

‘Just One Step Away’: The Mad Other on the Contemporary Stage

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People are not comfortable with difference. You know? Fags, retards, cripples. Fat people. Old folks, even. They scare us or something.... The thing they represent that's so scary is what we could be, how vulnerable we all are. I mean, any of us. Some wrong gene splice, a bad backflip off the trampoline... too many cartons of Oreos! We're all just one step away from being what frightens us. What we despise. So... we despise it when we see it in anybody else
(Labute 2004, 71-2).

From Cassandra to Lear, the mad scene is an essential inheritance of Western drama. It is an irresistible opportunity to feed the audience's appetite for spectacle, for something out of the ordinary – in short, for otherness. We might not be 'comfortable with difference' in real life, but something about the theatrical setting allows us to expand our comfort and our attention. Carol Rosen has noted the contrast between real-life stigma and theatrical appeal: 'in a darkened theater, we do not avert our eyes from madness.... We, too, want to witness from a safe distance the mysteries of a world apart. We do not want to enter the madhouse; we merely want to see it' (Rosen 1983, 95). And we want to see it *a lot*, judging by the state of modern media. As Kirsty Johnston understates: 'Opportunities to see theater concerned with mental illness are not rare' (Johnston 2009, 756). Being 'not rare' has both advantages and drawbacks. It is certainly fair to protest this disproportion on grounds of misrepresentation or reification of certain limited disability identities, or to draw attention to the fact that the players chosen to embody these identities do not actually

live with them¹. Yet the primary advantage to the abundant mad scene arises from the fact that it makes otherness powerful and, more importantly, *possible*: through theatrical experience, viewers can not only face but also imaginatively inhabit the othered position of the mad. The impact of madness onstage is to put the audience ‘just one step away’ from difference and vulnerability in a singular way. Because of theater’s liveness, its reality of bodies and its shared unrepeatability of experience, it has the potential to blur the boundaries between story and spectator, between Other and self. Following Foucault, Petra Kuppers writes: ‘The history of the representation of disability and illness can be seen to be structured by attempts to contain the Other, to isolate it, present it as outside ‘normal’ society and bodies, and thus to exorcise its threatening, disruptive potential’ (Kuppers 2003, 4). Yet this formulation is not entirely true for drama. Mad scenes are not exorcisms but closings of distance that bring with them invitations to challenge our ideas about ‘what frightens us, what we despise’. Sharing both physical and imaginative space with the actors/characters, audience members are invited to both look *at* and look *through* them, to observe an Other but also, however briefly, to become one.

Thus, theater has a distinct relationship to the disruptive potential of the Other. More than other media forms can, it plays with the tension between observing and becoming, between what Jason Tougaw terms the two ‘poles of identification’:

¹On the former complaint, see Otto Wahl’s *Media Madness: Public Images of Mental Illness* (New Brunswick: Rutgers UP, 1995); see also ‘The Dramaturgy of Disability’ by Victoria Ann Lewis (*Points of Contact: Disability, Art, and Culture*, eds. Susan Crutchfield and Marcy Epstein [Ann Arbor: U of Michigan P, 2000]). Lewis writes: ‘It is not that the nondisabled theater world knows nothing about disability and is waiting to be enlightened. To the contrary, the depiction of disability is over-represented in dramatic literature. As a result the nondisabled theatrical practitioner often feels he or she knows better than the disabled artist what is the correct approach to this uncomfortable but irresistible subject’ (93-4). On the latter complaint, see Petra Kuppers’s *Disability and Contemporary Performance: Bodies on Edge* (New York: Routledge, 2003), in which she discusses the crowding of played disability onstage and the crowding of real disability off (9), as well as the ethical problems inherent in ‘acting disabled’ (54).

diagnosis on the one side, sympathy on the other (Tougaw 2006, 11). Where diagnosis is based on distance and the promise of objectivity (the kind of response Brecht wished for his epic theater), sympathy is based on closeness, similarity, and a willingness to enter the subjective experience of others. The dialectic between these forms of response exists in any text that deals with the mad Other. We want to know, objectively, what has happened to that person (ideally to help him or her, or at least prevent it from happening to us), but we also want to know what it's like, and cannot help imagining how it *might* happen to us. Moreover, theater's emphatic proximity, both physical and imaginative, also works to engage or heighten existing sympathies, as the audience members with real-life experience with mental illness (either theirs or a loved one's) bring that knowledge into the social space of the theater. Since theater is such a social space, the possibility of a sympathetic response – with or without personal experience to draw from – is amplified. Theater allows for the transcendence of diagnostic thinking and the medical model of difference. Though we are allowed, even required, to watch people in theater and to think about what they are and what happened to them, we are also enjoined to imagine what they could be, and to perceive how the whole cast of characters, both onstage and off, works together to create these situations and these characters. When it comes to questions of who is 'other', theater practically *is* the social model². What is disabling is determined not by a hard-line biological reality but rather by the constructions of the society that refuses to accommodate difference, or sympathize with or even tolerate it. Inside a theater, we are imagining together, and part of watching a play is grasping how imagined

²Here I differ from Lewis, who maintains that moral and medical models dominate theatrical depiction ('Dramaturgy,' 94). To be fair, Lewis is (a) talking primarily about depictions of physical disabilities, which are less common onstage and thus perhaps rely more on established 'types,' and (b) talking about how characters react *to each other* which is not necessarily – in fact, rarely – the same as how the audience thinks about them.

characters imagine each other. Theater is an interactive process of understanding and sympathetic pretense. And because we interact with it socially, in a shared if transient group experience, rather than privately as with fiction (or even semi-privately, as with film), theater has a greater opportunity to effect change in how we think about ourselves as social beings, who and what and why we ‘despise,’ and the potential for fluidity between self and Other, sanity and madness.

The shared social aspect is one crucial element that allows theater to create sympathy for the mad Other. Another such element is theater’s liveness, the fact that it happens this way only once. Moreover, your being there actually changes the way that it happens. As contemporary composer and lyricist Stephen Sondheim has said:

The theater is the only dramatic medium that acknowledges the presence of an audience. Movies do not. If you boo at a movie screen, they go right on acting. If you laugh, they won’t stop for you. You have no effect on them and you know it from the minute you sit down. In the theater you’re aware that the community experience exists between the stage and you. And that’s what’s unique about it³ (Zadan 1986, 368).

Liveness means that all the participants in performance can affect each other and are aware of that fact. The acknowledgement of mutual presence, demanded by the dramatic form itself, is vital to fostering the possibility of sympathy. In addition, Peggy Phelan asserts that live performance defies our usual representational economy. As she writes: ‘Performance clogs the smooth machinery of reproductive representation necessary to the circulation of capital.... Without a copy, live performance plunges into visibility – in a maniacally charged present – and disappears into memory, into the realm of invisibility and the unconscious where it

³ Similarly, Edward Albee draws a distinction between ‘escapist’ film and ‘engaging’ theater: ‘all film is fantasy experience and safe, because we know it has not happened. While a play is happening as we experience it. Our suspension of disbelief is complete and it is a real experience. Something can happen.... And a film has already happened’ (qtd. in Savran 1999, 22)

eludes regulation and control' (Phelan 1993, 148). This non-reproductive idea of performance speaks to the formal qualities of theater that offer the opportunity to perceive mental otherness within a social model. The permanent or ideal is always missing, and with it, much of the justification for diagnostic judgment. The social, communal, live experience the audience shares might not be lasting, but it is also inherently un-co-optable, therefore providing an arena to experience and consider different minds without the necessity to objectify, diagnose or otherwise contain them.

Given my emphasis on the live theatrical experience, it might seem odd that I refer here not to particular performances but rather to the written scripts left behind. But theater is always a negotiation of the absent and the present. There is *this* performance, now, present in the present, concretely happening as few other media experiences do; then there is the *ideal* performance, gestured at by the script, suggested by the design, attempted imperfectly nightly (or in periodic revivals) by an inconsistent cast, never actually attainable. This immutable negotiation offers an interesting theoretical freedom. Despite the first page cast-list in most scripts, despite original cast albums for most musicals, there is no definitive version of a play. Knowing this stimulates the imagination and allows us to not only imagine but also enter new worlds, whether we are directors considering staging a script, or spectators wondering how the performance we are watching could reshape our world. Thus, I embrace the imperfect script and offer my present analyses with the full knowledge that any performance is going to render some of them null and illuminate others that I had not contemplated.

After a brief discussion of two of twentieth-century theater's most iconic mad scenes, I will examine two contemporary plays to show how theater allows audiences a unique entrée into the state of otherness we call madness or mental illness. Tracy

Letts's realistic thriller *Bug* and Brian Kitt and Tom Yorkey's musical *next to normal* use the elements of their dramatic form to construe madness with sympathy. Theater prompts complex interactions; in the 'interplay between living bodies, modes of representation, desirous spectators, and a field of energy that hums with the charge of bodies caught in frames', Koppers writes, 'binaries are forced open' (Koppers 2003, 30). For the duration of a play, we see otherness with new possibilities, and we grapple with the possibility that such otherness might lie within us as well.

Between them, Willy Loman and Blanche DuBois reveal much of what madness does in a theater. *Death of a Salesman* and *A Streetcar Named Desire* are two of the most lauded classics of the American stage, the crown jewels in the reputations of Arthur Miller and Tennessee Williams, respectively. In both plays, we see patterns in how dramatists can use their medium to explore mental otherness sympathetically. The first pattern has to do with the social environment in which the characters are positioned. Both Willy and Blanche are teetering on the edge of nervous collapse because of an inhospitable world. Blanche is running out of money, beauty, and time, and her high-strung nature is easily seen as a result of those mounting pressures. As for Willy, though his wife Linda denies that he is crazy, she acknowledges 'a lot of people think he's lost his – balance. But you don't have to be very smart to know what his trouble is. The man is exhausted' (Miller 1976, 55-6). He is off-balance and exhausted by the never-ending struggle to make good and get ahead, and it is one last dream of greatness fueled by money that propels him to his suicide at the play's conclusion. This brings me to the second important pattern in these plays: they culminate in violent or forceful exits. Blanche's removal to a mental hospital after her rape at the hands of her brother-in-law is made all the more heartbreaking by her final, now infamous line: 'Whoever you are – I have always depended on the kindness of strangers' (Williams 1947, 142). Jacqueline O'Connor

makes a convincing case that Blanche's madness is not only due to the traumas of losing her husband, her family, and her home, but also to the fact that as a single woman who has been banned from her job, she has no economic or social power that would free her from this dependence on strangers (O'Connor 1997, 35). Her madness is thus understandable in terms of both her personal history and cultural position, both of which resonate as she calls the doctor 'kind' for not forcing her into a straitjacket. Third, even as the audiences see that madness makes sense in terms of what these characters have lived through, they also recognize why their behavior does not make sense to those around them. We sympathize not only with Willy, but also with Linda, who ends the play declaring that she doesn't understand his actions; not only with Blanche, but also with her sister Stella, who sees no other option but to commit Blanche. Fourth, both use sound cues or music to break our linear, chronological understanding of time and gesture toward another mode of experience. Willy has a flute theme that occurs whenever he contemplates freedom or escape, and Blanche has the 'Varsouviana' that plays when she is reliving the traumatic death of her husband. And finally, both Miller and Williams play with what can and cannot be seen onstage to evoke complicity with the mental state of the mad character, rendering him or her less 'other' than might otherwise be the case. When Blanche is in imminent danger of rape, her terror is given sensory expression for the audience to share, with '*lurid reflections*' on the wall, shadows '*of a grotesque and menacing form*' and the sound of '*inhuman voices like cries in a jungle*' (Williams 1947, 128). Willy's pre-suicidal mental state is similarly visualized: '*He turns around as if to find his way; sounds, faces, voices seem to be swarming in upon him and he flicks at them, crying, Sh! Sh! Suddenly music, faint and high, stops him. It rises in intensity, almost to an unbearable scream*' (Miller 1976, 136). Social environment, forceful exits, recognition of multiple viewpoints, use of sound to evoke alternate reality, and issues

of visibility: these five patterns are major factors in how theater sympathetically, intimately engages the audience with the otherness of mental difference.

Tracy Letts: *Bug*

Tracy Letts's play *Bug* contains all of these patterns. Especially strong, however, are the connections between visibility and the presence of multiple viewpoints, as the play centers around whether or not there are bugs in the hotel room shared by the characters Agnes and Peter. The audience is placed in a curious middle space regarding this central disputed presence: since they are reported to be tiny, almost microscopic, we neither see the bugs (as we see the ghost in *Hamlet*) nor not-see the bugs (as the rabbit in *Harvey*⁴). From an audience vantage point, we could not possibly diagnose the sanity of the characters based on the presence or absence of bugs. Other characters can, and do, and we can witness their judgment. Yet all this shows us is the existence of multiple viewpoints based on claims of visibility. We might say: 'They don't see, and I can't see, but he sees; therefore I see that they see that he is mad.' Watching *Bug*, we become witnesses to diagnosis based on the invisible, which is, if not an inherently sympathetic position, then at least an ambiguous one. *Bug* defangs the impulse to diagnostic judgment because its plot is based on unverifiable evidence and a state of uncertainty.

Bug begins with a middle-aged woman named Agnes alone her hotel room fearing the return of her newly paroled ex-husband and mourning her years-dead son. A friend introduces her to Peter, and after a night freebasing crack, she and the

⁴Comparing *Hamlet* and *Harvey* in this regard is inspired by Louise D. Cary's article 'Hamlet Recycled or the Tragical History of the Prince's Prints' 1994. *ELH* 61.4, although Cary misses the salient point that the ghost is visible to the audience but 'invisible' to the actors, whereas the rabbit is 'visible' to the actors but invisible to the audience, a disparity that allies audiences differently in the two plays.

younger man become lovers. He tells her about his Army experience, claiming to have been subject to bizarre military experiments. After they sleep together, Peter finds a bug in their bed; soon he asserts there are millions of bugs, breeding and transmitting, and no doctor – especially not his former psychiatrist, Dr. Sweet, who tries to get Peter to a hospital and whom Peter stabs to death – can convince him otherwise. By the end, Agnes has accepted his story, and in order to save the human race from the military-industrial surveillance experiment the bugs will initiate, they immolate themselves in their hotel room. (Talk about your forceful exits). Mental otherness pervades the play. Dr. Sweet tells Agnes that Peter has been ‘diagnosed as a delusional paranoid with schizophrenic tendencies, although personally, I’m not a big fan of labels’ (Letts 2005, 44). Whether or not we are fans of labels, what we observe in Peter’s behavior and language is congruent with many of our contemporary notions of madness. He does not prophesy anyone’s future, like Cassandra, but the tinfoil that eventually papers the walls and the windows of the hotel room is a familiar visual representation of our current notions of paranoia, as are many of the terms Peter uses for the massive conspiracy he describes to Agnes (CIA, assassinations, biochips). However, part of what is seductive about Peter, both to Agnes and to the audience, is that his explanations of conspiracy are peppered with real examples, combining his idea that he is a human guinea pig with the facts of the government ‘sitting around watching those poor fuckers in Tuskegee die from Syphilis’ (Letts 2005, 41). Dr. Sweet’s report of diagnosis comes late enough in the play that we have already had time to imagine seeing through Peter’s eyes, and it is not an entirely unconvincing vision.

Even when Peter’s search for meaning starts to turn toward paranoia, it still speaks a language we understand. He tells Agnes ‘You’re never really safe. One time, maybe, a long time ago, people were safe, but that’s all over. Not any more, not on

this planet. We'll never really be safe again. We can't be, not with all the technology, and the chemicals, and the information' (Letts 2005, 21). Given his (and our) social environment, his madness seems familiar, even reasonable; who hasn't felt unsafe with all the technology, chemicals, and information? From his entrance, Peter defines himself by his ability to see what others don't. He tells Agnes that he makes people nervous: "'Cause I pick up on things, I think. That makes people uncomfortable' (Letts 2005, 12). We see him 'pick up' on something in the hotel room right away. He examines a piece of art on the wall:

PETER: There's stuff in it.

AGNES: Stuff?

PETER: Hidden stuff.

AGNES: You mean, like a ... what do you mean?

PETER: People and things. If you really look at it. (*She studies the painting.*)

You have to look at it hard enough. You'll see it. (Letts 2005, 14).

Peter is thus immediately established as a character that sees 'hidden stuff', because he is able or willing to 'look at it hard enough'. This is a challenge to Agnes, being told that she has to 'really look', but that he is confident she will eventually see it. From his observing a piece of art, we see the kind of mind that Peter has. We see, too, that Agnes is prepared to try, to study the painting and enter the world where there is unseen 'stuff' you can eventually uncover.

Ben Brantley, theater critic for the *New York Times*, wrote a review of *Bug* that begins with a comment that reflects on the play's ability to get the audience to see, or rather, to feel: 'Tears, gasps, laughter, yawns: theater routinely elicits all these responses. But have you ever been to a play that made you itch all over?' (Brantley 2005). Brantley responds primarily to the play's model of infectious paranoia. In an essay about the musical *Sweeney Todd*, Judith Schlesinger remarks on the once-

clinical diagnosis of *folie a deux* (craziness for two). While it's now called 'shared paranoid disorder' – an idea of considerably less charm – it's still two people bound by mutual madness, sharing a skewed view of the universe and bolstering each other's distortions' (Schlesinger 1997, 125). This is very much the pattern we observe in *Bug*; moreover, the skewed view is impossible to contain onstage, or Brantley the seasoned critic wouldn't have been itching. Though the play offers no visual evidence of bugs (and how could it, given the distance between stage and spectator, not to mention the animal-wrangling challenges), it does offer an unsettling and immersive soundscape that highlights the presence of the unseen. Within the hotel room, the air conditioner turns on and off, and the high-pitched chirp of the smoke alarm is a sound cue that startles, confuses, and unnerves. Without the room, the buzzing of a helicopter moves from being urban white noise to suggesting, below the verbal or possibly even conscious level, that there may be some validity to Peter's paranoid claims about technology, information, and safety. But though sound is a crucial factor for creating sympathy for Peter's perspective, even more important is the performance of Peter. We must be, along with Agnes, impressed by the strength of Peter's belief. He tells Agnes, who has been to a physician, that their bugs are 'not a matter of opinion.' When she tries to hedge and say they have '*some* bugs,' he responds: 'No, not *some* bugs. Don't give me *some* bugs. *Presence* of bugs, *absence* of bugs. The sign outside says, 'Vacancies', or 'No Vacancies'. It doesn't say '*Possibility* of Vacancies', that's understood. Now, do we have bugs or not?' (Letts 2005, 37). Yes, Agnes says; she commits to what she cannot see. Based on Peter's presence, Agnes makes a decision about the '*presence* of bugs' as well. Letts thus creates sympathy through the plot itself: even if we choose not to see through Peter's eyes – even if the actor playing Peter cannot compel us through his performance – we cannot avoid seeing Agnes do so.

Since it can't possibly show us bugs, *Bug* shows us their effects. These effects involve increasing violence done to the body onstage. This is how Peter authenticates his claims. It is also how *Bug* tests the limits of our sympathy for otherness. The first bug causes Peter to curse and scratch his wrist; he then points and demands that Agnes see the bug too. Since Peter's staying seems to be contingent on her agreement, Agnes says that she sees it. When, later, Peter decides that their bug is a burrowing aphid that you have to dig out from under the skin, Agnes starts digging at herself with a needle. We can't see the bugs, but we can see this, and as this escalates, it looks increasingly like madness. When Agnes's concerned friend tries to take her away, Peter goes into a bug-inspired fit, slapping himself and the air, swearing, beating himself with a coat-hanger, in a '*frenzy, scratching, slapping, shrieking*' and Agnes turns on her friend instead, telling her not to come back (Letts 2005, 39). The worst of these self-violations inspired by their *folie a deux* is when Peter decides that an egg sac has been implanted in his mouth, under an aching tooth, and he yanks out said tooth with pliers (a bloody effect which must take some serious rehearsal). Once Peter has successfully performed impromptu dental auto-surgery, he examines his tooth under a microscope: '*(He backs away from the microscope, giggling, pointing at the evidence. Agnes goes to the microscope and looks in...) Millions...*' (Letts 2005, 42). What is most horrifying to watch an actor 'do' to himself is then announced as the most conclusive evidence of the bugs themselves. Even if Agnes does see millions of bugs in the microscope, what is most visible is their increasingly alarming behavior. For the audience, that behavior supplants bugs.

Agnes becomes increasingly sympathetic throughout the play, in part because Peter's escalating violence makes him less so. The threshold is definitively crossed when he moves from self-harm to harming others. When Dr. Sweet tries to persuade them both that Peter needs to go to a hospital, Peter's response makes it impossible to

find his madness sympathetic anymore, if we ever did. Instead, he becomes terrifying:

(The bathroom door creaks open slowly and Peter steps into the room. His eyes look glassy and sick; his arms have been striated with cuts – droplets of blood ooze from the long slices and drip from his fingertips. He holds a butcher knife with a ten-inch blade.[...])

DR. SWEET: Peter... *(Peter sniffs him... raises the knife... pokes gently at Sweet's belly.)*

PETER: What are you? (Letts 2005, 46-7).

The slow creak; the long-bladed knife; the sniff and the gentle poke: every cue, audible, visual, behavioral, marks Peter as menacing. That this menace comes from his madness is clear from his words, ‘what are you?’ Where once he claimed to ‘pick up on things,’ he now cannot recognize Dr. Sweet as a fellow human being. When Peter stabs Sweet, over and over, he calls him a ‘machine’ (Letts 2005, 47). So it is Agnes whose vulnerability and instability earns our sympathy. Not for nothing does Ben Brantley call Agnes ‘the ideal surrogate for the audience as she is seduced into Peter’s worldview’ (Brantley 2004). Our encounter with Peter’s mental otherness is mediated through hers. Whether or not *she* sees bugs, and what she decides to do about those invisible roommates, is the crux of the play. *Bug* offers two views of madness: one that just arrives, complete with clinical diagnosis, and one that develops, and it is the latter that most engages audience sympathy. Agnes is alone; her ex-husband is a threatening possible presence; her lost son is a wounding absence. She expresses her vulnerability to Peter, saying that even though all they talk about is bugs, ‘I guess I’d rather talk about bugs with you than talk about nothin’ with nobody. Not like I really got a lot to say, ’less I talk about misery, but who wants to hear that all the time? I don’t’ (Letts 2005, 40). Yet it isn’t as though Peter arrives and immediately Agnes joins him. *Bug* is carefully constructed to make Agnes’s

eventual acceptance (and even eclipse) of Peter's madness realistic and plausible. She goes from telling him that his theories about 'their' machines are 'some pretty wild shit', to wondering if they should lay off the freebase pipe, to suggesting that his theories may be more wish than fact, that he's 'lookin' for a connection to the army.... So you're more liable to see one' (Letts 2005, 21, 37, 42). All of these moments of doubt or alternative explanation unite Agnes with the audience. The submersion of her voice of reason within Peter's compelling but increasingly bizarre stories mirrors our own, and every time she tries to surface and return to 'our' reality, we watch as his madness works on her vulnerability to lure her into his.

When Peter kills Sweet, he explains the massive government plan to develop a self-perpetuating surveillance chip, which is what the bugs are. In his explanation, he leaves a gap in the plan for Agnes to fit herself and her misery into. Agnes keeps telling him she doesn't know:

PETER: You do know.

AGNES: I don't –

PETER: Put it together. The pieces fit.

AGNES: They won't. They won't fit.

PETER: You have to look hard enough. You'll see it. (Letts 2005, 49).

As with the hotel painting, Peter tells Agnes that she has to 'look hard enough' but she will see it. Perhaps because of this challenge to her interpretive skills, but perhaps more because of the traumatizing situation of being in a hotel room with the newly stabbed body of a psychiatrist, Agnes complies. First she asks Peter to help her see it, and he talks her through a scenario in which her ex-husband took their son, and then Agnes couldn't get help because the police and FBI were all in on it. With a little bit of inspiration, Agnes is soon narrating all on her own, in what Brantley calls an 'explo[sion] into a triumphant disquisition of perfectly coherent insanity' (Brantley

2004). She conjectures that Peter was given a surveillance bug drone, she was given a queen, and her son was used in a laboratory to match their DNA:

... they planned it from the beginning, to take a kid, and cut him up, slice him up, on a table, and make the, the, build the, the queen to match up with the mother, they made the queen for me, for me, designed it for me, they gave me the mother, they gave me the queen, the juice, the bug, the mother, the bug, the super-mother, the super-other bug, inside me. I'm the supermother. I'm the supermother. I'm the supermother (Letts 2005, 51-2).

This monologue unites Peter's narrative of massive conspiracy and Agnes's of personal misery. The story she comes up with makes sense of her greatest loss, and as she repeats the word 'supermother' we can see exactly why she would choose to see this. We may not share her belief – the invisible conspiracy may not play for most theater audiences – but we can certainly see what would drive her to see it. After delivering this monologue, Agnes falls weeping into Peter's arms, and he tells her 'It's better. Knowing' (Letts 2005, 52). Madness offers a consolation that sanity never could, since this invented 'knowledge' rarely comes to mothers who have lost a child. In *Bug*, the invisible bugs ultimately reveal Agnes's misery.

In a realistic play like *Bug*, audiences see madness when they cannot see something else. The extent to which we are ultimately able to imagine seeing that thing is the extent to which we find that madness sympathetic. But even when we do not accept the bugs or the conspiracy story that evolves around them, we still observe the social component of madness. What happens to Agnes is contingent on who is around her and what those other people see when they look at her. The theater audience is in this same position of deciding not only what we see but what we will agree to think about it. Whose sanity do we believe in, and who is liable to see the

‘hidden stuff’ they want to find, and how can we – or anyone – be certain of how to tell the difference?

Tom Kitt and Brian Yorkey’s *next to normal*

The musical is a different genre than the realistic play, but it too uses its theatricality to engage the patterns of sympathy for the mad Other. Musicals are often overlooked in discussions of drama, considered too popular to be serious. Yet in some ways this form epitomizes the elements that make theater unique. The high demands of the musical (acting *and* singing *and* dancing *and* live instrumentation *and* often elaborate design elements) emphasize all theater’s vital and perilous liveness⁵. It also has the potential to be the most subversive; as Scott Miller writes, live musical theater is ‘among the most powerful tools for social and political change in the world today, partly because it’s sneaky; it does its job without its audience noticing’ and without the audience feeling too threatened or challenged⁶ (Miller 2001, viii-viii). At a musical, we think we are just enjoying ourselves, which may account for the broader popularity of this genre. But musicals in fact engage audiences on multiple levels, giving them the potential for far greater complexity and depth than most people imagine. So it is specifically the use of music to render alternate experience that makes the musical a vehicle for depicting the mad Other onstage.

Introducing song into a play is already an alternate experience, and for some, an estranging one; D. A. Miller refers to the musical’s ‘frankly interruptive mode-

⁵This is obviously true when reading a musical, since the text is blatantly missing one of the elements of the actual performance; lyrics just don’t ‘read’ as well as they will play when they gain the dimension of music. Yet it is also true even when watching a musical, which, with the additional dangers and vulnerabilities that come from live singing and dancing (often in large, unmanageable groups), impresses with its ‘liveness’ more than other forms; see McMillin 2006, 149-50.

⁶On this sneakiness of musical theater, see Knapp, who argues that the artificiality of song paradoxically allows deeper experience because it’s not ‘real’ (*National*, 14); see also McMillin on the musical’s apparent triviality giving it the ability to catch power off guard (McMillin 2006, 199).

shifting' as the factor that drives some away from the genre (Miller 1998, 3). Yet those interruptions enables it to represent otherwise inaccessible modes of thought, feeling, and expression. According to Scott McMillin, the primary difference that song introduces is a temporal one, between the linear, Aristotelian time of the book, and the cyclical, repetitive, lyrical time of the numbers⁷ (McMillin 2006, 9). Characters are able to extend themselves in another dimension, another order of time, and audiences are able to make meaning out of that other dimension. The introduction of music into a play does many things: it exaggerates, it adds artifice, it heightens emotion and it strives to access deeper reality. But it also, as Raymond Knapp argues, offers 'a kind of suspended animation' that allows us to double our attention and see both character and performer, both façade and reality; moreover, this perceptual doubling extends to the whole work, offering a chance to 'become more aware of larger themes prefigured in the expanded moment, or of different authorial 'voices', ranging from historical reality and its known associations, to the writers, to the characters, to the actual performers in front of us'⁸ (Knapp 2005, 12). Linear and lyric time exist together in a state of mutual tension and rupture, each 'reality' calling the other into question. The temporal disjunction that is central to the aesthetic of the musical is a window between the world of the theater and the social world we

⁷In asserting difference as vital to the genre, McMillin rebels against the once-prevailing idea of the 'integrated' musical in which all parts came together in a seamless whole, an idea he argues has its origin in the New Critical aesthetic that was dominant at the time of *Oklahoma!*, the musical usually lauded as the first so-called integrated musical (3). McMillin suggests replacing the term 'integrated' with 'coherent,' in which different elements can hold together without losing their differences, a shift that he notes has political as well as aesthetic implications (73, 208-9).

⁸See also the distinction Koppers draws on the 'two different knowings' that theatrical temporality can create, 'one knowing that develops at a moment in time, the pictorial, and one that develops over a span of time, the literal' (*Disability and Contemporary Performance*, 26). Literal and pictorial are not terms used by Knapp or McMillin, but the difference between them is similar to that between the moving-forward time of the book and the (opportunity for) reflective time in songs.

inhabit.⁹ The break between linear time and lyric time allows the audience to imagine through a different mind; we are already making a leap into another mode of being, so using song to represent madness is not that strange. However, this break also allows the audience the opportunity to reflect on its own immersion, to see how madness is made shareable, and to ponder the possibilities of widespread otherness.

Musicals are generally more popular than straight plays, and the collaboration between composer Tom Kitt and writer and lyricist Brian Yorkey is no exception. Ben Brantley calls their *next to normal* a ‘feel-everything musical’ and uses phrases like ‘emotional rigor’ and ‘surging tidal score’ and ‘astounding central performance’ to describe it¹⁰ (Brantley 2009, web). Moreover, in 2010, in the midst of its Broadway run, *next to normal* became the eighth musical to win a Pulitzer Prize for drama. At the time of this writing, it is currently on a North American tour. What is noteworthy in this musical is the way it combines its use of music with issues of visibility in order to reveal the multiple views of reality.

The plot of *next to normal* involves the choice of Diana Goodman, a woman diagnosed with bipolar disorder, to stop taking her bewildering and numbing array of medications. The play traces the effect of this decision on her supportive husband, Dan, her overachieving and thinly stretched daughter, Natalie, and her son Gabe. The first act ends with Diana agreeing to try ECT; the second act shows her struggles to

⁹McMillin argues that this disunification makes the musical aesthetically Brechtian, meaning that even though musicals have long been a capitalist product, they contain within their very form the potential for criticism of social structures and resistance to power (2006, 29).

¹⁰ Brantley’s rave is balanced by Ed Minus’s one scolding paragraph in ‘Playgoing in Manhattan’ (ellipses in original): ‘If you are charmed by the subject of mental illness being reduced to an interminable series of banalities and platitudes . . . banalities and platitudes phrased almost exclusively in couplets . . . couplets whose rhymes often fall with a predictable thud . . . couplets set to a derivative and obstreperous rock score—then you might have a lovely evening at *Next to Normal*’ (*Sewanee Review* 2010, 102-3). Personally, I agree that the rhymes leave some sophistication to be desired. The potential for meaningful rupture within lyric time is reduced when a listener finds herself predicting the words.

regain her memories, and Dan's attempt to keep her away from the harmful ones. Her struggles with the truth of Gabe's story precipitate her attempt to reconnect with Natalie, as well as her decision to end her falsely overprotective marriage. Throughout the play, Diana's mental illness is conveyed both within the realm of contemporary medical diagnosis (as in the song 'My Psychopharmacologist and I') and the more sympathetic realm of Diana's personal experience of it. Perhaps the best example of the search for a balance between these realms is the song 'The Break,' in which Diana sings:

They told me that the wiring was somehow all misfiring
 And screwing up the signals in my brain.
 And then they told me chemistry, the juice, and not the circuitry
 Was mixing up and making me insane. [...]
 What happens if the medicine wasn't really in control?
 What happens if the cut, the burn, the break
 Was never in my brain or in my blood but in my soul? (Kitt 2010, 89-90)

This song details Diana's experience with the changing explanations for her illness (and for the efficacy of her treatments), as well as her lingering suspicion that there is something about her rupture that diagnosis has not yet accounted for, that medicine might not be able to fix. Whether madness is in the brain, the blood, or the soul (or, for that matter, the personal history or the oppressive surrounding environment), musical theater can offer altered temporalities to explore alternate mentalities.

In this play, the lyric temporality is used first to create audience complicity in delusion, and then to explore its significance. At first, we take for granted that we are seeing what is there, not just what Diana sees; even when we discover this is not the case, that we are seeing (and hearing) her delusion, the power of lyric time allows that delusion to take on interesting, threatening, and perhaps ultimately implausible depth. As Jeffrey Ullom notes, *next to normal* uses its rock-inflected score 'for the

purpose of highlighting the characters' emotional or mental turmoil while making the tensions within the abnormal situations more relatable' (Ullom 2010, 212). Music is a tool for making otherness less other, and since Diana's experiences are particularly confusing and immersive for her, *next to normal* is predominantly music, with only about twenty percent of its running time being spoken dialogue. With fewer chances to revert to the logic of lyric time, the audience is swept into the inner worlds of these characters, even when those inner worlds are delusory.

The delusion in question is Diana's son, Gabe, who died as an infant but who has persisted in her imagination until he now appears onstage as a seventeen year-old boy¹¹. We do not know this at the beginning of the play, however. The show opens with Diana waiting for Gabe to come home at 3:30 in the morning, scolding him, then shoos him off so her husband Dan won't see him. She tells Dan that the 'voices' he heard were just her, '[t]alking to myself' (Kitt 2010, 8). At first glance, this scene appears to indicate normal family tensions: rebellious son, scolding but abetting mother, father in the dark; however, in retrospect it indicates an entirely different set of problems. Diana truly *is* talking to herself, and Dan is worried about *her*, not about their son. It is a challenge in theater to create indeterminacy that does not seem to 'cheat'. After all, the audience will see what you show them, and it is very hard to show something that you want to suggest might not really be there (which is what makes *Bug* so uncertain and interesting). When an audience shares in a subjective

¹¹In 'Next to Nora,' a paper comparing *next to normal* to *A Doll's House*, Megan Seely posits an etiology for Diana, who 'lost her son before her daughter was born and failed to come to terms with his death. *Consequently*, she became manic-depressive and schizophrenic, still believing her son is alive' (Seely, 2010, 1, emphasis mine). I take issue with the simplicity of that 'consequently,' and even the play nods to greater complexity than this; still, Gabe's strong presence on stage makes this kind of assertion feel more plausible than might happen in another medium. Though Brantley nods that 'I'm sure medical and psychiatric experts would take issue with some of the details of Diana's condition' ('Fragmented'), I think it's more important to see how the show emphasizes (lyrical) experience and not (book) etiology rather than belabor its causal explanations of mental illness.

reality on the apparently objective visual field of the stage, we become ineradicably allied with the character that is having those visions because we are having them too. Even if you watch *next to normal* a second or a third time, it is impossible to correct your experience of the play. You can't *not* see Gabe; he is visible; all you can do is see that other people (act as if they) don't see him, and that maybe you should have noticed their not-seeing. Seely maintains that our complicity with Diana's delusion is connected to our desire to believe in their perfect family: 'She makes him so real and ideal that the audience fully believes he is alive. It is not until we see the deterioration of the family's cover that we learn he is long deceased. We then spite ourselves for so easily falling for their façade' (Seely 2010, 1). Yet the success of the deception has as much to do with the play's form as its content. We see this when Gabe's un-reality is made concrete in the show's most jarring introduction of linear time. Gabe vanishes when Diana is just about to share and celebrate his presence. She has gone off her medication (Gabe helps her flush the pills down the toilet), and everyone has been hopeful, as they express in the refrain 'It's gonna be good'. But the instant after the end of the song:

(Diana enters with a birthday cake, blazing with candles. But Gabe has disappeared.)

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

HENRY *(To Natalie)*: Whose birthday is it?

NATALIE *(Small pause)*: My brother's.

HENRY: I didn't know you had a brother.

NATALIE: I don't. [...] He died before I was born.

DIANA *(A beat, sees them)*: What? What is it? (Kitt 2010, 30-1)

Natalie's 'pause' and Diana's 'beat' are now the auidial equivalents of Gabe's disappearance, both from the stage and, suddenly, from the audience's understanding of reality. Natalie does not have a brother; it is not 'someone's birthday', at least not

in the way we have been led to believe. We may ‘spite ourselves’ for not knowing sooner, but it was because of the inherent sympathy created by music that we were fooled.

We continue, however, to experience Gabe as a theatrical reality. Even when we know that he is evidence of Diana’s delusion, he appears and participates onstage. He even has an exuberant solo called ‘I’m alive’ in which he explains his own reality, couching threatening terms in an upbeat tempo: ‘I feed on the fear that’s behind your eyes’ and ‘I’m your wish, your dream come true / And I am your darkest nightmare too’ (Kitt 2010, 41-2). For the audience as for Diana, Gabe *is* alive. Since lyric time functions as a kind of heightened reality, Gabe is especially vivid when Diana and Gabe share a dance together. Though the words of Diana’s song are about ‘dreaming’ this dance with Gabe, we can see her dream and delusion happening in the suspended reality of the song. When her song stops, Gabe sings too, inviting her to stay in this suspended reality. He tells Diana of a place where they can be ‘free’ and ‘the pain will go away’; as Gabe repeats the musical phrase ‘Come with me’, her doctor reads (not singing) the hospital chart detailing her suicide attempt (Kitt 2010, 52-3). This introduces a new perspective on her action. Through the doctor, the audience is reminded that the ‘book’ version of Diana’s illness differs greatly from the ‘lyric’ version. But because music has enabled us to experience her delusion with her, to enter her subjectivity, we remain sympathetic even after we learn what has ‘really’ happened. A suicidal action is much less Other when we have seen and felt from within that Other inner reality.

Yet part of what is interesting about Gabe is that he does not only appear in moments we can understand (sometimes retroactively) as being subjectively Diana’s. There are other times when the audience can see him but Diana cannot. This gives this delusion a curious (and perhaps implausible) kind of theatrically verified reality.

His song ‘I’m alive’ is one such moment; another is after the suicidal Diana has received ECT and can no longer remember her once omnipresent son. Gabe then emerges to speak to Diana though she can’t hear him: ‘They’ve managed to get rid of me – return me to the grave. / ECT, electric chair – we shock who we can’t save. / They’ve cleared you of my memory, and many more as well - / You may have wanted some of them, but who can ever tell. // [...] You wonder which is worse – the symptom or the cure’ (Kitt 2010, 74-5). This is in part a critique of the medical treatment Diana has received at ‘their’ hands, but it is also somewhat confusing. If he has truly been ‘cleared from her memory’ and ‘returned to the grave’, how is the audience still able to see him? No longer is Gabe part of our experience of her experience of delusion; we could say that his presence onstage is now the audience’s delusion alone. Alternately, he could be meant to represent the lingering presence of mental illness even in remission. Finally, it could be that Gabe is not a delusion, but rather a ghost, a being of yet another kind of (un)reality who truly does want to be remembered, who needs others to need him in order to continue existing. *next to normal* does not resolve this uncertain representation. Gabe is a complex character who remains a visible and audible part of the theatrical reality up to the end, participating in the ensemble finale by promising ‘The wasted world we thought we knew – / The light will make it look brand-new’¹² (Kitt 2010, 103). He is one of the many voices who promises hope in the show’s final number, indicating though a final instance of alternate temporality that perhaps real-life alternate mentalities are neither insurmountable nor incomprehensible after all.

This final unison number returns me to some of my earlier points about musical theater. Both highly collaborative and intensely anti-naturalistic, musicals have a different relationship to the audience than other dramatic genres. This is

¹² See note 42 about the rhymes.

especially evident when an entire cast gathers onstage and sings directly to the audience, as they do at the end of *next to normal*. Not only does song go ‘straight for the viscera’ (Schlesinger 1997, 126), but it spreads those emotional reactions outward. McMillin notes the ‘ensemble tendency’ and ‘shared performability’ of the musical, which is unshared by ‘legitimate’ theater (McMillin 2006, 75-6). Entering another form of temporality allows characters to join each other’s thoughts and feelings by performing them together. Realistic dialogue never happens in unison, but musicals incline toward sharing performance and creating an ensemble. These moments are infections on the stage itself, but they also aim to infect the audience too. David Savran writes: ‘No theater form is as single-mindedly devoted to producing pleasure, inspiring spectators to tap their feet, sing along, or otherwise be carried away’¹³ (Savran 2004, 216). The more you are carried away by the music, the more pleasurable the experience, and the better for the show; but the more you are thus carried *into* the play, the more part of the community you thought you only came to witness. There is no longer ‘us’ and ‘them.’ If the song is in your head, you are one of them too. This strategy of inclusion, of building an ensemble that extends past the apron of the stage, makes musical theater one of the best venues for rethinking arbitrary divisions in ordinary life.

Live theater, whatever the genre, builds temporary but powerful community, and through that community it can effect change by changing minds. Like any literary form, drama offers a chance to *see* differently. Edward Bond argues that the insanity represented on stage can lead to greater sanity in the world itself, writing: ‘Not only is the audience free to live practically in unjust society – unlike madmen it is free to

¹³Savran adds that this dimension of the musical ‘makes it into a kind of hothouse for the manufacture of theatrical seduction and the ideological positions to which mass audiences can be seduced’ (2004, 16).

change it' (Bond 2000, 95). At the very least, a play helps us imagine a community with fewer 'others': Savran writes that theater 'transforms an 'I' into a 'we,' individual spectators into a group that assembles almost ritualistically to commune to share fears and desires and to work out its anxieties' (Savran 1999, xx). The form of theater is social, with the potential to build a better real community from this starting place of a short-duration experience of mutual pretense. It is also a place to reveal the continuum of human experience; the extremes of such characters as Lear, Blanche DuBois, or even Diana Goodman are made part of our continuum when we experience them in the communal form of theater. As O'Connor writes (of Blanche in particular), 'To see a mad person on stage may be shocking, but madness exists within the boundaries of human experience'¹⁴ (1997, 102). Theater offers a particularly powerful combination of the shock of difference and the sympathy of what is within human boundaries. It both relies on otherness and makes it less other. An analysis of contemporary theater shows that this media genre is actively engaged in narrowing the gap between perceiving and experiencing madness, emphasizing the continuum of mental distress, and increasing sympathy. Watching a play shows us how other the Other isn't, and reminds us that we are all indeed 'just one step away'.

¹⁴She goes on to describe Blanche DuBois, saying the character could have been 'an interfering in-law, a pathetic drunk, a promiscuous schoolteacher masquerading as a lady' but Williams's care allows us instead to, if not identify fully, at least 'see through her experience how close the edge is, how quickly and unexpectedly our own sanity could come into question' (103).

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