

Acoustic Hallucinations and Racial Disparities:

**Acoustic Hallucinations and Racial Disparities:
A Psychoanalytic Lacanian Reading of Joe Penhall's
Blue/Orange (2000)**

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Schizophrenia is a disease that has a powerful stigma, particularly in ethnic communities in the UK. Statistics show as reported by Morgan et al (2005) that Black individuals and ethnic minorities in the UK have a greater propensity of being diagnosed with mental illness. Professor Jonathan M. Metz (2009), explains that medical psychiatry came to view schizophrenia as a disease rampant mostly amongst Black men. This paper, through a psychoanalytic Lacanian reading, examines the acoustic hallucination representations in Joe Penhall's *Blue Orange* (2000) and argues that Christopher's African-Caribbean ethnicity represents the debatable connection between racism and psychosis. The study further argues that Penhall's play is not about schizophrenia, but an open criticism of Britain's Mental Health Policies and a mirror stage of the racial disparities in today's multicultural climate in the UK. The paper concludes that poverty and socioeconomic disadvantages are the true symptoms of schizophrenia and hence, the psychotic patient is a multiple being.

Keywords: Schizophrenia, Psychoanalysis, British Drama, Urban alienation, Black Psychosis.

Introduction

Blue/Orange (2000) is Joe Penhall's success to date. Staged at the National Theatre, the play won the Evening Standard Best Play of the Year Award, the Critics' Circle Theatre Award in 2000 and in 2001 the Olivier Award for Best New Play. *Blue/Orange* was adapted in 2005 for television. It is one of the most performed plays over the past two decades. The continued significance of the stigma on schizophrenia, and the intertwined relationship between mental health, race, power and policy account for the success of Penhall'. In 2010, Arcola Theatre produced an alternative version of the play which is noteworthy because the intervention included a reversal of the gender of the characters; although it was an interesting experiment, it was only partially successful. Theatre Royal Brighton Production restaged the play in 2012 and was revived at the Young Vic in 2016 and by Daniel Bailey in 2019 at the Birmingham Repertory Theatre.

Kwame McKenzie and Kamaldeep Bhui in 2007, wrote in their report that 21% of the black and minority communities in the UK are diagnosed as mentally ill and more liable to experience involuntary psychiatric detention. Unemployment, social exclusion, unsanitary living conditions, poor housing and discrimination in schools or at work increase the risk of those from African-Caribbean communities of being diagnosed with psychopathologies such as schizophrenia. A more pressing reason behind the increased rate of blacks institutionalised in mental hospitals involuntarily is racism and the political and economic forces which support white supremacy. The prejudicial background and the country's colonial heritage are the root cause of the racist attitudes in Britain. Racism forces blacks and ethnic minorities to internalise the racial cultural practices and negative self-image leading to adverse effects on the individual.

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Given its specific context of being set in the UK, it comes as a surprise to many that Penhall's play *Blue/Orange* has been performed in Germany and the US. It is the broader contexts of reference to power, policy, race and madness that travel well across the world to diverse audiences. Of equal importance, is considering the increasing concern around particularly after the Black Lives Matter Movement with the precarious position of people of colour as is evidenced by the extensive scholarly debate and media coverage.

Literature Review

Despite the popularity of the play and its international success, there remains few scholarly publications that have paid attention to its richness and universal appeal. There are however three essays and one book that engage in the exploration of Penhall's *Blue/Orange* the most recent by Fakhrkonandeh and Sümbül (2021), Chun-Yi Shih (2018), William Boles (2011), and Ariel Watson (2008).

Fakhrkonandeh and Sümbül (2021) base their discussion on capitalism and its relation to Deleuze and Guattari's notion of the critical-clinical with regards to its processes of inclusion and exclusion and how that directly impacts those with schizophrenia. Chun-Yi Shih (2018), analyzes the play based on Fanon's argument that the etiology of mental illnesses is inextricable from socio-cultural factors. Watson (2008) on the other hand, highlights in her essay "Cries of Fire: Psychotherapy in Contemporary British and Irish Drama" the role of theatre as a platform where identity and power are negotiated. William Boles (2011), in his book, takes a holistic approach to discussing Penhall's argumentative theatre. The preceding scholarly works offer a base upon which new research can build on. The

publications however, fall short of exploring the play from a Lacanian psychoanalytical perspective.

This paper, through a psychoanalytic Lacanian reading, examines the acoustic hallucination representations in Joe Penhall's *Blue Orange* (2000) and argues that Christopher's African-Caribbean ethnicity represents the debatable connection between racism and psychosis. The study further argues that Penhall's play is not about schizophrenia, but an open criticism of Britain's Mental Health Policies and a mirror stage of the racial disparities in today's multicultural climate in the UK. The paper concludes that poverty and socioeconomic disadvantages are the true symptoms of schizophrenia and hence, the psychotic patient is a multiple being. This study shares a Lacanian perspective on Penhall's *Blue/Orange* and adds to the limited critical scholarly work in theatre around racialised black mental illness.

Theory

Psychoanalytic theory is one of the modern literary theories in English literature. It started from within the medical field. Psychoanalytic theory was born out of the self-analysis undertaken by Sigmund Freud in 1897. It is one of the most controversial in the application of interpretative analysis, yet it allows for multiple interpretations of the literary text. The aim of psychoanalytic theory is to highlight the behaviour which was caused as a result of the interaction between the conscious and the unconsciousness. According to Beneath Monte (1977), "Psychoanalytic theories assume the existence of unconscious internal states that motivate an individual's overt actions" (p. 8). Belinda Mackie (2016) further explains that psychoanalysis relies on the notion that an individual's behaviour is determined by the "prestored" thoughts of the recurring incidents (p.150). Psychoanalytic literary criticism investigates the literary text

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primarily as a reflection of the state of mind and the structure of personality in a fictional form. Mahroof Hossain (2017) builds on the previous definitions of psychoanalysis and relates it to literature; he emphasizes that the theory focuses on giving meaning to literature by considering the hidden motives of the character's action within a piece of work and relates that to identity, culture and the author's writing of the text itself (p.41).

Psychoanalysis studies an individual's intimate anxieties and articulates their meaning in relation to culture as cultural formations. This theory applied to literature has two folds, firstly, it is a method of treatment for the mentally disordered; secondly, it is the "theories on human mind and its various complexities" (p.42). Psychoanalysis is related to three main theories: Freudian, Lacanian theory and object related theory.

Jacques Lacan the French psychoanalyst brought his perspective on the theory in the second half of the twentieth century. His work on psychosis is among the best. Lacan focuses on a number of notions: the pre-oedipal phase of a child's life which he calls Imaginary, the Name-of-the-Father, the mirror stage, and body image. It is deduced by Lacan that a psychotic experience happens because the individual had been alienated at infancy during the child's mental development and hence a pathological incident is ingrained.

Lacan (2004a) in his theory of psychosis explains that the mirror stage is the phase where the child draws crude distinctions between the self and the other. Lacan also makes a link between the mirror image and body image. The mirror stage forms when the child sees its own reflection in a mirror and assumes an ideal image or what is called "*imago*" it marks the individual's recognition of the self as "I" (Mackie, p.153), recognized as a

representation of the self without words. It is also the stage where the child separates from the being of the mother and becomes an individual through a series of castrations. Accordingly, psychosis develops as a result of “failed castrations” (p.153). Subsequently, the failed castrations and the *imago* with the image of the ideal ego unleash an “aggressive drive” that triggers the delusional process (p.153).

In his book *The Psychoses* Lacan discusses the Other and the paternal metaphor the Name-of-the-Father which is the *raison d'être* of the condition of psychosis (Lacan, 2004b). In psychosis, the symptom is the symptom of the Other. At the same time, Lacan refers to two “Others”: the big “O” Other symbolic in speech and the small “o” other which is a projection of the ego (Lacan,1991). According to Lacan, the relationship between the psychotic subject and the Other is malevolent; the other is manipulative “it talks, it reads thoughts, it commands actions” (Mackie 2016, p. 150). The Other, through language is often hostile a central phenomenon rooted in its enigmatic nature.

Equally important in the discussion around psychosis, is the symptoms: the concept of “soul murder” (Lacan, 2002a, p.208) and the “unshakable certainty... that develop[s] into delusional beliefs” (Mackie 2016, p. 150). The symptoms of psychosis according to the discussion by Mackie (2016) on Lacan’s work are varied, yet, the production of a symptom as pointed out, results as an “attempt to symbolize the unspeakable real and to manage *jouissance*” (p.150). The term “*jouissance*” in French means enjoyment a definition that is lacking when translated to English. Mackie (2016) further explains that “*Jouissance* is experienced as a confrontation with an overwhelming terror that is carried by the *jouissance* of the Other. ...[it] is an excess that in psychosis leaves the subject in the position of an object for the Other’s devouring and deadly enjoyment” (p.151). Furthermore,

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the treatment of psychosis through a Lacanian approach calls for the elimination of interventions that force a directive onto the individual in order to improve or progress and prescribes a psychoanalytic treatment that shares with the patient a simple set of rules that includes a range of choices from which the psychotic patient can choose from if they choose to do so and when they choose (Zenoni, 2002).

This paper addresses the psychoanalytic treatment of psychosis from a Lacanian perspective and attempts to show that Penhall has employed the theories of Lacan as a foundation for his theatrical production *Blue/Orange*. *Blue/Orange* (2002) within a Lacanian psychoanalytical theoretical framework presents mental illness and what it means to be Black in Britain to a multicultural British modern-day audience. The play both directly and indirectly spotlights the deficiencies of the National Health System, institutional racism, white supremacy, criticizes government policies, attacks Thatcher's Community Care initiative, and hurls in our face the perils and stigma of mental illness. The critique of the play attempts to present an analytic experience of psychosis, its diagnosis and treatment in a psychiatric institution.

Analysis

Schizophrenia in Penhall's *Blue/Orange* (2000) is used to reveal the prejudices of social and cultural Britain and the limitations imposed on ethnic minorities of Black heritage. In a Foucauldian sense, the play sheds light on the obscure political violence that has manifested itself through institutions (Foucault 1974 *Human Nature* p. 171). Penhall unmasks the racial politics of Britain and fights them through a critical diagnosis of institutional pathology and the "symptomatology of schizophrenia" (Fakhrkonandeh and

Sümbül, 2021, p.805). Schizophrenia is defined by Roland David Laing in *The Divided Self* (1990) as the outcome of an individual experiencing extreme difficulties and the inability of being whole or sharing the sense of being oneself within a community (p.189).

Deleuze and Guattari (2000) view schizophrenia as a social phenomenon “modern man’s sickness” (p.130). On the other hand, Angela (Woods, 2011) defines schizophrenia as “elusive and enigmatic” (p.136). In agreement with R. D. Laing, Deleuze and Guattari, Fakhrkonandeh and Sümbül (2021) view schizophrenia as a “clinical-cultural phenomenon” (p.801), a symptom of contemporary British culture as depicted in Joe Penhall’s *Blue/Orange*.

Penhall’s *Blue/Orange* (2000) unfolds over the course of 24 hours in the setting of the National Health Service (NHS) psychiatric clinic in London. The three acts play takes place in one room. The setting is minimalist and the production focuses on the three characters’ dialogue and performance. It is a psychodrama of a black patient involuntarily enlisted for psychotherapeutic diagnosis by two white psychiatrists pitted against each other in a crisis ridden National Health System. Bruce, the junior doctor is convinced that Christopher displays severe symptoms of schizophrenia. Robert, the senior psychiatrist, on the other hand, recommends immediate discharge of Christopher based on his diagnosis of the symptoms being culture related, hence irremediable. Robert’s diagnosis takes a turn when Penhall reveals a new dimension to the heated feud between Robert and Bruce. It becomes apparent that the NHS lacks beds and resources to accommodate Christopher as a long-term schizophrenic patient. Christopher’s diagnosis is entrapped within a terse relationship between Bruce and Robert for “epistemic ascendancy over one another and mastery over the

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patient” (Fakhrkonandeh and Sümbül, 2021, p.806). Christopher’s malady till the end of the play remains untreated.

Schizophrenia a Means of Exclusion

Penhall uses Lacan as a foundation for his dramatic work to present psychosis and psychoanalytic practice within an intuitional context. The analytic experience dramatized within the dialogue between Bruce and Robert dominates the play and marginalizes the psychotic patient to simulate a realistic experience of schizophrenia. The stigmatization around the psychological disorder is described by Robert in *Blue/Orange* “Schizophrenia is the worst pariah. One of the last great taboos. People don’t understand it. They don’t want to understand it. It scares them (Penhall, 2000, Act I, p. 52–3). This illuminating passage by Robert sheds light on the abstruseness of schizophrenia as a psychosomatic experience and the cultural perception of it. Perceived as a cultural taboo and a mental illness that is incurable, schizophrenia becomes a means of exclusion. Glimpses of the mental illness are seeped into the dramatic dialogue from the black man’s perspective:

CHRISTOPHER: People stare at me. ...Like they know something about me that I don’t know. ... They think I’m bad. (Act II, p.57)

Christopher’s paranoia strikes a liking to Jacque Lacan’s notion of the “object gaze” (1998, p.270) where the onlooker’s stare is a “marker of unequal knowledge” (Watson, 2008, p.201). The gaze, is that of a knower, a look that is “panoptic and judgmental” (Fakhrkonandeh and Sümbül, 2021, p.809). Lacan (1998) postulates that between the eye and the gaze of the Other, is a schism. According to Watson (2008) “[i]t is at this point of

lack that the subject has to recognize himself” (201). Accordingly, releasing Christopher back into the community can be counterproductive as he will continue to battle with marginalization and racial discrimination for being an Afro-Caribbean, but at the same time, inhibiting him from society within a psychiatric institution will stigmatise him. The exchange of dialogue between the two psychiatrists in Act III, is a succinct reference to anti-psychiatry:

BRUCE: He’s depressed because he’s schizophrenic.

ROBERT: He’s depressed because he’s here. (Penhall, 2000, Act III p.93)

The dialogue between the two-characters points to the fact that should Chris be treated as a psychosis patient, he will not get better, he will get worse, the intervention will make him ill. Fakhrkonandeh and Sümbül (2021) draw parallelisms with Foucault’s claim that the asylum no longer punished the madman but organized the chaos and internalized it (p.808). Christopher instinctively projects derogatory perceptions of himself. He refers to himself as “uppity nigger” (Penhall, 2000, Act I, p.19). Internalising the negative discriminatory image enforced on him as a black man by the dominant cultural norms in London, it is without doubt, the cause of schizophrenia and its symptomatology. Chris does however, try to rationalize the fact that he was once normal and had a normal life as a worker on a stall at the market. Chris does not demonstrate obvious clinical effects. This delusionary behaviour is intensified by his display of a cardinal symptom of schizophrenia: auditory hallucinations: “I hear noises. At night. Outside my window. Sometimes I hear . . . talking. People talking about me...Laughing sometimes” (Act II, p.58). This passage demonstrates that Chris has internalized

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the notion of abnormality which involves a process of both projection and introjection.

The Lacanian paternal metaphor, Name-of-the-Father is imbued by Penhall within the folds of the psychoanalytic treatment session. As the play unfolds, Christopher proves to be delusional. He insists that the orange on the table is blue and he adamantly perpetuates that his father is Idi Amin, the former Ugandan dictator and sometimes Mohamed Ali, the legendary boxer. Bruce diagnoses this essential condition of psychosis as hallucination while Robert interprets it as neurotic behaviour rooted in cultural specificity. It can be argued that Robert's interpretation is more valid to the reality of Christopher's cultural ethnic background and his need for recognition and respect. Even when he is under the spotlight as a patient, he struggles to get the attention of the psychiatrists to focus on him: "Hey! You! I'm talking to you. ...I'm going far away where I can get some peace and quiet...." (Act I, p.21).

Racialised Clinical Space

Blue/Orange exposes that the real sickness is "at the heart of a dying NHS" (Sierz, 2011, p.104). The racialised clinical space designed to ease the human psyche is the very place denying the individual the possibility of meaning. Language within the clinical space is demeaning and discriminatory. Christopher has little power or control over his own life aside from his use of language related to racism and filing a report against Bruce for discrimination at the end of the play.

The encounter with the analyst for the psychotic patient is considered by Lacan (1977) as a trigger. The patient is put in the position of the object for the other's intrusiveness. It is assumed

that the psychiatrist knows the significance of the speaker's speech of which he/she may not be aware of. Zennoni (2002) explains that the encounter can often be in the form of an "aggressive confrontation" (p.6). This analysis argues that the encounter between Christopher and Robert and later the encounter between Bruce and Christopher, is a brutal depiction of what in reality is a psychotic black man thrown for the Other's devouring and deadly enjoyment. Left at the mercy of the unbridled Other, Christopher is racially harassed by the two psychiatrists within the conformity of medical care. The paper argues and in accordance with Mackie (2016), it is the Other that needs to be treated from psychosis. The unquestioned power yielded to the psychiatrists over the psychotic patient is evident in the dynamic of the interaction between Christopher and Robert. Penhall employs reverse psychology in his dramatic text in Act II presenting the opposite of what Lacan called for to emphasise the ineffectiveness of the NHS clinical treatment and exposing it as a racialised institution. Lacan (2007) advocated for the formation of groups as a form of medical intervention for the treatment of schizophrenia that is not dependent on the superiority of the Other and "the primacy of the master's discourse" (Mackie 2016, p.151). What is dramatised in *Blue/Orange* is the master's discourse which carries with it the authority of the master's power over the mentally ill patient. Intrinsically, it is the master, identified here as the "Other" that is ill. According to Vlassembrouk (2002), it is the Other that needs to "lighten himself of the burden" (p.6). Mackie (2016) further argues that

In society the relationship between the master and the individual stems from the unquestioned power of the master that is exercised by virtue of the authority of the master's position. In the master's discourse, the master can be either an individual or an institution. (p.151)

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In context of this framework, and Penhall's dramatic setting, Christopher, as a black psychosis patient is forced to deal with the ramifications of the master's discourse. A fissure occurs in the relationship with the Other as a result of the projection of the ego and the Other's enigmatic nature. This is evident in the language and the hostility expressed in the dialogue between Bruce and Robert. At the same time, during Christopher's meeting with the psychiatrists, a "transference" (Lacan, 1977, p.232) happens. A murder of the soul takes place and consequently, delusion manifests itself (Lacan, 2002a, p.208).

More importantly, it must be taken into account that amidst the complexity of the occurrence, the physical space in which the psychoanalytical treatment takes place must be a place where the abnormal is normalized. The patient within that space must be able to present him/her self with the castrated knowledge creating the necessary gap between them and the Other that would allow them to communicate what is of fundamental importance to them. Such a gap created purposely provokes a question and by the Other not responding, it triggers the symptom. Penhall simulates this in Act III where Christopher's symptoms are triggered by Bruce:

BRUCE: What colour is the orange, Chris?

CHRISTOPHER: Blue.

BRUCE: OK. And what do you think that means? *Pause.*

CHRISTOPHER: Something to do with my dad.

ROBERT: OK, that's enough.

BRUCE: Something to do with your dad? OK. (Penhall, 2000, Act III, p. 97)

It is the “*pause*” in the script that is the reference to Jacques Lacan’s notion of transference. The gap in the dialogue exposes Christopher’s mental illness and hallucinations. Bruce adds to this a list of the symptoms he has observed “Learned Unresponsiveness..., Disorganised Behaviour..., Decline in Social Skills ...” (Act I, p.20). This is a succinct unraveling of Lacan’s concept.

More importantly, what Penhall insinuates to the audience is the degree of hostility the patient experiences inside the clinical place in comparison to the hostility of the society from which the psychotic patient is fleeing. As a place of asylum, Penhall’s NHS in *Blue/Orange*, ironically, is not a space free of a hidden agenda. Bruce, the senior psychiatrist, is using Christopher for his research and professional advancement. Christopher’s insistence to be discharged from the psychiatric clinic is depicted in Act I, the scenes are charged with hostility, racism, and self-serving ambition. Robert’s conversation with Christopher to dissuade him to reconsider being discharged from the hospital leads to the development of a negative transference (Freud, 1912b). Both Robert and Bruce neglect to take the responsibilities necessary for how they were to face the specificity of the transference with Christopher – both neglected the restriction of imposing something on to the psychotic patient which would ultimately risk a “persecutory encounter” (Mackie, 2016, p.152). Penhall diligently crafts this persecutory encounter with a skillful dialogue between Robert and Christopher:

BRUCE: There’s no need for you to press ahead with this complaint. If you no longer want me to treat you, I won’t.

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CHRISTOPHER: I don't. ...

CHRISTOPHER: Cos you put your thoughts in my head.

BRUCE: OK, well . . . you know, Chris, I really didn't mean to. Maybe other people have put thoughts in your head too ...
(Penhall, 2000, Act III, p.105)

Christopher expresses his desire to be discharged back into society; he desires to return to Africa. According to Freud (1912b) the psychotic patient by being released into society unchanged as a result of the failed psychotic treatment he/she will relapse and will not be able to reconnect with the world. Mackie (2016) and Zenoni (2002) argue that a successful psychotic treatment requires a Lacanian approach to applying psychoanalysis which dictates the removal of “motives and interventions that impose a directive onto the subject to improve, adjust, or progress” (Mackie, 2016, p.153). The relapse symptoms are captured in Christopher's monologue exasperated over the confusion of who he is and the voices he hears as they drown amidst the psychiatrists' interventions in his thoughts. This monologue depicts what is termed as “thought insertion” (Fakhrkonandeh and Sümbül, 2021, p.810) evoking the need for medical institutions to observe a Lacanian psychoanalytic approach to the treatment of psychosis.

Schizoanalysis: A Multiple Being

A novel perspective on schizophrenia is offered by Massumi (1992) who purports that the doctor-patient hierarchy must be abolished in order to allow for the psychosis patient to experience full expression. The play critiques the doctor-patient

relationship and the alienating social conceptions that create rigid and inflexible stereotypes and behavioural codes. Deleuze and Guattari (2004) furthermore, propagate the notion that schizophrenia is an extreme mental state that expands beyond the limits of normality through the “pragmatic proliferation of concepts” (Mackie, 2016, p. 156), a view that is accepted by Penhall’s senior psychiatrist, Bruce. Christopher exhibits symptoms of extreme psychosis which Bruce readily dismisses as being cultural aspects of his Afro-Caribbean origin and at the same time a product of the capitalist system. It is suggested that Christopher is capable of a normal life where as a patient he is not held back by the labels of society. This notion is extended by Massumi (1992) by explaining that the individual self may be insignificant as a category and that one is more a multiple being, an unfinished creation that changes according to circumstances and the different experiences or encounters. Bruce throughout the first half of the play adopts this view until a key aspect of his role as senior psychiatrist is revealed that expedites his dismissal of Christopher as a schizophrenic psychotic patient. The hospital simply has no beds for long-term patients. The play immediately calls into question the integrity of the institution and the psychiatrist unmasking the institution’s central therapeutic role. Bruce immediately takes on a new position in the view of the audiences as the persecutory Other. It is argued in this study that Christopher’s desire to return to Africa is a reactionary response to distance himself from the horror and provide space for himself that may enable his self-treatment of psychosis.

A Blue Orange

The blue colour of the orange is a significant symbolism of the contrast between the real and the unreal further signified by the slash between *Blue/Orange* in the title of the play. The schism in Christopher’s identity is signified by the slash and a visual

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indication of his identity crisis. Moreover, the significance of the slash can be interpreted as the division between the two medical psychiatrists and the two opposing views they hold of Christopher's mental illness and diagnoses of schizophrenia a twofold phenomenon: cultural and clinical. To extend this analysis, the significance of the slash in the title of the play is a possible reference to the embattlement between anti-psychiatry and clinical psychiatry. The anti-psychiatry movement in the 70s characterized schizophrenia as a cultural condition rather than a disease founded by Scottish psychiatrist R.D. Laing. He considered schizophrenia as a socially induced anxiety that results in severe depression prompting the individual to develop hallucination as a defense mechanism and hence the treatment of psychosis must take a holistic approach that holds the social system accountable and be the object of study as opposed to extrapolating the individual from it. At the same time, the internalized contradictions and confusions in the psychotic patient must also be looked at from a social context. The play pits the two approaches against each other.

The complexity of *Blue/Orange* lies in its many layers and the underpinning sub-text that emphasizes the power struggle between Robert and Bruce. It also hints at the rigid structures of British society that dictates what is normal and what is madness without taking into consideration the multicultural infiltrations that have invaded British society. The dichotomies of sane/insane is an interplay between the patient and the doctor, the master and the mentally ill, the colonial and the colonised. This paper argues that the play's critique of diagnostic psychiatry which severs symptoms from their social causes aims to show the patient as the malady and the psychiatrist as sane. Penhall's dramatic ingenuity instigates audiences to see that it is the psychiatrist that is egotistically ill. Equally abnormal is the racialized conceptual

framework which Bruce adopts after being exposed of being self-serving. Audiences are left to conclude that schizophrenia/psychosis needs to be treated as a cultural phenomenon as well as a clinical one (Fakhrkonandeh and Sümbül, 2021, p.807).

Conclusion

This study attempted to show that *Blue/Orange* is a timeless masterpiece that transcends British borders. The play relies on minimalist setting and intense dialogue to underscore the underlying infestations of European hegemony within their own territories as they continue to suppress the freedom of ethnic minorities and people of colour pushing the weak to the brink of madness rendering them useless and undignified. The paper argues that Christopher's schizophrenia is a normal symptom to the abnormal circumstances of racial exclusion and repression. Abuse and neglect are at the centre of the play's message highlighting that neither Thatcher's initiative of releasing psychotic patient into the care of the community will work nor anti-psychiatry if the social construct of British society is infested with discriminatory maladies and masked racialized political agendas. The controversy is between mental illness, bad government and a faltering medical system. The political dimension to the clinical psychiatric practice is the root of the sickness of society. Christopher's socioeconomic disadvantage manifests itself through the delusion of grandeur, by imagining that Idi Amin and Muhammad Ali are his paternal figures, Christopher compensates for his distorted social status as a black man living among a white majority. Penhall accentuates that poverty and black skin are the cause of Christopher's schizophrenia, but that they also inform the symptomatology of the disease. The play depicts Christopher oscillating between the delusion of grandeur and the delusions of being persecuted. It can

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be argued that in his delusion, Christopher displays a form of logical reasoning to being victimized in society and for the corruption he experiences within the psychiatric clinical space. The clinical space is embedded with bureaucracy, egotistical ambition and false compassion. Lacanian psychiatry is proposed as the solution to the failed Thatcherite Community Care initiative. However, black and ethnic minorities experience political and economic anxieties. The intricate sociodemographic factor affecting British society are often causative of psychosis. Hence the play leaves audiences with a dilemma to speculate upon whether Christopher should be immediately discharged to avoid additional distress resulting from the stigma of being institutionalized for schizophrenia or hold him in as a psychosis patient within the confines of racialised mental institution to protect him from the community that caused him psychological distress.

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