



Next to Normal AHS Capstone Project

Brian Liebson

Spring 2015

Section 1 Contents

Summative Reflection

Summary

As someone who has been in and around the theater his entire life, I knew that my AHS Capstone project would involve some sort of production. Luckily for me, Claire Barnes was already planning on putting on a production of one of my favorite musicals, *Next to Normal*, for her capstone project. I hopped on board and now we are playing Diana and Dan, the wife and husband leads of the show.

My project has a major section and a minor section. The major section is the actual acting. As someone who has never formally taken an acting class, I am embracing this opportunity as a great chance to learn in a private, personal matter. In addition, this show is giving me an acting opportunity that will extend my range as an actor. Actors have types – the typical sort of character they play. For me, that means the young, optimistic, tenor love interest lead. Playing Dan is a challenge for me because it is essentially the opposite of my type: older, tired, and fatherly. The very intense dramatic nature of this show also provides me an interesting opportunity because I rarely am involved in very dramatic scenes. I am excited at the opportunity to portray this role to the best of my abilities.

The minor section, but by no means less important section, is research into mental illness. As part of developing my character, I am looking into how mental illness can affect social life, especially amongst family members. I will also be writing a note that will be in the playbill, discussing the role of mental illness in a family environment. I hope that this research will assist in my character development to create a deeper, more believable persona.

I hope the following pages assist in describing how this project went for me as an actor and gives you, the reader, some background info on things you would never know otherwise.

Brian

Section 2 Contents

Man Tracker

MTI Book Tracker

Rehearsal Scheduling Survey Results

Rehearsal Set List

Rehearsal Set List with Days

Rehearsal Schedule

Show Week Schedule

Character Tracker

Character: Dan Tracker

Name	Position	Contact
Creative Team		
Justin Poh	Director	857-210-4904
Philicia	Music Director	
Brian Liebson	Choreographer	310 941 4424
Hannah Wilk	Stage Manager	
Cast		
Claire Barnes	Mother	
Brian Liebson	Father	310 941 4424
Chelsea Bailey	Natellie	
Myles Cooper	Gabe	
Subhash	Henry	
Graham Hooton	Psychologist	
Tech		
Marie-Caroline Finke	Lighting Designer 1	
Celine Bekins	Lighting Designer 2	
?	Sound	
Jessica Diller	Costumes	
Brian Liebson	Set Design	310 941 4424
Pit Orchestra		
Michael Costello	Acoustic/Electric Guitar	
Daniel	Bass Guitar	
?	Drum Kit	
Philicia Chow	Piano	
Sarah Walters	Violin/Synthesizer	

Libretto Books	Jessica Diller	Piano Vocal Score Act 1	Piano Vocal Score Act 2	Piano Conductor Score Act 1	Piano Conductor Score Act 2
002359573	Celina	Justin	Justin	002391943	002157121
002359645	Harris	Subhash	Brian	Philicia	Philicia
002359574	Subhash	Chelsea	Subhash		
002359643	Graham	Graham	Chelsea		
002255212	Claire	Myles	Myles		
002259898	Brian	Claire	Claire		
002259639	Chelsea	Brian	Graham		
002259678	Myles				
002559980	Philicia				
002559995					

002354659	Justin				
002067783	Subhash				
002148270	Chelsea				
002156546	Graham				
002270083	Myles				
002354483	Claire				
002354659	Brian				

002148177	Justin				
002067966	Brian				
002104664	Subhash				
002124398	Chelsea				
002124512	Myles				
002148183	Claire				
002352045	Graham				

002354851	Daniel Dichter
002254845	Sarah Walters
002254876	Jay Woo
002148050	Michael Costello
002254834	Sarah Walters
	Sarah Walters

Copies of Glock -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0900 - 1040							
1050 - 1230							
1330 - 1510	(1)	(2)					
1520 - 1760							
1700 - 1800							
1800 - 1900							
1900 - 2000							
2000 - 2100							
2100 - 2200							
2200 - 2300							
2300 - 2359							

HOW TO FILL OUT THIS SPREADSHEET:

1. Look to the legend on the left and find the color corresponding to who you are
 2. Copy and paste the colored cell in the legend next to your name. This will copy the color so that you can paste it into the table above
 3. The table above shows all 7 days of the week in the columns and all the times during the day in the rows. During class hours, the times follow the blocks in the day and after that, the times become hourly blocks. There are 6 columns for each day of the week, one for each actor.
3. Based on your schedule DURING this coming spring semester, paste the colored cell into all the cells corresponding to the days and times that you are free to rehear. This is kind of like a when is good but it is easier when I can see colors for when different groups of people are free

Legend

 Brian
 Claire
 Chelsea
 Graham
 Myles
 Subbhash

(Brian is free at this time until February 18th)

(Graham less ideal but doable)

Next to Normal 2015

Rehearsal Set List

The following is the list of rehearsal sets and the cast members that are involved:

Rehearsal Set 1: Dan, Diana, Gabe, Natalie, Henry, Dr Madden

1. Who's Crazy/my psychopharmacologist and I
2. make up your mind/catch me I'm falling with a good step
3. Light (Finale)

Rehearsal set 1a: Dan, Diana, Gabe, Natalie, Henry

1. It's gonna be good with he's not here
2. Superboy and the invisible girl
3. A promise
4. I'm alive (Reprise)

Rehearsal set 2.1: Dan, Diana

1. I've been
2. A light in the dark

Rehearsal 2.2: Dan, Diana, Gabe, Natalie, Dr Madden

1. Dr rock with I'm alive
2. Dad that's bullshit
3. Didn't I see this movie
4. End of I've been

Rehearsal set 2a: Dan, Diana, Gabe, Natalie

1. Just another day
2. Song of forgetting
3. Music Box with How could I ever forget with it's gonna be good reprise with why stay

Rehearsal set 3: Dan, Diana, Gabe, Dr Madden

1. I dreamed a Dance with there's a world with ECT

Rehearsal set 3a: Dan, Diana, Gabe

1. End of perfect for you (when did she get a boyfriend)
2. You don't know with I am the one
3. So anyway with I am the one (reprise)

Rehearsal set 3b: Diana and Gabe

1. End of miss the mountains (throws away the pills)

Rehearsal set 4: Dan, Diana, Natalie

1. Seconds and years with better than before
2. End of Superboy and the Invisible Girl

Rehearsal set 4a: Diana, Natalie

1. Maybe (next to normal)

Rehearsal set 4b: Diana, Dr Madden

1. You don't know reprise

Rehearsal set 4c: Diana only

2. I miss the mountains

Rehearsal set 5: Natalie, Henry

1. Everything Else
2. Perfect for you
3. Hey #1
4. Hey #2
5. Hey #3/Perfect for you (reprise)

Rehearsal set 6: Dan, Diana, Natalie, Dr Madden, Henry

1. Wish I were here

Rehearsal set 6a: Diana, Dr Madden, Gabe

1. The break with make up your mind/catch me I'm falling (reprise)

Rehearsal set 6b: Gabe, Dan, Diana, Henry

1. Aftershocks

Rehearsal Set 1: Dan, Diana, Gabe, Natalie, Henry, Dr Madden (WEEK A, SATURDAY)

Who's Crazy/my psychopharmacologist and I
make up your mind/catch me I'm falling with a good step
Light (Finale)

Rehearsal set 1a: Dan, Diana, Gabe, Natalie, Henry (WEEK A, WEDNESDAY)

It's gonna be good with he's not here
Superboy and the invisible girl
A promise
I'm alive (Reprise)

Rehearsal set 2.1: Dan, Diana (WEEK A, FRIDAY)

I've been
A light in the dark

Rehearsal 2.2: Dan, Diana, Gabe, Natalie, Dr Madden (WEEK A, FRIDAY)

Dr rock with I'm alive
Dad that's bullshit (talking)
Didn't I see this movie
End of I've been (talking)

Rehearsal set 2a: Dan, Diana, Gabe, Natalie (WEEK A, SATURDAY)

Just another day
Song of forgetting
Music Box with How could I ever forget with it's gonna be good reprise with why stay

Rehearsal set 3: Dan, Diana, Gabe, Dr Madden (WEEK B, FRIDAY)

I dreamed a Dance with there's a world with ECT

Rehearsal set 3a, 6b: Henry, Dan, Diana, Gabe (WEEK B, FRIDAY)

End of perfect for you (when did she get a boyfriend)
You don't know with I am the one
So anyway with I am the one (reprise)
6b (Gabe, Dan, Diana, Henry) - Aftershocks

Rehearsal set 4, 4a: Dan, Diana, Natalie (WEEK B, THURSDAY)

Seconds and years with better than before
End of Superboy and the Invisible Girl
4a (Diana, Natalie) - Maybe (next to normal)

Rehearsal set 5: Natalie, Henry (WEEK A, MONDAY)

Everything Else
Perfect for you
Hey #1
Hey #2
Hey #3/Perfect for you (reprise)

Rehearsal set 4b, 6: Dan, Diana, Natalie, Dr Madden (WEEK B, MONDAY)

Wish I were here
4b (Diana and Dr Madden) - You don't know reprise

Rehearsal set 3b, 4c, 6a: Diana, Dr Madden, Gabe (WEEK B, TUESDAY)

4c (Diana only) - I miss the mountains
3b (Diana, Gabe) - End of miss the mountains (throws away the pills)
the break with make up your mind/catch me I'm falling

By Character

Dan: 1, 2, 3 (not 3b), 4 (not 4a, 4b or 4c), 6 (not 6a)


Diana: 1, 2, 3, 4, 6

Natalie: 1, 2, 4, 5, 6 (not 6a)

Gabe: 1, 2, 3, 6a, 6b

Henry: 1, 5, 6b

Dr Madden: 1 (not 1a), 2 (not 2a), 3 (not 3a or 3b), 4b, 6 not 6b



Week A: 1,2,5
Week B: 3,4,6



**Next to Normal, Spring 2015
Rehearsal Schedule**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
February 1	2	3	4	5	6	7
	2-hour rehearsal (9-10.40am) Rehearsal set 4b, 6 AC 113	3-hour rehearsal (3.20 - 6pm) Rehearsal set 3b, 4c, 6a AC 128			2-hour rehearsal (9-10.40am) Rehearsal set 3 AC 326 2-hour rehearsal (9-11.59pm) Rehearsal set 3a, 6b AC 417	Full Show Run Rehearsal (3 hours) 10am - 1pm AC 417
8	9	10	11	12	13	14
3-hour rehearsal (1.30-4.30pm) Rehearsal-set-4-4a	2.5hr rehearsal (9-1130pm) AG-417 Rehearsal-set-5		2-hour rehearsal (9-11pm) AC 417 Rehearsal set 1a		2-hour rehearsal (9-10.40am) Rehearsal set 2.1 AC 326 1-hour rehearsal (5 - 6pm) Rehearsal set 2.2 AC 417	3-hour rehearsal (10am - 1pm) Rehearsal Set 1 AC 417 3-hour rehearsal (2-5pm) Rehearsal Set 2a AC 417

15				19	20	21
16	2-hour rehearsal (4-5.30pm) Rehearsal set 4b, 6 AC 417	3-hour rehearsal (6-8pm) Rehearsal set 3b, 4c, 6a AC 417	2-hour rehearsal (9-11.59pm) Rehearsal set 3a, 6b AC 417		2-hour rehearsal (9-10.40am) Rehearsal set 3 AC 326	Full Show Run Rehearsal (3 hours) (2-5pm) AC 417 3-hour rehearsal (10am - 1pm) Rehearsal Set 1 AC 417
17				26	27	28
18					2-hour rehearsal (9-10.40am) Rehearsal set 2.1 AC 326 1-hour rehearsal (5.30 - 6.30pm) Rehearsal set 2.2 AC 417	Full Show Run - Act 1 Only (with pit) 9am-12pm AC417 Full Show Run or Specific Rehearsals (8-10.30pm) AC417
19				5	6	7
20					2-hour rehearsal (9-10.40am) Rehearsal set 3 AC 326 3-hour rehearsal (3.20 - 6pm) Rehearsal set 3b, 4c, 6a AC 417	3-hour rehearsal (2pm-5pm) Rehearsal Set 2a AC 417 Full Show Run Rehearsal (first time with pit) 8-11pm AC417
21				4		
22	3-hour rehearsal (1.30 - 4.30pm) Rehearsal set 4, 4a AC417	2.5hr rehearsal (9-11.30pm) AC417 Rehearsal set 5	2-hour rehearsal (9-11pm) AC 417 Rehearsal set 1a			
23				3		
24					2-hour rehearsal (9-11.59pm) Rehearsal set 3a, 6b AC 417	
25				2		
26					3-hour rehearsal (6-8pm) Rehearsal set 3b, 4c, 6a AC 417	
27				March 1		
28					2-hour rehearsal (9-10.40am) Rehearsal set 4b, 6 AC 113	

8	Full Show Run (with pit) 9am - 12pm AC417	9	2.5hr rehearsal (9-1130pm) AC 417 Rehearsal set 5	10		11	2-hour rehearsal (9-11pm) AC 417 Rehearsal set 1a	12		13	2-hour rehearsal (9-10:40am) Rehearsal set 2.1 AG-326 1-hour rehearsal (5-6pm) Rehearsal set 2.2 AG-417	14	Full Show Run Rehearsal (with pit) (optional) 3-hour rehearsal (10am-1pm) Rehearsal Set 4 AG-417
<p>15th March - 21st March Spring Break Week - No Rehearsal</p>													
22	Full Show Run Rehearsal (with pit) LIMITED STOPS (9am - 12pm) AC417 Rehearsals without pit (1-4pm) AC417	23		24	Tech Run Preview Show (Tenatively 6.00 - 11.59pm)	25	PERFORMANCE NIGHT 1 Call: 6.30pm Show: 8pm End: 11pm	26	PERFORMANCE NIGHT 2 Call: 6.30pm Show: 8pm End: 11pm				

Olin Next to Normal 2015 Schedule for Show Week

Tuesday, 24th March (Tech Day)

1pm - 5pm: Hang lights, programme lights, assemble platforms*

6pm: Call for actors and pit musicians

6.45: Warm up for actors; Tuning for pit

7pm: Begin run #1 of full show

9.15pm: End run #1 of full show; Make tech adjustments, actors take a break

9.45: Re-warm up for actors, re-tuning for pit

10pm: Begin run #2 of full show

12am (midnight) End run #2 of full show

Wednesday, 25th March (Performance 1)

6.30pm: Call for actors

8pm: Begin performance

10.30pm: End performance

Thursday, 26th March (Performance 2)

6.30pm: Call for actors

8pm: Begin performance

10.30pm: End performance; Begin load-out**

12am (midnight): End load-out

* 1-5pm on Tuesday is optional for everyone. You do not have to be there if you have class or some other commitment but if you would like to be there, your help would be very much appreciated.

** Please budget to spend the rest of Thursday night from after the show till about midnight at the theater to move our stuff out of the space. We must be fully loaded-out by the time we leave that night because there is an event in the black box the next day.

Next to Normal, Spring 2015 Rehearsal Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 Full Show Run (with pit) 9am - 12pm AC417	9 2.5hr rehearsal (9-1130pm) AC 417 Rehearsal set 5	10 2-hour rehearsal (9-11pm) AC 417 Rehearsal set 1a	11 2-hour rehearsal (9-11pm) AC 417 Rehearsal set 1a	12	13 2-hour-rehearsal (9-10-40am) Rehearsal set 2-1 AG-326 1-hour-rehearsal (5-6pm) Rehearsal set 2-2 AG-417	14 Full-Show Run Rehearsal (with-pit) (optional) 3-hour-rehearsal (10am-1pm) Rehearsal Set 1 AG-417
<p>15th March - 21st March Spring Break Week - No Rehearsal</p>						
22 Full Show Run Rehearsal (without pit) LIMITED STOPS (9am - 12pm) AC417 Rehearsals without pit (1-4pm) AC417	23 Full Show Run (with pit) 8.30pm - 11.59pm AC417	24 Tech Run Preview Show (Tenatively 6.00 - 11.59pm)	25 PERFORMANCE NIGHT 1 Call: 6.30pm Show: 8pm End: 11pm	26 PERFORMANCE NIGHT 2 Call: 6.30pm Show: 8pm End: 11pm		

	1 (Prelude)		2		3		4		5		6		7	
	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit
Claire	SR	-	SR (Already on)	SR	-	SR	SR	SR	SR	No exit	No Entrance	SR	SR (Already On)	No Exit
Brian	SR	-	SR	SR	-	SR	SR	SR	SR	SR	-	-	SR	No Exit
Chelsea	SL	-	SL	SL	SL	SL	SL	SL	SL	SL	-	-	SL	No Exit
Myles	SL	-	SL	SL	-	SL	SL	SL	SL	SR	SR	SR	SR	SR
Graham	SL	-	-	-	-	-	SR	SR	SR	-	-	-	-	-
Subhash	SL	-	SL	SL	SL	SL	SL	SR	SR	-	-	-	SL	No Exit

	8		9		10		11		11a		12		13	
	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit
Claire	No Entrance	No Exit	No Entrance	No Exit	No Entrance	SR	SR	No Exit	No Entrance	No Exit	No Entrance	No Exit	No Entrance	No Exit
Brian	No Entrance	No Exit	No Entrance	No Exit	No Entrance	SR	SR	SR	-	-	SR	SR	-	SR
Chelsea	No Entrance	SL	-	-	-	-	SL	SL	-	-	SL	SL	SL	SL
Myles	-	-	-	-	SR	SL	SL	SL	-	-	SR	SR	SR	SR
Graham	-	-	-	-	-	-	SR	No Exit	No Entrance	No Exit	No Entrance	No Exit	No Entrance	SR
Subhash	No Entrance	SL	-	-	-	-	SL	SL	-	-	-	-	SL	SL

	13a		14		15		15a		16		16a		17	
	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit
Claire	No Entrance	No Exit	No Entrance	No Exit	No Entrance	SR	-	-	-	-	SR	No exit	No Entrance	No exit
Brian	SR	SL	-	-	-	-	SL	No exit	No Entrance	No exit	No Entrance	No exit	No Entrance	No exit
Chelsea	-	-	-	-	-	-	-	-	SL	No exit	No Entrance	No exit	No Entrance	SL
Myles	-	-	SR	No exit	No Entrance	SR	-	-	-	-	SR	SR	-	-
Graham	-	-	-	-	SR	No exit	No Entrance	SR	-	-	SR	No exit	No Entrance	SL
Subhash	-	-	-	-	-	-	-	-	-	-	-	-	-	-

	18		18a		19		20		21		22		23	
	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit
Claire	No Entrance	Any side	-	-	No exit	No exit	No Entrance	Any Side	-	-	SR	No exit	No Entrance	No exit
Brian	No Entrance	Any side	-	-	No exit	No exit	No Entrance	Any side	-	-	SR	No exit	No Entrance	SR
Chelsea	-	-	-	-	No exit	No exit	No Entrance	SR	SR	SL	-	-	SL	Any side
Myles	SR	SL	-	-	-	-	-	-	-	-	-	-	-	-
Graham	SL	Any side	-	-	SR	SR	-	-	-	-	-	-	-	-
Subhash	-	-	-	-	SR	SL	-	-	-	-	SL	No exit	No Entrance	SR

	24		25		26		26a		27		28		29	
	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit
Claire	No Entrance	Any side	-	-	SL	No exit	No Entrance	No exit	No Entrance	No exit	No Entrance	No exit	No Entrance	No exit
Brian	SR	SR	-	-	-	-	-	-	SR	No exit	No Entrance	No exit	No Entrance	No exit
Chelsea	-	-	SL	SL	-	-	-	-	-	-	SL	SL	-	-
Myles	SL	SL7	-	-	-	-	SR	No exit	No Entrance	SR	-	-	-	-
Graham	-	-	-	-	SR	SR	-	-	-	-	-	-	-	-
Subhash	SL	SL	SL	SL	-	-	-	-	-	-	SL	SL	SL	No exit

	30		31		32		33		34		35		36	
	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit	Entrance	Exit
Claire	No entrance	No exit	No entrance	SL	SL	No exit	No entrance	SR	SR	SR	-	SR	SL	
Brian	No entrance	No exit	No entrance	SL	-	-	-	-	-	-	-	-	SL	No exit
Chelsea	No entrance	SL	SL	SL	-	-	-	-	SL	SL	SL	-	-	-
Myles	-	-	SR?	SL	-	-	-	-	-	-	-	-	-	-
Graham	-	-	-	-	SR	No exit	No entrance	Any side	-	-	-	-	-	-
Subhash	No entrance	SL	SL	-	-	-	No exit	-	-	-	SR	SL	-	-

	37		38		39	
	Entrance	Exit	Entrance	Exit	Entrance	Exit
Claire	-	-	SL	Any side	TBC	TBC
Brian	No entrance	No exit	No entrance	Any side	TBC	TBC
Chelsea	-	-	SL	Any side	TBC	TBC
Myles	SL	SR	SR	Any side	TBC	TBC
Graham	-	-	SR	Any side	TBC	TBC
Subhash	-	-	SL	Any side	TBC	TBC

Character Tracker -- Dan (Brian Liebson)

Next to Normal AHS Capstone 2015

ACT I

Prelude	(not in) begin show SR
Just Another Day	enter USR, exit USR, enter SR on platform, exit down stairs to USR, enter USR, then move off dining table and exit SR
Everything Else	(not in) stay SR
Who's Crazy / My Psychopharmacologist and	enter SR platform, exit SR, enter USR, exit USR, enter USR, exit USR, enter SR platform, exit SR
Perfect For You	after song, enter USR, exit USR
I Miss the Mountains	(not in) stay SR
It's Gonna Be Good	enter SR platform
He's Not Here	stay on from previous song
You Don't Know	stay on from previous song
I Am The One	stay on from previous song, exit SL
Superboy and the Invisible Girl	after song, enter DSL, exit SL
Doctor Rock	(not in) stay SL
I'm Alive	enter DSL, exit DSL
Make Up Your Mind / Catch Me I'm Falling	enter USL, exit USR, enter SR platform, exit SR
A Good Step	enter USR, exit USL
I Dreamed a Dance	(not in) stay SL
There's a World	(not in) stay SL
E.C.T.	enter DSL
I've Been	stay on from previous song, move on living room
Dad, That's Bullshit!	stay on from previous song, exit USL with living room
Didn't I See This Movie?	(not in) stay SL
A Light in the Dark	enter DSL, exit USL

Character Tracker -- Dan (Brian Liebson)

Next to Normal AHS Capstone 2015

ACT II

Entr'acte	(not in) begin show SL
Wish I Were Here	enter USL, exit USL, enter DSL
Song of Forgetting	stay on from previous song, move dining table and exit SL
Hey #1	(not in) stay SL
Seconds and Years	enter DSL, stay on and maybe help move dining table
Better Than Before	stay on from previous song, exit USR with music box
Aftershocks	enter SR platform, down stairs, exit up stairs to exit platform SR
Hey #2	(not in) stay SR
You Don't Know (Reprise)	(not in) stay SR
Music Box	enter USR
How Could I Ever Forget?	stay on from previous song
It's Gonna Be Good (Reprise)	stay on from previous song
Why Stay?	stay on from previous song
A Promise	stay on from previous song
I'm Alive (Reprise)	stay on from previous song, exit USL
The Break	(not in) stay SL
Make Up Your Mind / Catch Me I'm Falling	(not in) stay SL
Maybe (Next to Normal)	(not in) stay SL
Hey #3 / Perfect for You (Reprise)	(not in) stay SL
So Anyway	enter SL with living room
I Am The One	stay on from previous song
Finale: Light	stay on from previous song, move living room, exit USR, enter DSR

Section 3 Contents

Script

Reflections

SAG Reflection (Brian Liebson)

SAG Reflection (Claire Barnes)

Notes from Mentor

Brian Liebman

LIBRETIU



*Music by Tom Kitt
Book and Lyrics by Brian Yorkey*

THE CAST

4 Men, 2 Women.

in order of appearance:

DIANA: Thirties or forties. Sexy. Sharp. Delusional bipolar depressive.

her son GABE: Almost eighteen. Dashing. Gentle. Bright. Playful. Everything a mother, etc.

her husband DAN: Thirties or forties. Handsome. Genuine. Constant. Tired.

her daughter NATALIE: Sixteen and trying to be perfect. It's not going well.

and HENRY: Seventeen. Musician, romantic, stoner, slacker, philosopher king.

and DOCTOR MADDEN: On the young side of ageless. Assured. A rock star.

- and -

VOICES, an ANESTHESIOLOGIST, NURSES, DOCTORS, and others, all played by the company, and a PSYCHOPHARMACOLOGIST (DOCTOR FINE) played by the actor playing DOCTOR MADDEN.

NOTICE: DO NOT DEFACE!
Should you find it necessary to mark cues or cuts, use a soft black lead pencil only.

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MUSICAL NUMBERS

ACT 1

1. Prelude (Light)	1
2. Just Another Day	1
3. Everything Else	9
4. Who's Crazy / My Psychopharmacologist and I	11
5. Perfect For You	16
6. I Miss The Mountains	19
7. It's Gonna Be Good	21
8. He's Not Here	25
9. You Don't Know	26
10. I Am The One	27
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2. *Just Another Day*1
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DAN

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2. *Just Another Day*1
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HENRY

5. *Perfect For You*16
 21. *Hey #1*60
 25. *Hey #2*69
 30. *A Promise*78
 35. *Hey #3 / Perfect For You (Reprise)*87
 38. *Finale: Light*92

DOCTOR MADDEN (DR. FINE)

4. *Who's Crazy / My Psychopharmacologist and I*11
 13. *Make Up Your Mind / Catch Me I'm Falling*38
 22. *Seconds and Years*62
 23. *Better Than Before*63
 26. *You Don't Know (Reprise)*71
 33. *Make Up Your Mind / Catch Me I'm Falling (Reprise)*38
 38. *Finale: Light*92

Act One

(First: Music.

1 - Prelude (Light)

Then the lights go out.

A moment, and DIANA turns on a light. She sits alone in a chair, waiting.

GABE enters.)

GABE

What are you doing up? It's three-thirty.

2 - Just Another Day

DIANA

IT'S THE SEVENTH NIGHT THIS WEEK I'VE SAT 'TIL MORNING...

GABE

Great. Here we go.

DIANA

IMAGINING THE WAYS YOU MIGHT HAVE DIED.

GABE

Ah, yes, and tonight's winner is?

DIANA

IN A FREAK SEPTEMBER ICE STORM WITH NO WARNING...

GABE

Because that happens.

DIANA

THERE'S A GANG WAR, THERE'S A BIRD FLU, TRAINS COLLIDE.

GABE

What'd we say about watching the news?

DIANA

NOW YOU ACT ALL SWEET AND SURLY,
BUT YOU SWORE YOU'D COME HOME EARLY
AND YOU LIED.

GABE

You gotta let go, Mom—I'm almost eighteen.

DIANA

Are you snorting coke?

GABE

Not at the moment.

DAN

(off)

Who's up at this hour?

DIANA

Your father. Go. Up the back way.

GABE

(going)

Why does he hate me?

DIANA

Because you're a little twat.

GABE

You can't call me a twat.

(But she shoos him off as Dan enters.)

DAN

Everything okay? I heard voices.

DIANA

Just me. Talking to myself, you know. Now you head on upstairs—I'll be up for sex in a minute.

DAN

You'll...uh...are you sure you're okay?

Yeah (treats her hair)

Go.

(She ushers him off, then sings.)

THEY'RE THE PERFECT LOVING FAM'LY, SO ADORING...
AND I LOVE THEM EV'RY DAY OF EV'RY WEEK.
SO MY SON'S A LITTLE SHIT, MY HUSBAND'S BORING,
AND MY DAUGHTER, THOUGH A GENIUS, IS A FREAK.

STILL I HELP THEM LOVE EACH OTHER
FATHER, MOTHER, SISTER, BROTHER,
CHEEK TO CHEEK!

Walk in USA

you are crazy...

how crazy?

head

(Natalie enters, the way Gabe just left, with a pile of books and a tallboy of Red Bull, muttering to herself.)

(DIANA)

Natalie? It's four in the morning-- is everything okay?

NATALIE

Everything's great. Why wouldn't it be great? It's great. I've just got three more chapters of calculus, a physics problem set, a history quiz and two pages on floral imagery in *Flowers for Algernon* which is like duh. Everything's so under control it's just like... calm.

(She gulps from the can.)

DIANA

Honey, you need to slow down, take some time for yourself. I'm going to have sex with your father.

NATALIE

Great. Thanks. I'm so glad I know that.

(Diana goes; Natalie drops the books on a table and sings.)

SO IT'S TIMES LIKE THESE I WONDER HOW I TAKE IT,
AND IF OTHER FAMILIES LIVE THE WAY WE DO -
IF THEY LOVE EACH OTHER, OR IF THEY JUST FAKE IT,
AND IF OTHER DAUGHTERS FEEL LIKE I FEEL TOO.

'CAUSE SOME DAYS I THINK I'M DYING
BUT I'M REALLY ONLY TRYING
TO GET THROUGH.

(Gabe is in his room, before a mirror, getting dressed for the day.)

GABE

FOR JUST ANOTHER DAY...
FOR ANOTHER STOLEN HOUR
WHEN THE WORLD WILL FEEL MY POWER AND OBEY.

GABE & NATALIE

IT'S JUST ANOTHER DAY...

GABE

FEELING LIKE I'LL LIVE FOREVER...

NATALIE

FEELING LIKE THIS FEELING NEVER GOES AWAY...

GABE & NATALIE

FOR JUST ANOTHER DAY.

(Lights. It's later.)

In the bedroom, Dan holds Diana, after.

had to speak *nerdy*

DAN

That was great, wasn't it? It was great. Oh Christ, I'm late.

a little DIANA

That'll teach you to take a whole ten minutes.

spaz'ie actually don't have DAN

Sorry, what?

DIANA

I said, isn't it a beautiful day?

understand DAN

Okay. Sure. I mean, it's cloudy, and raining, and really cold for September, but beautiful.

DIANA

Makes you want to dive in with both feet, doesn't it?

DAN

Absolutely. *nod*

(Diana goes. Dan speaks to us.)

I never know what she's talking about. *to audience*
(He sings.)

WHEN IT'S UP YOU TO HOLD YOUR HOUSE TOGETHER...

A HOUSE YOU BUILT WITH PATIENCE AND WITH CARE...

BUT YOU'RE GRAPPLING WITH THAT GREY AND RAINY WEATHER,

AND YOU'RE LIVING ON A LATTE AND A PRAYER - *tries to hold it together*
(Diana bustles in to the kitchen.)

DAN & DIANA

CAN YOU KEEP THE CUP FROM TIPPING?

CAN YOU KEEP YOUR GRIP FROM SLIPPING IN DESPAIR?

FOR JUST ANOTHER DAY

(Gabe is in his room, dressing for the day.)

DAN & GABE

IN THE HUSTLE AND THE HURRY

one more day at the end

platter sit
Putting on clothes

in danger
really ask
How???
really ask
and he

just want this

DAN
YOU WANT TO WIPE YOUR WORRY CLEAN AWAY.
DIANA, DAN & GABE
FOR JUST ANOTHER DAY

DIANA
I WILL KEEP THE PLATES ALL SPINNING
DIANA & NATALIE

WITH A SMILE SO WHITE AND WINNING ALL THE WAY
ALL FOUR *not say makes me stage*
'CAUSE WHAT DOESN'T KILL ME DOESN'T KILL ME.
SO FILL ME UP FOR JUST ANOTHER DAY. *Sadly 25 years*
(Gabe sees Dan in the hall, and avoids him.)

GABE
IT ONLY HURTS WHEN I'M HERE.

DIANA, DAN, GABE & NATALIE
BUM, BUM, BUM...
(He joins Diana in the kitchen.)

DIANA
You're going to be late, and you've got a huge day.

GABE
You have no idea what I do all day.

DIANA
Jazz band before school, class, Key Club, then football.

GABE
Not bad.

DIANA
Now get out of here.
(as he goes, to us.)

IT ONLY HURTS WHEN HE GOES.
DIANA, DAN, GABE & NATALIE
BUM, BUM, BUM...

(Gabe steps out of Natalie's way as she strides into the kitchen.)

GABE

Morning sunshine.

(Natalie does not acknowledge him; she speaks to Diana.)

NATALIE
So I got the date for my winter recital - do you think you guys can come?

DIANA

We'll put it on the calendar.

NATALIE

Mom, the calendar is still on April of last year.

DIANA

Oh. Well, happy Easter!

NATALIE

Happy Easter, Mom.

(She goes, passing Dan as he enters.)

Come down

DAN

Hi, sweetheart.

NATALIE

She's on fire this morning.

DAN

Oh, I know.

imply in

(oh, right)

Ewww.

tell her to do it

DAN

Hon, can you do the shopping today? I'm slumped at work, and we're out of everything.

excuse self

DIANA

I keep cave clean. You go out, get fire!

DAN

the coffee
Uhh...absolutely, how do I repay

(to us:)

Again, no clue.

(He leaves the kitchen, gathering his briefcase, coat, portfolio.

Natalie and Gabe find backpacks and coats, tie shoes, get ready for the day.

Diana pulls out the fringes for sandwiches, and starts making them on the table.)

DIANA

IT ONLY HURTS WHEN I BREATHE.

DAN

IT ONLY HURTS WHEN I TRY.

Our lives suck

GABE

IT ONLY HURTS WHEN I THINK.

NATALIE

IT ONLY HURTS WHEN I CRY.

DAN

IT ONLY HURTS WHEN I WORK.

lives suck

GABE

IT ONLY HURTS WHEN I PLAY.

NATALIE

IT ONLY HURTS WHEN I MOVE.

DIANA

IT ONLY HURTS WHEN I SAY...

(Diana's now making many sandwiches.)

DAN, NATALIE & GABE

IT'S JUST ANOTHER DAY

AND THE MORNING SUN IS STUNNING

AND YOU WISH THAT YOU

WERE RUNNING FAR AWAY.

IT'S JUST ANOTHER DAY -

BIRDS ARE SINGING, THINGS ARE GROWING

AND YOU WISH YOU COULD BE GOING

BUT YOU STAY *Confused*

AND YOU STAY AND STAY FOREVER,

THOUGH YOU KNOW IT'S NOW OR NEVER,

AND YOU KNOW THAT FOR FOREVER...

leave for sandwiches

(Diana's now making way too many sandwiches, and just keeps making them.)

DIANA

I WILL HOLD IT ALL TOGETHER

WE'RE THE PERFECT LOVING FAMILY

IF THEY SAY WE'RE NOT, THEN FUCK 'EM

Coping with things that don't exist

DAN

(going to her)

Diana Diana

Wtf! Hold you at an-bunny Diana

THE PERFECT LOVING FAMILY

I WILL KEEP THE PLATES ALL SPINNING

AND THE WORLD JUST KEEPS ON SPINNING

(spoken)

...and i think the house is spinning.

(As Natalie and Gabe stand together, watching. Dan bends to her.)

DAN

Diana. Honey?

NATALIE

Dad?

Useless

Don't worry about it. Go on ahead. You'll miss the bus.

GABE

Mom?

DIANA

Everything's fine! I'm just making sandwiches. On the floor. You go on ahead. You'll miss the bus.

DAN

(to Natalie)

Go. Come!

(Natalie goes, and after a half beat, Gabe follows.)

Sweetier? Everything okay?

DIANA

I wanted to get ahead on lunches.

refuse

Sure. Let me help you up.

Come on

I guess I got carried away.

DAN

Maybe a little.

(helps her up)

Let's go see Doctor Fire. This is just a blip. Okay? Nothing to worry about. I'll wrap up the, um, sandwiches, and then we'll go.

panic

panic

(Lights. School bell.

#5 - Everything Else

Natalie is playing piano in a school practice room.)

NATALIE

MOZART WAS CRAZY.
FLAT FUCKING CRAZY.
BATSHIT, I HEAR.

BUT HIS MUSIC'S NOT CRAZY.
IT'S BALANCED. IT'S NIMBLE,
IT'S CRYSTALLINE CLEAR

THERE'S HARMONY, LOGIC - YOU LISTEN TO THESE,
YOU DON'T HEAR HIS DOUBTS OR HIS DEBTS OR DISEASE
YOU SCAN THROUGH THE SCORE AND PUT FINGERS ON KEYS
AND YOU PLAY...

AND EVERYTHING ELSE GOES AWAY.
EVERYTHING ELSE GOES AWAY.

AND YOU PLAY 'TIL IT'S PERFECT, YOU PLAY 'TIL YOU ACHIE,
YOU PLAY 'TIL THE STRINGS OR YOUR FINGERNAILS BREAK.
SO YOU'LL ROCK THAT RECITAL AND GET INTO YALE,
SO YOU WON'T FEEL SO SICK AND YOU WON'T LOOK SO PALE,
'CAUSE YOU'VE GOT YOUR FULL RIDE AND YOUR EARLY ADMIT -
SO YOU'RE DONE WITH THIS SCHOOL AND WITH ALL OF THIS SHIT
AND YOU GRADUATE EARLY, YOU'RE GONE AS OF MAY
AND THERE'S NOTHING YOUR PARANOID PARENTS CAN SAY
AND YOU KNOW THAT IT'S JUST A SONATA AWAY...

AND YOU PLAY...

AND YOU PLAY...
AND EVERYTHING ELSE GOES AWAY.

(Henry slips into the room, watching.)

EVERYTHING ELSE GOES AWAY.
EVERYTHING ELSE -

(Natalie sees Henry and stops.)

HENRY

Sounds good.

NATALIE

I still have this practice room for seven and a half minutes.

HENRY

Yeah, I mean, I know - I just like to listen. I'm Henry.

NATALIE

Natalie.

HENRY

Yeah, I mean, I know.

NATALIE

It's a little creepy that you know.

HENRY

We've gone to school together for, like, six years.

NATALIE

Really?

HENRY

I sit behind you in four classes.

NATALIE

Uh-huh. Also creepy.

HENRY

You're in here a lot. Before school, and after.

NATALIE

Right. Seven minutes.

(A brief moment, and Henry turns to go.)

You give up way too easily.

(Henry stops and turns back to her.)

HENRY

Uh. You're kind of a confusing person.

NATALIE

You should meet my mother.

(She attacks the keys.)

#4 - Who's Crazy / My Psychopharmacologist and I

Lights.

DOCTOR FINE appears, in glasses, with clipboard, rumpled and world-weary.

Diana listens.)

DOCTOR FINE

The pink ones are taken with food but not with the white ones. The white ones are taken with the round yellow ones but not with the triangle yellow ones. The triangle yellow ones are taken with the oblong green ones with food but not with the pink ones. If a train is leaving New York at a hundred and twenty miles an hour and another train is leaving St. Petersburg at the same time but going backwards, which train...

(Dan walks back out to the car.

Doctor Fine fades as Dan sings.)

DAN

WHO'S CRAZY? THE HUSBAND OR WIFE?
WHO'S CRAZY? TO LIVE THEIR WHOLE LIFE
BELIEVING THAT SOMEHOW
THINGS AREN'T AS BIZARRE AS THEY ARE?

WHO'S CRAZY - THE ONE WHO CAN'T COPE,
OR MAYBE THE ONE WHO'LL STILL HOPE?
THE ONE WHO SEES DOCTORS
OR THE ONE WHO JUST WAITS IN THE CAR?

AND I WAS
A WILD TWENTY-FIVE,
AND I LOVED
A WIFE SO ALIVE,
BUT NOW I BELIEVE I WOULD SETTLE
FOR ONE WHO CAN DRIVE.

DOCTOR FINE

The round blue ones with food but not with the oblong white ones. The white ones with the round yellow ones but not with the trapezoidal green ones. Split the green ones into thirds with a tiny chisel.

(He continues, if necessary, until Diana interrupts.)

[Use a mortar and pestle to grind into a fine powder and sprinkle the powder over a bowl of ice cream...]

(Diana sings as Doctor Fine silently continues his litany.)

DIANA

MY PSYCHOPHARMACOLOGIST AND I...
IT'S LIKE AN ODD ROMANCE
INTENSE AND VERY INTIMATE
WE DO OUR DANCE.

MY PSYCHOPHARMACOLOGIST AND I...
CALL IT A LOVER'S GAME
HE KNOWS MY DEEPEST SECRETS -
I KNOW HIS...NAME.

AND THOUGH HE'LL NEVER HOLD ME
HE'LL ALWAYS TAKE MY CALLS.
IT'S TRULY LIKE HE TOLD ME:
WITHOUT A LITTLE LIFT,
THE BALLERINA FALLS.

(MUSIC CHANGES to a jazz waltz.

In shadows, the VOICES [Natalie, Dan, Henry, Gabe] gather around, scattling.

Doctor Fine and Diana change positions: it's another week.)

DOCTOR FINE

Goodman, Diana. Bipolar depressive with delusional episodes. Sixteen-year history of medication. Adjustment after one week.

DIANA

I've got less anxiety, but I have headaches, blurry vision, and I can't feel my toes.

DOCTOR FINE

So we'll try again, and eventually we'll get it right

DIANA

Not a very exact science, is it?

(Now the Voices sing a radio advertisement - perhaps with visual aids.)

VOICES

ZOLOFT AND PAXIL AND BUSPAR AND XANAX...
DEPAKOTE, KLONOPIN, AMBIEN, PROZAC...
ATTIVAN CALMS ME WHEN I SEE THE BILLS -
THESE ARE A FEW OF MY FAVORITE PILLS.

(The Voices disappear.)

walk to use
Gabe

h-1

on
St

pellet
tops

to us

to melle

ex. 2

DIANA

Oh, thank you, Doctor. Valium is my favorite color. How'd you know?
(This time Henry is playing piano in the practice room, and Natalie joins him. He's playing the same jazz waltz we've been hearing.)

NATALIE

It's just that the thing with jazz is, how do you ever know if you got it right? It's just making shit up.

HENRY

Which is also known as the act of creation.

NATALIE

Oh. You're one of those pretentious stoner types.

HENRY

That's totally unfair. I'm not pretentious. And I'm definitely not classical. It's so rigid and structured. There's no room for improvisation. You have to play the notes on the page.

NATALIE

Yes, and what did Mozart know, anyway? He should have just smoked a bowl and jammed on "Twinkle, Twinkle Little Star."

HENRY

Yeah, let's do that!

(Doctor Fine is taking notes again.)

DOCTOR FINE

Goodman, Diana. Second adjustment after three weeks. Delusions less frequent but depressive state worse.

DIANA

I'm nauseous and I'm constipated. Completely lost my appetite and gained six pounds. Which, you know, is just not fair.

(Doctor Fine and the Voices help Diana read the side effects labels.

They pass many large pill bottles among them, slowly at first, then faster, then tossing, then juggling.)

DOCTOR FINE & VOICES

MAY CAUSE THE FOLLOWING SIDE EFFECTS,
ONE OR MORE:

*Card in to
Some
Card not
Do him please*

VOICES

DOCTOR FINE

DIZZINESS, DROWSINESS,
SEXUAL DYSFUNCTION,
HEADACHES AND TREMORS
AND NIGHTMARES AND SEIZURES.

DIARRHEA, CONSTIPATION,
NERVOUS LAUGHTER, PALPITATIONS,

DIANA, DOCTOR FINE & VOICES

ANXIOUSNESS, ANGER,
EXHAUSTION, INSOMNIA,
IRRITABILITY,
NAUSEA, VOMITING,

holding cards

DIANA

ODD AND ALARMING SEXUAL FEELINGS

DIANA, DOCTOR FINE & VOICES

Hen. 7

OH, AND ONE LAST THING -

(All the bottles fall to the floor.)

DOCTOR FINE

USE MAY BE FATAL...

GABE

USE MAY BE FATAL...

DAN

USE MAY BE FATAL...

leave

(As if reading responsibility, the Voices wander away.

SPLIT SCENE: Doctor Fine back with Diana.

WHILE: In the piano room, Henry and Natalie sit closer.)

DOCTOR FINE

(writing)

Goodman, Diana. Third adjustment after five weeks. Reports continued mild anxiety and some lingering depression.

DIANA

I now can't feel my fingers or my toes. I sweat profusely for no reason.

NATALIE

I've wasted, like, weeks of practice with you in here. Improvising

HENRY

Oscar Peterson was classically trained.

NATALIE

Beethoven did cocaine.

HENRY

Miles Davis went to Juilliard.

NATALIE

Mozart wrote poems about farts.

(Henry and Natalie are now very close...)

DIANA

Fortunately, I have absolutely no desire for sex. Although whether that's the medicine or the marriage is anybody's guess.

DOCTOR FINE

I'm sure it's the medicine.

DIANA

(flattered)

Oh, thank you, that's very sweet. But my husband's waiting in the car.

(...but instead of kissing, Henry and Natalie play furiously, four hands.

Lights on Dan, waiting in the car.)

DAN

WHO'S CRAZY?

THE ONE WHO'S HALF-GONE?

OR MAYBE

THE ONE WHO HOLDS ON?

REMEMBERING WHEN SHE WAS TWENTY, AND BRILLIANT, AND BOLD,

AND I WAS SO YOUNG AND SO DUMB, AND NOW I AM...OLD.

DAN

AND SHE WAS

WICKED AND WIRED.

THE SEX WAS SIMPLY INSPIRED

NOW THERE'S NO SEX, SHE'S DEPRESSED,

AND ME I'M JUST TIRED

TIRED, TIRED, TIRED. *Revealed*

WHO'S CRAZY -

THE ONE WHO'S UNCURED?

OR MAYBE THE ONE WHO'S ENDURED?

THE ONE WHO HAS TREATMENTS, OR THE

ONE WHO JUST LIVES WITH THE PAIN?

MY PSYCHOPHARMACOLOGIST AND I.

TOGETHER SIDE BY SIDE...

WITHOUT HIM

I'D DIE...

MY PSYCHOPHARMACOLOGIST AND I.

I do not feel sorry for myself

I am trying to get through it

(Diana is frozen in a waltz dip with Doctor Fine.

Gabe, Natalie, and Henry disappear.

Dan is left alone again.)

DAN

THEY SAY LOVE IS BLIND, BUT BELIEVE ME - LOVE IS INSANE.

(Doctor Fine lifts Diana to her feet.

Dan leaves the car and goes to retrieve her.)

DOCTOR FINE

Goodman, Diana. Seven weeks.

DIANA

I don't feel like myself. I mean, I don't feel anything.

DOCTOR FINE

(grunts, then writes.)

Hmpf. Patient stable.

(Lights.

#5 - Perfect For You

Henry and Natalie at his house. He's packing the bowl of a badass bong.)

NATALIE

Your mom is, like, in the next room.

HENRY

She's in denial - it's totally convenient.

(He takes a hit from the bong, then offers it. Natalie just looks at it, then him.)

Dude. It's therapeutic.

NATALIE

Right, it's medical marijuana to treat your ADD.

HENRY

(takes another hit, then.)

Totally...huh?

NATALIE

I don't put anything into my mouth that's on fire.

HENRY

I guess that's a good rule.

(He goes to kiss her. She pulls away abruptly.)

NATALIE

Look. I can't do this. Not with my life. I'm like one fuckup from disaster.
(MUSIC CHANGES.)

HENRY

Your life is not a disaster. The environment is a disaster. Sprint is a disaster.

NATALIE

You're stoned.

HENRY

OUR PLANET IS POISONED, THE OCEANS, THE AIR,
AROUND AND BENEATH AND ABOVE YOU.

NATALIE

UM, HENRY, THAT'S TRUE, AND I TOTALLY CARE -

HENRY

I'M TRYING TO TELL YOU I LOVE YOU.

NATALIE

What?

HENRY

THE WORLD IS AT WAR, FILLED WITH DEATH AND DISEASE -
WE DANCE ON THE EDGE OF DESTRUCTION.
THE GLOBE'S GETTING WARMER BY DEADLY DEGREES -

NATALIE

AND THIS IS ONE FUCKED-UP SEDUCTION.

HENRY

THIS PLANET IS PRETTY MUCH BROKEN BEYOND ALL REPAIR...
BUT ONE THING IS WORKING
IF YOU'RE STANDING THERE.

PERFECT FOR YOU...

I COULD BE PERFECT FOR YOU.

I MIGHT BE LAZY, A LONER,

A BIT OF A STONER - IT'S TRUE.

BUT I MIGHT BE PERFECT -

I'LL MAKE MYSELF PERFECT...

PERFECT FOR YOU.

(As the MUSIC BUILDS, Henry's bedroom goes away.)

HENRY

YOU SQUARE ALL THE CORNERS, I STRAIGHTEN THE CURVES.

NATALIE

YOU'VE GOT SOME NERVE, HENRY, AND I'M JUST ALL NERVES.
HENRY

BUT EVEN IF EVERYTHING ELSE TURNS TO DIRT,

NATALIE & HENRY

WE'LL BE THE ONE THING IN THIS WORLD THAT WON'T HURT.

HENRY

I CAN'T FIX WHAT'S FUCKED UP,
BUT ONE THING I KNOW I CAN DO...
I CAN BE PERFECT FOR YOU.

NATALIE

I CAN BE PERFECT FOR YOU.

NATALIE & HENRY

PERFECT FOR YOU.

(At last, they kiss.

Lights.

MUSIC CONTINUES under.

(They're on Natalie's front porch.)

HENRY

Nice house. Can I come in?

NATALIE

Oh my, no.

HENRY

Okay.

(They kiss again.

Diana is watching out a window. Gabe finds her, and looks over her shoulder.)

GABE

Are you spying on your own daughter?

DIANA

When did she get a boyfriend? How did I miss this?

GABE

Well...you kinda miss a lot.

DIANA

Do you think they're in love?

GABE

Who knows? They're young, they're horny...it happens.

(Gabe goes. Dan appears, wearing a rugby shirt very much like the one Henry wears. It is years ago.)

Love over ab great sex

Marry me.

DAN

give

DIANA

What?

logic

DAN

Marry me, Let's have a family, I know, we're too young, but we're not, I'm almost twenty-two, and how do you know this isn't a sign saying we belong together?

really ask questions

DIANA

How do you know it's not a sign saying get new rubbers?

Conrad

DAN

Because I know it's not. I love you, and this baby -

to

DIANA

~~She~~ just really *asked* Dan. This is crazy.

Conrad

NATALIE

(overlapping)

This is crazy.

DAN & HENRY

(together)

Maybe it is.

(Hearing Henry wakes Diana from her reverie. She watches intently as Natalie and Henry kiss again.)

#6 - I Miss The Mountains

Henry and Dan go.

Natalie hurries into the house, stopping short when she sees Diana, and realizes she's been watching. Natalie looks stricken, then disappears into her room.

Diana watches her go.)

DIANA

THERE WAS A TIME WHEN I FLEW HIGHER,
WAS A TIME THE WILD GIRL RUNNING FREE
WOULD BE ME.

NOW I SEE HER FEEL THE FIRE,

NOW I KNOW SHE NEEDS ME THERE TO SHARE -
I'M NOWHERE.

ALL THESE BLANK AND TRANQUIL YEARS -
SEEMS THEY'VE DRIED UP ALL MY TEARS.
AND WHILE SHE RUNS FREE AND FAST,
SEEMS MY WILD DAYS ARE PAST.

BUT I MISS THE MOUNTAINS.

I MISS THE DIZZY HEIGHTS.

ALL THE MANTIC, MAGIC DAYS,

AND THE DARK, DEPRESSING NIGHTS.

(She goes to her medicine cabinet and begins to take out a posset of pill bottles...)

I MISS THE MOUNTAINS,

I MISS THE HIGHS AND LOWS,

ALL THE CLIMBING, ALL THE FALLING,

ALL THE WHILE THE WILD WIND BLOWS,

STINGING YOU WITH SNOW

AND SOAKING YOU WITH RAIN -

I MISS THE MOUNTAINS,

I MISS THE PAIN.

(...and to open them...)

MOUNTAINS MAKE YOU CRAZY -

HERE IT'S SAFE AND SOUND.

MY MIND IS SOMEWHERE HAZY -

MY FEET ARE ON THE GROUND.

EVERYTHING IS BALANCED HERE

AND ON AN EVEN KEEL.

EVERYTHING IS PERFECT -

NOTHING'S REAL...

NOTHING'S REAL.

(...and pour them in the toilet.)

(DIANA)

AND I MISS THE MOUNTAINS.
I...I MISS THE LONELY CLIMB.
WAND'RING THROUGH THE WILDERNESS
AND SPENDING ALL MY TIME
WHERE THE AIR IS CLEAR
AND CUTS YOU LIKE A KNIFE--
I MISS THE MOUNTAINS...
I MISS THE MOUNTAINS...
I MISS MY LIFE
I MISS MY LIFE
(MUSIC ENDS. Gabe enters.)

(MUSIC ENDS. Gabe enters.)

GABE

You sure about this, Mom?

DIANA

You think it's a bad idea.

GABE

I think it's a great idea. I think you're brave.

DIANA

What will your father think?

GABE

Nothing. If he doesn't know.

(He reaches out and gives the toilet a FLUSH.)

Lights, suddenly, and MUSIC.

#7 - It's Gonna Be Good

Dan appears, joined by exuberant VOICES.)

DAN & VOICES

IT'S GONNA BE GOOD GOOD GOOD...
IT'S GONNA BE GOOD GOOD GOOD...
IT'S GONNA BE GOOD!
G...O...O...D GOOD!

(Dan's at work.)

DAN

IT'S GONNA BE GOOD!
IT'S GONNA BE GOOD.

(DAN)

TWO WEEKS AND IT'S ALL WORKING
JUST THE WAY I KNEW IT WOULD--
AND I DON'T SIT AT WORK JUST WAITING FOR THE PHONE TO RING!
IT'S A GOOD GOOD GOOD GOOD THING.

(He stares at the phone a moment, and another moment, and then suddenly can't stand it any longer, grabs, and dials.)

VOICES

RING! A-LING!
RING! A-LING!

(Diana, at home, is on the other end, as Dan fades.)

on cell phone

DIANA

Hello? Oh, hi! Everything's great here, sweetie. Fantastic. I disinfected the entire house, rewired the computer, and did some decoupage. Okay. Buh-bye.
(Hangs up the phone.)

Hmm. Next, I think I'll retile the roof!

(She goes, and Dan is in his car, on a different day.)

DAN

IT'S GONNA BE GREAT!
IT'S GONNA BE GREAT.

THE SEX IS STILL AMAZING
AND WE DON'T STAY UP THAT LATE.
IT'S ALMOST BEEN A MONTH AND SHE'S AS HAPPY AS A CLAM...
DO I LOOK GREAT? I AM.

to us

(MUSIC CHANGES.)

Esay 7

Lights.

Natalie and Henry are on her porch, again.)

low ball

NATALIE

I'd ask you in, but it's too soon.

HENRY

We've been going out for nine weeks and three days. Don't I get to meet your family?

Com b

NATALIE

You keep count? You're so the girl. And no.

PSC

(But Dan emerges from inside and catches them, as Gabe watches.)

Natalie!

(MUSIC CHANGES.)

And this must be Harry!

Shake head
GABE

It's Henry.

DAN

A pleasure to finally meet you. Come in. Why don't you join us for dinner?

(He puts his arm around Henry and ushers him in as Natalie follows.)

NATALIE

Um, Dad, Henry can't really stay. He's got, um...

DAN

IT'S GONNA BE GOOD!

NATALIE

...homework.

DAN

IT'S GONNA BE GOOD.

NATALIE

Surgery.

DAN

GONNA SIT RIGHT DOWN TOGETHER
LIKE A HAPPY FAM'LY SHOULD.

NATALIE

Rabies.

DAN

AND EAT AND TALK AND LAUGH AND JOKE,
MY PRIDE, MY BROOD, AND ME -
IT'S GONNA BE GOOD, YOU'LL SEE.

(Without prompting, Gabe joins in happily.)

DAN & GABE

WE'LL SMILE AND CHAT AND JUST LIKE THAT
WE'LL ALL BE ALL OKAY...
IT'S GONNA BE GREAT,
IT'S GONNA BE GREAT.

(Henry joins in cheerfully, and Natalie finally follows.

Diana serves and clears a full dinner in super-fast-motion. The rest grab forksfuls where they can.)

take place

from

close to

chosen

DAN, GABE, HENRY & NATALIE

IT'S GONNA BE GONNA BE GONNA BE GREAT
THAT WAY...

HEY!

IT'S GONNA BE GOOD!

IT'S GONNA BE GOOD.

GONNA SIT RIGHT DOWN TOGETHER

LIKE A HAPPY FAM'LY SHOULD.

AND EAT AND TALK AND LAUGH AND JOKE -

MY FAMILY AND ME...

IT'S GONNA BE GOOD GONNA BE GOOD

GONNA BE GONNA BE GONNA BE

GONNA BE GONNA BE

GOOD GOOD GOOD GOOD

GOOD GOOD GOOD GOOD

GOOD GOOD GOOD GOOD

GONNA BE GOOD GONNA BE GOOD -

IT'S GONNA BE GOOD YOU'LL SEE.

(MUSIC ENDS. Diana enters with a birthday cake, blazing with candles.

But Gabe has disappeared.)

DIANA

Okay... It's someone's birthday!

HENRY

(to Natalie)

Whose birthday is it?

NATALIE

(small pause)

My brother's.

HENRY

I didn't know you had a brother.

NATALIE

I don't.

#9 - He's Not Here

He died before I was born.

(NATALIE)

DIANA

(a beat, sees them:)

What? What is it?

(Dan goes to Diana.)

DAN

HE'S NOT HERE...

HE'S NOT HERE.

LOVE, I KNOW YOU KNOW.

DO YOU FEEL

HE'S STILL REAL?

LOVE, IT'S JUST NOT SO.

WHY IS IT YOU STILL BELIEVE?

DO YOU DREAM OR DO YOU GRIEVE?

YOU'VE GOT TO LET HIM GO. - *Really ask*

HE'S BEEN DEAD

ALL THESE YEARS...

NO MY LOVE, HE'S NOT HERE.

NATALIE

This is fucked.

DAN

Language.

NATALIE

Fuck this.

(A beat, then Natalie storms out. Henry moves to follow, pausing for.)

HENRY

It was wonderful to meet you both.

(He goes. Dan goes to Diana.)

DAN

What about the new meds? *Really ask, not punish*

DIANA

We have the happiest septic tank on the block.

You *gets* *it* They were working.

DAN

DIANA

They weren't, really.

DAN

DIANA

We'll get a new round, we'll call Doctor Fine - *Pizza Solenting*

DIANA

No.

DAN

Diana, look, I know this is hard.

(MUSIC CHANGES)

#9 - You Don't Know

DIANA

You know. Really? What, exactly, do you know?

DAN

I know you're hurting. I am, too.

DIANA

DO YOU WAKE UP IN THE MORNING

AND NEED HELP TO LIFT YOUR HEAD?

DO YOU READ OBITUARIES

AND FEEL JEALOUS OF THE DEAD?

IT'S LIKE LIVING ON A CLIFFSIDE

NOT KNOWING WHEN YOU'LL DIVE...

DO YOU KNOW

DO YOU KNOW WHAT IT'S LIKE TO DIE ALIVE?

WHEN A WORLD THAT ONCE HAD COLOR

FADES TO WHITE AND GREY AND BLACK...

WHEN TOMORROW TERRIFIES YOU

BUT YOU'LL DIE IF YOU LOOK BACK.

YOU DON'T KNOW.

I KNOW YOU DON'T KNOW.

YOU SAY THAT YOU'RE HURTING -

IT SURE DOESN'T SHOW.

YOU DON'T KNOW...

put cka down

pause -> pick words carefully

ply w/ distra

stay for sec for

leave

Walking to part back change

(DIANA)

IT LAYS ME SO LOW
 WHEN YOU SAY LET GO
 AND I SAY
 YOU DON'T KNOW

THE SENSATION THAT YOU'RE SCREAMING
 BUT YOU NEVER MAKE A SOUND,
 OR THE FEELING THAT YOU'RE FALLING
 BUT YOU NEVER HIT THE GROUND -
 IT JUST KEEPS ON RUSHING AT YOU
 DAY BY DAY BY DAY BY DAY...
 YOU DON'T KNOW
 YOU DON'T KNOW WHAT IT'S LIKE TO LIVE THAT WAY.

head close
clear the
cake

LIKE A REFUGEE, A FUGITIVE
 FOREVER ON THE RUN...
 IF IT GETS ME, IT WILL KILL ME -
 BUT I DON'T KNOW WHAT I'VE DONE.

#10 - I Am The One

DAN

CAN YOU TELL ME ?
 WHAT IT IS YOU'RE AFRAID OF?
 AND CAN YOU TELL ME WHY I'M AFRAID IT'S ME?
 CAN I TOUCH YOU? *??*
 WE'VE BEEN FINE FOR SO LONG NOW,
 HOW COULD SOMETHING GO WRONG THAT I CAN'T SEE? *?*

walk forward

walking
walking

'CAUSE I'M HOLDING ON,
 AND I WON'T LET GO
 I JUST THOUGHT YOU SHOULD KNOW...

I AM THE ONE WHO KNOWS YOU,
 I AM THE ONE WHO CARES,
 I AM THE ONE WHO'S ALWAYS BEEN THERE.
 I AM THE ONE WHO'S HELPED YOU
 AND IF YOU THINK THAT I JUST DON'T GIVE A DAMN,
 THEN YOU JUST DON'T KNOW WHO I AM.

spendic
walking
back

quote her

(Gabe appears, watching.)

DAN

COULD YOU LEAVE ME?
 COULD YOU LET ME GO UNDER?
 WILL YOU WATCH AS I DROWN

GABE

HEY DAD, IT'S ME.
 WHY CAN'T YOU SEE?

(Gabe steps between Dan and Diana, and speaks to Dan, who continues to sing to Diana. Gabe continues to try to get his attention.)

AND WONDER WHY?
 ARE YOU BLEEDING?
 ARE YOU BRUISED, ARE YOU BROKEN?
 AND DOES IT HELP YOU TO KNOW
 THAT SO AM I?

I WONDER WHY.
 ARE YOU WAITING, ARE YOU WISHING,
 ARE YOU WANTING ALL THAT SHE CAN'T
 ARE YOU HURTING, ARE YOU HEALING,
 ARE YOU HOPING FOR A LIFE TO LIVE?

WELL, SO AM I.

LOOK AT ME.
 LOOK AT ME.

AND YOU'LL SEE...

Be in pbw M. F. C. line

I AM...
 I AM...
 I WON'T WALK AWAY.

I AM THE ONE WHO'LL HOLD YOU
 I AM THE ONE WHO'LL STAY
 I AM THE ONE WHO WON'T WALK AWAY.

I AM...

I AM THE ONE WHO'LL HEAR YOU
 AND NOW YOU TELL ME THAT

YOU DON'T GIVE A DAMN.

WHO I AM

BUT I KNOW YOU KNOW WHO I AM.

YEAH, YEAH, YEAH, YEAH

THAT'S WHO I AM (YEAH YEAH YEAH YEAH)

WHO I AM YEAH, YEAH, YEAH, YEAH

THAT'S WHO I AM (YEAH YEAH YEAH YEAH)

WHO I AM YEAH, YEAH, YEAH, YEAH

DAN

'CAUSE I'M HOLDING ON...

DIANA

YOU SAY YOU HURT LIKE ME...

GABE

AND I WON'T LET GO...

Stand something

DIANA

YOU SAY THAT YOU KNOW... OH...

DAN & GABE

YEAH, I THOUGHT YOU SHOULD KNOW.

I AM THE ONE WHO KNOWS YOU

I AM THE ONE WHO CARES,

I AM THE ONE WHO'S ALWAYS BEEN THERE.

I AM THE ONE WHO NEEDS YOU

AND IF YOU THINK THAT I JUST

DON'T GIVE A DAMN

THEN YOU JUST DON'T KNOW WHO I AM

WHO I AM

WHO I AM

GABE

YOU JUST DON'T KNOW WHO I AM.

ext (Lights.

MUSIC CHANGES.

#11 - Superboy And The Invisible Girl

Natalie is in her room with Henry. He is working on something at her desk.)

NATALIE

When she gets like this? She's useless. She can't use the phone. Can't drive.

HENRY

I bet she's got great pills. I mean, not that I would go there. That shit's inorganic.

NATALIE

And totally ineffective, apparently.

HENRY

I'm old-school. Dying breed. All the preppies and the jocks are raiding their parents' medicine cabinets and popping Xanax and snorting Adderall.

NATALIE

Really?

HENRY

But me, I'm the master of the lost art of making a pipe out of an apple.

(He proudly reveals his handiwork...)

NATALIE

Yeah, you're the MacGyver of pot.
(...and he offers it to her.)

You promise this'll help?

HENRY

No.

(She considers it, then turns away.)

What?

NATALIE

SUPERBOY AND THE INVISIBLE GIRL...
SON OF STEEL AND DAUGHTER OF AIR.
HE'S A HERO, A LOVER, A PRINCE -
SHE'S NOT THERE.

SUPERBOY AND THE INVISIBLE GIRL...
EVERYTHING A KID OUGHTA BE.
HE'S IMMORTAL, FOREVER ALIVE -
THEN THERE'S ME.

I

WISH I COULD FLY
AND MAGICALLY APPEAR AND DISAPPEAR.

I

WISH I COULD FLY
I'D FLY FAR AWAY FROM HERE.

(Diana gently opens her door, Henry hides the pipe and fans the air, and Natalie whips around to confront her mother.)

SUPERBOY AND THE INVISIBLE GIRL -
HE'S THE ONE YOU WISH WOULD APPEAR
HE'S YOUR HERO, FOREVER YOUR SON -
HE'S NOT HERE.
I AM HERE.

DIANA

YOU

KNOW THAT'S NOT TRUE.

YOU'RE OUR LITTLE PRIDE AND JOY, OUR PERFECT PLAN.

(DIANA)

YOU
KNOW I LOVE YOU...
I LOVE YOU AS MUCH AS I CAN.

(A beat as this lands. Then, awkwardly, Diana leaves.)

NATALIE

TAKE A LOOK AT THE INVISIBLE GIRL...
HERE SHE IS, CLEAR AS THE DAY.
PLEASE LOOK CLOSELY AND FIND HER BEFORE
SHE FADES AWAY.

(Through a wall, Gabe appears in Natalie's room. They do not see him.)

NATALIE & GABE

SUPERBOY AND THE INVISIBLE GIRL...
SON OF STEEL AND DAUGHTER OF AIR.
HE'S A HERO, A LOVER, A PRINCE—
SHE'S NOT THERE...
SHE'S NOT THERE...

(She sits by Henry. He pulls the pipe out of hiding, and offers it.)

SHE'S NOT THERE...
SHE'S NOT THERE...
(She takes the pipe from Henry.)

MUSIC ENDS.

Lights.

Diana and Dan in a waiting room. Dan is writing in a notebook

DAN

Let's not get discouraged. We'll find a doctor who'll treat you without the drugs. There's someone out there for you—in the depression chat rooms, they say it's like dating, you have to keep going until you find the right match.

DIANA

They have depression chat rooms?

DAN

And this doctor's supposed to be fantastic. A real rock star. Three different women at work gave me his name.

DIANA

Three women at work know I'm nuts?

DAN

(half beat)

Uh...
(turns, looking for relief)
Ah!
(Doctor Madden appears.)

DOCTOR MADDEN

Diana? This way, please.
(She walks past him into his inner office, studying him. Once she's past him—

#116 - Doctor Rock

A CHORD, lights hit, and he's briefly a rock star.)

YEAH...

DIANA

(spins around; lights restore)

What did you just say?

DOCTOR MADDEN

(a doctor again:)

I said welcome. Have a seat. It's nice to meet you.
(Watching him suspiciously, she does. She sits, turns, and another CHORD and he's a rock star again:)

LET'S GET IT ON NOW, BABY...

DIANA

Excuse me, what?

DOCTOR MADDEN

(now not a rock star:)

I said, let's get started. Are you...nervous, Diana?

DIANA

I am, a little. A bit out of breath. Tingly, actually. Now you go.

DOCTOR MADDEN

Well, let's start by getting to know each other a bit. Psychotherapy and medication work best in tandem, but we can try the first alone, and see how far we get. Why don't you tell me—

(A sudden CHORD and he's a rock star again.)

#12 - I'm Alive

(DOCTOR MADDEN)

BAY-BEE...WHAT'S YOUR HISTORY?
WHERE'D YOU GO AND WHO'D YOU SEE? YEAH...

(And just like that he's not a rock star.)

DIANA

Um. My history?

(He nods mildly.)

Well - I was diagnosed bipolar, um, wow, sixteen years ago? But it turned out bipolar didn't totally cover it.

DOCTOR MADDEN

Often the best we can do is put names on collections of symptoms. It's possible bipolar has more in common with schizophrenia than depression.

DIANA

When I was young, my mother called me "high-spirited." She would know. She was so high-spirited they banned her from the PTA.

DOCTOR MADDEN

Sometimes there's a predisposition to illness, but actual onset is only triggered by some...traumatic event.

DIANA

I never know what to say when I have to go over all this. It starts to sounds like some story I tell that's about some other person entirely.

DOCTOR MADDEN

Why don't you tell me about the last time you truly felt happy.

(She has no answer for him.)

Were you happy when you got married?

DIANA

I thought I was.

DOCTOR MADDEN

There's a difference between being happy and just thinking you're happy?

DIANA

Most people who think they're happy just haven't thought about it enough. Most people who think they're happy are actually just stupid.

DOCTOR MADDEN

I see. Were you happy when your son was born?

(MUSIC CHANGES.)

DIANA

My son?

(Gabe appears, watching.)

DOCTOR MADDEN

Tell me about him.

DIANA

About my son?

DOCTOR MADDEN

Why is he still around? Who is he? What is he?

(Diana does not answer. Gabe sings.)

GABE

I AM WHAT YOU WANT ME TO BE,
AND I'M YOUR WORST FEAR - YOU'LL FIND IT IN ME.
COME CLOSER...
COME CLOSER...

DOCTOR MADDEN

Where does he come from, do you think?

(Doctor Madden and Diana sit in silence...)

GABE

I AM MORE THAN MEMORY -
I AM WHAT MIGHT BE, I AM MYSTERY.

YOU KNOW ME -
SO SHOW ME.

(...as Gabe circles them.)

WHEN I APPEAR IT'S
NOT SO CLEAR IF

I'M A SIMPLE SPIRIT OR I'M FLESH AND BLOOD...

(Now rockstar lights hit him and he sings to us.)

BUT I'M ALIVE
I'M ALIVE

I AM SO ALIVE,
AND I FEED ON THE FEAR THAT'S BEHIND YOUR EYES.

(GABE)

AND I NEED YOU
TO NEED ME
IT'S NO SURPRISE --
I'M ALIVE...
SO ALIVE...
I'M ALIVE.

(Natalie, with backpack, has just arrived home from school.)

NATALIE

Four times a week? That's a lot, isn't it?

DAN

It's what the doctor recommended.

psl

NATALIE

(after a pause)

This is never going to get better, is it?

(Gabe joins them, listening.)

He's never going away.

DAN

I don't know, Natalie.

NATALIE

This is one of those moments when you could just be a typical parent and lie and say yes.

DAN

Yes.

NATALIE

Thanks. That's comforting.

(Dan is silent at first, and Natalie turns to go...)

GABE

Waffle hand
I AM FLAME AND I AM FIRE,
I AM DESTRUCTION, DECAY, AND DESIRE --
I'LL HURT YOU...
(...but he follows her with:)

DAN

You know, Natalie...

GABE

I'LL HEAL YOU...

DAN

It's not all about your comfort.

GABE

I'M YOUR WISH, YOUR DREAM COME TRUE,
AND I AM YOUR DARKEST NIGHTMARE TOO --
I'VE SHOWN YOU...

DAN

It's about helping your mother.

GABE

I OWN YOU.

NATALIE

As always.

(She goes, and Gabe turns to Dan.)

GABE

AND THOUGH YOU MADE ME,
YOU CAN'T CHANGE ME --
I'M THE PERFECT STRANGER WHO KNOWS YOU TOO WELL.

AND I'M ALIVE

I'M ALIVE

I AM SO ALIVE,

AND I'LL TELL YOU THE TRUTH IF YOU LET ME TRY.

YOU'RE ALIVE

I'M ALIVE

AND I'LL SHOW YOU WHY

I'M ALIVE...

SO ALIVE...

I'M ALIVE.

(Gabe finds Natalie in the bathroom. He opens the medicine cabinet for her. She looks inside, and pulls out a pill bottle.)

NATALIE

Risperdal?

GABE

I'M ALIVE...

NATALIE

(more bottles)
Valium? Xanax?

GABE

I'M ALIVE...

NATALIE

(strugs)

What the hell.

(She pours out a couple pills and pops them.)

Gabe leaves her and returns to Doctor Madden's office...

GABE

I'M ALIVE-- I'M RIGHT BEHIND YOU.
YOU SAY FORGET, BUT I REMIND YOU.

YOU CAN TRY TO HIDE, YOU KNOW THAT I WILL FIND YOU.

CAUSE IF YOU WON'T GRIEVE ME

YOU WON'T LEAVE ME BEHIND...

(...where Diana is still silent.)

DOCTOR MADDEN

Let's say he's eighteen now -- isn't that when kids move out? Isn't it time to let him go?

GABE

NO, NO, NO--

I'M ALIVE

I'M ALIVE

I AM SO ALIVE,

IF YOU CLIMB ON MY BACK, THEN WE BOTH CAN FLY

IF YOU TRY

TO DENY ME

I'LL NEVER DIE

I'M ALIVE...

SO ALIVE...

I'M ALIVE...

YEAH, YEAH...

I'M ALIVE...

I'M ALIVE...

(GABE)

I'M ALIVE...

I'M ALIVE!

(MUSIC ENDS.)

Diana sits opposite Doctor Madden again. Silence, then.)

DOCTOR MADDEN

It's been four weeks, and I'd like to try something new today. Sometimes, when these stories are hard to tell, hypnosis can be helpful.

(MUSIC.)

#13 - Make Up Your Mind / Catch Me I'm Falling

DIANA

Oh, I don't think I could be hypnotized. I mean, it's fine. I'm just not the type.

DOCTOR MADDEN

Put your feet on the floor. Your hands in your lap. Breathe.

(She does. He sings.)

WALK WITH ME...

WALK WITH ME.

DIANA

Okay. Walking.

DOCTOR MADDEN

GO ALL THE WAY DOWN--DOWN A LONG FLIGHT OF STAIRS...

DIANA

Stairs!

DOCTOR MADDEN

GO STEP BY STEP INTO THE DARKNESS DOWN THERE.

DIANA

Should we turn on a light? You know, with the stairs?

DOCTOR MADDEN

(breathes, then:)

WALK WITH ME...

DOWN A HALL,

A HALL THAT YOU KNOW -- AT THE END, THERE'S A DOOR,

IT'S A DOOR THAT YOU'VE NEVER LAID EYES ON BEFORE...

(DOCTOR MADDEN)

OPEN THE DOOR...

OPEN THE DOOR.

(Diana is silent. He speaks.)

Can you hear me, Diana?

DIANA

Yes.

DOCTOR MADDEN

Are you nervous?

DIANA

No.

DOCTOR MADDEN

Good. Now.

(sings:)

MAKE UP YOUR MIND TO EXPLORE YOURSELF.
MAKE UP YOUR MIND YOU HAVE STORIES TO TELL.
WE'LL SEARCH IN YOUR PAST
FOR WHAT SORROWS MAY LAST,
THEN MAKE UP YOUR MIND TO BE WELL.

(Dan appears.)

emphatic
DAN *Symbol*
Di, you come home from these sessions in tears. Is this helping, or...? Di? Di?

(Lights.)
emphatic Another session. Diana is again hypnotized.)

DIANA

We were both undergrads. Architecture. The baby wasn't planned. Neither was the marriage. I had always expected to be too busy. But when the baby came it all seemed to make sense. Until... Until...

DOCTOR MADDEN

Until?

DAN (+ VOICES)

HE'S NOT HERE...
HE'S NOT HERE...
LOVE, I KNOW YOU KNOW.

st
st
st

DOCTOR MADDEN

MAKE UP YOUR MIND THAT YOU'RE STRONG ENOUGH.
MAKE UP YOUR MIND - LET THE TRUTH BE REVEALED.
ADMIT WHAT YOU'VE LOST
AND LIVE WITH THE COST...
AT TIMES IT DOES HURT TO BE HEALED.

(Gabe approaches; watching.)

GABE

CATCH ME I'M FALLING...

DOCTOR MADDEN

In our first session you told me...

GABE

CATCH ME I'M FALLING...

DOCTOR MADDEN

...that talking through your history...

GABE

FASTER THAN ANYONE SHOULD.

GABE & DIANA

CATCH ME I'M FALLING...

DOCTOR MADDEN

... it feels like it's about someone else.

GABE & DIANA

PLEASE HEAR ME CALLING...

DOCTOR MADDEN

Make it about you.

GABE & DIANA

CATCH ME I'M FALLING FOR GOOD.

(Lights.)

Backstage at the school auditorium.

Natalie fidgets. Henry enters, with flowers.)

HENRY

Hey. I'm not supposed to be backstage, but...

(Hands her the flowers.)

For luck.

NATALIE

Did you see my parents out there?

HENRY

Um--are you okay?

NATALIE

I'm fine. My dad said they'd both be here.

HENRY

Then I'm sure they will be.

NATALIE

Will they?

(At the recital, over Diana's speech, Natalie steps out on stage and peers at the audience - and does not see her parents.)

DIANA

We had Natalie to...And I know she knows. I couldn't hold her, in the hospital?

NATALIE

Where the hell are they?

DIANA

I couldn't let myself hold her.

DOCTOR MADDEN

That's the first time you've mentioned Natalie in weeks of therapy.

NATALIE

God damn it.

(She sings.)

NATALIE (+VOICES)

SHE'S NOT THERE...

SHE'S NOT THERE...

SHE'S NOT THERE.

DOCTOR MADDEN

MAKE UP YOUR MIND YOU WANT CLARITY.

TAKE WHAT YOU KNOW AND THEN MAKE IT MAKE SENSE.

JUST FACE WHAT YOU FEAR,

AND SOON IT COMES CLEAR

THE VISIONS ARE JUST YOUR DEFENSE.

(Natalie shakily takes the stage at her recital. She looks out at the audience. Takes a deep breath.)

NATALIE

Um. Thank you for coming, Natalie Goodman.

(She sits at the piano, and tries to play the first bars of her piece - mangling it badly.)

DOCTOR MADDEN

Let's try to understand what all this is doing to you. And your family.

(Natalie tries a second time - disaster.)

NATALIE

Fuck.

DOCTOR MADDEN

Your grief for your son. Your distance from Natalie.

(As Henry peeks out from the wings, Natalie turns to the audience.)

NATALIE

I'm sorry. I just - The thing is - I -

(MUSIC.)

You know what the problem with classical is? It's so rigid and structured. You have to play the notes on the page. There's no room for improvisation.

HENRY

Oh no.

(Natalie launches into a slightly sloppy but rousing rock riff which leads to:)

DOCTOR MADDEN

DIANA

DAN

GABE

NATALIE & HENRY

MAKE UP YOUR MIND

YOU CAN LIVE AT LAST

MAKE UP YOUR MIND

TO BE FULLY ALIVE.

EMBRACE WHAT'S INSIDE,

REPLACE WHAT HAS DIED

THEN MAKE UP YOUR

MIND YOU'LL SURVIVE.

CATCH ME

I'M FALLING

FALLING ...

HE'S NOT HERE

I'M ALIVE

A-

LIVE

A-

LIVE

TIME TO GO.

DIANA, DAN, GABE & NATALIE

CATCH ME I'M FALLING...

DOCTOR MADDEN

Unresolved loss can lead to depression.

I'M ALIVE

TAKE A LOOK.

TAKE A LOOK.

THE INVISIBLE

GIRL

FAL-

LING

DIANA, DAN, GABE & NATALIE

CATCH ME I'M FALLING...

(Henry goes to Natalie...)

DOCTOR MADDEN

Fear of loss, to anxiety.

DIANA, DAN, GABE & NATALIE

FLYING HEADFIRST INTO FATE.

CATCH ME I'M FALLING...

(...and tries to help her up from the piano.)

DOCTOR MADDEN

The more you hold on to something you lost...

DIANA, DAN, GABE & NATALIE

PLEASE HEAR ME CALLING...

(She resists at first...)

DOCTOR MADDEN

...the more you fear losing it

DIANA, DAN, GABE & NATALIE

CATCH ME BEFORE IT'S TOO LATE.

(...but finally lets him help her up. She holds on to him to keep from falling.)

DOCTOR MADDEN

Depression, anxiety, depression, anxiety...

One gives rise to the other. It becomes a cycle.

DAN, GABE & NATALIE

CATCH ME BEFORE IT'S TOO LATE.

CATCH ME BEFORE IT'S TOO LATE.

CATCH ME I'M FALLING...

CATCH ME I'M FALLING...

CATCH ME I'M FALLING...

DOCTOR

Wouldn't you like to be free from all that? Finally? Wouldn't you like to go home, clear out his room... maybe spend some time with your daughter? And let your son go, at last?

HENRY

Uh. Should we go?

NATALIE

Yes.

DIANA

(overlapping)

Yes.

GABE

Mom.

DIANA

Yes I would.

(MUSIC.

#13a - A Good Step

The others disappear. Doctor Madden's office goes away.

Diana is at home.

Dan brings her a box of items from the baby's room.)

DAN

This is good, Di. It's a good step.

(He goes.

Diana sifts through the items. She takes out Gabe's blanket, unfolds it, holds it, folds it again and drapes it on the arm of the chair.

She lifts a music box. She considers it a long moment, then opens it.

MUSIC CHANGES.)

#14 - I Dreamed A Dance

DIANA

I SAW YOU LIGHT THE BALLROOM WITH YOUR SPARKLING EYES OF BLUE. GRACEFUL AS AN ANGEL'S WING,

I DREAMED A DANCE WITH YOU.

(Gabe enters, dressed stunningly in a tuxedo...)

YOU WHISPERED SLYLY, SOFTLY.

YOU TOLD ME YOU WOULD BE TRUE.

WE SPUN AROUND A THOUSAND STARS--

I DREAMED A DANCE WITH YOU.

(...and they dance, beautifully.)

I KNOW THE NIGHT IS DYING DEAR...

I KNOW THE DAY WILL DAWN...

GABE & DIANA

THE DANCERS MAY DISAPPEAR—
STILL THE DANCE GOES ON...

GABE

AND ON.

(Gabe kisses her hand and steps away.)

DIANA

I'LL WAKE ALONE TOMORROW,
THE DREAM OF OUR DANCES THROUGH.
BUT NOW UNTIL FOREVER LOVE
I'LL LIVE TO DANCE WITH YOU.

(Gabe turns to go...)

I'LL DREAM MY LOVE...
I'LL LIVE MY LOVE...

AND I'LL DIE TO DANCE WITH—

(...but on this last, he turns back to her, and she falls silent.)

MUSIC CHANGES.)

#15 - There's A World

GABE

THERE'S A WORLD...
THERE'S A WORLD I KNOW.
A PLACE WE CAN GO
WHERE THE PAIN WILL GO AWAY—
THERE'S A WORLD WHERE THE SUN SHINES EACH DAY.

THERE'S A WORLD...

THERE'S A WORLD OUT THERE.
I'LL SHOW YOU JUST WHERE,
AND IN TIME I KNOW YOU'LL SEE
THERE'S A WORLD WHERE WE CAN BE FREE—
COME WITH ME.

(Doctor Madden enters with a hospital chart.)

DOCTOR MADDEN

Goodman, Diana.

GABE

COME WITH ME.

DOCTOR MADDEN

Discovered unconscious at home.

GABE

THERE'S A WORLD WHERE WE CAN BE FREE...

DOCTOR MADDEN

Multiple razor wounds to wrists and forearms. Self-inflicted.

GABE

COME WITH ME.

DOCTOR MADDEN

Saline rinse, sutures and gauze. I.V. antibiotics. Isolated, sedated and restrained.
Damn it.

(Gabe holds out his hand. A moment, then Diana takes it, and follows him off.)

MUSIC CHANGES.)

#15a - E.C.T.

(DOCTOR MADDEN)

E.C.T. is indicated.

(Dan joins him, at the hospital.)

DAN

Wow. I mean—they still do that?

DOCTOR MADDEN

We do, yes. It's the standard in cases like this. She's got a long history of drug therapy and resistance, she's acutely suicidal—it's really our best option.

DAN

That's kind of terrifying.

DOCTOR MADDEN

It's not. The electricity involved is barely enough to light a hundred-watt bulb.

DAN

(try)

Oh, if it's just a hundred-watt bulb...

DOCTOR MADDEN

It's safer than crossing the street, and the short-term success rate is over eighty percent.

DAN

I thought she was better...

DOCTOR MADDEN

Sometimes patients recover just enough strength to follow through on suicidal impulses, but not enough strength to resist them.

DAN

Well, that seems very...fucked.

DOCTOR MADDEN

Yes.

(hands Dan a clipboard)

Legally, we need her consent. Hospital policy is we need yours, too.

DAN

I don't think she's gonna go for this.

DOCTOR MADDEN

Mister Goodman, we can administer the ECT and you can bring her home in ten days. Or we can keep her sedated for forty-eight hours, then discharge her and wait for her to try again. Look - go home. Take the night. We'll talk to her in the morning.
(MUSIC CHANGES.)

#16 - For Beer

Doctor Madden goes. to get basket

Dan is at home.)

DAN

STANDING IN THIS ROOM,
WELL, I WONDER WHAT COMES NOW.
I KNOW I HAVE TO HELP HER -
BUT HELL IF I KNOW HOW.

before cheer
and peeps

AND ALL THE TIMES THAT I'VE BEEN TOLD
THE WAY HER ILLNESS GOES -
THE TRUTH OF IT IS NO ONE REALLY KNOWS.

go read cheer

AND EVERY DAY THIS ACT WE ACT GETS MORE AND MORE ABSURD...
AND ALL MY FEARS JUST SIT INSIDE ME, SCREAMING TO BE HEARD...
I KNOW THEY WON'T, THOUGH - NOT A SINGLE WORD.

(Dan starts to clean up after Diana. Gabe appears and watches him.)

more bar

(DAN)

I WAS HERE,
AT HER SIDE,
WHEN SHE CALLED,
WHEN SHE CRIED...

HOW COULD SHE LEAVE ME ON MY OWN?
WILL IT WORK?
THIS CURE?

THERE'S NO WAY
TO BE SURE...

Look at clip
band

BUT I'M WEARY TO THE BONE.

put down clip band

AND WHENEVER SHE GOES FLYING - US -
I KEEP MY FEET RIGHT ON THE GROUND -
OH, NOW I NEED A LIFT AND THERE'S NO ONE AROUND.

padding

(As Dan finishes cleaning, he and Gabe both sing without words. Then:)

AND I'VE NEVER HAD TO FACE THE WORLD
WITHOUT HER AT MY SIDE...

clean

NOW I'M STROLLING RIGHT BESIDE HER
AS THE BLACK HOLE OPENS WIDE...

put
basket
away

MINE IS JUST A SLOWER SUICIDE.

slowly

I'VE BEEN HERE,
FOR THE SHOW,
EVERY HIGH,
EVERY LOW...

BUT IT'S THE WORST WE'VE EVER KNOWN.

SHE'S BEEN HURT
AND HOW
BUT I CAN'T
GIVE UP NOW

start
whisper

BECAUSE I'VE NEVER BEEN ALONE...
I COULD NEVER BE ALONE.

Sit in
chair
(Natalie enters)

NATALIE

Dad. Why didn't you take me with you?

(MUSIC CHANGES.)

16a - Dad, That's Bullshit!

DAN

We don't see much of you these days. Is this Henry a good influence?

NATALIE

Like, compared to what?

DAN

Okay, that's fair.

(SPLIT SCENE:

Lights on Diana, in a bathrobe, with Doctor Madden at the hospital. Gabe looks on.)

DOCTOR MADDEN

The aftereffects are minimal. You'll feel a bit like you have a hangover.

GABE

Mom, don't let them do this. It causes brain damage.

DAN

Your mother's in for a new treatment. ECT.

NATALIE

Okay - L-M-N-O-P - what is that? - I don't know.

DAN

Electroconvulsive therapy. Shock therapy.

DOCTOR MADDEN

A minority of patients report some memory loss, but it's usually not much memory.

GABE

How do you know how much memory you've lost if you've lost it?

NATALIE

You're kidding, right? Dad! That's bullshit.

(MUSIC CHANGES.)

#17 - Didn't I See This Movie?

DAN

Language.

DOCTOR MADDEN

Patients have said it's like becoming a new person.

NATALIE

It's bullshit. She trusts you.

(Natalie turns and runs off, and Dan follows.)

DAN

Natalie!

DIANA

DIDN'T I SEE THIS MOVIE.

WITH MCMURPHY AND THE NURSE?

BUT THIS HOSPITAL WAS HEAVY

AND ISN'T THIS THE ONE WHERE

IN THE END THE GOOD GUYS FRY?

DIDN'T I SEE THIS MOVIE

AND DIDN'T I CRY?

DIDN'T I CRY?

DOCTOR MADDEN

The modern procedure's clean and simple. Hundreds of thousands of patients receive it every year.

DIANA

WHAT MAKES YOU THINK I'D LOSE MY MIND FOR YOU?

I'M NO SOCIOPATH.

I'M NO SYLVIA PLATH.

I AIN'T NO FRANCES FARMER KIND OF FIND FOR YOU...

SO STAY OUT OF MY BRAIN -

I'M NO PRINCESS OF PAIN.

DIDN'T I SEE THIS MOVIE

WHERE THE DOCTOR LOOKED LIKE YOU?

WHERE THE PATIENT GOT IMPATIENT

AND SAID, "SORRY, DOC, I'M THROUGH

I KNOW WHERE THIS IS GOING,

AND I KNOW WHAT YOU'RE ABOUT -

'CAUSE I HAVE SEEN THIS MOVIE

AND I WALKED OUT."

I WALKED OUT.

I'M WALKING -

(Dan enters. He nods to Doctor Madden, who goes.

MUSIC CHANGES.)

18 - A Light in The Dark

have clipboard and start SL

DAN

ONE LIGHT SHINES IN THE DRIVE -
ONE SINGLE SIGN THAT OUR HOUSE IS ALIVE.
OUR HOUSE, OUR OWN -
SO WHY DO I LIVE THERE ALONE?

TELL ME WHY I WAIT THROUGH THE NIGHT,
AND WHY DO I LEAVE ON THE LIGHT?
YOU KNOW. I KNOW.
OUR HOUSE WAS A HOME LONG AGO.

walk toward door

TAKE THIS CHANCE,
'CAUSE IT MAY BE OUR ~~LAST~~
TO BE FREE,
TO LET GO OF THE PAST,
AND TO TRY,
TO BE HUSBAND AND WIFE
TO LET LOVE NEVER DIE -
OR TO JUST LIVE OUR LIFE.

sleep

TAKE MY HAND,
AND LET ME TAKE YOUR HEART,
KEEP IT FAR
FROM WHAT KEEPS US APART -
LET US START
WITH A LIGHT IN THE DARK.

DAN

NIGHT FALLS, I STARE AT THE WALLS
I WAKE AND WANDER THE HALLS.
AND I ACHIE TO THE BONE...

I CAN'T GET THROUGH THIS ALONE.

DAN

TAKE THIS CHANCE
AND WE'LL MAKE A NEW START
SOMEWHERE FAR

*chase
door*

(DAN)

FROM WHAT KEEPS US APART,
AND I SWEAR THAT SOMEWHERE IN THE NIGHT
THERE'S A LIGHT... *put a clipboard into*
A LIGHT IN THE DARK

Schubert

(Dan hands her the clipboard form and she signs it. Doctor Madden enters. So does Gabe. Diana hands the clipboard back to Dan. Doctor Madden gestures to Diana, she stands, and follows him. Dan and Gabe watch.

Diana stops and turns for one last look at Dan.
Lights.)

End of Act One

Act Two

#18a - Hair raise

(in black: MUSIC.)

#19 - Wish I Were Here

Natalie is with Henry outside a club.

NATALIE

Come ON. This is my favorite club. Let's go in.

HENRY

Isn't three clubs a little much for a Tuesday night?

(checks his cell)

Wednesday morning?

NATALIE

Oh, come on. They're playing my favorite song.

HENRY

They're all your favorite song. What are you on?

NATALIE

Adderall. Xanax. And Valium. And Robitussin.

HENRY

When did you become a bad influence on me?

NATALIE

Hey, I am under stress. My mom is in a hospital being electrocuted.

*(Natalie goes into the club. Henry follows.)**At the hospital, the patient in headcap and gown is rolled in on a gurney. A NURSE and a DOCTOR [Dan and Gabe], in gowns and masks, assist Doctor Madden.)*

DOCTOR MADDEN

Good morning, Diana. It's good to see you.

NATALIE

(shouting over the music)

Seriously - she gets it like every day for two weeks. I can't even deal. I'd never let them fuck with my brain like that.

(She pops a pill and downs it with Red Bull.)

HENRY

(also shouting)

No, you're strictly a do-it-yourself-er.

(Doctor Madden leans in to the patient as the others prepare for the procedure.)

DOCTOR MADDEN

I see you've met our anesthesiologist. Now, just breathe normally. Relax. Count backward from one hundred, and before you reach one, you'll be asleep.

(his voice begins to distort)

When you wake up, you may feel some muscle stiffness, disorientation - don't worry. It's completely normal. Diana? Diana? Good.

(He gently places the electrodes against her temples, and suddenly:

MUSIC

LIGHTS CHANGE...

...and suddenly Diana appears, watching herself on the table.)

DIANA

IN AN INSTANT, LIGHTNING FLASHES
AND THE BURST MIGHT LEAVE ME BLIND -
WHEN THE BOLT OF LIGHTNING CRASHES
AND IT BURNS RIGHT THROUGH MY MIND.IT'S LIKE SOMEONE DRAINED MY BRAIN OUT,
SET MY FROZEN MIND TO THAW.
LET THE LETHARGY AND PAIN OUT
WHILE I STOOD AND WATCHED, IN AWE.I AM RIDING ON THE BRIGHTEST BUZZ...
I AM WORLDS AWAY FROM WHO I WAS...
AND THEY TOLD ME IT WOULD CHANGE ME -
THOUGH THEY DON'T KNOW HOW IT DOES.I HAVE LIVED A LIFE OF CLOUDS AND GREY,
BUT THIS IS CRYSTAL CLEAR...
WISH I WERE HERE.I IMAGINE IT'S REMARKABLE.
EXUBERANT. AUSTERE.
WISH I WERE HERE.
WISH I WERE HERE.

NATALIE

IT'S EUPHORIA, IT'S ANGER
IT'S THE WINTER WIND, IT'S FIRE
AND IT KILLS MY DEEPEST HUNGER
AS IT FILLS ME WITH DESIRE.

NATALIE (DIANA ECHO)

I'M THE LIGHT AND HEAT OF EV'RY SUN...
I'M A BULLET FROM A MAGIC GUN...
AND I'M TRYING TO ENJOY IT -
BUT I'M MISSING ALL THE FUN.

NATALIE & DIANA

AM I FEELING WHAT I THINK I'M FEELING?
THE HOPE, THE HEAT, THE FEAR?
WISH I WERE HERE.

IS THIS SOMEONE ELSE'S HEAD TRIP?
DO I JUST DISAPPEAR?

WISH I WERE HERE.
WISH I WERE HERE.

(Diana joins Natalie, in the ether.)

DIANA

Sweetheart! What are you doing in my electricity?

NATALIE

It's always about you, isn't it? I'm Robotripping. I can't feel my legs.

DIANA

I don't want you doing drugs.

NATALIE

That's persuasive, coming from the Pfizer Woman of the Year. You're the one who's hallucinating.

DIANA

It's my treatment. It's a miracle. Everything is different now.

NATALIE

I know what you mean.

DIANA & NATALIE

PLUG ME IN
AND TURN ME ON

(DIANA & NATALIE)

AND FLIP THE SWITCH -
I'M GOOD AS GONE.

IT SLIPS MY SKIN
AND TRIPS MY BRAIN -
I FEEL THE BURN
BUT I DON'T FEEL THE PAIN.

IS MY BRAIN REBORN OR IS IT WRECKED?
IN FREEDOM OR IN FEAR?
WISH I WERE HERE.

HAVE I BLOWN MY MIND FOREVER?
IS CLOUDY MY NEW CLEAR?
WISH I WERE HERE.
WISH I WERE HERE.
WISH I WERE HERE.

(In the hospital, the gurney and nurses go.
In the club, Natalie collapses.)

HENRY

Natalie! Natalie! Damn.

(He helps her stand and leave the club.)

This is like the fifth night in a row I've had to come find you at some random club.

(Dan enters the hospital room, where Diana waits, dressed to go home.)

COM IN US!

Diana?

(She looks at him a moment, makes a great effort, then:)

DIANA

Dan.

DAN

Your two weeks are up—time to go home!

DIANA

Home? But—

(MUSIC CHANGES.)

sn order / command

Shh. Don't talk. Relax.

(He puts a sweater around her shoulder and takes her bag. They go.

Lights change. Natalie and Henry, at home.)

NATALIE

Okay. You can go. I'm, like, seventy percent less messed up now.

(He doesn't go.)

Seriously, my dad's gonna be home any minute. He's bringing my mom from the hospital this morning, and you don't want to be here.

HENRY

Will you call me?

NATALIE

Just go!

(Finally, he does.)

CAN I HIDE MY STUPID HUNGER?

FAKE SOME CONFIDENCE AND CHEER?

WISH I WERE HERE

WISH I WERE HERE

(Dian leads Diana gently into the house. She stops and takes it all in.)

DAN

lower SK (event)
We're here.

(Natalie hurriedly does her dress up again and smooths it, trying to look nice. She hurries to join them, stopping short at the sight of Diana.)

NATALIE

Hey. Wow. Uh. You look...great.

DIANA

file folder to room

Oh, well, thank you. And who are you?

NATALIE

Who am I?

DAN

walk back

Diana. This is Natalie.

NATALIE

Your daughter?

DIANA

Oh. Of course. And this is our house?

Diana, don't you...

(MUSIC)

DAN

#20 - Song of Forgetting

...you don't remember...any of this?

Verify

I should, right?

DIANA

DAN

THIS HOUSE AND ALL THESE ROOMS?

LAST CHRISTMAS OR LAST YEAR?

OUT BACK THE DOGWOOD BLOOMS -

DIANA

DO I REALLY LIVE HERE?

DAN

THE PAINT, THE WALLS...

ALL THIS GLASS AND WOOD...*verbs*

YOU DON'T RECALL?

DIANA

HOW I WISH I COULD.

DAN

OUR HOUSE ON WALTON WAY -

THE HOUSE WITH THE RED DOOR?

OUR TRIP TO ST. TROPEZ -

THE WHOLE WEEK A DOWNPOUR?

NATALIE

MY FIRST FEW STEPS...

AND MY FIRST LOST TOOTH...

WHAT, NOTHING YET?

DIANA

TO TELL THE TRUTH...

NATALIE

Jesus.

shut off the entrance

DAN

SING A SONG OF FORGETTING...
A SONG OF THE WAY THINGS WERE NOT.
SING OF WHAT'S LOST TO YOU,
OF TIMES THAT YOU NEVER KNEW....

Order/Command

SING OF NOT REMEMBERING WHEN,
OF MEM'RIES THAT GO UNREMEMBERED, AND THEN
SING A SONG OF FORGETTING AGAIN

THAT DAY OUR CHILD WAS BORN -
OUR BABY GIRL'S FIRST CRY?
THAT GREY AND DRIZZLY MORN -
I'VE NEVER FELT SO HIGH.

Remind

DIANA

THE DAY WE MET...
AND WE SHARED TWO BEERS...

DAN

THEN?

DIANA

I FORGET.

BUT THAT'S NINETEEN YEARS.

DIANA

That Doctor Mitchell said there might be some memory loss.

DAN

Correct

DIANA

Well, see, there you go.

NATALIE

WHAT A LOVELY CURE...
IT'S A MEDICAL MIRACLE.
WITH A MIND SO PURE
THAT SHE DOESN'T KNOW ANYTHING.

DAN

IT'S THERE I'M SURE -
'CAUSE MEMORIES DON'T DIE.

*walk to
Natalie
SR*

NATALIE

WHY?

DAN

THEY DON'T DIE.

NATALIE

THEY DIE...

DIANA

I'LL TRY...

DAN, NATALIE & DIANA

SING A SONG OF FORGETTING...
A SONG OF THE WAY THINGS WERE NOT.
SING OF WHAT'S LOST TO YOU,
OF TIMES THAT YOU NEVER KNEW.
SING OF NOT REMEMBERING WHEN...
OF MEMORIES THAT GO UNREMEMBERED, AND THEN
SING A SONG OF FORGETTING AGAIN.

*Order
Command*

(A school bell.

Lights.

Dan helps Diana off.

MUSIC

*more table off
with close SR*

#27 - Henry #7

Natalie grabs her backpack and leaves the house. Henry meets her, also with backpack.
They're at school.)

HENRY

HEY.

NATALIE

HEY.

HENRY

I'VE MISSED YOU THESE DAYS.
I THOUGHT YOU MIGHT CALL--
IT'S BEEN WEEKS.

NATALIE

I'VE BEEN CRAZED.

HENRY

HEY...
HEY...

HAVE YOU BEEN ON THE SCENE?
'CAUSE YOU LOOK LIKE A MESS.

NATALIE

THANKS, I GUESS.

HENRY

ARE YOU CLEAN?

NATALIE

WOW -COMING FROM YOU -

OKAY, HOW DID IT START?

OH, I TOOK IT TOO FAR?

HENRY DON'T -

DON'T DO THIS TO ME

DON'T YOU WANT US TO BE?

(Natalie moves away from him. He follows.)

HENRY

HEY.
SAY,

WILL YOU COME TO THIS DANCE?
IT'S SOME SPRING FORMAL DANCE.

IT'S MARCH FIRST.
AND IT'S CHEESE.

BUT IT'S FUN AND IT'S FREE--
(He holds up a pair of tickets.)

NATALIE

I DON'T DO DANCES.

HENRY

DO THIS DANCE, WITH ME.

NATALIE

GOODBYE, HENRY.

(She goes.)

HENRY

Natalie. Natalie, wait up.
(He chases after her.)

Lights.

MUSIC CHANGES.

#22 - Seconds and Years

Diana and Dan are with Doctor Madden in his office.)

DOCTOR MADDEN

This much loss is rare, but it has been reported. It may be partly psychogenic - at times like this the mind tends to repress troubling memories. But they're still there, somewhere. They tend to return in fits and starts.

DAN

read

It's been two weeks.

DOCTOR MADDEN

A LITTLE LOSS OF MEMORY IS NORMAL,
AND HELPFUL IN FORGETTING ALL HER FEARS.

DAN

insult
I COULDN'T GIVE A FLYING FUCK WHAT'S NORMAL -
WE HAVEN'T HAD A NORMAL DAY IN YEARS. *revel*

DOCTOR MADDEN

Diana.

(sings)

ARE THINGS BECOMING CLEARER WITH THE TREATMENT?

DIANA

Well, yes.

DOCTOR MADDEN

IS LIFE LESS CLOUDY THAN IT WAS BEFORE?

DIANA

Yes.

DOCTOR MADDEN

DO YOU STILL FEEL YOUR HEAD IS FILLED WITH CONCRETE?

DIANA

No.

(sings:)

AND YOU'RE NOT A SCARY ROCK STAR ANYMORE.

DOCTOR MADDEN

(beat)

Okay. Great.

DAN

But what about her memory?

really ask

(MUSIC CHANGES. As Diana goes, Doctor Madden takes Dan aside.)

#23 - Better Than Before

DOCTOR MADDEN

THE MEMORIES ARE THERE, SOMEWHERE.
FIND SOME PICTURES YOU CAN SHARE.
KEEPSAKES OF THE LIFE THAT'S THERE BEHIND HER.

DAN

Should I bring up the subject of, um...

vegie / intimate

DOCTOR

Yes...

(sings)

BUT KEEP IT LIGHT AT FIRST, THAT'S BEST.
CAREFUL THAT SHE'S NOT DISTRESSED.
WHEN THE TIME'S RIGHT, TELL THE REST... REMIND HER.
YOU'LL FIND HER.

*prill
Chloe*

(Dan goes to Diana and Natalie, in the kitchen, a box of photos and keepsakes before them.)

DAN

SO LET'S START WITH SOMETHING SMALL,
SOMETHING PERSONAL AND PRETTY...
I BET YOU'LL KNOW THESE SHINY THINGS.

*bring
on
fry
SK*

DIANA

(spoken in time)

They must be tacky trinkets from, I guess, Atlantic City?

DAN

NO, ACTU'ALLY DI, THEY'RE OUR WEDDING RINGS

congratulate, can't disappoint

NATALIE

It's going well.

DAN

HERE'S A FLOWER FROM OUR WEDDING,
IT WAS SUCH A SIGHT TO SEE --
WITH THE CEREMONY EVERYTHING WE'D HOPED.

Smiling DMs

c rough

NATALIE

Um, Dad?

DAN

*staying
(to Natalie)*

WELL, THAT'S HOW I REMEMBER IT, SO THAT'S HOW IT'LL BE.

NATALIE

IT WAS RAINING, IT WAS PORTLAND, YOU ELOPED.

walks up/speaks:

I mean, Portland?

to her

DAN

IT'S AN OPEN BOOK TO WRITE HERE,
IT'S A LIFE WE CAN RESTORE.

WE CAN GET BACK WHAT WE HAD AND MAYBE MORE... *like*

MAYBE GET US BACK TO BETTER THAN BEFORE.

*Explains more
can't*

NATALIE

You're missing a few pictures here, aren't you, Dad? Didn't the doctor say --

DAN

The doctor said at the night time. *over*

NATALIE

walk

back and

Smile

S.V.E.S

DAN

HERE'S THE YEAR WE DROVE THE WEST,

WE HIT THE HIGHWAY IN THE HONDA,

AND I TOOK PICTURES EVERYWHERE WE WENT.

(DAN)

(hands Diana three pictures, in sequence)

WE SAW THE PAINTED DESERT, THE GRAND CANYON,
AND AUNT RHONDA

(another picture)

AND NAT LEARNED WHAT HER MIDDLE FINGER MEANT.
(another batch)

HERE'S THE FIRST HOUSE THAT WE OWNED,
ON WALTON WAY, WE LOVED THAT PLACE.
THEN WE BUILT THIS ONE ON LAND THAT WE BOTH CHOSE.
AND HERE'S A PIC OF ALL OF US WITH SMILES ON EV'RY FACE...
AND THE PHOTOSHOPPING HARDLY EVEN SHOWS.

Stand up
Switch sides

DIANA

WE'RE STANDING BY A LAKE WITH ALL THESE DUCKS...
AND WHO'S THIS LITTLE CHUBBY GIRL?

DAN

THAT'S NATALIE.

NATALIE

THIS SUCKS.

(She starts to leave, but Dan moves to stop her.)

DAN

Hey, Nat

(sings)

GONNA GET US BACK TO NORMAL
GONNA GET US BACK TO GOOD...
GONNA GET BACK WHAT WE HAD AND MAYBE MORE.

promise

WE'LL REMEMBER ALL THE GOOD TIMES
AND FORGET THE THINGS WE SHOULD.
GONNA GET US BACK TO BETTER THAN BEFORE...
WE CAN GET THINGS BACK TO BETTER THAN BEFORE.

NATALIE

All right, Fine.

(lifts a different stack of photos)

HERE'S THE HEADLINE IN THE PAPER
WHEN YOU FREAKED OUT AT THE MARKET.
HERE'S THE HOUSE ON WALTON WAY AFTER THE FIRE.

DAN

Natalie.

NATALIE
HERE'S THE DAMAGE TO THE HONDA
WHEN YOU SHOWED ME HOW TO PARK IT.

walk back to us
chimed
then was with

DIANA

(takes picture, studies it)

DID WE CRUSH SOMEBODY'S CAT BENEATH THE TIRE?

NATALIE

Yes. Ours.

(more pictures)

HERE'S DAD AT MY RECITAL,
AND WE'RE WONDR'ING WHERE YOU ARE.

DIANA

I REMEMBER THIS - I MADE IT TO THE SCHOOL

DAN

Wait, you remember?

JA

DIANA

IT WAS THE YEAR OF TOO MUCH LITHIUM -
I HID OUT IN THE CAR.

DAN

Yes.

DIANA

(another picture)

AND YOUR SWIM MEET - JUST LAST YEAR -
I'M IN THE POOL.

NATALIE

So you are.

DAN

YOU'RE GETTING IT! YOU'VE GOT IT, DH! HOORAY!

DIANA

(to Natalie)

YOUR LIFE HAS KIND OF SUCKED, I THINK.

NATALIE

YOU GOT IT! YAY! HOORAY!

DAN

HOORAY!

DIANA

HOORAY!
GONNA GET BACK WHAT I LOST THERE.
GONNA FIND OUT WHO I WAS.
GONNA OPEN UP THE GATES AND LET IT POUR

DAN

AND IF MEM'RY MAKES THINGS BETTER,
WELL, MEM'RY ALWAYS DOES.
GONNA GET US BACK TO BETTER THAN BEFORE...
(They look through more keepsakes...)

5:7.5
chair

DAN & DIANA

MAKE EV'RYTHING MUCH BETTER THAN BEFORE
NATALIE

WONT ANYTHING BE BETTER THAN BEFORE?

DAN & DIANA

BETTER THAN BEFORE.

DIANA

I GUESS IT MUST BE

DAN, DIANA & NATALIE

BETTER THAN BEFORE
BETTER THAN BEFORE...

(...when suddenly the music box ends up in Diana's hands. She looks at it a long moment before Dan realizes, and whisks it away.)

From the midst of the celebration, Gabe emerges.

Lights.

MUSIC CHANGES.

Gabe speaks to Diana, and though she doesn't hear him, the others fade, leaving Diana alone.)

#24 - Aftershocks

GABE

THEY'VE MANAGED TO GET RID OF ME - RETURN ME TO THE GRAVE.
E.C.T., ELECTRIC CHAIR - WE SHOCK WHO WE CAN'T SAVE.

(GABE)

THEY'VE CLEARED YOU OF MY MEMORY, AND MANY MORE AS WELL -
YOU MAY HAVE WANTED SOME OF THEM, BUT WHO CAN EVER TELL?
YOUR BRAINWAVES ARE MORE REGULAR, THE CHEMISTRY MORE PURE;
THE HEADACHES AND THE NAUSEA WILL PASS AND YOU'LL ENDURE;
YOUR SON IS GONE FOREVER, THOUGH, OF THAT THE DOCTOR'S SURE.
THE MEMORIES WILL WANE...
THE AFTERSHOCKS REMAIN.
YOU WONDER WHICH IS WORSE - THE SYMPTOM OR THE CURE.

(Lights.)

Diana is at the kitchen table sorting through photos, papers, more. Dan finds her.)

enter SK
other side
DAN

Diana? Honey? You've been at this for days.

DIANA

There's something missing, Dan. It's like it's tugging at me. I can almost see it.

DAN

Come to bed. *and*

(He waits.)

If the memories are meant to come back...they will.

(A moment, and Dan goes.)

Diana gives a start, and hurries to the front door. She opens it to Henry, almost knocking.)

HENRY

Oh. Sorry, Miz Goodman. I just needed to talk to Natalie about some homework.
(Diana just stares at him.)

I know it's late. She's not answering her...is everything all right?

DIANA

(finding it)

Henry.

Yes?

DIANA

You remind me of someone. How old are you?

HENRY

Seventeen. Why?

DIANA

(searches, then:)

I don't know. Natalie's in her room.

(Henry goes.)

Diana watches him go.

Gabe watches her.)

GABE

THEY'VE MANAGED TO GET RID OF ME - I'M GONE WITHOUT A TRACE,
BUT SEAR THE SOUL AND LEAVE A SCAR NO TREATMENT CAN ERASE.
THEY CUT AWAY THE CANCER BUT FORGOT TO FILL THE HOLE;
THEY MOVED ME FROM YOUR MEMORY - I'M STILL THERE IN YOUR SOUL.

YOUR LIFE GOES BACK TO NORMAL NOW, OR SO THEY ALL BELIEVE.
YOUR HEART IS IN YOUR CHEST AGAIN, NOT HANGING FROM YOUR SLEEVE.
THEY'VE DRIVEN OUT THE DEMONS AND THEY'VE EARNED YOU THIS REPRIEVE:
THE MEMORIES ARE GONE.
THE AFTERSHOCKS LIVE ON.
BUT WITH NOTHING TO REMEMBER, IS THERE NOTHING LEFT TO GRIEVE?

DIANA

WITH NOTHING TO REMEMBER...

(Lights. MUSIC CHANGES.

Natalie is in her room, not studying, when Henry slips in.)

#29 - Hey #2

HENRY

HEY.

NATALIE

HEY.

HENRY

SO TOMORROW'S THE DANCE.

IT'S ANNOYING, I KNOW,

BUT LET'S GO.

NATALIE

NOT A CHANCE

HENRY

LET ME KNOW YOU AGAIN.

NATALIE

NOT RIGHT NOW -

-OKAY, WHEN?

SAY WAIT, AND I'LL WAIT.

IT'S ALREADY TOO LATE.

THERE'S NO WAY IT'S TOO LATE.

HEY -

THERE'S NO WAY.

HEY - WILL YOU LISTEN?

I STAYED BY YOUR SIDE...

JUST SHUT UP AND LISTEN.

WHY DO I GET DENIED?

YOU REMIND ME OF ME...
AND HOW FUCKED UP I CAN BE.

HENRY

OKAY.

HEY.

LET'S START OVER - CLEAN SLATE.

I'LL COME BY HERE AT EIGHT -

IF YOU SHOW,

THEN WE'LL GO.

IF YOU DON'T, WELL, WE'LL SEE.

(He pulls the dance tickets from his pocket...)

NATALIE

YOU JUST DON'T GIVE UP.

HENRY

SO DON'T GIVE UP ON ME.

(...and leaves one beside her.)

NATALIE

GOODBYE HENRY.

(A moment. Henry turns to go.

Lights.

MUSIC CHANGES.

Diana is with Doctor Madden.)

#26 - You Don't Know (Reprise)

DIANA

IT'S BEEN FOUR WEEKS SINCE THE TREATMENT,

AND MY MIND IS STILL A MESS.

AND WHAT'S LEFT TO BE REMEMBERED,

WELL, IT'S ANYBODY'S GUESS.

'CAUSE MY PAST IS LIKE THE WEATHER -

IT WILL COME AND IT WILL GO.

I DON'T KNOW

EVEN KNOW

WHAT IT IS THAT I DON'T KNOW.

I'M SOME CHRISTOPHER COLUMBUS

SAILING OUT INTO MY MIND...

WITH NO MAP OF WHERE I'M GOING,

OR OF WHAT I'VE LEFT BEHIND.

I DON'T KNOW

THE THINGS I DON'T KNOW.

I'M SURE SOMETHING'S MISSING -

I WISH IT WOULD SHOW.

I DON'T KNOW...

YOU SAY TAKE IT SLOW,

AND I DO, ALTHOUGH

HOW I DO

I DON'T KNOW.

DOCTOR MADDEN

ARE YOU TALKING WITH YOUR HUSBAND?

DIANA

WELL, HE HASN'T MUCH TO SAY.

DOCTOR MADDEN

IS IT HELPING YOU REMEMBER?

DIANA

I REMEMBER THAT'S HIS WAY.

DOCTOR MADDEN

DOES THE PUZZLE COME TOGETHER

PIECE BY PIECE AND ROW BY ROW?

DIANA

I DON'T KNOW

I DON'T KNOW

WHERE THE FUCKING PIECES GO.

'CAUSE I DON'T KNOW HOW THIS STARTED,

SO I WON'T KNOW WHEN IT'S DONE.

DOCTOR MADDEN

HAVE YOU TALKED OF YOUR DEPRESSION,

YOUR DELUSIONS, AND YOUR SON?

(MUSIC STOPS. This hangs there.)

DIANA

My what?

Your husband didn't -

(stops himself, then.)

I think you two...should talk more.

DIANA

We should talk more? That's it? I don't even remember marrying this man, it's not like I'm some sexually frustrated soccer mom.

DOCTOR MADDEN

Interestingly, the underlying challenges are similar. I'll see you next week.

DIANA

But -

DOCTOR MADDEN

Next week.

#26a - Music Box

*(Doctor Madden goes.)**Diana steps out of the office, and is alone.**Gabe appears, with the music box. He hands it to Diana, and she takes it without seeing him, and seems surprised to find it in her hands.**She stands there.**And then opens the box.*

MUSIC CHANGES.

#27 - How Could I Ever Forget?

Gabe hums, wordlessly, with the music.

Suddenly, Dan.)

What are you doing? *really ask*

(Diana shuts the box. MUSIC STOPS. The room goes back to blank. Gabe disappears.)

well to in SA

What is this?

Where'd you get that? It's nothing, an old music box. *gives it*

(He reaches for it, but Diana pulls it away.)

We played it for the baby. Sometimes it helped him sleep.

Diana -

Him. We did have a boy.

Diana. You - you shouldn't.

WE WERE STILL LIVING DOWNTOWN...

It's not a good idea - *warn*

MY BLACK COAT THROWN OVER MY BLUE NIGHTGOWN...

YOU DROVE TOO FAST -

THE LIGHTS OF THE CITY FLEW PAST.

Please. Don't. *beg*

HOW COULD I EVER FORGET?

OUTSIDE THE MORNING WAS COOL AND WET.

HE HAD SUCH CHILLS...

BUT STILL - HE LAY THERE SO STILL.

(DIANA)

AND JUST EIGHT MONTHS OLD... SO COLD...

WE RAN HIM INSIDE, LOST - WORRYING, WONDERING. THAT HOSPITAL ROOM - THAT GLOOM -

DIANA

HOW COULD I EVER FORGET? SCREAMING AT DOCTORS - ALARMED, UPSET THEY SAID TO WAIT, THEY NEVER SAID WE WERE TOO LATE.

BUT I WAS A CHILD... RAISING A CHILD.

DIANA

THOSE WEEKS FULL OF JOY... THEN - A MOMENT OF DREAD. SOMEONE SIMPLY SAID YOUR CHILD... IS...

DAN & DIANA

HOW COULD I EVER FORGET? THIS WAS THE MOMENT MY LIFE WAS SET.

THAT DAY THAT I LOST YOU -

IT'S CLEAR AS THE DAY WENET. Compare

HOW COULD I EVER FORGET?

DAN

Why would you want to remember the things that hurt you? *ask if she*

DIANA

I want to remember everything, Dan. How did he die? *beg on over*

DAN

He was sick.

DIANA

With what? Why wasn't he treated? What was wrong?

DAN *really ask*

HOW COULD I EVER FORGET?

GOD I WAS SO UPSET. *disjointed*

DIANA - DON'T *command*

YOU THINK THIS WILL HELP, BUT IT WON

ask? shouldn't

SO MANY YEARS AGO... *rant*

SO MUCH WE COULD NOT KNOW... *rant*

15

DAN & DIANA *reluctant to*

return

look at each other

DAN

SOMETHING THE DOCTORS ALL MISSED, THE CLINIC, THE E.R., EACH SPECIALIST THEY SAID, "BABIES CRY." "ALLERGIES, GAS, WHO KNOWS WHY?"

AND I WAS A CHILD RAISING A CHILD...

WE STAYED UP ALL NIGHT... MOST NIGHTS YOU SLEPT AT HIS SIDE. BUT STILL HE JUST CRIED AND CRIED...

DIANA

(searching) He was a baby when he died. But I remember him...older.

DAN

No. He was a baby. We should call Doctor Madden.

(MUSIC CHANGES) *Control, it*

switch text 2 make her call him

#28 - It's Gonna Be Good (Reprise)

DIANA

Why would we call Doctor Madden? I'm just trying to make sense of this. God— what was his name? I don't remember ever hearing you say his name. Why is that?

DAN

Diana.

DIANA

What was his name? Tell me.

DAN

IT'S GONNA BE FINE. IT'S GONNA BE FINE.

GONNA GO BACK TO THE DOCTOR, 'CAUSE WE CAUGHT IT JUST IN TIME. WE'LL TAKE THE PILLS AND PAY THE BILLS

predict

DIANA

(over "pills")

His name—

DAN

WE'LL DO MORE E.C.T

DIANA

(after "E.C.T.")

Our son—

DAN

IT'S GONNA BE GOOD YOU'LL SEE.

(A tuxedoed Henry appears at the open front door, and knocks. And knocks again. Finally, he makes his way inside.)

After checking the time, Natalie starts downstairs from her room, with her dress peeking out from beneath a formal coat.)

DIANA

WHAT WAS HIS NAME?

WHAT WAS HIS NAME?

WHAT WAS HIS NAME?

DAN

IT'S GONNA BE GOOD, YOU'LL SEE.

IT'S GONNA BE GOOD

GONNA BE GOOD

(Natalie arrives downstairs. She glances briefly at Henry, before both of them turn their attention back to Diana and Dan.)

WHAT WAS HIS NAME

NAME NAME NAME

NAME NAME NAME

GONNA BE

GONNA BE GOOD GOOD

GOOD GOOD

(Dan grabs the music box from her hands...)

DIANA

WHAT WAS HIS WHAT WAS HIS NAME

WHAT WAS HIS WHAT WAS HIS NAME—

(...and dashes it to the ground. Silence.)

NATALIE

Jesus, Dad!

(She turns and runs back upstairs.)

predict

tell her

this is her

DAN

Natalie!

(Henry is frozen a moment, then follows Natalie.)

#29 - Why Stay?

*fun found while
hen found her to go platform* DIANA

WHY STAY?

WHY STAY?

SO STEADFAST AND STOLID

AND STOIC AND SOLID

FOR DAY AFTER EVERY DAY...

WHY STAY?

WHY STAY?

WHY NOT SIMPLY GIVE IN

AND GET ON WITH LIVIN',

'CAUSE EVERYONE KNOWS YOU TRIED -

BUT SOMEHOW SOMETHING DIED

ON THE WAY.

SO TELL ME WHY YOU STAY.

(SPLIT SCENE: Henry gently opens Natalie's bedroom door.)

NATALIE & DIANA

WHY STAY?

WHY STAY?

ENDURING AND COPING

AND HURTING AND HOPING

FOR DAY AFTER FUCKING DAY -

WHY STAY?

WHY STAY?

WHY NOT SIMPLY END IT?

WE'D ALL COMPREHEND IT,

AND MOST OF THE WORLD WOULD SAY

"HE'S BETTER OFF THAT WAY,

TO BE FREE -

AND MAYBE SO IS SHE."

#30 - A Promise

fun & follow

DAN

A PROMISE,

A BOY SAYS FOREVER...

A BOY SAYS

DAN & HENRY

"WHATEVER MAY COME, WE'LL COME THROUGH.

AND WHO CAN KNOW HOW,

WHEN ALL I KNOW NOW

TO BE TRUE

IS THIS PROMISE THAT I MAKE TO YOU."

DAN

HENRY

A QUESTION,

A BOY WONDERS WHETHER

THE TWO STAY TOGETHER

THE WAY THAT THEY STAY,

FOR YEAR AFTER YEAR,

FOR LOVE OR FROM FEAR -

EITHER WAY,

THAT'S THE PROMISE

THAT I MADE THAT DAY

A BOY

WONDERS

SHOULD I STAY?

OH...

OH...

EITHER WAY...

HERE'S WHAT I SAY:

DAN & HENRY

TO THE GIRL WHO WAS BURNING SO BRIGHTLY

LIKE THE LIGHT FROM ORION ABOVE,

DAN

AND STILL I WILL SEARCH FOR HER NIGHTLY -

IF YOU SEE HER, PLEASE SEND HER MY LOVE

DAN

HENRY

AND THE BOY WAS A BOY

FOR ALL SEASONS -

THE BOY IS LONG-LOST...

THAT BOY IS LONG-LOST TO ME NOW.

SO LOST...

AND THE MAN HAS

FORGOTTEN HIS REASONS,

FORGOTTEN HIS REASONS...

BUT THE MAN STILL

REMEMBERS HIS VOW

NOW...

DAN

A PROMISE,
 A MAN SAYS FOREVER.
 A MAN SAYS I'LL NEVER REGRET, OR LET YOU,
 THE PROMISE I MADE
 TO STAY, AND I STAYED TRUE...
 KNOWING ONE DAY WE'D REMEMBER THAT JOY,
 YOU'D REMEMBER THAT GIRL, I'D REMEMBER THAT BOY,
 'TIL WE DO
 THE PROMISE I MADE
 I'LL MAKE IT BRAND-NEW -
 THE PROMISE THAT I MADE TO YOU.

*I signed it.
 I regret it,
 but I promised
 you so I want
 to live!*

(Dan and Diana are still.
 Henry holds Natalie to him.)

Two couples.

And then Gabe.

MUSIC.)

#31 - I'm Alive (Reprise)

GABE

I AM MORE THAN MEMORY -
 I AM WHAT MIGHT BE, I AM MYSTERY.
 COME CLOSER...

DIANA

Dan.
 (Gabe begins to approach Diana. Dan watches her back away.)

GABE

COME CLOSER...

DAN

Diana, there's nothing there.

GABE

I'M OLD AS TIME AND FOREVER YOUNG...
 I AM EVERY SONG THAT WILL STAY UNSUNG...
 I'LL FIND YOU...

DIANA

Oh no.

DAN

God damn it!

GABE

REMIND YOU...
 (Diana turns toward the door.)

DIANA

Natalie!

DAN

Di - come back here!

(Diana bolts the room, and for a moment Gabe watches her go...)

GABE

UNTIL YOU NAME ME,
 YOU CAN'T TAME ME -
 (...and then he turns to Dan.)

THIS IS ONE OLD GAME THAT I CAN PLAY SO WELL.

(Natalie leaves her room and meets Diana on the staircase, as Gabe pursues Dan.)

I'M ALIVE

I'M ALIVE

I AM SO ALIVE -

AND THE MEDICINE FAILED, AND THE DOCTORS LIED

I'M ALIVE

I'M ALIVE

I AM DEATH DEFIED -

I'M ALIVE...

SO ALIVE....

I'M ALIVE!

(Diana heads back down the stairs, slowly.
 In Natalie's room, Henry waits patiently as she returns.)

NATALIE

I can't go to your dance. I have to take my mom to the doctor.

HENRY

I'll drive.

NATALIE

No.

ten vsl

Card done

GABE

I'M ALIVE.

HENRY

Let me help.

NATALIE

You can't.

(Downstairs, Diana grabs a coat and leaves.)

DAN

you'll see it

Diana!

NATALIE

(hears this)

Just go.

GABE

I'M ALIVE.

NATALIE

Look, I'll try to come later, okay?

HENRY

I'll wait for you there.

DAN

(calling)

Natalie!

(Natalie goes, Henry follows.)

GABE

I'M ALIVE.

(Lights. MUSIC CHANGES.)

Diana is with Doctor Madden. He's still in his coat, holding his keys.)

#32 - The Break

DIANA

THEY TOLD ME THAT THE WIRING
WAS SOMEHOW ALL MISFIRING
AND SCREWING UP THE SIGNALS IN MY BRAIN.

(DIANA)

AND THEN THEY TOLD ME CHEMISTRY,
THE JUICE, AND NOT THE CIRCUITRY,
WAS MIXING UP AND MAKING ME INSANE.

WHAT HAPPENS WHEN THE BURN HAS HEALED
BUT THE SKIN HAS NOT REGROWN?

WHAT HAPPENS WHEN THE CAST AT LAST COMES OFF
AND THEN YOU FIND THE BREAK WAS ALWAYS IN ANOTHER BONE?

DOCTOR MADDEN

Relapse is very common, Diana. It's upsetting that the delusional episodes have returned, but not entirely unexpected.

DIANA

THEY TRIED A MILLION MEDS AND
THEY STRAPPED ME TO THEIR BEDS AND
THEY SHRUGGED AND TOLD ME "THAT'S THE WAY IT GOES."

WHEN FINALLY YOU HIT IT,

I ASKED YOU JUST WHAT DID IT -
YOU SHRUGGED AND SAID THAT NO ONE REALLY KNOWS

WHAT HAPPENS IF THE MEDICINE
WASN'T REALLY IN CONTROL?

WHAT HAPPENS IF THE CUT, THE BURN, THE BREAK
WAS NEVER IN MY BRAIN OR IN MY BLOOD
BUT IN MY SOUL?

WHAT HAPPENS IF THE CUT, THE BURN, THE BREAK
WAS NEVER IN MY BRAIN OR IN MY BLOOD
BUT IN MY SOUL?

#33 - Make Up Your Mind / Catch Me If I'm Falling (Reprise)

DOCTOR MADDEN

MAKE UP YOUR MIND THIS IS CLARITY -
CLARITY THAT YOU DID NOT HAVE BEFORE.
THE TREATMENT IS STRONG
BUT LASTS ONLY SO LONG
IT MAY BE YOUR MIND'S NEEDING MORE.

DIANA

Let's say that's not it.

DOCTOR MADDEN

The E.C.T. is powerful. It gave you your life back. But the effects fade, and additional treatments are almost always needed.

DIANA

That wasn't on the form.

DOCTOR MADDEN

MAKE UP YOUR MIND THAT YOU'LL TRY AGAIN.
MAKE UP YOUR MIND THERE ARE MOMENTS OF LIGHT.
THE ONE THING THAT'S SURE
IS THAT THERE IS NO CURE--
BUT THAT DOESN'T MEAN WE DON'T FIGHT.

(Gabe enters, watching.)

DIANA

CATCH ME I'M FALLING...

DOCTOR MADDEN

We'll return to the talk therapy.

DIANA

SINKING AND SPRAWLING...

DOCTOR MADDEN

There's more work to do.

DIANA

MAYBE I'LL LET MYSELF FALL.

DIANA & GABE

WATCH ME I'M FALLING...

DOCTOR MADDEN

We might have to look at...

DIANA & GABE

MAYBE THE FALLING...

DOCTOR MADDEN

...a new drug regimen.

DOCTOR MADDEN

(as she continues)
There are other promising therapies. EMDR, for instance, or rTMS. Diana.

DIANA

ISN'T SO BAD
AFTER ALL...
ISN'T SO BAD
AFTER ALL...
WATCH ME I'M FALLING.
WATCH ME I'M FLYING.
SOMEHOW SURVIVING...

GABE

MAKE UP YOUR MIND
TO BE FREE.
MAKE UP YOUR MIND
TO BE FREE.
MAKE UP YOUR MIND.
MAKE UP YOUR MIND.
MAKE UP--

DOCTOR MADDEN

Diana. You have a chronic illness. Like diabetes, or hypertension. If you leave it untreated, it could be catastrophic.

DIANA

I understand.

(MUSIC CHANGES.)

But there has to be another way.

DOCTOR MADDEN

STAY WITH ME.
TRY AGAIN.

DON'T WALK OUT ON TREATMENT, DON'T LOSE WHAT YOU'VE WON--
YOU'VE STRUGGLED FOR YEARS BUT YOU'VE ONLY BEGUN.

DIANA

My first psychiatrist told me that according to the manual, grief that continues past four months is pathological and should be medicated. Four months. For the life of my child. Who makes these decisions?

DOCTOR MADDEN

It's a guideline, nothing more.

DIANA

Yes. Nothing more.

DOCTOR MADDEN

STAY WITH ME.
TRY AGAIN.
IS MEDICINE MAGIC? YOU KNOW THAT IT'S NOT.
WE KNOW IT'S NOT PERFECT, BUT IT'S WHAT WE'VE GOT.
IT'S ALL THAT WE'VE GOT.

DIANA

Goodbye, Doctor Madden.

(She leaves the office and meets Natalie outside. MUSIC CHANGES.)

#54 -- Maybe (Next to Normal)

NATALIE

What'd he say?

DIANA

He said I could do more E.C.T. or go back on the meds.

NATALIE

And what are you going to do?

DIANA

I'm going to take you to your dance.

NATALIE

Mom -

DIANA

It's time for you to start thinking of your own happiness.

NATALIE

It's not happiness. It's Henry.

DIANA

You love him.

NATALIE

Mom, you can't just walk out on your doctor.

DIANA

MAYBE I'VE LOST IT AT LAST.

MAYBE MY LAST LUCID MOMENT HAS PASSED.

I'M DANCING WITH DEATH, I SUPPOSE...

BUT REALLY - WHO KNOWS?

MAYBE I'M TIRED OF THE GAME,

OF COMING UP SHORT, OF THE RULES, OF THE SHAME--

AND MAYBE YOU FEEL THAT WAY TOO...

I SEE ME IN YOU.

A GIRL FULL OF ANGER AND HOPE...

A GIRL WITH A MOTHER WHO JUST COULDN'T COPE...

A GIRL WHO FELT CAUGHT

AND THOUGHT NO ONE COULD SEE -

BUT MAYBE ONE DAY SHE'LL BE FREE

NATALIE

IT'S SO LOVELY THAT YOU'RE SHARING.

NO, REALLY, I'M ALL EARS.

BUT WHERE HAS ALL THIS CARING BEEN
FOR SIXTEEN YEARS?

FOR ALL THOSE YEARS I PRAYED THAT

YOU'D GO AWAY FOR GOOD -

HALF THE TIME AFRAID THAT

YOU REALLY WOULD.

WHEN I THOUGHT YOU MIGHT BE DYING

I CRIED FOR ALL WE'D NEVER BE.

BUT THERE'LL BE NO MORE CRYING...

NOT FOR ME.

DIANA

THINGS WILL GET BETTER, YOU'LL SEE

NATALIE

NOT FOR ME...

DIANA

YOU'LL SEE...

YOU'LL SEE...

YOU'LL SEE...

(Diana grabs Natalie, and holds her. A moment, then.)

DIANA

MAYBE WE CAN'T BE OKAY.

BUT MAYBE WE'RE TOUGH, AND WE'LL TRY ANYWAY

WE'LL LIVE WITH WHAT'S REAL

LET GO OF WHAT'S PAST

AND MAYBE I'LL SEE YOU AT LAST

NATALIE

I don't believe you.

(Natalie turns to go. Diana watches her take a few steps, then.)

DIANA

Seventeen years ago your brother died of an intestinal obstruction. He was eight months old. I know I couldn't say that to you before. I'm sorry. We wanted to give you a normal life, but I realize I have no clue what that is.

NATALIE

I DON'T NEED A LIFE THAT'S NORMAL--
THAT'S WAY TOO FAR AWAY.
BUT SOMETHING...NEXT TO NORMAL
WOULD BE OKAY.

YEAH, SOMETHING NEXT TO NORMAL--
THAT'S THE THING I'D LIKE TO TRY.
CLOSE ENOUGH TO NORMAL
TO GET BY...

DIANA

WE'LL GET BY.

NATALIE

WE'LL GET BY.

DIANA

Okay. Now go to your dance.
(They go.

Lights.

MUSIC CHANGES.

Henry is at the dance, alone, standing there.

Natalie arrives, coat off, showing her dress for the first time.)

#35 - Hey #3 / Perfect For You (Reprise)

HENRY

HEY.

NATALIE

HEY.

HENRY

YOU LOOK LIKE A STAR--
A VISION IN BLUE...

NATALIE

OH, I DO?

HENRY

AND YOU ARE.

(HENRY)

HEY-- YOU CAME.

NATALIE

WELL, I SAID THAT I MIGHT.

HENRY

I THOUGHT WE WERE THROUGH,
ME AND YOU...

NATALIE

NOT TONIGHT.

HENRY

WILL YOUR MOM BE OKAY?

BUT FOR NOW IT'S ALL FINE?

CAN YOU LEAVE IT BEHIND?

STAY.

LET'S SEE THIS THING THROUGH.

I'LL BE HERE FOR YOU.

NATALIE

YOU SAY THAT RIGHT HERE.

BUT THEN GIVE IT A YEAR,

OR TEN YEARS, OR A LIFE--

I COULD END UP YOUR WIFE.

SITTING, STARING AT WALLS,

THROWING SHIT DOWN THE STAIRS,

FREAKING OUT AT THE STORE,

RUNNING NUDE DOWN THE STREET,

BLEEDING OUT IN THE BATH--

(Henry grabs her and holds her.)

HENRY

Shh.

(He holds her a still moment. Then:

MUSIC CHANGES.)

NATALIE

WELL, SHE MIGHT BE, SOME DAY.

SHE'S STILL ON MY MIND.

HEY--

HEY-- AM I CRAZY?

I MIGHT END UP CRAZY.

(HENRY)

PERFECT FOR YOU...
I WILL BE PERFECT FOR YOU.
SO YOU COULD GO CRAZY,
OR I COULD GO CRAZY, IT'S TRUE...
SOMETIMES LIFE IS INSANE,
BUT CRAZY I KNOW I CAN DO.

'CAUSE CRAZY IS PERFECT,
AND FUCKED-UP IS PERFECT,
SO I WILL BE PERFECT...

NATALIE

PERFECT...

HENRY & NATALIE

PERFECT FOR YOU.

(They kiss.)

Lights.

MUSIC CHANGES.

Dan sits, alone. Diana enters, with suitcases.)

#36 - So Anyway

in chair w/ nightstand ready to pop

DIANA

SO ANYWAY, I'M LEAVING.
I THOUGHT YOU'D LIKE TO KNOW.
YOU'RE FAITHFUL, COME WHAT MAY,
BUT CLEARLY I CAN'T STAY,
WE'D BOTH GO MAD THAT WAY -
SO HERE I GO.

AND ANYWAY, I'M LEAVING -
I GUESS THAT YOU CAN SEE.
I'LL TRY THIS ON MY OWN.
A LIFE I'VE NEVER KNOWN.
I'LL FACE THE DREAD ALONE...
BUT I'LL BE FREE.

(DIANA)

WITH YOU ALWAYS BESIDE ME
TO CATCH ME WHEN I FALL,
I'D NEVER GET TO KNOW THE FEEL OF SOLID GROUND AT ALL
WITH YOU ALWAYS BELIEVING
THAT WE COULD STILL COME THROUGH,
IT MAKES ME FEEL THE FOOL TO KNOW THAT IT'S NOT TRUE.

WHAT DOCTORS CALL DYSFUNCTION,
WE TRIED TO CALL ROMANCE.
AND TRUE, IT'S QUITE A TRICK TO TELL
THE DANCERS FROM THE DANCE -
BUT RATHER THAN LET CHANCE TAKE ME
I'LL TAKE A CHANCE...

(Gabe enters, listening.)

I'LL TAKE A CHANCE ON LEAVING.
IT'S THAT, OR STAY AND DIE.

I LOVED YOU ONCE, AND THOUGH
YOU LOVE ME STILL, I KNOW
IT'S TIME FOR ME TO FLY...

(She addresses both Dan and Gabe.)

I LOVED YOU ONCE, AND THOUGH
I LOVE YOU STILL, I KNOW
IT'S TIME FOR ME TO GO...
AND SO GOODBYE.

(She nods at Gabe, and goes.)

MUSIC CHANGES.

Dan sits, unmoving, as Gabe approaches.)

37 - I Am The One (Reprise)

DAN

(to himself, after his wife)

I AM THE ONE WHO LOVED YOU.
I AM THE ONE WHO STAYED.
I AM THE ONE, AND YOU WALKED AWAY.

leave to her

scared

(DAN)

I AM THE ONE WHO WAITED...
AND NOW YOU ACT LIKE YOU JUST DON'T GIVE A DAMN -
LIKE YOU NEVER KNEW WHO I AM.

(Gabe moves slowly closer to Dan.)

GABE

I AM THE ONE WHO KNOWS YOU.
I AM THE ONE YOU FEAR.
I AM THE ONE WHO'S ALWAYS BEEN HERE.

DAN

I AM...
I AM...
I'VE ALWAYS BEEN HERE.

I AM THE ONE WHO'LL HEAR YOU.
I KNOW YOU TOLD HER THAT.
I'M NOT WORTH A DAMN.

I AM...
I AM...

GABE

BUT I KNOW YOU KNOW WHO I AM.

DAN

No.

GABE

I KNOW YOU KNOW WHO I AM.

DAN

Can't you just leave me alone?

begin

GABE

I KNOW YOU KNOW WHO I AM.

DAN

Why didn't you go with *her?*

Really ask

GABE

'CAUSE I'M HOLDING ON...

DAN

LET ME GO.

GABE

Order Command

DAN

AND I WON'T LET GO...

GABE

DAN

LET ME GO.

GABE

YEAH, I WANT YOU TO KNOW

DAN

YOU DON'T KNOW...

DAN & GABE

I AM THE ONE WHO HELD YOU.
I AM THE ONE WHO CRIED.
I AM THE ONE WHO WATCHED WHILE YOU DIED.

YEAH, YEAH, YEAH...

I AM THE ONE WHO LOVED YOU.

I TRIED PRETENDING THAT I DON'T GIVE A DAMN

GABE

BUT YOU'VE ALWAYS KNOWN WHO I AM.

DAN

Gabe. Gabriel.

GABE

Hi, Dad.

(MUSIC ENDS. Natalie arrives home. Gabe disappears.)

NATALIE

Dad? What the hell? Why are the lights off? Where's Mom?

DAN

She's, uh, she's... *South*

NATALIE

Gone.

DAN

Yes. *confirm*

NATALIE

Huh. So it's just me and you. For now.

DAN

Yes. *confirm*

NATALIE

Okay.

(MUSIC.)

(NATALIE)

WE NEED SOME LIGHT.
FIRST OF ALL, WE NEED SOME LIGHT.
YOU CAN'T SIT HERE IN THE DARK,
AND ALL ALONE
IT'S A SORRY SIGHT.
IT'S JUST YOU AND ME.
WE'LL LIVE. YOU'LL SEE.

(Natalie turns on a light.)

DAN

NIGHT AFTER NIGHT
WE'D SIT AND WAIT FOR THE MORNING LIGHT.
BUT WE'VE WAITED FAR TOO LONG
FOR ALL THAT'S WRONG
TO BE MADE RIGHT.

(Elsewhere, Diana appears.)

DIANA

DAY AFTER DAY...
WISHING ALL OUR CARES AWAY...
TRYING TO FIGHT THE THINGS WE FEEL...
BUT SOME HURTS NEVER HEAL.
SOME GHOSTS ARE NEVER GONE,
BUT WE GO ON.
WE STILL GO ON.

AND YOU FIND SOME WAY TO SURVIVE.
AND YOU FIND OUT YOU DON'T HAVE TO BE HAPPY AT ALL
TO BE HAPPY YOU'RE ALIVE.

(Diana goes.

Henry enters, on a different day. Calls off.)

HENRY

Do you know where she went? Have you heard from her?

NATALIE

Oh, I've heard from her. She's staying with my grandparents.

HENRY

Do they actually exist?

(Natalie has entered, not amused.)

NATALIE

Yes.

HENRY

So - that's good, right?

NATALIE

Well, going home has never been a solution to any of my problems.

HENRY

That's what you have me for.

NATALIE

Seriously? You're like number three on my list of issues.

HENRY

You keep a list?

NATALIE

But don't worry, Henry. You're my favorite problem.

HENRY

That's all I ask.

NATALIE

DAY AFTER DAY,
GIVE ME CLOUDS, AND RAIN, AND GRAY.
GIVE ME PAIN IF THAT'S WHAT'S REAL -

(Elsewhere, Dr. Madden is with Dan.)

NATALIE & DOCTOR MADDEN

IT'S THE PRICE WE PAY TO FEEL.

DOCTOR MADDEN

THE PRICE OF LOVE IS LOSS.

(Natalie turns to go...)

BUT STILL WE PAY

(...but Henry pulls her back, and they kiss.)

WE LOVE ANYWAY.

DAN

I know you can't tell me...if you're still treating her. I just, I wonder if she's okay.

DOCTOR MADDEN

I think she's working on it. And she's aware of the risks.

DAN

WHEN OUR LONG NIGHT IS DONE...

DAN & NATALIE

THERE WILL BE LIGHT.

ALL

THERE WILL BE LIGHT...

WHEN WE OPEN UP OUR LIVES,
SONS AND DAUGHTERS, HUSBANDS, WIVES...
AND FIGHT THAT FIGHT...
THERE WILL BE LIGHT.

THERE WILL BE LIGHT.
THERE WILL BE LIGHT.
THERE WILL BE LIGHT!

(Lights.)

The End.

#59 - Boys & Exit

DAN

Do you think she'll come home?
DOCTOR MADDEN

It's hard to know.

DAN

Right.

DOCTOR MADDEN

Dan. Would you like me to recommend someone...for you to talk to?

DAN

Oh, no. I. Yes. I would. Thank you.

(They sit and talk, as Gabe appears elsewhere.)

GABE

AND WHEN THE NIGHT HAS FIN'LY GONE,
AND WHEN WE SEE THE NEW DAY DAWN,
WE'LL WONDER HOW WE WANDERED FOR SO LONG, SO BLIND.

(Dan and Doctor Madden stand. Doctor Madden writes on the back of a card,
hands it to Dan...)

THE WASTED WORLD WE THOUGHT WE KNEW -
THE LIGHT WILL MAKE IT LOOK BRAND NEW.

(...and Dan leaves the office and steps out into the sunshine.)

(...elsewhere, Diana also steps into the sunshine.)

NATALIE

LET IT...
SO
LET IT...

DIANA

LET IT...
SO
LET IT...
LET IT...

GABE &
DOCTOR MADDEN

DAN & HENRY

LET IT...
SO
LET IT...
LET IT...

ALL

SHINE!
SHINE!
SHINE!

DAY AFTER DAY...
WE'LL FIND THE WILL TO FIND OUR WAY,
KNOWING THAT THE DARKEST SKIES
WILL SOMEDAY SEE THE SUN -

Reflections

2/10/15 – First Rehearsal Cycle Reflections, Pre-Project Thoughts on Acting and Dan

We have just completed our first rehearsal cycle. Our rehearsal cycle is a 2 week entity that covers all of the songs in the show with the scenes. Due to the nature of the show, it would not make as much sense to go scene by scene. *Next to Normal* has something like 40 songs that carry the show along. There are just a few scenes that we run as a little add-on to rehearsals. These first two weeks have been about learning most of the songs. The harmonies are super complicated, and more often than not are we singing our own parts; given that the cast consists of 6 people, it is not that hard to imagine. Justin has been a wonderful director and has been helping us learn all of our harmonies. I already knew most of my harmonies and am learning the rest pretty quickly and easily. I am having some struggles though, just in terms of his methods. As someone who has never directed a musical before, he needs some mentorship on directing actors. Sometimes he will say things and it seems that he knows exactly how he wants the show to be on stage. However, I have thoughts on my character and so do the other actors. Putting on this show needs to be a collaboration of different opinions on how to portray characters. I feel like he is giving me notes that I do not agree with, and am therefore creating a less effective character because I am not personally bringing any emotion into it. I do not believe in the actions he would like me to do, so I am unable to believably act out those actions. In addition, it is just the first cycle of rehearsals. We should not be giving acting notes when just learning the songs. I would rather he give me notes simply on if I am singing it correctly. He cannot expect perfection at this point in terms of notes or diction, and I am afraid that he does not realize that. For these reasons and more, I am slightly afraid that some of the things he is saying might be getting heard as more critical than he intends them to be. I hope we are all patient with each other and can respect artistic license whether it is the director or the actor.

With cycle 2 starting this week, I am definitely concerned about my portrayal of Dan. He is an immensely dense and complicated character. From one side, you can argue that he is the antagonist of the show: he pressures his wife to take drugs and go through ECT without either of them knowing the extent of the effects and he lies to her and purposely keeps the son a secret. However, I would say that Dan is actually a protagonist, as is everyone in the show (except for maybe Gabe, he should just die or go away or whatever already). All he wants is to be happy. He had a happy life when he and Diana got married and were very young with their first child, and life got fucked up really fast. He just wants Diana to be healthy and happy, and his passion to be *normal* ends up fucking up their relationship sending Diana into a mental illness spiral and eventually with her bags, literally and metaphorically. I guess that my concerns are that I always play a younger, happier, more optimistic character. Given my stature and looks, I have never been cast as any type of fatherly or older figure. My lack of experience worries me that I will not be able to effectively pull off this character. His seriousness throughout the show is something that I am definitely not used to. I am concerned, given the emotional journey he goes on, that I will not know how to act in these situations. I have been watching (illegal) YouTube recordings of the show to take inspiration from the amazingly talented professional actors who have taken this role on. I think that I am learning a ton from watching them, but I am also putting myself in a whole by relying on their energy and actions to base mine upon. I think that working with Diego will prove extremely helpful not only in preparing Dan as a character, but learning how to act as a whole. My goal is to be much more confident in acting parts outside of my comfort zone by completion of this production/project.

2/24/15 – Second Rehearsal Cycle Reflections

We have just completed our second rehearsal schedule, At this point, Olin' s production of *The Importance of Being Earnest* has begun its tech week so we are losing two of our cast members (Myles playing Gabe and Chelsea playing Natalie). We have cancelled rehearsal for this week and will resume this weekend rehearsing with THE PIT FOR THE FIRST TIME!! We are supposed to be off book and solid for Act 1. I think we are running into an issue where we have this rehearsal schedule set list where we rehearse a couple scenes each rehearsal where different people are called.

However, at this point we need to be running scenes in a row, such as scenes 1-3 or 5-9 or something to start getting the order of the show down. I think in order to make that work, we need to do a whole revamping of the schedule. We will be rehearsing full runs on the weekends theoretically, so we still have a couple weeks before the show.

We are just at the point where everything is starting to come together, but also falling apart – we have almost rehearsed and learned everything, but we have not reviewed too much. I think that we are in good shape for the show, however. Even if all else fails, we can just sing and read from the scripts and do the performance *in concert* and it will be fine. Jessica, our costumer, and I have also traveled to Wellesley to borrow costumes from their theater department. However, I felt like I was needed much more than I thought I should be. As a *producer* with Claire, I am not entirely sure what my responsibilities are besides making the show happen. Jessica seemed very reliant on me for assistance in choosing costumes and such, something I thought she would do on her own. I am concerned that this would be adding another responsibility for me, especially about something I do not know anything about. I would like to have a talk with her and clarify her roles and mine. If she would like help, that is okay. I just need to have definite knowledge of who does what.

2/24/15 - First Time Working With Diego Reflections

I was horribly afraid and nervous to work with Diego. I was terrified. I also thought there might be a kind of awkward thing happening because Claire and Diego had worked together a lot before. However, our first session was amazing. His notes were fantastic, he was never rude or mean, and I could understand everything he wanted me to do. Diego is an amazingly effective teacher. One of the most important notes that I took away from the session was that this show, as well as many shows in the recent decade, focus a lot on the character expressing how deep his or her emotions are by singing very dramatically about them. *Next to Normal* is already incredibly dramatic. The script and score by itself won a Pulitzer Prize. We as actors do not need to dwell on trying to show the audience our emotions - the lines and music will already convey that. Instead, we have to show the audience our struggles, our perseverance, through the story. Of course we are happy or sad or whatever, but what carries the show is having a glimmer of optimism and pushing through the emotional struggles of the story. Even now, I am having trouble writing this completely accurately. Diego has a way of words where he can say exactly what he wants in an easy way for me to understand. I have always been afraid of acting coaches because I was afraid they would be horribly strict or I would disagree with what they say. Diego is simply amazing. Diego, when you read this, I love you. Thank you so much for your help already. I can barely wait for our next session. On another note, we had some issues with snow and scheduling, so we got delayed a couple of weeks for our first session. We got through Act 1, and we are doing Act 2 next week. I just hope that we have some good time to do some real acting coaching while acting out the scene and including movement.

3/3/15 - It Is the Month of the Show

I am super excited. I am super nervous. I think people are starting to wear down, with me very included. We have begun rehearsing with the pit (once) and it was pretty intense. There are songs that sound great. There are songs that sound awful. There is a lot to do and not a lot of time. In my humble opinion, we just need to start doing run throughs of the show to get pacing and order down. We have now learned every single song (except the background oos and ahhs to *Wish I Were Here*) and have blocked every scene, or will have by the end of the week. It is still a struggle that *The Importance of Being Earnest* is this weekend, but theoretically it will end this weekend and we will all be able to focus on *Next to Normal*. Another big struggle we are having is that, because people are not free, we are rehearsing at 9AM, making it very difficult to sing well. I think Justin does not completely realize how difficult it is for us. However, I really really admire Justin and his dedication/effort. He has done an amazing job so far in beginning to integrate the pit and sets/props. Hopefully we start doing things with costumes soon. We are off-book ish so it will only get better. Even if all else fails, we will be able to sing the show acapella and perform it *concert style* where we all just stand there and sing, and it will be fine. The most difficult interaction between now and the show is simply going to be integrating the pit, since the show is so music heavy. Even when there is dialogue (of which there is not much), there is underscoring. We just need to rehearse rehearse rehearse with the pit. There is an odd balance that we need to make now: we need to do run throughs, but we also need to work specifically on things that need help. In my mind, I think we need to do a run through then evaluate everything that was super shitty and work on the shitty things instead of giving everything equal attention. I have confidence in the show, but we will need a ton of work between now and spring break.

3/3/15 – Pre Spring Break

We just ~~stole~~ borrowed a platform from the Babson Players and we are painting it black this weekend. It is spring break this upcoming week, so we have no rehearsals. Next week we get Sunday rehearsal, Monday rehearsal with pit, Tuesday tech rehearsal with pit (where we hopefully do two full runs), then shows on Wednesday and Thursday. We only have 30 tickets left! I am super super excited, but a little worried, especially with the break between rehearsals. I think the show will be excellent, and as good as it can be – I just want to make sure that everyone has a good time. I think it will be incredibly stressful, having one day of tech, but I am excited nevertheless. I really, really want to do something nice for our director Justin, because he has put in so much hard work for this show. There is no possible way we could have put on this production without him. I really admire his passion and dedication, and I want to show the audience just how fantastic a job he has done. On a separate note, I have just done my reading about mental health and illness. It has given me a major update on how I want to portray my character. Before the readings, I felt Dan was very tired. He was tired of putting up with Diana's shit, tired of always having to take her to the doctors and take care of her, and generally just tired of an unfruitful life. My readings have heavily swayed my opinions. Yes, Dan is tired. However, he is struggling and trying to push through. He does not want to be the enemy. He just wants the old, young happy Diana to be back. The only way he knows to get her there is to follow what the doctors tell him / Diana to do, but by doing so becomes an enemy to Diana. How difficult must it be for Dan to transition from lover to caretaker.

3/25/15 - Post Opening Night / Closing Night

I regret that I have not been able to do more reflecting recently. I got back from break Saturday, had 8 hours of rehearsal Sunday, had rehearsal on Monday until midnight, Tuesday from 1PM - midnight, and we just had a show yesterday. As we move into our closing night, I just want to say how appreciative I am of all the hard work everyone has put into the show. Countless people kept coming up to me after the show saying how it was the best show Olin has ever put on. I am truly so honored to be a part of such a wonderful cast. That being said I am feel very apprehensive about this show. I feel like I am trying really, really hard to act well but that I might not be doing a good enough job. Not to ignore my ~~lack of~~ acting abilities or anything, but I feel like I have a very interesting struggle in this show that the other actors do not: I am very obviously young for my part. I think I have a weird dilemma in that I am trying very hard, but I am always going to look young. I am not trying to say that everyone else has it easier or anything of that nature, and I am definitely not trying to find excuses. I just really am having a hard time struggling with this dilemma. I think this is kind of the thing that separates great actors from okay actors, and I might not quite at that point. I am going to try and work as hard as I can though, no excuses. I am so ready, pumped, and excited for this. I am going to give it my all on this last performance because I will probably have no more chances to perform this role again. I am going to try to remember that I am the protagonist, this is a show about perseverance, and that I am beginning to question my decisions, starting in *Who's Crazy*.

3/27/15 – Post Show (at 1:05AM after load out)

I am so happy. I am so happy to have worked with such an amazing cast and crew and pit, there is no possible way this show could have happened with any other combination of people. Justin was absolutely phenomenal. While I did have my doubts (and with good reason), Justin persevered as an amazing asset to this production and there is no way we could have done it without him. There is something specific about my acting choices that I would like to reflect on from tonight's performance: my final moment crying in the chair after Diana leaves and Natalie finds me in the dark. In the show, Natalie asks where mom is and I stutteringly say that she's gone. In rehearsals, I had been looking at the ground or away from Natalie just in my own world. However, this time, I tried looking at her straight in the eye as to convey through my expression rather than words. I felt that at this point in the show, Dan no longer could hold anything together. He wasn't trying to be the dad to Natalie, he wasn't trying to look fine and keep calm. He gave up and resorted to being truly open and honest with his daughter, look her in the eyes, and (attempt to) tell her that Diana was gone. I think this choice went really well, as people kept telling me how I got them all teary eyed after the show. I am pretty satisfied with my performance. While I regret not being more present in Act I, especially with my choices in *Who's Crazy*, I think that I left it all out on the floor in Act II, and really pushed myself as a performer further than I had ever gone before. Never before in a show have I been able to cry, and I surprised myself by doing it tonight – 3 times. I give all credit for this to Diego, specifically his notes about how this show is not about being sad. It is about perseverance, especially for my character Dan. In my mind, I am the protagonist, and the ending is when I hit a dead end and fail. By trying not to cry, I let myself go into my lyrics and acting abilities, which is what ultimately brought me to tears. I am so unbelievably happy to have experienced this and to have worked with such an absolutely fantastic team.

4/8/15 – Post Show (2 weeks after)

Next to Normal was a great experience for me. I think one of the best things that I am taking away that I can apply to other roles is that I can act, sometime more powerfully, with little to no movement. In fact, I am currently en route to NYC for another Newsies callback, and I changed the way I do my dances and sing my songs based on this: I am letting the music and lyrics take some of the acting away so that I am not overacting in either situation. For example, regarding dancing, I am trying to do sharper movements and use less of my upper body. I felt initially this was counter-intuitive because I did not feel like I was showing the emotion. However, the choreography itself throws tons of emotion, and trying to add my upper body heaving up and down actually muddled the dance and made it hard to follow. Calming down my extensions and very-precisely doing the dance with *some* additional acting, mostly in my face, created an entire new dance and response when I performed it for my friends.

I think I have been paying more attention to how people act normally in everyday situations. I know musical theater is usually very extravagant, and you are kind of supposed to be wild with huge facial expressions and gestures. However, I have learned when and when not these types of expressions are reasonable. In everyday life, people are usually pretty still a lot of the time. That being said, there definitely are moments when people are crazy with their bodies. I am applying this distinction to my song, *Proud of Your Boy*, from Aladdin the musical (cut from the movie). The song is about Aladdin singing to his mother, who is not present, that she will be proud of him even though he is a street rat. It is a very somber but emotional ballad, with him almost pleading to her to love him. I think this song works very well with little movement because it shows how internal the struggle is and lets the audience project the emotion they want to see on him. Using gestures in certain places allows me to emphasize certain phrases and give texture to my performance.

SAG Reflection

I often walk around Olin and hear people complaining, both with dejection and pride, of how much work they are doing in Baja or classes or whatever else, but never do I hear anyone passionate about arts, and discussing their work there. I, for one, have a rule: I go to class and do engineering. Outside of class, I do zero engineering; I act. I dance. I sing. I am always in off-campus shows for production value. As a high school student, I became accustomed to a certain level of performance that I am refusing to give up, and luckily have been able to find elsewhere. This was until Claire, Chelsea, and I made true art happen at Olin.

Never have I found such a dedicated group of people. Putting on a show is an immensely daunting task, even made more impressive by the fact that we were doing *Next to Normal*, one of the most difficult shows to do. Period. Of course, I can talk on and on and on about how I learned project management skills by acting as a producer. I can talk about what drafting knowledge I used to help build the set and my skills with power tools. However, *Next to Normal* was more than that. It was a show of immense and extreme passion, frustration, and love. It was a tale of pushing yourself over the edge and yet being able to climb back.

So in terms of helping my academic development, I think this show really proved to me that I am capable of immense tasks in life. I went into this AHS Capstone expecting not to do well. I expected that I would not be able to convincingly play the character and I would be *better* at acting, but not phenomenal. To be honest, I am not entirely sure how well I pulled off the character. That being said, I was immensely confident. I was confident in my skills, my abilities, and that I was capable of an incredibly daunting task. I think having this type of confidence in an unfamiliar and unnerving area is immeasurably important not only in theater, but literally every other field of life. Whether in design reviews, presentations, or even simply other musicals, I feel much more capable of taking on daunting tasks in my own methods.

Producing and starring in my AHS Capstone project, the musical *Next to Normal*, has been one of my proudest accomplishments in my time at Olin. I have always loved theatre but never really thought I would continue to participate in it after starting college. But I was proven wrong my very first semester. Since then I have done a variety of shows through Olin and Babson which not only led me to meet some very amazing, talented people, but also to learn more and more about the theatre world and the intellectual, artistic, activism side of theatre rather than just the entertainment aspect. This led to my taking several theatre courses at Wellesley to learn more about the theory behind the craft and ultimately leading me to do a theatre capstone, but in what? And when I realized that we at Olin have the talent and the passion to do it, I decided that if there was any way I could make *Next to Normal* happen, I would.

I had never produced a show before, and there was no way I could have known just how complicated the logistics can be. Finding money, getting rights, finding a space, casting, finding a band, and the list goes on. This organizational rigor was one of the biggest skills I think I come away with after this project. If ever I were to put on another show, I would have much more confidence and know-how, and for that I am thankful.

It was also a learning experience in terms of the subject matter of the show. *Next to Normal* tells the story of a family where the mother has bipolar disorder. This is part of the reason the show is so important to me, because my family has a history of mental illness. So over the course of the rehearsal process, I was able to learn about bipolar disorder, depression, and schizophrenia in an academic way as well as the history of these illnesses and the history and current status of treatment for them. One of my goals for this project was to have an impact on the audience and, by extension, our community in order to foster more open conversation about mental health because I think it's a really important topic at any college, and Olin is no exception. I definitely think this goal was achieved, because not only have I been in several conversations about the content of the show since then, but I have received several emails from people living with or who have family members living with mental health disorders who were very moved by the show.

The main goal of this project, for me, was to grow as an actor and I believe I achieved this. Through working with my mentor, Diego Arciniegas, an acting professor at Wellesley, I was able to grow my character and play her much more genuinely than I could have at the beginning through a rigorous application of the Stanislavsky method of acting. And I think my greatest achievement was my ability to allow myself to genuinely experience the emotions of my character, which led to a lot of anger and crying on stage, something I have never been able to experience so fully onstage before. At these times, Diego's mentorship and training to channel emotion through breathing was absolutely critical. This was certainly one of my proudest moments as an actor.

Overall I think I gained so much over the course of this project, namely production skills, knowledge of mental health disorders and treatments, as well as a marked improvement in my capabilities as an actor. It was truly a capstone of my theatrical achievements at Olin as well as, I think, a memorable and moving experience for the Olin community.

Olin Capstone final Dress

- Brian's shirt was on inside out.
- That was great wasn't it (to verify)
- Never know what she's talking about (to search- try to figure it out and fail)
- Can you keep the cup from tipping? - really ask the question
- All of the questions in that song should really be asked (as if you wanted someone in the audience to shout out an answer)
- Jazz band before school....(to prove - to prove that you Do know what he's doing all day - you were being "coy")
- Again (to remind) No Clue (to reveal the mystery THAT YOU ARE TRYING TO SOLVE!!! -you played it dismissively.
- Don't go out for coffee on the the refrains!!!!
- Nice "I think the house is spinning" you took the note brilliantly Clair
- I guess I got carried away (to speculate/ to guess
- Who's crazy - Really ask the question , Brian Remember? Paper or plastic? Whose crazy ? It's a binary choice?
- Make sure you are asking all of the questions in the song. Go through your script and highlight EVERY QUESTION MARK!!!!!!!
- Believe me (to order to command) Love is insane (to reveal) - You played it dismissively of the relationship. This runs completely against the grain of your character's holding onto the relationship past the point of logic. The question who's crazy is a real one. The argument could be made through the musical that it is you the one who is crazy - you have to entertain that as a possibility.
- How did I miss this (daughter getting a boyfriend) - really ask the question - you were beating yourself up (as the character) instead of asking the question.
- Everytime your character says "now I know" - play the discovery instead of knowing it ahead of the time you say it.
- "I miss the mountains" ...every time you say you "miss" something in the song play the beat (to Confess) Come clean to the audience who is on your side that you wish you were High (and low) again.
- Mountains make you crazy (to explain) The next part of the song is about explaining why.
- Don't be afraid of the repetition of I miss the mountains. You need to keep saying it, because saying it the previous time wasn't enough.
- What will your father think? (really ask the question)
- It's gonna be good - to predict. Brian, you have to predict the future with that song and use the force of will to make it happen. Over the course of the song you force us all into your denial.
- Every time you speak in the future tense during that song Brian it is a prediction. Play TO PREDICT rather than forcing a smile and just powering through the song.

- Claire - What are you thinking when he sings "He's not here to you" Here's my recommendation: Try to understand and fail. Make it about Brian rather than yourself. Why is this man saying something that you know isn't true.
- Nice really asking the question on "What exactly do you know?". You took that note beautifully, Clair.
- And I won't let go – Brian play TO WARN. Let her know you are not going away no matter how inappropriate her behavior.
- Would you let me go under? Really ask that question, Brian. Really ask all the questions in that number!!!!
- All the ya ya's after That's who I am are to emphasize your point. Right now you are just singing them because they are there. Use the Ya ya's to underscore – play the beat TO UNDERSCORE or TO PROVE.
- On "I love you as much as I can" can you let those words surprise you as they come out of your mouth? Perhaps she realizes in that moment that she doesn't love her children equally. Or at least saying it out loud makes it official – even if she already knew it deep down.
- Do "the breathing think" for a couple of breaths every time he sings like a rock star at you.
- After the Dr. says "What is he", Clair, I know the next line is not yours because you are not getting ready to reply. Play to search [for an answer] until the action is interrupted by the "I'm Alive" song. Right now you are telegraphing the song is coming up.
- Brian "He's not here" play the beat TO REVEAL
- On the silent part looking through the photos, you need to see each one, and have a reason for moving to the next. Right now you are doing a generalized slow mo – but there is no intentionality behind it. Decide what each picture is and means and put it past you as you look to the next one.
- When Dr. Says ETC is indicated and you say "wow" play the beat TO DISCOVER".
- Brian – here's a general note. Your performance is too internalized. You are not filling the room with your thoughts, you are only playing them for yourself. Fill the room with your thoughts.
- Is this Henry a good influence? - Really ask the question.
- Why do I live there alone? - really ask the question.
- You know – to accuse.
- Take my hand - Just try to get her to take your hand – you are doing more than is required on that beat.
- I can't get through this alone – is a warning . play TO WARN.
- Act II
- Claire you had a wonderful moment of true emotion during the "next to normal " number, and it had an effect on your scene partner. HER work got better in the face of the pure honesty of what you were doing. That is the true mark of a great actor. They make the actors around them better, because they give them so much to respond to. Nice job.
- Brian – take a moment to see the suitcase in the goodbye scene.

- Brian: Yes ...I would...thank you. Three separate beats. Yes (to confirm) I would (to reveal) Thank you (to thank). This will help you put closure on the moment. Nice growth from yesterday

Brian Liebson

From: Claire Barnes <barnes.e.claire@gmail.com>
Sent: Wednesday, March 25, 2015 8:08 AM
To: Brian Liebson
Subject: Fwd: Next Steps

----- Forwarded message -----

From: "Diego Arciniegas" <darcinie@wellesley.edu>
Date: Mar 25, 2015 7:58 AM
Subject: Next Steps
To: "Claire Barnes" <barnes.e.claire@gmail.com>
Cc:

Again, please forward this to Brian (or share his e-mail with me so I can keep you from being my messenger!).

I would like five questions from each of you via e-mail regarding things that are not working for you performatively - or which aren't working the way you want them to, and you are not sure why. We can correspond this way throughout the run.

I think we should talk about when I can see the show. I heard talk of being sold out. Can you arrange a ticket for me? I'd prefer to see your final performance, because it is the final deliverable (there's also the matter of all the post show documentation, and at least one face-to-face *post mortem* interview and jury - but seeing a performance is the final *time-sensitive performative* deliverable.

On the more philosophical side, It is very clear to me that your very ambitious project has a lot of heart, which makes up for a lot of challenges in execution. I really want you both to focus on being performers, and resist the temptation to run around distractedly doing other things. Carve out some time and space for yourselves to get ready to perform. Sometimes the performer doesn't even realize they are fidgeting and futzing around before the show, when what they need is to recenter themselves. From what I could see, both of you are carrying a great deal of your own personal baggage and stress onto the stage because you are not "going to zero" before the performance. It is a testament to your versatility that you are capable of accomplishing so much on so little preparation.

Claire, you asked me about "getting into character". As I responded last night, it is more a question of focusing on letting go of you and whatever is going on with you, to leave room for your character to drop in. While this sounds rather "artsy", it is no different than the moments a track and field athlete takes to focus and concentrate before getting into the starting blocks. What you need to do is carve out time and space for yourself immediately prior to the "places" call to "go to zero". Stretch, breathe, meditate....largely think of nothing (although you will find your mind wandering to specific points in the show). Those mind wanderings are very useful, they will take you to the points in your performance where there are still unresolved issues. At this point, your subconscious is doing as much work on your performance as are your conscious choices - pay attention to those random nagging feelings about performative moments to which your mind wanders. (This might be a good source of the questions you need to ask me).

You need to start thinking about the performance already being there inside you (it *is* trust me), and devoting most of your conscious energy on "getting out of your own way". That lovely moment last night, Claire, when you apologized to your daughter is a good example of what will come up for you as you go deeper and deeper into the performance. Your job at this point is to make sure you are breathing (the "breathing thing" comes in really handy right about now), and allowing things to happen rather than forcing them to.

Brian - If this show is about anything, it tells the story about the corrosive effect of mental illness on the family in general and the primary care giver (you) in particular. As I mentioned in my other notes, I don't think you have seriously entertained the possibility that your character might be sick. (That's why the author has you seeing the kid at the end, and having you decide to get psychiatric help yourself). There is just as much mental illness surrounding the inability to let go, or acknowledge that there *is* a problem, as there is in hallucinations and erratic behavior. In short: your character is just as "sick" as Claire's by the end of the show. Explore that.

I await those "questions" in order to take the next steps. Let me know when I can come see the show.

Best,

Diego

Brian Liebson

From: Diego Arciniegas <darcinie@wellesley.edu>
Sent: Wednesday, March 25, 2015 11:30 AM
To: Brian Liebson
Cc: Claire Barnes (Forwarding)
Subject: An Additional Thought

Dear Brian,

I don't know if you have already read the notes I've been posting to Claire. I dug through and found that I did indeed have your e-mail. If you need me to resend any, I'd be happy to, although I'm sure she's been a dutiful messenger.

I wanted to add an additional thought to my notes to you for you to think about. This stems from my note to you about "Who's Crazy?", and builds upon the notion of "really asking the question". As I mentioned, I could not tell from your performance if your character had ever seriously entertained the notion that he might be as screwed up as his wife. By pursuing "really asking the question" in "Who's Crazy", I think you open up a really important thread in the storyline. As I mentioned in my previous notes, the idea that holding on to denial and forcing everybody in the room to participate in the belief that everything is "Gonna be Great" can be just as fucked up as Claire's character's hallucinations or erratic behavior.

My additional thought is simply this: when looked at from the above-mentioned perspective, when your character decides to rewrite history during the scene when Claire is looking through the box of pictures and Natalie is calling you on your "rewrites", your character is really crossing the line of propriety. Natalie is actually right in that moment, and you pull parental rank on her to shut her up. This is both wrong and unfair. It needs to resonate more that way.

The shrink told you to talk about anything...including "the boy"...but to take it slow and keep it light. Instead, you see an opportunity to rewrite the past, and never mention "the boy". **YOU ARE NOT FOLLOWING DOCTORS ORDERS, BUT RATHER MESSING WITH YOUR WIFE'S MENTAL HEALTH IN ORDER TO PRODUCE AN OUTCOME YOU WANT!!!!** You are playing amateur shrink without following proper medical advice. If you listen closely to the music, there is even something clandestine and conspiratorial about the tone with which you insinuate to Natalie that things could be made better than they were before. (look for that theme in the music) This is Dr. Frankenstein stuff!

Sorry to write in all caps at you, but that is really fucked up. Any clinical psychiatrist will tell you that based on that behavior alone, your character is mentally unhealthy and behaving dangerously irresponsibly. This is an enormous violation of trust, and - in my humble opinion - the reason why Claire's character needs to leave you in the end to straighten herself out on her own. She's actually healthier than you are by that point.

So I want you to talk this over with Claire (I'm ccing her on this note) and possibly even the actor playing Natalie (assuming you think it appropriate).

What I want you to explore is trying to get Natalie on your side by playing "to allude" or "to insinuate" to Natalie when you suggest things might be better than before. Deep down part of you knows you are doing something wrong. The ends are justifying the means, in your character's opinion, but you know you are crossing a line. If Natalie is game, there should be an enormous discovery of malfeasance somewhere there for her.

As the rest of the play unfolds, explore opportunities where that decision weighs more and more heavily on your character. Think about it, what are the consequences of your actions? What happens as a result of what you did? She finds out anyway...and not in the best way. You do more damage than good. You've become the out-of-control person even as she starts to reclaim her own sanity. Recall that she never sees the boy again but you do. There is a transference of "the crazy" from one person to the other over the course of the play, and if there's a storyline at all in this musical.....that's it. That's the point of the story. You need to flesh out the exact nature and extent of your transgression or we have no play.

Think about that and feel free to e-mail me thoughts and questions.

Looking forward to seeing it on Thursday.

Best,

Diego

P.S. In my humble opinion, you have missed this important theme because you were too taken with the heroism and the romanticism of the "promises" "boys" make, and the conventional notions of marriage.....but that would be the "normal" take wouldn't it.....you are not normal....you are "next to normal" ☺

Section 4 Contents

Student Academic Grant Application

Donut Fundraiser Results

Advertising Email

Ticket Reservation Form

General Financial Information

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Next to Normal SAG Application

1. General Description

Brian Liebson and Claire Barnes are putting on and performing in the musical *Next to Normal* as their AHS Capstone project. The show is approximately two hours long and will be performed in Babson's Sorenson Blackbox Theater. The goal of this project is to improve our acting technique as well as providing an entertaining and meaningful experience for the Olin and surrounding communities. The show contains some very serious subject matter and analysis of mental illness in families and society, a topic many people involved in the production are very passionate about.

The project also includes a number of other Olin students who are performing, directing, part of the band, helping with tech and costumes etc. So it is a large group project headed by Brian and Claire. We believe it will be very beneficial not only for the people involved but also for the Olin community because it has very relevant commentary on mental illness as well as being a very enjoyable, quality production of a Tony Award winning musical.

We will be holding two performances at the end of March that are both available to the public. At performances we will be giving out programs that include all the information about the show, cast, tech members, as well as thanking all donors and including a information about the subject of the show and why mental health is important to talk about.

2. Budget and Resource Requirement and Justification

\$1000 - Rights to Next to Normal. This is the mandatory cost for intellectual property. Performing a show without obtaining the rights is illegal.

\$500 - Theater Rental. We are using Sorenson's blackbox theater and will have to pay them because legally we need to have a qualified person in the space with us at all times for safety reasons. We had considered trying to use a space at Olin that would be free, but the show requires extensive lighting and sound requirements and a space with these specifications simply does not exist at Olin. Sorenson is the cheapest option that does meet these requirements as well as being close so that Olin students can easily attend.

\$100- costumes. The costumes in the show are fairly easy to come by and we will probably acquire most by borrowing from people's closets or from Wellesley's theater department since they have an extensive store of props and costumes. There may be a couple odds and ends that we need to buy or rent, for which we are allocating \$100.

\$150 - sets. There is an extensive supply of lumber in the Olin and Babson theater groups' storage spaces that we will be utilizing. However, there are always random costs associated with sets such as paint, screws, new lumber, and set decorations.

We have also looked extensively into other sources of funding. We acquired a loan from CORE so that we could buy the rights, but we are expected to pay that \$1000 back in full after the performances run. We have done some fundraising on our own so we have about \$400, mostly from other members of the Olin community who have shown a tremendous amount of support for this project. We will also be able to receive \$300 from AHS capstone between the two of us. We will also be charging for ticket sales, \$5 for students and \$10 for non-students. We expect to make around \$500 from ticket sales given the seat capacity in the blackbox theater. Were we to make any profit from ticket sales after paying back the CORE loan, we are planning on donating it to FWOP to support their efforts in supporting theater in the Olin community.

Therefore, our total costs comes to \$1750 against our assets of \$1200. We would like to request \$550.

3. Space Requirements

We are using several Olin spaces for rehearsal, which we have already reserved and been approved for: AC113, AC326, AC417. In addition, the many people helping out will be using the EH practice rooms as well as the jam room. Furthermore, we will be presenting the performances in Babson's Sorenson Blackbox Theater, which we have reserved.

4. Project Timeline

Jan 26th - Rehearsals begin
Jan 28th - Final project proposal due
Feb 4th - Met with mentor about proposal
Feb 17th - Initial project submission
March 10th - Complete draft
March 26th - Meet with mentor about complete draft
March 31st - Project assessment by mentor
March 31st - Archive project
March 31st - Reflections for SAG and AHS Capstone due
Finals Week - Presentation

5. Letter of Support from Mentor

Dear Committee:

I am writing an email of support for any possible funding Brian and Claire might get for their AHS Capstone project. Their work is ambitious; to stage, direct, and act in a theater production that deals with compelling and challenging explorations of mental illness. I believe that their work will be highly relevant and impactful to the Olin community, and that their contribution both to Olin cultural work and more open discussion of the difficult subject matter of the production will be invaluable. As the current faculty teaching AHS Capstone, the success of this course and program depends upon the authentic engagement by students with projects they deeply care about; Brian and Claire's project is the best example of this sort of academic and personal passion. I wholeheartedly support their ambition and very much hope they can obtain more funds such that they can focus their efforts on creating the best work possible, as opposed to concentrating on funding the best work possible.

Many thanks for your consideration, and please contact me if you have any questions or require additional information.

Best,
Gillian

Gillian Epstein, Ph.D.
Writing Consultant
Franklin W. Olin College of Engineering
<http://www.olin.edu>

Office: (781) 292-2543
Email: gillian.epstein@olin.edu

Timestamp	Individual	Name	Dozens	\$ Due	Paid? (Y/N)	Picked Up
11/28/2014 12:41:50		Chris Lee	0	1	10 Y	yes
11/28/2014 12:49:42		Diana	0	1	10 Y	yes
11/28/2014 16:27:05		Dennis Chan	1	0	1 Y	yes
11/28/2014 18:17:28		Shreya Rangarajan	0	1	10 Y	yes
11/28/2014 20:32:55		Riva	5	0	5 Y	yes
11/29/2014 8:29:53		Haley Peiseler	0	1	10 Y	yes
11/29/2014 15:43:54		Bill Warner	0	1	10 Y	yes
11/30/2014 12:01:57		Ingrid Hagen-Keith	3	0	3 Y	yes
11/30/2014 16:45:16		Mika	2	0	2 Y	yes
12/1/2014 13:18:33		Charles Goddard	0	2	20 Y	yes
12/1/2014 18:19:44		Eric Tappan	2	0	2 Y	yes
12/2/2014 9:27:57		Adit Dhanushkodi	3	0	3 Y	yes
12/2/2014 9:28:40		Anna Krapp	4	0	4 Y	yes
12/2/2014 9:28:55		Anne LoVerso	2	0	2 Y	yes
12/2/2014 9:34:10		Daniel Leong	0	2	20 Y	yes
12/2/2014 9:35:39		Juan Carlos del Rio	0	1	10 Y	yes
12/2/2014 9:37:28		Paige Cole	2	0	2 Y	yes
12/2/2014 9:38:48		Shane Skirne	1	0	1 Y	yes
12/2/2014 9:42:00		David Zhu	0	1	10 Y	picked up 2
12/2/2014 9:42:20		Philip Seger	2	0	2 Y	yes
12/2/2014 9:43:28		Charlie	2	0	2 Y	Yes
12/2/2014 9:44:31		Rad	3	0	3 Y	yes
12/2/2014 9:48:28		Jennifer Wei	0	1	10 Y	yes
12/2/2014 9:50:51		Ananda Lee	1	0	1 Y	yes
12/2/2014 9:51:42		Cary Ingrao	0	1	10 Y	yes
12/2/2014 9:58:06		Alex Adkins	2	0	2 Y	yes
12/2/2014 10:01:23		Rebecca Jordan	1	0	1 Y	yes
12/2/2014 10:01:55		Matt Ruehle	1	0	1 Y	yes
12/2/2014 10:02:41		Cullen	6	0	6 Y	yes
12/2/2014 10:07:28		Juliette Chevallier	0	1	10 Y	yes
12/2/2014 10:07:56		Lauren Frochauer	0	1	10 Y	yes
12/2/2014 10:08:15		Evan Dorsky	2	0	2 Y	yes
12/2/2014 10:08:52		Brooks	0	1	10 Y	yes
12/2/2014 10:12:01		Alex Keasler	0	1	10 Y	yes
12/2/2014 10:14:45		Thomas Nattestad	0	1	10 Y	yes
12/2/2014 10:17:50		Jack	0	1	10 Y	yes
12/2/2014 10:18:47		Hannah Milk	2	0	2 Y	yes
12/2/2014 10:18:08		Zohar Ghaoyali	1	0	1 Y	yes
12/2/2014 10:18:38		Kristyn	1	0	1 Y	yes
12/2/2014 10:21:22		Rocco	1	0	1 Y	yes
12/2/2014 10:25:08		Ry Horsey	4	0	4 Y	yes
12/2/2014 10:33:41		Negy Hakim	1	0	1 Y	yes
12/2/2014 14:08:25		Emily Mamula	0	1	10 Y	yes
12/3/2014 15:55:47		Manik Singh Sathi	1	0	1 Y	yes
12/3/2014 15:58:25		Nitya Dhanushkodi	0	1	10 Y	yes
12/3/2014 15:58:57		Jay Woo	2	0	2 Y	yes
12/3/2014 16:01:48		Lyra Silverwolf	6	0	6 Y	yes

Total \$ = 526 Profit = 351 Revenue from Cabaret 61 Total not collected 24
 Total Donuts = Claire's cash 185
 total dozens = 580 Brian's Venmo 217
 49.16566667

Total We Shoul What we have
412 402

Note: David is donating these donuts to others.

Timestamp	Name	Individual	Dozens	\$ Due	Paid? (Y/N)	Picked Up
12/3/2014 16:28:16	Shivali Chandra		6	0	6 Y	yes
12/3/2014 16:44:44	Casey Alvarado		0	1	10 Y	yes
12/3/2014 16:58:58	Erika Weiler		0	1	10 Y	yes
12/3/2014 17:08:31	Jessica Diller		1	0	1 Y	yes
12/3/2014 17:54:12	Joe Sultker		0	2	20 Y	yes
12/3/2014 18:10:01	Emily Guthrie		0	1	10 Y	yes
12/3/2014 18:16:50	Ankur Das		1	0	1 Y	yes
12/3/2014 19:02:03	Robbie Siegel		0	1	10 Y	yes
12/3/2014 19:12:25	Thomas Chen		2	0	2 Y	yes
12/3/2014 19:21:57	Elizabeth Sundamo		0	1	10 Y	yes
12/3/2014 19:32:45	Melissa Lopriano		0	1	10 Y	yes
12/3/2014 21:46:16	William Lu		0	1	10 Y	yes
	Heather Dudley		1	0	1 Y	yes
Buying on site::						
	Jasper Chen		1	0	1 Y	yes
	Greg Edelman		1	0	1 Y	yes
	Toni Saylor		0	1	10 Y	yes
	Bill Wong		1	0	1 Y	yes
	Andrew		1	0	1 Y	yes
	Jeffrey		1	0	1 Y	yes
	Celina		0	1	10 N	yes
	Dining Hall Lady		2	0	5 Y	yes
	Austin		0	1	10 Y	yes
	Kate		0	1	10 Y	yes
	Karl		1	0	1 Y	yes
	James		1	0	10 Y	yes
	Julianne		1	0	1 Y	yes
	Franco		1	0	1 Y	yes
	Dimitar		1	0	1 Y	yes
	Chris Joyce		0	1	10 Y	yes
	Caleb		1	0	1 Y	yes
	Kevin/Philicia		0	1	10 Y	yes
	Ken		1	0	5 Y	yes
	Ian		1	0	1 Y	yes
	Cecelia		0	1	10 Y	yes
	Cypress		0	1	10 Y	yes
	Evan		0	1	10 Y	yes
	Meg McCauley		3	1	15 Y	yes
	Tom		1	0	1 Y	yes
	zhecan		1	0	1 Y	yes
	Radmer		1	0	1 Y	yes
	Mika		1	0	1 Y	yes
	Griffin		1	0	1 Y	yes
	Kai		0	1	10 Y	yes

paid more

David got a free donut

paid more

paid more

Brian Liebson

From: Carpediem <carpediem-bounces@lists.olin.edu> on behalf of Justin Poh
Sent: Sunday, March 08, 2015 2:09 PM
To: carpediem@lists.olin.edu
Subject: [Carpediem] Come see Next to Normal!
Attachments: ATT00001.txt

Hi Carpe,

Tl;dr: Claire Barnes, Brian Liebson and 9 other students are performing the musical "Next to Normal" the week right after spring break! Come support this AHS Capstone production!

When: 25th and 26th of March at 8pm (Wednesday and Thursday right after spring break)

Where: Sorenson Rehearsal Studio (in the same building as the Sorenson theater)

How to get tickets: Only 55 tickets per night are available because of limited seating and tickets will NOT be sold at the door. **Reserve your tickets at:** <http://tinyurl.com/olinn2n>

Long version:

As part of their AHS Capstone, Claire Barnes and Brian Liebson, along with 9 other students are performing the Tony-Award winning rock musical Next to Normal. Previously shown on Broadway in 2009, the show follows the life of a family coping with a parent who struggles with worsening bipolar disorder. You can read more about this amazing show at its Wikipedia page (http://en.wikipedia.org/wiki/Next_to_Normal). Rehearsals for this show have been ongoing all semester and this pair of performances is the culmination of weeks of work so come support this AHS Capstone project!

Performances are on the 25th and 26th of March (Wednesday and Thursday after spring break) and the show will start at 8pm at the Sorenson Rehearsal Studio, which is in the same building as the Sorenson theater. The rehearsal studio is right next to the theater. Because seating is limited, only 55 tickets will be available for each night of the show. Tickets will also NOT be available at the door which means you must reserve your ticket through the reservation form in order to attend the show. **Tickets can be reserved at:** <http://tinyurl.com/olinn2n>

Your support for this AHS capstone project would be greatly appreciated!! Thanks!

- The Next to Normal cast, musicians and crew

Next to Normal Ticket Reservation Form

Welcome to the Official Ticket Reservation Form for Olin's production of Next to Normal! Use this form to reserve your tickets for a performance of Next to Normal!

Reservation Information:

1. Please note that this show contains scenes pertaining to mental health and requires some level of viewer discretion. For more information, please email Justin.poh@students.olin.edu
2. When you click the "Continue" button below, you will be presented with a form to fill in to place your ticket order.
3. Within 1 - 2 days of submitting your presale order, you should receive a confirmation email from us confirming your reservation was received. THIS EMAIL DOES NOT MEAN YOUR RESERVATION HAS BEEN CONFIRMED! It only confirms that it was received.
4. You will then have a week to make payment for the tickets in order to confirm your ticket reservation. The preferred payment method is cash but other forms of payment will be accepted. More details regarding payment can be found in the confirmation email you will receive.
5. If payment is not received within a week of the date you place your order, you will receive an email notification that your reservation was cancelled.
6. Once we have received payment for your tickets, you will receive a confirmation email saying your reservation has been confirmed. Please print out this confirmation as it will serve as your ticket on the night of the performance.

Continue »

Next to Normal Ticket Reservation Form

* Required

General Information

First Name *

Last Name *

Are you an Olin College Staff, Student or Faculty member? *

Enter your preferred email address *

We will use this email address to send you your confirmation emails

Ticket Orders

There are two performance dates: Wednesday the 25th of March and Thursday the 26th of March

There are also two types of tickets:

1. Concession tickets for Babson/Olin/Wellesley (BOW) students are priced at \$5.00 per ticket
2. General Admission tickets are priced at \$10 per ticket

Which performance date would you like to attend? *

How many BOW student concession tickets would you like to reserve?

Tickets are \$5 each and holders of these tickets must present a valid college student ID on the night of the performance

How many General Admission tickets would you like to reserve?

Tickets are \$10 each

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Summary of Financial Position & Spending

Surplus/Shortage	Notes
Loan from Core	\$1,150.00 Assuming Core will cover all rights cost subject to being paid back
SAG Grant	\$450.00
Ticket Income	\$0.00
Donut Sales	\$351.00 See spreadsheet for details
Cabaret	\$61.00 See spreadsheet for details
Ticket Sales	\$0.00
Total Inflows	\$2,012.00
Props	-\$35.91
Costumes	\$0
Set Build	-\$198.15
Scripts/Rights/Misc.	-\$1,150.00 \$400 returnable deposit included
Total Outflows	-\$1,384.06
Net Position	\$627.94 \$360 contingency to pay Sorenson + \$150 to pay Jay = \$510
Ticket Revenue Summary	
<i>Performance 1: 3/25/2014</i>	
<i>Performance 2: 3/26/2014</i>	

Brian Liebson

From: Justin Poh
Sent: Wednesday, March 25, 2015 1:22 AM
To: Claire Barnes (Forwarding); Brian Liebson; Chelsea Bailey; Myles Cooper; Graham Hooton; Subhash Gubba
Subject: My last word before show

Hi all,

So as promised, here's my email to you guys before show tomorrow night. I'm sure tomorrow's pre-show stuff will be hectic and there won't be time for nice words. So, I'm using this email to get it out to you guys.

I wanted to start by thanking you guys so much for trusting me with directing this show. As someone who has always taken on technical roles in the theater, I still think I'm out of my depth to be directing this show. As a result, I am eternally grateful for the contributions you guys have made toward helping me direct this show. It has been so much fun to work with you guys on this show and I hope I've been a good enough director to do justice to the dreams and aspirations you might have had for the show. So, I really really want to thank you guys for making this such an amazing experience for me.

Next thing I wanted to say is NOTES! I don't have super detailed notes because you guys know this show and you got this. So I only have a few general things that I thought I would mention for you to bear in mind heading in to opening night:

1. As I said in the theater, you know your tempos. You know how fast or slow things should go. You've done this before. So, follow your gut and your emotions and let it flow. Be a little careful about it but let your gut feeling and emotions guide you in your tempo and let the pit figure out how to keep up with you. They will be able to.
2. Diction. Be careful about keeping your diction crisp and sharp. Today was pretty good but it can be crisper. This is one of those shows where crisp diction is super important to conveying the message we want to convey.
3. Stay calm. At times today it felt like nervousness or something similar was getting a hold of you and making you rush a little in your song. As I said above: you know your tempos. Let your emotions guide you and don't overthink it.

Last thing I wanted to do was outline logistics for tomorrow with you. Here's the plan for tomorrow:

6.30pm – 7pm: Arrive and try to get makeup done as soon as possible. We'll open my surprise in the green room around this time too.

7pm – 7.30pm: Mic check as soon as makeup is done. I'll have surgical tape this time so the tape should stick better

7.30pm: House should open around this time; Actors should go ahead and warm up in the green room. I'll join you for a bit and then leave to help with guests

8.02pm (approx.): Start of show

10.30pm: End of show; Meet audience

11pm: Pack up and leave

That should be it. Have a good night's sleep and I'll see you all at Sorenson for opening night.

Thanks!

Cheers,

Brian Liebson

From: Jonathan Adler
Sent: Thursday, March 26, 2015 11:21 AM
To: Justin Poh; Claire Barnes; Brian Liebson; Chelsea Bailey; Myles Cooper; Subhash Gubba; Graham Hooton; Jessica Diller
Cc: Gillian Epstein
Subject: Wow - and congrats!

Hello, cast and crew of *Next to Normal*,

I got to speak with most of you last night after the performance, but I wanted to reach out again, now that I have had a chance to be a bit more reflective about your stunning show last night. (I have also cc'd Gillian, since she should know what an incredible job you all did, as the AHS Capstone coordinator this semester.)

As some of you know, I was lucky enough to see the original Broadway production of this play, so I certainly knew what ride I was in for when I sat down in the Black Box last night. But I was honestly unprepared for how fully and powerfully you all managed to bring this incredibly difficult story to life. This is a hard show – it's not a typical, melodic musical, and the subject matter and relationships are complex, to say the least. As I've told some of you, my biggest concern about student theater at Olin has always been that the shows that get chosen are simply too challenging, so the deck is stacked against the ensemble from the beginning. Not only is *Next to Normal* the most challenging show I have seen Olin students take on, but your performance of it was, without question, the best performance of any show I've seen Olin students pull off. That is a truly remarkable accomplishment, and it speaks to your overwhelming passion for this show and this project. It also speaks to the capacity of Olin students to create vibrant, engaging, challenging art when they invest as much passion in it as they do so many other things. I am deeply proud of you all.

The show hit me in such a different way this time than when I saw it on Broadway. Then, I was heavily wrapped up in the difficult relationship of Diana and Dan (which may be attributable to the virtuosic and Tony-winning performance of Alice Ripley). But now that I have a two-year old son and a baby due later in the spring, I found myself even more profoundly devastated by the way Gabe's death rippled through the whole family system (I'm sure this was underscored by the fact that my son happens to be named Miles, and Myles played Gabe). That is a testament to the strength of your entire ensemble, making this a show about a *family*, as opposed to just a troubled woman (as Claire and Brian said in their program note). It is rare for me to have seen a show twice and have very different reactions to it, so that is also evidence of the power of your art. You guys made me cry last night, which is something I very rarely do at plays or movies.

Claire – What can I say, it is a profound joy watching you on stage, doing what you love so much and what comes so naturally to you. Your instincts are impeccable and your ability to transform into characters as different as Emily, Henrietta, and Diana (the three I'm most familiar with) is astounding (and a little scary). I really, really hope you find a way to keep acting once you're out in the "real world" and I will miss you on the Olin stage.

Brian – I was so impressed with the range you managed. I've never seen you as someone like Dan before, but you wholly disappeared into this tragic character.

Chelsea – Your years of experience on the stage were on full display last night, riding the highs and lows of Natalie's journey.

Myles – As I said, above, you showed me the terror of a child's death in a way I have never truly grappled with before. Why you gotta be so cruel?

Subbhash – Wow. That’s really all I can say. Your voice is actually incredible and I hope we will get to hear a lot more of it on the Olin stage.

Graham – As you might guess, I have profoundly conflicted feelings about Drs. Fine and Madden and the way they approach their work, but I believed you 100% as these two caring and sometimes misguided helpers. It’s like you were type-cast, something I mean in the best possible way.

Jessica – As I told you last night, it is rare that I leave a play – especially a realistic, contemporary play – and think much about the costumes, but mid-way through the show last night I found myself thinking “wow, they managed to have a clear vision for the costume design, on their shoestring budget!” I could see what you were doing and thought you pulled it off spectacularly. What an accomplishment.

Justin – I’m blown away. I really think that there’s nothing you can’t do if you’re passionate about it. I have known how passionate you’ve been about this show for so long and I’m just astounded with your accomplishment. Despite the many, many constraints on this production, you managed to shepherd this amazing ensemble through to a first-rate performance. To say I am proud of you is to vastly understate it.

Thank you all for taking on this challenging project and sharing this important, if complicated, play with the Olin community. I hope your closing performance tonight goes fabulously.

Oh, and if you’re interested in another piece that has very similar themes to this show, you should check out the movie *Ordinary People* (http://en.wikipedia.org/wiki/Ordinary_People). It’s also about a family torn apart by the death of the first-born son and the aftermath it wreaks on the parents and younger sibling. It came out before you were born – 1980 (which was almost before I was born) – but it hasn’t lost any of its power. It won the Best Picture Oscar, as well as Best Director (Robert Redford), Best Screenplay, and Best Actor (Timothy Hutton). Donald Sutherland and Mary Tyler Moore are the parents and Judd Hirsch is the therapist (Claire and Myles, we will watch a clip in my class next week). When pressed to name “my favorite movie,” I often choose this one because it is such a powerful portrait of “ordinary people” in pain. Trust me, you won’t be disappointed.

All the best,
Jon

--

Jonathan M. Adler, Ph.D.

Assistant Professor of Psychology, Olin College of Engineering

Associate Editor, *Journal of Personality*

Chief Scientific Officer, Health Story Collaborative

jadler@olin.edu

<http://faculty.olin.edu/jadler>

Brian Liebson

From: Rae-Anne Butera
Sent: Friday, March 27, 2015 10:25 AM
To: Subhash Gubba; Claire Barnes; Brian Liebson; Chelsea Bailey; Myles Cooper; Graham Hooton; Justin Poh; Philicia Chow; Sarah Walters; Michael Costello; Daniel Dichter; Jessica Diller; Harris Davidson; Celina Bekins; Sophia Seitz; Joshua Langowitz
Subject: Congratulations on a great show!

Dear all,

I was in the audience for Wednesday night's performance of *Next to Normal*. Congratulations on a wonderful show. It is such an impactful, important piece and your hard work and dedication was so evident. Thank you for sharing your gifts and talents with us!

Rae-Anne

Rae-Anne Butera | Dean of Student Affairs

Olin College of Engineering

1000 Olin Way | Needham, MA 02492

Tel: 781-292-2321 | URL: www.olin.edu

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Leading the Revolution in Engineering Education

From: [REDACTED] on behalf of [REDACTED]
To: [Claire Barnes; Brian Liebson](#)
Subject: Thank You re: N2N
Date: Sunday, April 05, 2015 6:57:41 PM

Hey Claire and Brian,

I just wanted to say congratulations again and thank you for putting on an awesome production of Next to Normal for your AHS Capstone project. It was really hard for me to watch, and I even considered leaving halfway through, because I could relate to a lot of the situations and emotions. My mom was admitted to a psychiatric ward for a while right before spring break, and I hadn't been dealing with any of the related emotional baggage. Watching your show made me confront everything I had been putting off. It sucked, but it was necessary, and I really appreciate that it was at your show, with the support of friends and Jon in the audience, that I started to face my problems, instead of alone somewhere down the line.

I debated whether or not to email you this, because I didn't want to make it boo-hoo all about me, because it's really not, it's about you and what a wonderful job you did, but you had a huge impact on me and my emotional health and I wanted you to know how thankful I am.

Best,

[REDACTED]

Section 5 Contents

Research: Article

Research: Parental Study



HEALTH & BEHAVIOR

My Lovely Wife in the Psych Ward

We met at 18. We wed at 24. At 27, I checked my wife into a psych ward—for the first time. How mental illness reshapes a marriage.

• JAN 12, 2015

The first time I saw my wife walking around the Georgetown campus I shouted out “*Buongiorno Principessa!*” like a buffoon. She was Italian, radiant, way out of my league, but I was fearless and almost immediately in love. We lived in the same freshman dorm. She had a smile *bello come il sole*—I learned some Italian immediately to impress her—and within a month we were a couple. She’d stop by my room to wake me up if I was oversleeping class; I taped roses to her door. Giulia had a perfect GPA; I had a mohawk and a Sector 9 longboard. We were both blown away by how amazing it feels to love someone and be loved back.

Two years after graduation we married, when we were both just 24 years old and many of our friends were still looking for first jobs. We packed our separate apartments into one moving truck and told the driver, “Go to San Francisco. We’ll give you an address when we find one.”

One night, as I approached Giulia's room, she saw me and collapsed on her bed, chanting “*Voglio morire, voglio morire, voglio morire.*” I want to die, I want to die, I want to die.

Giulia had a concrete life plan: to become a director of marketing at a fashion company and have three kids by the time she turned 35. My ambitions were looser: I wanted to bodysurf hollow waves at San Francisco's Ocean Beach and enjoy my job teaching high-school history and coaching soccer and swimming. Giulia was focused and practical. My head was often in the clouds, if not the water. After a few years of marriage, we started talking about having the first of those three babies. By our third anniversary our charmed adolescence was transforming into a charmed adulthood. Giulia landed a dream job.

This is where that lovely storyline ends.

After only a few weeks in her new position, Giulia's anxiety level rose beyond anything I'd ever seen. She'd always been a bit high-strung, holding herself to impeccable standards. Now, at age 27, she was petrified, actually frozen—terrified of disappointing people and making the wrong impression. She'd spend all day at work trying to compose a single email, forward the text to me to edit, and still not send it. Her mind lost room for anything but worries. At dinner she stared at her meal; at night she stared at the ceiling. I stayed up as late as I could, trying to comfort her—*I'm sure you're doing a great job at work, you always do*—but by midnight I inevitably dozed off, racked by guilt. I knew that while I slept, my sweet wife was trapped awake with her horrible thoughts, uncomfortably awaiting morning.

She saw a therapist, then a psychiatrist who prescribed antidepressants and sleeping pills, which we both naively thought was a huge overreaction. She wasn't that bad off, right? Giulia chose not to take the pills. Instead, she called in sick to work. Then one night, while we were brushing our teeth, Giulia asked me to hide her medications, saying, "I don't like having them in the house and knowing where they are." I said sure, of course, but in the morning I woke up late and rushed off to school, forgetting her request. At the time I thought this was a minor oversight, like misplacing my wallet. But Giulia spent the day at home staring at her two orange bottles of pills and daring herself to eat them all. She didn't call me at work to tell me this—she knew I would have come straight home. Instead she called her mother, in Italy, who stalled on the phone with Giulia for four hours until I returned.

The next morning I woke to find Giulia sitting on the bed, calmly but incoherently talking about the conversations she had overnight with God, and the panic set in. Giulia's parents were already on a plane to California from Tuscany. I phoned the psychiatrist, who said, again, to take the medication. By now I thought that was a great idea—this crisis was clearly way beyond my depth. But still, Giulia refused the meds. The next morning, when I woke, I found her pacing around our bedroom, relating her animated chats with the devil. That was enough. With Giulia's parents, who by then were in town, I drove her to the Kaiser Permanente emergency room. Kaiser didn't have an inpatient psychiatric unit, so they sent us to Saint Francis Memorial Hospital, in downtown San Francisco, where Giulia was admitted. We all thought her stay in the psych ward would be brief. Giulia would get a little pharmaceutical help; her brain would clear up within days, maybe hours. She'd be back on track to her director-of-marketing goal and her three kids before age 35.

That fantasy shattered in the waiting room. Giulia was not going home today or tomorrow. Looking through the glass window into Giulia's new, horrifying home, I asked myself, What the hell have I done? The place was full of potentially dangerous people who would rip apart my beautiful wife. Besides, she wasn't really crazy. She just hadn't slept. She was stressed. Probably anxious about work. Nervous about the prospect of becoming a parent. Not mentally ill.

Yet my wife *was* ill. Acutely psychotic, as the doctors put it. She existed in an almost constant state of delusion, consumed by paranoia that would not fade. For the next three weeks I visited Giulia every night during visiting hours, from 7:00 to 8:30 p.m. She ranted unintelligible babble about heaven, hell, angels, and the devil. Very little she said made sense. One night, as I approached Giulia's room, she saw me and collapsed on her bed, chanting, "*Voglio morire, voglio morire, voglio morire.*" I want to die, I want to die, I want to die. At first she hissed this through her teeth, then started shouting "**VOGLIO MORIRE, VOGLIO MORIRE**" in an aggressive roar. I'm not sure which scared me more: listening to my wife scream her death wish or whisper it.

I hated the hospital—it sapped me of all energy and optimism. I can't imagine what it was like for Giulia. She was psychotic, yes, and tormented by her own thoughts, and she needed care and help. And for her to get that care she was locked up against her will and pinned down by orderlies who injected medicine into her hip.

"Mark, I think this is worse than if Giulia had died," my mother-in-law said to me one night after leaving Saint Francis Memorial. "The person we visit is not my daughter, and we don't know if she is coming back." I was silent, but agreed. Every evening I ripped open a wound that I'd spent the whole preceding day trying to patch up.

Giulia stayed in the hospital 23 days, longer than anyone else on her ward. Sometimes Giulia's delusions scared her; other times they assured her. Finally, after three weeks on heavy antipsychotic medications, the psychosis began to lift. The doctors still didn't have a firm diagnosis. Schizophrenia? Probably not. Bipolar disorder? Unlikely. At our discharge meeting, the doctor explained to me how important it was for Giulia to take her medication at home, and how this might be difficult because I couldn't forcibly inject it the way the orderlies did in the hospital. Meanwhile, Giulia still slipped in and out of delusions. During that meeting, she leaned over and whispered to me that she was the devil and needed to be locked up forever.

There's no handbook on how to survive your young wife's psychiatric crisis. The person you love is no longer there, replaced by a stranger who's shocking and exotic. Every day I tasted the bittersweet saliva that signals you're about to puke. To keep myself sane I hurled myself at being an excellent psychotic-person's spouse. I kept notes on what made things better and what made things worse. I made Giulia take her medicine as prescribed. Sometime this meant watching her swallow, then checking her mouth to confirm that she hadn't hidden the pills under her tongue. This dynamic led us to become less than equals, which was unsettling. As I did with my students at school, I claimed an authority over Giulia. I told myself that I knew what was better for her than she did. I thought she should bend to my control and act as my well-behaved ward. This didn't happen, of course. Psychotic people seldom behave. So when I said *Take your pills* or *Go to sleep*, she responded badly, often with *Shut up* or *Go away*. The conflict between us extended to the doctor's office. I thought of myself as Giulia's advocate, but often, with her physicians, I didn't side with her. I wanted her to follow medical advice that she herself did not want to follow. I'd do anything to assist her doctors with their treatment plan. I was there to help.

"Mark, I think this is worse than if Giulia had died," my mother-in-law said to me one night after leaving Saint Francis Memorial. "The person we visit is not my daughter,

and we don't know if she is coming back."

Once discharged, Giulia's psychosis lasted another month. It was then followed by an eight-month-long haze of depression, suicidality, lethargy, and disengagement. I took a few months off of work to be with Giulia during the day and keep her safe, even get her out of bed. Throughout, her doctors kept tweaking her meds, trying to find the best combination. I took it upon myself to make Giulia take her pills as prescribed.

Then, finally, almost abruptly, Giulia was back. Her psychiatrists told us that her long episode was probably a one-and-done thing: major depression with psychotic features—a dressed-up term for a nervous breakdown. We needed to be proactive and careful about Giulia maintaining balanced and stable habits. That meant her staying on the pills, going to bed early, eating well, minimizing alcohol and caffeine, exercising regularly. But once Giulia returned to health we greedily inhaled our normal lives—windy walks on Ocean Beach, actual intimacy, even the luxury of stupid, meaningless fights. Soon enough she was interviewing for jobs, and landed a position even better than the one she had left when she was hospitalized. We never considered the possibility of a relapse. Why would we? Giulia had been sick; now she was better. Preparing for further illness felt like courting defeat.

Strangely, though, when we tried to return to our pre-crisis lives, we found that our relationship had flipped. Giulia was no longer the Type A partner who sweated the details. Instead, she was focused on living in the moment and being grateful for her health. Now, out of character, I was a stickler, the Felix who dwelled on nitty-gritty. This was weird, but at least our roles still complemented each other, and our marriage hummed along. So much so that a little over a year after Giulia's return to sanity, we consulted with her psychiatrist, therapist, and OB/GYN, and Giulia got pregnant. Not even two years after I delivered Giulia to the psych ward, she gave birth to our son. During Giulia's five-month maternity leave, she swooned, soaking up all the tiny glory that was Jonas—his smells, his doe eyes, his lips that puckered when he slept. I ordered diapers and enforced a schedule. We agreed that Giulia would return to work and I'd be the stay-at-home parent, writing while Jonas napped. That was great—for 10 days.

After just four sleepless nights, Giulia became psychotic again. One week she was skipping lunch in order to pump breast milk while FaceTiming me and Jonas. The next she was chattering compulsively about grand plans for the universe. I packed a bag of bottles and diapers, buckled Jonas into his car seat, cajoled Giulia out the door, and again drove to the ER. Once there, I tried to convince the on-call psychiatrist that I could handle this. I knew how to care for my wife at home, we'd done this before, all we needed was the same antipsychotic medication Giulia had done well on in the past. The doctor disagreed. She sent us to El Camino Hospital Mountain View, an hour's drive south from our house. There, a doctor instructed Giulia to nurse Jonas one last time, before she took the meds that would poison her breast milk. As Jonas ate, Giulia prattled on about how heaven was a place on Earth and how God had a divine plan for everyone. (This may sound comforting, but trust me: It wasn't.) Then the doctor took Jonas from Giulia, handed him to me, and took my wife away.

A week later, while Giulia paced in the psych ward, I visited our friends Cas and Leslie in Point Reyes. Already, Cas knew, I was worrying about falling back into my role as Giulia's keeper, the psychiatrist's enforcer. As we walked through a swampy marsh near California's spectacular coast, Cas pulled out of his back pocket a small paperback book and offered it to me. "There might be another way," he said.

The book, R.D. Laing's [*The Divided Self: An Existential Study in Sanity and Madness*](#), was my introduction to anti-psychiatry. The book was published in 1960, when Laing was just 33 years old and drug treatment was becoming a dominant practice in the treatment of mental illness. Laing clearly didn't like the shift. He didn't even like the assumption that psychosis was a disease that needed to be cured. In an argument that in some ways predicted the contemporary neurodiversity movement, Laing wrote, "The cracked mind of the schizophrenic may *let in* light which does not enter the intact minds of many sane people whose minds are closed." To him the strange behavior of psychotics was not *de facto* bad. Perhaps they were making legitimate attempts to communicate thoughts and feelings that conventional society did not permit? Could it be that family members, as well as doctors, defined certain people as crazy in order to discredit them? Seen from Laing's view, the construction of mental illness is demeaning, even dehumanizing—a power grab by the supposed normals. I found *The Divided Self* extremely painful to read. Among its most searing lines for me: "I have never known a schizophrenic who could say he was loved."

Psychiatric crises are episodic, but they cut deep into relationships and the lacerations take years to mend.

Laing's book helped spawn the Mad Pride movement, which modeled itself on gay pride, reclaiming the word mad as a positive identifier instead of a slur. Mad Pride came out of the psychiatric survivor movement, with its goal of taking mental health treatment decisions out of the hands of doctors and well-intentioned caregivers and putting those decisions into the hands of patients. I admired all of those rights movements—every person deserves acceptance and self-determination, as far as I'm concerned—but Laing's words hurt. I'd made loving Giulia the center of my life. I put her recovery above all else for almost a year. I wasn't ashamed of Giulia. Just the opposite: I was proud of her and how she fought her illness. If there was a green or orange psychosis-supporter ribbon, I would have worn it.

Yet Laing ripped through a conception I had of myself that I held dear: that I was a good husband. Laing died in 1989, more than 20 years before I picked up his book, so who knows what he really would have thought. His ideas about mental health and its treatment could have shifted with the times. But in my admittedly sensitive state, I felt Laing saying: Patients are good. Doctors are bad. Family members botch things up by listening to physicians and becoming bumbling accomplices in the crime of psychiatry. And I was an accessory, conspiring to force Giulia to take medication against her will that made her distant, unhappy, and slow, and that silenced her psychotic thoughts. That same medication enabled Giulia to remain alive, so everything else was secondary, as far as I was concerned. I never doubted the rightness of my motives. From the beginning, I'd cast myself in the role of Giulia's self-effacing caregiver—not a saint, but definitely a guy working on the side of good. Laing made me feel like I was her tormentor.

Giulia's second hospitalization was even harder than the first. On the quiet nights I spent at home, after Jonas fell asleep, the reality hit: This isn't going away. In the psych ward Giulia took to collecting leaves and scattering them throughout her room. When I'd visit, she'd unleash a flood of paranoid questions and accusations, then bend down and scoop up the leaves and inhale, as if the smell might anchor her thoughts against floating away. My mind raced, too. Laing's ideas raised so many questions. Should Giulia even be in the hospital? Was this an actual illness? Did the pills make things better or worse? All these queries piled self-doubt on top of my sadness and fear. If Giulia had a disease like cancer or diabetes, she'd guide her own treatment; because she was mentally ill, she didn't. Nobody even put much stock in Giulia's opinions. And psychiatry is not a field with rock-hard data behind its diagnoses and treatment plans. Some of the most prominent leaders in psychiatry have recently lambasted their own discipline for its inadequate research basis. In 2013, Thomas Insel, the director of the National Institute of Mental Health, criticized the *Diagnostic and Statistical Manual of Mental Disorders*, psychiatry's so-called bible, for lacking scientific rigor—in particular, for defining disorders based on symptoms instead of objective measures. “In the rest of medicine,” he said, this would be considered antiquated and insufficient, “equivalent to creating diagnostic systems based on the nature of chest pain or the quality of fever.” Allen Frances, who oversaw the 1994 edition of the *DSM* and who later wrote the book [*Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*](#), put it even more bluntly: “There is no definition of a mental disorder. It's bullshit.”

Still, Giulia's doctors, parents, and I made decisions for her. She continued to hate the pills we all forced her to take, and she emerged from her second psychosis much the same way she did her first: with the aid of meds. She returned home after 33 days, still intermittently psychotic but mostly under control. She didn't talk about the devil or the universe anymore, but, once again, she was barely there, lost in depression and a chemical fog.

During her recovery Giulia attended group therapy, and sometimes her friends from that group came over to our place. They'd sit on our couch and commiserate about how much they hated their pills, their doctors, and their diagnoses. This made me uncomfortable, and not just because they nicknamed me the Medicine Nazi. Their conversations were informed by the anti-psychiatry movement, and that movement is founded on the idea of patients supporting patients—or psychiatric survivors supporting psychiatric survivors, as they call themselves—regardless of whether those survivors are good influences or not. This terrified me. I feared Giulia's recovery being taken out of the hands of sane, compassionate people—i.e., her medical team, family, and me—and given over to people like herself, who might be psychotic or suicidal.

Unsure how to deal with this and frankly exhausted by our regular fights over taking her prescriptions and seeing her doctor, I called Sascha Altman DuBrul, one of the founders of the Icarus Project, an alternative medical health organization that “seeks to overcome the limitations of a world determined to label, categorize, and sort human behavior.” The Icarus Project categorizes what most people consider mental illness as “the space between brilliance and madness.” I didn’t feel great picking up the phone. I wasn’t seeing the brilliant side of Giulia’s behaviors, and I wasn’t eager for more judgment and guilt. But I needed a new way to think about our struggles. DuBrul instantly put me at ease. He started by arguing that each person’s experience with mental health is unique. This may sound obvious, but psychiatry, to some extent, has been built on generalizations. (That’s part of the critique from Insel, Frances, and others: Psychiatry, as it exists in the *DSM*, is just a directory of catchall symptom-based labels.) DuBrul didn’t like the idea of people’s singular experiences being stuffed in one of a handful of available boxes.

“I have a diagnosis of bipolar disorder,” DuBrul told me. “While that term can be really useful for explaining some things, it’s lacking in a whole lot of nuances.” He said he found the label “kind of alienating.” All that resonated with me. For Giulia, too, none of the diagnoses seemed quite right. In her first psychotic break, psychiatrists ruled out bipolar disorder; in her second, three years later, they were certain she was bipolar. Besides, DuBrul said, no matter the diagnosis, psychiatry “gives you terrible language for defining yourself.”

The doctor took Jonas from Giulia, handed him to me, and took my wife away.

As for medication, DuBrul said that he believed that the answer to the question of whether or not to use pharmaceuticals needed to be far more nuanced than yes or no. The best response might be *maybe*, *sometimes*, or *only certain medications*. For instance, DuBrul shared that he takes lithium every night because he’s confident that, after four hospitalizations and over a decade with the label bipolar, the medication is a positive part of his care. Not the whole solution, but a piece.

All this was very comforting, but I really perked up and started paying careful attention when DuBrul introduced me to the concept of mad maps. Like advanced directives for the dying, DuBrul explained, mad maps allow psychiatric patients to outline what they’d like their care to look like in future mental health crises. The logic is: If a person can define health, while healthy, and differentiate health from crisis, that person can shape his or her own care. The maps are not intended to be rejections of psychiatry, though they could be that. The maps are designed to force patients and family members to plan ahead—to treat a relapse as possible or even likely—in order to avoid, or at least minimize, future mistakes.

When Jonas was 16 months old, Giulia and I put a bottle of anti-psychotics in our medicine cabinet, just in case. This might seem reasonable, but it was silly. We hadn't yet heard of mad maps, so we'd never discussed what a situation would have to look like for Giulia to take the pills, and that made the medication useless. Was she going to take them if she wasn't sleeping enough? Or was she going to wait until she was already psychotic? If she waited until she was psychotic, she would also likely be paranoid, meaning that she wouldn't take the pills willingly. Me convincing her to do so at that point would be almost impossible.

Let me lay out a scenario: Just a few months ago Giulia was painting furniture, at midnight. She usually goes to bed early, an hour or two after putting Jonas down. Sleep is important, and she knows it. I suggested she go to bed.

"But I'm having fun," Giulia said.

"Good," I said. "But it's midnight. Go to bed."

"No," she said.

"You realize what this looks like, right?" I said.

"What are you talking about?"

"I'm not saying that you're manic, but on the surface, this looks like mania. Staying up late, painting, feeling full of energy...."

Giulia exploded. "How dare you tell me what to do? Stop running my life! You're not in charge." The fight lasted days. Anything that echoes how we acted "when she was sick" can lead to trouble. We played nice in front of Jonas, but for the next 72 hours all tiny missteps triggered titanic reactions.

Then, a week after the painting fight, Giulia had a tough day at work. As we got in bed to go to sleep, she quietly said, "I'm scared about how stressed out I feel."

I asked her what she meant. She stonewalled. "I don't want to talk about it because I need to sleep, but I'm scared."

Which in turn scared the hell out of me. She was worried about her mental health. I tried to swallow my anger and fear that she wasn't taking care of herself. But I didn't sleep, and I blamed it on her, and we fought for another few days.

Giulia has been healthy for over a year now. She's thriving at work, I'm back in teaching, we adore our son Jonas. Life feels good. Mostly.

Giulia takes a medicine dosage that seems to work without any uncomfortable side effects. But even during our best moments as husband and wife, father and mother, we can feel lingering traces of our roles as caretaker and patient. Psychiatric crises are episodic, but they cut deep into relationships and the lacerations take years to mend. When Giulia was sick, I acted for her in what I believed was her best interest, because I loved her and she wasn't capable of making decisions for herself. On any given day during one of her episodes, if you asked, "Hey, what do you want to do this afternoon?" she might answer, "Throw myself off the Golden Gate Bridge." I saw it as my job to keep our family together: pay bills, hold down a job, care for Giulia and our son.

And now, if I suggest that she go to bed, she complains that I'm telling her what to do, micromanaging her life. Which makes sense, because I did tell her what to do and micromanaged her life for months at a time. Meanwhile, I'm quick to gripe that she's not taking care of herself well enough. This dynamic isn't unique to us—it exists in countless other families who lived through a psychiatric crisis. The onetime caregiver continues to worry. The former (and perhaps future) patient feels trapped by paternalistic patterns.

I feared Giulia's recovery being taken out of the hands of sane, compassionate people—i.e., her medical team, family, and me—and given over to people like herself, who might be psychotic or suicidal.

This is where mad maps offer a shard of hope. Giulia and I, finally, are trying to make one, and now that we're doing so I have to concede that in some ways, Laing was right: The treatment of psychosis is about power. Who gets to decide what behavior is tolerated? Who chooses how and when to enforce the rules? We started trying to create Giulia's map by discussing the pills in the medicine cabinet. Under what circumstances would Giulia take them, and how much would she take? I took a hardline approach: No sleep for one night, pills at maximum dosage. Giulia wanted more time before jumping to medication, and favored starting the dose out light. We argued bitterly as we outlined our positions and punched holes in each other's logic. Ultimately we had to sit down with Giulia's psychiatrist to figure it out. Now we have a plan—for one bottle of pills. It's a small victory, but a genuine step in the right direction in a world where such steps are rare.

We still have a lot to decide, most of it tremendously complicated. Giulia still wants three kids before she turns 35; I'm interested in avoiding a third hospitalization. When we set aside time to talk about things, we know we're making calendar space to fight.

But I believe in these talks, because when we sit down together to discuss medication dosages, or a timeline for getting pregnant, or the risks of taking lithium during pregnancy, we are essentially saying, "I love you." My exact words might be "I think you're rushing things," but the subtext is "I want you to be healthy and fulfilled, and I want to spend my life with you. I want to hear how much you disagree with me, about something that is as personal as it gets, so that we can be together." And Giulia might be saying, "Give me some space," but in her heart it's "I value what you've done for me, and I support you in everything you do, and let's make this work."

Giulia and I fell in love effortlessly, in our carefree teens. We've now loved each other desperately, through psychosis. At our wedding we promised this to each other: to love each other and stick together in good times and in bad. In hindsight, we also should have promised to love each other when life is normal. It's those normal days, now transformed by crisis, that have strained our marriage most. I realize no mad map is going to keep Giulia out of the hospital, nor prevent us from fighting over her care. But the faith required to try to plan a life together feels good and grounding. I'm still willing to do almost anything to make Giulia smile.

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Lead photo by Larry Rosa.



J Fam Psychol. Author manuscript; available in PMC 2010 Mar 17.

Published in final edited form as:

[J Fam Psychol. 2008 Apr; 22\(2\): 203-211.](#)

doi: [10.1037/0893-3200.22.2.203](https://doi.org/10.1037/0893-3200.22.2.203)

PMCID: PMC2841012

NIHMSID: NIHMS180126

Long-Term Effects of the Death of a Child on Parents' Adjustment in Midlife

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Abstract

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The death of a child is a traumatic event that can have long-term effects on the lives of parents. This study examined bereaved parents of deceased children (infancy to age 34) and comparison parents with similar backgrounds ($n = 428$ per group) identified in the Wisconsin Longitudinal Study. An average of 18.05 years following the death, when parents were age 53, bereaved parents reported more depressive symptoms, poorer well-being, and more health problems and were more likely to have experienced a depressive episode and marital disruption than were comparison parents. Recovery from grief was associated with having a sense of life purpose and having additional children but was unrelated to the cause of death or the amount of time since the death. The results point to the need for detection and intervention to help those parents who are experiencing lasting grief.

Keywords: bereavement, nonnormative parenting, death of child, parental grief, midlife

Each year, over 50,000 U.S. children die ([U.S. National Center for Health Statistics, 2000](#)). The death of a child is one of the most painful events that an adult can experience and is linked to complicated/traumatic grief reactions ([Prigerson et al., 1999](#)). For parents, the dissolution of the attachment relationship with the child elicits severe anxiety and other negative emotions associated with loss ([Bowlby, 1980](#)). Parents might also experience guilt about having been unable to protect the child ([Gilbert, 1997](#)). Furthermore, because the death of a child defies the expected order of life events, many parents experience the event as a challenge to basic existential assumptions ([Wheeler, 2001](#)).

In light of the significance of child death as a traumatic experience for parents, research on parental bereavement is more limited than might be expected. Most studies have been clinical descriptions of participants in grief support groups (e.g., Compassionate Friends), so the findings likely have been influenced both by the self-selection factors that led individuals to seek this type of help and by the participants' experiences in the support groups. As a result, the findings cannot be generalized to the broader population of bereaved parents. Furthermore, drawing from traditional models of grief resolution that emphasize relatively short-term adaptations, researchers have usually assessed functioning for only a brief period during the acute phase of bereavement. Few studies have examined longer term outcomes, and most that have done so have used retrospective reports, which are subject to distortion

when individuals recall their functioning many years earlier (e.g., [Nelson & Frantz, 1996](#); [Stehbens & Lascari, 1974](#)).

The purpose of the present study was to examine the life course impacts of parental bereavement in an unselected sample of adults who were studied prospectively from early adulthood, prior to the birth of the child, to middle age, usually many years after the death of the child. We identified bereaved parents who were participants in the Wisconsin Longitudinal Study (WLS; [Hauser et al., 1993](#)), a prospective longitudinal study of a random sample of high school graduates surveyed periodically between 1957 and 1992. The WLS contains information about potential impacts in multiple domains of functioning, including psychological well-being, health, social relationships, and occupational and family roles. Furthermore, we evaluated whether circumstances of the death predicted individual variations in midlife functioning.

Research on the impact of bereavement as a trauma has emphasized significant negative psychological and health outcomes. For instance, [Stroebe, Stroebe, and Abakoumkin \(2005\)](#) found that bereaved persons, especially those with extreme emotional loneliness and severe depressive symptoms, are at risk for suicidal ideation. [Li, Laursen, Precht, Olsen, and Mortensen \(2005\)](#) found that bereaved parents, especially mothers, were at increased risk for a first psychiatric hospitalization as compared with nonbereaved parents. In fact, maternal risk of hospitalization remained significantly elevated 5 years or more after the death. Using Danish national registries, these investigators also found that mortality rates were higher among bereaved than nonbereaved parents, particularly for deaths due to unnatural causes (e.g., accidents and suicide) within the first 3 years after the child's death ([Li, Precht, Mortensen, & Olson, 2003](#)). Bereavement was associated with long-term mortality due to illness (e.g., cancer) for the mothers, presumably because of stress, a weakened immune system, or poor health behaviors (e.g., smoking, alcohol consumption).

The traumatic impact of bereavement has been shown to extend to social functioning and family life. Difficulties have been noted for parental marital functioning, in particular ([Najman et al., 1993](#)). One study indicated that the divorce rates among bereaved parents are as much as eight times the norm ([Lehman, Wortman, & Williams, 1987](#)). Although a review of the bereavement literature by [Oliver \(1999\)](#) challenged this conclusion, methodological limitations associated with sampling and difficulties in tracking divorced couples make it impossible to draw clear conclusions about marital disruption from previous research ([Murphy, Johnson, Wu, Fan, & Lohan, 2003](#)).

The time course for parental grief is uncertain and can be expected to show great variability. Traditional models that described the grief response (e.g., [Lindemann, 1944](#)) proposed that grief reactions should be completed within a few weeks to a few months after a death. However, [Becvar's \(2000\)](#) research, for example, suggested that a more typical time line of grief begins with shock and intense grief for 2 weeks, followed by 2 months of strong grieving, and then a slow recovery that takes about 2 years. Other studies have indicated that even this time line is too short in the situation of a child's death. For example, [Murphy et al. \(2003\)](#) found that parents reported thinking of the death of their child daily 3 and 4 years after the event, and [McClowry et al. \(1995\)](#) found that parents whose child died of cancer still experienced pain and a sense of loss 7–9 years after the death. Also, emotional ties to deceased children may not be fully severed, and negative emotions might persist despite other forms of positive adaptation ([Murphy et al., 2003](#)). Thus, many parents grieve indefinitely ([Klass, 1999](#); [Rubin, 1993](#)).

The majority of parents likely accommodate the loss without significant long-term disruption in major life domains; for others, however, "moving on" does not occur smoothly. The extent of disruption and the need for professional help during recovery probably are influenced by the level of preexisting problems and the psychological resources that parents bring to the situation of coping with bereavement ([Kazak & Noll, 2004](#)). Among individuals who seek treatment for protracted grief, recent work emphasizes the task of finding meaning in the loss as key to long-term recovery ([Neimeyer, 1998](#)). Much of this theory has been based on Frankl's seminal work (1978), in which he described the vast emptiness that bereaved individuals feel as "existential vacuum." Likewise, grief has been described as the loss of an "assumptive world," in that the generalized sense of predictability and stability of the

world has been challenged ([Emmons, Colby, & Kaiser, 1998](#); [Gilbert, 1997](#)). Accordingly, clinical approaches have emphasized the need to help the survivor find meaning and a sense of purpose for both the deceased's life and his or her own life in order to regain a sense of well-being ([Klass, 1999](#)).

Finding meaning in life should be facilitated by engaging in rewarding activities, such as pursuing satisfying work and participating in community and religious organizations ([Sherkat & Reed, 1992](#)), or by having another child after the death and investing in relationships with the remaining children ([Najman et al., 1993](#)). For example, [Videka-Sherman \(1982\)](#) considered that having another child after the death was a "constructive action" for the parents and found that their doing so was a significant predictor of better psychological adjustment to the loss. However, this strategy might have unexpected costs, as parents with larger families experienced more estrangement, more anger, and less openness as they dealt with the loss of a child ([Nelson & Frantz, 1996](#)), perhaps because more children overtaxed their resources.

The current study, which was based on theory and previous research on parental grief, employed a life span developmental approach to examine the long-term adjustment of bereaved parents and to explore the role of finding meaning in life as a potential mechanism of recovery. We used longitudinal data to identify individuals who had lost a child at some point in their own life course and to evaluate the effects of this event on later adult functioning. The availability of family background information in the WLS provided us the unique opportunity to match bereaved mothers and fathers to a comparison group with similar parenthood characteristics, thereby elucidating differing life trajectories. From the large population sample, we could identify a sufficiently large group of bereaved parents to detect even small effects for a nonclinical sample that was not self selected for this purpose.

The specific hypotheses were as follows:

Hypothesis 1: Although the majority of parents were expected to show effective adaptation to bereavement, there would be evidence of lasting grief in the form of negative psychological, health, social, and occupational functioning in midlife. Specifically, parents who experienced the death of a child would be more likely than would nonbereaved parents to report depressive symptoms, poor psychological well-being, health problems, limited social participation, marital disruption, and limited occupational success. However, because of the search for meaning triggered by grief, which is a critical part of coping with bereavement, we expected that bereaved parents would report a greater sense of purpose in life and more religious participation than would comparison parents.

Hypothesis 2: Recovery from grief would be facilitated by the individual's ability to find a sense of purpose in life, as well as through activities that give life meaning, such as religious participation, social participation, having a satisfying job, having other children at the time of death, and giving birth to a new child after the death. Thus, we expected that, in addition to having direct effects on functioning, these factors would moderate the differences between the bereaved and the comparison parents and would predict less negative functioning (i.e., better recovery) within the bereaved group.

Method

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Overview of the WLS

The WLS is an investigation of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957 ([Hauser et al., 1993](#)). Survey data were collected in 1957, 1975, and 1992, when respondents were age 18, 36, and 53 years, respectively. We focused on midlife functioning in 1992 for participants who had experienced the death of a child between 1957 and 1992.

Participants

We initially identified 530 participants who had reported that one of their children was deceased by the 1992 point of data collection. Data on the age of the child and/or the date of the death were missing for 24 of these cases (5%).

Another 78 individuals (15%) were eliminated because, although they had participated in the 1992 telephone interview, they did not complete the 1992 mail survey, which contained the majority of the measures examined in this study. Thus, our sample of bereaved parents totaled 428 individuals. The group consisted of 144 fathers and 284 mothers, which was nearly a 2:1 ratio of women to men who reported experiencing a child death. The men were particularly less likely than were the women to report deaths that occurred during or shortly following childbirth ($n = 39$ men, 110 women).

To ensure that the bereaved parents were similar to the comparison group on background characteristics first measured in 1957 (when they were age 18), we used the following stratification variables from 1957 to select the comparison group: the occupational prestige scores for the participant's father, family income, and population of the respondent's hometown community. Using the median scores for the bereavement sample to dichotomize these variables, we stratified the remaining WLS participants according to these characteristics. Gender of the participant was used as another stratification variable. We selected a comparison sample by randomly sampling from within each stratum the same number of comparison parents as there were bereaved parents in the stratum, which provided equal representation with the bereaved group across all strata. Also, only individuals who were parents and who had completed both the phone and the mail surveys in 1992 were chosen for this group. Thus, the comparison group ($n = 428$) consisted of a stratified random sample of 144 men and 284 women who resembled the bereaved group on the family background stratification variables. Two-way (Group \times Gender) analyses of variance (ANOVAs) confirmed that the stratification produced two groups that did not differ significantly on the stratification variables or other early background characteristics; the latter included family-of-origin size, total years of education for the father and the mother, and high school IQ score, $F_s(1, 854) = 0.00 - 1.56$, all p s nonsignificant.

The bereavement and comparison groups did not differ significantly on any demographic characteristics assessed in midlife, $F(1, 854) = .19 - 2.11$, $p = .15 - .67$, $\chi^2(1-3, N = 856) = 0.41 - 3.78$, $p = .17 - .59$. The average age of the participants in 1992 was 52.60 years ($SD = 0.56$). Most participants (65%) had obtained no additional schooling after high school, whereas 15% had attended some college or earned an associate degree, 11% had earned a bachelor's degree, and 9% had obtained an advanced degree. The modal number of living children was three, which occurred for 28% of the parents; 38% of the parents had fewer than three children, and 34% had more than three. In 1992, 87% of the parents were married. Consistent with the makeup of Wisconsin's population in 1957, virtually all of the WLS sample (99%) is White. Most parents (93%) reported having a religious affiliation, with 47% Protestant and 40% Catholic, and 48% reported attending religious services at least once per week.

Measures

Depressive symptoms Depressive symptoms were assessed with the Center for Epidemiologic Studies Depression Scale (CES-D; [Radloff, 1977](#)), a 20-item self-report inventory designed to measure current level of symptoms. Each item asks how many days in the past week the person has experienced depressive symptoms, such as "feeling lonely" and "having crying spells." Items were scored 0 (*0 days*), 1 (*1-2 days*), 2 (*3-4 days*), or 3 (*5-7 days*), so total scores could range from 0 to 60, with a cutoff score of 16 recommended for identifying individuals with clinically significant depressive symptoms ([Radloff, 1977](#)). This measure has excellent psychometric properties in studies of midlife and older adults ([Gatz & Hurwicz, 1990](#)), $\alpha = .88$ for the present sample. In addition, a random sample of 79% of the participants reported on lifetime occurrence of depressive episodes lasting 2 or more weeks.

Purpose in life and psychological well-being Participants completed an abbreviated version of Ryff's Psychological Well-Being Scale ([Schmutte & Ryff, 1997](#)); it included a subscale that measured the belief that one's life is purposeful, along with five other dimensions of psychological well-being, including autonomy/self-determination, self-acceptance of oneself and one's past life, environmental mastery, personal growth, and positive relations with others. The abbreviated version included in the 1992 WLS mail survey contained 7 of the original 14 items for each subscale, selected because they had the highest factor loadings in previous research. The response format ranged

from 1 (*strongly disagree*) to 6 (*strongly agree*). To assess the extent to which the bereaved parents had achieved a sense of purpose in life, we used scores for the abbreviated 7-item Purpose in Life subscale ($\alpha = .78$). Also, to assess other aspects of overall psychological well-being, we used total scores summed across the items from the remaining five subscales ($\alpha = .90$).

Physical health Global self-perceptions of health were assessed with the question "How would you rate your health overall?" The answer choices ranged from 1 (*very poor*) to 5 (*excellent*). In addition, the participants completed a checklist of physical symptoms, common diseases/chronic health problems, and medical conditions, from which we formed two scales that assessed cardiovascular health problems and musculoskeletal problems. Each scale included four symptoms or conditions, so that scores ranged from 0 to 4. The cardiovascular health problems included chest pains, shortness of breath, diagnosed heart trouble, and high blood pressure. The musculoskeletal problems included aching muscles, stiff/swollen joints, back pain/strain, and diagnosed serious back trouble. [Warren, Hoonakker, Carayon, and Brand \(2004\)](#) demonstrated that these three health indices were associated with socioeconomic and job stress.

Occupational attainment and income Household income was a combination of the incomes of the respondent and his or her spouse, and occupational attainment was the occupational prestige score from Duncan's Socio-Economic Index ([Stevens & Featherman, 1981](#)). Both were measured in 1992.

Social participation Participation in social organizations was assessed with a count of memberships in a list of 17 possible types of social organizations (e.g., civic groups, sports teams), which is an index of social participation ([Seltzer, Greenberg, Floyd, Pettee, & Hong, 2001](#)). Religious participation was assessed with the frequency of the respondent's religious attendance in the past year, recorded on a 6-point scale ranging from 0 (*never*) to 5 (*once a week*).

Marital disruption All entrances into and exits from marriages were recorded during the entire period of the WLS. We used the record to identify whether the participant had experienced a marital separation or divorce by 1992.

Job satisfaction Satisfaction with current job in 1992 was rated on a 4-point scale, ranging from 1 (*very dissatisfied*) to 4 (*very satisfied*).

Presence of other children and timing and cause of death Parents completed a roster of their children that included the birth dates for all children and the date of death for any deceased children. This information indicated whether another child was alive at the time of the death and whether another child was born after the death. Reports on the cause of death were obtained from most parents ($n = 384$), and these reports showed good agreement (78% exact matches) with data from the National Death Index.

Overview of Analyses

The first set of hypotheses about the effects of bereavement on adjustment and well-being in midlife was evaluated in a series of analyses that contrasted the bereaved and the comparison parents. Variables measured on continuous scales and rating scales were submitted to two-way ANOVAs, with Group (bereaved, comparison) and parent Gender (father, mother) as the two factors. Binary categorical variables were submitted to chi-square tests that evaluated both group and gender differences. The second set of hypotheses about potential predictors and moderators of adjustment for the bereaved parents was evaluated with a series of hierarchical linear and logistic regressions that predicted functioning on the measures of adjustment and well being that differed between the groups. We examined both the main effects of the predictors and their interactions with group membership in order to test for moderation of the effect of bereavement status.

Results

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Bereavement Event

The average age of the children at the time of death was 10.23 years ($SD = 10.44$). Approximately a third (33%) died shortly after birth or in infancy, before the 1st birthday; 20% died between ages 1 and 9, 18% died between ages 10 and 19, and 30% died between ages 20 and 34. The average age of the parent when the child died was 34.87 years ($SD = 10.49$), with 40% of the sample age 29 or younger, 20% between ages 30 and 39, and 40% between ages 40 and 54. For parents of more than 1 deceased child ($n = 42$), we used the most recent death prior to the 1992 survey as the focus. At the time of the 1992 survey, the average time since the death was 18.05 years ($SD = 10.57$), with a range from a few months to 34 years before. According to the *International Classification of Diseases, Ninth Revision* (U.S. Department of Health and Human Services, Centers for Disease Control, 2007) classification of cases for which the cause of death was known, 144 (38%) were caused by complications of pregnancy, childbirth, and the puerperium, or by congenital anomalies. Another 138 children (36%) died from external causes of injury and poisoning, including accidents and suicide, and 102 children (27%) died from illnesses, including neoplasms and other diseases.

Association of Bereavement With Adjustment in Midlife

The mean scores and results of the analyses that contrasted the bereaved and comparison groups on the study variables are given in [Table 1](#). We focused on the group main effects to address the research hypotheses. There were no significant Group \times Gender interactions.

Measure	M	SD	F(1, 100)
Depressive symptoms (CES-D)	10.23	10.44	4.52 (p < .05)
Sense of purpose in life	34.87	10.49	3.12 (p < .05)
Overall psychological well-being	18.05	10.57	2.87 (p < .05)
Cardiovascular health problems	10.23	10.44	3.45 (p < .05)
Musculoskeletal problems	10.23	10.44	0.12 (ns)
General health	10.23	10.44	0.12 (ns)
Marital disruption	10.23	10.44	3.12 (p < .05)
Religious participation	10.23	10.44	3.12 (p < .05)
Social participation	10.23	10.44	0.12 (ns)
Occupational functioning	10.23	10.44	0.12 (ns)

Table 1
Group Means (SDs) and Differences on Measures of Psychological, Health, Social, and Occupational Functioning

Emotional distress, well-being, and physical health Consistent with the hypothesis about functioning in midlife, a significant group effect for scores on the CES-D indicated that the bereaved parents reported more depressive symptoms than did the comparison parents ($d = 0.19$; see [Table 1](#)). To evaluate the severity of depression, we used the recommended cutoff score of 16 on the CES-D to identify individuals who met or exceeded clinical levels of depressive symptoms. As shown in [Table 1](#), a significantly higher percentage of the bereaved than of the comparison parents met this criterion. Also, there was a significant group difference in the number of parents who reported ever experiencing an episode of depression in adulthood, with the rate for bereaved parents almost twice the rate for the comparison group. Among the bereaved group, 83% of the parents who reported an episode of depression had experienced the episode within 3 years after the death of the child.

Although we expected that the bereaved parents would report a relatively greater sense of purpose in life than would comparison parents, the bereaved parents reported a lower sense of purpose in life ($d = 0.17$). There also was a significant group effect for overall psychological well-being ($d = 0.13$). In this case, the lower scores for the bereaved than for the comparison parents were consistent with expectations.

Of the three health variables, only cardiovascular health problems differed across the groups, with the bereaved group reporting more of these problems than did the comparison group ($d = 0.12$). There was no significant group difference in musculoskeletal problems, and the bereaved group did not evaluate its general health less favorably than did the comparison group.

Marital disruption and social participation As shown in [Table 1](#), the groups differed significantly in the occurrence of marital disruption in the form of separation or divorce. As expected, the bereaved parents had experienced a higher rate of marital disruption than had the nonbereaved parents. Also as expected, the bereaved group reported higher rates of religious participation than did the comparison group. However, the groups did not differ in levels of participation in social organizations.

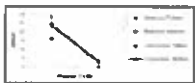
Occupational functioning There was no evidence that the bereaved group experienced significant impairment in

occupational functioning. The Duncan Socio-economic Index scores for occupational prestige for the current job did not differ for the groups, and the average current household income was not significantly lower for the bereaved than for the comparison group. Also, the ratings of current job satisfaction were not significantly different for the groups.

Prediction of Functioning and Moderation of Bereavement Effects

To evaluate whether the impact of bereavement would be predicted or moderated by social and psychological resources, we focused on predicting functioning in three domains in which the bereaved group reported more difficulties than did the comparison parents: depressive symptoms, cardiovascular health problems, and marital disruption. The hypothesis was that bereavement would have less negative effects on parents who reported relatively greater purpose in life, religious participation, participation in social organizations, and job satisfaction. Although the groups also differed on psychological well-being, the high correlation of this variable with purpose-in-life scores, $r(808) = .79, p < .001$, precluded us from examining additional predictors.

Depressive symptoms The regression findings predicting depressive symptoms are reported in [Table 2](#). After we had accounted for the main effects of bereaved group status and gender (Step 1), purpose in life, but not the other predictors, contributed significantly to the prediction of depressive symptoms, $\Delta R^2 = .30, F_{\text{change}}(4, 851) = 88.92, p < .001$. Regarding moderation, the significant two-way interaction of Group \times Life Purpose, entered after all main effects, indicated that the effects of purpose in life differed for the two groups. However, there also was a significant three-way interaction of Group \times Life Purpose \times Gender. The entire model with the interactions accounted for 33% of the variance in depressive symptoms, $F(19, 836) = 21.26, p < .001$. The significant three-way interaction is portrayed in [Figure 1](#), which shows that although higher levels of purpose in life were associated with lessened depressive symptoms for all groups of parents, the negative slope was greatest for the bereaved fathers and least for the comparison fathers. Accordingly, the highest levels of depressive symptoms occurred for the bereaved parents, particularly fathers, who had relatively low scores for purpose in life.



[Figure 1](#)

Prediction of depressive symptoms by purpose in life. CES-D = Center for Epidemiologic Studies Depression Scale.

Predictor	Step 1	Step 2	Step 3	Step 4
Group	.15	.15	.15	.15
Gender	.05	.05	.05	.05
Purpose in Life		-.12	-.12	-.12
Religious Participation		.02	.02	.02
Social Participation		.01	.01	.01
Job Satisfaction		.01	.01	.01
Psychological Well-Being		.01	.01	.01
Group \times Purpose in Life			.08	.08
Group \times Gender			.01	.01
Group \times Purpose in Life \times Gender				.05
Adjusted R ²	.05	.33	.33	.33

[Table 2](#)

Prediction of Depressive Symptom Score and Cardiovascular Health Problems for the Bereaved and Comparison Groups

Cardiovascular health problems The results for predicting cardiovascular health problems are reported in [Table 2](#). After we had accounted for the main effects of group and gender at Step 1, only purpose in life significantly contributed to the prediction of cardiovascular health problems at Step 2, $\Delta R^2 = .04, F_{\text{change}}(4, 851) = 7.30, p < .001$, with higher scores for purpose in life associated with fewer health problems. There were no significant interactions indicative of moderation of group effects for predicting this outcome. The entire model accounted for 5% of the variance in cardiovascular health problems, $F(19, 836) = 2.31, p < .01$.

Marital disruption The results of the logistic regression that predicted marital disruption are given in [Table 3](#). After we had accounted for the main effects of group and gender in Step 1, the only significant predictor of a lower likelihood of marital disruption was greater religious participation (Step 2). Interestingly, as shown in [Table 3](#), the effect of the bereaved group remained significant after we had accounted for the other predictors, including religious participation. The model, with all main effects, accounted for 11% of the variance in marital disruption, $\chi^2(6, N = 856) = 65.23, p < .001$. None of the interactions contributed significantly to the prediction.

Outcome	B	SE	Wald	df	p	Odds Ratio
Depressive symptoms	0.00	0.00	0.00	1	1.00	
Cardiovascular health	0.00	0.00	0.00	1	1.00	
Marital disruption	-0.52	0.22	5.31	1	.02	0.60

Table 3

Prediction of Marital Disruption for the Bereaved and Comparison Groups

Additional children of the bereaved parents We conducted similar regressions with the bereaved parents to examine whether the presence of other children in the family, born either before or after the death, was associated with resilience or recovery from grief on the same three outcomes: depressive symptoms, cardiovascular health problems, and marital disruption. There were no significant effects in the regressions that predicted depressive symptoms and cardiovascular health problems. For prediction of marital disruption, parents were less likely to experience a marital disruption when they had other living children at the time of the death, $B = -0.52$, $SE = 0.22$, $Wald(1) = 5.31$, $p < .05$, odds ratio = 0.60.

Cause and Time Since the Death

It was possible that current functioning could be associated with the cause of the death and the length of time since the death. Thus, as a follow-up to the predictions of recovery from grief, we repeated the regression analyses using only the bereavement sample that provided information on the cause of the child's death ($n = 384$) and tested whether the cause of death and time since the death predicted functioning or influenced the effects of the other predictors of recovery from grief. The three cause-of-death categories (infant death, death due to external causes, and death due to illness) were dummy coded, and each was entered into the regressions as a main effect, along with amount of time since the death and the other predictors. Cause and time since the death were associated with each other, in that infant deaths had occurred longer ago than other deaths, $t(382) = 22.22$, $p < .001$. However, neither cause nor time since the death was associated with any measures of functioning ($r_s = .09$ to $.06$, all p s nonsignificant). All previous predictive effects remained the same when these variables were included in the regressions.

Discussion

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The results extended previous findings about grief for bereaved parents to suggest that the death of a child could be associated with longer lasting difficulties for parents than had been previously described. An average of 18 years after the death, the characteristics that significantly distinguished the bereaved and the nonbereaved parents in this study were consistent with research on shorter term outcomes showing that depressive symptoms are common features of grief (American Psychiatric Association, 2000), that depressive episodes tend to follow the death of a child (Li et al., 2005), and that bereaved parents are at risk for health problems and marital problems (Bohannon, 1991; Parkes, 1998). The effect sizes for the contrasts of the bereaved and nonbereaved parents were generally small, which indicates that most bereaved parents were not experiencing clinical levels of symptoms or substantial disruption in midlife. Instead, the elevated depressive symptoms paired with somewhat poorer well-being and lower sense of life purpose suggested sub-clinical levels of distress. Furthermore, the fact that better functioning was not more likely with greater time since the death indicated that bereavement for a deceased child might contribute to persistent problems lasting over several decades for many parents. Neither traditional conceptualizations of grief as having a time-limited impact followed by a return to normal functioning (e.g., Lindemann, 1944) nor the concept of a traumatic grief reaction (Prigerson et al., 1999) in the form of persistent severe symptoms following a death captures the type of long-term difficulties revealed by the current investigation. Instead, the findings are more consistent with a picture of lasting grief associated with this highly significant, often unexpected, and unexplainable loss.

Whereas short-term grief reactions are generally associated with disruptions in occupational, social, and family roles, these difficulties were not apparent in the current findings. The normative functioning in these areas for the bereaved parents likely reflects recovery and a return to typical roles and activities. In this regard, the contrast with

psychological distress and health problems as lasting challenges is striking; it suggests that these negative internal experiences may not be evident in social roles and, thus, may not be recognized by others. Accordingly, clinical work with bereaved parents (e.g., [Rando, 1993](#)) has suggested that a source of difficulty for these parents is the failure of family and friends to recognize the need for continued emotional support when individuals return to other life roles and their outward signs of grief are not so apparent.

The nonclinical nature of the sample and, for most parents, the lengthy period since the occurrence of the death likely accounted for our limited ability to identify moderators of bereavement effects. Nevertheless, the regression findings highlighted the importance of finding meaning in life as a key to resilience and recovery from grief. The importance of purpose in life as a predictor of long-term functioning, particularly among the bereaved fathers, was consistent with the clinical literature that has focused on this factor (e.g., [Neimeyer, 2001](#)). It is possible that purpose in life was associated with depressive symptoms because a sense of purposelessness is itself a symptom of more general depression. Indeed, the finding that purpose in life did not show expected elevations for the bereaved group and was actually lower for this group than for the comparison group might reflect the downward pull of more general depression in reducing the sense of life purpose. However, purpose in life also predicted better health, which was consistent with its role as a determinant of positive adaptation. Thus, it seems likely that existentially oriented interventions that help bereaved individuals find meaning in the death and develop a renewed sense of life purpose might help to reduce lasting distress and future health problems.

In a similar vein, the predictive effect of having other children at the time of the death, which was associated with lower chances for marital disruption within the bereaved sample, can be regarded as a way of finding meaning through important life tasks ([Vidoka-Sherman, 1982](#)). The result was consistent with other research that reported lower rates of psychiatric problems for bereaved parents with more children in the family ([Li et al., 2005](#)) and confirmed the expected role of involvement in parenting for promoting positive recovery. However, because having other children in the home was more likely in this sample when the death involved an infant child, as opposed to a child who died later in life, it is not clear whether circumstances apart from having additional children accounted for marital stability. For example, deaths involving older children, where attachment bonds would be expected to be stronger, may be more stressful for marital relationships than are infant deaths. Research is needed to disentangle the effects of these circumstances in samples where these confounds are not present.

A curious feature of this investigation is the smaller number of men than number of women in the WLS who reported that a child had died. Several circumstances might have contributed to the imbalanced gender composition of the bereaved group. First, because the men married at older ages than did the women, consistent with social norms, they began having children later; thus, there was a somewhat shorter period during which a child death could have occurred. Second, the higher mortality rate for men than for women meant that fewer men participated in the 1992 wave of data collection and could be included in our sample. There also were more unmarried mothers than unmarried fathers in the WLS sample. Nevertheless, these circumstances would account for only relatively small differences in the numbers of bereaved mothers and fathers, rather than the 2:1 ratio in this sample. Instead, it is possible that men underreported child death as a way of coping with grief. This form of coping could include simply neglecting to acknowledge infant deaths as bereavement events, as suggested by the particularly low frequencies of these reports by men, as well as more active strategies involving either suppressing thoughts about the child or refusing to acknowledge the bereavement to the study interviewer. Interestingly, lower reports by men than by women on child-related conditions are not unique to the situation of child death. In working with interview databases to investigate other stressful parenting experiences, including raising a child who has a developmental disability or severe mental illness ([Seltzer et al., 2001](#)), we have consistently obtained less frequent reports of these conditions by men than by women. Because bereavement-related differences were similar for men and for women in this study, it is not clear whether or how underreporting of the event by men might have influenced the findings. However, it raises intriguing questions for future research about how avoidance, suppression, or denial might function as long-term coping strategies under these circumstances.

There were limitations in the design of this study that should be considered by those evaluating the results. One limitation was that the putative moderating mechanisms, which included religious and social participation and the presence of rewarding work, were assessed long after the death and concurrently with the outcomes examined. Although this situation is useful for examining correlates of recovery, the unavailability of measures of these factors either before or at the time of the death might have accounted for the failure to detect significant effects in this study. Another limitation was that recruitment of the cohort sample in one geographic location might have reduced generalizability to other groups. Most notably, racial/ethnic minorities were not represented in the WLS, due to the low numbers of minorities living in Wisconsin at the study's beginning. Thus, ethnocultural differences in attitudes toward death and bereavement (e.g., [Hayslip & Peveto, 2005](#)) that might affect long-term adaptation for parents could not be discerned in this sample. There were also limitations associated with the use of unstandardized and single-item measures, in some cases, which suggest that we should be cautious when interpreting the nonsignificant findings in particular.

Regarding implications for policy and intervention, the findings point to the need for detection and intervention for parents who do not typically present for clinical services. [Kazak and Noll \(2004\)](#) identified three levels of risk for parental bereavement that are likely associated with different needs for professional services. The service recommendations include acknowledgment of the loss in order to facilitate coping for all parents, including those who adapt well; specialized grief interventions for parents who seek help for complicated grief reactions; and intensive, broad-based interventions for highly vulnerable parents who experience multiple serious problems following the death. The relatively high rates of significant current depressive symptoms and cardiovascular health problems, along with a history of marital disruption in our nonclinical sample, might be accounted for by high-risk vulnerable parents, but they also might reflect a need for greater attention to sub-clinical levels of dysfunction in parents who otherwise are functioning well. It seems that these problems are not likely to lead parents to seek specialized interventions focused on bereavement. Furthermore, the lack of empirically supported interventions for parental grief ([Kazak & Noll, 2004](#)) leaves open the question of whether long-term problems could be prevented effectively. For example, whereas some form of existentially oriented therapeutic intervention might be helpful for parents who did not initially seek out services, there is a need for empirical investigations to clarify this issue.

Acknowledgments

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This research was funded by National Institute on Aging, National Institutes of Health Grants R01 AG20558 and P01 AG21079.

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