

A Voice in the Emptiness

The Storytelling of Mental Illness

Ditte Madsen

The University of Southern Denmark, Denmark

ABSTRACT

Which strategies are used in stories about the inexpressible world of mental illness? Voices of the ill or marginalized psyches are in equal measure victim to continued doubt and repression as well as symptomized as no more than the result of a chemical imbalance. Though, by examining certain marginalized voices within art, it is possible to address questions regarding narratives of illness, their worth and wisdom as fictional testimonies. It may be possible within fiction to create a meaningful language for the chaos of illness, but what happens if and when the storyteller's voice is in so much agony that the story no longer has meaning? By engaging in an analysis of Sarah Kane's play *4:48 Psychosis* (2000) and other relevant texts from art and popular culture, the author investigates whether it is possible to outline different features of the marginalized voice. In Kane's case, specifically, an argument can be made that this voice comes from within the depth of a devastating illness. This is done, in part, by challenging and fragmenting the very language used, but also by the technical use of silence within the play.

KEYWORDS

Illness stories, Narrative Medicine, Popular culture, Suicidal stories, Drama

INTRODUCTION

The young playwright Sarah Kane, who was highly inspired by Samuel Beckett and his works' provoking tendencies, created a name for herself as part of the movement of British In-yer-face-theatre (Urban 2001, 36). Known for pushing the boundaries with her explosive dramas such as *Blasted* (1998) and *Crave* (1998), Kane quickly became a new poster child for abstract, political works in British theatre. In the year 2000, Kane's play *4:48 Psychosis* premiered in the Theatre Upstairs in London. As a performance text, it forces the audience to witness the hopeless wilting of an ill self, without the possibility of escape by looking away, or shutting the book, thus remaining forced witnesses. Simply as a text it also has potential to create a language and a form of narrative for a human state of mind for which vocabulary is generally scarce. Henceforth, Kane's text becomes a mixture of blurry, poetic fragments, depression symptoms and a rather cynical conversation with (presumably) a rather mechanical and prejudiced health professional.

Mental illness, neurodiversity and their representation in both literature and popular culture has become more pronounced since *4:48 Psychosis'* premiere; realistic representation of

marginalized identities in general has a higher priority given its political relevance. Perhaps the play would have had a different reception if it had been published in present-day society; perhaps this is a particularly fruitful time to try and create a space for marginalized stories. Other types of narrative, for example a Netflix show, *Atypical* (2017), and a graphic novel, *Marbles* (2012), display certain components also present in Kane's work. Through close reading and comparison of these artistic narratives, will address various questions about ill or marginalized narratives in general..

Though initially criticized for not featuring enough actors on the autism spectrum, the Netflix show *Atypical* exemplifies a relevant element also present in *4:48 Psychosis*. The main character, Sam Gardner, a young man on the autism spectrum portrayed by Keir Gilchrist, uses soothing replacement behavior whenever he is overwhelmed. In order to soothe himself, he repeats the four types of Antarctic penguin species in alphabetical order: 'Adélie, Chinstrap, Emperor, Gentoo' (8. *Atypical* 'The Silencing Proprieties of Snow'). The repetition of a flow of words has a very specific function in a text and is relevant in this examination of stories coming from a voice in agony. The purpose of this article is not to group together the entire autism spectrum and various elements of ill narratives, nor is it to make the argument that autism itself is an illness. Other, and on this subject better-informed, pens write about this, note for example Hens, Robeyns and Schaubroeck's, 'The Ethics of Autism' (2019) for a more in-depth discussion. *Atypical* is primarily relevant in this article given how this particular non-neurotypical character's soothing replacement behavior can somewhat cast light onto the textual strategies used throughout Kane's text and ultimately contribute to a discussion about stories told by more or less marginalized voices.

Another example of representation that will prove productive in the examination of mentally ill or marginalized voices is Ellen Forney's character in her graphic novel *Marbles: Mania, Depression, Michelangelo, and Me* (2012). The memoir depicts the author's own struggles with her Bipolar Disorder diagnosis. The comic strip panels and their supplementary texts carry the heavy burden of stories about diagnosis, medication and therapy along with the ups and downs of the disorder's manic episodes and depressed periods. Imagery includes a carousel gone haywire and the character being lost at sea in a tiny skiff accompanied by the words: 'I could feel myself getting swept away' (Forney 2013, 103). Forney portrays many of the elements associated with mental illness in an accessible way, particularly the feeling of being swept away, losing footing or relinquishing one's hold on reality. It seems that Forney identifies two separate yet connected issues in living with mental illness which are relevant throughout this article: the feeling of being swept away in an uncontrollable whirl, and the feeling of being lost,

tired, and without hope. At the same time, Forney is able to use the unique position of her genre when words are no longer sufficient; I shall therefore argue that Forney, like Kane, uses methods of both silence and chaos and thereby attempts to speak the unspeakable of mental illness.

Three elements may cast further light on the voice coming from Sarah Kane's work; the cycle of repetition driving the text to the very edge of meaning, the de-tuning of the storytelling self, and finally the depiction of the altering relationship between the self and the world (Ratcliffe 2013, 575). By using arguments from the phenomenology of depression, and theories on storytelling derived from Rita Charon and narrative medicine, fiction can be used to show some of the very limits of storytelling and language. Phenomenology of depression can give a theoretical base to the lack of ability to act and function, which is one of the main symptoms of depression and alters the sufferer's relationship with free will and may paradoxically detune, or estrange, the self from *itself* (i.e. a seemingly fractured self) as well as from the world (i.e. an alienated self) (Ratcliffe 2013, 575). Here it is useful to also keep Arthur Frank's *The Wounded Storyteller* (1995) in mind particularly because his notion of the chaos narrative is highly relevant. Within Narrative medicine I am most importantly inspired by Rita Charon's notion of generous reading, which differs from the more traditional critical reading not in a lack of detail-orientation but in the focus on richness of language rather than critique and suspicion (Charon, 2016). A close, generous reading of Kane's character's self, language and their meeting with the (medical) world paves a way for an examination of the illness story, its necessity, whether it can even fully exist and whether it perhaps defies itself in existing.

A VERY LONG SILENCE

Sarah Kane's text starts in silence. The only stage direction in the entire play is "Silence" or "Very long silence", all scattered about 50 times throughout the work. It seems that the text shifts back and forth from cold, monotonous sentences, summing up symptoms of severe depression: 'I am sad. (...) I am guilty, I am being punished. (...) I would like to kill myself. (...) I can't eat I can't sleep I can't think' (Kane 2001, 206), and then fragmented and condensed poetry, which I will later return to. The symptoms are later paired with Kane's main character's reaction to different medicines and treatments, preferably with an ironic distance:

Lofepramine, 70mg, increased to 140mg, then 210mg. Weight gain: 12kgs. Short term memory loss. No other reaction. Argument with junior doctor whom she accused of treachery after which she shaved her head and cut her arms with a razor

blade. (...) Patient discharged. (...) Mood: Fucking angry. Affect: Very angry
(Kane 2001, 224).

The distinction between the depressed individual and the medical world becomes blurred. One type of hopelessness is present in the clinical vocabulary deprived of any humanness, whereas another type of hopelessness exists in the more poetic and fragmented passages bordering on psychosis.

Ellen Forney takes a similar approach, showing the conversations between the patient and the therapist in passive sketches mostly depicting dialogue. She also portrays the main character as dressed in a scout uniform with a merit badge sash covered in medically related badges. In a somewhat similarly ironic tone Kane uses to list her symptoms and log her hospitalizations, Forney lets her character illustrate the many trials of medicaments as if it is a point of pride. Wearing a hat with the “Press down and turn” inscription typical of pill bottles, she confronts the reader: ‘Look at my dedication! / See my burden! / Lo, how I suffer! / Are you impressed? Intimidated? Overwhelmed?’ (Forney 2013, 49). While this depiction of illness narrative coalesces nicely with Kane’s clinical vocabulary and the tendencies toward cynicism and self-irony, another very elegant version of depressed hopelessness comes across strongly in Forney’s work and fits in completely with Kane’s character’s more existential, inescapable hopelessness. One interesting element of the graphic novel is a full page completely devoid of text and details. The only image is a minuscule person in a tiny bed seen from afar. At first, the covers are pulled up so high that there is no other indication of a person than a somewhat body-shaped lump on the bed. Then, a tiny head appears, though without distinct features. It peeks out but pulls the covers back up. At last, the individual sits up halfway down the page in the fifth sketch. A door appears and the character tries to get out of bed, covers their shoulders with the blankets and slouches toward the door. Beyond the door is a couch on which the character sits, slightly crumples, and lies down whilst pulling the covers back up over their face (Forney 2013, 87). Two different works of art, then, can be seen as depicting the depressed mind and its varying elements of hopelessness in relating to the world. Yet, how to examine them fully? Through further close, generous reading of dialogue, grief and chaos in these cases, this article gains further access into marginalized stories.

HOPELESSNESS IN DIALOGUE

Since Kane’s text starts in silence, it is ironic that the opening silence is in fact part of a dialogue. It is impossible to know from the text itself whether it is a dialogue actually taking

place on stage between patient and doctor, given that there are no stage directions. It could instead be an inner monologue, a memory, or even a hallucination. In the first third of the dialogue, it is even hard to fully decide whether the conversational partner is in fact a medical professional, although the clinical language seeps through and the silences continue to be meaningful:

(A very long silence.) - But you have friends. *(A long silence.)* You have a lot of friends. What do you offer your friends to make them so supportive? *(A very long silence.)* What do you offer? (Kane 2001, 206)

This is the beginning of the play and the first part of the dialogue in which the main character does not answer. Here, it is not clear whether the speaking voice belongs to a medical professional because the tone is cynical and repetitive, demanding an answer, but getting none. The question stated in the dialogue quoted above relies on the underlying assumption that relationships are a matter of equal give-and-take, in which the depressed individual in particular, or at least presumably, has nothing to offer. In fact, following cultural discourse often surrounding depressed individuals, they have so little to offer their loved ones, that there seems to be a notion of surprise in the first statement, starting with a 'but'. The asker does not understand how the depressed person can have friendships, when they are not even able to sustain the almost cost-effective commitment that friendships, apparently, are based on. The asker is consequently left with no answer in this initial scene, only more silence. Maybe because the main character is in fact too ill or distressed to fully comprehend the question, or maybe because the question is too simple and cynical to deserve an answer. This schism, as Kane depicts it, between the depressed and distanced cynicism in the text continues and becomes more distinct:

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

- It wouldn't work. You'd start to feel sleepy from the overdose and wouldn't have the energy to cut your wrists. (...)

- 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.

(A long silence.)

- You are not eighty years old. (Kane 2001, 210–11)

The depressed person's words are of course also excruciatingly cynical; it is a symptom of depression to be so, but the two conversation partners speak with voices from different worlds. The presumed doctor or medical professional asks if she has made plans – trying to determine whether it is a moderate or severe depression, perhaps. She has made carefully constructed plans that will not be dismissed as a cry for help, a prejudice that is rather common in illness stories (Charon 2006, 14). The doctor's view is practical; this particular combination of actions would not end the person's life and even though she feels she is eighty years old, she is in fact not. The highly interesting thing about this dialogue is exactly this lack of mutual understanding. This is in fact a form of illness narrative taking place within the dialogues, but the conversation partner cannot or will not understand the story: they refuse to bear witness to the character's suffering (Charon 2007). The notion of witnessing suffering will become more important throughout these paragraphs. The two conversation partners in the play speak on two different frequencies and cannot understand each other. The frustration this incomprehension results in only increases towards the end, and the doctor tends to show further signs of prejudice about suicidal tendencies and self-harm, calling the latter attention seeking and immature. When asked, repeatedly, about self-harm and whether it gave her relief, the main character responds: 'I don't know where you read that, but it does not relieve tension.' The conversational tension rises:

- Why don't you ask me why? *Why* did I cut my arm?

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- Would you like to tell me?

- Yes.

- Then tell me.

- ASK

ME

WHY.

(A long silence.)

- Why did you cut your arm?

- Because it feels fucking great. It feels fucking amazing. (Kane 2001, 217)

The doctor stubbornly holds onto his or her presumptions about symptoms of depression, seeing it solely as an illness, a biochemical flaw. Being ill is not the depressed person's fault, but they need to take responsibility for their actions; self-harm is a silly side effect of not being of a right mind. There is no empathy regarding the actual experience of illness; there is hearing, but no listening.

GRIEF WITHOUT OBJECT – ‘WATCH ME VANISH’

Kane's main character also depicts her depression as a grief without a lost object (Kane 2001, 223). It is a classic way of explaining depression in layman's terms, given how hard it is to understand the condition. In this sense, though, the lost object is actually the altered relationship between the self and the world. Grief and depression have a similar relationship to fear and angst; fear demands an object to be frightened of, whereas angst is a more diffuse and generalized state of anxiety (Keller 2008, 18). The sufferer of depression in particular experiences the grief of having lost part of their very self. Yet, Kane's character symbolizes this loss by mentioning a ruined relationship with a medical professional, perhaps the other half of the play's dialogues: 'I trusted you, I loved you and it's not losing you that hurts me, but your bare-faced fucking falsehoods that masquerade as medical notes' (Kane 2011, 209).

This particular loss of a trusted person drives the anger and the melancholia further. In *Atypical*, Sam Gardner develops a dependency upon his therapist, Julia, and quickly falls in love with her.

She does not reciprocate his feelings and goes on to point out how inappropriately he has behaved, consequently breaking Sam's heart. When Julia raises her voice, Sam's insecurities are triggered, leading him to have an episode of blurred vision, hyperventilation, and violent rocking back-and-forth on the bus. Initially, he mumbles his 'Adélie, Chipstrap, Emperor, Gentoo,' then he recites it louder and louder, screams and collapses on the floor of the bus (8. *Atypical* 'The silencing proprieties of snow'). Although Sam and Julia's relationship is mostly good, Sam's dependency paves way for a disproportionate grief when he is rejected. This loss sets him back; he withdraws from social situations and communicates less clearly than usual. Along the way, though, the recitation of penguins remains the most solid tool that grounds him in both the world and in his body; it enables him to heal from the immediate effects of his loss.

The relationship between the almost poetical recitation and the current mental state of the storyteller, then, is quite interesting. Kane's character uses considerably more poetic fragments along with cold and seemingly meaningless repetition, though the techniques she uses vary. The poetic fragments are, moreover, of great importance because they demonstrate how the shattered self experiences the world. In the words of Anna Ovaska: 'Kane lets the audience or reader witness how the depressed individual loses their sense of a unified self and is no longer able to distinguish between the self and the world, whether inner or outer' (Ovaska 2017, 369). *Atypical*'s Sam Gardner does not in the strictest sense use similarly poetic language, nor can the very different diagnoses of Kane's character and Sam be compared. Yet, Sam's repetitive cycle of penguins has nearly the same function as Kane's character's fragmented and repetitive compulsions within her language. Whenever Sam is overwhelmed or stressed, reciting the four types of penguin re-connects him with the world, given how it calms him and helps him breathe normally. However, it also helps him out of the current situation, be it a crowded high school hallway, a strange street at night or an uncomfortable social situation. When this loss of Julia occurs, Sam's recitation becomes compulsive, given how it does not calm his breathing and he raises his voice in frustration. When he collapses in a fetal position the camera tilts and zooms in, like the audience is lying in the floor with him, as witnesses (8. *Atypical* 'The Silencing Proprieties of Snow' 12:47).

Thus, Kane's different modes of using more poetic language and methods throughout her text become relevant when examining 4:48 *Psychosis* as an illness-narrative. She features both short, repetitive statements, like the logging of symptoms, a repetition of 'no hope no hope no hope' (Kane 2001, 230), and even long, exhausting sentences filled with metaphors but lacking punctuation and a rest for the eye – or ear:

Hatch opens / Stark light / the rupture begins / I don't know where to look anymore
/ tired of crowd searching / Telepathy / and hope / Watch the stars / predict the past
/ (...) the only thing that's permanent is destruction. (Kane 2001, 238)

There's searching but no finding, a contradiction between stark light and rupture, one that repeats itself throughout the work especially towards the end, and conveying a sense of never-ending hopelessness. The narrator is present but loses herself, pointing at the impossibility of predicting the past. The narrative voice is propelling against suicide, destruction, a way of no longer existing in this downwards-spiraling state (Keller 2008, 32).

The character in Kane's play believes that sanity visits once a day when she awakes at precisely 4:48 AM each morning, at which time she intends to kill herself. The fragmentation becomes more erratic and devastating towards the end of the text – perhaps ending exactly at 4:48, in a final moment of clarity. The former quote is not a full body of text, the elements are scattered on the page; the spaces and blanks, as such, become another form of silence. The end is contradictory, first repeating desperate one-word statements 'oh no oh no oh no (...) Speak / Speak /Speak /Speak (...) flicker punch slash dab wring press burn slash' without spaces or punctuation (Kane 2001, 232–340). This does not have a calming effect on the reader nor on the narrator. Rather, it disturbs and the words are rough and harsh on the mouth and ear. The final sentences are not even sentences; the last 34 words almost drip onto two full pages, even using double spaces between the words like so:

Black snow falls

in death you hold me

never free

I have no desire for death

No suicide ever did

Watch me vanish

watch me

vanish

watch me

watch me

watch

It is myself I have never met, whose face is pasted on the underside of my
mind

Please open the curtains (Kane 2001, 244–45)

Copying the visionary impression of the pages and the extralinguistic features further proves the
aforementioned argument about the relevance of silence – the reading becomes abrupt and the

words' presence are stronger in the gaps, both those between the words and between the lines. The language is still metaphorical and self-contradictory, i.e. black snow, and the loss of self becomes clear, if paradoxical; a narrator who has never met herself but whose face is seen as pasted to the underside of the mind, as mentioned in the long quote above. Still, there is a repeated command, a command to another person to watch her as she vanishes, and then the words literally vanish on the page until there is a final point of clarity in which she asks for the curtains to be opened. In one production of the play the theatre shutters opened onto a busy London street at these words, though there is no indication from the playwright (Urban 2001, 38). It could be a sign of hope, of course, wanting to see the sunlight, keeping in mind the former repetition of "hatch opens /stark light", but always right after the small particles of hope is the exhaustion, the rupture, the black snow. It could be a metaphor for the moment before the person's suicide or the end or beginning of the mental clarity occurring at 4:48 AM. There are many ways in which this particular self can and does vanish, but it always comes back. The text could have stopped after "watch me / vanish /watch me / watch me /watch", then they would have in fact vanished. Why does the story go on, then? Why insist on this final point about the narrator not having met herself, the face pasted on the underside of the mind? Why ask for the curtains to open?

CHAOS IN DRAMA

This lack of order may be the definition of chaos. In the words of Arthur Frank, the chaos narrative is distinctive for texts about illness and the teller is automatically a wounded storyteller, hence the title of his 1997 work on the narrative of illness. He points out how stories are chaotic in their lack of narrative order, but also that lived chaos is impossible to put into words – there must be some reflective distance between the narrator and the traumatic events (Frank 1997, 97–98). Of course one can argue for some distance in Kane's work, but it is a unique text in the sense that it forces the audience to witness the chaos narrative.

There is a dire need for distance when dealing with painful storytelling. Of course, the narrator in Kane's work is highly reflective in her metaphorical poetry, and drama is a unique genre when dealing with wounded storytelling; the text has distance but the performance is in the present. In the text there are both fragments of the past and the overwhelming present, so there must be a form of temporal, narrative order in the classic sense, especially when broken up by those dialogues that show an actual development. The most effective way of proving the point of a chaos narrative without much distance is the hour at 4:48 AM: '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, / a fragmented puppet, a grotesque fool' (Kane 2001, 219). There is always the cyclical order of earth's rotation because once every 24 hours the character can breathe, feel herself, her *self* – until the hour and twelve minutes are up. This is the narrative structure; a certain temporality that pairs with the otherwise lack of order. Here she demonstrates a reflective mind able to differ between her own sanity and insanity (Ratcliffe, 2013); she can tell a story. Keeping that in mind, though, there may be a tendency in the poetic sequences that goes further against Frank's point about distance from the events; in the most fragmented parts of the text there *are* no events, and thereby the actual story may be lacking. Not from a lack of distance but from a lack of event which the temporality must create distance from. With an almost Beckett-inspired strategy, *nothing* happens, but there is still a somewhat reflective awareness of the split between the self and the body-in-the-world: 'Here I am / and there is my body / dancing on glass' (Kane 2001, 239). The question that remains, then, is whether Kane actually successfully creates an illness-narrative from a space enclosed in chaos. Perhaps she does in a sense, given the lack of distinction between self and body, self and world. They float into each other; it all becomes distorted and borderless, but just meaningful enough to understand. It is nearly like Ellen Forney's sketch about her character sitting in a little untethered boat and being swept away in a storm. Kane's character is existentially lost in the most extreme sense; there is no hope, control nor meaning for her, and the narrator has to live with that throughout the play. It seems that Kane *almost* creates a language that can let the depressed mind examine and understand itself, but not quite. The many self-contradictive points and silences in the text point to something outside of language, something not quite reachable. Frank points this out in his chapter on the *chaos narrative*:

Ultimately, chaos is told in the silences that speech cannot penetrate or illuminate. The chaos narrative is always beyond speech and thus it is what is always lacking in speech. Chaos is what can never be told, it is the hole in the telling. (Frank, 1997: 101–102)

Thus, the chaos cannot actually be written. It can be named, pointed at or compared to something more fathomable, but there is no language for it. The silences and gaps come close but only when experienced and artificially injected with meaning. Sam Gardner in *Atypical* has somewhat learned to use speech in his own chaos; the pure comfort of recognizable sounds in a familiar order can bring him meaning. Granted, Kane's main character comes close to giving chaos meaning and language, but she can only observe her own suffering. Perhaps, then this is the tragedy of the play and of the part of depression that Kane tries to show: the forced witnessing of one's own mind seeping into nothingness. The nothingness and the gaps are all

that is left in the end, because no one can live to tell a story in such chaos. The ending of the play almost feels like a kindness.

This act of kindness in the character's possible release from the world becomes important when keeping in mind that it is in fact a play. Arthur Frank's points about a narrative and chaos are still highly relevant, but there is an extra dimension to the interpretation when re-enacted on a stage in front of an audience. There is a difference between reading a book and watching a play: one can close the book. Such a minimalist play forces audience members to incorporate their own experiences when watching and thus the melancholic effects of Kane's words linger and create a loss within the ego – quite opposite of Aristotle's catharsis (Tycer 2008, 26). Ellen Forney uses the same tactic in her sketch of the bed and the couch: the person presented is so small and the situation is so recognizable for anyone struggling with mental illness that the minimalism creates more room for identification. Given the minimalism in Kane's work, the audience also needs to interpret for themselves; there are no director's notes, hardly any props, few actors. Just words. Even if it were possible to look away from what is taking place on stage, hearing is a passive sense that one cannot shut off – the audience is forced to bear witness to a traumatized and wilting self; there is no escape from the loss. Ironically, the medical professional in the dialogue can choose not to be a witness by refusing to show empathy, the audience cannot. The onlookers dive into the nothingness between the waves of words because it takes up so much space, much like in depression itself. In this way, through the combination of a chaotic illness narrative, the meeting between caregiver and patient and the vast dark matter of nothingness creates something as close to a testimony of depression as possible. Not only do audience members have to witness it, they are forced to *feel* a sliver of it; Kane activates the audience's empathy and uses it to show as much of the chaos as language allows, and, given the gaps and silences, we fill in the rest ourselves.

CONCLUSION

The narrating voices coming from within the depth of different mental illnesses or disorders are essential for further understanding of these conditions. Within fiction there is a creative space in which expression is freer and the intermingling of genres can add to the narrative, even if the vocabulary is lacking and language itself is challenged. Sarah Kane's *4:48 Psychosis*, Netflix' *Atypical* and Ellen Forney's graphic memoir *Marbles* all use various tactics when addressing the issue of narrating illness or disorder, all experimenting with the limits of language. Ironically, one of Forney's most relevant strips is a full page without words. She depicts depression perfectly by just sketching a person unable to get out of bed. The relevance of how the story is

told is a main concern, particularly because the elements of poetry and silence may, in these cases, carry more essential meaning than the structure of a narrative. The repetitive style of Kane's play relates to the comfort of reciting rhymes or strings of words as seen in *Atypical's* main character, Sam. In contrasting the silences, the dialogues and the more or less ironically inclined logs about hospitalizations and medication, Kane creates a space in which the emotional and bodily experiences of a depressed mind can, at least to a certain extent, be witnessed.

Particularly, the silences used within Kane's play text contribute to a form of ethical filling out from the reader or audience, but it also portrays the distance between the narrating self and the world. Particularly the dialogues show this, but the final scenes in which the words are scattered on the page of the play text itself describe more immediately than ever how the self is slipping away from its body living in the world. The combination of silence and the poetic fragments with different linguistic features can be interpreted as an attempt to create a language for the depressed mind. When keeping phenomenological and dramatic elements in mind, the very play can force an audience to experience even a sliver of what the character experiences, and in this process the meaning starts to emerge. Primarily in the meeting with its own genre, the narrative becomes more nuanced. A mere fragment of a temporal structure goes a long way in the process of creating a narrative, though, and the narrator thus has one hour and twelve minutes in which there is calm and silence and a grip on the depressed reality. All other hours in the day are blurred, chaotic, filled with fragments and silence. The silences, apart from containing the chaos, give the audience the opportunity to think about their own lives and traumas. It is impossible to look away from a play or to shut one's ears; Kane has used this medium to her advantage. Even though there is no language for the specific chaos that is severe depression, this is suddenly deemed unnecessary; the audience fills the gaps left in the text's language. Forced to witness a trauma, unable to look away, the audience takes on a little fragment of the trauma and feels it for themselves – until the curtains open and we leave the character in the dark.

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