

# Impossible Motherhood: A Health Humanities reading of Two Monologues for Women

## Abstract

Separated by a gap of 27 years, Anna Reynold's *Jordan* (1992) and Gary Owen's *Iphigenia in Splott* (2015) offer, on the surface, dramaturgically similar critiques of the impact of poverty on motherhood. Both plays are critically acclaimed monologues for women, which describe the death of a baby following inadequate interventions from health and/or social care services. This article examines the different theatrical contexts for these plays and offers a situated reading of the representation of maternal crisis in circumstances of social deprivation. When considered in parallel, *Jordan* and *Iphigenia in Splott* reveal the persistent vulnerability faced by low-income mothers and would-be mothers under conditions of Thatcherite and austerity governing. In the context of the health humanities, they reveal how austerity government shapes the lives of women through the scarcity of adequate maternal health and social care services. By placing Owen's play in dialogue with the 1990s feminist monologue, I suggest that Owen posits a dramaturgical through-line between post-2008 austerity policies and the socio-political conditions that concerned second wave feminists. *Iphigenia in Splott* not only highlights the post-2008 crisis of care, it demonstrates its continuity with forms of social marginalisation, housing precarity and "hollowing out" introduced under Thatcher and thematised two decades earlier in *Jordan*.

## Introduction

Separated by a gap of 27 years, Anna Reynold's *Jordan* (1992) and Gary Owen's *Iphigenia in Splott* (2015) offer dramaturgically similar critiques of poverty and motherhood. In these critically acclaimed monologues, two mothers describe the deaths of their babies, in the context of failing health and social care services. *Jordan* stages the true story of Shirley Jones, a young working-class mother who killed her 13-month-old son Jordan in an episode of psychosis, and subsequently took her own life. Shirley recounts her life story to the audience, tracing the connections between her violent upbringing, abusive relationship, and experiences of social neglect. *Iphigenia in Splott* is an adaptation of Euripides' *Iphigenia at Aulis* in which Owen recasts the Attic princess as working-class Effie, living in a deprived area of Cardiff. Effie tells the story of her pregnancy and baby loss, and her sacrificial decision to refuse NHS compensation for the good of her community, confronting the audience with their complicity in her loss and the sense that they are 'in her debt'. In both plays, the stereotype of a brash, funny, working-class girl is a way in to a complicated political tale of social neglect and medical failure.

This article puts these plays in dialogue with each other to offer a 'health humanities' reading of maternal health crises. When considered in parallel, *Jordan* and *Iphigenia in*

*SploTT* reveal the persistent vulnerability faced by low-income mothers and would-be mothers under the 1980s Thatcherite regime and the 2010s austerity government. They reveal the ways in which austerity governments shape the lives of women through the scarcity of adequate maternal health and social care services. In their representations of impossible conditions of maternity and extreme grief, they politicise personal tragedy and demonstrate the ways in which external circumstances shape the psychic lives of their protagonists. There are also important differences between the plays, Whilst Jordan invites its audiences inside the traumatic experiences of Shirley's breakdown and grief, *Iphigenia in SploTT* turns outwards, implicating its audience into the play's central crisis. *Iphigenia in SploTT* not only highlights the post-2008 crisis of care, it demonstrates its continuity with earlier forms of marginalisation, housing precarity and "hollowing out" introduced under Thatcher and thematised two decades earlier in *Jordan* (Brown 2015). Using a sacrificial framework, Owen invites its audience to consider inadequate maternal care as a matter of injustice.

There has been a recent return in theatre and performance studies to the question of the politics of form. Recent debates have focussed on the political and feminist potential of naturalism. In *The Contemporary Political Play: Rethinking Dramaturgical Structure* Grochola finds the 'serious drama' politically suspect, arguing that it has its roots in more conservative theatrical forms (Grochola 2017). On the other hand, Hannah Greenstreet finds new feminist political possibilities in recent experiments with Naturalism (Greenstreet 2024) and Elaine Aston notes the resurgence of earlier feminist forms on the contemporary stage (Aston 2020). Within the medical humanities, there has been a turn to consider the role of formal innovation in theatre's ability to question received norms on mental illness (Harpin 2018, Venn 2021, Sidi 2023). Lena Šimić and Emily Underwood-Lee have highlighted the various contrasting ways in which 'maternal performance' can constitute a dramaturgical position, 'an inclination toward the other' which characterises the complex position of the 'mother/artist' in performance (2021, 8). Despite their different perspectives, these scholars all suggest that the formal dynamics of performance contribute distinct forms of knowledge to the fields of feminism, contemporary politics and/or health. As a live mode of address, performance interpellates its audience in ways that become part of the politics of a performance. Performance opens up the potential to viscerally understand the ways in which subjectivity, the body and the home are intimately shaped by political circumstance.

The relationship between personal and political circumstances is perhaps nowhere more clearly intertwined than in pregnancy and childrearing (Martin 2001). Women's relationships with childbirth and motherhood are mediated via medical, public health and social care institutions, and working-class mothers are more exposed to such institutions. These become, in a practical sense, the ways in which many women experience the state and politics in everyday life. As Helen Charman summarises in *Mother State: A Political History of Motherhood*:

If the maternal body occupies a particularly significant position on the permeable boundary between public and private, then childbirth, which now mostly takes place in Britain and Northern Ireland within a public healthcare system, connects the body and the state. (Charman 2024, 5)

Childbirth and motherhood are areas of everyday life in which policy changes such as cuts to health and social care funding are quickly and viscerally felt. These effects of policy change are unequally distributed across the population. As Charman notes 'the chronic underfunding of the health service that has characterised the late twentieth and early twenty-first century, has resulted in serious disparities in experiences of childbirth that divide along racial and economic lines' (2024, 5).

The disparities in outcomes for women's experiences of maternal healthcare highlights that maternal health is health justice issue. A health justice approach understands health as socially determined at a population level and seeks distribute health more equitably across a population (Daniels 2008). This is balanced with the protection of individual's right to public health – highlighting the importance of protecting the health of smaller vulnerable groups (Wilson 2021). Addressing the high rates of maternal mortality in the US, Crear-Perry et al. argue that attention to "structural determinants of health" and "root causes of inequities" is necessary to understand the complex ways in which poverty and race impact maternal health outcomes (2021). An intersectional approach which understands the pressures of different forms of inequity experienced by women accessing maternal health care 'can illuminate how power and privilege (and conversely oppression and exclusion) intersect and drive inequities' (Borhen et al 2024 ).

Writing at different moments, there are continuities and differences between the ways in which *Jordan* and *Iphigenia in Splott* represent working class mothers' and would-be mothers' exposure to the changes wrought by health and social care policies. *Jordan* is the true story of Shirley Jones, a young women whom Reynolds met when they were both incarcerated at HMP Royal Holloway. It presents a vision of motherhood characterised by fierce love, intense isolation, domestic violence and state neglect. Here the encounter with the state is experienced through an absence of support – be that economic or political. As we shall see below, the state also appears in other ways, through the repeated stigmas and prejudices against young single mothers which were both the subject of political rhetoric and the motivators of punitive reforms to family welfare support in the 1990s. The play's structure emphasises the ways in which these stigmas permeate the psychic life of the speaker, shaping her distress. Two decades later in *Iphigenia in Splott*, the theme of state neglect of mothers is repeated in Effie's tragic journey through pregnancy and baby loss, and her decision to refuse the state's compensation. Here however, Owen presents a dramaturgy in which it is the built environment and physical infrastructure which shape the protagonist's experience of the state, impacting her life, pregnancy and ultimately her inability to access life-saving care for her baby.

The term 'dramaturgy' refers to the overall way in which meaning is created in a performance. The dramaturgy of a work includes its formal components, such as playtext, acting, scenography, light and sound, and the more dynamic aspects of the encounter

between play and audience. As a live performance event a play might come to mean something different on different nights, depending on the circumstances of its staging within and outside the theatre. Elsewhere I have argued that dramaturgy provides a helpful term in describing theatre's potential to explore how external circumstances shape the inner lives of subjects. It is particularly pertinent to works that

invoke[] a problematized boundary between interior and exterior. This boundary is both the actual boundary between audience and artwork, stage and auditorium, and the boundary between personal interior and social exterior which is thematized in the lives represented on stage. The one reflects and repeats the other. (Sidi 2023, 22).

Offering a dramaturgical analysis of *Jordan* and *Iphigenia in Splott* allows us to examine how these plays speak to their audiences at specific historical moments. At the same time, it reveals how the material circumstances of these moments shape the protagonists' capacities for meaning making in both works.

This essay builds on Elaine Aston's important approach to understanding British feminist theatre as concerned with the politics of 'feeling' and refracts this position through a health humanities lens (Aston 2013). For Aston, feminist works embody political affects such as hope, anger and despair, underscoring the extent to which politics is *felt* as well as *thought*. By tracing the presence and absence of health and social care systems in these plays I ask the following questions: How can theatre help us *feel the gendered relationship* between women and the state, as mediated by health and social care institutions? And what might this perspective contribute to an understanding of health justice?

## Section 1: Impossible Motherhood

Anna Reynolds' *Jordan* is a play that is full of feelings. It is difficult to read, and according to reviews of the first production, 'almost too painful to watch' (Gardner 1992, 511). Shirley speaks to the audience on stage as she awaits the verdict for her murder trial. As the monologue unfolds, she takes us through her story: from a lifeless existence in Morecombe through an exciting but ultimately abusive relationship with her boyfriend Davey, unplanned pregnancy and the birth of her baby Jordan, to a first year of motherhood which ends in terrible pain and loss. Abandoned by Davey in the first months of motherhood, Shirley turns to sex work to make ends meet, only to have Davey return and threaten to remove her child. Fear of losing Jordan sends Shirley into a severe mental breakdown which is compounded by the distant and seemingly threatening presence of social services. In fear and despair, Shirley kills Jordan and attempts to end her own life. Waking up from a failed suicide attempt, Shirley finds herself in the secure psychiatric wing of Royal Holloway Prison, where she is heavily medicated and evaluated by a litany of psychiatrists. Her story is punctuated by retellings of the Rumpelstiltskin fairy-tale, and by her repeated, painful recounting of her crime to psychiatrists, lawyers and jury. The play ends with the following words projected onto a screen:

IN MEMORY OF SHIRLEY JONES,

WHO WAS AQUITTED OF MURDER  
AND RELEASED ON PROBATION  
IN THE WINTER OF 1987.

THE DAY SHE WAS RELEASED FROM COURT  
SHE COMMITTED SUICIDE.

(Reynolds 2006, 28)

The play thus ends with a *coup de theatre*, revealing the truth of the story.

Through an emotionally intense dramaturgy, *Jordan* provokes questions about the psychological harm perpetuated by institutional requirements to re-tell traumatic events. It is structured in a way that allows the audience to follow Shirley's patterns of feeling as she circles around the tragedy of Jordan's death and her own survival, as the monologue approaches and retreats from the reality of Jordan's absence. Shirley's repeated testimony contains irregularities, as well as a yearning not to remember:

I drink the vodka, gagging on the strength of the aspirins.

Then I can't remember. I can't remember, Jordan.

I can't.

I take up a pillow and without looking I place it over you, so so gently and I press down on it for a long time, without looking. I can't look, in case ... I see you kick.

Then – I go into the kitchen and swallow the rest of the pills.

*She drinks. She drops the bottle*

Smash, Smashes everywhere. I think... I'm making a lot of noise. Then I can't remember. I can't remember anything else.... Because everything else is long gone.  
(18-19)

The description of Jordan's death is a recurring wound exposed repeatedly as Shirley moves through the psychiatric and justice systems: 'I bare it all and each time without fail the pain is left, screaming bloody raw' (22). It explodes onto the narrative through fast and pressured speech before being left behind as Shirley retreats into a world of fairy-tale, a description of the prison, or an imagined dialogue with Jordan himself. Shirley's retellings are explicitly non-cathartic. They implicate the theatre audience, by virtue of their presence, as complicit in the harm which the act of retelling enacts upon the speaker, conflating the audience members with her litany of institutional audiences, including psychiatrists, lawyers, judge and jury.

The medical and social care spheres appear explicitly in the latter half of Shirley's narrative. Her first mention of medical services is an account of being in a maternity ward after giving birth and does not mention medical staff at all. It focuses on the positive experience of solidarity between the other mothers, whilst also prefiguring the tragedy to come:

That's when I found out I was a killer. I was in the hospital. Someone had a paper and read a story about an evil monster who beat his kid to death while his wife stood by and watched. There we all were, in our padded dressing gowns and fluffy slippers, some with babies, some still pregnant, disgusted by this man. 'If any bastard tried to do that to one of my kids, I'd bloody kill him', said this woman who had five kids already. And we all agreed. We were a band of killers with our sore tits and sanitary towels like the seat of Davey's bike. And I belonged. (12)

In a life-story that has largely been characterised by isolation, loneliness and disenfranchisement, Shirley's stint in the hospital offers a glimpse of a different way of being in which she has a community. Ironically, it is not until she finds herself in a psychiatric prison ward that she finds anything close to this sense of connection with other women again.

At the same time, each of Shirley's encounters with health and social care professionals are experienced as escalating threats and precipitate her breakdown. After Davey begins proceedings to remove Jordan,

the letters come thick and fast. First from social services, then from the council, then another white envelope with writing saying I've been summoned. I chuck them in the bin. When people knock at the door, I never answer. I just sit with you in the toilet until they go away. Two ladies come and shout through the letterbox. 'Are you alright dear?' I stop going out. It's too dangerous. Anyone might be waiting there. (17)

Faceless, social services only appear at the behest of Shirley's abuser and become elided in her narrative with an outside world which is defined by gendered violence and threat. From prison, Shirley is treated by 'a parade of passing shrinks..' (21) Encounters with forensic psychiatrists become just another place where Shirley must re-tell her story – 'No lint but acid, neat to the wound.' (22).

In order to understand the disconnect between Shirley and the faceless services which fail to reach her, it is necessary to place Reynolds' play in a wider context. As Elaine Aston notes, the 1990s saw a recurring thematization of the death of babies and young children in UK feminist drama. These include Reynolds' *Jordan*, Caryl Churchill's *The Skriker* (1994), Sarah Daniels' *The Madness of Esme and Shaz* (1994), Sarah Kane's *Blasted* (1995) and Rona Munroe's *The Maiden Stone* (1995). The most significant continuity in feminist drama in this decade is, according to Aston, 'an emergent urgency and concern for the child (literally and metaphorically) at risk in a world where feminist agency is lost to the individualist, materialist principles of late twentieth-century capitalism' (Aston 2013, 10) Aston suggests that this is best understood in the context of a new concern 'for the future' rather than a 1970s feminist interest in women's material present (Aston 2013, 169). While I agree that concern for the future – or more accurately a despair at a futureless world – does appear in these works, I would suggest that it also points to an urgent concern for the present material circumstances of children, mothers and would-be mothers in the UK. Attention to health and social welfare contexts of the early 1990s can further enhance our understanding of why and how baby loss and infanticide become such important themes in these works.

The 1990s were a time of extreme stigmatisation and punitive policies directed at young and single mothers in the UK. In their history of one parent families, Thane and Evans identify that 'the 1980s and the early 1990s saw the most outspoken and persistent attack on lone mothers by representatives of any government of the century [...] Increasingly, lone mothers, and especially teenage mothers living on council estates were presented as archetypal welfare scroungers. The welfare system in turn, was blamed for encouraging family breakup and teenage motherhood.' (Thane and Evans 2021, 161). This rhetorical attack was accompanied by a package of welfare reforms which severely impacted mothers on low incomes: the fall in the real value of benefits, the 1986 Social Security Act and the 1990 Child Support Bill combined to make the positions of lone parents significantly more financially precarious (Thane and Evans 2012, 174-185). Lost in the insistent vilification of mothers as 'scroungers' in this discourse is precisely the health and welfare of real women and their children. The National Council for One Parent Families (NCOPF) expressed concern about a trend in stigmatising rhetoric from politicians, the press, and care professionals. 'The professional tendency to label one-parent families as "problem families"', the NCOPF warned, and to 'consider them as "indicators" to a range of pathological social ills [...] careless and unjust.' (Thane and Evans 2012, 170). Discrimination against young single mothers was becoming institutionalised in the very spaces which were supposedly designed to help families.

In this context, Shirley's monologue is more than an account of a true-life personal tragedy. It also refracts the dominant political ideology imposed on low-income single mothers back to its audience in tragic form. Holed up in her flat unable to afford food or heat, Shirley imagines herself surrounded by persecuting strangers from social services who are coming to take her and her baby away:

I imagine them breaking the door down with axes and grabbing you out of my arms!  
I imagine them ambushing me when I go out for food! (Reynolds 2006, 17)

These delusions of persecution render motherhood an impossibility for Shirley, and she takes her child's life believing that she is keeping him safe from the 'hundreds of them watching us [...] shimmering' (Ibid). Yet these delusions themselves are made up of elements of her reality. She is truly in danger from her violent ex-partner, unsafe in her home, and failed by the authorities who do not protect her or identify her serious mental health needs. What's more, the figures she imagines surrounding her home are making the same accusations which the press and politicians were making of low-income single mothers in the world beyond the theatre. At a metatheatrical level, she is similarly surrounded by spectators, who may be carrying the same prejudices into the theatre. Shirley's mental distress takes on the shape and tenor of the actual political and institutional vilification that is taking place in the outside world.

*Jordan*, then, invites its audience into a feeling encounter with stigmatising services in an extreme situation, in which institutional failure renders motherhood impossible. Aston's focuses on the role of feeling as a way in which contemporary feminist drama relates to its audience. Drawing on Raymond Williams, she suggests that feminist drama reproduces new 'structures of feeling' for its audiences that are relevant to the feminist struggles of the

moment. 'Structures of feeling' is a term coined by Williams to describe the somewhat ineffable, shared and everyday experience of living within a specific historical and cultural moment. It is used to describe the way in which the 'general organization' of a society (it's physical, legal and social structures and institutions) is experienced and communicated at a particular cultural or subcultural level:

it is as firm and definite as 'structure' suggests, yet it operates in the most delicate and least tangible parts of our activity. In one sense, this structure of feeling is the culture of a period: it is the particular living result of all the elements in the general organization. (Williams 1961, 48)

As a Marxist critic, Williams was interested in the ways in which literature offered a window onto the structures of feeling of historically specific class relations, enabling 'the articulation of alternatives to dominant world views' (Filmer 2003, 1). Writing on Brecht for example, Williams argued that tragedy can have a political sensibility when 'the structure of tragic feeling derives from a process of us "see[ing] not only that suffering is avoidable, but that it is not avoided" (Aston citing Williams, 2017, 304). Works such as *Jordan* thus help us to understand what it is like to live within the contours of a specific institutional-cultural structure at a given moment, and how classed and gendered relations produce suffering in such a structure. These relations fundamentally shape what kind of life feels and is possible for different individuals.

These structures inevitably contain political disappointment for Aston, as feminist theatre navigates the sufferings of women and the lost ideals of earlier feminist organising. She notes that 'any attempt now to re-write the narrative of "progressive overcoming" has also to attend to the tragic shortcomings, flaws, uncertainties, disappointments, frustrations, and anger that living in the "ruins" of feminist futures lost to a regime of intensifying neoliberalism and deepening inequalities has allowed us to understand and to feel.' Feelings in feminist theatre operate at two levels here. First, in the example of *Jordan*, is the invitation to *feel with* the protagonist, through the approach towards and retreats away from the play's central wound. Each time the monologue seems to be settling into a particular frame for containing Shirley's grief, it is interrupted by her broken and inconsistent account of Jordan's death. This dramaturgically invites the audience into the destabilising and reeling nature of Shirley's grief, and to understand the ways in which it has been shaped by institutional encounters. Secondly, feminist theatre for Aston is a place of political reckoning, in which the audience navigates their own feelings of frustration and anger toward those institutions which formerly held political promise, including theatre and feminism itself.

## Section 2: (Un)liveable life

Staying with Aston's invitation to consider feminist feelings but adding a focus on the general organization of the 1990s maternal health and welfare systems, we can start to see how *Jordan* invites us into a feeling relationship with state vilification and neglect, and links this to a background context of gendered violence and urban deprivation. Both *Jordan* and (as we shall see below) *Iphigenia in Splott* are characterized by the speakers' efforts to create a liveable life, through heterosexual relationships, pregnancy and motherhood in a context



which makes life feel like mere existence. In her human-rights oriented work, Judith Butler underscores the importance of understanding the material conditions which make life liveable. "We cannot struggle for a good life, a livable (sic) life' Butler suggests, 'without meeting the requirements that allow the body to persist' (2015, 208). However, a liveable life goes beyond the conditions of survival. As Knight summarises, liveable life includes freedom,

and requires that individuals have some ability to be self-directing, in the sense of making important decisions about the course of their lives in cooperation with others. [...] In this way, a livable life "depends upon an exercise of bodily autonomy and on social conditions that enable autonomy" (Knight 2021, 190, citing Butler 2004,12).

In both plays, both the bodily and social conditions of a liveable life are found wanting. Daily life is characterised by an oppressive meaninglessness, and the opportunity to create meaning through autonomous decision-making around motherhood is rendered impossible through failures of healthcare.

Shirley is seduced by Davey because risk-taking feels like a solution to the numbing monotony of a life without opportunity, in which domestic violence is already normalised: 'I just always went for the dangerous ones' she reminisces, 'I didn't want someone as dead as me' (Reynolds 2006, 9). As her relationship becomes increasingly abusive, she transfers the sense of life-giving connection which she had attempted to form with Davey onto her pregnancy and child. As we have seen, this contrasts with the sense of threat which she associates with institutional powers. From within her grief, Shirley holds on to this intense connection through a fantasy of Jordan's presence as the only way of remaining alive. The memory of her lost child is an imagined repetition of pregnancy:

There's no need to talk to them, because I have you. You're still here, inside me, just like you were before you were born, silent, listening, breathing me in. (Ibid., 6)

This realm of fantasied memory which provides the locus of interior life in the play, in contrast to domestic, institutional and public spaces which reveal themselves as hollow.

As with *Jordan*, *Iphigenia in Splott* reveals the inadequacy of heterosexual romance as a way of creating meaning within a setting of social deprivation. The play stages the monologue of Effie, a young woman from a socially and economically disadvantaged area of Cardiff. Brash, funny and confrontational, Effie challenges the presumably well-to-do theatre audience to see the world from her perspective. Effie begins her narrative by describing her mechanisms for making it through the empty time which makes up her weeks, in a neighbourhood abandoned by both the state and the market. In this street where there 'used to be life', but now there are only high-rise flats, Effie and her flatmate follow a regime of carefully spaced binge-drinking and hangovers to get from Monday to Sunday without noticing time pass. Beyond drinking, Effie finds her sense of validation in heterosexual relationships and one-night stands, and her disdainful perception that she is more intelligent than her contemporaries, especially her 'thick' boyfriend and her 'fat mum' neighbour.

Effie's life is thrown into disarray when she becomes pregnant from a one-night stand with Lee - a soldier who shares intimate feelings with her about his war trauma and experiences as an amputee. This encounter gives her a brief sense of purpose as she imagines a life of 'making Lee better'. Upon finding out that Lee is married, this sense of purpose is transferred onto her pregnancy. Effie decides to keep her pregnancy and carries it to term with support from her nan and her boyfriend. First discovering the feeling of 'not alone' with Lee, pregnancy gives her a feeling of companionship with the foetus, and of community as she realises that she has people who will help her. Entering labour prematurely, Effie is neglected by hospital staff and loses her baby in an ambulance between hospitals due to a bed shortage. The play ends with her decision to drop a lawsuit against the National Health Service which she is likely to win, because she is told that if she is paid, this will cause a reduction of resources provided to the local hospital. Effie sacrifices herself for the community and the audience in the theatre, telling them that she 'can take it' so that no other woman has to go through such grief.

Both *Jordan* and *Iphigenia in Splott* thus represent maternal grief within a social fabric in which motherhood itself stands for a final attempt to create a liveable life. As feminist writers have long noted, the institution of motherhood presents a dubious kind of redemption for women in straightened circumstances. As Adrienne Rich famously wrote, 'the patriarchal institution of motherhood is not the "human condition" any more than rape, prostitution, and slavery are.' (Rich 2021, 15) Motherhood and the desire to become a mother have a history which shapes its material circumstances and psychic terrain. Historically motherhood has been idealised and encouraged in certain demographics (white, middle and upper classes) and described as a social problem in others (poor, Black, immigrant) (Roberts 2017, Ross and Solinger 2017). Feminist writers such as Rich and Jacqueline Rose emphasise that an ideal, white motherhood becomes a psychic burden which it is impossible for actual mothers to fulfil (Rose 2018, 77). This expectation interferes with the capacity to mother freely: 'like the injunction to be spontaneous, a state that can only arise unbidden, the demand to love crushes and obliterates its object and itself'. (Ibid.) On the one hand, these feminist critiques of idealised motherhood seem to jar with the monologues discussed here, where motherhood is passionately desired as a redemptive form of love. On the other, they point to the ways in which the idealisation of privileged motherhood is doubly prohibitive. Effie and Shirly belong to that group of low-income women who are discouraged from reproducing (it is notable here that in both narratives conception is accidental). Following conception, they are not afforded the support necessary to sustain a loving family in the context of an autonomous, liveable life.

In both plays, avenues for meaning-making are closed to the protagonists, and public institutions hinder rather than help to make life liveable. This is a structure of feeling which is in part explored in Berlant's conceptualisation of 'the female complaint', in which 'women live for love, and love is the gift that keeps on taking.' (1) Shirley and Effie both initially experience their need for something to transform existence into 'life' as a

quest for love, and both soon find romantic or sentimental love to be wanting. However, the plays go beyond this sentimental position. Berlant notes that 'the complaint genres of "women's culture," [...] tend to foreground a view of power that blames flawed men and bad ideologies for women's intimate suffering, all the while maintaining some fidelity to the world of distinction and desire that produced such disappointment in the first place'. (2) In contrast, pregnancy and the promise of motherhood are briefly fulfilling in both plays but are rendered impossible to sustain because of the very conditions which made the mother's life before pregnancy feel unliveable. Shirley and Effie's losses take the form of world-shattering grief which undoes the promise of happiness which pregnancy held. They do not return to the project of motherhood, but find that within their political and social circumstances, it is impossible and life is barely liveable.

### Section 3: Feeling the cuts

In both plays the death of a baby in the context of inadequate public services is embedded in wider forms of deprivation. *Iphigenia in Splott* posits a clear through line between the economic deprivation of Splott itself and medical services' failure to support Effie and save her child. The first mention of healthcare in the play comes as part of a list of private and public services which Splott has lost in recent years:

Shops are gone, bingo hall burned, pubs closed, doctors shut,

STAR centre getting pulled down and more flats thrown up. (Owen 2022, 2)

Rattled off to the rhythm of the play's 'dirty poetry' (Gualberto 2021, 127), this litany of closures situates the scarcity of medical services in Effie's experience of Splott as hollowed-out and empty of support or meaning. Scarcity and emptiness appear in each of Effie's encounters with maternal health care:

Health visitor says walking or swimming might help, so

Everyday I walk to the pool. And the swimming does help.

Until they close the pool down. (50)

After going into pre-term labour, Effie is left on an empty ward 'That looks closed. / Dark. Quiet. No one about.' (52) As her pain increases, she makes her way back 'Down to maternity, buzz at the door. / No one comes. / No one comes. / No one comes.' (53) The emptiness of the ward builds on that of the wider community. The medical encounter is characterised by feeling terrifyingly alone.

This emptiness was repeated in the staging of the first production, which saw Effie on a largely bare stage occupied by two institutional chairs. The scenography consisted of a series of lit up horizontal bars behind her, resembling a set of broken blinds. The emptiness of the stage emphasised the way in which the institutional encounter isolates and diminishes Effie. For most of the play, Sophie Melville's powerful performance as Effie filled the stage as she took up space walking, talking, dancing and confronting the audience. In

the hospital sequence she seemed small and diminished, surrounded by dark emptiness around her. In contrast, the first production of *Jordan* saw Moira Buffini as Shirley navigating an enormous chair at the centre of the stage, which 'dwarf[ed] her every move' (Jancovich 1992, 509). This larger-than-life chair made Shirley 'look as small and vulnerable as possible' (Armistead 1992, 510), and 'bec[ame] a psychiatrist's desk, a witness box and the bars of a gaol evoking everything that conspires against Shirley and destroys her' (Stafford-Charles 511). Trapped in an institutional limbo Shirley literally clambered over an immovable object as she told her story – 'like Alice in Hell' (Peter 1992, 509). These dramaturgical differences reflect ways in which institutions are experienced in the plays. Whereas Shirley experiences health and carceral institutions as psychologically dominating, Effie seeks help in the medical institution only to find it empty.

Effie's baby dies in an ambulance which gets stuck in a snowstorm in transit to a hospital in Abergavenny, because of a bed shortage in the special care unit in her local hospital. When she sues the hospital for negligence, she is told that her payout will take resources away from future patients. Owen based this ending on two real-life experiences. The first was 'a woman who'd lost a child because she'd given birth in the waiting room of a maternity ward.' (Bano 2016) In this case, '[t]he hospital were sued for negligence and didn't defend it at all. They said it happened because of cuts, because they didn't have the staff to cope with everyone, and things would only get worse if they have to make a huge compensation payment.' (Bano 2016) Owen combined this story with the circumstances of the birth of his second son, who needed to be transported to a different hospital due to lack of special care beds:

He needed to be intubated the second he was born. He was in a pretty bad way that a Special Care Unit could cope with [...] but if you're born outside that context you're in real trouble. (Bano 2016)

Problems associated with short gestation and low birth weight (often requiring special care units) are the leading causes of infant death in the UK, and are associated with social inequity (Roberts and Bell 2015). Effie is told that her baby could not access life-saving care because 'we don't have as many special care beds as we used to/ Cos of all these cuts'.(62)

*Iphigenia in Splott* thus clearly puts the responsibility for the tragedy at the hands of the state, specifically the austerity policies of the UK 2010 Conservative-Liberal Democrat Coalition Government. In response to the 2008 financial crisis, this government pursued a policy of severe cuts to public sector spending. The austerity programme caused significant increases in child poverty – with 3.9 million children reported to be living in poverty in 2019 (Charman 2024, 306). Despite NHS services being "ringfenced" from cuts, researchers found that austerity led to significant excess deaths in England, which disproportionately impacted women (Ibid., Walsh 2022), and a significant decline in maternity care quality (Cambell 2023). Notably, 'areas with the largest reductions in spending [on social care] in England had the greatest mortality rate increases'.

(McCartney 2020, also Walsh 2022) As Owen notes, these cuts most severely impacted low-income communities such as Splott, which ranks in the most deprived decile of the Index of Multiple Deprivation (CDRC 2024). Charman argues that

Every aspect of pregnancy and early motherhood is shaped by socio-economic factors: working conditions, (your own and those who are caring for you); the state of repair or disrepair of hospital facilities; the leave you can afford to take; your immigration status. The suffering of labour is coloured by these things too. (Charman 6)

Perhaps more than any other area, childbirth exposes the many different levels at which the bodies and relational lives of women are permeated by outside factors, refracted via the care or neglect of the medical and care systems. In the case of *Jordan*, Shirley's intense social isolation and alienation from services contributes to her tragedy. In *Iphigenia in Splott*, the neglect of the built environment and public institutions becomes the wider context for the death of Effie's baby.

Economic austerity became the dominant political ideology in the UK throughout the 2010s. Through wide-reaching spending cuts, austerity politics partially neoliberalized the UK. As Wendy Brown describes it, 'neoliberalization transposes democratic political principles of justice into an economic idiom, transforms the state itself into a manager of the nation on the model of a firm [...] and hollows out much of the substance of democratic citizenship and even popular sovereignty' (2015, 35). By reducing the value of public services to only their cost-effectiveness, a neoliberal position justifies huge cut-backs in health and social care service provision. While medical and public institutions continue to exist, they were rendered 'hollow': understaffed, under-resourced and unable to meet public needs. At the same time, neoliberal ideology transforms the way in which subjects see themselves in relation to the state. Subjects are transformed into responsabilized consumers, who source, advocate for and often fund much of the services which make life liveable (Brown 2015). In the context of healthcare, responsabilization transfers the burden of identifying and accessing adequate care onto the patient, who may not have the knowledge and understanding identify the best care, or the social capital to advocate for it (Anderson et al 2016).

The effects of this responsabilized culture is seen in the classed way in which Effie is treated in the maternity ward. She is on the ward with a middle-class patient called Gemma, and her partner Ben. When the midwife suggests that she will accompany Effie in the ambulance, Ben intervenes and advocates for his partner's interests over Effie's:

I can hear Ben not shouting but speaking very loud about

[...]

Getting some boss doctor on the phone but he's not,

On the phone

And Gemma goes quiet, and

Lets go of my hand

(55)

The brief moment of solidarity between the two women on the labour ward ends when it becomes clear that they are in competition for the same resource. On the other hand, Effie is unable to advocate for herself as an isolated working-class patient:

And I know I should argue.

I know I should.

But the pain. I can't speak.

And there is no one to speak for me, so ...

I'm on a trolley. (56)

Owen's play thus folds the problem of resource scarcity into issues of isolation and the fracturing of community. Effie is rendered vulnerable to a responsibilized medical system because she is alone and has no advocate. But she is alone, the play suggests, because of the scarcity of resource in her community in which everything needed to 'make a life' has been stripped away.

Through their representations of dangerous isolation, both *Iphigenia in Splott* and *Jordan* invite their audiences to *feel* the gendered relationships between working class women and the neoliberal state, via encounters with health and social care institutions. They reveal the dangers of attempting to build a life as an isolated working-class woman in the shadow of a 'Neglectful State'. The Neglectful State 'is one that does not take easy steps that could have been taken to reduce risks to health, and as a result allows significant numbers to come to harm or death.' (Wilson 2021, 109) These steps are not necessarily limited to the area of service-provision but could relate more widely to issues of infrastructure or regulation. Stating that 'it is more ethically dubious and more politically dangerous to err on the side of Neglect than of Nannying' (Ibid.), Wilson argues individuals have a right to public health which states have a duty to uphold. In this framework, the neglect of services and structures which 'make a life', as Reynolds and Owen represent them, are not only tragic but also unjust. Isolation becomes the vector through which the speakers of these plays carry the social injustice which they have faced throughout their lives into their experiences of pregnancy and motherhood, and into their encounters with health services. The plays reveal the complex system which enmeshes social participation, class, gender and health outcomes, which operates on an individual and population level.



## Conclusion

By drawing on a theme which was popular in the feminist theatre of the 1990s to make his 2015 critique of austerity, Owen signals a connection between structures of feeling in both eras. Reynolds's *Jordan* is typical of a trend in feminist writing in the late 1980s and early 1990s, often developed in collaboration with grassroots organisations such as *Clean Break* (a theatre company working with women with experience of incarceration with whom Reynolds and Sarah Daniels worked with repeatedly). These plays documented the serious challenges marginalised women and children face to create meaningful lives and connected gendered violence with issues of social deprivation. Often, as Aston notes, they retreat from ringing calls to justice and either find their solutions in escapism and fairytale or end with tragedy and despair. For example, Daniels' *The Madness of Esme and Shaz* ends with Shaz and her aunt escaping on a Mediterranean cruise to avoid Shaz being sectioned, and Churchill's *The Skriker* is a dark fairytale about impossible motherhood in a futureless world. Reynolds ends *Jordan* with both escapism and tragedy. Shirley's monologue ends with her own version of the Rumpelstiltskin story in which 'the queen and her child rode by horse for many days [...] until at last they came to a magical land [...] And of course they lived happily ever after.' (28) This escapism is of course undermined by statement which immediately follows, informing the audience of the circumstances of the real Shirley's death. Owen diverges from this feminist tradition in a significant way, retreating from a representation of grief in favour of a more explicitly political ending. After a still birth or baby loss 'the mind shatters', and the would-be mother is caught somewhere between pregnant and maternal forms of embodiment (Hudson 2014). Reynolds faces this shattering head on, allowing it to structure her looping monologue. In contrast *Iphigenia in Splott* skips over the initial grief of its protagonist, summarising it in the single phrase 'I go to hell' (60) and then turning outwards to its audience. By drawing on the sacrificial structure of his source text, he renders Effie a willing *pharmakos* (a sacrificial victim of Greek tragedy) who confronts her audience with their interconnectedness. Having refused the life-changing compensation offered by the NHS following her baby's death, Effie addresses the audience directly:

I took this pain,  
And saved every one of you, from suffering the same.  
Your baby gets sick, she gets well  
Because of me [...]  
We can take it cos we're tough, the lot of us.  
But here's the fucking rub.  
It seems, it's always places like this  
And people like us who have to take it,

When the time comes. (Ibid., 65)

There two ways these lines can function rhetorically, depending on the location of the performance and make-up of the audience. In one context, Effie solicits the identification of Welsh, austerity-hit, working class audience members via the collective 'we can take it', inviting them to rebelliously join her in confronting an apostrophic 'you' who benefits from their sacrifice. In the second context, Effie imaginatively conjures up her community ('we' – the 'fat mum', 'the hobbled soldier', the working pensioner who can't make ends meet) in order to directly confront the actually-present, middle-class 'you' in the audience (Ibid., 65). 'The reactionary logic of austerity', writes Charman, 'is that "we" don't have enough money to support those who aren't "us": the state needs to look after its own. But it doesn't do that either, shifting the responsibility to communities. When community organizing actually happens however, it is perceived as a threat, and obstructed accordingly.' (316) Using the framework of a medical tragedy, Owen challenges his audiences to hold such confrontation and to do something about it.

## References

- Anderson, L et al., , Spanjol, J., Jeffries, J. G., Ostrom, A. L., Baker, C. N., Bone, S. A., Downey, H., & Mende, M. 2016. 'Responsibility and Well- Being: Resource Integration under Responsibilization in Expert Services', *Journal of Public Policy and Marketing* 35, no. 2 : 262–79.
- Armistead, Claire. 1992. "Jordan." *Guardian* 7<sup>th</sup> May in *Theatre Record* 25 April – 5 May 1992), 510.
- Aston, Elaine. 2020. *Restaging Feminisms*. Palgrave.
- Aston, Elaine. 2017. 'Moving Women Centre Stage: Structures of Feminist-Tragic Feeling.' *Journal of Contemporary Drama in English*. 5 (2), 292–310.
- Aston, Elaine. 2013. *Feminist Views On the English Stage: Women Playwrights, 1990-2000*. Cambridge University Press.
- Bano, Tim. 2016. "Gary Owen: Now is not the Time to be Subtle." *Exeunt Magazine* 25<sup>th</sup> January. Online. <https://exeuntmagazine.com/features/gary-owen-this-is-not-a-time-to-be-subtle/>
- Berlant, Lauren Gail. 2008. *The Female Complaint : The Unfinished Business of Sentimentality in American Culture*. Duke University Press.
- Bohren, Meghan A. et al. 2024. 'Towards a better tomorrow: addressing intersectional gender power relations to eradicate inequities in maternal health' *eClinicalMedicine* . 67.
- Brown, Wendy. 2015. *Undoing the Demos: Neoliberalism's Stealth Revolution*. Zone Books.
- Butler, Judith. 2004. *Undoing Gender*. New York: Routledge.
- Butler, Judith. 2015. *Notes Toward a Performative Theory of Assembly*. Cambridge: Harvard University Press.



Campbell, Dennis. 2023. 'Austerity has led to NHS quality of care declining in key areas, study finds'. *Guardian*. 5<sup>th</sup> July.

Charman, Helen. 2024. *Mother State: A Political History of Motherhood*. Penguin.

CDRC: Consumer Data Research Centre. 2024. 'Index of Multiple Deprivation (IMD)'.  
<https://data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd>

Crear-Perry, Joia Rosaly Correa-de-Araujo, Tamara Lewis Johnson, Monica R. McLemore, Elizabeth Neilson, and Maeve Wallace. 2021. 'Social and Structural Determinants of Health Inequities in Maternal Health' *Journal of Women's Health* 30.2

Daniels, Norman. 2008. *Just Health: Meeting Health Needs Fairly*. Cambridge University Press.

Filmer, Paul. 2003. Structures of feeling and socio-cultural formations: the significance of literature and experience to Raymond Williams's sociology of culture. *The British Journal of Sociology*, 54: 199-219.

Gardner, Lyn. 1992. "Jordan." *Independent* 29<sup>th</sup> April. In *Theatre Record* 25 April – 5 May 1992), 511.

Greenstreet, Hannah. 2024 (Upcoming)

Grochola, Sarah. 2017. *The Contemporary Political Play: Rethinking Dramaturgical Structure*. Bloomsbury, Methuen Drama.

Gualberto, Rebeca. 2021 "Adaptation against Myth: Gary Owen's *Iphigenia in Splott* and the Violence of Austerity." *Revista Alicantina de Estudios Ingleses (Internet)* no. 35: 119-140. doi:10.14198/raei.2021.35.06.

Harpin, Anna. 2018. *Madness, Art, and Society: Beyond Illness*. Bloomsbury.

Hudson, K. 2014. 'Taste My Sorrow: Caught horribly, somewhere, between the pregnant and the maternal'. *Performance research*. [Online] 19 (1), 41–51.

Jancovich, Ben, 1992. "Jordan." *City Limits*. 7<sup>th</sup> May. In *Theatre Record* 25 April – 5 May 1992, 509.

Kerrigan, Stef. 2022. "Gary Owen's *Iphigenia in Splott*: The Anthropocene as Tragedy". *Critical Stages/Scènes critiques* no 26. Online. <https://www.critical-stages.org/26/gary-owens-iphigenia-in-splott-the-anthropocene-as-tragedy/>.

Knight, Amber. 2021. Feminist Vulnerability Politics: Judith Butler on Autonomy and the Pursuit of a 'Livable Life'. *Feminist formations*. No 33 (3), 175–198.

Martin, Emily. 2001. *The Woman in the Body: A Cultural Analysis of Reproduction*. Beacon Press.

McCartney, Gerry, Lynda Fenton, Jon Minton, Colin Fischbacher, Martin Taulbut, Kirsty Little, Ciaran Humphreys, Andrew Cumbers, Frank Popham, and Robert McMaster. 2020. "Is Austerity Responsible for the Recent Change in Mortality Trends across High-Income Nations? A Protocol for an Observational Study." *BMJ Open* 10, no. 1 (2020): e034832–e034832. doi:10.1136/bmjopen-2019-034832

Owen, Gary. 2022. *Iphigenia in Splott*. Bloomsbury, Methuen Drama.

- Peter, John. 1992. *Sunday Times*. 3<sup>rd</sup> May. In *Theatre Record* 25 April – 5 May 1992, 509.
- Reynolds, Anna with Moira Buffini. 2006. *Jordan*. In *Singular Female Voices: Three Short Plays for Single Actresses*, edited by Nick Hern. Nick Hern Books.
- Rich, Adrienne. 2021. *Of Woman Born: Motherhood as Experience and Institution*. W. W. Norton & Company.
- Roberts, Dorothy. 2017. *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*. Vintage.
- Rose, Jacqueline. 2018. *Mothers : An Essay on Love and Cruelty*. Faber and Faber.
- Ross, Loretta J. and Rickie Solinger. 2017. *Reproductive Justice: An Introduction*. University of California Press.
- Sidi, Leah. 2023. *Sarah Kane's Theatre of Psychic Life: Theatre, Thought and Mental Suffering*. Bloomsbury, Methuen Drama.
- Šimić, Lena and Emily Underwood-Lee. 2021. *Maternal Performance: Feminist Relations*. Palgrave Macmillan.
- Stafford-Charles, Loise. 1992. "Jordan". *What's On* 29<sup>th</sup> April. In *Theatre Record* 25 April – 5 May 1992), 511.
- Stephenson, Heidi, and Natasha Langridge. 1997. *Rage and Reason: Women Playwrights on Playwriting*. Methuen Drama.
- Thane, P. and T. Evans. 2012 *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth Century England*. Oxford: Oxford University Press.
- Venn, Jon. 2021. *Madness in Contemporary British Theatre: Resistances and Representations*. Palgrave Macmillan.
- Walsh, David, Ruth Dundas, Gerry McCartney, Marcia Gibson, and Rosie Seaman. 2022. "Bearing the Burden of Austerity: How Do Changing Mortality Rates in the UK Compare between Men and Women?" *Journal of Epidemiology and Community Health*. 76:12 (2022): 1027–33. doi:10.1136/jech-2022-219645.
- Williams, Raymond. 1961. *The Long Revolution / Raymond Williams*. Columbia University Press.
- Wilson, James. 2021. *Philosophy for Public Health and Public Policy : Beyond the Neglectful State*. Oxford University Press.