“Watch Me Vanish”: Dramatizing Depression in Contemporary Playwriting

by

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Class of 2014

A thesis submitted to the faculty of Wesleyan University in partial fulfillment of the requirements for the Degree of Bachelor of Arts with Departmental Honors in Theater

Middletown, Connecticut April, 2014
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Acknowledgements

There are so many people without whom this project would have been impossible. In particular, I would like to thank:

Charlie Barber, for sharing his immense knowledge of mental illness with me and encouraging me to write the best paper and play I possibly could.

The Wesleyan Theater Department for finally making playwriting theses possible, and especially Claudia Tatinge Nascimento for being our champion and for guiding me on this crazy journey throughout the year.

Marcela Oteíza, for being the best advisor I could have imagined these past four years, providing me with feedback throughout my writing process and helping me to create the ideal set for my play.

Dr. Rhodri Hayward, for sparking my interest in the historical dimensions of the treatment of mental illness and teaching me just how theatrical it could be.

The cast and crew of Until We Get It Right for bringing the play to life, from workshopping scenes to creating our final staged reading performance. Gwen, Dylan, Louisa, Justin and my fantastic stage manager Catherine: you made this play what it is today.

My wonderful fellow theater-makers at the Orchard Project and at Queen Mary Theatre Company for supporting me and giving me space to grow and experiment as a playwright.

My parents, who have been immensely supportive of my wanting to earn a degree in Theater from the very beginning.

And finally, all of my incredibly brave friends and family whose stories have inspired this project. This is for you.
Introduction

Starting about 20 years ago, we began to do surveys of how much depression there had been over the century. And we discovered two astonishing things about the rate of depression across the century. The first was, there is now between ten and twenty times as much of it as there was fifty years ago. And the second is that it has become a young person’s problem. When I first started working in depression thirty years ago—more than thirty years ago now—the average age of which the first onset of depression occurred was 29.5. Essentially middle-aged housewives disorder. Now the average age is between fourteen and fifteen. (Seligman)

As Dr. Seligman stated in an interview with the American Psychological Association in 1998, depression was once considered a rare disorder. For a variety of reasons, diagnoses of the illness have shot up dramatically, and the growing availability of antidepressant drugs has only added to the media fervor surrounding the new epidemic. Today, more than one in ten Americans are taking antidepressants (Pratt, Brody and Gu 1).

As people of all ages and genders have received prescriptions or gone into therapy to better understand their disorder, the search for a cure or at least a concrete cause for depression has gathered more energy and attention. Yet scientists still do not have a very good idea of what causes or even defines the illness, and the current theories about serotonin and other hormones acting in the brain are commonly acknowledged to be inadequate (Kramer 53). In the
places where science fails, then, art steps in as a mode of inquiry for those suffering individuals struggling to manage and come to terms with their condition.

Theater in particular is useful in this regard, as playwrights and directors literally stage their questions for the world to see. Marsha Norman's 1982 two-woman drama, 'night, Mother, shows us the last night of Jessie Cates's life, as she is unable to imagine her life ever improving and has decided to commit suicide. Lucy Prebble’s 2012 play, The Effect, provides a more modern perspective, telling the story of two young people in an antidepressant drug trial who question if any emotion can be real when they are taking mood-enhancing drugs. Finally, 4.48 Psychosis (2000), Sarah Kane’s final work and arguably her theatrical suicide note, transcends limitations of dramatic structure and defined characters to express the raw pain of severe depression in all its possible manifestations. These texts tackle the dilemma of portraying depression on stage in varying ways, yet all of them succeed in describing a complex, internal experience of mental illness in an external dramatic form.

This thesis examines the role of theater specifically in illuminating the nature of clinical depression. Given that depression is a deeply personal and internally focused illness, what new understanding can depictions of depression in contemporary playwriting offer that is unique to the form? Through an examination of three seminal works, 'night, Mother, The Effect and 4.48 Psychosis, I will argue that plays about depression invoke the audience simultaneously as the depressed character's sympathetic support system and as the force that
isolates them in their own inescapable world, while the dramatic structure of the play forces the playwright to tell a story with a sense of closure that might otherwise feel foreign to the lived experience of depression.

Marsha Norman, in discussing the final few lines of ‘night, Mother, wrote that theater is the place “where the line between the real & the imagined, the said & the unsaid is more blurred” (Brown 83). These plays blur the lines between what we know about depression and what we can only imagine, using theater’s visceral presence and ability to shift between different realities from our own to try to understand what the illness might really mean.

‘night, Mother: The Domestic Drama

Mama...I'm just not having a very good time and I don’t have any reason to think it’ll get anything but worse. I’m tired. I’m hurt. I’m sad. I feel used.
—Jessie, ‘night, Mother (28)

‘night, Mother is the story of the last night of Jessie Cates’s life. The play opens on a thoroughly domestic scene; Jessie and her mother, Thelma, wander about the house they share talking of knitting and groceries while Jessie, in all casualness, hunts for her deceased father’s old gun. Yet, just a few pages into the play, Jessie announces, “I’m going to kill myself, Mama,” and we realize what sort of play we are about to see (Norman 13). For the next hour, the audience witnesses a curious fusion of Jessie preparing her mother for life without her, Mama trying to argue with Jessie to stay for just one more day and the sorts of heartfelt conversations and stunning revelations that occur when a life is on the line.
Thelma comes up with all sorts of fanciful stories to distract Jessie, from a pyromaniac friend that her daughter exposes as a blatant lie to the more painfully honest conversation about how she never loved Jessie’s father and was even jealous of Jessie’s relationship with him. In this mixture of truth-telling and exaggerated stories about “a house full of birds” (Norman 40), Thelma’s credibility falls into question, so that when she insists not only that Jessie has had epilepsy since she was a young child but that her father suffered from “little fits” as well, neither Jessie nor the audience knows where they stand with their knowledge of her past (Norman 62). Jessie in return shares some heartbreaking insights about her emotional state as well as the surprising extent of her planning for the suicide so that her mother will still be taken care of after she is gone. At the end of the evening, having learned more about her past and her family than she could ever have anticipated, Jessie retreats to her bedroom, locks the door “And we hear the shot, and it sounds like an answer, it sounds like No” (Norman 89).

The first production of ‘night, Mother premiered at the American Repertory Theatre in Cambridge, Massachusetts in December 1982. In 1983, it won the Pulitzer Prize for Drama and moved onto Broadway (Norman 1). ‘night, Mother is Marsha Norman’s best-known work, having inspired debate in scholarly articles and books on topics as diverse as the merits of suicide and its possible status as a feminist text.

However, neither the theater critics and scholars nor Norman herself ever discuss the play in direct reference to major depression. Instead, critics
tend to follow the playwright’s lead in discussing Jessie’s motivations and life situation in terms of cause and effect, such as when Norman stated, “Once you get to Jessie in ’Night, Mother, there’s no other way to go. If you follow Jessie’s path, you get this cold-eyed, clear reasoning that means you have to kill yourself” (Harriott 153). Other common themes appearing in critical discussions of the play include Jessie’s complete social isolation and her use of suicide to assert control over her own life. “Nothing in her universe makes her believe that time will improve things,” asserts scholar Anne Marie Drew. “Thus, she embraces suicide as her way of triumphing over time” (Brown 87). She appears again and again as the “woman without hope,” unable to find any reason to go on living, but without the framework of mental illness to interpret the reasons for this lack of desire to see the future (Brown 73).

While certain antidepressants have existed in the medical marketplace since the 1950s, Prozac (fluoxetine), the landmark mood-enhancing drug that effectively reoriented the psychological discourse around depression, was not introduced until 1987, after the premiere of ’night, Mother (Kramer 47). Norman’s characters thus do not have the medical vocabulary to describe what Jessie is feeling as a discrete list of symptoms, but that does not mean that those symptoms cannot be found in Jessie’s attempts to describe her emotional state to her mother. In fact, even in reference to the 2013 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Jessie would still fulfill the requisite five of nine possible diagnostic criteria that would allow a psychologist to categorize her as having Major Depressive Disorder, in this case:
1. Depressed mood most of the day, nearly every day...

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day...

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness...

9. Recurrent thoughts of death (DSM-5 160-61)

With such considerations in mind, I am choosing to identify *'night, Mother* as a work of depression theater even though the word “depression” never appears in the text. Despite her lack of a formal diagnosis, Norman’s Jessie Cates speaks to a recognizable experience of mental illness and can bring to the audience a better and more nuanced understanding of what depression feels like, especially in its climactic moments.

Certain elements of the DSM definition are easily evident in the dialogue of *'night, Mother*, while others are more subtle. When Jessie states, “I’m just not having a very good time and I don’t have any reason to think it’ll get anything but worse,” she confesses to a consistently depressed mood as well as a lack of interest in the activities of daily life (Norman 28). She admits that her struggles with fatigue have gone on since long before Cecil divorced her when she tells her mother, “I tried to get more exercise and I tried to stay awake...but he always knew I was trying, so it didn’t work” (Norman 59). As she discusses the reasons her husband left her, she says in reference to herself, “Mama, you don’t pack your garbage when you move,” indicating a particularly poor self-image and feelings of worthlessness (Norman 61).
Possibly most disheartening, however, is the extended metaphor that Jessie uses to try to explain why suicide is a simple choice for her:

Mama, I know you used to ride the bus. Riding the bus and it’s hot and bumpy and crowded and too noisy and more than anything in the world you want to get off and the only reason in the world you don’t get off is it's still fifty blocks from where you’re going? Well, I can get off right now if I want to, because even if I ride fifty more years and get off then, it’s the same place when I step down to it. Whenever I feel like it, I can get off. As soon as I’ve had enough, it’s my stop. I’ve had enough. (Norman 33)

This comparison of life itself to an unpleasant bus ride not only depicts how little enjoyment Jessie gets out of any part of her life, but also her total isolation and inability to find meaning in her life by connecting with others. In the metaphor, she is surrounded by other people, but they are only relevant to her because of the crowdedness and noise they cause, which she seeks to escape. What she desires more than anything is the full manifestation of her isolation, the “dead quiet” of death, “everybody and everything I ever knew, gone” (Norman 18).

In addition, certain moments in the text appear to be making a commentary on popular ideas about depression without stating it outright. Jessie suffers from epilepsy, and several of her comments in regards to that illness could easily apply to depression. She at one point claims, “It’s just a sickness, not a curse. Epilepsy doesn’t mean anything. It just is,” a key idea for recognizing the nature of mental illness as a disease as well (Norman 71).
Meanwhile, one of Thelma’s earliest reactions to hearing that Jessie plans to kill herself is to respond, “People don’t really kill themselves, Jessie. No, mam, doesn’t make sense, unless you’re retarded or deranged, and you’re as normal as they come, Jessie, for the most part” (Norman 17-18). This simplistic and rather offensive understanding of what mental illness and suicidal ideation specifically is forms the counterpoint to everything Jessie says about herself for the rest of the play, proving that the experience of depression and of suicide are far more complex than most people imagine. By providing the two characters onstage, Thelma and Jessie, with two completely opposing viewpoints on what causes depression and suicide, Norman can then use their interactions to dramatize the debate.

While the language and characters of ‘night, Mother already make a strong emotional impact as written, the live nature of the play reveals elements of Jessie’s depression that would not exist in another form or at least not nearly to the same degree. One of those elements is the sense of isolation that pervades the entire play; as specified in the script, ‘night, Mother takes place on a single, unchanging set that depicts the naturalistic living room and kitchen of Jessie and Thelma’s house. As far as the audience can see, Jessie is incapable of leaving the limited space. The presence of the audience itself confines the two women to the set, the dramatic tension of the scene provided in large part, as Esther Harriott suggests, by the “sense of enclosure” it provides (162).

Yet, although the audience plays the role of the forces both external and internal that keep Jessie locked inside her house, it is also privy to intensely
personal conversations that draw viewers in as part of her support system, even more important than most of her family. Early on in the play, when Thelma tries to call Jessie’s brother Dawson for help in keeping her from committing suicide, she rejects his presence, asserting, “I said no. This is private. Dawson is not invited...I’m through talking, Mama. You’re it. No more” (Norman 17). Jessie rejects offers of potential assistance from Dawson, his wife Loretta, her ex-husband Cecil and their adult son Ricky, leaving only her mother Thelma—and the audience—to hear her most intimate revelations and questions. The audience thus stands with Jessie’s Mama, the closest and most important person in her life, and joins her in attempting to support Jessie while excluding even the rest of the Cates family.

This tension, between enforcing Jessie’s isolation and deeply connecting with her at the same time, puts the audience into a uniquely theatrical position. Norman raises the stakes even further by using clocks to situate the play closer to the real world than viewers might be comfortable with. In the opening stage directions, Norman dictates, “The time is the present, with the action beginning about 8:15. Clocks onstage in the kitchen and on a table in the living room should run throughout the performance and be visible to the audience” (4). This unusual choice, both to have time in the play run concurrently to time in the real world and to intentionally make the audience aware of it, makes it clear that time is ticking down. At the end of the night, Jessie is going to kill herself.
The live aspect of the theatrical performance is crucial to making this set-up believable. In discussing the 1986 film adaptation of ‘night, Mother, Marsha Norman said:

The movie is more inevitable than the play. You don’t have quite the sense of struggle. I think the play keeps you on the edge of your seat, and the movie somehow doesn’t do that. Jessie’s death seems a foregone conclusion in the movie. It may have something to do with the form of the film, the fact that it’s already on celluloid and you know beyond a shadow of a doubt that it’s already over by the time you get there. (Harriott 162)

Can Thelma keep Jessie from committing suicide? Ultimately, the answer is no, but that question underlies the entire play, and the fact that it is a question keeps the audience on the edge of their seats. For anyone with the preconception that depression cannot be suspenseful and dramatically engaging, ‘night, Mother stands in marked contrast.

This question also forces dramatic resolution onto a situation in which there might not otherwise have been one. The audience does not see the ten years between Jessie and Cecil’s divorce and this night, during which she thinks about suicide “off and on” while trying to scrape out a meager existence with some sort of job or social life (Norman 29). The play locates the segment of Jessie’s story that fits a dramatic arc appropriate for theater and carries it out to its brutal end. In fact, Anne Marie Drew suggests, “Deprived of a sense of an ending, characters find ways to impose endings,” and that is what the audience
witnesses in the play; Jessie uses suicide to end her life of unhappiness and monotony (Brown 91). She thus resolves the dramatic tension of the play in the ultimately inevitable act of her suicide, and it is through that act that her story acquires meaning.

Suicide is certainly not the only way that a play about depression can find dramatic resolution. Next to Normal is an example of another piece of theater, strongly resembling ‘night, Mother in its middle-aged mother protagonist and its focus on domestic life and the family, in which resolution occurs in a different fashion; in that case, Diana leaves her husband at the end of the show to save her family and start a new journey of finding herself and coming to terms with her bipolar disorder (Kitt and Yorkey 97). In any case, the stylistic conventions of theater are crucial to understanding the main character’s experience of depression, from the intimacy and dramatic conflict between the characters that brings to light new aspects of the illness to the need to find resolution in some form to the unending pain they experience.

‘night, Mother is very successful in its ability to take the daily quiet sufferings of a relatively normal woman, place them in a simple theatrical set-up—two women, one unchanging set—and bring that struggle to life in all its drama and ugliness. While it is the most naturalistic and least formally innovative of the plays I am discussing, its importance in demonstrating the theatricality of depression and the need for plays about depression cannot be overemphasized.
**The Effect: The Medical Drama**

Tristan: Bullshit. I can tell the difference between who I am and a side effect.

Connie: With respect, Tristan, no you definitely can’t.

— *The Effect* (33)

Whereas *night, Mother* described popular sentiments about depression in the early 1980s, before the advent of Prozac, Lucy Prebble’s innovative new play *The Effect* is steeped in today’s concerns about the abundance of antidepressants and what sort of effect they really have on the human condition. The play follows Connie and Tristan, two young volunteers on a drug trial for a new antidepressant now being tested in its final stages on non-depressed subjects. The two could not be more different; Connie is a diligent and responsible Psychology student while Tristan is an aimless wanderer who regularly participates in drug trials so that he can afford to go traveling. Yet somehow, they start to fall for one another, and since the dopamine they are taking causes symptoms that mimic those of sexual attraction, they must determine if “because they feel all the things one would associate with infatuation they are just...assuming that’s what they are,” and whether that even matters at all (Prebble 45).

Connie and Tristan break all of the rules of the trial, using cell phones, smoking, sneaking out of the building and eventually removing their heart rate monitors to have sex. Throughout, Dr. Lorna James, the psychiatrist monitoring the study, subjects the pair to a series of physical and psychological tests to try to determine, in line with her prejudices against the pharmaceutical industry,
that the young lovers’ behavior is no different whether on the antidepressant or on the placebo, even as her psychiatrist colleague Toby periodically visits and challenges her on the issue (Prebble 43). The double-blind study becomes compromised when Lorna tells Connie which of the two is taking the real medication, causing the young woman to doubt everything she thought she believed about Tristan. Not wanting there to be any difference between their realities, Connie gives him her dosage of the drug, which causes him to have a seizure and lose much of his memory, including all knowledge of Connie. In the end, the audience is left wondering what the real costs of the antidepressant business are.

*The Effect* premiered in November 2012 at the National Theatre in London, as a co-production with the theater company Headlong. It is Prebble’s first play since her 2009 breakout hit *Enron*, and has inspired rave reviews from critics across London for its “provocative and challenging” text and for how it managed to bring such a complex, academic argument about the role of antidepressants to life (“The Effect: Critics Smitten…”). Prebble has said that tragic real-life events inspired the play, and especially Tristan’s seizure at the climax of the piece: “the 2006 trials, in which six volunteers suffered multiple organ failure at the independent Parexel drug trial unit” (Jury). Despite its portrayal of such dangerous side effects, *The Effect* does not outright condemn mood-enhancing medications, offering instead a more nuanced depiction of what depression might be and how much scientists still do not know.
The audience recognizes the scientific framework with which the play represents depression in the first few seconds, when Connie tells Lorna, “I just mean I haven’t got an abnormal amount of chemical—in the brain or anything” (Prebble 5). Yet, even as the playwright offers the medical definition of the disorder, she undercuts the interpretation through the character’s vagueness and hesitation in describing it. This tension, between a supposed complete faith in the role of psychiatric medicine and a lack of clarity in expressing it, continues throughout the play, allowing the audience to question how much any character really believes what they say. Later on, Connie tries to explain her unwillingness to pursue a relationship with Tristan while under the influence of the drug by saying, “No I mean. The anti-depressant, the doctor said, they’re designed to stimulate certain, like dopamine. Which is the rush you get if something exciting happens or, when you—well it’s fake, it’s a chemical that feels like. Like falling for someone” (Prebble 32).

The word “fake” is crucial to understanding the role of emotions within the isolated, liminal space of the drug trial, for how can an emotion be false at all? This question, about the reality of manufactured emotions, is directly relevant to the experience of depressed individuals on medication even though the play deals with the case of non-depressed drug-takers. It indicates that, even in a society that fully accepts the need for psychiatric medication, people are still uncomfortable with how it changes them. The framework of live theater is crucial for communicating this idea, as it brings to life the difference between what people say and what they really think about the treatment of depression.
The vast majority of discussion in *The Effect* is about dopamine, not depression, marking the play as much a product of its time as Marsha Norman’s *night, Mother*. While the earlier play did not have the vocabulary to identify depression at all, in this twenty-first-century world there is so much language that it in fact obscures much of the true experience of the illness. For Connie and Tristan, who are participating in the drug trial as non-depressed individuals, the experience of depression is especially distant; Connie hesitates to even call herself “sad” at times and often refers to brain chemistry to differentiate herself both from Tristan and from true sufferers of depression (Prebble 5).

Not all of Prebble’s commentary on the controversial issue of antidepressants is so subtle, however. The other two characters in the play, Dr. Lorna James and Dr. Toby Sealey, are psychiatrists with opposing views on the causes of depression, and their discussions are the more articulate and sophisticated counterpart to the drama occurring between Connie and Tristan. It is their series of arguments, in fact, debating the industry of depression as much as the disease, that has caused some reviewers to criticize the play as being too “cerebral” (“The Effect: Critics Smitten…”). At first glance, certain debates of theirs do have an overly semantic character about them:

Dr. James: You were happy to attribute it all to the drugs when you though the effects were positive!

Toby: And you’re only prepared to accept it’s the drug if all the effects are negative! (Prebble 78)
This argument is about politics, and the place of antidepressants in modern society, far more than it is about depression itself. Yet, what dramatizes the intellectual debate is the intense personal investment the psychiatrists have in their respective points of view.

For Lorna, who, as Toby eventually announces, “suffers from profound depressive episodes which she refuses to medicate,” it is crucial that she believes depression is caused by external influences (Prebble 79). Pages of bitter sniping at one another in the form of academic debate come to a head when Lorna finally proclaims, “Say I’m mad if you like. But don’t say I’ve got a disease. I don’t believe you” (Prebble 81). Only here, quite late in the play, do we get to hear from someone with depression about the experience of depression, unveiling Lorna’s true motivations; it also reveals the extent to which she needs to hide her illness with talk of serotonin in order to have a voice in the antidepressant debate at all. That Toby and Lorna once had a brief sexual relationship only deepens the immense commitment they have to their overarching conflict, imbuing it with a strong theatricality that allows the audience to connect to the “cerebral” debate on a deeper emotional level.

Toby’s explanation of the story behind his point of view on mental illness, meanwhile, takes the form of an even more overtly theatrical device: a direct address monologue to the audience, spoken with the assistance of a human brain in a bucket as a prop. Even with Lorna having mentioned the existence of the brain talk as a marketing piece for Rauschen, the pharmaceutical company sponsoring the drug trial, its appearance onstage is jarring at the very least
(Prebble 26). In the speech, Toby describes his relationship with his father, a surgeon, and his determination to approach psychiatry as a true medical science rather than the “nonsense about Freud and everything being motivated by your parents” that his father believed it to be (Prebble 28). He goes on to make several powerful, political statements about mental illness, from “We need to consider mental health the same way we do the bodily kind, because it is the bodily kind” to “Those who suffer mental illnesses are not weak. They are strong enough to help themselves” (Prebble 29). Such statements are pushing a clear agenda, but they become theatrical through the brain-in-a-bucket ploy and the deep, personal connection Toby makes with his material.

What all of these dramatizations of antidepressant arguments have in common is a character's strong emotional link to their beliefs that allows the audience to connect with them and thus their ideas. This technique is most overt in Toby's marketing speech in which he tries to convince psychiatrists at conferences that depression is a medical illness, but it appears throughout the play, each time Lorna lets slip a tidbit of information about her declining emotional health or when Connie, afraid that she is under the influence of mood-enhancing drugs while Tristan is on a placebo, admits, “I. I feel. Oh god. I think I don't love you the way that you love me” (Prebble 73). These emotionally raw moments serve to draw the audience in to what could otherwise become simply dry scientific debate, weaving in the human factor that brings the argument and the characters to life.
These moments of vulnerability, moreover, could not exist without the structure of isolation in which the characters find themselves. For Connie and Tristan, this seclusion is absolute, as they cannot leave the facility for the four-week period of the trial; though the two psychiatrists are able to come and go, meanwhile, all of their meaningful interactions still occur within the confined area of the drug trial. When Lorna tells Connie about the “tough time” she was having a few years ago in which she felt taken advantage of by a man, implied to be Toby, and “as we flew back I sort of felt something dissolve, in the jet stream, like something got eroded down. And by the time I got back it was dark,” that sense of intimacy created by the isolation of the drug trial is crucial for the revelation to happen (Prebble 61-62). Kept in a confined space with no one else available for emotional support, the characters begin to rely on each other. When, at the very end, Toby admits to Lorna, “I just. I’ve built a bit of my brain round you. And it’s important to me,” he proves that he was also heavily influenced by the atmosphere of the trial in that he can now intimate his true feelings toward her that he has hidden for so long (Prebble 98).

As in the case of 'night, Mother, witnessing these private, emotional moments puts the audience in a unique relationship with these characters. As they hear all of the embarrassing anecdotes that Tristan and Connie tell each other about themselves, they can join in that intimacy and learn the characters as well as their closest friends and relatives would know them. Toby’s announcement that Lorna is depressed serves much the same role, as viewers become privy to information that only Lorna and Toby previously knew.
Yet, the action of this play takes place in a drug trial, in which the test subjects are isolated from the outside world and scrutinized for changes to their behavior. The stage thus becomes a sort of Petri dish where the trial participants are watched and their actions and statements analyzed. Prebble gives very little set description in the text of the play itself beyond projections or the occasional need for a bed onstage, yet the choices made by the premiere and so far only production of the play reinforce this idea. The piece was performed in-the-round in the intimate Cottesloe Theatre in the National Theatre complex, with the audience on all sides, reinforcing the characters’ entrapment even as it allowed viewers to be very close to the action. Minimal set pieces and largely white costumes allowed the play to retain its bleached hospital aesthetic, while grid-like images sometimes projected onto the actors’ bodies emphasized the scientific framework and critical distance the piece requires ("The Effect: Critics Smitten..."). From the moment Lorna reveals that one of the pair of test subjects is on antidepressants and the other is on a placebo, meanwhile, the audience gains the ability to examine Connie and Tristan from that distance to try to determine what the drug’s effects are even as they continue to connect with the characters on an emotional level (Prebble 48).

Where this play differs from a traditionally structured piece about depression, meanwhile, is that the only character suffering from the disorder is not the protagonist, and does not even reveal her condition until very late in the play. Because of this fact, the audience is not focused on trying to understand one character’s particular mental status but instead can consider all of them as
independently acting individuals. When Lorna provokes Toby by saying, “I know this depression as disease thing is good for business,” she is just expressing an opinion, a point of view grounded her past experiences but something more than her own illness speaking (Prebble 47). Whether or not we agree with Lorna’s ideas, we relate to her emotional arc, becoming close to the character and sympathetic to all that she has gone through. It is only in the final moments of the play, when her depression takes a substantial turn for the worse as a result of the events that occur in the final days of the drug trial, that the illness becomes a barrier that prevents the audience from truly connecting with her. Taken to bed and hardly able to speak, looking “like she’s elderly and exhausted,” Lorna in these final moments confirms the isolation keeping her from reaching out to the other characters or to the audience (Prebble 97).

The climax and resolution of *The Effect*, meanwhile, takes the dramatization of depression to its limits in a way uniquely suited to theater. While the overarching philosophical question of the play, that of the role of antidepressants in today’s society and in the treatment of depression, is not and perhaps cannot be resolved, there is a smaller and much more pressing question that the characters desperately need to answer. Connie by this point has accepted that she loves Tristan, but while he is content to take their emotions at face value, she cannot trust their relationship while she is taking an antidepressant and he is on the placebo. The question that drives the action of the play then is hers: is this love real? As the couple’s fighting reaches its breaking point, and Tristan announces to Connie, “Sometimes I think I'll only be
happy when you’re dead,” she decides to answer the question once and for all by sneaking Tristan her pill along with his own so that he will feel the drug’s mood-enhancing effects just as she has (Prebble 86).

Of course, all is not what it seems; Tristan has been taking the antidepressant all along as well, while it turns out that Lorna had unwittingly given Connie false information provided by Toby to test her practitioner bias. Having thus ingested double the maximum allowable dose of the drug, Tristan has a seizure and as a result loses much of his recent memory. This dramatic episode in effect resets Tristan and Connie’s relationship, as he no longer knows who she is, and she proves her love for him by staying to take care of him for weeks that he cannot even remember. Thus, in their final actions, Connie and Tristan prove an idea that Connie suggested much earlier on in the play, that “We are our bodies, our bodies are us...there’s not something more...And that’s fine. That’s enough. It’s like, the world is incredible and beautiful, even though we know there’s no god behind it. It’s even more amazing for that” (Prebble 34).

The play cannot answer the question of what role antidepressants should play in modern society, but it does conclude that this relationship and these particular emotions are real.

The final action of the play, however, does not belong to Connie and Tristan but to Lorna. Alone and in the deepest throes of depression, she does not speak. The entire scene is told in a single sentence of stage directions, “Dr James, alone, looks at the door, looks at the cup/pills beside her, decides, and takes them” (Prebble 101). That Lorna’s story is the final one to find resolution
indicates that *The Effect* is a play about depression, not just about antidepressants, and the action of her taking the pills affirms the role of psychiatric drugs in its treatment. It also allows for her story to end with an element of hope, as she finally accepts the help and the medicine she has resisted for so long.

As in Marsha Norman’s ‘night, *Mother*, Prebble’s play is a single episode in the lives of its characters, in which they are completely isolated and thus able to expose intimate details about themselves that would otherwise remain hidden. These revelations allow the audience to deeply connect with the characters even as their isolation and the depths of Lorna’s illness push away any sympathetic observers. Both episodes consist of a story that maintains a standard dramatic structure, so that even if the depression itself does not find a resolution or cure, the smaller story presented in the play does result in an emotionally satisfying ending. As Lorna takes her first dose of antidepressants and the rest of the characters leave the hospital, it is with the knowledge that their period of isolation and confinement is over, and that a new phase of life is beginning. Depression as a disorder remains in their lives, but this particular stage of the illness, for better or worse, is over.

4.48 *Psychosis*: Deconstructing Form

At 4.48
when sanity visits
for one hour and twelve minutes I am in my right mind.
When it has passed I shall be gone again,
a fragmented puppet, a grotesque fool.
—4.48 *Psychosis*, 229
In February 1999, Sarah Kane sent the first draft of *4.48 Psychosis*, her formally innovative theatrical exposé of depression, to her agent, desperate for feedback. Three days later, she had her first suicide attempt, and two days after that, on February 20, she hanged herself. She left behind a package, and inside that package was the revised play (Saunders 153). The first production of the work then premiered at the Royal Court Theatre in London in June 2000, directed by a longtime collaborator of Kane’s (Kane xvii).

The content and artistic value of *4.48 Psychosis* cannot be separated from the circumstances of its writing, and yet it would be a gross simplification to dismiss the text as “essentially being a dramatic suicide note,” as many critics tended to do when it was first performed (De Vos and Saunders 74). Scholar Graham Saunders notes that “it was not hastily written like a suicide note. In fact, there is evidence to suggest that she had begun preliminary work on it from January 1998 onwards,” and moreover, the intertexts, poetic quality of language and raw emotional power of the play is worth analyzing in its own right (111). Thus, acknowledging the heavily autobiographical content of the piece, I am choosing to examine *4.48 Psychosis* as the final iteration of theater about depression because of what Kane manages to convey about her debilitating mental illness and the uniquely theatrical way she does so.

The basic premise of the play is that the speaker believes herself to be “psychotic” except for the sleepless period between 4:48am and 6:00am each morning, during which she is able to express herself. The piece moves through lengthy monologues, lists of symptoms and medications, sequences of numbers
and interactions with a psychiatrist that grow more combative and emotional as the play progresses. Through these indirect discourses, the audience learns about the speaker’s complex relationship with medication and treatment, cutting behavior, search for an unknown person she loves and failed suicide attempts. There is not an easily distinguishable plot, though a sort of story can be constructed around the process of writing the play itself as a form of self-expression, apparent in the more abstract verse sections:

the television talks
full of eyes
the spirits of sight

and now I am so afraid (Kane 225)

Rather, the play largely consists of a series of vignettes as the speaker moves further into the depths of depression and most likely commits suicide herself.

In an interview a few months before finishing the play, Kane said, “Formally I’m trying to collapse a few boundaries as well; to carry on with making form and content one” (Saunders 112). As such, there are no distinct characters in 4.48 Psychosis, no assigned dialogue or separate stage directions. There are no set descriptions or scene breaks, or anything to designate how the play should be performed. There is only a voice, a persona that expresses her pain in a variety of forms. From the first lines of the play, “But you have friends...What do you offer to make your friends so supportive?” Kane establishes the convention of the speaker’s inner dialogue made external as she
struggles with feelings of shame and worthlessness about her depression (205). Julie Waddington suggests that “the play is not ‘about’ a specific character but, as already indicated in the title, more about a state of mind,” though it can also be argued that the play does feature a character but one with a fragmented identity (De Vos and Saunders 146). In either case, multiplicity of identity is key to the work; the play is typically performed with three actors, but more or less could also be appropriate.

The set of the original 2000 production of 4.48 Psychosis also emphasized this sense of multiplicity and fragmentation. Consisting of simply a desk and two chairs on a stark white background, the set was then duplicated in a large mirror placed at an angle far above the actors’ heads, allowing the audience to view them from above in “distorted perspective” as well as from the front (Saunders 124). Rather than three, then, the persona of the text was then really split into six, except for when projections were played across the surface of the mirror; then, the projected picture would appear on the white floor as well so that every image seen in the piece was duplicated and distorted. While the play does not call for the use of a mirror specifically, this production employed the device to further develop the fragmented reality Kane expresses in the text.

The existence of this singular but fractured identity does not, however, mean that distinct “characters” do not appear throughout the play. In particular, a series of dialogues, indicated with dashes but no names, emerge periodically to depict the relationship between the depressed voice and her psychiatrist. These conversations touch on questions of guilt, medication and even friendship. The
combative tone allows the voice to make provocative statements in response to the calm logic of psychiatry:

— Why did you cut your arm?
— Because it feels fucking great. Because it feels fucking amazing.

(Kane 217)

In response to the doctor’s constant assurances that she is not at fault for her actions because of her illness, meanwhile, the speaker exclaims, “It’s not your fault, that’s all I ever hear, it’s not your fault, it’s an illness, it’s not your fault, I know it’s not my fault. You’ve told me that so often I’m beginning to think it is my fault” (Kane 220). The dialogues also allow for the outline of a more traditional “story” for audiences to understand and relate to, a conflict between two distinct voices.

However, it becomes clear by the end of the play that the psychiatrist is neither just a “straw man” for the primary voice’s attacks nor an independent agent, but rather a projection of the persona’s own feelings regarding her treatment and lack of faith in herself. When the doctor voice refuses to be the speaker’s friend and eventually announces, “I fucking hate this job and I need my friends to be sane,” what comes across is not the image of an inappropriately behaving psychiatrist but of a patient who believes that even her caretakers must secretly feel disdain for her because of her “insanity” (Kane 237). The various other voices in the play, whether appearing in poetic or sarcastic monologues, perform much the same role, presenting many different reactions
to the sufferings of depression that all ultimately belong to a single but fragmented voice.

Another important way that Kane engages with the issues surrounding depression directly, beyond the dialogues, is through intertextuality. *Psychosis* draws reference to texts as diverse as C.S. Lewis’s *The Silver Chair*, Sylvia Plath’s *The Bell Jar* and particular psychological textbooks (Saunders 178). Perhaps most dramatic, however, is the passage of the play that draws directly from *The Book of Revelations* of the Bible. The page of verse contains lines such as “Behold the light of despair” and “Christ is dead” that indicate the speaker’s disturbed, suicidal state, foreshadowing the end to come (Kane 228-29). It is also the only point at which the speaker uses the first-person plural, with “We are anathema,” adding a religious connotation to the multiplicity of identity she experiences (Kane 228). This passage forces the audience to consider the social and religious aspects of extreme depression and suicide, while the rest of the performance focuses largely on the personal and the medical. In this moment, suicide functions as “a public rather than a private act,” connecting the audience with the speaker through their reception of her performance (Marsh 197).

The other major instance of intertext occurs with two extended lists that are spoken at different points in the play. The first contains statements of the speaker’s feelings, such as “I feel that the future is hopeless and that things cannot improve” and “I have lost interest in other people” (Kane 206). The second, later on, recites a series of desires, from “to be seen and heard” to “to draw close and enjoyably reciprocate with another” (Kane 234). Both lists
consist entirely of simple, textbook manifestations of what depression may look like, and in fact they are from a textbook: Edwin Schreidman’s *The Suicidal Mind* (Saunders 178). The use of this bare, impersonal language to describe the speaker’s condition adds a note of irony to the piece, challenging listeners to think beyond the simplistic definition of depression pulled from the textbook even as she identifies with many of its ideas.

This dry, cynical sense of humor emerges even more in the sections of the play concerning medication. At one point, the voice reads out a patient’s mock medical chart, including symptoms, a diagnosis, an extended list of medications and their dramatic side effects. This segment grows increasingly sarcastic as it progresses, including statements such as, “Lofepramine and Citalopram discontinued after patient got pissed off with side affects and lack of obvious improvement” and “Mood: Fucking angry. / Affect: Very angry” (Kane 224). This commentary takes the often-alienating language of psychiatric medicine and makes it personal, endowing the long list of drugs and dosages with meaning. Rather than requiring a separate doctor character to discuss the more scientific implications of depression in the manner of *The Effect* and many other plays about mental illness, *4.48 Psychosis* merges that voice with the voice of the patient. The play thus presents a strong opinion on the issue of medication even as it makes the medical jargon more accessible to an audience.

The extremely dark humor exhibited in that section pervades much of the rest of the piece as well. The statement, “I have been so depressed by the fact of my mortality that I have decided to commit suicide,” very early in the play,
indicates a level of self-awareness on the part of the speaker that is crucial for its multifaceted depiction of depression (Kane 207). This irony, which tends to appear during the bleakest sections of text, keeps the content of the piece from overwhelming an audience to the point of numbness even as it requires them to think more critically about what is said. Sarah Kane has said that she loved theater because “there's always going to be a...completely reciprocal relationship between the play and the audience,” and the manner in which 4.48 Psychosis provokes its viewers is a clear manifestation of that ideal (Saunders 13).

Though Kane’s play does not strictly speaking have characters, the same pattern of simultaneously drawing in and alienating the audience seen in ‘night, Mother and The Effect certainly appears here. The people watching this play become privy to extremely intimate details of the speaker’s life, from her feelings of worthlessness and admissions of self-harm to her terror of the doctors “switch[ing] off my mind by attempting to straighten me out” (Kane 220). Confronted by such honesty, an audience must find it difficult to remain a “room of expressionless faces staring blankly at my pain, so devoid of meaning there must be evil intent,” especially once the speaker has pointed that lack of response to them directly (Kane 209). Yet, by virtue of its structure and the depths of suffering it depicts, 4.48 Psychosis is simultaneously an immensely alienating piece. Caught between these contradictory impulses, anyone watching this play experiences firsthand the emotional turmoil of both having depression and trying to connect with someone who does.
This play uses another technique as well to confront audiences about their level of involvement in the piece: second-person address. In addition to the dialogue with the psychiatrist and the inwardly focused speeches where she addresses herself, the speaker regularly throughout the play seems to talk to the audience directly. From the beginning, with “don’t let me forget,” the text challenges the audience to stay engaged with it, knowing that they have a responsibility to the performers to listen and reflect (Kane 206). The speaker asks many questions that without listeners present could be rhetorical, such as “Where do I start? / Where do I stop? / How do I start?” (Kane 226). In the context of theater, however, she speaks to several dozen audience members present in the space with the performer(s), who then do not respond to the questions, leaving her in her distressed and aimless state.

When the speaker directly addresses a “you,” meanwhile, she expresses violent sentiments as diverse as “I cannot fucking go on without expressing this terrible so fucking awful physical aching fucking longing I have for you” and “Fuck you for rejecting me by never being there” (Kane 214-15). What comes across in these statements is not only rage but a profound loneliness and inability to connect with others, all the more poignant in that she speaks to an audience that observes but never acts. Later, when she says to them, “You are my doctor, my saviour, my omnipotent judge, my priest, my god, the surgeon of my soul,” she forces them to be more aware of their part in the performance (Kane 233). In the play, the audience is all of these roles, far from the passive listener some might prefer to be. They both penetrate the persona’s isolation by listening
to her and reinforce it by not being able or willing to end it. Phyllis Nagy, a contemporary of Kane’s, said of *4.48 Psychosis*, “It also places the audience in a strange position where we are not actually a theatre audience anymore but rather taking on the role of bearing witness,” and I believe that this idea is crucial for understanding not only Kane’s work but theater about depression as a whole (Saunders 159). In these plays, the audience serves a critical function, to listen and try to understand but not to intervene directly. Only then can the visceral impact of dramatic performance be fully realized.

Kane in *4.48 Psychosis* exhibits full awareness of this idea, and in the ending of the play challenges her audience to take that inaction to its very limits. The speaker expresses suicidal thoughts and plans throughout the text, making her intentions very clear, so when in the last few moments of the play she repeats, “watch me vanish,” everyone knows how high the stakes are (Kane 244). These words are a command, but also a plea both for attention and for the right to act however she chooses, even if it results in her death. In this moment, the persona of the play calls out for connection, for witnesses to her final act so that her isolation is not absolute until the end. The audience, providing that they have not walked out of the performance already, must oblige.

However, even as the entire play has concerned itself with suicide and raised the stakes as high as they can be, the ending of the text is ambiguous. The “watch me vanish” line is the closest the piece gets to designating what may have happened, and the final line of the play is the opaque request, “please open the curtains” (Kane 245). How to enact these last words, and whether they indicate
hope or despair, is a choice made by each individual production. While Kane clearly intends for the idea of the speaker’s suicide to resonate at the conclusion of the piece, what is actually meant to happen on stage is a question the playwright, as per the rest of the text, refuses to answer. Regardless, this final moment provides the dramatic resolution the play requires to make its full emotional impact, shaping the various texts and forms of interaction the performers use into a coherent story about one individual's path toward suicide. This action of watching the persona vanish at the end of the play allows the audience to return to their own lives, having witnessed a deeply emotional and thought-provoking performance in a way that still makes the content palatable. She lived, she suffered, she somehow ended her own story and now her listeners can go forth and share the knowledge they have gained.

Though 'night, Mother remains firmly within the bounds of naturalistic theater and 4.48 Psychosis is anything but, the two plays tell much the same story. They give the audience a glimpse into the intimate and painful details of living with depression and the possible reasons behind the taking of one’s own life, while emphasizing the isolation the characters feel through their physical confinement on stage. Kane in this play strips away traditional notions of set, stage directions, character and dialogue to demonstrate that it is something more essential to the medium of theater that makes telling this story possible. The live performance, presence of listeners and whatever the director decides to do with the script is enough to share the aspects of depression in a way only theater can, whether it is a domestic and housebound drama, a text that
recreates theater for itself or a medical and political performance like *The Effect*. *4.48 Psychosis* is thus a hybrid dramatic form that embraces theatricality in a unique way to make a very personal story resonate far beyond the limits of the page.

**Synthesis: Moving Forward**

Plays about depression clearly consist of far more than just their prose equivalents spoken aloud. Performed in front of an audience, theater is immediate and visceral, even when depicting a largely internal emotional state such as depression. It requires depressed individuals to put their feelings into words for other characters, and the audience, to understand, even as it engages with the social and political issues of medication, hospitalization and suicide. Sarah Kane once said in reference to writing plays about difficult topics, “If you are saying you can’t represent something, you are saying you can’t talk about it, you are denying its existence, and that’s an extraordinarily ignorant thing to do” (Saunders 24). These plays open up dialogues about mental illness that are still very difficult to have, and while every experience of depression is different, the particular stories told make the larger social pattern of the disorder more real in the eyes of their audiences.

The three plays discussed in this essay vary widely in setting, writing style and degree of naturalism, yet certain factors remain the same throughout. Despite the isolation the depressed characters experience, they all feel the need to share their stories with others, whether through Lorna’s oblique references to
a “tough time” she experienced that only her fellow psychiatrist Toby knows about in *The Effect*, Jessie’s choice to tell Thelma she is going to kill herself in ‘night, *Mother* or the entirety of *4.48 Psychosis* (Prebble 61). Sharing both abates the loneliness and reinforces it when the characters inevitably fail to make their condition completely understood. All of the plays, moreover, express multiple conflicting points of view about depression, such as in Thelma’s denials of Jessie’s right to want to die or Lorna and Toby’s violent debates about the biological basis of the illness. Even in *4.48 Psychosis*, where there is no differentiation between specific characters, arguments occur over whether self-harm is the speaker’s fault or responsibility.

The variations between the plays are also important to understanding how they each approach the task of dramatizing depression. Doctors and medication form a crucial part of *The Effect’s* plot, but are negligible in ‘night, *Mother*, which keeps its focus strictly on the domestic setting. Time is uninterrupted in Norman’s play in the classical Aristotelian style but more flexible in the other two. Characters across the plays vary in age, class and nationality, though stereotypically all three depressed individuals are female. In sum, each play has something different to say about depression, a different story to tell. It is in that storytelling, in front of a live audience and with a beginning, middle and end, that the theatrical depiction of depression makes its mark.

Meanwhile, though the plays all have their strengths and weaknesses and each is the product of its era, a clear progression toward greater understanding can be found. Norman’s characters are incapable of even saying the word
“depression,” and the conversation between Jessie and Thelma largely consists of Thelma trying to argue her daughter out of her illness in a manner we now recognize as futile. *The Effect* has its own method of obscuring direct discourse about depression by focusing on neurology and debates within the pharmaceutical industry; Dr. Lorna James’s subtle comments are the only mention the play has of the true lived experience of those who need to take the pills. *4.48 Psychosis*, then, breaks not only barriers of form but of the language with which audiences interact with depression.

*’night, Mother* and *The Effect* do, however, add another dimension to the conversation by representing how society struggles with even speaking about the illness. Jessie’s despair is no less real than the speaker’s in *4.48 Psychosis*, and her inability to articulate her own experience with depression demonstrates a different sort of theatrical power. *The Effect*, meanwhile, depicts what modern discourse about the illness fails to do in addition to what it can illuminate, providing the perspectives of biased doctors and laypeople alike. Still, Kane is the playwright who speaks most clearly, unafraid to write, “I will drown in dysphoria,” or even, simply, “I’m depressed” (212-13). As ambiguous as her text is when it comes to how the play should be performed, demonstrating the difficulty many sufferers of depression have with verbalizing their thoughts coherently, *4.48 Psychosis* completes a journey into insight and claims the power of naming experiences as they are without the slightest deflection. Considered together as a subgenre of drama, these plays have the ability to take public
understanding of depression to a new level, reinforcing and breaking dramatic conventions as they connect with an audience in a way only theater can do.

In the next section of this thesis, I add my own voice and story to those I have analyzed thus far. The play I have written, Until We Get It Right, draws from all three of these plays, as well as from my own ideas and experiences. I am indebted to Lucy Prebble in particular for many of my formal choices, such as the ease with which her play jumps from location to location and her convention of the psychiatrist holding simultaneous conversations with her two patients that in the “real world” of the play would have taken place at different times. From Marsha Norman’s ‘night, Mother I drew on the theatrical power of simply having two characters in a room sitting and talking to one another, as well as her depiction of an earlier era in the history of mental illness in America and how the discourse around depression differs. For this sense of historicity I also owe much to Andrea Tone’s The Age of Anxiety: a History of America’s Turbulent Affair with Tranquilizers. From 4.48 Psychosis I gained the confidence to write about uncomfortable issues such as self-harm as well as to stray as far from naturalism as necessary to tell the story. From all of the pieces, I worked with the ideas of isolation and sharing as well as the diversity of possible resolutions to the play.

In the past few years of my life, it seems as though mental illness has suddenly appeared everywhere around me. Friends and family alike have retreated into themselves, dropped out of school and sought out therapists. In my position as observer of these experiences, I began to realize how fallible people can be, and it is this understanding that formed the basis for Until We Get
It Right. As in the plays I have written about here, my piece tries to open up awareness of new aspects of depression, in this case how the discourse around treating depression and dynamics within the family of the suffering individual have varied since the late 1800s. Each time period depicted in the play resonates with a different era of the history of mental illness, whether the turn-of-the-century scarcity of depression diagnoses Dr. Seligman’s studies examined, the middle America before the popularization of anti-depressants ‘night, Mother alludes to or our hopefully more enlightened present. Throughout, I have sought to answer the question of how an outsider can ever truly understand what a person suffering from depression is going through, and how to make emotional connections that outlast the trials and tribulations of the illness.

A few months before her death, Sarah Kane said, “I’ve only ever written to escape from hell—and it’s never worked—but at the other end of it when you sit there and watch something and think that’s the most perfect expression of the hell that I felt then maybe it was worth it” (Saunders 1). With that idea in mind, this play like the other instances of depression drama seeks to depict the illness in all of its harshness and discomfort for the audience to witness; that is where these works of theater draw their power.
Characters:

The characters in this play are meant to be played by only four actors. The roles are divided as such:

Actor One, male, late teens, plays JAMIE, MATTHEW, TOM
Actor Two, female, late teens, plays EMILY, ANNA, MARTHA
Actor Three, female, late thirties, plays JAMIE'S MOM, AUNT CLARA, MAGGIE
Actor Four, male, ageless, plays the DOCTOR
2014. JAMIE in his bedroom. JAMIE lies beneath a blanket, scribbling in a journal.

JAMIE’S MOM: (From offstage) Jamie...Jamie...

JAMIE does not respond. He takes a razor blade out from beneath the blanket and contemplates it. Blackout.

~

1891. ANNA and AUNT CLARA in ANNA's bedroom. ANNA is examining her hair in a mirror. AUNT CLARA paces behind her.

ANNA: I still do not see why I must visit the doctor.

AUNT CLARA: Anna, you’re not eating.

ANNA: You know I am still recovering from my last illness. I can hardly be expected—

AUNT CLARA: You’re not eating, you have fainted twice this week and Mrs. Jones told me you were rude to her when she encountered you in town yesterday.

ANNA: I didn’t mean—

AUNT CLARA: I do not want you to wake up one morning and not be able to move your legs! That’s how it starts, you know—rudeness, disinterest, (ANNA coughs) a cough. Then comes the paralysis. They say it is curable even then, sometimes, but I do not like to take the risk.

ANNA: Just because the mayor’s daughter—

AUNT CLARA: Sophia has not been able to leave her bed in weeks!

ANNA: If you take me to the doctor, he will not allow me to leave my bed for weeks!

AUNT CLARA: Aye, if the rest cure is chosen for you, then so be it.

ANNA: Aunt Clara, I don’t want to.

AUNT CLARA: Don’t think I haven’t seen you, staring out your window for hours at a time, throwing away your food when you think no one is looking, writing letter after letter and burning them all. You need help, Anna, truly. And you should be grateful that you have someone like me to be concerned for you at all. Your parents... (Pause. She and ANNA do not look at each other.) The carriage will be ready at two o’clock. And do try to look respectable. Even without your father
here, you are a sophisticated young lady and an heiress, and it is important that you look the part. Please try to remember that.

AUNT CLARA exits. ANNA glares at her reflection and storms off. Blackout.

~

1965. MAGGIE in her living room. MAGGIE stands, holding a rotary phone.

MAGGIE: Yes Sally, that does sound wonderful. I’d love to join you, really I would, but I don’t think John could look after the children for so long—he works so many hours these days—and you know I don’t like to leave them with a sitter for so long…Oh, thank you dear, and tell your little Cindy I said hello. And do have fun this Sunday. The brunch sounds delightful and I am sorry to miss it…Yes, good-bye now.

MAGGIE hangs up the phone. She stares at the room, then begins to make a token effort to clean up the mess before getting discouraged and sitting down. The phone rings and MAGGIE does not answer it. A few seconds pass and it rings again. With a sigh, she answers.

MAGGIE: Hello, this is Maggie Reed speaking…Oh hello, John. How are things at the office? …Oh, don’t worry about that…Yes, dear. I’ve just barely started dinner anyway. You’ll be right on time, and I’m making your favorite…No, no plans for the weekend. I suppose all the girls must be busy or out of town or something. I’m sure we’ll catch up soon enough…Yes, dear. I-I love you too. See you soon. Good-bye now.

MAGGIE puts down the phone.

MAGGIE: (Muttered) Dinner. Dinner, children. Dinner, children, laundry, dusting, call Abigail, get John’s dry cleaning…

Her words become inaudible as she exits. Blackout.

~

2014. JAMIE and EMILY in JAMIE’s bedroom. They sit on the bed with textbooks in front of them.

EMILY: Okay, I think I understand this one. It’s differentiation by parts, so if you just set that equal to u and the rest—

JAMIE: Who cares?
EMILY: Mr. Kaplan for one, if you don’t turn in your homework again. Come on Jamie, you know you know this. You’ve always been better than me at calculus.

JAMIE: If you say so.

EMILY: God, would you stop acting like you’re five years old?

*JAMIE turns away, starts scratching at his wrists.*

EMILY: *(Closing her textbook)* Okay, enough math for now. All right?

*JAMIE doesn’t respond. EMILY grabs his hand.*

EMILY: Have you written anything this week?

*JAMIE gestures to a journal. EMILY walks over and picks it up, flips to the last page and reads quickly. JAMIE twitches nervously.*

EMILY: This is really good. Like really. You just need to finish it and then you can submit it to The Lighthouse or post it online or something.

JAMIE: I guess.

EMILY: I mean, you do want other people to see this, right? *(Joking)* Like, what’s the point of writing if you never share it with anyone? Where’s the fame and fortune? *(Beat.)* I’m trying to get a poem published in the magazine too.

JAMIE: *(Monotone)* Good luck. I’m sure you’ll get in.

EMILY: Thanks! And you totally would too if you would just submit something. This, or some of those poems from last summer you showed me—

JAMIE: Those—those were private!

EMILY: Sorry. I forgot. But the imagery in those ones is just—I mean, the way you managed to convey so much pain in so few words... *(Frazzled)* Sorry, sorry, I’m an idiot. Are you okay?

*JAMIE doesn’t respond. EMILY puts the notebook away and starts cleaning up the space as though the room were hers.*

EMILY: I just want the best for you. You know that.

JAMIE: I don’t deserve you.
EMILY: Don’t say that! (She sits back down next to him and takes his hands.) You deserve the world, Jamie. Don’t let anyone tell you otherwise.

Tender glances. There’s something more there than either of them know. Beat.

EMILY: Besides, if you don’t believe that, how are you ever gonna get into college? How far along are you on your apps now anyway?

JAMIE stares at her wordlessly. Blackout.

~

The DOCTOR and AUNT CLARA in the DOCTOR’s office. The DOCTOR sits behind a desk. AUNT CLARA stands in front of the desk, fidgeting.

AUNT CLARA: I simply do not know what to do with her, Doctor. She doesn’t eat, she hardly sleeps, she is even more ill mannered than is to be expected of a girl of her age. And she refuses to admit anything is wrong.

DOCTOR: I see.

AUNT CLARA: If she is, well, (whispered) hysterical, and I will await your judgment on the matter, sir, then I am afraid I may already be too late. The poor girl...

DOCTOR: And you believe the absence of her mother may be to blame for her change of behavior?

AUNT CLARA: Yes. Her parents left her in my care to travel six months ago and I’m afraid she hasn’t been the same since. Her mother was everything to her, and my brother Charlie absolutely dotes on the girl. I do my best here, but it simply isn’t the same as having your parents at home with you.

DOCTOR: Of course. Shall we bring her in now?

AUNT CLARA: Yes, certainly. One moment.

AUNT CLARA exits and then reenters with ANNA.

DOCTOR: Please, sit down.

AUNT CLARA sits. ANNA remains standing.

ANNA: Will I now find out what you two have decided to do to me?

AUNT CLARA: Anna!
DOCTOR: It’s quite all right, Miss Moore. Such behavior is typical amongst adolescent patients. *To ANNA, in a cheerful, childlike voice* I mean you no harm, Anna. Please sit down and we will have a little chat about what has been bothering you.

ANNA: It’s “Miss Moore” to me too.

AUNT CLARA makes a frustrated gesture.

DOCTOR: Anna. Please.

ANNA sits.

DOCTOR: *(Again in the childlike voice)* Your aunt has just been telling me about your parents’ travels in Europe this past year. It sounds quite lovely.

ANNA: Are you going to recommend that I join them? Visit the hot springs and soak in the water? Isn’t that what they do for hysterics? I hear there are lovely baths in Germany.

DOCTOR: *(Dismissive)* That treatment is for neurasthenia, my dear, not hysteria. And besides, I do not believe that you are hysterical.

AUNT CLARA: You don’t?

DOCTOR: A fainting spell or two is hardly the harbinger of imminent paralysis, merely the sign of a delicate disposition. Hysterical symptoms are surprising and uncomfortable; the patients wish to be cured.

ANNA: So I’m well then?

DOCTOR: Not at all! I believe you are suffering from what we call melancholia. Your lack of appetite, withdrawal from the activities of daily life: these are clearly depressive symptoms. Your mother’s departure may have triggered this episode, but there is something in you on the anatomical level that makes you melancholic.

AUNT CLARA: So what is the cure, Doctor?

DOCTOR: There are a variety of methods we could try, and the same treatment can sometimes affect patients very differently. The brain is amazing in that way, absolutely beautiful in its intricacies. *(Pause.)* For now, I believe we should begin with the rest cure. It works quite well in some cases.

ANNA groans loudly. AUNT CLARA looks mortified but the DOCTOR ignores her.
DOCTOR: That means complete bed rest—no visits from friends or family, a diet heavy in fat and no exercise of either the physical or mental variety. We want you to get well, not to overstrain yourself with activities like reading or gossiping. Most patients are quite happy with the opportunity to relax. Just think of it as a vacation from, well, life.

*ANNA stammers in objection but fails to get any words out. Blackout.*

~

1965. MAGGIE and MARTHA in MAGGIE's living room, by the front door.

MAGGIE: Thank you for taking care of the kids again, Martha. I don't know what I would do without you.

MARTHA: Oh, it's nothing, They're so cute, and no trouble at all.

MAGGIE: Well, I know my children, and I know that's not true. But I'll take the compliment all the same. Say, would you tell Tom I say hello if you see him at school? I haven't run into him in ages, I've been so busy. He's such a nice boy.

MARTHA: Sure. Um, Mom said to ask you if you wanted your kids to have a playdate with Cindy sometime next week.

MAGGIE: That sounds lovely, dear, but...I'll have to check with John. He's so finicky about these things, you know. He's hardly ever home so he wants all the time with them he can get. They're his children too, you know.

MARTHA: Sure. *(Pause. Uncomfortably)* You know, Mrs. Reed, you haven't really been around much these days. Mom says she hasn't seen you in ages.

MAGGIE: Your mother is sweet to worry, but really, I've just been busy.

MARTHA: She said to give you this. That he'd be able to help like he helped her.

*MARTHA hands MAGGIE a piece of paper.*

MAGGIE: What is this?

MARTHA: Look, I just do what my mom tells me. You want to know more, talk to her.

MAGGIE: Martha, I don’t—

MARTHA: Goodbye, Mrs. Reed.
MARTHA exits. MAGGIE unfolds the piece of paper and reads it.

MAGGIE: “Mother’s little helper”? And a phone number?

Blackout.

~

1891. ANNA in her bedroom, lying in bed alone. She tosses and turns a bit, then stops. Taps her fingers on the bed frame, tapping out a rhythm that becomes progressively more complicated.

The sound of knocking on a window, mirroring her tapping rhythm.

ANNA: What?

MATTHEW climbs into the room.

ANNA: (Whispered, but smiling) Matthew! What in heaven’s name are you doing?

MATTHEW: What, was this not the proper entrance to your home? How scandalous of me.

ANNA: Your father will not approve of this, and neither would mine.

MATTHEW: Your father approves of everything I do. Why do you believe he invited me here last spring if not to introduce us? I promise you, the architecture is hardly enthralling. You, on the other hand...

ANNA: But what if Aunt Clara hears you?

MATTHEW: Don’t worry, I waited for your witch of an aunt to leave before I came in.

ANNA: She’s not a witch, she’s just...I don’t know. Mad?

MATTHEW: I’ll say. They can’t keep you locked away like this!

ANNA: But they can. The rest cure is apparently quite popular among alienists these days.

MATTHEW: They’re fattening you up and dulling down your brain so you can marry and have children without a thought in your head.

ANNA: (Flirtatiously) But don’t you want me to marry you and have your children?
MATTHEW: Yes, but I want you to still be able to use your brain when you do so. *(Tapping ANNA’s forehead)* My sons can’t learn their lessons from a dolt of a mother.

ANNA: How sweet of you.

MATTHEW: At least they are requiring you to eat and sleep now.

ANNA: I don’t sleep. *(Lying down on the bed, play-acting just a little)* I just lie here, hour after hour, staring at the ceiling. Picturing it all gone.

MATTHEW: All what gone?

ANNA: *(No longer playing)* The house, Aunt Clara, you, Mama and Papa, all of America and the world. Watching it all fade away into nothing in my head.

MATTHEW: But why?

ANNA: You are all going to leave me. I don’t deserve any of you. Mama and Papa couldn’t wait to get away from me.

MATTHEW: Don’t say such things. You know I am quite fond of you. And so are your parents, and even that dotty aunt of yours. *(No response.)* Do you understand?

*Noise of a door shutting nearby.*

MATTHEW: I have to go. Hold on, my little sparrow. I’ll take you away from all of this as soon as I can.

*MATTHEW exits. ANNA returns to bed. She sighs and begins tapping her fingers on the bed frame again. Blackout.*

~

2014. EMILY and JAMIE’S MOM in the kitchen of JAMIE’s house, sitting together.

JAMIE’S MOM: So everything’s going well with school?

EMILY: Yeah, really well. All my classes are really interesting. I got cast in the play, but not too big a part, so I still have time to focus on my college apps…

JAMIE’S MOM: I wish Jamie would get involved in something like that. A club, a sport—somewhere he’d be spending time with friends instead of locking himself up in his room writing all day.
EMILY: It's how all the famous writers did it? (Pause.) I have tried, Mrs. Fischer. I've brought him to drama club and to Lighthouse meetings, you know, the literary magazine. Nothing really seems to stick.

JAMIE’S MOM: I know, honey, and thank you for trying.

EMILY: (Hesitantly) He really is talented. I mean, his poems are just... He just needs some time.

JAMIE’S MOM: I know, dear. (Pause.) I'm sorry I don't know where he is right now. He goes on these walks, and I never know when he's going to come back. And you know he never charges his phone, so I can't get a hold of him. I'm sure he just forgot that you were supposed to come over to study...

EMILY: It's okay. I don't want to push him. Just let him know I stopped by, and that I have the answers to the practice test if he wants to see them.

JAMIE’S MOM: I will. Thank you, Emily.

EMILY exits. Blackout.

~

MAGGIE and the DOCTOR in the DOCTOR’s office.

DOCTOR: So you're here for the pills then, Mrs. (checks paper in front of him) Reed?

MAGGIE: Well, I don't know exactly. My friend Sally gave me your number, and—

DOCTOR: Ah, I'm not allowed to discuss other patients. It's a violation of confidentiality.

MAGGIE: Sorry.

DOCTOR: That means, if you get anything from me, no one will have to know. Not even your husband. Just a few pills a day and you'll be feeling perfectly well again. (Getting excited) Better than well, even. Brighter, happier, more efficient...

MAGGIE: Does it really work that way?

DOCTOR: They're not addictive at all, hardly a side effect to them. It's genius. And if they don't work quite like they should, we can just keep trying different drugs until we get it right. We'll find a dose that works for you.
MAGGIE: Wow, that’s...that’s amazing. But are the pills enough? I think I might want—I mean, there are so many days when I just—there’s no one I can—I’d like to talk to someone. I haven’t been feeling anxious, really, I just have days where I can’t seem to get anything done. I feel—

DOCTOR: If you want to start psychoanalysis as well, my dear, I would be happy to put you on my schedule. I recommend a half hour session five days a week for six months to get lasting results.

MAGGIE: What?

DOCTOR: It is quite pricey, but if you’re up to it, true psychological insight is invaluable. I can bring my secretary in to discuss financial details if you’d like?

MAGGIE: Maybe not.

DOCTOR: It’s a shame, but psychoanalysis isn’t for everyone. Now, do you want the Valium, or don’t you?

~

2014. JAMIE wandering through the woods, alone. Throughout this, he picks objects up off the ground, plays with them, and throws them away with surprising force.

JAMIE: You’re stupid. She likes you. She wants to hang out with you...Why would she like you? What good are you, anyway? Why would anyone want to hang out with you?

All you do is write pretty poetry about death and decay and—Only you can’t let anybody read them because you can never even finish a bloody piece...Oh God, was that a pun? That was terrible. You’re terrible.

You’re worthless. You’ll never graduate, go to college, get a life. Why even bother trying? Just to make Mom and Emily happy? Fuck them. What do they know anyway? They’re only the nicest and most caring people you’ve ever met who only want the best for you. You’re nothing but a scar. Carving up the wrists of everyone who loved you...

JAMIE pauses a moment to think, then sits down, pulls out a journal and begins writing. Blackout.

~
1891. ANNA in her bedroom, in bed alone. She beats patterns on the bed frame with her nails, growing ever more complicated and rhythmic. Suddenly she shouts and slams her hand into the frame, then shouts again in response to the pain.

AUNT CLARA: (From offstage): Anna?

ANNA freezes. There is no sound of footsteps. Beat. She gets out of bed and hides behind it so she is completely invisible. The tapping begins again. Blackout.

~

1965. MAGGIE and TOM in MAGGIE’s living room. MAGGIE paces back and forth in front of the table with the phone, holding a bottle of pills. TOM sits in an armchair, watching her.

TOM: (After a moment): Maggie—

MAGGIE: Tom, you don’t have to worry.

TOM: I’m not—I mean, I am, but—

MAGGIE: I’ll be fine. The doctor says they’re not addictive at all. The pills, they’ll just, they’ll calm me down a little.

TOM: Calm you down?

MAGGIE: Well, you know...

TOM: This doesn’t sound like you at all. Sally, maybe she could use something like that, the way she’s always nattering on, but you can barely get out of bed some days. The last thing you need is something that calms you down.

MAGGIE: Well, I don’t know about you, Tom, but when I was your age my mama taught me to trust in doctors. I don’t know why I told you all that anyways.

TOM: When you were my age those wacko psychologists were busy telling everybody they were crazy ‘cause of being in love with their moms or something.

MAGGIE: Well, we learned something in psychology class, now didn’t we.

TOM: (Smiling) I’ve missed you, Maggie.

MAGGIE: You’re too old for a babysitter now. I’ve known you since you were a toddler, and now look at you! You could babysit for my kids now.

TOM: Count me out! No changing no stinkin’ diapers for me.
MAGGIE: Cathy’s been out of diapers for a year now, and please try to talk like an adult. You’ll never get a job speaking like that.

TOM: Whatever you say.

MAGGIE: I never believed you when you said that when you were five, and I don’t believe you now.

TOM: (Smirking) Am I still a five-year-old to you, then? I’m a man now. (No response.) You really don’t need those, you know.

MAGGIE: I guess.

TOM: You don’t need help. You can do anything! Anyway, I better get home now. Nice running into you, Maggie.

TOM exits. MAGGIE looks at the bottle of pills.

MAGGIE: (Softly) You don’t need help. You can do anything.

Blackout.

~

ANNA and the DOCTOR in the DOCTOR’s office.

DOCTOR: May I see the bruises?

ANNA holds out her hands to the DOCTOR.

DOCTOR: Anywhere else?

ANNA: N-no.

DOCTOR: Hm. Speech faculty is impaired.

ANNA: (Coughing) Only because you forbade me from speaking.

DOCTOR: And the rebellious attitude does not seem to have improved. A pity.

ANNA: I cannot keep on like this, Doctor. I cannot eat any more or sleep any more.

DOCTOR: Indeed. While I am usually opposed to discontinuing a course of treatment while there is still a possibility of improvement, your aunt is most eager to see you changed to a new and, might I say, more fashionable treatment.
ANNA: More fashionable? What could be more fashionable?

DOCTOR: Hypnosis is becoming quite popular in certain circles, for instance.

ANNA: Hypnosis?

DOCTOR: Now, I have yet to fully subscribe to that form of therapy myself. The science is not quite there at this moment. No, while I still recommend that you not leave the confines of your home, except for treatments, we shall be done with the rest cure for now. Instead, we will try hydrotherapy. It is a more aggressive course of treatment, appropriate for your condition.

ANNA: Hydro—

DOCTOR: I will have my assistant give your aunt the address of the facility, and he will even do you the courtesy of booking your first appointment.

ANNA: But what is—

DOCTOR: I look forward to seeing your progress in the coming weeks, little Anna. And I can assure you, the hydrotherapy very rarely results in serious harm for the patient. Do not trouble your clearly overtaxed mind about it.

ANNA: What sort of—

DOCTOR: *(Calling to offstage)*: Mitchell!

*Blackout.*

—

2014. JAMIE and JAMIE’S MOM in the kitchen, sitting at the kitchen table.

JAMIE’S MOM: So did you and Emily get a lot done this afternoon?

JAMIE: I guess.

JAMIE’S MOM: She was telling me she just finished her application to Yale.

JAMIE: Mhm.

JAMIE’S MOM: I know it’s too late for early decision now, but maybe you should consider—

JAMIE: Emily’ll be down in a minute, Mom. You can ask her whatever you want.

JAMIE’S MOM: *(Warning)* Jamie.
EMILY enters, carrying a backpack.

EMILY: Sorry I'm late, Mrs. Fischer. I was in the middle of an essay and I didn’t want to forget what I was talking about. Thank you for letting me stay for dinner.

JAMIE’S MOM: It’s no trouble at all, Emily. You know we love having you over and hearing about everything you’re up to. Now if Jamie could get involved in a club or two—you know it’s still not too late to put it on your applications, dear—

JAMIE grunts in dismissal.

EMILY: Well, it’s not like you have to do everything, you know. You know what all the guidebooks say, colleges want well-rounded classes, not well-rounded individuals.

JAMIE’S MOM: Well, yes.

EMILY: Jamie, have you thought any more about submitting something to The Lighthouse? Andrew's the editor for poetry this year, and he’ll totally take whatever you send him. I could maybe even convince him to extend the deadline if you needed a little more time. I know you aren’t...good with them. With deadlines, I mean.

JAMIE: Thanks, Em.

EMILY: You should totally send in that one you showed me last week! The poem about, what was it, the trees and the shadow knives and only leaving scars behind? It was beautiful.

JAMIE’S MOM: Trees...getting stabbed?

EMILY: Well, it wasn't like that exactly—

JAMIE: It’s nothing, Mom. Forget it.

EMILY: But—

JAMIE: Forget it. That wasn’t even a real poem. It was just—feelings, I don’t know.

JAMIE’S MOM: Feelings. Right. (Pause.) Jamie...you know what we were talking about earlier?

JAMIE: (Embarrassed) Mom!

JAMIE’S MOM: I won’t force you to do anything, honey. I just think it might help.
JAMIE: A shrink, you mean? Go ahead and say it, we both know what you're thinking.

JAMIE’S MOM: Jamie...

JAMIE: (Quietly) Look, I know it might.

A brief, uncomfortable silence.

EMILY: So?

JAMIE: I don’t know.

Blackout.

~

1965. MAGGIE in her living room, talking on the rotary phone.

MAGGIE: Yes, John, Martha’s going to look after the children tomorrow, I already talked to Sally...Well, I just felt like I needed a day off. I’ve been so tired lately...No, no I feel fine. I’m not stressed, I-I’m not much of anything really...Oh, I didn’t know you were going to work late tonight...Did you tell me? I could have sworn—I must have forgotten. Oh well. Just a little thing, I suppose...I feel fine, I promise you. I’ll see you later tonight...Yes, me too. Goodbye now.

MAGGIE hangs up the phone and takes the pill bottle out of her pocket. She takes another pill, then pockets the bottle again. She walks over and sits on the floor in the middle of a mess of objects. She picks up several but, losing the energy to move any farther, puts them back down. She may begin to cry. Blackout.

~

1891. ANNA in her bedroom, curled up in a chair. After a moment, MATTHEW enters.

MATTHEW: Anna!

ANNA looks up but otherwise does not acknowledge MATTHEW’s entrance.

MATTHEW: Your aunt just informed me that the doctor is allowing you to have visitors. I could not wait to bask in your presence again.

ANNA: Hello, Matthew.

MATTHEW: (moving closer) What have they done to you?
ANNA: It was—it was so cold. Th-they shepherded me from hot water to cold, from hot to cold and the walls were so bare and gray and then there was so long in the cold water, cold as ice water. I fear I will never be warm again.

MATTHEW: Why would they do such a thing?

ANNA: The cir-circulation, they said. I am—my blood is sluggish, and that is why I do not want to eat or dance or speak or...

MATTHEW: I suppose...that might be true. (ANNA shudders.) Yet it is obvious that the treatment is having adverse effects. Surely they must change you to another course.

ANNA: They—they said that if I do not improve, they will only have to perform longer and more—more intense treatments. They will—they will immerse me in boiling water and shoot it at me in powerful spurts and...

MATTHEW: Oh, Anna.

*MATTHEW moves to embrace ANNA, then hesitates. He gently takes her hand.*

MATTHEW: Then you must get better. I know you can.

*ANNA looks up at MATTHEW and smiles. Blackout.*

~

2014. JAMIE in his bedroom. He sits alone on his bed, contemplating the razor blade from the first scene.

EMILY: *(From offstage)* Jamie?

JAMIE hides the knife. EMILY enters.

EMILY: Are you really considering it? Like, actually seeing a therapist?

JAMIE: Yes. I am. For...for a long time, actually.

EMILY: You have?

JAMIE: I didn’t want—you to know. You or Mom. Or anyone.

EMILY: You don’t have to hide anything from me. Your parents, I get. But me?

JAMIE: Em, you’re...perfect.
EMILY: Oh, don’t be ridiculous. You know I’m—

JAMIE: Em. You’re perfect.

EMILY: (After a pause) Oh. Well, I’m sorry.

JAMIE: Don’t be. Don’t be sorry for being alive. Don’t be ashamed of being able to see tomorrow.

EMILY: Everything you say is beautiful, you know that?

JAMIE turns away. Blackout.

~

MAGGIE and the DOCTOR in the DOCTOR’s office.

DOCTOR: We were not scheduled to meet again for several weeks, Mrs. Reed.

MAGGIE: (Agitated) My husband found the pills. He wants me to stop taking them.

DOCTOR: I’m sure if you brought him in to see me, I could explain the merits of—

MAGGIE: I want to stop taking them too. They aren’t helping. I don’t have anxiety. Or, well, I do, but it’s because of the stupid pills! I’m drowsy all the time. I can’t talk to my friends. I can’t pay attention to my children. It scares me.

DOCTOR: You have to give it some time. Benzodiazepine can sometimes affect the nerves quite strongly, and it can take a few weeks to settle into the treatment. You may think the drug is making you tired, but I assure you, Valium is extremely safe.

MAGGIE: I want to stop. But I can’t. I want you to prescribe something else instead.

DOCTOR: Mrs. Reed, I am not simply a pharmacist handing out drugs at will. I am a doctor, a scientist. And I believe—

MAGGIE: I don’t care. I’m not taking the Valium anymore, and I still need your help. What else can you give me that will actually work?

DOCTOR: Well, I suppose there are a variety of other options for your particular condition.

MAGGIE: Tell me.
MAGGIE sits in the chair across from the DOCTOR's desk. Blackout.

~

JAMIE and the DOCTOR in the DOCTOR's office. This time, there is a computer on the desk. The DOCTOR types as he speaks.

DOCTOR: So can you tell me a little bit about how you've been feeling lately, Jamie?

JAMIE: I don’t know. Tired, I guess. Everyone wants me to do something, and I—I just...can’t.

DOCTOR: (Neutral) How often do you think about hurting yourself?

JAMIE: I don’t—

DOCTOR: Have you ever attempted suicide?

JAMIE: No! Doctor—

DOCTOR: (Mildly apologetic) Routine questions, we have to get them over with. We need to establish a baseline. It’s very important that you let me know if you’re in danger of—

JAMIE: Do you have to keep doing that?

DOCTOR: Doing what?

JAMIE: Typing. Writing down everything I say.

The DOCTOR briefly pauses typing.

DOCTOR: Sorry, Jamie. If you want your insurance to cover part of this session, everything needs to be recorded. I can assure you no confidential information will be shared with your family—

JAMIE: It’s creepy.

DOCTOR: (Neutral) It’s standard practice in today's healthcare system.

JAMIE: This is because of Obamacare? And you’re okay with that?

DOCTOR: My opinions are irrelevant. We’re talking about you, Jamie.

JAMIE: I don’t want you recording me. I wanted a therapist, not a psychiatrist.
DOCTOR: Well, I am the mental healthcare provider referred to you by your insurance company.

JAMIE: I don’t want any drugs!

DOCTOR: You don’t have to take any if you don’t want to. I may recommend it, but the decision is ultimately in the hands of you and your parents.

JAMIE: They’ll make me take them.

DOCTOR: *(Beginning to type again)* Your parents will?

JAMIE: They just want a quick fix. Boom, and they’ll have a perfect kid just like all the other parents. I won’t be me anymore.

DOCTOR: I’m sure they’re very invested in your health. Maybe you should consider reaching out to them a bit more.

JAMIE: In my allergies, sure. Breaks and bruises. But in this? This isn’t health to them.

DOCTOR: Is it to you?

JAMIE: I don’t know.

DOCTOR: Who do you talk to about these feelings you’re having, if not your parents?

JAMIE: No one. Or Emily, I guess.

DOCTOR: *(Curious)* Is Emily your girlfriend?

JAMIE: No! Everyone always thinks that.

DOCTOR: Why do they think that?

JAMIE: Stop asking stupid questions! *(Pause.)* Sorry. Aren’t you supposed to be figuring out why I’m so, you know, depressed all the time? This stuff doesn’t matter.

DOCTOR: I believe I already know the cause of your depression, Jamie. Do you know what serotonin is?

JAMIE: *(With a groan)* Not again. No drugs!
DOCTOR: Okay, no drugs. (Pause.) Well, it looks like our time is up for this week. Thank you for coming in to see me today. You can leave that way. Your mom should be in the waiting room to pick you up.

JAMIE: Thanks?

JAMIE exits. The DOCTOR continues typing. Blackout.

~

1891. MATTHEW and AUNT CLARA in the sitting room.

AUNT CLARA: Young man, I do not know what authority you believe you have in this matter, but I can assure you that my niece is perfectly fine. She is in the best of care and receiving the newest and most effective treatments.

MATTHEW: My apologies, Miss Moore. I certainly never meant to imply otherwise. I only wanted to share my concern for her health. Anna has suffered so much...

AUNT CLARA: I am her family. You can never care for her as I do, and I would prefer that you do not try to insinuate otherwise. (Beat.) She has the best doctors. She will be herself again in a few weeks.

MATTHEW: I am sure that you know what is best for her. I eagerly await the day when she can again enjoy the company of her friends and family. We do quite miss her.

AUNT CLARA: While your interest in Anna is quite touching, Mr. Wilder, she is my niece. And in the absence of her parents, I am her only guardian. I will take care of her.

MATTHEW: Of course.

AUNT CLARA: Now, is that all you came here to discuss? I have told you Anna is sleeping now and I do not wish to disturb her.

MATTHEW: Nor I, certainly. But I actually came here today to speak with you, Miss Moore.

AUNT CLARA: On what subject?

MATTHEW: (A little overdramatic) Miss Clara Moore, I have had the great pleasure these past few months of getting to know Anna. She is a beautiful creature, a radiant soul, and even in these troubled times I see her suffering and only feel more affection toward her. I was fortunate enough to be a favored
associate of her father’s before his departure, and I was hoping that in his absence, you would be willing to consider bestowing on me the great honor of having her hand in marriage.

AUNT CLARA: You wish to wed my Anna? What means have you to support a family, to protect her from harm and to ensure her continued health in this troubled time for her?

MATTHEW: I may be young, I know, but I have great plans for the future. I—

AUNT CLARA: Many mouths were left unfed under the promise of “great plans for the future.” Good day, Mr. Wilder.

MATTHEW: (After a pause) Good day. 

MATTHEW exits. Blackout.

~

2014. JAMIE in his bedroom, writing in his journal. EMILY enters.

JAMIE: I’m not going back.

EMILY: Jamie—

JAMIE: I’m not broken. I don’t want him to fix me.

EMILY: I know you’re not broken.

JAMIE: I don’t want any pills. They’ll change me. They’ll make me someone I’m not.

EMILY: I don’t think you should take any.

JAMIE: Wait, really?

EMILY: They won’t work if you don’t want them to. Besides, there’s power in positive thinking. It’s like—it’s like when you’re starting to get a cold and you just drink all this tea and orange juice and refuse to let your body shut down. And then it doesn’t!

JAMIE: Until two weeks later.

EMILY: Well that’s different. Everyone gets colds. Not everyone has to get—well, you know. Not that it’s...
JAMIE: So what do you want me to do?

EMILY: Yoga? Meditation? Tea? Take long walks? Well you already do that. I don’t know. There are thousands of solutions to this. Just Google it.

JAMIE: Google it.

EMILY: Well—

JAMIE: (Monotone) My life can be solved by Google.

EMILY: It’s worth a try?

JAMIE: (Maybe sarcastic) Thanks Emily.

EMILY: (Taking JAMIE’s hand) You can do this, I know you can. I...

JAMIE: Thanks Emily.

Blackout.

~

1965. MAGGIE in her living room. She paces for a few seconds, stops and takes a pill, then shudders. She begins to build a pile of toys from the junk scattered on the floor. A doorbell rings. TOM enters.

TOM: Maggie! I came as soon as I could. Is everything all right?

MAGGIE: (Not looking at TOM) Oh! Tom. Yes, yes I’m fine. I’m—I’m sorry I called. My husband wasn’t picking up his phone at the office and I didn’t know who else I could—but it’s all right now.

TOM: Are you sure?

MAGGIE: Martha has the children. Cathy couldn’t be happier. I swear she likes that girl more than she likes me.

TOM: Don’t kid about that kind of thing. Of course your children love you. (No response.) Maggie!

MAGGIE: Yes! Yes, I know. I know.

TOM: How many pills?

MAGGIE: What?
TOM: How many pills?

MAGGIE: I don’t—I don’t know, I don’t keep count. The Doctor said, he said to take one anytime when...

TOM: When what?

MAGGIE: When I didn’t know if I could go on any longer.

TOM: A doctor wouldn’t say that.

MAGGIE: He implied it! (Beat.) I’m sorry. I’m sorry, Tom. I should never have called you. I shouldn’t...

*Tom grabs Maggie’s arms, then presses the fingers of one hand to her lips. They stare at each other. Beat. He lets go. Blackout.*

~

1891. ANNA and AUNT CLARA in ANNA’s bedroom. AUNT CLARA is brushing ANNA’s hair.

AUNT CLARA: I am sure that the doctor will allow you to leave the house soon, my dear. You must simply be patient. (No response.) You do want to go out again?

ANNA: Yes, Aunt Clara.

AUNT CLARA: And I know the letter from your mother has not yet arrived, but with the state of the post these days, you never know when a message might show up.

ANNA: Yes, Aunt Clara.

AUNT CLARA: Oh, and don’t worry about that boy who has been following you around. I know you were quite fond of him, but in your state you have no responsibility to be thinking of suitors. (No response.) When you are well again, I will be sure to find you a young man to provide a safe and comfortable life for you. We certainly do not want you to get overexcited and have your illness return. (Anna nods.) Just a little longer by yourself, dear. That is all it will take. Just a little longer away from the world.

*Anna nods again. Aunt Clara finishes brushing Anna’s hair, puts down the brush and exits. Blackout.*

~
2014. JAMIE in his bedroom, lying on the bed typing and clicking on a laptop. After a few seconds, JAMIE’S MOM enters.

JAMIE: You can come in.

JAMIE’S MOM: Sorry.

JAMIE: I’ve been—looking up alternative treatments.

JAMIE’S MOM: Oh. Jamie, I just—

JAMIE: It’s a disease, you know. Everyone online says so.

JAMIE’S MOM: (Neutral) I’m sure there’s been a lot of debate on the issue.

JAMIE: But that doesn’t mean I need drugs. I want a therapist, but I guess that doctor guy will have to do.

JAMIE’S MOM: You know your father and I want to do everything we can for you. But the insurance—

JAMIE: You know, they say that since drugs change your brain chemistry, it’s like they actually make you a different person. You get different hobbies, friends, ways of speaking. If the pills can make you...not you, then who are you?

JAMIE’S MOM: I don’t—

JAMIE: There’s something like, almost religious about it. Like if your soul goes to heaven strung out on antidepressants—

JAMIE’S MOM: Jamie, you’re Jewish.

JAMIE: I know! It’s just, it’s a metaphor.

JAMIE’S MOM: A metaphor?

JAMIE: The point is, I don’t want drugs. I want to be me. Only, you know, not broken.

JAMIE’S MOM: I know, dear.

JAMIE: You do?

JAMIE’S MOM: I want that for you too. (Beat.) Dinner is ready downstairs, whenever you’re hungry.
JAMIE’S MOM exits. Blackout.

~

1965. MAGGIE in her living room, talking into the rotary phone.

MAGGIE: Of course, Sally, we’d love to come...Yes, really! The boys need to get out of the house, and you know how little Cathy dotes on Martha these days. And you’re right, I haven’t seen you or any of the girls in so long...I promise, we won’t miss it. It’s such a great idea, the little party. I may even be able to convince John to come! If he’s not too busy, of course. You know how he is... I’ll see you on Sunday, Sally. Goodbye.

MAGGIE puts down the phone. She closes her eyes and sighs deeply, then stands unmoving for a little longer than is comfortable. Beat. She pulls out her pill bottle and takes another pill. Blackout.

~

1891. ANNA in her bedroom, asleep in her bed. MATTHEW climbs in the window and walks over to her bed.

MATTHEW: (Whispered) Anna!

ANNA: (Half-awake) No, I—

MATTHEW: Anna!

ANNA: What? (Realizing) Matthew?

MATTHEW: Shhh.

ANNA: What are you doing here? What time is it?

MATTHEW: I know it is inappropriate, but I cannot abide by your aunt’s decision. I cannot live a single second longer without you.

ANNA: Matthew, you know I am very fond of you as well—

MATTHEW: We must go away from here.

ANNA: I do not understand—

MATTHEW: Come away with me. I have a cousin in Boston who will keep us for a while until I can find work. He is a cabinetmaker, perhaps he can train me—
ANNA: *(Terrified)* You want me to leave. To leave everything. My family—

MATTHEW: I will be your family. My family will be your family. Your aunt only wishes to keep you locked away forever.

ANNA: But my parents—

MATTHEW: Your mother and father left you. You do not know when they will come home, or if they will come home. All you have left is me.

ANNA: *(After a pause)* Please go away. You do not want my aunt to hear you.

MATTHEW: Please, consider what I have said. I do not want to lose you, to your family or to this melancholy of yours. I want to make you happy.

ANNA: I—I will. But please go.

*MATTHEW exits. ANNA bundles herself up in blankets and begins to cry. Blackout.*

~

*The DOCTOR and JAMIE’S MOM in the DOCTOR’s office.*

DOCTOR: You know, as your son’s psychiatrist, I am bound by codes of confidentiality not to tell you anything about our sessions.

JAMIE’S MOM: I know, Doctor. I’m just, I worry so much. What if he tries to...

DOCTOR: If I believe that Jamie poses a serious risk of harming himself or others, I am obligated to report it, to you and to a hospital that would take charge of him.

JAMIE’S MOM: Thank you.

DOCTOR: If it helps, I can tell you that many patients entertain suicidal ideation on a sort of romantic level. They realize that their lives have meaning by picturing what might happen if they were gone. It’s something to pay attention to, but sometimes it can mean no more than a perfectly healthy teenager talking about how a difficult class is “killing him.”

JAMIE’S MOM: Doctor, do you believe that my son has a disease?

DOCTOR: I believe that depression is a mental illness. But I also believe that there are many environmental factors that can contribute to it as well. It is a fascinatingly complex condition.

JAMIE’S MOM: Thank you, Doctor.
DOCTOR: There’s nothing wrong with having a son with depression, Mrs. Fischer. Remember that, if you can.

JAMIE’S MOM: I guess I should leave you two time to talk.

DOCTOR: You can send him in now.

JAMIE enters.

JAMIE sits and begins to fidget.

DOCTOR: How are you feeling today?

JAMIE: I’m sorry about—about how I acted last time. I was rude. It’s not your fault that I’m...

DOCTOR: I know. Projecting feelings about one’s illness onto one’s therapist is a common coping technique.

JAMIE: I guess.

DOCTOR: But thank you for your apology. You’re a good kid, Jamie, if you don’t mind my saying so. And I believe you’re on the right track now.

JAMIE: I bet you say that to all of your patients.

DOCTOR: Becoming a psychiatrist does involve a great deal of faith in the human capacity to endure, and to heal.

JAMIE: Doctor, do you think I really need drugs to get normal again? I mean, whatever “normal” even means...

DOCTOR: I believe that with any other illness, we fight the disease using all of the available treatments, and I don’t see why it should be any different with mental disorders. But I will respect your decision either way.

JAMIE: I’ll think about it. Maybe. But can I just tell you, you know, about how my week has been?

DOCTOR: I believe we still have some time left. What do you want me to know?

Blackout.
1965. MAGGIE in her living room, sitting on the floor. The doorbell rings several times. She does not respond. MARTHA enters.

MARTHA: Mrs. Reed! My mom’s been calling you for half an hour. Have you been sitting here this whole time? Is your phone working?

MAGGIE does not respond. MARTHA walks over and picks up the phone, listening to the dial tone, then puts it back down.

MARTHA: It’s working. Mrs. Reed, we’ve been waiting for you. Are you okay? Are the children okay?

MAGGIE: They’re—they’re fine.

MARTHA: Are you okay?

MAGGIE: I—I feel dizzy. I’ll be fine, Martha. (She stands up slowly.) I just haven’t been feeling well lately. But...a mother’s work never ends!

MARTHA: Are you sure?

MAGGIE: (Every word is a struggle) Yes. Yes, I'll be fine. I’m just—tired. Very tired. I don’t think we can make it to the party after all. I should have called your mother to let her know.

MARTHA: Can I see the children?

MAGGIE: What?

MARTHA: Little Cathy and the boys. I just want to make sure they’re okay. I know how upset they must be to be missing the party. Are they upstairs?

MAGGIE: I don’t—I don’t think that would be appropriate right now.

MARTHA: (Suspicious) Okay.

MAGGIE: They’re napping, you don’t want to wake them up now.

MARTHA: Well, you know best.

MAGGIE: I just need some time to rest! (Beat.) I—I’m sorry, Martha. I shouldn’t be speaking with you about this.

MARTHA: No, it’s fine, really.
MAGGIE: Please, go home and tell Sally we’re very sorry we can’t make it today. The party was a lovely idea, though, and we thank her for the invitation.

MARTHA: Okay. (Pause.) I hope you feel better soon, Mrs. Reed.

*MARTHA exits.* **MAGGIE sits back down on the floor. Blackout.**

~

**ANNA and the DOCTOR in the DOCTOR’s office. ANNA enters.**

DOCTOR: Ah, Anna. Please sit down.

**ANNA sits.**

DOCTOR: How are we feeling today?

ANNA: Cold.

DOCTOR: Cold?

ANNA: Always cold. Always...alone.

DOCTOR: I know hydrotherapy can be uncomfortable, but those sprays of cold water are scientifically designed to stimulate the circulation of your blood and make you more energetic. You must have patience and the treatment will do its work.

ANNA: No, I—I have no energy. I only feel cold.

DOCTOR: Perhaps we need to increase the frequency of your treatments. I will speak with my associates at the clinic.

ANNA: No!

DOCTOR: Pardon me?

ANNA: Please, Doctor. No more water.

DOCTOR: I am the professional here. I know what you need better than you do. You are just a young girl, not yet even married. *(ANNA shrinks into her chair.)* My dear, I know how desperately you must wish for a husband and a family, but the stresses of married domestic life would be too much for your fragile mind to handle.

ANNA: So they say.
DOCTOR: Dear little Anna, you have certainly proven to be a difficult case. But you mustn’t lose faith. If anything can heal you, modern science can.

ANNA: Yes, Doctor.

DOCTOR: Now, I believe we should pursue a more aggressive course of treatment. I am going to increase your hydrotherapy treatments to twice a week, and limit your exposure to outside visitors once again. We will rest and stimulate your body, and thus heal your brain.

ANNA: Yes, Doctor.

DOCTOR: That is all for today, Anna. You may go now.

ANNA nods, then stands up and exits. Blackout.

~

2014. JAMIE and EMILY in JAMIE’s bedroom, deliberately not doing homework.

EMILY: So you like him now?

JAMIE: Well, sort of. I don’t...not like him. He isn’t making me take any pills.

EMILY: You know, I was reading up some more on natural remedies, and you’ve got options. Fish oil is supposed to help somehow, something to do with the omega-3s. Only everyone online says they smell awful.

JAMIE: You don’t have to do that.

EMILY: I like to keep myself educated. Maybe it’ll help, maybe I’ll just learn some new things.

JAMIE: Nice philosophy.

EMILY: And besides, it helps me feel closer to you.

JAMIE: Emily—

EMILY: I’m trying as hard as I can to understand you, Jamie. I have to, I just...

JAMIE: Wow, I’m...you really don’t have to.

EMILY: And maybe someday you’ll be able to understand me too. I’d really like to talk to you about things, you know, but what’s a little thing like college next to that big scary medical depression?
Beat. JAMIE looks up at EMILY.

JAMIE: What happened?

EMILY: I got rejected from Yale.

JAMIE: I’m sorry. (Pause.) Really, I am. Are you gonna be okay?

EMILY: I mean, it’s not that big of a deal, it’s just Early Action so I have plenty of time to apply to more schools. It just, you know, it sucks. But if I apply to like another four or five more schools than I was going to before, I should be all right.

JAMIE: I guess.

EMILY: God, I should really get working on those. College apps pretty much decide what’s gonna happen with the rest of your life. It’s so stressful. See you, Jamie.

EMILY exits. JAMIE sits in silence for a few seconds, then begins scratching furiously at his wrists. Blackout.

~

1965. MAGGIE in her living room, sitting on the floor and staring into space. After a few seconds, MARTHA enters.

MARTHA: Mrs. Reed!

MAGGIE: Oh, yes Martha? Were you supposed to come over to watch the children today?

MARTHA: Mrs. Reed, it’s four o’clock. No one came to pick them up from the bus stop, so the bus driver had to take them back to school. The school couldn’t get in touch with you, so they called my mom and I went to get them.

MAGGIE: It’s four o’clock? Oh, my—I’m so sorry, are they all right?

MARTHA: They seem to be doing okay now. Billy was crying when I got there but he’s calmer now.

MAGGIE: My Lord...

MARTHA: You know, the secretary at their school told me this isn’t the first time they’ve had to call you when you didn’t show up to drop off or pick up the children. She sounded worried.
MAGGIE: It’s only been once or twice, I’m sure, you know I get wrapped up in...cleaning. *(Glancing around at the mess surrounding her)* There’s always so much to do.

MARTHA: *(Hesitant)* I’m sure.

MAGGIE: I’ll pay more attention to the clock next time, Martha. And thank you for picking them up.

MARTHA: Um, Mrs. Reed?

MAGGIE: Yes?

MARTHA: On the way home, Cathy told me she misses you. She said she never sees you anymore, or if she does it’s like you’re not really there.

MAGGIE: *(Weakly)* Kids. What can you do?

MARTHA: *(After a pause)* I think I should go now.

MAGGIE: All right. Thank you again for your help, dear.

*MARTHA exits. MAGGIE moves in the opposite direction, toward where upstairs would be, then stops. She sits down on the floor and covers her face. Blackout.*

~

*JAMIE and the DOCTOR in the DOCTOR’s office.*

DOCTOR: Why did you do it, Jamie?

JAMIE: I didn’t…I don’t...

DOCTOR: I know it’s hard to explain sometimes. But I need to know why. Did it feel relieving?

JAMIE: *(After a pause)* Yes.

DOCTOR: Have you done this before?

JAMIE: Not—not hard enough to bleed.

DOCTOR: Do you think you might do it again?

JAMIE: I don’t...yes. I don’t know.
DOCTOR: Have you been thinking about killing yourself?

JAMIE: No! (Pause.) Not seriously.

DOCTOR: You don’t have a plan?

JAMIE: No. I would never.

DOCTOR: Good. So we can talk a little more about the reasons behind the cutting, and then—

JAMIE: Wait, you’re not gonna lock me up?

DOCTOR: I don’t believe you pose a serious danger to yourself or others, and therefore there is no need to send you to a hospital.

JAMIE: That’s it?

DOCTOR: There are other ways of caring for people like you.

JAMIE: I told you, no drugs!

DOCTOR: Whether you end up taking medication or not, I think it would help if you could start thinking of this depression as an illness you have and not something that’s intrinsically wrong with you. Can you try to do that?

JAMIE: ...Maybe.

DOCTOR: We’ll work on it. We can also talk about alternate strategies for relieving pain and stress that don’t involve self-harm. I hear you’re quite the writer, for instance.

JAMIE: (Muttered) Not again.

Blackout.

~

1891. ANNA and AUNT CLARA in ANNA’s bedroom.

AUNT CLARA: It sounded as though your treatment went better today.

ANNA: It was shorter.
AUNT CLARA: I am certain that the doctor will reduce the frequency of your appointments very soon, dear. There has clearly been progress. You are so much calmer and more present than you once were.

ANNA: Yes, Aunt Clara.

AUNT CLARA: And more polite as well.

ANNA: Yes, Aunt Clara.

AUNT CLARA: Sleep well, Anna.

AUNT CLARA exits. ANNA does not move. After a few seconds, MATTHEW knocks on the window and then enters.

MATTHEW: Anna! Good, you are still awake. We haven’t much time to get away.

MATTHEW moves over to a trunk and opens it.

MATTHEW: You haven’t packed.

ANNA: I...no.

MATTHEW: You promised me that you would marry me. Has that changed?

ANNA: I...I don’t...

MATTHEW: If we hurry we may still be able to leave the city in time. Quickly, pack what is most important to you and—

ANNA: I— I can’t.

MATTHEW: Why not? (ANNA curls up in the bed, facing away from MATTHEW.) Are you frightened of your aunt, your parents? Of me? Anna, you must be brave.

ANNA: I can’t.

MATTHEW stares at ANNA for an uncomfortably long moment. She does not move. He tries to put a hand on her shoulder and she shrinks away further. Slowly, MATTHEW steps back.

MATTHEW: I do not understand. (Beat.) But I suppose I must leave now, before your aunt catches me and turns me over to the authorities for burglary. Anna, I...

MATTHEW exits. ANNA stands up and looks out after him. She is crying. Blackout.
MAGGIE and the DOCTOR in the DOCTOR's office.

MAGGIE: (Frantic) Doctor, you have to help me.

DOCTOR: I gave you a new prescription a few weeks ago. I told you it would take some time to—

MAGGIE: They're going to take my children away from me!

DOCTOR: Who is “they”?

MAGGIE hands the DOCTOR a folded letter. He unfolds it and reads silently.

MAGGIE: What can I do?

DOCTOR: This letter does not say that your children will be taken from you immediately, only that Social Services will be visiting your home to investigate a report they received.

MAGGIE: Why would they do that? Who...?

DOCTOR: I would assume the school made the official request, though it is likely they received testimony from another source close to the children, someone concerned about their welfare.

MAGGIE: (Muttered) Martha!

DOCTOR: They're only doing what they believe is best for the children. Try to keep that in mind.

MAGGIE: Help me keep them, Doctor, please!

DOCTOR: Do you feel capable of taking care of them?


DOCTOR: Maybe it would be best if you spent some time away from the children.

MAGGIE: You can't—oh, what can I do?

MAGGIE jumps up and begins pacing behind the chair. Blackout.

ANNA and the DOCTOR in the DOCTOR's office. MAGGIE is still pacing in the back.
DOCTOR: Anna, how are you feeling?

*ANNA covers her face and does not respond.*

DOCTOR: Your aunt tells me that you were doing well last night, but this morning you had stopped speaking entirely. Is that true? *(No response.)* Anna, did you suffer some sort of traumatic event that your aunt does not know about? Was it a particularly vivid dream? Can you still feel and use your arms and legs normally?

*ANNA gives a feeble kick.*

DOCTOR: Clearly, home rest has not given you the calm and isolation you need to recover from your distress. Dear child, if you do not show some signs of life, I will have to recommend you be sent away to a private institution. Perhaps there you can receive the constant care you have come to need.

*ANNA stands and moves to a corner of the room, then sits down and curls up into a ball. She is shaking. Blackout.*

*JAMIE and the DOCTOR in the DOCTOR's office. ANNA is still sitting, MAGGIE still pacing.*

DOCTOR: Do you want me to read it?

JAMIE: No, I can...you can do it.

*JAMIE hands the DOCTOR a folded-up piece of paper. The DOCTOR unfolds it and begins to read.*

DOCTOR: Ripping through skin to get at the life
Ripping through bark—

JAMIE: *(Nervous)* You don't—don't read it out loud.

*The DOCTOR reads the rest of the poem silently. This takes a minute as he studies it closely, and JAMIE watches him. Eventually, the DOCTOR looks up.*

JAMIE: I tried to—to write a note. Just to see what it was like. This is what came out instead.

DOCTOR: Thank you for sharing this with me.

JAMIE: It's an awful poem. People just like to tell me I'm brilliant 'cause it makes them feel better about me. Makes them worry less.
DOCTOR: Does it make you worry less?

JAMIE: The poem, or people thinking I’m good at writing?

DOCTOR: Either.

JAMIE: I don’t know. I guess I don’t need the pressure. Writing’s just…a thing I do. It makes stuff hurt less for a while.

DOCTOR: Do you feel more or less alone when you write?

JAMIE: I don’t—both, maybe? I guess it feels good.

DOCTOR: Then I wouldn’t worry about the quality just yet, though that is certainly not my area of expertise. You have plenty of time to learn.

JAMIE: Doctor, can I ask you something? A historical question?

DOCTOR: Sure.

JAMIE: I was reading online that they used to lock people up for depression, isolate them completely.

MAGGIE: Please don’t let them take my children away, Doctor.

ANNA: Please don’t send me away, Doctor.

DOCTOR: I am afraid it’s necessary, Anna. It is clear that your current environment is only doing you harm. We must remove you from your home.

JAMIE: But why would you want to make someone feel more alone?

DOCTOR: Sometimes it was to remove the patient from toxic influences. Sometimes they really needed the rest and relaxation. More often their families simply had no idea how to help them.

ANNA: I want to go home. I want my mother.

MAGGIE: I am a mother. I can't lose them. Please, Doctor.

DOCTOR: Mrs. Reed, if you are too lethargic to adequately care for your children, I am afraid I cannot advise that you remain their primary caretaker. At least until we find the right medication and dosage for you.

JAMIE: You're not going to send me away, are you, Doctor?
DOCTOR: You have just proven that you are no danger to yourself, Jamie. The best and safest place for you to be is at home.

JAMIE: And what happens if the writing isn’t enough? If I feel like... *(Grabbing his wrist)* like cutting again, or even worse?

DOCTOR: I am not going to force you to do anything, Jamie. But if you’re willing to try, I can give you something that might help.

ANNA: But why, Doctor?

MAGGIE: Why, Doctor?

JAMIE: Thank you, Doctor.

DOCTOR: It’s for the best.

*Blackout.*

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1891. **ANNA in her bedroom. She lies on her bed, staring at nothing. After a few seconds, AUNT CLARA enters, holding a letter.**

AUNT CLARA: Anna? Anna dear? *(No response.)* Anna, I do wish you would answer me.

ANNA: Y-yes, Aunt Clara.

AUNT CLARA: Thank you, Anna. I have heard back from the hospital, and they can take you in as early as tomorrow. *(Pause.)* I know that you did not want this, dear, but the Doctor has assured me it is the best course of treatment. You need to be in the care of doctors who understand you far better than I can.

ANNA nods.

AUNT CLARA: If it helps at all, I have just had a letter from your mother as well. It appears that your parents are returning to the country within the next month. Of course, you will not be able to see them when you are away, but it is nice to have them closer, isn’t it?

ANNA nods and then turns away.

AUNT CLARA: We had better begin packing now, dear. Come on.

*AUNT CLARA opens a trunk and looks back at ANNA, who does not move. Blackout.*
1965. MAGGIE, MARTHA and TOM in MAGGIE’s living room. MARTHA is absentmindedly cleaning as MAGGIE watches.

MARTHA: So the children will be staying at our house until your husband comes home every day. They’ll get all the attention they deserve, and they’ll even have Cindy to play with. Mom or I will always be there to watch them. Isn’t that a good solution? *(No response.)* Mrs. Reed, I know this isn’t what you wanted, but at least no one is taking them away. They’ll be in good hands, I promise.

*TOM puts a hand on MAGGIE’s shoulder.*

MAGGIE: Y-yes, thank you. Thank you, dear. How long...?

MARTHA: Until you’re ready to be a mother again. You’ll know that better than we will. But we’ll watch them for however long that takes.

TOM: You’re not alone.

MARTHA: Now, I had better get home to them. My mom must be going crazy with four little ones in the house.

*MARTHA waves and exits.*

TOM: Maggie...

*TOM reaches to embrace MAGGIE. She freezes and then pulls his hand off of her.*

MAGGIE: No, Tom. Just...no. I can’t...and you aren’t...

TOM: *(After a pause)* Goodbye, Maggie. I hope you find what you’re looking for.

*TOM exits. MAGGIE looks around her, sits down on the floor and begins to stack toys into piles. It is unclear if she is cleaning or just making a larger mess. Blackout.*

~

1891. MATTHEW wanders aimlessly, looking at a letter.

MATTHEW: Anna...Anna...Anna, no you can’t, you mustn’t...you can’t be leaving...you can’t...Anna!

*MATTHEW crumples up the letter and throws it away from him. Blackout.*

~
2014. JAMIE, EMILY and JAMIE’S MOM in JAMIE’s bedroom. He sits on his bed, reading from his computer. EMILY and JAMIE’S MOM stand around him, listening.

JAMIE: “Only then did I realize I was worrying about all the wrong things. I’m no less of a person just because I’m not the president of a club or always on the Honor Roll, and I’m no failure for writing for myself instead of for a literary magazine. While I am certainly not perfect, I am not a cliché ‘tortured genius’ either. I am me, and I am proud to have survived.”

JAMIE’S MOM: Very good.

EMILY: You might even get into college with that.

JAMIE swats at EMILY gently. She laughs.

EMILY: I can totally help you with the edits though. I’m so glad you managed to do this.

JAMIE: Thanks. Me too.

JAMIE looks at a bottle of pills lying next to him. Slowly, he picks them up.

EMILY: Are you going to take them?

JAMIE: I don’t know. Maybe if— I don’t know.

EMILY: But they’re there if you want them.

A slightly awkward silence.

JAMIE’S MOM: Well, I think dinner should be almost ready. Emily, would you like to help me while Jamie finishes up?

EMILY: Sure.

JAMIE’S MOM and EMILY exit. JAMIE reads out loud as he types.

JAMIE: “I suppose I should be sugarcoating things and saying I’m all better now so you aren’t afraid to accept me, and I’ll probably delete this part later anyway, but I don’t know if I’ll get any better. I might get worse. I might not want to go on any longer. But I can try as hard as I can to be me, whatever that means. Hey, at least I’m alive.”

JAMIE closes the laptop, stands up and exits.

End of play.
Bibliography


