Anything but Crazy: How American Musical Theatre Can Change Societal Stigmas Against Mental Illnesses

2018

Benjamin Walton
University of Central Florida

Find similar works at: https://stars.library.ucf.edu/honortheses

University of Central Florida Libraries http://library.ucf.edu

Part of the Dramatic Literature, Criticism and Theory Commons, and the Other Psychology Commons

Recommended Citation

https://stars.library.ucf.edu/honortheses/321

This Open Access is brought to you for free and open access by the UCF Theses and Dissertations at STARS. It has been accepted for inclusion in Honors Undergraduate Theses by an authorized administrator of STARS. For more information, please contact lee.dotson@ucf.edu.
ANYTHING BUT CRAZY: HOW AMERICAN MUSICAL THEATRE CAN CHANGE SOCIETAL STIGMAS AGAINST MENTAL ILLNESSES

By

BENJAMIN WALTON

A thesis submitted in partial fulfillment of the requirements for the Honors in the Major Program in Musical Theatre in the College of Arts and Humanities and in the Burnett Honors College at the University of Central Florida Orlando, Florida

Spring Term, 2018

Thesis Chair: Earl Weaver, MFA.
ABSTRACT

There is a societal stigma that villainizes or degrades anyone diagnosed or associated with any mental illness. While many different forms of media have attempted to destroy this stigma through psycho-centric narratives, I wanted to argue that musical theatre has the greatest potential as a live entertainment source to deconstruct and reduce the stigma surrounding mental illness. For my research, I theorized that musical theatre can most effectively change societal stigma about mental illness by communicating a clear understanding of the disease through music, and achieving popularity in the public eye longer than other live forms of theatre. I chose to focus on four of those musicals: Lady in the Dark by Moss Hart, Kurt Weill, and Ira Gershwin which talks about depression and anxiety in the 1940s; Spring Awakening, adapted from Frank Wedekind’s original play by Steven Sater and Duncan Sheik, which discusses depression and suicidal tendencies, specifically in students; Next to Normal by Brian Yorkey and Tom Kitt which revolves around bipolar disorder; and Dear Evan Hansen by Steven Levenson, Benj Pasek, and Justin Paul which talks about the prevalence of anxiety disorders in society.

With this thesis I wanted to further the progression of destigmatizing mental illnesses through the medium of musical theatre. Through an analysis of these well-known musicals that focus on mental illnesses and the psychological research that follows, I proposed a short song cycle that continues this evolution of mental illness musicals. Through this process, I theorized that musical theatre will decrease the stigma surrounding mental illnesses and will promote treatment and care when dealing with mental illnesses.
DEDICATION

To Kenneth, Brennan, John Lee, and Andy
ACKNOWLEDGEMENTS

I would like to acknowledge my Thesis Committee, Earl Weaver and Dr. Aaron C. Thomas for consistently pushing me to produce my best work.

I would like to acknowledge Eranthis Rose Quigley for her constant support and encouragement.

I would like to acknowledge my professors at the University of Central Florida, Dr. Steven Chicurel-Stein, Earl Weaver, Tara Snyder, Sue Glerum, Pati Sayers, Josh Ceballos, and Aaron C. Thomas for teaching me about the endless capabilities and possibilities of theatre and music.

I would like to acknowledge Kalin Tenedini, Josh Whedon, Ethan Rich, Amanda Ortiz, Hallie Chapman, Lilly Vreeland, Colleen Broome, Earl Weaver, Tara Snyder, and Josh Ceballos for graciously helping me put my ideas into practice.

I would like to acknowledge my parents, Dr. Kenneth Glen Walton and Elizabeth Walton, for their unending support and advice, and for always encouraging me to follow my passions.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF FIGURES</td>
<td>vi</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>MY SHIP: REPRESENTATION OF PSYCHOANALYSIS AND DEPRESSION DURING THE 1940S IN LADY IN THE DARK</td>
<td>5</td>
</tr>
<tr>
<td>How Lady in the Dark Portrays Depression</td>
<td>7</td>
</tr>
<tr>
<td>How Lady in the Dark Shows Psychoanalysis and Stigmas</td>
<td>11</td>
</tr>
<tr>
<td>A Song About Success and Happiness</td>
<td>11</td>
</tr>
<tr>
<td>I DON'T DO SADNESS: STUDENT DEPRESSION, SUICIDE, &amp; THE CONSEQUENCES OF REFUSING A CRY FOR HELP IN SPRING AWAKENING</td>
<td>13</td>
</tr>
<tr>
<td>Student Suicide</td>
<td>13</td>
</tr>
<tr>
<td>Student Suicide and Depression as Shown in Spring Awakening</td>
<td>14</td>
</tr>
<tr>
<td>A Song Asking for Help</td>
<td>18</td>
</tr>
<tr>
<td>I MISS THE MOUNTAINS: THE OPINION AND PORTRAYAL OF BIPOLAR DISORDER AND ITS TREATMENTS IN NEXT TO NORMAL</td>
<td>20</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>20</td>
</tr>
<tr>
<td>Portrayal of Bipolar Disorder in Next to Normal</td>
<td>21</td>
</tr>
<tr>
<td>Opinion of the Treatment of Bipolar Disorder in Next to Normal</td>
<td>25</td>
</tr>
<tr>
<td>A Realistic Song that is Pro-Treatment</td>
<td>26</td>
</tr>
<tr>
<td>WORDS FAIL: THE PREVALENCE OF DEPRESSION AND ANXIETY DISORDERS AS SHOWN BY DEAR EVAN HANSEN, AND HOW IT IS AFFECTED BY MEDIA</td>
<td>28</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>28</td>
</tr>
<tr>
<td>How Dear Evan Hansen Portrays Anxiety Disorders and Depression</td>
<td>30</td>
</tr>
<tr>
<td>Song: the Eulogy</td>
<td>32</td>
</tr>
<tr>
<td>CONCLUDING THOUGHTS</td>
<td>34</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>36</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Figure 1 Chart from Anxiety and Depression: Your Questions Answered by Cosmo Hallstrom and Nicola McClure ........................................................... 6
Figure 2 Excerpt from "Glamour Dream" by Kurt Weill and Ira Gershwin.............. 9
Figure 3 Excerpt from "The Saga of Jenny" by Kurt Weill and Ira Gershwin .......... 9
Figure 4 Excerpt from "And Then There Were None" by Duncan Sheik .............. 16
Figure 5 Excerpt from "I Don't Do Sadness" by Duncan Sheik............................... 16
Figure 6 Excerpt from "And Then There Were None" by Duncan Sheik .............. 17
Figure 7 Excerpt from "The Break" by Brian Yorkey and Tom Kitt ....................... 23
Figure 8 Excerpt from "There's a World" by Brian Yorkey and Tom Kitt.................. 24
Figure 9 Excerpt from "Waving Through a Window" by Benj Pasek and Justin Paul .... 30
Figure 10 Excerpt from "Words Fail" by Benj Pasek and Justin Paul ..................... 31
INTRODUCTION

Mental illness as a whole has a strong societal stigma about it. There are many aspects of society that factor into this, including therapy practices, economics, education systems, and entertainment. In this thesis, I am focusing on a particular form of entertainment: musical theatre. I argue that by utilizing up-to-date statistics, research, and knowledge integrated into compelling musical narratives American musical theatre can change societal stigmas against mental illnesses.

To support this argument, I chose four musicals in the American musical theatre canon that all deal with a different form of mental illness in a certain context, ranging from depression in school systems to bipolar disorder in a family environment. In addition to the analysis of these musicals, I will compose a short song cycle that corresponds directly to the issues presented in each of these shows. These songs will be written in response to the musicals’ successes as vehicles about mental illness or its failures.

The first musical is *Lady in the Dark*, written in 1941 by Moss Hart with music by Kurt Weill and lyrics by Ira Gershwin. This musical tells the story of Liza Elliot, a successful businesswoman who is the founder and editor of *Allure*, a popular fashion magazine. She has been having panic attacks and long periods of depression; these lead her to Doctor Brooks to receive psychoanalysis. She complains that everything in her life is going great except for these symptoms. During the show, she realizes that she is not as happy as she thinks in any aspect of her life. In her romantic life, her relationship begins to become more serious, which she does not want; her professional life also starts to crack because of her spells of panic. Through psychoanalysis with
Doctor Brooks, she begins to discover through memories and dreams why she is not happy. She discovers the source is from her childhood, when her parents talked about how she was never to be as beautiful as her mother. This led to other children during her childhood making fun of her plainness. After making the realization that this was the source of her problems, everything seems to resolve itself and Liza is finally happy.

The second musical is *Spring Awakening*, adapted by Steven Sater from Frank Wedekind’s 1891 play, with music by Duncan Sheik. This musical tells the story of a group of teenagers in late-19th-century Germany as they discover and deal with their sexualities, mental illnesses, and family lives. The story revolves around three characters: Melchior Gabor, a popular, intelligent, and rebellious teenager who is constantly searching for the truth; Wendla Bergmann, a naïve girl who craves to understand things as her peers do; and Moritz Stiefel, a depressed and anxious teenager who is Melchior’s best friend. Wendla begins the show by asking her mother how babies are made, a question her mother answers by telling her false information. At the same time, Melchior has recently learned all about sex and decides to write a collection of his findings to share with his peers. He shares it with Moritz, who already is having trouble sleeping and focusing, and Moritz loses even more sleep thinking about Melchior’s notes. Worried that he failed his midterm examinations, Moritz sneaks into the school to find the test results. He finds out he passed and shares the news with his friends; however, two administrators at the school believe they should fail at least one person, so they fail Moritz anyway. Moritz is told about his failing grade, and he tells his father. Once his father finds out, he hits Moritz out of shame. Moritz reaches out to Melchior’s mother, Frau Gabor, for help and money to start again in America. She turns
down his request and offers to help by talking to his parents. While this is happening, Melchior and Wendla find themselves stuck in a hayloft during a storm and submit to their physical urges to have sex, with Wendla not fully knowing what it is they are doing. Moritz is kicked out of his house and has found a pistol. He runs into Ilse, a childhood friend, who invites him to join her in the artist colony she calls her home. He turns down the request, and once she leaves realizes that he missed the last opportunity to escape his situation. Believing there is no other way out, he shoots himself and commits suicide. The community mourns Moritz at his funeral, and Melchior is punished for spreading information about sex. The adults claim that Moritz’s death was caused by this information, and they decide that Melchior is to be punished by expulsion. He is sent to a reformatory school for his actions once his parents receive word that Wendla is pregnant. He writes to Wendla from this school, but while he is there, Wendla dies from a doctor who performs an abortion. Melchior escapes from the school and tries to meet with Wendla in a graveyard. While he is there, he discovers that she died and considers taking his own life as Moritz did. The spirits of Moritz and Wendla, however, tell him not to do this through song, and he listens.

The third show is *Next to Normal*, written in 2008 by Brian Yorkey with music by Tom Kitt. This musical tells the story of Diana Goodman, a mother with bipolar disorder, dealing with the trauma of the death of her three-year-old son and how that affects her family. The musical is centered around her journey through relapses and treatment as she keeps seeing and interacting with hallucinations of her son, Gabe, as if he had never died and had grown up to be eighteen years old. Her husband, Dan, tries to guide and support her through this process, albeit unsuccessfully, while her anxious daughter,
Natalie, just tries to make it through each day. Through medication, therapy, and electroconvulsive therapy, Diana has multiple relapses and eventually decides to leave her home and figure out the best treatment on her own.

The fourth and final show is *Dear Evan Hansen*, written in 2015 by Steven Levenson with music and lyrics by Benj Pasek and Justin Paul. This musical tells the story of Evan Hansen, a seventeen-year old with severe anxiety and depression, and Connor, another teenager who is depressed and who is in the same class as Evan. Connor suddenly commits suicide, and through a lot of misunderstanding and miscommunication, his family comes to think that he had a secret friendship with Evan. Evan’s anxiety allows himself to get caught up in the lie. His life starts to spiral as he falsifies emails between himself and Connor, starts a giant campaign in Connor’s name, develops a close relationship with Connor’s family, and starts to date Connor’s sister, Zoe. All the lies eventually become too much, causing Evan to tell Connor’s family the truth, that he was never friends with Connor, information the family decides to keep secret.
Depression: the 1940s to the Present

*Lady in the Dark* tells the story of Liza Elliot, the editor-in-chief of *Allure*, a successful fashion magazine, trying to cure her depression and anxiety as they start to plague her life and her workplace. This was during a period of time in which the diagnosis and understanding of mental illnesses, particularly depression, were beginning to evolve. Psychiatrists Cosmo Hallstrom and Nicola McClure describe this evolution in *Anxiety and Depression: Your Questions Answered*: “The modern concepts of depression evolved towards the end of the 19th century, when depressive illnesses were seen as distinct from other forms of mental illness such as schizophrenia and general paralysis of the insane” (19). These associations in the late 19th century would then dictate that treatment for depressive illnesses would be commitment to a mental asylum, alongside patients who were schizophrenic or suffering other mental afflictions. Depressive disorders were not considered legitimate at this time because of the wide variety of symptoms associated with the illnesses. Today, however, Hallstrom and McClure state that “The standard diagnostic criteria require at least five of the symptoms in Box 2.1 [See Figure 1] to be present during the same 2-week period, representing a change from previous functioning in the absence of an organic cause, bereavement reaction or other major illness. One of the first two must be present” (21). The two-week period to which Hallstrom and McClure refer is important to note because depressive disorders are episodic in nature (DePaulo and Horvitz 10). While the length of periods can differ, the bouts of these listed symptoms are not consistent.
This makes catching and diagnosing depressive disorders very difficult. This failure of diagnosis brings the dysfunction of depression into the lives of those who are afflicted by the illness but not diagnosed. Typically, when talking about functioning, there are two types: “There’s affective functioning, which describe[s] how you relate to other people, and function on the job. Depression impairs both types of functioning to one degree or another, but it has a more negative impact of affective functioning” (DePaulo and Horvitz 118). This means that depressive disorders do not typically impair the ability to do basic tasks alone, but once the work involves interaction with other people, those who are diagnosed tend to avoid such interaction.

Between 2009 and 2012, “7.6% of Americans aged 12 and over had depression (moderate or severe depressive symptoms in the past 2 weeks)” and out of that population “almost 43% of persons with severe depressive symptoms reported serious difficulties in work, home, and social activities.” Unfortunately, only “35% [of that population] reported having contact with a mental health professional in the past year” (Pratt and Brody 1). Societal stigmas against depression have slightly shifted through the years but remain persistent. With only 35% of people experiencing depression in the...
United States receiving treatment, the consequences of stigmatized mental illness are easy to find.

In terms of treatment, psychoanalysis and other types of psychotherapies were the only real option during the 1940s. Now, in 2018, treatments include different uses of antidepressants as individual treatment or as a supplemental treatment to some form of psychotherapy. There was a study in 1996 that “found that 81.8% of patients provided cognitive therapy [CT] plus a medication recovered at five months compared to 72.7% of those provided CT alone” (Blackburn 181-189). There are many different types of antidepressants and the number keeps growing. “Even Prozac, a selective serotonin reuptake inhibitor, or SSRI, first marketed in 1988, is now an old drug. Its patent period has recently ended and there are four other SSRI antidepressants on the market.” (DePaulo and Horvitz 173). DePaulo and Horvitz also cite a survey of doctors from 1988 who agree on prescribing antidepressants to “the vast majority of patients who have single or multiple episodes of depression” (173). The major shift in treatment of depression from the 1940s to 2018 is caused by the introduction of medicine and antidepressants. While treatment was dependent on therapy in the past, it has now become a combination of therapy and medication.

**How *Lady in the Dark* Portrays Depression**

*Lady in the Dark* begins in Doctor Brooks’ office, where Liza Elliot walks into the room and begins her first session of psychoanalysis. When first describing her symptoms to her doctor she says, “I’m in a constant state of terror and anxiety” (Hart 8). She then proceeds to tell Brooks about times she felt this way and of the climactic moment of throwing a paperweight at one of her employees that led her to
psychoanalysis. She immediately dismisses her mental state while telling her accounts of how she felt: “I was just—depressed at the time. Everyone goes through the same thing more or less” (9). This dismissal is used throughout the show by almost all the main characters. Her best friend and coworker, Maggie, says of her treatment: “I know you’re having a tough time, Liza, but this seems like such a strange thing for you to be doing—it’s so unlike you. I know that other people do it—but I wish you weren’t” (44). Maggie immediately dismisses the psychoanalysis and Doctor Brooks. This was because, at the time, therapy had not been needed for cases of depression or anxiety because the diagnostics associated with this disorder had not been defined.

The music in this show is only heard by Liza during dreams, hallucinations, and memories, until the end of the show when Liza remembers the words to her childhood song, “My Ship”, and sings to Charley and Maggie. This dramaturgical structure of the music distances the fantasy world of her dreams and hallucinations from the daily interactions in her workplace. Since the music is not threaded through the show but isolated into three sections, Hart, Weill, and Gershwin create a clear difference between her dream states and hallucinations and her everyday professional life. Throughout all of these musical sections, Liza has a childhood melody that serves as a motif. This melody creates a wistful and seemingly nostalgic atmosphere, as it always comes up when she is trying to recover the happiness she once felt in the past. While this is not plainly stated until the last musical section, it is revealed that this was a song she learned as a child. She learned this song before her parents called her plain looking and stated, “She’ll never be a beauty, Helen, no matter what you do, and I’m glad of it!” (139). The melody itself utilizes simplicity in the pitch and rhythm to achieve this wistful
curiosity into a happier time. It also takes advantage of simple ascending, altered arpeggios off the two chords that lead to the tonic once again. There is no real dissonance in this melody, and everything fits into place, without much effort (See Figure 2).

The piano in Figure 2 also helps support this easiness by just setting the pitch for the melody. This accompaniment and melody are a lot calmer than the rest of the music in the show. Consider, for example “The Saga of Jenny” (see Figure 3).
In this excerpt, there is a lot more activity in both the accompaniment and the melody. Most of the motion in the piano is doubling the melody, while the bass clef is highlighting the chord progression. There are so many different moving parts that it is hard to keep track of everything that is happening. This is in strict opposition to the “My Ship” melody, which stays fully connected the entire phrase without any rests.

Liza cannot remember the words to this melody from “My Ship” until later in the show when she tells a story to Doctor Brooks about her high school days. The melody represents the real Liza, so when she first remembers the words, she is actually embracing and celebrating herself for the first time since childhood. Once she finally sings these lyrics, everything seems to click into place for her. She spends most of the song describing beautiful and luxurious objects:

   My ship’s aglow with a million pearls
   And rubies fill each bin;
   The sun sits high
   In a sapphire sky
   When my ship comes in. (149)

In this section, she is singing in praise of the physical objects in her fantasies. She then ends on the line, “If the ship I sing / Doesn't also bring / My own true love to me” (150). These lines are saying that Liza is finally attempting to love herself as a person, rather than a professional figure. The show does a beautiful job at showing how this self-love fixes all her problems at work afterwards and how she is finally at peace with herself. The only problem with the ending of this show is that it sets up false expectations for the treatment process of depression. Watching this ending, it could easily be misinterpreted.
that all of Liza’s issues were solved in a quick duration of time, when it actually would take continued efforts and continued sessions of psychoanalysis.

**How *Lady in the Dark* Shows Psychoanalysis and Stigmas**

*Lady in the Dark* presents psychoanalysis in a way that does not try to make any direct claims about psychoanalysis and its effects. It does, however, portray society’s opinion on psychoanalysis through the characters’ dialogue. In the opening scene, Liza says, “I don’t particularly believe in psychoanalysis. Does that matter?” (7). There are many comments like this made by almost all the characters throughout the show. Yet, there is a noticeable change in Liza from when she starts psychoanalysis and after she has completed the bulk of it.

The world outside of Doctor Brooks’ office tends to be completely absent of music until the end of the show when Liza sings “My Ship” to her coworkers. This structure attempts to associate the music in the show with progress in her journey through depression. The different musical sections in the show begin to seem like benchmarks towards her end goal of self-love and regular functioning. This is a useful structural device because after each of these sessions with Doctor Brooks, Liza has changed in some way, each change seeming bigger than the one before it.

**A Song About Success and Happiness**

*Lady in the Dark* is successful at talking about depression, especially if one considers the time period of when it was written. While the three-sectioned structure of the show was smart and effective in highlighting Liza’s struggle with depression, it
would be more effective by integrating the music all the way through as would be seen in other popular book musicals at the time.

In *Lady in the Dark*, “My Ship” serves as the theme for trying to overcome mental illness in the show. In this song, Liza sings of all the different objects she dreams of having. However, she sings that all these objects will have no real meaning, unless the ship also has “her own true love.” (Hart 150). In my song cycle, I will write a piece that is essentially the reverse of “My Ship” while trying to capture the same meaning. In my song, the character has absolutely nothing to her name, but she has progressed even further into the journey of self-love. *Lady in the Dark* displays how material objects cannot create happiness without the love of one’s self through the song “My Ship”. I enjoyed how it did this so much that I want to strip away all the material possessions and focus on someone who has rejected all objects in order to find this self-love. In doing this, I hope to destigmatize depression by focusing on my character’s journey towards finding true love for herself. In showing a possible outcome through receiving treatment and help with mental illnesses such as depression, more people will be motivated to try and seek help to find this outcome for themselves. Most people will also have an easier time relating with someone who does not live in luxury, but someone who is lower class.
Student Suicide

One of the stories Spring Awakening tells is of a student, Moritz Stiefel, living in Germany during the late 1800s and the mental illness that causes him to struggle in life and school.

Suicide is a serious condition that afflicts the population daily. According to Thomas Niederkrontenthaler and Steven Stack, “Recent data from the World Health Organization report that suicide took the lives of approximately [804,000] people in 2012, representing a global suicide rate of 11.4 per 100,000 (15.0 for males and 8.50 for females)” (Niederkrontenthaler and Stack 1). This statistic still remains true according to the World Health Organization. Suicide “was the second leading cause of death among 15- to 29-year olds globally in 2015” (Preventing Suicide: a Resource for Teachers and Other School Staff).

Suicide or suicidal tendencies can be caused by a number of mental illnesses such as depression, anxiety, bipolar disorder, and schizophrenia. These illnesses are dangerous when not talked about, especially when there are pressures from outside forces such as work, school, and the fear of failure. These forces serve as a catalyst to the symptoms of these listed mental illnesses. If not monitored or treated, these symptoms have the ability to push individuals afflicted with an illness over the edge. Unfortunately, a large number of people who commit suicide are children or adolescents, ages ranging from nine to twenty-one years old. These children and adolescents are the most susceptible to these symptoms, especially when not diagnosed. “Today, an estimated 276,000 kids between the ages of 14 and 17 try killing
themselves each year, and more than 5,000 succeed. The current rate is four times that of 1950” (Merritt 9). Adolescents are so impulsive and impressionable that any of these catalyzing forces can push them over the edge. “Because so many young people are impulsive, threats of suicide should always be taken seriously. Suicide is one case where it’s better to guess wrong about someone’s intentions then to stay silent” (Merritt 11).

In order to prevent the rate of suicide from increasing, prevention programs have been created for different environments. The World Health Organization has made a series of guides for the prevention of suicide in a variety of different environments, ranging from jails and prisons to schools. In the document “Preventing Suicide: A Resource for Teachers and Other School Staff,” the World Health Organization discusses the factors that lead a student to suicide; situations that might promote suicide; identifiers in students such as distress, a decline in grades, changed behavior; and what to do when these behaviors have been noticed. The first thing the school is recommended to do is alert the school team and let a professional counselor thoroughly evaluate the student (Preventing 12). This early recognition is the first and best step to preventing suicide, but the document lists other ways in which schools can try to prevent this.

**Student Suicide and Depression as Shown in *Spring Awakening***

Though *Spring Awakening* accurately portrays the struggles of mental illness leading to teen suicide, it has turned the struggle with mental illness into a secondary plot, behind sexual awakening. The show focuses on Moritz Stiefel trying to deal with his depression and anxiety, especially after failing out of school. His songs, “And Then
There Were None” and “Don’t Do Sadness,” show his attempt at reaching out for help and his direct response to Frau Gabor dismissing this cry for help. When Moritz commits suicide, it affects Melchior, Moritz’s best friend, who sings “Left Behind,” which speaks of how everyone failed Moritz. This leads Melchior to contemplate suicide himself. When Moritz’s spirit appears and sings to him, Melchior responds by saying, “Well, you had the right idea. They’ll scatter a little earth, and thank their God…” and brings out his razor blade (Sheik 89). In “Those You’ve Known,”

The portrayal of suicide and depression from multiple perspectives is demonstrated in the musical. Moritz is able to say what he is feeling in the moment with his solos, “And Then There Were None” and “Don’t Do Sadness.” Both of these songs have the same rhythmic pattern that is repeated throughout the song. The rhythm is a series of straight eighth notes on guitar with an emphasis on beat one, the upbeat of two, and beat four. This rhythm provides a pounding sense of anxiety without any room for breath, and by emphasizing these beats, creates an asymmetrical rhythm that is fighting the melody line. This establishes a pervading uneasiness to the music. This rhythm also is heard only after Moritz has been failed out of school and rejected by his father, and it is not used anymore after Moritz’s suicide. This rhythm is essentially a theme for Moritz’s depression, a pounding rhythm that consistently seems like it is leading up to something (See Figures 4 and 5).
Figure 4 Excerpt from "And Then There Were None" by Duncan Sheik

Figure 5 Excerpt from "I Don't Do Sadness" by Duncan Sheik
The rhythm in Figure 4 contrasts from the rhythms seen in the rest of the song as seen in this excerpt from Figure 6, which shows the underscoring of Frau Gabor’s response. In this section the rhythms still possess the same energy but are a lot smoother and flowing.

![Figure 6 Excerpt from "And Then There Were None" by Duncan Sheik]

Outside of the music, the song “And Then There Were None” shows the full conversation between Frau Gabor and Moritz Stiefel when Moritz decides to reach out for help and hopes someone will allow him a new start. The music in this show serves to heighten the already hectic emotions of these teenage characters. Sheik shows an adult, Frau Gabor, who is calmly speaking about Mortiz’s cry for help, while Moritz pours his heart into singing this alternative, rhythm-driven song. In this song, Frau Gabor talks about this matter by saying, “Still, Herr Stiefel, one thing in your letter disturbed me. Your—what shall we call it?—veiled threat that, should escape not be possible, you would take your own life” (53). She continues to say, “My dear boy, the world is filled with men—businessmen, scientists, scholars even—who have done rather poorly in
school, and yet gone on to brilliant careers” (53). Though well-intentioned, this response only touches on his suicidal threat and then proceeds to move on to the fact that he will be fine. This threat is not brought up to anyone else in the show and is left after that line. Because of this missed call for help, Moritz’s depression continues to grow until he cannot stand it anymore and there is nothing anyone can do to help.

A Song Asking for Help

The most important part of *Spring Awakening* in regards to mental health is when Moritz reaches out for help with “And Then There Were None,” only to find rejection from Frau Gabor. This leads him to sing “I Don’t Do Sadness.” Although there is time that passes between the two of these, they are close together in terms of Moritz’s emotional journey. This sequence of songs tells the story of an adolescent boy who feels unstable and is reaching out for help – only to be denied that help – and who resorts to the only other option he sees fit. This, however, does not allow the audience to relate to Moritz or his struggles with mental illness. The audience’s potential for empathy is restricted by having Moritz exist primarily in the background, with his story as a secondary plot. The music itself also creates distance between the audience and Moritz, because, while it is effective in representing depression and suicidal tendencies, because of its repetition and used of alternative and pop themes, the harshness of the alternative music impedes empathy. While these two songs are effective at portraying depression and suicidal tendencies, there are not songs outside of this that truly show how Moritz is feeling. In other words, the music, while it shows how Moritz is feeling, limits the audience’s potential to identify with Moritz.
The song I will write for my new works cycle will focus on my character being forced to confront his own mental illness and, in a panic, realize there is no way he can manage it by himself. The song would ideally be placed between “And Then There Were None” and “I Don't Do Sadness” to highlight the progression of Moritz's struggle with depression. In this song, I will have a sequence in which he is singing the phrase “please help me” in repetition with instruments dropping out one by one, until he is left by himself simply asking someone for help. This sequence highlights one of the best methods of suicide prevention which is observation of suicidal tendencies. Although these tendencies might not be as clear as someone directly asking for help, this song will point out the importance of acknowledging this behavior. By allowing my protagonist to feel like he has to ask for help without disguising the language removing instruments from the song as it progresses, audiences will be given multiple opportunities to relate with this character. This relatability is created by adding some more story to Mortiz's battle with depression.
Bipolar Disorder

The musical Next to Normal by Brian Yorkey and Tom Kitt revolves around how Diana’s bipolar disorder was triggered by the traumatic experience of losing her son and how that in turn affects her family. In the book Bipolar Disorder Symptoms, Management and Risk Factors, Nickolas B. Moore defines bipolar disorder as “a psychiatric disease that involves profound changes in mood accompanied by severe changes in feelings, thoughts and behaviors wherein emotions can move quickly from a deep depression to excessive excitement without apparent reason” (Moore vii). This disorder is seen in about 1.5% of the population (Young and Joff v). One of the largest identifiers of bipolar disorder is the switch from manic highs to depressive lows, completely out of control of the person who is diagnosed. These manic highs or periods of mania are categorized by a prevailing elevated mood and can include an increased motivational drive or racing thoughts. However, these fits of mania often can include anger and irritability (Jones and Bentall 2). There are two diagnostic subgroups of bipolar disorder: bipolar I and bipolar II. “Characterized by manic or mixed episodes, patients with bipolar I disorder experience the highest levels of severity with respect to elevated mood,” while bipolar II disorder is characterized by “at least one major depressive episode with one or more hypomanic episodes, as opposed to the manic or mixed episodes seen in bipolar I disorder” (Goodwin and Lieberman 13).

The disorder has a difficult treatment process and “even when in receipt of adequate prophylactic medication, about three-quarters of patients can expect to relapse over a five-year period” (Gitlin 3). When it comes to treatment:
It is imperative that psychiatric research identifies what treatments are most effective for which patients, and at what point in their illness. Historically, medication management has been the primary treatment for most bipolar patients, but the majority of persons with bipolar disorder grapple with symptoms even when their pharmacotherapy regimes have been optimized. (Morris and Milkowitz 218)

These medications will usually consist of “a mood stabilizer such as lithium or sodium valproate with or without a combination of antidepressants, antipsychotics, or hypnotics” (Luty 204). After a successful regime of medicine has been established, psychotherapy is typically introduced. This is particularly important in order to track the highs and lows of the patient or to address any brief relapses in behavior. One of the last resorts of treatment is electroconvulsive therapy or ECT. One study found that “ECT was associated with longer free intervals between mood episodes in patients followed-up longitudinally for at least 5 years after ECT in maintenance treatment with mood stabilizers and after antidepressant discontinuation” (Minnai 34). It is important to note with all of these treatments that there is always a baseline of medication, and when that is not enough, other forms of therapy come into play. Although the research around how to treat this disorder is growing, “it has been estimated that about a third of bipolar patients attempt suicide” (Leverich 7).

**Portrayal of Bipolar Disorder in Next to Normal**

*Next to Normal* chooses to represent bipolar disorder distinctly through enticing or repulsing lyrics, various musical genres, and musical instrumentation arrangements. Each of these elements serves to showcase one family’s experience with bipolar
disorder caused by trauma. *Next to Normal*’s music aligns itself well with mental illness by utilizing rock, pop, classical, and country music. These genres are defined by the instrumentation and the actual composition of pitches and rhythm in the song. It is possible to track Diana’s manic highs and depressive lows through these different key aspects of the music. An excellent example of using instrumentation and the composition to portray the manic high of bipolar disorder is the song “The Break.” The key to maintaining a sense of mania through instrumentation is using instruments that lend themselves to short, hard, stringent sounds. The most important instruments in this song are the drums and the electric guitar. The song begins with crash cymbals on every beat of the first measure leading into the vocals. This entire song maintains this harsh, frantic feeling through distorted electric guitars, heavy drums, and sudden interjections of strings like violin and cello. Musically, Kitt utilizes short, repetitive rhythms throughout the entire song; he also uses melodies that stay on the same pitch and then sporadically move up or down toward the end of the phrase (See Figure 7). In this figure, the melodies are all moving in a hectic, repetitive pattern. The piano is a series of straight eighth notes in harmony, while the guitar is playing a completely different pattern. When the strings come in on measure 10, they are in a high register and they are all marked to be staccato. This pattern of high-pitched, quick motion seemingly comes out of nowhere.
Songs like “There’s a World” capture a depressive state using simple orchestrations that are almost underdone. The first thing to note is that Gabe, Diana’s son, is the person singing this song, which means that for Diana this is all internal, since she is the only character to physically see and hear him. This is because he died when he was young but Diana believes he never did. On top of that, the orchestration consists of a simple, legato piano part and some strings in the background to add some color to the sound. In opposition to the short and choppy rhythms Kitt uses in “The Break,” the melodies in “There’s a World” are all lengthy and flowing. All the phrases seem to connect to one another, and each instrument seems to be working in tandem with the others (see Figure 8).
In this excerpt of the music, the phrases in each instrument are connected. This is done through the slow crescendos and decrescendos and the tenuto markings on the string section on measure 17. While the piano has some moving parts in the bass, because each phrase is connected through, the motion is not jarring.

Yorkey takes advantage of the connotations of words by using them to create juxtapositions with the emotion in the scene. Early in the play, Diana says about her family, “So my son’s a little shit, my husband’s boring, / And my daughter, though a genius, is a freak” (8). In this short passage alone, there are implied juxtapositions and direct juxtapositions. The implied juxtaposition happens when she calls her son “a little shit,” though it’s clear throughout the musical that she cares about him more than anyone else in the family. But by not saying what she truly means, she establishes a withholding atmosphere, where it becomes hard to tell when she is really telling the truth. It also seems to create an uneasy disconnect in the play. The direct juxtaposition happens when she says, “And my daughter, though a genius, is a freak.” By directly
stating her opinions about her daughter, Natalie, Yorkey clarifies the exact relationship between them.

Opinion of the Treatment of Bipolar Disorder in Next to Normal

I posit that the show itself seems to portray the many possible treatments of bipolar disorder in a negative light by portraying extremes as the standard procedure and sympathizing with Diana’s perspective against multiple treatments. There are two moments in particular that seem to be anti-treatment: the first is the song “I Miss the Mountains,” and the second is Diana’s last moments in the show leading into “So Anyway.” In “I Miss the Mountains,” the lyrics say, “But I miss the mountains. / I miss the dizzy heights. / All the manic, magic days, / And the dark, depressing nights” (26). She then goes into a description of how much she seems to miss the extreme mood swings caused by her bipolar disorder, prioritizing severe mania and depression over a sense of stability. It is common for those diagnosed with bipolar disorder to relapse within a few years of finding a treatment regimen that works for them. While it is not harmful for a show to portray these relapses, it might be more beneficial to work towards rectifying them and hopefully finding a resolution that promotes seeking treatment. But that’s not what Next to Normal does; instead it goes through a series of treatments such as psychotherapy, another set of medicine, and electroconvulsive therapy; all of which prove unsuccessful.

Diana then makes the decision to leave her house and to go out on her own to fix herself. Her opening lyrics are sung to her husband, Dan, “So anyway, I’m leaving. / I thought you’d like to know,” leading eventually to, “I’ll try this on my own. / A life I’ve never known. / I’ll face the dread alone… / But I’ll be free” (97). She then finishes the
song and leaves the house. The show continues and the finale, “Light,” is sung by the entire ensemble, with the ending, repeating lyric being “There will be light” (104). This ending suggests that everything has worked out and Diana has done the right thing and removed herself from those who could help her. The show leaves the audience thinking that this was the closest thing to a happy ending that this family could have, which is not the case.

**A Realistic Song that is Pro-Treatment**

As a part of my song cycle, I will write a song in a similar style to *Next to Normal* that showcases a person coming to terms with treatment, after trying multiple solutions. This “Treatment Song” was inspired by the song, “I Miss the Mountains”. This song spends time talking about the negatives of medication and how my character misses the highs and lows of bipolar disorder. I propose that it is possible to talk about the difficulties of the treatment process of any mental illness, particularly bipolar disorder, while still supporting treatment. In terms of instrumentation, I am using an active piano line and vocals. I wanted to use instrumentation that expressed a neutral state of conflict rather than a state of mania or depression. In the song, the character is coming to terms with the fact that she wants to get better, but how hard it has been to get there. While this is just an isolated song, it is important to portray a person going through the hardships of finding the right treatment and fighting through in order to become even marginally more stable. This is something that *Next to Normal* caught in moments but failed at throughout the show. My song will further this process of destigmatization by creating a song that Diana could sing if she did seek help on her own after leaving. The
The song’s theme is that even through all the struggles with bipolar disorder and treatment, she is still here and still alive.
Anxiety Disorders

*Dear Evan Hansen* tells the story of Evan Hansen, a seventeen-year old with anxiety and depression as he gets stuck in a series of lies about Connor, another student at his high school. Evan’s therapist suggests that he should write letters to himself about how his day was. While Evan is printing out a letter about a terrible day he had, Connor sees the letter on the printer and he sees his sister’s name in the letter. Connor thinks that this letter is a prank because of this name and thinks that Evan printed it off so that Connor would freak out and humiliate himself. He yells at Evan for trying to embarrass him and storms off, letter in hand. After a few days, Evan is brought into the principal’s office where he is told that Connor has committed suicide and that his family found a note in his pocket addressed to Evan. Evan becomes too anxious to tell the truth about the note and goes along with what Connor’s parents are saying, claiming that they were secretly best friends. Evan starts to make up all of these events and stories about Connor which all paints Connor to be a better person than most people thought. These lies devolve into a series of more intricate lies that eventually lead Evan to reveal himself to Connor’s family.

People tend to associate fear and anxiety together, but Greist, Jefferson, and Marks define the two in their book, *Anxiety and its Treatment – Help is Available: Advice from Three Leading Psychiatrists in the Field of Anxiety Treatment*:

The causes of fear tend to be more external to the individual and thus more easily identified… Anxiety, by contrast, can be viewed as a response to a less obvious, ill-defined, irrational, distant, or unrecognized source of
danger. *Anxiety* describes an unpleasant state of mental (or psychological) tension often accompanied by physical (or physiological) symptoms in which we may feel both physically and mentally helpless, exhausted by being always on guard against an identifiable danger. (2)

Generalized Anxiety Disorder, or GAD, is characterized by the length of time one is experiencing worry or panic. Anxiety is always felt in response to another stimulus, but if it is ongoing, it is typically categorized as GAD. “Generalized anxiety disorder (GAD), which is characterized by excessive, uncontrollable worry, is one of the most common anxiety disorders in older people (estimated prevalence ranges from 1.2% to 11%)” (Altunoz 98).

When it comes to treatment of GAD, there are pharmacological and psychological options. In the past, “benzodiazepines—valium through to alprazolam—seemed the treatment for people who were identified as having generalized anxiety disorder” (Andrews, *et al.* 23). It is now known that those medications briefly relieved moments of anxiety but did not help with continued worry. There are now other medications that seem to be a better fit for the disorder. These are SSRIs, selective serotonin reuptake inhibitors, SNRIs, serotonin and norepinephrine inhibitors, and pregabalin, which is an anticonvulsant. When it comes to psychological options, Fisher held a study in 2006 that showed that “among individuals who were treated with combined cognitive and behavioral interventions, 46-48% achieved recovery at post-treatment and 53-63% at one-year follow-up” (13).
How *Dear Evan Hansen* Portrays Anxiety Disorders and Depression

*Dear Evan Hansen* has two ways of portraying generalized anxiety disorders: through showing Evan and his personal experience and through how social media displays the number of people who experience anxiety. Evan has many songs throughout the show that display his anxiety. These songs seem to have some shared traits but also shine individually in the portrayal of Evan’s anxiety. One of these ways is through repeating words or phrases in close succession. The first example of this is in “Waving through a Window,” with the phrase from the pickup into measure 100 to measure 103 (See Figure 9).

![Figure 9 Excerpt from "Waving Through a Window" by Benj Pasek and Justin Paul](image)

This use of repeated phrases works in multiple ways: it tends to generate anxiety when something is repeated over and over again, it gives the audience more time to relate and familiarize themselves to the lyrics, and reinforces the genre that already serves to
make the story more relatable. Thoughts that are on a loop are characteristic of GAD. This happens multiple times throughout the show, and the pop genre of the music tends to allow the repetition of phrases. By using pop music to tell this story, Pasek and Paul have chosen a genre in which the repetition of phrases in close succession is acceptable and commonly seen. So, while this technique is not typically used in pop music to generate anxiety, Pasek and Paul took advantage of the natural tendencies of popular music to represent mental illness. Another musical element that *Dear Evan Hansen* utilizes is the dramatic switch between opposing dynamics. This happens right before the excerpt in “Waving through a Window” as well as in “Words Fail” (See Figure 10).

![Figure 10 Excerpt from "Words Fail" by Benj Pasek and Justin Paul](image)

This song happens when Evan finally reveals that everything has been based off a lie: his relationship with Zoe and Connor’s family, the Conner project, and the email
exchange between Connor and Evan. The song builds to this climax and finally reveals the real reason why Evan committed to these lies.

Musically, the dynamics in this excerpt change drastically within a few measures of each other. In the first measure, there is a subito piano that suddenly grows to a fortissimo. This feeling of instability is immediately reinforced by the fermatas that indicate the silence that follows this moment. Once the silence has passed, everything is quiet again. In almost every one of Evan’s songs, there is a giant moment in which Evan is supposed to be singing his loudest at a fortissimo and suddenly has to drop down within a couple of measures. This sporadic use of dynamics parallels the unpredictability of anxiety and how it can seemingly come out of nowhere.

**Song: the Eulogy**

*Dear Evan Hansen* had many qualities that made it easy for the audience to relate to Evan Hansen, and therefore to empathize with anxiety. Using pop music draws in an audience by creating a sense of familiarity with each moment. They also create this sense of familiarity through use of social media.

However, one issue with *Dear Evan Hansen* is that Connor is shown as either one of two things: a villainous teenager who only cares about himself or a great friend and family member who really cares about people. While this is initiated by Evan’s fictional portrayal of him and Connor’s family’s memories of him, it is perpetuated by The Connor Project, the online campaign to keep Connor’s memory alive. I will write a song that eulogizes someone like Connor as a human being rather than one of the extremes the show seems to portray him as. I am going to utilize the devices that *Dear Evan Hansen* uses so well, such as repetitions of phrases. With these
phrases, I am going to use the mother figure and a friend to describe Connor, and the repetition of phrases will be used to show thoughts that both characters shared. This song will allow audiences not only to relate with Evan, but to provide an outlet to relate to Connor. In the show, there is noticeable distance created between the audience and Connor, though the whole point of the Connor Project is to remember Connor. This song will provide that connection between the audience and Connor by eulogizing him with humanizing stories.
CONCLUDING THOUGHTS

Entertainment has perpetuated the societal stigmas against mental illnesses for too long. Musical theatre practitioners can work towards destigmatizing mental illnesses by continuing the trend of discussing mental illness in their musicals, as *Lady in the Dark* did with depression, *Spring Awakening* did with student suicide, *Next to Normal* did with bipolar disorder, and *Dear Evan Hansen* did with generalized anxiety disorder.

These four shows are great examples of how to utilize the format of musical theatre to tell these narratives centered around mental illness. Through portraying the disorder and the treatment process alongside with the struggles they both present, musical theatre provides a relatable and palatable understanding of mental illnesses that the general public chooses not to discuss. By continuing this process, it is possible to use musical theatre to change societal stigmas against mental illnesses.

Throughout my research and analysis, I have realized that the most important aspect of creating and telling stories that focus around mental illnesses is telling them in such a way that the audience can easily relate. In *Dear Evan Hansen*, this is done through the use of social media and pop music to make anxiety more palatable to an audience. This is the main flaw in *Spring Awakening* because Moritz’s story is secondary to Melchior’s story, and therefore the audience does not have much time with Moritz and his struggles. With this in mind, I will write and stage my song cycle in a way that is inclusive and promotes empathy. In some songs, this is done by composing music that parallels the symptoms of a particular mental illness—like *Dear Evan Hansen* does with repeating phrases and GAD. In other songs, I will do this by writing narratives
that really choose to focus on a character’s struggle with mental illness, opposed to making it an extraneous character trait.

In regards to staging this song cycle, I plan to have a series of chairs scattered around an intimate venue. The performers will enter with the audience and will stand up from their chairs and perform from that stationary place. This idea serves to highlight that anyone in the room could be singing a song about mental illness because of how common mental illness is. I also have an idea of staging the performance in a studio space and allowing the mirrors to be open on the walls. The purpose of this is to highlight the sense of unity, and the idea that it truly could be anyone singing the material.
BIBLIOGRAPHY


