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EXPLORING RACE AND MENTAL HEALTH INTERSECTIONALITY IN THE BLUE ORANGE: A CRITICAL RACE THEORY PERSPECTIVE

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Abstract

To examine how Critical Race Theory (CRT) is applied in discussing the intersectionality of race and mental health, this paper will closely analyze Blue Orange by Joe Penhall. The play is a subtle satire against the racial bias of the psychiatric system, where the protagonist of the story, a young black man, Christopher, is fighting a white-dominated psychiatric facility. This discussion explores the impact of institutional racism on mental health identification and therapy, which shows the shortcomings of the conventional psychiatric practice. Through the experiences of working on CRT and mental health with Tony Nicholas Brown, this paper explains why The Blue Orange helps to acknowledge the errors of an institutionalized system that, on many occasions, does not recognize the multifaceted nature of marginalized persons.

Keywords: *Racism, Mental Health, Critical Race Theory, Systemic discrimination.*

Introduction

Critical Race Theory (CRT) is a theory that was created in the middle of the 1970s, first by legal professionals who aimed to comprehend how race and racism could be perpetuated through the societal framework, especially in the legal system. CRT believes that racism is not an anomaly, but a normal and systemic phenomenon in the society, enshrined by laws and institutions that privilege people at the top. It challenges the impartiality of these institutions because it argues that it is an instrument that supports the status of power one white person over a person of color (Delgado & Stefancic, 2017).



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CRT, which is based on the notion of intersectionality proposed by Kimberle Crenshaw, focuses on the way various identity factors, including race, gender, and socioeconomic status, interact to create individual experiences of oppression. This applies to mental health where a black person may experience special stressors, which may not be factored into the conventional psychiatric paradigm where mental health is generally depersonalized and standardized (Brown T. N., 1991).

The Blue Orange by Joe Penhall is a rich case study to be used in investigating these themes. The time of the play is a psychiatric hospital, where the main character Christopher is a young Black, who became the subject of a contentious diagnosis by his two white physicians. This story is a response to how institutionalized racism affects mental health treatment to challenge the objectivity of mental health diagnoses when considered through the racial prism (Penhall, 2000).

CRT is based on Critical Legal Studies (CLS), which was developed in the mid-1970s and was pioneered by such scholars as Derrick Bell, Kimberle Crenshaw, and Richard Delgado. One of the goals of CLS was the opposition to the objectivity of the law, explaining the fact that it was used to preserve the status quo. Nonetheless, CLS did not adequately cover the issue of race. Racial inequalities in the legal system were the area that CRT scholars addressed, and this gap resulted in the expanded use of CRT in other fields (Crenshaw, Gotanda, Peller, and Thomas, 1995).

CRT addresses the issue of race as a social construction, in which the theory holds that race is not a biological concept, but is a social category that has been created to reinforce power imbalances. Besides, it posits that racial development among the oppressed groups has been found to take place in rare cases only when it suits the interests of the dominant groups. The theory believes in the lived experiences of the marginalized individuals as well; it applies the stories to confront the dominant cultural narratives and reveal the systemic injustices.

The concepts of CRT have extended to other areas of education, sociology, and mental health, among others, to review the impact of systemic biases on marginalized groups. CRT has been applied by scholars such as Tony Nicholas Brown to examine the interplay between race and mental health, and has shown that structural racism causes unequal psychological well being (Brown T. N., 2003).

Literature Review

Critical Race Theory (CRT) emerged in the mid-1970s as a reaction to Critical Legal Studies (CLS), which did not take into account the importance of race in the perpetuation of social classes. The early theorists, such as Bell, Crenshaw, and Delgado, diversified CRT into a wider concept that analyzes how systemic racism works in many institutions, including education, law, and health



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care. The work by Bell highlights the idea that racism is not an exception, but an immanent and constant aspect of any societal order, which is maintained in order to maintain the status quo of power (Bell, 1976) (Crenshaw, Gotanda, Peller, and Thomas, 1995) (Delgado and Stefancic, 2017).

The introduction of intersectionality by Crenshaw was another revolutionary move to CRT because it emphasized the idea that systems of oppression (e.g., race, gender, class, etc.) overlapped, thereby providing such experiences to people of color in a unique way. Intersectionality comes in especially handy when it comes to understanding unequal mental health outcomes, because it provides a foreground to the multi-layered identities and experiences that conventional approaches frequently cannot (Crenshaw, Gotanda, Peller, and Thomas, 1995).

The recent arguments regarding the usefulness of CRT in education and healthcare make it imperative in the analysis of systemic inequities. The academics maintain that CRT introduces a prism of conceptualizing the ways structural racism is practiced and enacted through policies, like biased mental health diagnoses.

Intersectionality provides an in-depth method of processing mental health disparities in oppressed populations. According to Crenshaw, such social categories as race and gender do not exist separately but rather interact and form different forms of oppression. This notion is important to analyze the mental health systems in which the racialized people tend to experience a multiplied disadvantage (Crenshaw K. , 1989).

The work of Brown is intertwined with both CRT and mental health sociology and is dedicated to the enhancement of psychological stress among marginalized populations due to the systematic racism. Brown laments the incompetence of conventional paradigms of mental health, which tend to pathologize black identity without paying attention to the long-term effects of stress caused by racism. His writing demonstrates that mental health systems are racially discriminative, causing some disorders to be overdiagnosed, like schizophrenia, and others to be underdiagnosed, like anxiety and depression, among the racialized individuals (Brown T. N., 2008).

The results of the studies indicate that psychiatric practices incorporate systemic racism, which influences the diagnosis, treatment, and outcomes of patients. Fernando states that non-Western perspectives were traditionally pushed to the periphery of psychiatry, and culturally insensitive practices evolved, which excluded the experience of racialized patients. This is in line with the CRT argument of the institutions as perpetrators of racial hierarchies (Fernando S. , 2010).

Studies of power relations in institutions underscore the way in which hierarchical forms of power within psychiatry oppose racial inequalities. The role of implicit biases in influencing clinical decisions, which in most cases results in misinterpretation of culturally specific behaviors as a



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symptom of mental illness, is highlighted by researchers such as Patel. Such prejudices are exaggerated in *The Blue Angel* because the diagnosis of Christopher is based upon the racial and cultural ignorance of his physicians (Patel & Colleagues, 1999).

The Blue Angel by Joe Penhall is generally considered as a commentary of the racial discrimination within mental health systems. The symbolism and character relationships in the play make it clear that there are inequities in a system that is discriminating against the marginalized people. Taylor (2015) claims that the titular blue orange represents the imposition of only the truths in the society, which reject other views as being ridiculous. The difficulty of Christopher to establish his reality can be viewed as the oppression of the voices of Black people in the white world (Taylor, 2015).

Even critical analyses of the play, like the one by Dean (2017), are concerned with the dynamics of language and power in the psychiatric ward as the means of control. The use of the specialized psychiatric jargon as Dr. Robert and Dr. Bruce discuss it, explains why institutional power hush opposing voices, which is one of the main themes of CRT. The defiance of Christopher reflects CRT and the usage of the focus on counter-narratives that focus on the predominant discourse of mental health and race (Dean, 2017).

The work of Tony Nicholas Brown is an essential intersectional approach to race and mental health. Brown (2019) is a seminal article exploring the role of systemic inequities in the mental health outcome of racialized people. He criticizes the conventional models of not taking into account the psychological cost of systemic racism, recommending a CRT-informed approach to mental health care (Brown T. N., 2008).

The contributions of the chronic stressors, including discrimination and racial profiling, in worsening mental health conditions, including anxiety, depression, and trauma, are also mentioned in the work by Brown. The results of his work can directly be applied to *The Blue Orange* where Christopher goes through the process of racial discrimination in the mental hospital as Brown describes the process of pathologizing the Black identity.

Although CRT and intersectionality offer a strong conceptual foundation on how to study systemic racism in different institutions, their usage in the context of mental health, especially in literature, is under-researched. *The Blue Orange* provides an extraordinary example to use CRT to examine the overlap between race, mental health, and institutional authority. Moreover, although the research by Brown is the link to CRT and mental health sociology, additional research is required to understand how this knowledge can be applied in actual reforms in psychiatric practice.



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The literature available highlights the importance of CRT and intersectionality in mental health systems criticism of systemic racism. The Blue Angel by Joe Penhall is an intriguing text that can be used to develop these themes as it presents a narrative critique of the bias in the institutions that perpetuates the racial inequities. This study will make a contribution to the increasing literature on race, mental health, and systemic reform by incorporating CRT with the knowledge of Tony Nicholas Brown and other researchers.

The research by Brown allows following the criticism used by the study since, most of the time, the intersectional realities of the marginalized person are not considered by the traditional mental health paradigms, which leads to poor or inappropriate care. The combination of CRT and sociology of mental health offered by Brown offers valuable perspectives on the systemic injustices of mental health in the case of racialized people. His work brings out the chronic stressors and pathology of identity (Brown T. N., 1991).

The research about the insensitivity of people towards race and the psychological consequences of systemic racism presented by Brown also provides the angle of interpreting the mental health issues of characters such as Christopher (Brown T. N., 2003).

According to CRT researchers such as Williams and Mohammed, CRT underscores the role of structural inequalities in the disparity of mental health outcomes. Racism is a persistent source of stress, which causes such conditions as anxiety, depression, and trauma to marginalized groups. As an illustration, research has shown that mental health care racializes them, resulting in increased cases of misdiagnosis because of cultural misinterpretations and implicit bias (Williams and Mohammed, 2013).

Research also expounds that the differences in mental health are not merely a personal issue, but go deep into the material of social formation. They have low access to culturally competent care, socioeconomic status, and healthcare discrimination. According to CRT, a just mental health system should be able to identify and act upon these systemic issues (Gee & Ford, 2011).

Brown has made a lot of contributions to the realization of the impact of systemic racism on mental health. His work highlights that existing mental health models do not always consider the fact that marginalized people have distinct stressors. Brown suggests a more intersectional approach that involves the interaction of race, class, and gender to create mental health outcomes. His effort justifies the necessity to reform the mental health system so that these overlapping oppressions can be addressed (Brown and Jones, 2004).



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Theoretical Framework

This study provides the Critical Race Theory (CRT) as its primary prism, supplemented by the notion of intersectionality, in order to interpret systemic racism and its influence on mental health in *The Blue Orange*, written by Joe Penhall. The structure addresses how the play exposes the institutional power and racial discrimination in psychiatric care and how the play sheds light on the intersectional realities of people who are discriminated against.

The classical CRT holds that racial inequalities are deeply entrenched in the law and social systems, as well as the institutional system, and serve to perpetuate the supremacy of dominant groups. CRT, which was created by Derrick Bell, Kimberle Crenshaw, and Richard Delgado, focuses on systemic critique, intersectionality, and attention to marginalized stories as a crucial means of combating racial injustices. Its principles, which are applicable in this research, are systemic racism, social construction of race, and counter-narratives. Academics such as Delgado and Stefancic believe that institutions tend to shun and refuse to listen to the lived experiences of people of color, so there is no actual movement in combating systemic inequities (Delgado and Stefancic, 2017). *The Blue Orange* represents such a critique by making dramatic the power relations between its characters and their inability to realize the reality of Christopher.

The concept of intersectionality, as developed by Kimberle Crenshaw, which is central to CRT, is used to analyze the experience of oppression that results from an overlap between identities (e.g., race, gender, class) (Crenshaw, Gotanda, Peller, and Thomas, 1995). This framework, when applied in the context of mental health, demonstrates the cumulative impact of racial prejudice and institutional authority on such individuals as Christopher.

The research uses CRT to criticize the mental health institutions on creating racial disparities by using discriminatory practices, which are implicit biases. *The Blue Orange* satirizes such arguments through underlining the racial prejudice in diagnoses, institutional relations of power, language as a means of control and symbolism as a means of resistance.

Research Questions

- What does *The Blue Orange* have to say about racial discrimination in mental institutions using CRT?
- How is intersectionality relevant to the experience of marginalized patients, such as Christopher?
- What effect do power structures and institutional inequality have on the relationships between the characters?



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Placing *The Blue Orange* in the context of the theoretical framework of CRT and intersectionality, this paper highlights the way in which this play criticizes institutional racism and its effects on mental health. The argument is reinforced by the incorporation of the research by Tony Nicholas Brown and the necessity to be more inclusive and culturally sensitive in psychiatric facilities.

Analysis and Discussion

The Blue Orange is a psychiatric ward play that revolves around the war between two white psychiatrists, Dr. Bruce and Dr. Robert, in the diagnosis of the young Black patient, Christopher. The play focuses on whether Christopher is having experiences of a mental illness or an acceptable reaction to societal and institutional racism. Using these characters, Penhall satirizes the mental health system, whereby the system uses standard diagnoses that could disregard the cultural and racial backgrounds (Penhall, 2000).

Symbolism has an important part in enhancing the theme of mental illness, race, and institutional power in the play. The play involves all sorts of symbols to dwell upon the interaction of societal and psychological forces and how they influence the experiences of the characters. The following paragraphs provide some of the most important symbols and what they mean, especially concerning CRT and the intersectionality of race and mental health.

The blue orange is the main symbol, which is used in the play; it symbolizes the contradiction between the subjective reality and the objective truth. The main character, Christopher, demands that the orange be blue, and this provokes an argument between the physicians, Dr. Bruce and Dr. Robert, on whether truth and perception are the nature of things (Penhall, 2000). Blue orange can serve as an analogy of racial identity and other possible views that are usually disapproved or negated by mainstream social institutions (Delgado and Stefancic, 2017). The blue itself is representative of the prevailing view that is considered the truth in society (Fanon, 2008). The argument on whether an orange is blue highlights the issue of institutional power imposing a truth. One of the main symbols of the play is the Orange, which symbolizes the sidelined views that people in authority usually dismiss. In terms of CRT, it is used to represent how the voice of racialized people is often disregarded as unreliable (Crenshaw, K., 1991).

The environment of the mental ward can be viewed as a strong image of institutional power, control, and surveillance. Being a closed environment where the marginalized people, such as Christopher, are deprived of their rights to decide what to do, it symbolizes the capacity of the psychiatric system to pathologize and dominate people in the name of caring (Foucault, 1973).



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Another important symbol in the play is the borderline personality disorder that was diagnosed to Christopher. It captures the manner in which the psychiatric system tends to pathologize the behavior of the marginal people, especially the blacks, as deviant or irrational, even when the action is a reaction to systemic oppression (Metzl, 2010).

The professional psychiatric terminology of Dr. Bruce and Dr. Robert represents the authority relations between the hospital and its patients. The language is used to dominate and sideline the voice of Christopher and empower the medical professionals, and further isolate him in his own story (Said, 1978).

The relationship between Dr. Robert, the older psychiatrist, and Dr. Bruce, the younger physician, reflects more of the racial and institutional inequalities. Although Dr. Bruce is somewhat understanding of Christopher, he is still bound by rules within an institution and his personal prejudices. Dr. Robert, however, is more concerned with his career and research interests and not the welfare of his patient (Penhall, 2000).

The symbolism used by Penhall in *The Blue Orange* is an analytical instrument that identifies themes of institutional racism, cultural competence, and marginalization of racialized people in psychiatric systems (Hooks, 1992). The blue orange, psychiatric ward, Christopher's diagnosis, psychiatric language, and power conflict between Dr. Bruce and Dr. Robert all serve to criticize how mental institutions tend to fail to see race, identity, and lived experience as complex. These signs leave the viewer to ponder how racial presumptions affect the mental health diagnosis and treatment, and how psychiatric practices might be made more inclusive and culturally sensitive (Gilroy, 1993).

Penhall, through the play, uses dialogue and character dynamics to highlight issues of institutionalized racism, mental health diagnosis, and the paradox of identity. The characters and, especially, Christopher, Dr. Bruce, and Dr. Robert allow Penhall to explore the influence of power structures in society on people, especially the poor who belong to the oppressed racial groups. The character dynamics and the dialogue in question are the key to the perception of the mental illness in terms of racial and institutional prejudices (Metzl, 2010).

Young Black man Christopher, who is sent to the psychiatric ward, is the main character with the help of whom Penhall develops the main themes of the play. His conversation shows his self-realization and opposition to the societal authority. Christopher, being a character, finds himself in a tussle of power with the medical professionals to the point that he continuously questions their diagnosis and assumptions about him. His words are full of frustration, disbelief, and defiance, which portray his rejection of the psychiatric system (Hooks, 1992).



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Throughout the play, Christopher keeps doubting the soundness of his diagnosis and the medical authority. His most important lines are one of the ones when he states that he is not a problem to solve, he is a person! (Act 2, Scene 1) question the inhumanity of the psychiatric institution. The line highlights how he does not adhere to the labels people put him in the system and also symbolizes how the system of institutions, such as psychiatry, tends to make marginalized individuals into categories that fail to reflect their experiences.

A lot of Christopher's conversation revolves around him and his experiences as a Black man in an institution dominated by white people. He constantly reminds us of his race, which he mentions in his line, "Maybe I am mad. Or I guess I'm just so fed up with all this that I do not know what is real anymore" (Act 2, Final Scene). This is an indication of how the stress of living in a racialized world can also lead to mental health difficulties. His inability to know what is real addresses the mental costs of having to confront systemic racism, which takes a toll on his identity and his connection to those in authoritative roles (Fanon, 2008).

There are numerous occasions when Christopher claims that he is different and does not want to be diagnosed or stereotyped. In one of his lines, "Why do they all stare at me like I was going to kill them?" (Act 1, Scene 2), he reveals that racial stereotypes of Black men as violent or dangerous inform the way people view him as well as how such views affect the medical professionals in their treatment of him (Delgado & Stefancic, 2017).

The younger psychiatrist, Dr. Bruce, is a symbol of the good but ineffective attitudes of mental health workers who tend to ignore the issue of race in mental health diagnosis. Although he shows him genuine empathy, he cannot do anything about it; he is still part of the system with its inherent bias (Metzl, 2010).

The conversation between Dr. Bruce and himself reveals the conflict that he is experiencing between wanting to assist Christopher and the compulsion to abide by the norms in the institution. His words, "There is nothing wrong with him, he is just different, you can not handle that" (Act 1, Scene 2), demonstrate how he starts to realize the presence of cultural dissonance in the situation, but he cannot do anything about it at the psychiatric institution. This sentence emphasizes that racism is inherent to the psychiatric practice, as the difference, especially the racial difference, is frequently regarded as a pathology (Fanon, 2008).

The experience Dr. Bruce has with Dr. Robert highlights his limitations as well as his intellect in the way race and mental health are interconnected. He is sympathetic toward Christopher but still has the institutionalized beliefs under which psychiatric practices are directed. This power is



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relevant because even people who belong to systems of oppression tend to be co-conspirators in their perpetuation, despite disagreeing with them (Foucault, 1973).

Dr. Robert, who is the senior psychiatrist, symbolizes the established power structures in the psychiatric system. His communication is usually impersonal, descriptive, and patronizing, which indicates the orientation on professional promotion and organizational profit as opposed to the welfare of his patients. His personality is that of the exploitative nature of institutional medicine, with its research interests above compassion or understanding. Dr. Robert's line of thinking, in my experience, is that it is always better to be discharged sooner rather than later. Instead, they begin to get... institutionalized" (Act 1, Scene 1), shows his cold objectivity, and his opinion that patients such as Christopher are better thrown away once they become a liability. This is an indication of racism within healthcare since Blacks are perceived as less deserving of care and will be disqualified from treatment at the first instance, which is frequently caused by stereotypes of unwillingness to conform or refusal to cooperate (Foucault, 1973).

Dr. Robert rejects the wisdom and the concerns expressed by Christopher and views them as being symptomatic of his illness and not as valid criticisms of the psychiatric system. His cold and calculating nature is demonstrated in the way he treats the diagnosis of Christopher and how he rules out race as a consideration in his treatment. His attitude points towards institutional racism, where the view of minority patients takes a background or even lacks any consideration in favour of a presumptive diagnosis (Metzl, 2010).

The interactions of the characters of Christopher, Dr. Bruce, and Dr. Robert can be discussed as a demonstration of the power relations of the psychiatric system, in which the interplay of race and institutional power is interconnected. The characters and their racialized power relations draw attention to how Black patients are disenfranchised by the institutions that are supposed to take care of them.

The two psychiatrists reveal the dynamics of institutionalized power and racial bias, and how they can tend to prevail over empathy and the necessity of cultural competence in mental health care. Dr. The fact that Robert pays little attention to the concerns of Christopher is comparable to the fact that Dr. Bruce is increasingly empathetic, yet the fact remains that Dr. Bruce ends up becoming a part of the larger system and thus, this aspect of the depiction of a medical professional as being complacent and acquiescent to the broader regime leads to the criticism of how a medical worker, in spite of personal beliefs, becomes a complicit party.

The frequent defiance of Dr. Bruce and Dr. Robert by Christopher is an indication of a lack of empowerment of the marginalized in a system that is meant to dominate them. His opposition to



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the fact that they call him or treat him as a problem to be solved questions the authority of psychiatry as a whole, and provides a critique of how institutions define and control racialized people.

The discussions and the relationship between characters in *The Blue Orange* are central in comprehending how the institution of racism and power influence the diagnosis and treatment of mental illness. The protest of Christopher, the compassion of Dr. Bruce, and the manipulation of Dr. Robert contribute to the expression of tensions of agency and control in individuals and institutions. It is also a commentary on the lack of intersectionality of race, class, and mental health in mental health institutions and serves as an important critique of psychiatric care that requires more cultural competence and an anti-racist approach.

The Blue Orange is a criticism of institutional power, which corresponds to the argument put forward by CRT that the structures of the system support racial inequality. The play also makes the audience question the objectivity of psychiatric diagnoses, demonstrating how marginalized people, as Christopher, can easily be pathologized because of cultural misperceptions. The studies provided by Tony Nicholas Brown also confirm these observations and emphasize the psychological burden of systemic racism and the significance of culturally inclusive care. These observations highlight the importance of mental health practitioners being more intersectional and acknowledging the special needs of the marginalized groups (Brown T. N., 2003).

The Blue Orange is not only a play about the clash of three characters but a wider criticism of the systemic aspect of mental health institutions and their relationship with the marginalized identities (Penhall, 2000).

The Blue Orange focuses on the critical analysis of institutional power. Penhall, through the relationships among Christopher, Dr. Bruce, and Dr. Robert, unveils how psychiatry as an institution is deeply ingrained with racism in the system. CRT stresses that racism is not a personal issue; it is structural: reinforced by the norms, the law, and the institutions of the society. This could be seen in the psychiatric ward environment, whereby the status quo is that of the white authority and that the views of the marginalized, such as Christopher, are pathologized. This is in line with the research by Suman Fernando (Fernando S. , 2017).

The setting of the play, as a psychiatric ward, is in fact a micro world towards a bigger social problem. In terms of CRT, the ward is used to signify how society holds dominance over the marginalized groups. The play is critical of the role of the psychiatric institutions, mostly controlled by white professionals, as the gatekeepers of normalcy. This gatekeeping also restricts



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the independence of racialized people and makes them fit into the norms of behavior of the dominant culture, which entrenches hierarchies (Bonilla-Silva, 2018).

Intersectionality is one of the primary themes of the play, which means that different social identities (e.g., race, gender, and class) overlap each other and produce distinct experiences of oppression (Cole, 2009). The main idea of CRT is manifested in this concept, and it is intensely presented by the character of Christopher, who is involved in a complicated game of stereotypes that affect his diagnosis. His race, socioeconomic status, and nonconformance to the traditional patient expectations form a complex identity about which the psychiatric institution is not able to comprehend.

Intersectionality is fundamental in CRT in comprehending the experiences of the marginalized people in their lives (Brown T. N., 1991). The fact that the play does not give full credit to the intersectionalism of Christopher is used to highlight the weakness of the conventional psychiatric models. It demonstrates that mental health practitioners who fail to consider the full range of identity of a patient run a risk of diagnosing the patient or missing essential factors of his or her experience. The subtlety of Christopher's situation in the psychiatric system shows that the intersectional approach in mental health care is necessary, and race and culture are not marginal factors, but rather core to the reality of the patient.

One of the important elements about *The Blue Orange* is the usage of counter-narratives, which is one of the concepts of CRT. Counter-narratives create the space to hear the voices of marginalized people that oppose the dominant cultural narratives that tend to exclude or distort marginalized people (Solorzano and Yosso, 2002). The fact that Christopher persists in insisting that his reality is real, despite being rejected by Dr. Robert and challenged by Dr. Bruce, is a counter-narrative to the efficacy of institutional psychiatry.

The play also fits into the recommendation of CRT of highlighting the importance of stories and personal experiences as an acceptable source of knowledge (Solorzano & Yosso, 2002). The fact that Christopher resists being diagnosed means that he is relying on his agency to fight the efforts of the psychiatric system to label him based on a standard that simply does not apply to his experience. This demonstrates the claim of CRT that the predominant stories are those that tend to exclude other worldviews to perpetuate systemic injustices. This communication between Christopher and his physicians is used to show how institutional language may discredit the voice of the marginalized and make them into a problem to be solved instead of an experience to be comprehended.



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The Blue Orange poses the vital questions concerning the authority of the language in a psychiatric environment. Dr. The language employed by Bruce and Dr. Robert in the labeling and classification of Christopher is that of medical terminology and psychiatric jargon, a critique of CRT on the aspect of language as a form of power that is employed by institutions. These terms are used not only to diagnose but to delegitimize the opinion of Christopher, where his opposition is seen as the symptom of pathology and not a legitimate criticism of his treatment (Kirmayer and Young, 1998).

According to CRT, diagnostic labels are usually based on the prejudices of society and not facts (Sue, Cheng, Saad, and Chu, 2012). The argument about Christopher being diagnosed in *The Blue Orange* is used as a metaphor about how racialized people are often misunderstood by the biased system that is the psychiatric system. The fact that Dr. Robert insists on his role as the professional and his power to choose shows that the psychiatric system is often oppressive to any dissenting voice, in the name of being objective. This is reminiscent of the point made by CRT that the language of power is also prone to being used to reinforce the status quo, marginalizing non-conformers to the prevailing paradigm.

The friendship between Dr. Bruce and Dr. Robert is a metaphor of the contradiction between the inertia of the institution and the need to reform it. Dr. Robert, being a senior psychiatrist, is an epitome of established power structures, which are not easily changed, whereas Dr. Bruce is a more liberal, albeit imperfect, effort to comprehend and question the power structures. This force indicates that CRT considers the institutions as resistant to change and prone to corrosion of reform movements to preserve the status quo (DiAngelo, 2018).

The character of Dr. Bruce brings out the internal struggles existing in the institutions, whereby well-intentioned people cannot do what is expected of them due to institutional pressures. His attempt to reconcile his compassion for Christopher and his work requirements highlights the psychological burden that institutional racism may impose not only on patients but also on practitioners. CRT argues that real reform should not only have an individual but should also have structural changes that will transform the actual causes of inequality, a theme that Penhall examines in the way Bruce struggles with himself and eventually adapts to the norms of the institution.

The Blue Orange also explores the mental influence of being in a racially biased system. The psychiatric institution does not allow Christopher to validate his experiences, and this is always undermining his sense of self-worth and his perception of reality. This is consistent with the intersection of race and mental health as developed by Tony Nicholas Brown, according to which systemic racism has extensive psychological implications on the marginalized person. The long-term stressors of discrimination, racial profiling, and social exclusion help to destroy mental well-



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being and establish a vicious circle of suffering, which is poorly understood or neglected by the dominant institutions (Chou and Feagin, 2015).

The play also shows how institutional racism can cause a loss of agency and powerlessness among marginalized people. The fact that Christopher becomes unsure at times of his sanity is representative of the larger experience of many who are dealing with biased systems at every turn, which tends to have them doubting their reality. This mental health burden shows the necessity of mental health practices sensitive to the intersectional identities of patients, as their effects are cumulative due to systemic oppression.

The debate that surrounds *The Blue Orange* is an emphasis on culturally competent care- a notion that is concomitant to the idea of equity and justice that CRT insists on. The play is very convincing on the fact that one size fits all mental health model, where cultural peculiarities are ignored in place of universal diagnostic standards. Mental health professionals would need to work with the cultural background of patients and be able to support their experience as well as challenge the ideas of bias that dictate the traditional psychiatric models to provide culturally competent care (Arthur and Collins, 2010).

The Blue Orange presents a strong argument about how mental health care should change in order to become more inclusive and intersectional. This would be in line with the overall objectives of CRT; collapsing the systematic disparities in place and providing arenas in which the oppressed voices are not only acknowledged but also honored. The play proposes that in the absence of such reforms, mental health systems will continue to experience the same disparities they are trying to resolve.

The extension of the implications of *The Blue Orange* is not limited to the field of psychiatry and can be seen as an expression of the critique of the functioning of systemic power in different institutions. The play encourages viewers to consider other forms of social organization, such as education, law, and policing, as they are also pathologicalizing and disciplining the marginalized groups. In keeping with the spirit of CRT, *The Blue Orange* provides a prism through which one can regard the issue of institutional biases not as a unique problem to psychiatry but as an overall characteristic of a system intended to ensure social order at the cost of equity (Young, 1990).

The story of Penhall makes one think of the re-evaluation of the institutional power, that is, is the system created to take care of people fair or, in fact, is it oppressive by nature? This is reminiscent of the call of CRT to revolution and not to reform at the surface level. When it comes to the mental health scenario, the play recommends a paradigm shift in the approach of the institutions to the



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marginalized communities that should not be one of control, but rather one of understanding and empowerment (Freire, 1970).

The above section is meant to offer a critical exploration of the themes in *The Blue Orange* within the framework of CRT, which reveals how the play criticized systemic power, the necessity of an intersectional approach, and the value of culturally competent care.

Conclusion

The Blue Angel by Joe Penhall criticizes the psychiatric system because it reveals the racial prejudices and institutionalized power structures through the life of Christopher, a young Black man diagnosed with borderline personality disorder. The play shows how marginalized people, especially racial minorities, are commonly pathologized even in medical facilities that should be used to heal them. In a Critical Race Theory (CRT)-based study, the article examines the problem of psychiatric diagnoses and treatment regarding the impact of systemic racism. It demonstrates the influence of race-based assumptions on medical choices, which perpetuate institutional hierarchies at the disadvantage of patients such as Christopher. The play by looking at the relationships between Christopher and these two psychiatrists, Dr. Bruce and Dr. Robert, demonstrates how power dynamics in a psychiatric facility contribute to the perpetuation of racial discrimination, and thus, critiques the inequalities that are present within the mental health care system. The paper also discusses how intersectionality has affected the life of Christopher as it portrays how racism, mental illness, and gender interact to influence how he is treated in the psychiatric system. The play undermines the prevailing medical views over the prominent medical paradigms through counter-narratives, as it focuses on how Christopher is struggling to establish his experiences against dismissive psychiatric authority. His opposition to the diagnoses imposed on him is a critique of the institution's tendency to silence marginalized voices. *The Blue Orange* proposes system changes in mental health care, which demand more culturally competent and open practices that can address the special needs of racial minorities. The analysis indicates that mental health systems should incorporate CRT principles to establish equitable, just, and intersectional practices.

References

- Arthur, N., & Collins, S. (2010). The role of culture in the mental health of immigrant and refugee populations. *Canadian Journal of Community Mental Health*, 29(2), 9-23. doi:<https://doi.org/10.7870/cjcmh-2010-0004>
- Bell, D. (1976). *Serving Two Masters: Integration Ideals and Client Interests in School Desegregation*. *Yale Law Journal*, 85(4), 470–516. doi:[10.2307/795339](https://doi.org/10.2307/795339)



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- Bonilla-Silva, E. (2018). *Racism without racists: Color-blind racism and the persistence of racial inequality in America* (5th ed.). New York: Rowman & Littlefield.
- Brown, T. N. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241-1299.
- Brown, T. N. (2003). Critical race theory speaks to the sociology of mental health: Mental health problems produced by racial stratification. *Journal of Health and Social Behavior*, 44(3), 292-301.
- Brown, T. N. (2008). Race, Racism, and Mental Health: Elaboration of Critical Race Theory's Contribution to the Sociology of Mental Health. *Contemporary Justice Review*, 11(1), 53–62. doi:10.1080/10282580701850375
- Brown, T. N., & Jones, C. S. (2004). The Intersection of Race, Class, and Gender in Mental Health: A Critical Examination. *Race, Gender & Class*, 11(1), 8-31.
- Chou, T. L., & Feagin, J. R. (2015). The psychological toll of racism and microaggressions: A cultural competence perspective. *American Behavioral Scientist*, 59(5), 602-615. doi:<https://doi.org/10.1177/0002764214550304>
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170-180. doi:<https://doi.org/10.1037/a0014564>
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139-167.
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.
- Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (1995). *Critical Race Theory: The Key Writings that Formed the Movement*. New York: The New Press.
- Dean, S. (2017). Psychiatric power and the racialized patient: Reading Joe Penhall's "The Blue Orange". *Journal of Dramatic Theory and Criticism*, 33(2), 45-64.
- Delgado, R., & Stefancic, J. (2017). *Critical Race Theory: An Introduction* (3rd ed.). New York: New York University Press.
- DiAngelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism*. Boston: Beacon Press.
- Fanon, F. (2008). *Black Skin, White Masks*. New York: Grove Press.
- Fernando, S. (2010). *Mental Health, Race, and Culture*. New York: Palgrave Macmillan.
- Fernando, S. (2017). *Institutional racism in psychiatry and clinical psychology: Race matters in mental health*. London: Palgrave Macmillan.
- Foucault, M. (1973). *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage Books.



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- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Gee, G. C., & Ford, C. L. (2011). Structural Racism and Health Inequities: Old Issues, New Directions. *Du Bois Review: Social Science Research on Race*, 8(1), 115-132. doi:<https://doi.org/10.1017/S1742058X11000130>
- Gilroy, P. (1993). *The Black Atlantic: Modernity and Double Consciousness*. Cambridge: Harvard University Press.
- Hooks, B. (1992). *Black Looks: Race and Representation*. Boston: South End Press.
- Kirmayer, L. J., & Young, A. (1998). Culture and mental illness: Social and cultural dimensions of psychiatry. In A. J. Marsella, R. P. H. C. M. T. H. L. D. A. (Ed.), *Handbook of culture and mental illness: An international perspective*. Elsevier, 1-26.
- Metzl, J. M. (2010). *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston: Beacon Press.
- Patel, V., & Colleagues. (1999). Racism and psychiatry: The need for new perspectives. *British Journal of Psychiatry*. *British Journal of Psychiatry*, 174, 137-141.
- Penhall, J. (2000). *The Blue Orange*. London: Methuen Drama.
- Said, E. W. (1978). *Orientalism*. New York: Pantheon Books.
- Solórzano, D. G., & Yosso, T. J. (2002). Critical race methodology: Counter-storytelling as an analytical framework for education research. *Qualitative Inquiry*, 8(1), 23-44.
- Sue, S., Cheng, J. K., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: A social justice perspective. *American Psychologist*, 67(7), 525-537. doi:<https://doi.org/10.1037/a0028323>
- Taylor, D. (2015). The orange and the blue: Identity and power in Joe Penhall's "The Blue Orange". *Theatre Journal*, 67(4), 505-522.
- Williams, D., & Mohammed, S. (2013). Racism and Health I: Pathways and Scientific Evidence. *American Behavioral Scientist*, 57(8), 1152-1173. doi:<https://doi.org/10.1177/0002764213487340>
- Young, I. M. (1990). *Justice and the politics of difference*. Princeton: Princeton University Press.