away from the isolation of the mentally ill in old Victorian asylums towards their integration into the community. The aim was to "normalize" the mentally ill and to remove the stigma of a condition that is said to afflict one in four of the British population at some time in their lives.

Although 'Care in the Community' allows the Voice to live among normal people and get treatment and care at home instead of staying in the hospital, she/he will still remain under the medical gaze because of the follow up treatment she/he will need due to the medication she/he takes for her/his illness. The BBC report (1999) explains that "the introduction of a new wave of psychotropic drugs in the 1960s also meant patients could be more easily treated outside of an institution". In *4.48 Psychosis*, immediately after it is mentioned that the Voice is discharged from the hospital there is a list of the drugs she/he is given. After the name of the drugs and the doses the Voice has been given, there is a detailed description of side effects such as morning tremors, dizziness, confusion, falling over, fainting, walking out in front of cars, delusional ideas, insomnia, erratic appetite, severe anxiety, sexual inability, homicidal thoughts and memory loss (Kane 2000, p17). The detailed history of the Voice's illness shows that in spite of her/his freedom, the Voice has been under the close watch and surveillance of the medical discourse.

We should remember that, according to Foucault, what makes the control of the patient by surveillance possible is not force. Rather, it is reason that makes it possible. Foucault narrates Tuke's story of a madman who intends to throw a stone. When the keeper approaches him, he drops his weapon and submits. In this way, the madman is made to know the 'unreason' of his own behavior in confrontation with the keeper's 'reason':

The keeper intervenes, without weapons, without instruments of constraint, with observation and language only; he advances upon madness, deprived of all that could protect him or make him seem threatening, risking an immediate confrontation without recourse. In fact, though, it is not as a concrete person that he confronts madness, but as a reasonable being, invested by that very fact, and before any combat takes place, with the authority that is his for not being mad. Reason's victory over unreason was once assured only by material force, and in a sort of real combat. Now the combat was always decided beforehand, unreason's defeat inscribed in advance in the concrete situation where madman and man of reason meet. The absence of constraint in the nineteenth-century asylum is not unreason liberated, but madness long since mastered (Foucault 1971, p.251-2).

Although the patient in *4.48 Psychosis* is not subject to the same level of surveillance and control as in the asylum or in the panoptican prison, she/he is exposed to the same surveillance process which enables the physicians to judge and control her/him. Foucault maintains that what seems to be the issue is the control and mastery of madness and not its treatment. Thus, *4.48 Psychosis* confirms Foucault's idea that the patient is observed, recorded, known, judged and controlled through surveillance.

Conclusion

In *4.48 Psychosis*, I believe, the medical discourse has succeeded to construct the patient because she/he has accepted and internalized the control and surveillance of the discourse. Like Tuke's violent patient who has accepted the disciplining practices exercised by the asylum, the patient in *4.48 Psychosis* also accepts the dictates of medical discourse. In *4.48 Psychosis* more important than the patient's madness is the power relationship between medical discourse and the insane, between the psychiatrist / physician and the patient. The play begins with a patient who has submitted herself / himself to the treatment of the doctors and continues with her/his consent to and verification of her/his need to be treated. But, her/his madness is not cured or corrected and the treatment is not successful and what ultimately remains is only the power of the psychiatrist/physician over the patient.

Notes

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