

STUDY GUIDE



Next

to

Normal

Alliance Theatre
October 17-November 11

Book and Lyrics by Brian Yorkey
Music by Tom Kitt
Directed by Scott Schwartz

This Study Guide was researched and prepared by students in Robert Connor's Musical Theatre Class at Tri-Cities High School in East Point, GA, under the guidance of Alliance Theatre Teaching Artist Barry Stewart Mann.



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Plot Summary

Next to Normal is a contemporary family drama, about a woman's struggle with mental illness, and the effects of her illness on her family. At the opening of the show, Diana seems to have an ideal life – she is educated, well-off, and happily married with two teenage children. But it soon becomes clear that all is not as it seems. Diana has bipolar disorder, plagued with anxieties, mood swings and delusions that trace back to a family tragedy 16 years earlier and are growing worse with time. During the course of the play, Diana goes through a series of doctors and treatments, in response to and sometimes triggering the ups and downs of her illness. Under the care of her primary doctor, Dr. Madden, Diana takes medication, talks through her issues and problems, and undergoes the more controversial option of electroconvulsive therapy. Meanwhile, her husband Dan confronts his own confusion and depression; daughter Natalie deals with isolation and a budding romance with a fellow music student, Henry; and son Gabe serves as Diana's confidante and link to a happier past. Though the family strives to establish some sort of normality, and each character seeks his or her own peace and happiness, the ties that bind slowly and inexorably unravel around them.

Next to Normal is considered a rock musical, and much of the story is told through song. The melodies are often interwoven, and the action moves back and forth among simultaneous scenes, as well as between literal and psychological realities. Though serious in focus, the play is full of surprises and humor as well.

Setting

Next to Normal is set in an unidentified suburban American community. Much of the action takes place in the family home - in the kitchen, living room, and family bedrooms. Additional locations include various doctor's offices, Natalie's school, Dan's car, Henry's house, the hospital, and the dark corners of Diana's tortured psyche. Settings shift frequently and quickly throughout the play.

The Characters

Diana

by Rubin Barksdale and Mya Yorke

Diana is the main character of *Next to Normal*. She is a housewife in her late thirties or early forties. In the character list in the script, the authors describe her as 'sexy' and 'sharp'. From the outside, it would seem like she 'has it all', but Diana suffers from bipolar disorder, which keeps her from living her life fully. She begins to become delusional and live in a world that goes back and forth between reality and fantasy. Before Diana was diagnosed with Bipolar Disorder, she enjoyed climbing mountains. In the song, "I Miss the Mountains", she explains, "I miss the highs and lows, all the climbing, all the falling, and all the while the wild wind blows." Diana wants to move forward with her life, but she is unable to do so because her past haunts her. The trauma caused by past losses has produced distant relationships between her and both her husband and her daughter. Diana and Natalie do not have a real bond or connection because Natalie feels that she is invisible in her mother's eyes. Diana and Dan do not have a strong marriage because they do not support each other when they encounter in an emotional conflict. As time passes, she feels more isolated, and her bipolar disorder only becomes worse. Diana strives to at least become "next to normal", but in all actuality the reality that has developed over the years is not normal at all.

Dan

by Jai Rodgers & James Young

Dan is the husband of Diana and the father of Natalie and Gabe. He is a man that wants nothing more than for his family to be normal. As a husband, he is protective, worried, and stressed; as a result, he can be selfish and even passive-aggressive. The bottom line is that he struggles with an ongoing dilemma, the choice between his own personal interest and happiness, and what he feels he needs to do to care for his wife. His search for the best decisions for his family often just leads to additional problems. Dan tries to keep his household together the best he can, but in reality it doesn't turn out the way he would want, and he realizes that he has little control over his destiny. Still, he chooses to stay with Diana and give her whatever support he can.

Natalie

by Samantha Axam-Hocker & Kaya Camp

Natalie is Diana and Dan's daughter, and Gabe's sister. She is a teenage girl basically just trying to find herself. Dealing with her mother's mental illness, she is on a emotional rollercoaster which she doesn't know how to get off. As a result, she pushes

away the people that care for her most because she doesn't know how to accept their love and concern. She is attracted to Henry, and to the attention he gives her, but also frightened and intimidated. Her relationship with her father is ambiguous, and, as evidenced in the song "Superboy and the Invisible Girl", she is jealous of her brother's central position in the family's emotional life, and in her mother's psyche. At times, Natalie just wants to get away from all of it, but doesn't know how. She is eager to leave and start her life and to stop feeling like a shadow at her own house.

Gabe

By Patrick Coleman and Tessence Pearson

Gabe is the son of Diana and Dan, and brother of Natalie. Toward the beginning of the play, Gabe comes off as daring and rebellious. He is somewhat rude and flippant when it comes to the other characters, such as Natalie, Dan, and Doctor Madden. The only character for whom he ever shows any affection is his mother Diana. Because of this, the two are very close.

Gabe is an enigmatic character, and as the play progresses, his role in the family is more fully revealed. Gabe is scared of losing her, and scared that if she's not around he will no longer be relevant to his family. This fear causes him to cling to her and to prevent her from fully living her life. Gabe is also extremely jealous, and gets upset whenever someone challenges his hold on Diana. His songs often use irony to fully convey the nature of his character. They are usually upbeat, in sharp contrast to the dark subject matter. Gabe is in some ways on the periphery of the action of the play, and, paradoxically, also central to the dramatic conflict and resolution.



*tude d'un violoncelle taille trois-quarts,
(Study of a Three-Quarter Size Cello)*
Michael Maggs (2008)

Henry

By Jenai Howard

Henry is a 17-year-old boy, a musician who is clearly interested in, and perhaps in love with, Natalie. He meets Natalie in the Music Room at school, hearing her practicing on the piano, and finds that music is something they have in common. He is a stoner, but not showy or obnoxious about it; he is very much a free spirit. When Natalie says "Oh. You're one of those pretentious stoner types," he replies, "That's totally unfair. I'm not pretentious. And I'm definitely not classical. It's so rigid and structured. There's no room for improvisation. You have to play the

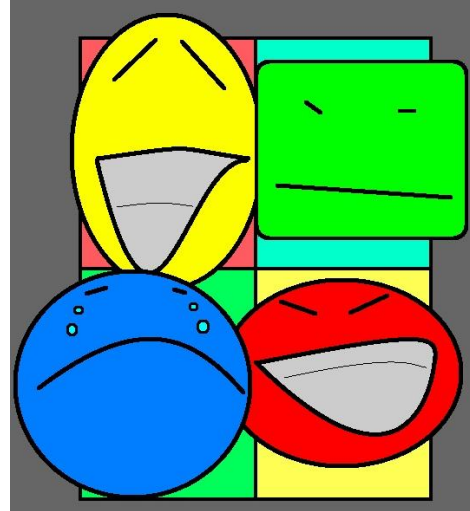
notes on the page.” Henry admits his character weaknesses when he sings, “I might be lazy, loner, a bit of a stoner-its true.” But he takes pride in being “the master of the lost art of making a pipe out of an apple.” Although he seems to have his priorities a bit confused, he is very much a romantic person. Throughout the play he expresses his feelings, telling Natalie, “Perfect for you, I could be perfect for you . . . I’ll make myself perfect . . . perfect for you.” His role in the story is the love interest for Natalie, and he is also an important outlet for her feelings about her family and her mother’s illness.

Dr. Madden

Dr. Madden is Diana’s primary physician through the action of the play. He attempts to reach her through a variety of treatment methods, and in the course of their relationship he unearths crucial family secrets. He is fairly easygoing and ‘hip’, and in Diana’s mind he assumes glamorous roles – a rock star! - providing excitement and fulfilling fantasies. In reality, he is a proficient doctor, clearly concerned for the welfare of his patient and her family.



What is Bipolar Disorder?



Four Moods of Humanity, by John Rudolph (2011)

by Elyakeem Avraham and Richard Hatcher

Bipolar Disorder is a condition in which an individual goes back and forth between very good, or *manic*, moods and very sad, irritable moods, or *depressions*. The "mood swings" between *mania* and *depression* can be very quick. The disorder affects men and women equally, and usually begins to appear between the ages of 15 and 25. The exact cause is unknown, but the disorder is known to occur more often in relatives of people with bipolar disorder.

Bipolar Disorder is classified into different types. People with Bipolar Disorder Type I have had at least one manic episode and periods of major depression. In the past, Bipolar Disorder Type I has also been called *manic depression*. People with bipolar disorder type II have never had full mania. Instead they experience periods of high energy levels and impulsiveness that are not as extreme as mania (referred to as *hypomania*). These periods alternate with episodes of depression.

A mild form of Bipolar Disorder called *cyclothymia* involves less severe mood swings. People with this form alternate between hypomania and mild depression. People with Bipolar Disorder Type II or cyclothymia may be wrongly diagnosed as having depression.

The symptoms of Bipolar Disorder are numerous. They include: distractability; sleeplessness; poor judgment; lack of temper control; reckless behavior and general lack of self control; binge eating, drinking, and/or drug use; sex with multiple partners (promiscuity); spending sprees; extremely elevated moods; excess activity (*hyperactivity*); increased energy; racing thoughts and extreme talkativeness; inflated self-esteem (false beliefs about self or abilities); and severe agitation or irritation. An individual may be diagnosed with Bipolar Disorder on the basis of different combinations of these symptoms and behaviors.

Treatments by Kennedy Bright and Carly Savoy

Studies show that the best treatment for bipolar disorder is the combination of medications and psychotherapy. Even though everyone experiences changes in emotion, people with bipolar disorder have more frequent and intense emotional swings from the normal ups and downs that everyone goes through from time to time. Bipolar disorder symptoms can result in damaged relationships, poor job performance, and even suicide. But bipolar disorder can be treated, and people with this illness can lead full and productive lives.



Successful bipolar treatments are usually grounded in medications. The primary treatment for bipolar disorder is a type of medication called mood stabilizers. Mood stabilizers are used to prevent or control episodes of mania or depression. Proven mood stabilizers include lithium, and anticonvulsants such as valproic acid (Depakote), carbamazepine (Tegretol), and lamotrigine (Lamictal). Such medications allow patients to clear their minds, and relieves them of intrusive thoughts that can distract them from their work and interactions with others around them. Because bipolar disorder is a lifelong and recurrent illness, people with the disorder need long-term treatment to maintain control of bipolar symptoms. Therefore, most people with bipolar disorder use medications plus psychotherapy for effective results.

Psychotherapy, or "talk" therapy, can be just as effective for treating bipolar disorder as medication. It can provide support, education, and guidance to people with bipolar disorder and their families. Doctors use six main types of psychotherapy: cognitive, interpersonal, family-focused, behavioral, psychodynamic, and reality-based. The first three types are considered especially helpful in the treatment of bipolar disorder. In cognitive-behavioral therapy, the patient and therapist examine how thoughts and negative thinking patterns affect emotions and behaviors. Interpersonal therapy focuses on reducing stress by addressing relationship issues and building strong intimate relationships. Family-focused therapy considers stresses on family dynamics and seeks to educate family members to create a healthy and supportive home environment.

Psychotherapy is most successful when the individual enters therapy on his or her own accord and has a strong desire to change. Change means altering those aspects of one's life that aren't working any longer, or are contributing to one's problems or ongoing issues. With the help of medications and psychotherapy, many people suffering from bipolar disorder find they can function fairly normally.

Simple Coping Strategies for Bipolar Disorder: View an original Public Service Announcement created by the High School Dramaturgs at <http://youtu.be/4lcdkZLt53E>.

Medications

Compiled by Odjkn Simmons & Leonardo White

In *Next to Normal*, a variety of medications are mentioned and/or prescribed for Diana. Here are some, with details about what they are and how they work.

Ambien (zolpidem) is a sedative, also called a hypnotic. It affects chemicals in the brain that may become unbalanced and cause sleep problems (insomnia).

Ativan (lorazepam) is in a class of medications called benzodiazepines. It is used to relieve anxiety. It works by slowing activity in the brain to allow for relaxation.

Buspar (bupirone) is an anxiolytic psychoactive drug of the azapirone chemical class that is used to treat anxiety disorders, helping to alleviate fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms.

Depakote (divalproex) is an anti-convulsant. It is usually prescribed for persons who are Bipolar (Manic Depressive), or a similar illness. It is sometimes prescribed for people who experience chronic migraine headaches.

Klonopin (clonazepam) is in a group of drugs called benzodiazepines (ben-zoe-dye-AZE-eh-peens). Clonazepam affects chemicals in the brain that may become unbalanced and cause anxiety.

Paxil (paroxetine) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Paxil affects chemicals in the brain that may become unbalanced.

Prozac (fluoxetine) is a selective serotonin reuptake inhibitors (SSRI) antidepressant. Prozac affects chemicals in the brain that may become unbalanced and cause depression, panic, anxiety, or obsessive-compulsive symptoms.

Xanax (alprazolam) belongs to a group of drugs called benzodiazepines. It works by slowing down the movement of chemicals in the brain that may become unbalanced. This results in a reduction in nervous tension (anxiety).

Zoloft (sertraline) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Zoloft affects chemicals in the brain that may become unbalanced and cause depression, panic, anxiety, or obsessive-compulsive symptoms.

“Zoloft and Friends: If the Meds Could Talk . . .”

For an original spoken-word ensemble presentation about BPD medications, created by the High School Dramaturgy Program, go to <http://youtu.be/oPq7SlErRmg>



A BPD pharmacopia, clockwise from top left: Ambien, Ativan, Buspar, Paxil, Zoloft, Xanax, Prozac, and Klonopin. (Prozac photo by Tom Varco, 2006.)

Electroconvulsive Therapy

by Kristen Armour and Jahmad Juluke

Electroconvulsive Therapy (ECT) is a treatment in which electric currents are applied to the head to induce small seizures for specific patients. These patients include those who are mentally diagnosed for severe depression and other mental illnesses or conditions, including schizophrenia, obsessive-compulsive disorder, and Tourette syndrome. This treatment is administered after patients are given sedatives and/or muscle relaxers. It can be given in different amounts, with different frequency, and for different durations, depending on the individual patient's case. It is often used together with other forms of treatment, including drugs and talk therapy.



Siemens Konvulsator III ECT machine, circa 1960

ECT has been used since the 1930's, when it was first developed by neuropsychiatrists in Italy. In spite of almost a century of use, there is still no theory to explain how the process actually works. Supposedly, it causes alterations in how the brain responds to chemical signals. Mental health providers agree that it works best in producing short-term results, but it is unclear what long term effects are.

There are many positive aspects to electroconvulsive therapy: it is quick and easy to administer, fairly efficient in achieving results, and not reliant on patients taking a confusing variety of pills everyday. On the other hand, electroconvulsive therapy has side effects: patients have frequent loss of memory, including disorientation from family affiliations, location, and time of year; they experience headaches, stiffness, and confusion as well. Also, ECT can be fatal; the death rate is estimated at 1 out of 1,000.

There are strong opinions on both sides of the ECT issue. Some people are appalled at the idea of basically 'electrocuting' patients, even if in very small doses, and they worry about the long term effects and other aspects that are not yet known. But many people feel that anything that can work to ease patients' suffering should be used.

Delusions & Hallucinations: What's the difference?

by Bobbi Bass and Toni Robinson

The terms 'delusion' and 'hallucination' can sometimes be confused, but there are clear differences. A hallucination is a false or adrift experience that does not exist outside of the mind, it stimulates the senses to make it seem like reality. The word 'hallucination' comes from the Latin word meaning 'a wandering of the mind'. A delusion is a fictitious belief or opinion; in a medical context, it is an abnormal mental state characterized by the experience of being deluded, misled or deceived, especially by oneself or one's own judgment. Thus, a hallucination is a more specific occurrence, like a vision; a delusion is generally a more continuous belief or awareness.

The causes of hallucinations and delusions are different. Causes of hallucinations include drugs, withdrawal from drugs, stress, lack of sleep, exhaustion, or brain damage. Delusions are commonly caused by dementia, neurochemical activity in the brain, and major depressive disorders, such as BPD.

Both hallucinations & delusions can be treated but not cured. Delusions are more likely to stop; hallucinations are more likely to be chronic. Hallucinations are treated based on individual condition. Delusions can be treated by psychotherapy, self-help or medications.



Schizophrenia, by Marco Castellani (2010)



Some Statistics about BPD and Other Related Disorders

Compiled by Alex Albritton
and Kayla McCrary

Bipolar Disorder

- Bipolar disorder affects approximately 5.7 million American adults or about 2.6 % of the U.S population age 18 and older in a given year.
- The median age of onset for bipolar disorders is 25 years.
- More than 2/3 of people with bipolar disorder have at least 1 close relative with the illness or with unipolar major depression, indicating that the disease has a heritable component.

Schizophrenia

- Approximately 2.4 million American adults, or about 1.1% of the population age 18 and older in a given year, have schizophrenia.
- Schizophrenia affects men and women with equal frequency.
- Schizophrenia often first appears in men in their late teens or early twenties.

Anxiety Disorder

- Approximately 40 million American adults ages 18 and older, or about 18.1% of people in this age group in a given year, have an anxiety disorder.
- Anxiety disorders frequently co-occur with depressive disorders or substance abuse.
- Most people with an anxiety disorder will have a first episode by age 21.5.

Panic Disorder

- Approximately 6 million American Adults ages 18 and older, or about 2.7% of people in this age group in a given year, have panic disorder.
- Panic disorder typically develops in early adulthood (median age of onset 24), but the age of onset extends throughout adulthood.
- About one in three people with panic disorder develops *agoraphobia*, a condition in which the individual becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD is one of the most common mental disorders in children and in adolescents.
- ADHD affects 4.1% of adults, ages 18-44, in a given year. ADHD usually becomes evident in pre-school or early elementary years. The median age of onset of ADHD is 7 years, although the disorder can persist into adolescence and occasionally into adulthood.

Case Studies

Compiled by Tessence Pearson

I. 'Jessie' is a 30 year-old married female. She has a very demanding, high stress job as a second year medical resident in a large hospital. Jessie has always been a over achiever. She graduated in the top honors in both college and medical school. She always has had very high standards for herself and can be very self-critical when she fails to meet them. Lately, she has struggled with significant feelings of worthlessness and shame due to her inability to perform as well as she always has in the past.

For the past few weeks Jessie has felt unusually fatigued and found it increasingly difficult to concentrate at work. Her co-workers have noticed that she is often irritable and withdrawn, which is quite different from her typically upbeat and friendly disposition. She has called in sick on several occasions, which isn't like her. On those days she stayed in the bed all day, watching TV or sleeping.

At home, Jessie's husband has noticed changes as well. She's shown little interest in wanted to be physically involved and has had difficulties falling asleep at night. Her insomnia has been keeping him awake as she tosses and turns for an hour or two after they go to bed. He's overheard her having frequent tearful phone conversations with her closest friend, and that causes him to worry. When he tries to get her to open up about what's going with her, she pushes him away with the reply "everything's fine".

Jessie has found herself increasingly dissatisfied with her life. She's been having frequent thoughts of wishing she were dead. She gets frustrated with herself because she feels like she has every reason to be happy, yet can't seem to shake the sense of doom and gloom that has been clouding each day as of late. Yes, these thoughts are extreme but she isn't suicidal. (Source: www.psyweb.com/Casestudies/CaseStudies.jsp)

II. 'Carmen' is 46-year-old female who suffered from bipolar disorder for 30 years prior to seeking help from upper cervical chiropractic care. The episodes of depression and mania started during adolescence and she had tried numerous medications over the years.

During her upper cervical chiropractic evaluation, an upper neck injury was discovered. She recalled experiencing a horseback riding accident during her junior high years in which she sustained a concussion. She concluded her neck injury could have occurred then. After receiving treatment for her neck injury, she reported a marked improvement in her health; specifically, the bipolar problem was reduced tremendously. She reported that she received more results from upper cervical care than any other treatment or medication she had tried over the years.

(Source: www.erinelester.com/CaseStudies.aspx?ConditionID=4)

Famous People (who have been discussed as having signs of Bipolar Disorder)

Note: inclusion in this section should in no way be construed as an attack on these individuals. Many people throughout society exhibit symptoms of bipolar disorder; this list is intended to further the open discussion of this topic by providing common points of reference among individuals in the public eye. Only these individuals and their physicians know the details of their personal lives and medical histories.

Britney Spears

"While the pop princess, 28, kept quiet about possible mental health problems, speculation and rumors about a possible bipolar diagnosis swirled around Spears since the infamous shaved-head photos surfaced in 2007. A parade of psychiatrists and psychologists—none of whom actually treated Spears, mind you—"diagnosed" her as bipolar in various media outlets. A January 2008 *People* magazine cover story about Spears referred to "a likely bipolar disorder," and in it, a Santa Monica, Calif.-based psychiatrist said Spears's actions suggested "classic bipolar behavior, including hypersexuality, poor judgment, and impulsivity." Whatever mental health condition Spears may (or may not) have been suffering from, the beleaguered singer seems to have regained her footing."

Demi Lovato

"It wasn't until she entered a treatment center for her struggles with anorexia, bulimia, and cutting that teen pop star Demi Lovato found out she had bipolar disorder. "Looking back it makes sense," she told *People* magazine of her diagnosis. "There were times when I was so manic, I was writing seven songs in one night and I'd be up until 5:30 in the morning."

The Disney darling has since completed treatment and will continue to see doctors at home in L.A., but says, "I feel like I am in control now."

Kurt Cobain

"The grunge rocker took his own life at age 27 despite the success of his Seattle-based band, Nirvana. Noting that one of the band's songs is titled "Lithium," which is also a mood stabilizer used in the treatment of bipolar disorder, *Time* magazine included him in a 2002 list of "manic geniuses" who made great contributions to music, art, or literature and who may have had bipolar disorder. "

(Source: Health.com)



Portret van een man (Portrait of a man), Gert Germeraad (2004-06)

**In Person:
A Class
Visitor**



by Odjkni Simmons
and Leonardo White

During the course of our Dramaturgy work on *Next to Normal*, a visitor came to speak with our class about his own journey with Bipolar Disorder (BPD). He was a tall, thin middle-aged man with dark hair; to respect his privacy, for this essay we will call him “Jack”.

Though Jack seemed unique in ways, he was not someone we would have immediately identified as having a mental illness. He sat with his legs crossed, was a little fidgety, and messed with his hair a lot. He seemed very intelligent and a little intense, as if he were an artist or performer. As he introduced himself, Jack explained that he first discovered he had BPD in college when he was studying depression and schizophrenia and recognized some of the symptoms in himself. He explained that people sometimes treat him differently because he has BPD. People with BPD are often marginalized or isolated from their families and friends. He suggested that the scenario in the play is unusual – for someone with such extreme symptoms to be living a fairly ‘normal’ life as a wife and mother.

Jack suggested that BPD is in some ways similar to how life is for high school students: we go through things that constantly cause changes in our feelings and moods. We all know the emotional roller coaster of adolescence. Jack said that for someone suffering with BPD, the emotions and changes are more extreme, happen more frequently, and last longer. He also explained how his emotions can mix, meaning that he can simultaneously experience two emotions that usually don't go together, like feeling unhappy and mad at the same time, or sad and anxious at once. Thinking of our Musical Theatre class, Jack also said that having so many emotions could be great for singing and acting. It may be easier to reach the emotions that the singer or actor must convey. However, with BPD, the emotions last longer for those without the disorder; he said he can't just cut emotions off. But, he reminded us, sometimes “normal” people can't control their emotions either. In some ways, it's really a difference of amount and intensity for a person with BPD.

Jack explained there are medications for BPD, and that he had taken some in the past. The medications helped, but the side effects for him were sometimes rough: the whole day would feel like a blur or he couldn't remember certain things. He gave the analogy of being drunk. He also said it wasn't good to drink or smoke while on medication – there can be bad interactions. He had taken medication for a while, but he doesn't take them currently simple because he feels he doesn't need them. He said he has a variety of coping strategies, and that his doctors tell him he copes well without the medications. But he may decide to go on them again at some point.

It was fascinating to the class that Jack was very comfortable telling us about his life with Bipolar Disorder. He provided interesting insights into this fascinating topic, and our study of *Next to Normal*.

Being a Caregiver

by Bobbi Bass and Toni Robinson

In *Next to Normal*, the main focus is on Diana, a wife and mother with a mental illness, bipolar depression. The audience sympathizes with Diana, and the story follows her ups and down with her illness. With such a central character, some may give little thought to her husband Dan and his role as the primary caregiver in the relationship. But the role of caregiver is complex and important.



A caregiver is someone who gives support and assistance to someone suffering from an illness. The illness can be mental or physical. Being a caregiver can be an extremely stressful responsibility. Because of the pressures they feel, caregivers may become confused, frustrated, angry, and more impatient than usual. A caregiver may suffer the same stress, if not more, than the patient with the illness. He or she empathizes with the loved one, but also feels the guilt and worry about not doing enough, or doing too much, or being ineffective. These feelings are completely normal. Caregivers may also experience financial stress from the potentially exorbitant costs of medication, treatment, and therapy. Often, the patient is receiving several types of treatment at once, which can be very expensive. Just dealing with bills and insurance companies can be like a full-time job. Of course, a caregiver generally has his or her own career, and balancing work and caregiving can be difficult, if not impossible. Time and management is key. Not only does the caregiver have to manage his or her own life, but also that of the loved one, who is incapable of making life decisions. For all these reasons, caregivers often need support of their own. Like patients with mental illness, their caregivers develop ways of coping, and seek out help of a medical or psychological nature. Though it brings challenges, many people are successful in providing the care that is needed by their mentally ill family members, and help them lead 'normal' lives.

The Composer and Lyricist

By Elyakeem Avraham and Richard Hatcher

Tom Kitt is an American composer, conductor, orchestrator and musician. For his score for the musical *Next to Normal*, he shared the 2010 Pulitzer Prize for Drama with Brian Yorkey. He also won the Tony Award and 2008 Outer Critics Circle Award, and was nominated for a Drama Desk Award for *American Idiot* and *Everyday Rapture*.

Kitt attended Byram Hills High School in Armonk, NY, where he participated in various theatrical productions. After graduating in 1992, he attended Columbia College in New York City, graduating with a degree in economics in 1996. During his time at Columbia, Kitt was also a member of the Columbia Kingsmen.

Kitt composed the music for the musicals *High Fidelity* and *Next to Normal* and the play *From Up Here*. He met Brian Yorkey while they were both students at Columbia University, and they attended the BMI Lehman Engel Musical Theater Workshop as a team. He won the 2008 Outer Critics Circle Award Outstanding New Score, and was nominated for the Drama Desk Award Outstanding Music; and Tony Awards for Best Original Score Written for the Theatre and Best Orchestrations, all for his rock score to *Next to Normal*. He also shared the 2010 Pulitzer Prize for Drama with Brian Yorkey for *Next to Normal*. The Pulitzer Board called it "a powerful rock musical that grapples with mental illness in a suburban family and expands the scope of subject matter for musicals."



Tom Kitt



Kitt & Yorkey



Brian Yorkey

Brian Yorkey is an American playwright, lyricist, and theatre director. He shared the 2010 Pulitzer Prize for Drama and the 2009 Tony Award for Best Original Score with composer Tom Kitt, and was nominated for the Tony Award for Best Book of a Musical for *Next to Normal*.

A native of Issaquah, Washington, Yorkey graduated from Columbia University, where he served as the artistic director of the Varsity Show. He also is an alumnus of the BMI Lehman Engel Musical Theater Workshop.

Prior to bringing *Next to Normal* to Broadway, Yorkey was affiliated with Village Theatre, where he began as a KidStage student and eventually progressed to a six-year tenure as associate artistic director. Five musicals written by Yorkey - *Funny Pages* (1993), *Making Tracks* (2002), *The Wedding Banquet* (2003), *Play it by Heart* (2005), and *A Perfect Fall* (2007) - were staged there.

Next to Normal began as a ten-minute-long piece called *Feeling Electric* recent college graduates Yorkey and Kitt wrote as a final project for the BMI Musical Theatre Workshop at the end of the 1990s. Their inspiration was a segment about electroconvulsive therapy Yorkey saw on *Dateline NBC*. Yorkey has observed that it is "exponentially harder to write an original musical. Musicals that go wrong can be ridiculous because it's a ridiculous art form. People bursting into song can be ridiculous. But musicals that go right can be sublime."

Production History

Next to Normal is a musical with book and lyrics by Brian Yorkey and music by Tom Kitt. The piece began in 1998 as a short sketch about a woman undergoing electroconvulsive therapy, under the title *Feeling Electric*. Over the next decade, the script and score grew and developed through a series of workshops, and was retitled *Next to Normal*. The play debuted off-Broadway in 2008, and won the Outer Critics' Circle Award for Outstanding Score, with Drama Desk Award nominations for Outstanding Actress and Outstanding Score. After the run off-Broadway, the show was reworked, and then produced at Washington, DC's Arena Stage from November 2008 to January 2009. The musical opened on Broadway in April 2009. It was nominated for eleven Tony Awards for the 2009 and won three; Best Original Score, Best Orchestration, and Best Performance by a Leading Actress in a Musical, for Alice Ripley. It was also awarded the 2010 Pulitzer Prize for Drama, becoming only the eighth musical in Pulitzer history to receive the honor. In awarding the prize to *Next to Normal*, the Pulitzer committee called the show "a powerful rock musical that grapples with mental illness in a suburban family and expands the scope of subject matter for musicals." The Broadway production closed on January 16, 2011 after 21 previews and 733 regular performances. Since then, the show has toured nationally in the U.S., and received productions abroad in Canada, Australia, Holland, Argentina, Brazil, Peru, Korea, Israel, and several countries in Scandinavia.

A Musical about Mental Illness?

By Jai Rodgers and James Young

When people go to see a play, what are they expecting? They expect family drama or madcap comedy, having tears from feeling the characters' pain, or belly laughs because it is just that funny. It is very rare to come across plays with characters who suffer from mental illness, and it is even more unusual when they are musicals.

In the musical *Next to Normal*, the main character Diana suffers from Bipolar Disorder. This musical has received a good deal of attention because of its frank and sometimes even sarcastic tone, and the irony of the lyrics heard throughout in the musical exploration of mental illness.

Plays and musicals of this genre are hard to come by, but they exist. For example, *Woyzeck* is stage play written by Georg Buchner where Franz, the main character, tries to earn money for his family by doing experiments for a doctor. As the play develops, Franz's mental health suffers because of the experiments. He later stabs a man merely because he suspects the man of having an affair with his child's mother. Shakespeare also wrote of mental illness: King Lear goes mad because of the ingratitude of his daughters, and Ophelia commits suicide, driven insane upon being spurned by Hamlet.

Even though not discussed often, there are many more plays on this topic. There are novels and movies as well. People may not think that characters with mental disabilities are prominent in the entertainment community, but they exist with some frequency. There have even been studies about favorite characters from popular films and stories: there has been speculation about Ariel from *The Little Mermaid* being a hoarder, or the crime fighter Sherlock Holmes having Asperger's Syndrome.

In conclusion, even though they may not fill the most famous plays, books or musicals, characters with mental illnesses make many appearances in what we watch today.



Ophelia, by John Everett Millais (2009)



The Music and the Text

By Kristen Armour
and Jahmad Juluke

In the musical theatre, how does music relate to text? Songs and musical numbers are interjected periodically throughout a show. There are a plethora of reasons as to why this happens. Some believe that words can no longer express how the character feels; the emotions are so strong that he or she has to sing. The tone, mood or style of music perfectly expresses way the character is feeling. When the characters sing in a specific key, tone, or melody, the song directly connects to how the audience and performers feel. For example, early in *Next to Normal*, there is a scene in a doctors office. Diana is speaking with Dr. Fine about how to take her medicine; when all of a sudden Dan sings:

*Who's crazy? The husband or wife?
Who's crazy? To live their whole life
Believing that somehow
Things aren't as bizarre as they are?*

Dan is clearly frustrated that the love of his life is “losing her mind.” He is genuinely wondering who is crazy, the person with the illness or the one who stays with the ill person, and his inner confusion bursts out in song, basically interrupting the doctor’s explanations about the pills. A few minutes later in the same scene, distant voices are heard singing, listing medicines in the style of a radio commercial. This is a unique way the lyricist and composer connect the text to music. The exaggerated list of medicines gives the audience a mental image of how strenuous it is to have an illness where many pills are needed on a daily bases. The song lets the audience see, hear and feel how exhausting and tedious a mental disorder can be for the sufferer. In the play, songs and text are constantly interwoven. Also, sometimes characters who are not in a scene come out to become part of a song. Each character sings from his or her own viewpoint. Often the same lyrics can mean different things to the different characters; in songs words and phrases can be repeated many times for emphasis. Sometimes the songs express what the characters might actually be saying, but much of the time the songs convey the psychological reality of the character – their inner thoughts and feelings. They are often part of the imagination of the characters that sing them, and the style of the song relates to the specific character at the specific moment of the action. It is the job of each audience member to determine how each song helps to tell the story of the play.

Finally, the music provides pleasure in itself. Music can connect to the audience’s emotions in ways that simple spoken words cannot. So the audience has the experience, in a way, of attending a concert as well as a play.

Humor in *Next to Normal*

by Rubin Barksdale and Mya Yorke



People use humor in life to cover or add joy to pain. Playwright and lyricist Brian Yorkey employs humor in the musical *Next to Normal* to balance and lighten the play's serious and painful situations.

For example, Diana's fantasies to add humor to her doctor visits. At one point, she imagines that she and her doctor, Dr. Fine are in a romantic relationship when she says, "My psychopharmacologist and I . . . It's like an odd romance, intense and very intimate, we do our dance." Later, she also fantasizes that another of her doctors, Dr. Madden, is a rock star; as she deals with him, the play shifts back and forth between reality and fantasy. Humor is also brought into the play when Diana blurts out random comments or does random things that are not normal. For example, Diana tells Natalie that she is going to have sex with her Dan, Natalie's father, and she calls her son a 'twat' -- these are not common things a mother would say to her children. Early in the play, Diana makes sandwiches on the floor, also very unusual. All of these examples are drawn from Diana's illness, and the abnormal ways that such a patient might act.

Diana is not the only source of humor; Yorkey also uses the character of Natalie. When Natalie meets Henry, she thinks he's a creeper because he knows so much about her and she has never met him before. Natalie's relationship with Henry is humorous because their personalities are so different. Natalie is a fairly structured person, and Henry is more free-spirited, so their interaction brings up contrasts and contradictions. Yorkey also finds opportunities for humor in Dan. As Diana's husband, he tries to cope with and help her, but when he talks to the audience, it becomes clear that he really doesn't understand her.

Given the seriousness of the play's topic, the funny lines and situations provide welcome balance and relief and add to the play's humanity.

The Director

by Kennedy Bright and Carly Savoy

Scott Schwartz is internationally known for his works off and on Broadway, across the United States, Great Britain, and Asia. For nearly two decades, he has built a reputation for working with a wide range of productions, from new plays to operas, and everything in between.

Mr. Schwartz is a graduate of Harvard University, an Associate Artist at the Alley Theatre in Houston, and a member of the Stage Directors and Choreographers Society.

Schwartz made his Broadway career debut as co-director (with John Caird) of the musical *Jane Eyre*, a national tour of the musical *Godspell*, and the British tour of *Godspell* as well. He has directed for many of the nation's premiere theatres, including the Ahmanson in Los Angeles, Alley Theatre, Cleveland Playhouse, Colorado Shakespeare Festival, Dallas Theater Center, Denver Center Theatre, San Jose Rep, the Old Globe Theatre in San Diego, Virginia Stage Company, Pasadena Playhouse, Arizona Theatre Company, Berkshire Theatre Festival, and the Alliance. Credits in New York and around the country include *Golda's Balcony*, *Séance on a Wet Afternoon*, *Bat Boy*, Shakespeare's *Othello* and *Much Ado About Nothing*, the world premiere of Theresa Rebeck's *What We're Up Against*, and many more.

Schwartz is the son of Stephen Schwartz, renowned composer and lyricist of such stage classics as *Godspell*, *Pippin*, and *Working*, and such well-known films as *Pocahontas*, *The Hunchback of Notre Dame*, *The Prince of Egypt*, and *Enchanted*. A book about the life and career of Stephen Schwartz, *Defying Gravity*, includes interviews with Scott and a portrait of his relationship with his famous father.



Theatre Etiquette

When you attend a play at the Alliance Theatre, you are in the same room as a lot of other people, including the actors, who can both see and hear you. For your own and everyone else's enjoyment, there are simple rules to follow. Turn off any electronic devices that you brought in, and leave them off. Sounds can be distracting, even loud whispers; and stray lights can as well, so refrain from texting and checking email. Responding to the play is fine, with laughter, tears, gasps, and the like, but anything louder or more verbal will take the focus off the play and put it squarely on you. If you must exit the theatre, do so quietly, and at an opportune moment in the action. If you are coughing a lot, please discreetly leave the theatre. And the most important rule: **pay attention, listen, watch, think, feel, and enjoy.**

Vocabulary

by Alex Albritton and Kayla McCrary

Here are some interesting, unusual or unfamiliar words from *Next to Normal*, with the lines from the script showing their usage.

Twat - A foolish or despicable person

Gabe: Why does he hate me?

*Diana: Because you're a little **twat**.*

Coke – An illegal narcotic drug, the shortened name for cocaine

*Diana: Are you snorting **coke**?*

Grappling - seizing with a firm grip, wrestling, clinching, struggling

Diana: When it's up to you to hold your house together . . .

A house you built with patience and with care . . .

But you're grappling with that grey and rainy weather

And you're living on a latte and a prayer . . .



grappling



nimble

Nimble - Quick and light in movement; moving with ease; agile; active; rapid

Natalie: But his music's not crazy,

*It's balanced, it's **nimble**,*

It's crystalline clear.

Therapeutic - Having or exhibiting healing powers

*Henry: Dude. It's **therapeutic**.*

Oblong - Having an elongated, esp. rectangular, shape

*Dr. Fine: The triangle yellow ones are taken with the **oblong** green ones with food but not with the pink ones.*

Psychopharmacologist – a scientist or doctor who specializes in the study of drugs and how they affect the mind.

*Diana: My **psychopharmacologist** and I
It's like an odd romance.*

Predisposition - Tendency to a condition or quality, usually based on the combined effects of genetic and environmental factors.

Traumatic- Psychologically or physically painful

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

Sedated - Calm, quiet, or composed; undisturbed by passion or excitement; calmed through the administration of drugs

Restrained - Held back from action; kept in check or under control; repressed

*Dr. Madden: Saline rinse, sutures, and gauze. I.V. antibiotics. Isolated, **sedated**, and **restrained**.*

Anesthesiologist - A physician who specializes in anesthesiology, the study of medications and procedures that temporarily take away or block sensation and feeling.

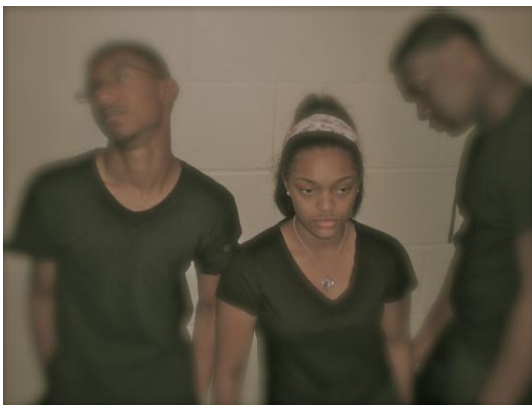
*Dr. Madden: I see you've met our **anesthesiologist**. Now, just breathe normally.*

Lethargy- The quality or state of being drowsy and dull, listless and unenthusiastic, or indifferent and lazy; apathetic or sluggish inactivity

*Diana: It's like someone let my brain out,
Set my frozen mind to thaw,
Let the **lethargy** and pain out
While I stood and watched, in awe.*

Euphoria - A state of intense happiness and self-confidence

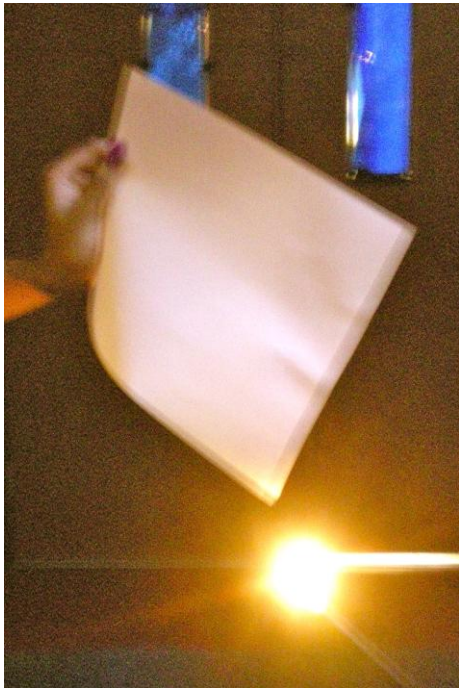
*Natalie: It's euphoria, it's anger.
It's the winter wind, it's fire.*



lethargy



euphoria



sear

Psychogenic - Originating in the mind or in mental or emotional processes; having a psychological rather than a physiological origin.

*Dr. Madden: This much loss is rare, but it has been reported. It may be partly **psychogenic** – at times like this the mind tends to repress troubling memories.*

Lithium - a substance used, in its carbonate or citrate form, in the treatment or prevention of bipolar disorder or mania

*Diana: It was the year of too much **lithium** –
I hid out in the car.*

Sear - To burn or scorch injuriously or painfully

*Gabe: They've managed to get rid of me –
I'm gone without a trace,
But **sear** the soul and leave a scar no treatment can erase.*

Defied - Challenged; boldly or openly resisted

*Gabe: I'm alive
I'm alive
I'm death **defied** –
I'm alive . . .*

Regimen - A regulated course, as of diet, exercise, or manner of living, intended to preserve or restore health or to attain some result

*Dr. Madden: We have to look at . . . a new drug **regimen**.*



defied (smoking in front of 'above the influence' signs)



regimen

Circuitry - The detailed arrangement of electronic circuits (complete pathways of electric currents)

*Diana: And then they told me chemistry,
The juice, and not the **circuitry**,
Was mixing up and making me insane.*

Relapse - To fall or slip back into a former state, practice

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

Reprieve - respite or temporary relief

*Gabe: Your heart is in your chest again, not hanging on your sleeve.
They've driven out your demons and they've earned you this **reprieve**.*

Pathological - Relating to, involving, or caused by disease

*Diana: My first psychologist told me that according to the manual, grief that continues past four months is **pathological** and should be medicated.*

Lucid - Clear; pellucid; transparent

*Diana: Maybe I've lost it at last.
Maybe my last **lucid** moment has passed.*

Stolid - Not easily stirred or moved mentally; unemotional; impassive

Steadfast - Firm in purpose, resolution, faith, attachment, etc., as a person

Stoic – maintaining or affecting the mental attitude advocated by the Stoics, characterized by strength, freedom from passion, and indifference to pleasure and pain

*Diana: Why stay?
Why stay?
So **steadfast** and **stolid**
And **stoic** and solid.*



steadfast



stolid



stoic

Activities

Developed by Barry Stewart Mann and the High School Dramaturgs

Here are some activities to prepare students for *Next to Normal* and to help them reflect on their experience of the play.

Before the show:

Emotional Changes

Objective: To give participants an experience of the swiftness and randomness of emotional changes that can occur in mental illnesses such as bipolar disorder.

Format: Full group.

Procedure: Class mills about in open space. Facilitator calls out a series of prompts combining a random subgroup with a physical or emotional action to portray.

Possibilities include: "If you're wearing shoes with shoelaces, be very excited;" "If you have older siblings, don't let people look at you," "If you have an 'a' in your first name, talk nonstop about your clothes," "If you had a sandwich for lunch, have a really bad headache," etc. Facilitator targets prompts so that each participant has a unique experience of shifting moods and intentions.

Life in Song

Objective: To explore entering the stylistic world of musical theatre by creating a conversation in song.

Format: Pairs or small groups.

Procedure: Partners improvise an emotional conversation or debate on a random topic; if interpersonal in nature, the content should be fictional. Then partners recreate the conversation in song. Utilize a variety of musical styles, from rap to country to blues ballad to opera. Explore repeating phrases and overlapping lines in different voices to see what refrains arise.

After the show:

Group Discussion Questions

Objective: To reflect on some of the central issues in the play.

Format: Pairs, small groups, or full class

Procedure: Discuss, with reference to how the issue was presented in the play.

- If you believed electroconvulsive therapy could bring you clarity and peace of mind, but might affect your memory and awareness, would you choose to accept it?

- Should people who behave differently from the majority of society, who are 'next to normal', be 'treated' in order to fit in, or should society adapt to them and accept them as they are?

- Which characters in the play were selfish, and which were generous and giving? When and why?

- Remembering that Bipolar Disorder includes behaviors that most people manifest at some time or another, explore the question: what should qualify a set of behaviors as a 'mental illness'?

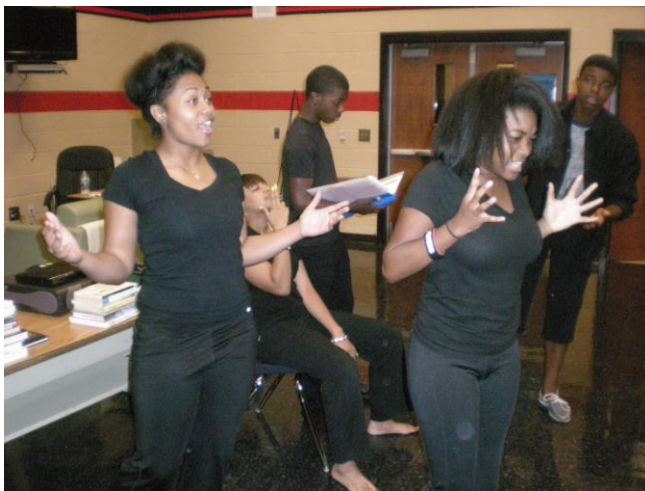
Character Tableaux

Objective: To explore the characters and their interrelationships through physicalization.

Format: Small groups of 5 or 6

Procedure: Groups assign roles based on characters in the play; then create a tableau (frozen group pose) to express individual character qualities as well as interrelationships through facial expression, shape, spatial relationships, etc. Present tableaux to the class and allow the observers to guess at characters, or simply to comment on what the tableau expresses. Variation: do tableaux for the beginning, middle or end of the play. Have each student choose or improvise a line of text to express the character's thought or feeling, then activate the tableau one actor at a time to speak the chosen text.

Sample tableaux:



Resources

Bipolar Disorder

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Electroconvulsive Therapy

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http://bipolar.about.com/od/glossaryef/g/gl_ect.htm

<http://wordnetwoeb.Princeton.edu/Perl/webwn>

www.mayoclinic.com/health/electroconvulsive-therapy/MY00129

<http://www.youtube.com/watch?v=zYl13Relzbs>

Caregivers

www.bipolarcaregivers.org

www.managingbipolar.com

www.caregiver.com

The Alliance Theatre High School Dramaturgs
Tri-Cities High School, 2012



Top row (kneeling on rear shelf unit): Tessence Pearson, Samantha Axam-Hocker

Back row (sitting or leaning on rear shelf unit): Kaya Camp, Maya Yorke, Bobbi Bass, Leonardo White, Carly Savoy, Jai Rodgers, James Young

Middle row (standing between shelf units): Richard Hatcher, Kayla McCrary, Rubin Barksdale, Kristen Armour, Jahmad Juluke, Teaching Artist Barry Stewart Mann

Front row (leaning on front shelf unit): Musical Theatre Teacher Robert Connor, Odjkni Simmons, Toni Robinson, Elyakeem Avraham, Kennedy Bright, Patrick Coleman, Jenai Howard, Alex Albritton.