Voicing (Medical) Complexity in the Theatre of Sarah Kane: 4.48 Psychosis *(1999) and its Stage Adaptation by Deafinitely Theatre (2018)*

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ABSTRACT: This paper proposes a reading of Sarah Kane's *4.48 Psychosis* (1999) from a theoretical perspective combining medical humanities, disability, and performance studies (Henderson and Ostrander; Murray); the aim is to expand upon previous scholarship which sought to analyse Kane's multifarious ways of aestheticising—and questioning—illness and pain (e.g. Guarracino, "Scene"; Simon; Soncini), by reading medical discourse through the notion of 'complexity' (Kuppers, *Theatre*; Siebers). Firstly, I will focus on how complexity comes to the surface through the dramatic text: as Jolene Armstrong has pointed out, the linguistic renderings of a psychotic mind—staged as a medical spectacle—make *4.48 Psychosis* a peculiar case study because it is "less like a play than a prose poem intended for interpretative performance" (Armstrong 177). Secondly, I will look at how Deafinitely Theatre attempted to translate the dramatic text into a bilingual performance (i.e. in spoken English and British Sign Language), set in a mixed-reality environment (e.g. the incorporation of video material into the live performance). Ultimately, this dual dimension will hopefully shed new light on the degree of performability of (medical) complexity in *4.48 Psychosis*.

KEY WORDS: *4.48 Psychosis*; Deafinitely Theatre; medical complexity; performability; Sarah Kane

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I have no desire for death
no suicide ever had
(Kane, *4.48 Psychosis* 244)

ENTANGLING PERFORMANCE, MEDICINE, AND DISABILITY

In this essay, I discuss Deafinitely Theatre's production (2018) of Sarah Kane's *4.48 Psychosis* (1999), prodded by Tobin Siebers's theory of complex embodiment, which I expand through Petra Kuppers's notion of 'enmindment'. This production—of a play about mental illness—by the first Deaf-launched and Deaf-led professional theatre company in the United Kingdom, manifests new conceptualisations of non-normative minds and bodies. Indeed, in its treatment of Kane's experimental text, the production manifests what Siebers wishes to foreground through his theory of complex embodiment, that is, raising "awareness of the effects of disabling environments on people's lived experience of the body, but it emphasizes as well that some factors affecting disability, such as chronic pain, secondary health effects, and aging, derive from the body" (Siebers 325).

According to Keir Elam, the year 1931 marks a watershed in the history of theatre studies: the Prague School structuralists "changed the prospects for the scientific analysis of theatre and drama" (Elam 4), by asserting the importance of the performance, against a backdrop of enduring reverence for the written text.[1] In this light, disability performance scholar Petra Kuppers remarks how the aforementioned interest in performance rather than text espouses "the need for attention to actual performing bodies" (Kuppers, *Theatre* 5), since the act of performing carries with it kinesic and paralinguistic factors (e.g. facial expression or vocal variation while enunciating may vary the hermeneutic value of a given line or speech). Specifically, Kuppers's approach, being informed by disability studies, puts forward the idea that, through the staging of non-normative embodiments (i.e. disabled bodies), we conceive of disability as a lived category, rather than an abstract concept. Indeed, if performance "takes place both in doing and showing doing" (Schechner 4), then disability cannot but be seen as *in fieri*, "always in the process of becoming" (Henderson and Ostrander 1-2). In other words, performance accomplishes what the dramatic text alone cannot, that is, to fully grasp—and question—the corporeal, psychic, and spatial vulnerability encompassing the experience of disability.

[1] On the relationship between the dramatic text and the theory and practice of drama in performance see also Alexandroff; Aston and Savona; Fischer-Lichte, *Routledge Introduction* 99-109; Fischer-Lichte, *Semiotics*.

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Furthermore, Kuppers believes that, when dealing with performance analysis, we should acknowledge the existence of visible and 'other-than-visible' disabilities, the latter being understood as an inclusive expression for all those hidden physical as well as psychological disabilities, which "cannot generally be ascertained by someone who is merely looking at the disabled person or engaging in limited and nonstrenuous interactions with him or her, like conversing in a checkout line" (N. Ann Davis 202) and that, as a consequence, are not straightforwardly associated with a non-normative body. In relation to this, she coins the term 'enmindment', as a counterpart to embodiment—to refer to "the processual and negotiated way our cultures conceive of minds" (Kuppers, *Theatre* 5). In thus offering an expanded conception of non-normative embodiment, Kuppers builds on the concept of 'complex embodiment', as developed by Tobin Siebers. This expansion is useful for the current examination of Deafinitely Theatre's *4.48 Psychosis*, which deals with two conditions—mental illness and Deafness—that are not necessarily visible on the body.[2] According to Siebers, the theory of complex embodiment

> views the economy between social representations and the body not as unidirectional as in the social model, or non-existent as in the medical model, but as reciprocal. Complex embodiment theorizes the body and its representations as mutually transformative. (Siebers 325)

In other words, Siebers takes a step further in the diatribe between the medical and the social model of disability,[3] so as to see the body as an acting palimpsest which affects—and is affected in return by—the spatial dimension.[4] Moreover, as evinced by Marilena Parlati, when applied to the humanities, Siebers's approach aims to connect "disability studies, illness narratives, identity politics" (Parlati 129). Taking my cue from Parlati's brilliant insight in respect to late twentieth-century pathographies, I would contend that the staging of complex embodiments and enmindments—namely the translation of the (non-normative) body/mind from the dramatic to the performance text—stands as a truly thought-provoking—though less-studied—case study.

[2] On the liminal place occupied by Deafness in the context of disability studies, Fabrizio Loce-Mandes states: "There is a constant tension between an understanding of 'Deaf' as socio-political in nature and 'deafness' as a medical diagnostic category, both of which have implications for people's daily lives" (Loce-Mandes 114).

[3] According to Tom Shakespeare: "Medical model thinking is enshrined in the liberal term 'people with disabilities,' and in approaches which seek to count the numbers of people with impairment, or which reduce the complex problems of disabled people to issues of medical prevention, cure, or rehabilitation. Social model thinking mandates barrier removal, anti-discrimination legislation, independent living, and other responses to social oppression. From a disability rights perspective, social model approaches are progressive, medical model approaches are reactionary" (Shakespeare 197-198).

[4] The concept of 'acting palimpsest'—as well as the spatial dimension involving the body—is informed by Judith Butler's essay "Rethinking Vulnerability and Resistance": "Both performance studies and disability studies have offered the crucial insight that all action requires support and that even the most punctual and seemingly spontaneous act implicitly depends on an infrastructural condition that quite literally supports the acting body" (Butler, "Vulnerability" 19).

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Siebers's theory of complex embodiment is part of a wider movement in the humanities and social sciences, inaugurated with the publication of *The Edinburgh Companion to the Critical Medical Humanities* (2016). In this, Des Fitzgerald and Felicity Callard, calling for a "turn to entanglement" (Fitzgerald and Callard 40) in the medical humanities, state "that working with a dynamic of entanglement […] sets in motion a more experimental and capacious future for the medical humanities" (39). In other words, since the integrationist model—with its focus on breaking boundaries so as to connect disciplines homogeneously—has failed to recognise the true interdisciplinary—and hence heterogenous—nature of the medical humanities, "An entangled medical humanities does not ask for differences to be overcome; it asks how differences have come to matter" (Fitzgerald and Callard 43). This new way of understanding the osmotic connections amongst disciplines is to be ascribed to the general critical turn that is encompassing contemporary scholarship: indeed, the term 'critical', besides its hermeneutic value (see Harari), is meant to work as a premodifier, thus questioning the very nature of the field it is associated with. Specifically, critical medical humanities scholars demand a "closer engagement with critical theory, queer and disability studies" (Viney *et al.* 2).

According to Anne Whitehead and Angela Woods: "Critical disability studies can thus be seen to intersect with the critical medical humanities in the politicisation and theorisation of the body, and in the politics and ethics of care" (Whitehead and Woods 13). Whilst the former "insists at the same time on the materiality of the body—its embeddedness in the world—by focusing on issues such as equal access for all, integration of institutions, and the historical exclusion of people with disabilities from the public sphere" (Garland-Thomson, "Critical" 12), the latter is interested in how the body is discursively constructed in the medical practice.[5] Thus, in light of the above-mentioned 'turn to entanglement', the two fields should keep their specificity as "systems" (Murray 5) whilst sharing a common object of inquiry: the body. The corporeal surface comes to be understood—and analysed—as a Janus-faced entity:[6] on the one hand, it is conceived of as a stratified repository of meanings; on the other hand, it seems to hide—behind its surface—points of resistance, which pave the way for a counter-inscription (Foucault 95).

Besides the sociological value that such a viewpoint implies, in recent years we have witnessed the rise of a literature-oriented branch of both critical disability studies and the medical humanities: for instance, Lennard J. Davis's *Enforcing Normalcy* (1995) and Rosemarie Garland-Thomson's *Extraordinary Bodies* (1997)—being "foundational

[5] Kieran Sweeney identifies the consultation as a pivotal moment in the Medical Humanities and offers a model—moulded upon the metaphor of a Rubik's cube—to analyse it, consisting of six interrelated components, one being "consultation as a forum for narrative" (see Sweeney 83-100); similarly, Rita Charon focuses on the act of "telling of the body" in the doctor's office (see Charon 90-97).

[6] This perspective—which rejects the essentialist view of the body (i.e. as a mere biological entity)—has been facilitated by the birth of a body-related theoretical framework, namely Body Studies (see DeMello).

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texts in the development of the new subject area" (Barker and Murray 3)—focus on the ways in which the idea of 'normalcy'—or 'normate'—moulds the distinction between normal and abnormal bodies in literature and culture. On the body—they suggest—disability interweaves with other categories such as sex, gender, ethnicity, and illness: in so doing, the analysis of a literary text cannot but provide an outline of the textual strategies[7] used in order to render such a complex—intersectional—pattern. In this light, it is worth mentioning Elizabeth Grubgeld's last monograph *Disability and Life Writing in Post-Independence Ireland*, which goes beyond the perspective of first-wave social model disability theory by working on—amongst other things—the stylistical and structural features of severe athetoid cerebral palsy in Christy Brown's disability narrative *My Left Foot* (1954): Grubgeld, in her close readings, looks at the recurrence of terms related to notions of normality and abnormality, which trap the main character's body. Similarly, but from a performance-studies-oriented perspective, in the introduction of *Performance and the Medical Body*, Alex Mermikides and Gianna Bouchard identify the body as the common thread uniting the two domains of medicine and performance practice: specifically, and this is my point of departure for the current essay, they wish to study how "performance might resist and challenge this embedded sense of clinical judgement and objectification" (Mermikides and Bouchard 4). This area, that is, performance in relation to the medical model of disability, embodiment, and enmindment, is much less developed:[8] "Until very recently, the study of the arts in the medical humanities has tended to neglect performance practices. An example of this is Cole, Carlin and Carlson's textbook, which contains chapters on literature, poetry, film and media but none on theatre, dance or performance. A welcome exception is Bates, Bleakley and Goodman's *Medicine, Health and the Arts* (2015), which includes a section on performance" (Mermikides and Bouchard 19).

READING COMPLEXITY IN SARAH KANE'S *4.48 PSYCHOSIS*

Whether we consider its intrinsic value or the contextual background of the In-Yer-Face theatre encompassing it (see Sierz), Sarah Kane's oeuvre is characterised by an unprecedented level of excess, which is often tied up to the medicalised dualism body/mind. For example, in *Cleansed* (1998), Tinker conducts a series of sadistic experiments on four characters: in Scene Twelve, Grace's body—due to an electric current—"is thrown into rigid shock as bits of her brain are burnt out" (Kane, *Cleansed*

[7] In this regard, Virginia Woolf's essay *On Being Ill* (1926) pioneered the need for the aesthetisation of illness through word coinage: "He is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other […], so to crush them together that a brand new word in the end drops out" (Woolf 7). Similarly, Susan Sontag's *Illness as Metaphor* (1978) concentrates on the metaphorical weight with which illness is usually associated (see Sontag 3).

[8] Amongst the new volumes committed to the study of medicine, disability, and performance, see Bouchard and Mermikides; Hall; Mermikides.

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135). The rigidity of such an embodiment echoes Giorgio Agamben's reflections on the figure of the *Muselmann* of Auschwitz: in both cases, medicalisation is used in order to de-humanise the subject and take control over it, thus proving to intersect a political and a clinical dimension (see Agamben 47). And, yet, pain infliction and reception have also been interpreted as signs of anti-normative relational modes: for instance, when dealing with *Cleansed* and the screenplay for television *Skin* (1997), Serena Guarracino fosters a reading of pain which moves away from its negative connotation—as a sign of entrapment—and becomes a long-awaited feeling, typically associated with the BDSM scene. Specifically, with regard to *Cleansed*, Guarracino identifies Tinker and his brother Graham as the ones taking up the role of the master/sadist in respect to the submissive Grace (see Guarracino, "Scene" 346).

4.48 Psychosis's dramatic text is definitely Kane's most experimental and controversial work, whose value has been—and still is—reduced to autobiographical interpretations only (see Tycer), or even questioned for having "any general application" (Billington) at all. Its unusual flavour is highlighted by its formal features, which I intend to read through Keir Elam's semiotic insights regarding the segmentation of the dramatic text (see Elam 41-43). *4.48 Psychosis* is made up of monologues and fragments of dialogues—each piece being separated from the other through five consecutive, yet separated, dashes—whose distinctive features are the (modernist) disruption of the syntactic orderliness and the ambiguities they entail. Indeed, Kane took, to its extreme, a way of scripting she had already explored in *Crave* (1998):[9] in other words, in writing the dramatic dialogue, Kane does not indicate the person speaking, so that the absence of a clear-cut turn taking might enhance a reading of the entire text as either a long interior monologue or a psychotherapist/psychiatrist–patient communication—the latter being suggested by the contrast between therapy speak and everyday English. In each case, at this stage,[10] character(s) cannot be defined by categories such as age, class, ethnicity, and gender: the last one, in particular, is questioned by the use of English as a grammatically-neutral language and the relative omission of anaphoric references to gender-marked pronouns. The very beginning subverts the requirements of comprehensibility that a dramatic text is supposed to possess: "But you have friends […]. You have a lot of friends" (Kane, *4.48 Psychosis* 205). In this citation, the orderliness of the language—which is usually associated with the dramatic text—is turned upside down by repetitions, which characterise instead much of ordinary conversations: in so doing, Kane aligns with Samuel Beckett's refusal of a standardised dramatic form (see Saunders; Velissariou). Moreover, the person asking questions does not receive an answer in return: the stage direction between the above-mentioned sentences tells of

[9] As Cristina Delgado-García has noted, "the alphabetic signs that name *Crave*'s speakers are not gender-marked, have not ethnic or religious connotations, and do not, even tenuously, suggest age or social position" (Delgado-García 238). See also Peters.

[10] In the act of casting the actors, theatre producers actually assign age, class, ethnicity, and gender, influencing—by proxy—the audience response.

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"*a long silence*" (Kane, *4.48 Psychosis* 205), which is probably a symptom of what Martin Amis defines as "unthinkable" (Amis 13), i.e. the impossibility to come to terms—linguistically—with traumatic matter.

The second fragment zooms in on the description of a troubled mind:

> A consolidated consciousness resides in a darkened banqueting hall near the ceiling of a mind whose floor shifts as ten thousand cockroaches when a shaft of light enters as all thoughts unite in an instant of accord body no longer expellent as the cockroaches comprise a truth which no one ever utters. (Kane, *4.48 Psychosis* 205).

Compared to the first example, the language here is highly poetic: the brain is described in spatial terms, as having a specific—house-shaped—architecture, and the instability of the mind is rendered through an animal simile, namely the cockroaches moving madly due to a shaft of light. Kane associates this complex enmindment with an equally-complex embodiment, that is "the broken hermaphrodite who trusted hermself alone" (Kane, *4.48 Psychosis* 205): in this case, taking into account the medical and juridical discourse on the hermaphroditic body—seen as "a sign of an irresolvable ambivalence" (Butler, *Gender* 135)—Kane decides to coin a new form of reflexive pronoun—hermself—in order to maintain the gender ambiguity of the co-referential subject that it refers back to.

The dramatic text then follows the stream of consciousness of this dramatis persona,[11] who is affected by depression and is thinking about committing suicide. Whilst we witness a seemingly long rambling speech from their mind, the degree of textual control to which dramatic discourse is usually subject lessens. For example, there are two numerical fragments: in the first, numbers are randomly placed on the page; in the second, they are aligned in columns—a choice that is probably aimed at signalling the disciplining effect that antidepressants have on the patient's body and mind. According to Sara Soncini (26), these scenes challenge the traditional *mise en scène*, since there are no indications about how to stage such cryptic textual material, so it is left to the creative mind of the director: in other words, suicide depression is reflected in the text, and its staging turns out to be a challenging act of hermeneutics because one cannot just translate the dramatic text into performance by following the stage directions given by the playwright, but must choose an interpretative key through which to disclose and render it. In this specific case, how do we perform these numerical sequences? Are they to be pronounced? Shall we opt for a digital projection on a screen? There is no univocal answer to this question.

Soon after, the medicalised gaze to which the character is subjected is rendered as follows: "A room of expressionless faces staring blankly at my pain, so devoid of meaning there must be evil intent" (Kane, *4.48 Psychosis* 209). These expressionless faces—later defined as Dr This, Dr That and Dr Whatsit (see Kane, *4.48 Psychosis* 209)—

[11] The play does not state that there is a singular and consistent dramatis persona, so we could even think—plurally—of dramatis *personae*.

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acquire a negative connotation due to the scrutinising—and not-at-all empathic—gaze they cast on the main character: following Maria Giulia Marini's stance, "the physicians' action on the patients [negatively] influences in turn the patients' narrative about patient experience" (Marini 36). Indeed, anger grows to the point that it explodes in a breaking of the frame: "And my mind is the subject of these bewildered fragments" (Kane, *4.48 Psychosis* 210). Whilst talking about the psychotherapists/psychiatrists writing down their thoughts during the observation of the patient, Kane seems to self-reflect on the very writing of *4.48 Psychosis*, thus enhancing a metatheatrical moment which "bring[s] attention to bear on the theatrical and dramatic realities in play" (Elam 81).

The medical discourse is also at the core of another fragment (see Kane, *4.48 Psychosis* 223-225), which takes the form of medical notes since it relates the symptoms associated with depression, its diagnosis and treatment, mainly based on antidepressants (e.g. sertraline, zopiclone, and lofepramine). In this case, the body becomes the main actant of the scene since these drugs, whilst alleviating their pain in the mind, change the corporeal surface: sertraline causes a weight loss of 17 kilograms; zopiclone provokes a rash; and the fainting and falling over side-effects of lofepramine and citalopram give rise to livid bruises. In this light, mental illness is accompanied by corporeal vulnerability and—by proxy—physical disability, because the body loses its 'normal' abilities. If we were to apply Siebers's theory of complex embodiment to *4.48 Psychosis*, we would firstly broaden it by including enmindment, and then say that medicine and disability, in relation to the body, are figured in a complex context: along with gender indeterminacy, other factors, such as illness and trauma, have to be taken into account. In particular, the complexity of this scene implies a loss—or, maybe, a multiplication—of semantic coherence: soon after this medical fragment, the dramatic text follows the non-linear and intertextual thoughts of the main character, so that it might be said to increase its 'pluri-isotopic' value, in the sense that "there is more than one possible level of consistent interpretation" (Elam 167). In this light, as Jolene Armstrong points out, the renderings of the aforementioned psychotic mind make *4.48 Psychosis* "less like a play than a prose poem intended for interpretative performance" (Armstrong 177). This means that Kane's dramatic text could work on its own (i.e. it proves to possess an aesthetic self-sufficiency), before the *mise en scène*. In addition, whilst in the dramatic text the unfolding of the medical discourse is Kane's responsibility, its codification as a performance text—i.e. the semiotically-systematised ensemble of proxemic relations, kinesic factors, paralinguistic features—depends, as we will see in the next section, on the production company.

STAGING COMPLEXITY: *4.48 PSYCHOSIS* BY DEAFINITELY THEATRE (2018)

The pluri-isotopic nature of the dramatic text presents a demanding task to those who are willing to stage it, because "the semiotic division or *découpage* of the performance" (Elam 42) involves a narrowing of the multifarious meanings that the text conveys—

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what we otherwise define as the exegesis of the dramatic text for the theatre. A first attempt was made by James Macdonald, who directed the premier performance in June 2000 at the Royal Court Theatre, London, UK, under the supervision of Sarah Kane's brother, Simon. In this light, Jesse McKinley has explained the reason behind the control exercised by Kane's brother in the decision-making process: "Mr. Kane said he had never authorized a production of *Psychosis* in America, largely because he was worried that the play would be misunderstood as the ramblings of an incipient suicide" (McKinley).

And yet, if we look at the European stagings of Sarah Kane's *4.48 Psychosis* in Germany or Italy, we will see that they have acquired some standardised features over the years, which differ from the British tradition. In Italy, in particular, Sarah Kane's oeuvre has had an unprecedented fortune: indeed, the edited collection of her plays, in Italian, was published by the Italian publishing house Einaudi in 2000, a year before the English edition—introduced by David Greig—by Methuen Publishing. Due to the Italian translation (see Kane, *Tutto il teatro*), which disambiguates the gender indeterminacy of the source text, we witness a predominance of one-woman performances. Specifically, as Sara Soncini notes, on the Italian stage, *4.48 Psychosis* usually becomes a female monologue, or quasi-monologue, thus going against the *Sarah Kane Estate*'s attempt to impose a tripartite structure: two women and one man (see Soncini 57). Apart from the Butlerian "gender trouble" that may arise from such an issue,[12] the Italian approach seems to provide a contextual reading of the text (i.e. the woman on stage does not only embody the dramatis persona sketched by Kane on the page, but reflects Sarah Kane herself and her bouts of depression). From a medical-humanities perspective, the one-woman performance dims the psychotherapist/psychiatrist–patient relationship, changing the dramatic text in favour of the patient's perspective only: whilst the reader of the dramatic text can identify a stark contrast between doctors and the patient, the spectator of the performance is forced to enter the dramatic world through the stream of words uttered on stage by the latter. The most straightforward example is Walter Pagliaro's staging (2010): the only actress on stage—Micaela Esdra—is a psychiatric patient trapped in a hospital room, whose wrists are covered with bloodstained gauzes—a trait which alludes to a suicide attempt (see Soncini 63).

The medical dimension apparent in this Italian production is even more visible—and striking—when contrasted with a recent British adaptation,[13] by Deafinitely Theatre, a Deaf-led theatre company established in 2002 and directed by Paula Garfield, which aims "to produce high-quality bilingual theatre for Deaf and hearing audiences of all ages and backgrounds, combining the visual storytelling of British Sign Language with the immediacy of the spoken word" (Deafinitely Theatre). This bilingual and mixed-reality performance of *4.48 Psychosis*[14] was first staged in 2018 at the New Diorama

[12] On the challenges involved in translating gender from an analytic language (e.g. English) into a synthetic system (e.g. Italian), see Casagranda; Federici and Leonardi; Guarracino, *La traduzione* 69-110.

[13] Following Linda Hutcheon, I use the term 'adaptation' because Garfield's staging of *4.48 Psychosis* involves a process of creation, which is to be seen as "both (re-)interpretation and then (re-)creation" (Hutcheon and O'Flynn 8).

[14] For another example of a digital staging of *4.48* Psychosis—and its status as a mixed-reality performance involving a mediated body—see Nedelkopoulou.

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Theatre in London, UK.[15] The cast included Deaf actors Adam Bassett and Brian Duffy, as well as Jim Fish and Matt Kyle, two performers with expertise in British Sign Language. The production set portrayed a quite bare room—perhaps a laboratory—where there were two opposite doors (one on the right, the other on the left) and four shaded windows; the so-called 'fourth wall' was materialised because there was a visible marker, namely a see-through screen between the stage and the auditorium. This choice goes against the recent trend of much modern theatre "to transform architectural fixity as far as possible into dynamic proxemic informality" (Elam 57). It is exactly this claustrophobic setting—where the interaction between psychotherapists/psychiatrists and the patient occurs—which enhances an interpretation of the performance as the exemplification of what happens when following the medical model of disability, that is to say, "a model that views disability as a condition or impairment that needs to be cured" (Ellis *et al.* xxiii).

In reviewing the production, Miriam Gillinson states that it sheds new light on "what it feels to live with profound disability", because it "becomes more than an extended suicide note or an examination of depression" (Gillinson): indeed, this production aims to highlight how mental illness—as well as hearing and speech impairment—can make the individual feel alienated from the social context in which s/he is living, to the degree that Deafness is perceived as a disability, rather than a culture (see Jones). This new dimension that the performance takes on is to be ascribed to the director Paula Garfield and her personal reading of *4.48 Psychosis*: given the many difficulties Deaf people experience in accessing mental health services (see Pertz *et al.*), she decided to re-interpret the incommunicability of Kane's play in order to fulfil a political—health-related—agenda (see Hambrook) which, first and foremost, questions the medical model of disability and the damaging effects it can exert on people. This remoulding of the dramatic world comes to life through two actors—Jim Fish and Matt Kyle—playing the role of doctor, and two others—Adam Bassett and Brian Duffy—embodying the patient: specifically, besides the therapy speak, the doctors can be visually distinguished from patients as they wear a white coat. The *Sarah Kane Estate*'s proposed tripartite structure, and the monophonic dimension characterising Pagliaro's offering, are here subverted in favour of a multiplication of voices. And yet, this choice positions Pagliaro and Garfield's productions at the same level, in the sense that they both stand as non-normative performances with respect to the will of the *Sarah Kane Estate*: whilst the former was rendered as a one-woman performance, the latter opted for a quadripartite structure with four—male—actors.

The dramatic text's instability—its moving from mimesis (i.e. direct imitation) to diegesis (i.e. narrative description) and vice versa—is rendered through different strategies, which can be grouped into two main categories: the linguistic transcodification into spoken English and British Sign Language (BSL); and the digital

[15] The entire performance—recorded at the New Diorama Theatre (London, UK) on 20 September 2018—is available for free by subscribing to New Diorama Theatre's newsletter. For more information, see: https://www.deafinitelytheatre.co.uk/deafinitely-digital-448-psychosis. Accessed 10 Feb. 2024.

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transcodification into sounds and visual images projected onto a screen. The former is integral to understanding the notion of complex embodiment and enmindment in relation to Deafinitely Theatre, and to this production in particular: if spoken English is the main code which gives voice to the textual material provided by Kane (i.e. in an Anglophone context, such as the New Diorama Theatre in London, English language is supposed to be known by both transmitters and the audience), then the use of BSL—being essential for people with hearing and speech impairment—fosters another level of stage semiotisation. On the one hand, the doctors simultaneously use spoken English and BSL, meaning that the patients can convert the signal into a comprehensible message: in this case, the paralinguistic features also supply information about the problematic relationship between doctors and patients (e.g. the doctor's pitch when blaming the patient for his attitude towards life). On the other hand, the patients use BSL only, and so body-motion communication—what we otherwise define as kinesics—is essential, because it is through the body that discourse is enhanced and performed. The patient's complex embodiment which, as we have previously seen, is depicted through a highly-poetic language, is here translated into BSL—a linguistic system particularly apt at keeping the poetic construction of Kane's images. For instance, the figurative line "like a bird on the wing in a swollen sky" (Kane, *4.48 Psychosis* 239) is translated into BSL via a "substitutive depiction", when "the signer no longer draws the outline but creates an image of the referent with the hands, by substituting their hands for the object" (Sutton-Spence and Woll 176), which gives way to a synecdoche (i.e. the patient draws, with both hands and arms, the wings of the bird). Moreover, there is a specific medical-oriented interpretation of Kane's metalinguistic discourse about the figures of speech: "I feel like I'm eighty years old […]. / That's a metaphor, not reality. / It's a simile" (Kane, *4.48 Psychosis* 211). In Garfield's adaptation, these lines form part of a dialogue between the patient, who conceals their illness through figurative speech, and the doctor, who tries to dismantle their assumption: and yet, the staging of this fragment as a dialogue unveils the fact that the supposed exactness of the medical gaze fails to recognise the true nature of the patient's utterance (i.e. the patient is the one who corrects the doctor by clarifying the type of figure they used: simile rather than metaphor). At a more general level, the perlocutionary effect fostered by this dialogue might raise awareness of the need for medical practitioners to value the contribution of the patient during observation and diagnosis.

The digital transcodification of Garfield's production involves the incorporation of sounds and electronic screens, projecting Kane's dramatic text, as well as a graphic rendition of her words, onto the performance, which serves different functions. Firstly, we can identify subtitling as a sounding board: in other words, what the patient says in BSL is sometimes transcribed on the electronic screen in order to enhance intelligibility—a strategy which had already been used by Deafinitely Theatre in 2012, for a production of Shakespeare's *Love's Labour's Lost* (see Hubbard 586). Secondly, subtitling is also accompanied by images. An instance of this last case is the following: when dealing with the second fragment of the play, the one which describes the

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workings of the brain in spatial terms, with an eerie image of 'ten thousand cockroaches' (see Kane, *4.48 Psychosis* 205), the actor on stage uses BSL, whilst on the screen there is, at the same time, the transcription of the dramatic text and the moving image of a cockroach. In both cases, the multiplication of the text is enhanced by two kinds of transmitters: on the one hand, the bodies of the actors; on the other hand, elements of the set (e.g. projection). This strategy allows Garfield to render the multifarious—auditory, textual, visual—nature of the dramatic text and, more importantly, to work on the semiotisation of the setting. In fact, the laboratory where the action takes place, besides the factual limitations it implies in terms of proxemic relations, is significant if we consider the production as being a medical performance.[16] The delimitation of space produces a claustrophobic feeling for the patients—who feel corporeally trapped in the medical system—and draws a voyeuristic gaze from the auditorium, which calls to mind "the painful history of human zoos and freak shows" (Mermikides and Bouchard 4). The visible marker de-limits the bidirectionality—metatheatricality[17]—of the gaze, so audience members feel they can watch the scene happening, but actors on stage do not know they are watched in return.

CONCLUSION

On the whole, *4.48 Psychosis* proves to be an extremely fascinating case study as both a dramatic and performance text. First of all, when dealing with the dramatic text, the reader is confronted by an image of complex embodiment/enmindment which is rooted in the textual strategies through which this complexity is moulded (i.e. the aestheticisation of illness and medicine). Secondly, Paula Garfield's performance text tries to grasp that same complexity by adding a linguistic layer, namely British Sign Language: in so doing, the patients on stage seem to give corporeal voice to their thoughts, thus overcoming clinical judgement and objectification. And yet, Garfield's staging does raise doubts about some key aspects of the dramatic text: indeed, the metatheatricality of the play is toned down due to the spatial construction of the stage; the two numerical fragments (see Kane, *4.48 Psychosis* 208; 232) are rendered through the same strategy on stage (i.e. each actor pronounces a number, whilst the number itself appears on the screen), despite the fact that the dramatic text differentiates its visual rendition. Nevertheless, what the production fulfils, via the juxtaposition of

[16] The expression 'medical performance' includes "surgical selves" (Auslander 127) as well as "medical systems and bodies" (Kuppers, *Scar* 1-2), and extends to "forms of performance across the full range of Schechner's spectrum, including those at its extremities: 'aesthetic' performances such as main-stage theatre plays on the one hand and, on the other, 'social' performances played out in medical settings such as the hospital ward bedside or the laboratory" (Mermikides 18).

[17] Indeed, Sarah Kane's *4.48 Psychosis* presents metatheatrical scenes (see Kane, *4.48 Psychosis* 210; 245)—with the speaker calling on the audience (see Saunders)—which seem to have been weakened by Garfield's choice to materially mark the boundary between acting area and auditorium.

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spoken English, BSL, and digital subtitling, is the overcoming of what Butler defines as 'linguistic vulnerability', so as to understand performativity in its dual dimension: "We are invariably acted on and acting" (Butler, "Vulnerability" 24), so the very idea of vulnerability is not to be understood as intrinsic—and, perhaps, negative—value—but as "a way of being exposed and agentic at the same time" (Butler, "Vulnerability" 24). This also means—by proxy—that the staging decisions regarding how to render the complex embodiment and enmindment of *4.48 Psychosis* challenge medical discourses around mental illness and disability.

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