

“The Worst Pariah”: Schizophrenia and Racism in Joe Penhall’s *Blue/Orange*

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[R]acism is a plague of humanity. But we should not content ourselves
with such a phrase. We must tirelessly look for the repercussions of
racism at all levels of sociability.
-- Frantz Fanon, “Racism and Culture” (1988)

Introduction

Mental illness, or madness, is ubiquitous on stage; representations of mental illness have historically occupied a place in theater. In musing on the general attraction of mental disorders for playwrights, Tim Shields in “Theatricality and Madness” remarks that “Madness displays human behaviors in excess, *in extremis*, on the edge—it is all to do with edge and edginess;” “It has a whiff of the anarchic and transgressive, threatening possibilities of subversion” (38). In *Scenes of Madness*, Derek Russell Davis notes that what audiences can learn from plays about mental illness are “the events and circumstances that have afflicted the person” and his or her problematic relationships with others (3). For a psychiatrist like Femi Oyeboade, as he writes in his *Madness at the Theatre*, “it is intriguing to consider the origins of the many and varied behaviours that denote and signal emotional turmoil and psychiatric pathology” (vi) and, more importantly, theatrical madness is “very real,” “part of the human condition”

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(x). Moreover, in their “Introduction” to *Images of Mental Illness Through Text and Performance*, Ellen W. Kaplan and Sarah J. Rudolph observe that while in classical tragedy madness serves primarily as a metaphor, in contemporary theater works of mental illness move from metaphors to faithful depictions of mental disorders with “their associated etiologies, attendant symptoms and varying behaviors” (2005a: 3). Mental illness fascinates; it has been of interest to playwrights, audiences, and scholars.

On 7 April 2000, the National Theatre in London presented Joe Penhall’s *Blue/Orange*, a play about mental illness. Penhall had made a name for himself with his first full-length play about schizophrenia, *Some Voices*, which opened at the Royal Court on 15 September 1994 and was revived at the Young Vic Studio in 2004. The play derived from Penhall’s observation as a journalist for the Hammersmith Guardian that his Shepherd’s Bush neighborhood and other areas across London were full of schizophrenics discharged to Care in the Community, the Thatcherite deinstitutionalization policy which released patients with mental illness early from hospital care and placed them with their family members.¹ Years later, Penhall returned to schizophrenia in *Blue/Orange*. Set in a psychiatric hospital of the National Health Service (NHS) in London, the play tells the story of Christopher, a young African Briton arrested by the police for misconduct in public and diagnosed with Borderline Personality Disorder. He is about to be released after his 28 days of observation, but the young psychiatrist in charge, Bruce, intends to keep him longer because Bruce suspects him of being a paranoid schizophrenic. Bruce’s consultant, Robert, simply wants to dismiss Christopher into Care in the Community to free up hospital beds for new patients. Robert accuses Bruce of being ethnocentric and attributes Christopher’s condition to cultural difference. Heated debates therefore ensue between the doctors as to the exact diagnosis and treatment for Christopher.

Like *Some Voices*, *Blue/Orange* illuminates Penhall’s fascination with the subject matter of schizophrenia and his concern about the affects of the mental illness. It goes further, however, in approaching the problems of race and racism in Britain. After its première in London, *Blue/Orange* was greeted with widespread acclaim in the London newspapers and even praised by Sheridan Morley in the *Spectator* as the best and most “enthraling drama about the world of mental health” twenty years after

1. In *Some Voices*, Ray, a schizophrenic in West London, is released into the custody of his brother, Pete. After leaving the hospital, Ray refuses to take pills that work like “a smack on the head with a claw-hammer” (Penhall 1998: 8) and also affect his judgment. Ives, Ray’s former fellow psychiatric inmate, has been kept in hospital for twenty years. He has tried to kill himself many times, but never succeeded. He escapes from the confinement and ends up dying on the street. The play reaches its climax when Ray douses himself and the kitchen of Pete’s restaurant with petrol and threatens to set everything on fire. Staging the violent disintegration of two schizophrenics, Penhall elucidates his criticism on the inadequate reinsertion of the mentally ill into family and society. As Ives says to Ray, “They pretend to care—they profess to know how to be in the business of caring, which to me . . . is no different to a butcher professing to know how to operate on the brain” (5). Penhall has called *Some Voices* a “London crisis drama,” and sees schizophrenia as a “potent symbol of urban alienation, loneliness, and poverty” (Klein 77).

Tom Kempinski’s *Duet for One* (479).² In addition to the favorable reviews, *Blue/Orange* also garnered many awards for Penhall, including the Olivier Award for Best New Play (2001), and was eventually filmed for British television. Since then it has been revived several times in the UK; the latest revival was at the Young Vic in London in 2016. The play has been translated into about fifty languages and performed all over the world. *Blue/Orange* has been acknowledged to be Penhall’s greatest theatrical achievement.

Despite its success on stage, *Blue/Orange* does not seem to have been the subject of much critical writing. In “*Blue/Orange* and Racism with the National Health Service,” one chapter in *The Argumentative Theatre of Joe Penhall*, the only monograph to date on Penhall’s plays, William C. Boles discusses the theme of racism comprehensively. *Blue/Orange*, together with some other plays about mental illness, is considered in Rudolph’s “Evolving Characterizations of Mental Illness in Dramatic Literature I: Conceptualizing Treatment” and in Ariel Watson’s “Cries of Fire: Psychotherapy in Contemporary British and Irish Drama.” Rudolph touches on the aspect of psychiatric intervention, medication, and treatment in the play. Watson brings forward the confrontation between the two clinical psychiatrists to show English ambivalence about psychiatry and anti-psychiatry after the Thatcherite deinstitutionalization movement and inspect the power structures of psychotherapy.³ These studies offer invaluable analyses of the play, yet the relationship between black schizophrenia and racism, the issue that the play sets out to explore, still remains unexplored. As stated in the Production Programme of the original performance, according to a study of 450 mental health problems carried out in February 2000 by the National Schizophrenia Fellowship (NSF):

African-Caribbean males are up to 12 times more likely to receive a schizophrenia diagnosis than white males. 88% of black respondents had been detained under a section of the Mental Health Act compared with 43% of white respondents.

Of those diagnosed with schizophrenia, 100% of black and 71% of Asian respondents have been admitted into hospital under a compulsory section of the mental health act, compared to 58% of white respondents. The NSF does not accept that any individual ethnic group has greater inherent susceptibility to severe mental illness than any other group. (qtd. in Rudolph 31)

Moreover, in his interview with Jasper Rees immediately before the 2016 revival, Penhall says that “the delusions that schizophrenia sufferers tend to have are rooted very much in reality and very much in the culturally specific;” they are “a great metaphor for an awful lot of cultural factors” (Rees 2016). With *Blue/Orange*, Penhall

2 For the reviews of the première of *Blue/Orange*, see *Theatre Record*, 8-21 April 2000, pp. 479-484.

3. *Blue/Orange* is also briefly introduced in Margarete Rubik’s “Joe Penhall,” a chapter in *The Methuen Drama Guide to Contemporary British Playwrights*.

seeks to investigate the contentious issue of high rates of diagnosed schizophrenia among African-Caribbeans in British society. He does not accept the theory or belief that black people, or any other ethnic group, are genetically or biologically more predisposed to mental illness than white people. That is, Penhall refuses to take bio-genetic consequences as the resolution to the debate. Rather, he searches for social and cultural explanations for the psychiatric phenomenon, racism in particular.

The significance of a scrutiny of racism in English society through *Blue/Orange* can be illustrated by Amelia Howe Kritzer's discussion of the political issues in late 1990s Britain in her *Political Theater in Post-Thatcher Britain*. Kritzer points out that issue plays re-emerged in Britain with the performance of Richard Norton-Taylor's *The Colour of Justice* in 1998 and the trend of issue plays accelerated from the year 2000, signaling "theatre's return to engagement with politics;" racism was one of the two issues that first surfaced (Kritzer 154-155). *The Colour of Justice* opened at the Tricycle Theatre, compiled from the transcripts of the Stephen Lawrence Inquiry.⁴ It was widely praised, and then transferred to the Victoria Palace in the West End. In 1999, the play not only toured nationally and was performed at the National Theatre, but also was made into a BBC film. *The Colour of Justice* made a tremendous impact by bringing public attention to institutional racism among the police and other national agencies, and became a successful example of verbatim theater. Shortly after *The Colour of Justice*, *Blue/Orange*, dealing with the issue of black mental illness, also called urgently for public concern about the problems of racism in English institutions and society. It was engaged with the trend in political theater in early 2000s Britain.⁵

This paper undertakes to explore the representation of schizophrenia in *Blue/Orange* by examining the relationship between schizophrenia and racism. The methodology used for the examination is the sociology of mental illness, which can be explicated by Frantz Fanon's philosophy of this psychiatric practice and one of his clinical writings, "The North African Syndrome."⁶ As a psychiatrist, Fanon stressed the influence of the immediate social environment on the etiology and treatment of mental disorders; he believed that only by using a sociocentric mode of diagnosis and therapy could the problem of mental illness be effectively approached. In "The North

4. In 1993, Stephen Lawrence, a young black student, was stabbed to death at a bus stop by five white youths. Many black people blamed the police for its failure to investigate the murder adequately; calls on the Home Secretary to institute a public inquiry were rejected. The case captured public attention and caused racial tensions in London. After Tony Blair became prime minister in 1997, he asked Sir William MacPherson to conduct an independent inquiry. In February 1999, the MacPherson Report was released, stating that there was widespread racism within the police and in all public institutions as well (Boles 120-121).

5. In his interview with Hildegard Klein, Penhall maintains that "My plays are also very political, in that they attack a set of assumptions on which society is founded. What could be more political than the individual versus the institution?" (Klein 88).

6. In discussing Fanon's clinical writings in *Black Soul, White Artifact*, Jock McCulloch considers "The North African Syndrome" as "the best introduction to Fanon's sociology of mental illness and his critique of ethnopsychiatric science" (85).

African Syndrome,” he articulates his diagnosis of the psychosomatic disorders of expatriate Arabs living in France. He sets out to analyze the various life spheres of the North African as elements in the etiology of his malady. He then makes the diagnosis: “Without a family, without love, without human relations, without communion with the group, the first encounter with himself will occur in a neurotic mode, in a pathological mode;” the North African combines the conditions that make a sick man (1988b: 13). Fanon’s approach to the diagnosis and treatment of these disturbed patients is illuminating, and influential, because he insists on the relevance of social foundations and unravels the social construction of mental illness.

Aside from employing Fanon’s concept of sociology of mental illness as theoretical lens, the paper at the same time relies on Roland Littlewood and Maurice Lipsedge’s *Aliens and Alienists: Ethnic Minorities and Psychiatry*, which was first published in 1982 and is now in its third edition, and Suman Fernando’s *Cultural Diversity, Mental Health and Psychiatry: The Struggle Against Racism*, published in 2003. Written by psychiatrists, both books present their complex and comprehensive studies of the psychological impacts of racism on the lives of racial and ethnic minorities in Britain; both stand up remarkably well to the passage of time and are tremendously important to the discussions of the issue of racism and mental illness of minorities. This paper has two main parts as follows: the first part will look at the schizophrenic symptoms of Christopher, disclosing the main causation of his mental illness, namely, the everyday racism he encounters; the second part will show how institutional racism is revealed in Bruce and in Robert and its effects on Christopher.⁷ Through its exploration of how racism affects a black man’s psyche, the paper attempts to present Penhall’s call for an understanding of high rates of schizophrenia among black people in 1990s Britain and attract more critical attention to and commentary on *Blue/Orange*, a brilliant work in the theater of mental illness.

Christopher and Everyday Racism

As Man Cheung Chung, K.W.M. Fulford, and George Graham state in their introduction to *Reconceiving Schizophrenia*, “Schizophrenia is the most devastating disorder seen by psychiatrists. We do not *really* understand it” (2007a: 1); “Schizophrenia is not a discrete illness but a collection of illnesses. It is not a disorder but a set of disorders” (2). In *Blue/Orange*, Christopher is diagnosed with paranoid schizophrenia, presenting three manifest symptoms: paranoia, hallucinations, and delusions. The social environment, including residential area, job, class, and social isolation, can be a contributor to Christopher’s mental illness. According to Littlewood and Lipsedge, many studies have shown that “schizophrenia is particularly common in poor, ‘socially disorganized,’ and overcrowded inner-city areas and among unskilled manual workers;” psychological problems appear to be most

7. Racism is categorized into two overall types: everyday racism and institutional racism. Everyday racism is the personal experience of racism in the daily interactions between people. Institutional racism is the racism reinforced by the public institutions of society (Fernando 16-17).

common among those who are socially isolated and those who are unmarried, particularly unmarried men (130). Christopher's mother is from Zaire, and used to work and study in Uganda. Christopher has not been in touch with his mother; all he knows is that she lives in Feltham. Christopher comes from Shepherd's Bush and sells oranges in the market there; now he has council accommodation on the White City Estate, where he has no friends. He tries to make conversation with people, but he feels he always says the wrong thing. For Christopher, White City is a place with "The Filth. The Pigs. The Cops. The Old 'Bill'" (36); he hates it and does not plan on going back there after leaving the hospital. Living in urban areas, working as a fruit seller, and having no family and social life all make Christopher vulnerable to schizophrenia.

Not only his social circumstances but also his lived experiences affect Christopher's mental state. One of his lived experiences is a likely cause of his paranoia. In White City, he is stopped a lot by the police. And he thinks they have come all the way to Shepherd's Bush to arrest him, because "they're *fascists*" (36). The experience of the police's stop-and-search powers causes Christopher to be suspicious of the authorities and paranoid, which is demonstrated in his hostility towards Robert the first time they meet. When Robert sees Christopher and greets him, he responds with "Warning warning warning! Alien life form approaching, Will Robinson" (15). Then he shouts brusquely at Bruce because the latter has not confirmed his freedom at the end of his incarceration. As he explains to Bruce about his paranoid behavior, Robert frightens him; he is afraid that Robert will talk Bruce into keeping him in the hospital. Meanwhile, he kisses his teeth and stares at Robert in a confrontational way. "Mistrust of clinicians by minorities arises, in the broadest sense, from historical persecution and from present-day struggles with racism and discrimination" (*Mental Health* 29). Christopher's paranoia and paranoid beliefs can be regarded as evidence of his actual victimization by the discrimination and racism in his daily life.

In addition to paranoia, Christopher also suffers from hallucinations and delusions. Hallucinations in psychiatry are mostly conceptualized sensorily and delusions mostly intellectually or cognitively (Kraus 97). Christopher has visual and auditory hallucinations. In his eyes, oranges are blue, bright blue, as implied in the title of the play. And in his complaint to the Authority about Bruce's racism against him, the unusual blue orange, the "minority" orange, becomes an analogy of Christopher, a black man in white society. "Blue orange" further is indicative of Christopher's uncertainty of selfhood. He is an African from London, but when people see him, they only see his skin color, that is, his external appearance, rather than his internal substance. "People stare at me. Like they know . . . like they know about me. Like they know something about me that I don't know," Christopher says to Robert (59). His identity is determined by how he is perceived and invested with meanings in the minds of the people who see/stare at him. In other words, people who only look at Christopher's skin color limit his identity to one facet and ignore the complicated nature of his inner life, of his true self. Skin color becomes the defining principle that organizes racist thought and action. On the basis of her own experience,

Premila Trivedi remarks that “Our black skin will always remind us (and others) of the truth of our being and we will know in our hearts that we will first and foremost always be seen as black and may never be accepted on truly equitable terms” (76). In Christopher, the suffering from the disparity between perceived identity and subjective identity goes on constantly in his life, and culminates in the scene of his breakdown near the end of the play: “And now I don’t, I don’t, I don’t know what to think! I don’t know what to think any more. When I do think, it’s not my thoughts, it’s not my voice when I talk. You tell me who I am. Who I’m not. I don’t know who I am any more! I don’t know who I am!” (104).

In regard to Christopher’s auditory hallucinations, they are revealed in his one-on-one meeting with Robert: he hears noises outside his window at night; he hears people talking about him and laughing; he also hears machinery, whirring like a strange droning noise and beeping loudly. The voice hearing and voice content manifests how uneasy Christopher is about the environment he lives in and about the people he meets or sees; he is all alone in White City.

Christopher is also afflicted by severe persecutory delusions. In describing to Robert the harassments he endures in everyday life, Christopher says:

Christopher I am being *harassed*. I’m in fear of my *life*. I live in *fear*. They Know Who I Am.

Robert Who does?

Christopher The men. Where I live. The noises. The . . . the police. It all makes sense.

Robert They’re . . . look . . . it’s . . . they’re just ordinary *men*. *Work* men . . . *police* men.

Christopher Other men too. Another man. He throws bananas at me.

Robert Bananas . . . ?

Christopher When I’m at work. Even at work—d’you know what I mean! Big bloke with a little pointy head. Long thin arms trailing along the ground. A real knuckle-dragger. Very white skin. Hideous-looking bastard. He’s the ring-leader. I see him at night. He bangs on my door. Says he’s coming to get me. He says he’ll do me and nobody would even notice and I believe him. There’s a whole family of them. A tribe. I don’t like them at all. They’re a race apart. *Zombies!* The undead. Monsters!

QPR supporters.

Pause.

Robert Football hooligans?

Christopher On Saturdays, I seem ‘em in the crowds at Loftus Road. They come after the game. And before the game. With bananas. With . . . with shit smeared through the letter box, not dog shit—real shit. Pissing through the letter box, fires, firestarting on the front step. It’s a disgrace. They call me “Jungle Boy.” . . .

Silence.

It's their appearance that spooks me the most. Those tiny, bony, shrunken heads. All shaved. Ugly.

Robert D'you mean . . . Skinheads?

Christopher *Zombies*. (65-66)

Christopher's description clearly shows the hallmarks of delusion, namely, bizarreness, falsity, and incomprehensibility. Because of the unusual or irrational qualities, Bruce simply sees the persecutory delusion as a "form" of Christopher's mental illness, that is, a symptom. According to Littlewood and Lipsedge, however, delusions of persecution are "a strong reiteration of the experience of discrimination" (87). In discussing schizophrenic delusion and hallucination, Alfred Kraus emphasizes that "disturbances of ego," despite that they often contain delusional contents, "should not be interpreted as false statements about reality, but as true statements about the patient's own experience" (99). Therefore, the "content" of Christopher's psychotic delusion should be considered and interpreted in terms of his actual experience. His belief that people everywhere are afraid of him, hostile to him, and even attack him, is the result of racism he encounters on a daily basis; it demonstrates the discrimination against and oppression of black people in Britain. Being a black man in English society, Christopher lives in fear, which he expresses to Robert more than once. Christopher's narrative, his "statement," in fact reiterates "the threats faced by non-white citizens, especially young Afro-Caribbean and Asian males, in pursuing the ordinary activities of daily life" (Kritzer 162).

Another of Christopher's delusions is that his father is Idi Amin, the former Ugandan president. He says that his mother had an affair with Amin and was later kicked out of Uganda, while he himself, he says, is Amin's illegitimate son. To convince Robert, he produces "a proof," a newspaper article about Amin in his wallet. This delusion further provides him with the belief that the blue oranges he sees in the consultation room are a "signal" (74; 99), because Amin liked oranges and received a delivery of East African oranges every day from the airport when he lived in Saudi Arabia. Robert argues forcibly about the plausibility of Christopher's claim to be one of Amin's numerous children. He is stunned, however, when Bruce tells him that Christopher also claims that Muhammad Ali is his father after having seen him on breakfast television winning Sports Personality of the Century. What Christopher's delusions show is grandiose belief, in which the individual claims impossible identity, talents, or riches. As Fernando states: "Debasing of self-esteem is something that racism, especially when it is subtle, induces. A common strategy to deal with this is an assumed heightened self-importance—an instinctive feeling that one is someone special or comes from a superior culture or family" (184). In "The Functions of Delusional Beliefs" Peter Kinderman and Richard P. Bentall also find that the most common delusional themes reported by psychiatric patients, including grandiosity, can "reflect an intense preoccupation with the individual's position in the social universe" (280). Amin and Ali are "Both immensely powerful. Both role models" (101); in claiming to be a son of such powerful men, Christopher attempts to establish himself

as an important individual. His claims are “a cry to restore some semblance of recognition to his paltry existence” (Boles 129).

Christopher’s paranoid schizophrenia can be seen as a metaphor for British society and its malady, namely, racism. As Littlewood and Lipsedge note, “The human individual and his illnesses are a pervasive metaphor for society and its ‘ills’” (163). The common thread of Christopher’s symptoms of paranoia, hallucinations, and delusions is his dread and distress of living in a threatening and alienating environment, in a racist society. In “The Black Experience in Twentieth-Century Britain,” Winston James writes in detail about how the lives of black Britons have been persistently blighted by racial prejudice and discrimination. In the end of the essay he reminds the reader that, despite the positive developments in the past years, “the struggle most certainly continues for black people in Britain in the twenty-first century” (385). Likewise, Fernando also endeavors to draw attention to the racism in multicultural Britain today. As he emphasizes, “It is often said that Britain is committed to multiculturalism and cultural plurality is the ideal for British society. But the biggest barrier to multiculturalism, namely, racism, has not been tackled adequately” (44). Put on stage at the very beginning of the twenty-first century, *Blue/Orange* displayed the direct corollary effect of societal racism on the mental condition of an African in Britain; it evoked audiences’ empathy with his experiences of racism and mental illness and made them face up to the racism still rife in multicultural Britain. Just as he cannot wait to leave the hospital, Christopher cannot wait to escape from the racist environment: “I’m going far away where I can get some peace and quiet, . . . no neighbours squatting on my head, under the floor, through the walls, rowing all day and night. Nothing. No people at all, man, and nobody looking at me funny like they never seen a Brother before except on fucking Sesame Street!” (21). He wishes to go to Central Africa, where his “dad” comes from. Right before he leaves the hospital in the end of the play, he unexpectedly mentions his misconduct in public, his masturbation with a grapefruit in the market. And then he tells both doctors that he needs a girlfriend—“That’s all I ever wanted. I just want somebody nice to be with. A lady” (114). He longs to go to a place where he can have what he has been deprived of by racism: sense of security, selfhood, self-esteem, and relationships.

Bruce, Robert, and Institutional Racism

Rooted in empirical methods and scientific medicine, psychiatry is assumed to be a discipline with objective diagnoses and treatments. Therefore, psychiatry is supposed to be applicable to all people in all conditions, regardless of culture, race, and social system. The psychiatric profession, however, is a social institution and inevitably reflects dominant social values. Clinicians often take up the discriminatory attitudes and practices of their society, whether intentionally or unintentionally. “While racism and discrimination have certainly diminished over time, there are traces today which are manifest in less overt medical practices concerning diagnosis, treatment, prescribing medications, and referrals” (*Mental Health* 32).

Traces of racism and discrimination can be found in both psychiatrists in *Blue/Orange*. Bruce is young and committed. He entertains a concern that if Christopher is released into his community, he may succumb to the symptoms of schizophrenia. He believes idealistically in the health system's power to heal. Although he has Christopher's wellbeing in mind, his racist attitude towards Christopher cannot be ignored. As Fernando suggests, one source of psychiatric racism is the continuance of themes and attitudes from the past (21). Littlewood and Lipsedge state that one of the racist attitudes in colonial times was seen in how a patient from an ethnic minority or a colonized society was perceived as childlike in the therapeutic context: "the relations of colonial psychiatrist and colonized individual were already received in parent-child terms" (56). In other words, the doctor-patient relationship in imperial psychiatry was like parent and child; colonial doctors tended to treat their patients like a child. Such paternal attitude is demonstrated in Bruce at the very beginning of *Blue/Orange*. He offers Christopher a cup of water, but Christopher wants to have coke instead; later Christopher wishes to have a Snakebite. Both requests are refused by Bruce, who keeps asking Christopher a series of questions about the negative effects of caffeine and alcohol and the hospital rules on them. He does not stop until Christopher gives him "correct" answers. When Robert arrives at the request of Bruce with a cup of coffee, Christopher immediately protests the different treatments between doctors and patients. Robert offers Christopher his coffee without any hesitation, yet Bruce unexpectedly grabs it and swallows it all at once; he insists that Christopher should have water only. Later, Christopher mentions he has already packed his belongings for departure, and he asks Christopher bluntly: "Who said you could pack?" (18). In addition, Bruce tells Christopher not to stare at people in the way he stares at Robert, lest they think he is an "uppity nigga;" Bruce also tells Christopher not to kiss his teeth, which he does habitually, because he is not some type of "Yardie" (20). The exchanges in the opening scene show how Bruce exerts paternal/paternalistic control over Christopher's words, actions, and behavior.

Like his paternalism, Bruce's indulgence in political correctness is also noticeable soon after he appears. He is cautious about using "crazy" for mental patients and "uppity nigga" for Christopher, and he corrects Robert's racial slurs. As noted by two critics in their reviews of the original production of the play, "Bruce who, in one light, looks to be caring and solicitous and, in another, subtly fascist in his over-controlling political correctness" (Taylor 481); Bruce, "all political correctness and quivering self-control, is painfully hard to trust, let alone like" (Stratton 482). Bruce's political correct thought, as it turns out, does not mean anything but his awareness of the sensitive racial climate of the society. In Act III, Bruce is utterly surprised to know Christopher has lodged a complaint that brands him a racist. He is in the first month of his training in the hospital, but he has already been eyeing a promotion. Before the play begins, he latches onto Robert as a mentor and brown-noses his way to the top. Afraid that Christopher's complaint could cause him to be sacked, he entreats Christopher to think about the damage to his career. Christopher does not listen to Bruce; he even confronts Bruce, starting to laugh. Right at that moment Bruce completely loses his composure and shouts at Christopher:

What’s funny? Stop laughing! Shut up! You stupid fucker. What are you laughing at?

...

You won’t be laughing when you get home. You won’t be laughing when you start losing your marbles all over again and hearing voices and jabbering like a lunatic and shitting yourself because you think your fucking zombie neighbours are coming to eat your brains, you mad bastard! You *idiot!* (110-111)

He continues to call Christopher “moron,” “fool,” “retarded,” “freak” (111). There is no doubt that the violent and irrational verbal explosion shows Bruce’s frustration over the case, but it also exposes his fear of losing his job. Careerism inevitably creeps into Bruce’s concern about Christopher. And using the degrading terms to Christopher in his career-threatening outburst, Bruce is no different from those who discriminate against Christopher/black people—like others, he regards Christopher/black people as inferior, mentally, morally, and culturally.

Institutional racism is seen not only in Bruce’s attitude towards Christopher but also in Robert’s diagnosis of Christopher.⁸ Having been working within the hospital for years, Robert comes to a natural adherence to the policies set out by the NHS. He dismisses Bruce’s diagnosis straight away, saying that the hospital is short of beds, which are prioritized for emergency admission. If the hospital is full of long-term mental patients, their jobs will be in jeopardy. He assures Bruce that discharging Christopher is “what is fair and right and *just* and textbook medically beneficial” (23). Then he explains to Bruce the policy of Care in the Community, emphasizing the freedom of the patient and the comforting and loving environment of care at home. Besides, he thinks Christopher is normal enough to leave; all Christopher needs is to be assigned a community psychiatric nurse (CPN) and treated at home. He tries to convince Bruce that Christopher is normal by employing R.D. Laing’s idea of schizophrenia: “Maybe he’s a *right* to be angry and paranoid and depressed and unstable. Maybe it’s the only *suitable* response to the human condition” (33). Laing was the most well-known exponent of anti-psychiatry during the 1960s and 1970s. As a disciple of Laing, Robert argues that schizophrenia is a natural process of the individual’s dealing with worries, concerns, and conflicts; schizophrenia is a strategy employed for existence, for survival. Appealing to Care in the Community and Laingian philosophy provides Robert with a humanitarian façade. He neglects the facts, however, that Christopher has no family or friends in White City and that the very place of residence and community partly contributes to his mental problems. As

8. Robert, the senior doctor, is very eloquent. In discussing Robert, Penhall explained that if someone appears very smart, his or her racist comments often go unnoticed. “So I wanted to push the boundaries and see how racist Robert could be while still being tremendously literate and witty and charming. In England, the more articulate you are, the more you get away with” (qtd. in Boles 119). Paradoxically, however, it is Robert that Penhall uses as his spokesman. Compared with Bruce, Robert is a far more complex character.

with *Some Voices*, Penhall presents Christopher's case in *Blue/Orange* to launch his criticism on Thatcher's solution for the psychiatrically ill.

Seeing that he fails to persuade Bruce with Care in the Community and his anti-psychiatry belief, Robert further takes issue with Bruce's diagnosis. He thinks that sometimes white doctors' diagnoses of patients of ethnic minorities can be "ethnocentric": white doctors evaluate the situations of minority patients according to their own specific cultural criteria. And he suspects that Bruce has a tendency to overlook Christopher's cultural identity in diagnosing him; Bruce should guard against his ethnocentricity. Doctors, as well as the police who arrest people like Christopher, are intuitively suspicious because of their cultural background, which explains why hospitals are full of patients like Christopher. Robert attributes Christopher's condition to be "a cultural thing" (48)—some behavior that is acceptable in the ethnic culture seems lunatic only to Anglo-Saxon psychiatrists and mental illness is thus simply a matter of cultural difference. In other words, Christopher's behavior may be just what people do where he comes from and his mental disorder should have to do with his cultural background; there should be cultural determinants of Christopher's behavior and mental problems. Cultural difference has been the theme of Robert's research. His PhD thesis, "Cultural Antecedent and Cultural Specificity in Connection with a Delusional Belief System," presented his assertion that there was a cultural element in the apparently delusory nature of a person's belief. He has continued this research and is currently writing a manuscript, "Cultural Specificity and Cultural Antecedent or Schizophrenia". He hopes to find a cognitive therapy which can substitute for the palliatives normally associated with psychosis—he hopes to find "The Holy Grail" (49) for black psychosis. If he could finish the book, he would be promoted to professorship which he has been pursuing. And he sees Christopher as an important case for his research.

In the power struggle between Bruce and Robert, the latter has the absolute power; "I'm an authority. He isn't," Robert reminds Christopher (77). Robert has the authority to make the defining diagnosis of Christopher's condition. His diagnosis, in fact, exposes his racist proclivity. Littlewood and Lipsedge note that doctors or social workers who seek to view things from the client's perspective may be sympathetic, but "culture" itself is reduced to a thing special to black people (294); "An emphasis on 'culture' can act as a divagation" (295). John Read sees cultural difference as a diagnostic error: the idea that what is considered "insane" for white people may be "normal" for black people carries an implication that "'Black culture' is not just difficult to understand but actually breeds 'mental illness';" this diagnostic error "may have more to do with avoiding issues of societal or psychiatric racism than with doing anything to improve the situation" (173). Robert's insistence on the effects of cultural difference in the diagnosis of Christopher's schizophrenia is actually a disguised form of racism. For his diagnosis is entirely predicated on the fact that Christopher is black—"Because he's black" (51), as Bruce eventually confronts his supervisor over the latter's apparently blatant racist diagnosis. Robert ignores the fact that Christopher is a black man from Shepherd's Bush, an African and also a Londoner—he places stress primarily on the influence of African culture on Christopher without a

consideration of the impacts of English social and cultural milieus on Christopher. Robert only looks for his preconceived cultural explanation for Christopher’s state rather than acknowledging the person in front of him. For him, Christopher is but an African, an illness. His research, a cure for black psychosis as a career move, is also beset by the main problem about psychiatric research in the field of ethnicity: “a complex field is being researched using telescopes that examine minutiae often determined by what researchers hope to find” (Fernando 44). Seemingly a humanistic methodology, Robert’s theory reduces minority patients to fit into his essentialist research.

Throughout the play the sympathies of audiences constantly shift. One moment they appreciate Bruce for he has a protective idealism, and the next they side with Robert, an advocate of anti-psychiatry and cultural difference. As their controversy turns increasingly acerbic and vindictive, audiences come to realize that both doctors care more about their own theories and careers than about responding to Christopher’s needs—the patient’s problems become secondary to the psychiatrists’ greater diagnostic and personal tussles. Bruce and Robert both pursue their own professional agendas at Christopher’s expense. Both also reveal remnants of British colonialism from time to time. “Our colonial antecedents are latent and barely suppressed,” Robert says twice in the play. Bruce treats Christopher like a child, the way in which a colonial doctor treated his patients; he shows white supremacy when he lashes out at Christopher. Robert’s preconception about cultural difference and misconception about Christopher and colonialism share an affinity between the scientific objectification of the patient as illness and the objectification of people as colonial manpower. As Fanon warns in “Racism and Culture,” “the constantly affirmed concern with respecting the culture of the native does not signify taking into consideration the values borne by the culture. Rather, this behavior betrays a determination to objectify, to confine, to imprison, to harden” (1988a: 34). Both white doctors display colonial hubris towards Christopher, whether obviously or subtly. Psychiatric imperialism does not disappear, but continues to exist; that is, psychiatric/institutional racism persists in various ways if less crudely or overtly than previously.

In hospital, as well as in society, Christopher is an “alien.” As Littlewood and Lipsedge explain the term, “alien” refers both to the geographical outsiders, the foreigners, and to the outsiders in our midst, including the psychiatrically ill (28). In other words, alienness can be linked to racial minorities and the mentally ill as well. Christopher, a black man and a psychiatric patient, is excluded by society and marginalized in hospital. In Robert and Bruce’s ongoing battle of arguments, “in which they use professional jargon, rhetorical dexterity and every dirty trick they know in their fight for power” (Rubik 371), Christopher is apparently a bewildered onlooker, a peripheral patient. As the stage direction indicates, “*Christopher stares into space*” (71). He can merely make himself noticed by saying to the arguing doctors, “Hope I’ m not interrupting” (93). He sarcastically remarks that “You just talk amongst yourselves” (96) when he happens to enter into one vehement exchange. In addition, the set of the original production, designed by William Dudley, resembled a boxing ring. Describing his experience of watching the play in his review, Paul

Taylor says: "With the audience packed in a tight diamond-formation around an almost boxing-ring-like stage, the scene is set for an acrimonious battle about Christopher's future" (480). Christopher's future will be determined by the final verdict of the two white doctors: hospitalization or dehospitalization. Staying in the hospital, Robert predicts, Christopher will be locked up with chronic, dysfunctional mental patients twice his age, which will be very intimidating and frightening for him. He will become institutionalized and stigmatized as "the worst pariah" (Penhall 2008: 54). He won't get better but get worse; he will need to stay in hospital indefinitely and WILL disintegrate. Leaving the hospital, Christopher will return to White City, where he has no family and can only be supervised by CPNs, who are supposed to keep him on medication. And, as Bruce foresees it, Christopher won't take the medication: "They never do because it's dated toxic curd which will paralyse him from the skull downwards and make his life a misery" (46).

Baffled, silent, and powerless as he is, Christopher is no mere victim in the power battle. Rather, he makes fun of and fights back against the white doctors as long as he can. He deliberately brings up black stereotypes to them, including "bad nigga patient using drugs," "thief," "Brother," "uppity nigga," "voodoo magician." These racial denigrations carry images of deviance, violence, dangerousness, deceit, and primitiveness. They indicate that Christopher knows very well how black people are discriminated against by white people and, more importantly, force the white doctors to face the racial discrimination in society. In giving his advice to Christopher, Robert tells him that "When somebody hurts you, just laugh at them" (68), which will drive them crazy. Christopher teases him promptly: "Laugh. Really. HA HA HA HA HA HA. HA HA HA HA HA. 'Laugh and the whole world laughs with you.' AND THEN THEY LOCK YOU UP!"(68). In the meantime, he denounces "the shocking reality that your skin color can determine whether or not you are nuts" (Foss 482). In Act II, Robert tells Christopher that Bruce's diagnosis of him as paranoid schizophrenic is a result of an ethnocentric bias. Christopher feels betrayed, manipulated, and persecuted by Bruce and becomes furious. He then files a complaint against Bruce. As Bruce asks him to rethink his own condition, he confronts Bruce: "Cos I ain't staying here, man. You'll never keep me locked up, white man. This is one nigga you don't get to keep, white man. Cos I'm gonna bark every time you come near;" "Cos you ruined my life! Cos you're Evil. And you're a Fascist" (Penhall 2008: 110). For Christopher, Bruce is like one of those fascists/policemen who stopped and searched him in White City and then arrested him in Shepherd's Bush. Although he has come to agree with Bruce that he is sick and not ready to go, he allies himself with the more powerful Robert in this situation in order to take revenge on Bruce for the prejudice and discrimination against him. Gradually Christopher sees through the warring doctors and realizes that he is just a pawn in their war. With Robert's assurance that he is fine to go, Christopher, who has already presented manifest symptoms of paranoid schizophrenia, leaves the hospital, leaving the authority and competence of the psychiatric institution in question.

Conclusion

One of the very rare negative reviews of the original production of *Blue/Orange* in London papers was by Charles Spencer, who condemned the playwright, saying that “Far from illuminating a difficult subject, Penhall seems to be hitching a cheap theatrical ride on it,” and “there is something deeply offensive about watching such a sensitive and harrowing subject being hijacked in the name of entertainment” (483). It can be argued whether it is appropriate or ethical to present the sufferings and pains of the mentally ill on stage. Yet it cannot be denied that, by placing schizophrenia squarely in view, *Blue/Orange* gives voice to a vulnerable black schizophrenic who is normally ignored or silenced. As Jim Geekie has observed, the voices of those diagnosed with schizophrenia, both in the professional literature and in clinical settings, have been marginalized, as a result of which he contends for the importance of the narration of schizophrenia patients about their stories and psychiatric experiences and of the chance to listen to the narratives and learn from them (149). The importance of the voices of schizophrenia sufferers is also stressed in Penhall’s interview with Klein: “Once in a while, we should listen to people who, to all intents and purposes, appear to be raving mad—people who don’t have the opportunities that doctors have, and may well be saying something crucial” (Klein 85). What is praiseworthy about *Blue/Orange* is that it dramatically expresses the experiences, conditions, emotions, feelings, and expectations of a black man with schizophrenia in a white milieu in such a way as to make a plea for recognition and understanding of the mental disease among the African-Caribbean population in English society.

The problem of black mental illness articulated in *Blue/Orange* does not remain an issue of the 1990s, but continues to demand public attention. On 18 November 2003, BBC Radio 4 broadcast a special edition of *All In The Mind*, a live webchat about the discrimination many black British people were still facing in the mental health system; Dr. Raj Persaud joined by other psychiatrists answered questions from listeners. One of the questions was why the subject was limited to people of African-Caribbean descent but not other ethnic minority groups. Dr. Persaud responded that “The issue with African-Caribbeans is of particular interest at the moment because of the possible particular link with schizophrenia, which is regarded as the most serious non-fatal illness by some doctors,” and “studying this group holds out the possibility of helping us better understand the cause of this disorder.” On 27 September 2016, “Being Black, Going Crazy?” was shown on BBC Three, a documentary in which 26-year-old Keith Dube meets black people afflicted by a range of mental disorders. A Zimbabwe-born, London-based writer and radio presenter, Dube had been diagnosed with depression. Motivated by his personal experience, he set out to explore the multitude of factors for the disproportionate numbers of black patients in the mental health system.⁹ He talked to mental health

9. As written in the Programme Information on the BBC website, “Why you are 17 times more likely to be diagnosed with a serious mental health condition if you are a black man in Britain, and six times more likely than a white man to be an inpatient in a mental health unit? Furthermore, why have 56 percent of Black inpatients in mental health units been sectioned,

experts and community leaders about black mental health and opened up conversations with his followers on Twitter about how to deal with mental health difficulties. With his documentary, Dube hoped to bring attention to the mental health crisis of black communities. On 20 June 2017, Dube was invited to join the playwright Inua Ellams to give a talk, “Men and Mental Health,” at the National Theatre. Ellams was born in Nigeria in 1984 and moved to the UK as a child. He researched the topic when writing his new play, *Barber Shop Chronicles*, which opened on 2 July 2017 at the National Theatre. The talk aimed to look at current issues around mental health, the issue for black men in particular.

These events in a lucid way speak for *Blue/Orange*—seventeen years later, the play is still relevant in today’s British society; it still resonates. As Michael Billington paying compliments in his review of the 2016 revival in the *Guardian* writes, “Some plays, acclaimed on a first showing, shrink on revival. Penhall’s has actually gained in authority with time.” Penhall deserves to be called “Mr. Schizophrenia,” the title given to him by the London newspaper critics after the première of *Blue/Orange*.

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ABSTRACT

This paper aims to explore the representation of schizophrenia in Joe Penhall's *Blue/Orange* (2000) by investigating the connection between schizophrenia and racism. The play is concerned with Christopher, a young black man who was arrested by the police because of his misconduct in public and is about to be released after his 28 days of observation in a hospital in London. However, the psychiatrist in charge, Bruce, intends to keep Christopher longer because he suspects him of being a paranoid schizophrenic. Bruce's consultant, Robert, simply wants to dismiss Christopher into Care in the Community. Robert accuses Bruce of being ethnocentric and attributes Christopher's condition to cultural difference. Vehement debates thus ensue between the doctors as to the exact diagnosis of Christopher and treatment. Employing the sociology of mental illness as theoretical framework, the paper has two main parts: the first part will look at the manifest schizophrenic symptoms in Christopher and unravel the main causation of his mental disorder, namely, the everyday racism he encounters; the second part will show how institutional racism is revealed in Bruce's paternal attitude towards Christopher and in Robert's diagnostic theory of cultural difference. Through its exploration of how racism affects a black man's psyche, this paper will attempt to expound Penhall's sociological account for high rates of schizophrenia among the African-Caribbean population in English society and present his call for recognition and understanding of the mental disease.

Key Words: Joe Penhall, *Blue/Orange*, schizophrenia, racism, sociology of mental illness

「賤民中的賤民」：
喬·彭侯之《藍色／橘色》中的思覺失調症與種族歧視

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摘 要

本論文擬研究英國劇作家喬·彭侯(Joe Penhall)在《藍色／橘色》(*Blue/Orange*) (2000)中對思覺失調症與種族歧視兩者關係的呈現。該劇以克里斯多福的故事為主，他是一位來自倫敦的非洲黑人，因為行為妨害風化，遭警方逮捕，在醫院進行二十八天的強制性觀察。觀察期滿的前一天，他的主治醫師，布魯斯，懷疑他患有思覺失調症，希望他能繼續留院診斷。布魯斯的督導，羅伯特，卻只想根據政府的保健政策，允許他出院回家，接受社區醫護人員的定期檢查。羅伯特質疑布魯斯因為民族優越感而忽略了克里斯多福的文化背景，導致誤診；他認為克里斯多福的狀況不過是文化差異的問題，兩位醫生於是展開激烈的論辯。本文主要分為兩部分：第一部分分析克里斯多福的主要病症，包括暴躁、幻聽和妄想，進而指出導致這些病症的主要原因，在於日常生活中所遭受的歧視和偏見；第二部分揭示醫療機構中的種族歧視，主要表現在布魯斯對克里斯多福如父親對孩子般的專制態度，以及羅伯特所堅持之文化差異的論點。透過對《藍色／橘色》中種族歧視對於黑人身心所造成影響之研究，本論文希望闡釋彭侯對英國社會中少數族裔罹患思覺失調症之議題的看法，及他期望大眾瞭解該精神疾病的懇切呼籲。

關鍵詞：喬·彭侯、《藍色／橘色》、思覺失調症、種族歧視

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