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LIVING WITH MARIE:
DRAMATHERAPY IN THE CREATION OF PERFORMABLE THEATRE

by

MADELYN JAMES
B.A. University of Southern Maine, 2014

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Fine Arts
in the Department of Theatre
in the College of Arts and Humanities
at the University of Central Florida
Orlando, Florida

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Major Professor: Julia Listengarten

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ABSTRACT

Living with Marie is a project aiming to adapt dramatherapy techniques so that they are better suited to the creation of theatre in an attempt to educate audiences of the struggles some individuals cope with while living with mental illness. By using the practices implemented by dramatherapists Sue Jennings, John Casson, R. M. Simon, and Phil Jones, the evolution of my play *Living with Marie* can be seen as first originating in imagery before progressing to text and finally, performable art. This venture, inspired by my own psychotic struggle, gives audiences a glimpse into the clandestine existence of a nameless Young Woman and her mêlée with a schizophrenic embodiment of her mental disorders named Marie.

I dedicate this to my family (Sarah, Jean-Marie, and Bob James), my relatives, and Ashley Turner for their love and support throughout the whole of my Masters degree and this project.

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LIST OF ACRONYMS

EPR Embodiment/Projection/Role

CHAPTER 1:INTRODUCTION

“The hearing of voices has become stigmatized as a symptom of mental illness to such an extent that people keep such experiences secret for fear of being labeled as mad, hospitalized and their medication increased.” (Casson 9)

A cloud of judgment and criticism has always surrounded mental illness; however, recently, the representation of mental illness has been affected by many significant strides against the negative stigmas that surround people suffering from this complex disease. These strides include the introduction of many different forms of treatment-- such as painting, drawing, dance, and theatre--that have proven more productive than previous methods.

As a young woman living with mental illness, I have found the creation of art to be therapeutic and constructive to my mental condition. Through further investigation, I discovered that the therapeutic properties I encountered through my career in acting are closely related to the techniques outlined in a book entitled *Drama as Therapy: Theatre as Living* by Phil Jones. This book has been a cornerstone in my research and has inspired this project of writing a play based on some of my personal struggles with mental illness. In addition, the use of art to communicate with others who don't experience the world in the same way as the majority of the population inspired me to write a play about the daily struggles of living with various mental illnesses.

Drama as Therapy: Theatre as Living is a book that includes charts, case studies, and the effects that theatre activities have on people who have been diagnosed with any variant or combination of mental illness. Many patients who have participated in some form of dramatherapy have experienced relief in the form of ease when discussing their struggle with

mental illness and the ability to gain control over their illness by first feeling control over their physical being. Another benefit of dramatherapy was the opportunity for patients to distance themselves from their mental illness allowing them to more clearly and specifically gain control over certain aspects of their lives. Through even further investigation, I have found other books outlining the use of theatre to provide a voice to people living with mental disorders and an escape from the fear of judgment based on their condition. These texts based in dramatherapy provide activities that assist patients in creating a way to communicate, free of criticism, while developing a safe environment. Throughout these books, there are clinical studies that offer various artistic techniques, leading to a “performance” that helps sponsor discoveries in the patients.

Through my study and practical work, I plan is to incorporate and adapt the activities outlined in *Drama as Therapy: Theatre as Living* along with other texts such as *Drama, Psychotherapy and Psychosis: Dramatherapy and Psychodrama with People Who Hear Voices* by John Casson, *Self-healing through Visual and Verbal Art Therapy* by R. M. Simon, and volumes of *Dramatherapy Theory* by Sue Jennings. Despite their varying technical approaches these resources prompted me to consider how their research and activities could be combined or adapted to benefit the writing, directing, design, and staging of my production. By using the multitude of techniques and activities I found through these texts, I plan to capture the struggle of an unnamed character and her daily battle with the embodiment of her illnesses materialized as a character named Marie. My goal is to exhibit the constant effort and the private battle that many with mental illness deal with. I will be applying the activities that have previously been used in dramatherapy in the writing and direction of this play: in addition to providing ways to

communicate feelings, thoughts, and emotions with others through words, they also suggest ways to include imagery and movement. By compiling different techniques, such as Embodiment/Projection/Role by Sue Jennings, two-dimensional art creation, and movement exercises, I plan to discover a “tool box” of activities that will be useful for those coping with mental illness in an attempt to direct them toward the creation of theatrical art with the intent of it being shared with others. Since many of the activities are specific for group therapies, I would also like to see how some of these activities work in a theatrical setting by reformatting them as warm-ups for a group of thespians.

Art is not only created on paper; it can also be presented through dance, poetry, acting, and story telling. I believe that theatre is made up of components from all art forms and while it is called dramatherapy, there are multiple mediums used in its practice. In dramatherapy, there is an evolution of emotion through art. This evolution moves through stages, similar to the evolution of life on earth--beginning with imagery, movement, voice, words, sentences, story telling, and finally performance. These stages of artistic evolution will play an important role in the development of my process for creating art by and for friends, family, and people who are living with mental illness. Each stage will include activities that tie together a cast of actors while creating a cohesive work of living art.

While there have been plays written by people and about characters who suffer from diseases such as Post-Traumatic Stress Disorder, Anxiety, Depression, and a multitude of other illnesses, there seems to be a limit on the amount of plays representing the suffering and dilemmas that people with these diagnoses go through behind closed doors. This private struggle is sometimes masked and not identified until it is too late. My goal is to create a play that would

be easily accessible for students and communities, allowing audience members to realize the constant grapple with mental illness, hopefully freeing it from the stigma. This would give more of the general population the opportunity to be exposed to a world many people live in and be inspired to help. I also wanted to display the struggle that people go through behind closed doors and how others perceive these struggles.

During the growth of this performance, I plan to document each stage of my process including some artistic mediums, like drawing, that may not seem cohesive to my theatrical product. Through the inclusion of these different mediums I plan to adapt and include activities based in dramatherapy to assist in the creation of my own project during the writing, rehearsal, and performance process. Journaling and sketching will be how I will communicate my thought process, such as successes and failures in my techniques or creations. Many of the texts I am using have clinical studies about activities that already provide some successes and failures that I can learn from, bringing together theory and practice. My focus will be on creating a system where people who suffer from mental illness can better communicate to and educate audiences about their struggles. This system will be put into practice as I create a play based on my personal experience coping with various forms of psychosis.

CHAPTER 2: DRAMATHERAPY RESEARCH

Dramatherapy is a technique that utilizes activities based in theatre as a way to treat people suffering from mental illness. This form of treatment provides them with alternative forms of expression such as movement and scene creation. It is a fairly modern form of treatment for mental illness with some of its most distinct contributors, Sue Jennings and Phil Jones, having published research within the past thirty years. There is evidence, however, that dramatherapy could have had its meager beginnings as early as 1797 (Jones 47). Throughout the research of dramatherapists such as Jennings, Jones, Casson, and R. M. Simon, they have compiled information on different activities that have been used in the treatment of people with mental illness. Since the play I plan to create relates to mental illness, I hope to explore the application of these dramatherapy techniques in the process of creating a script, helping actors analyze characters, and directing the movements in the show's performance. Included in the texts of these dramatherapists are their successes and failures. These will be beneficial in my own process as I work toward using dramatherapy to create theatre that outlines the daily struggles of those affected by mental illness.

2.1 History of Theatre in Therapy

Through recent years there has been a greater effort to assist and rehabilitate those with mental illness; however, during the late eighteenth century that was not the case. In the late 1700s, many people who were diagnosed with mental illness were locked in asylums that were similar to prisons or work houses (Jones 47). This was a common fate for many people who struggled with some form of neurotic disorder. There was evidence, however, of some asylums

that contained theatre spaces meant to be used by the patients. Throughout Europe, there were a handful of mental hospitals that had theatres worked into their construction (Jones 47). Some were used so that patients could have the opportunity to act out normal lives, almost like a chance for them to remove the insanity from their existence for a moment (Jones 47). Through the mid-nineteenth century, the inclusion of theatre spaces in the building of asylums became a little more common (Jones 47). These theatres were more accessible to members of wealthy social classes and provided not only a playing space for patients but also a venue for external troupes of actors who would come to entertain the population of these semi-self sustaining communities developed inside the institutions' walls (Jones 48). Although these theatres existed in the asylums, they were not considered a primary form of therapy for patients. It wasn't until the twentieth century that drama was seen as a way to help people cope with mental illness. Jones describes the difference between the way the eighteenth and nineteenth century used theatre in therapy as:

Although theatres existed in psychiatric hospitals for centuries, the twentieth century saw an enormous increase in the presence of theatre and drama in hospitals. Another area of development was in the work of three individuals – Iljine, Evreinov and Moreno – in establishing forms of treatment or therapy with drama as a primary means of change. The radical innovations in experimental theatre, educational drama, psychotherapy, the study of play, anthropological study of ritual, cross cultural contact and the development of the field of dramaturgy in sociology all made important connections between the potentials of drama and direct change in people's lives. (Jones 46)

2.2 Iljine: Art, Performance, and Analysis

Building on this history of theatre that aided in the healing of people with mental illness, dramatherapists such as Jones and Jennings found that dramatherapy techniques could be

separated into different stages of understanding and activities. Jones draws from a theory established by Vladimir Iljine who believed that therapeutic theatre can be divided into five different parts: theme identification, reflection on themes, scenario design, scenario realization, and feedback (Jones 59). Theme identification is similar to coming up with an overarching theme in a play. Iljine believed this theme should be something to which all participants can relate (Jones 59). After the theme has been established, Iljine suggests moving on to breaking the theme into pieces and reflecting on it. By breaking the theme into smaller pieces, the patient takes opportunity to explore different mediums in which to express the theme; for example, painting or drawing (Jones 60). Scenario design is where the theatricality of the theme begins to take shape. Using the imagery from the art created during reflection, patients begin to create improvised scenes (Jones 60). Through these improvised scenes characters, locations, key words, symbolism, and other small details begin to surface. Once these improvised scenes conclude the patient is usually asked to reflect upon them (Jones 60). The next stage is called scenario realization, which is where these improvised scenes begin to gain a little more structure with the addition of very simplistic props, costumes, and set pieces. Through this process, a story starts to develop along with a key character (Jones 61). This also concludes with another reflection period.

2.3 Jones: Performance and Analysis Orientation

Based in Iljine's dramatherapy technique, Jones has broken down the five steps established by Iljine even further into his own nine core processes, which he believes are "crucial to the effectiveness of Dramatherapy" (Jones 99). His nine core processes include dramatic

projection, therapeutic performance process, dramatic empathy/distancing, personification/impersonation, interactive audience/witnessing, embodiment, playing, life-drama connection, and transformation (Jones 99-121). Although his stages are broken down a little more thoroughly, they do have some similarity to Iljine's theory. Jones chose to eliminate the use of different mediums of art, such as painting or drawing, and focus solely on the use of drama (Jones 125). He wants his clients to find themselves in other characters in drama and then, after doing so, create their own form of drama in the same way Iljine does: by adding elements to drama to create stories (Jones 121). Jones describes one example of a client who used the other members in the group to create a vignette of a fantastical representation of her personal struggle (Jones 122). After the exercise, everyone had a chance to speak about how their sculpted poses in her scene made them feel; these feelings created full characters in the minds of the participants. Jones was much more specific in the breakdown of his version of dramatherapy; however, the first few stages of his theory were unclear and seemed more cerebral in creation compared to Iljine's theory. Jones took Iljine's theory and oriented it in a way where the patient had plenty of time to analyze the theatrics they had created before staging anything using other group members and presenting it to an audience. This was opposite of Iljine's technique that promotes the creation theatre and immediate presentation to a group that is later analyzed by not only the patient but also the group and instructor. This style of dramatherapy seems to lend itself more to performances based on its lack of construction of the scenes and more analytical approach. I plan to use Jones' dramatherapy outline during my rehearsal process. His use of individual analysis will help when the actors are trying to be more specific in their character choices and background.

2.4 Jennings: Child-Like Therapy

Alternatively, instead of expanding upon Iljine's five stages, Jennings has created her own condensed theory on the stages of dramatherapy called EPR. Jennings explains this form of dramatherapy as children understand it. The E represents "embodiment" or "sensory/physical play" (Jennings 54). This stage is non-verbal and uses a child's ability to use their imagination to morph their perception of the world around them (Jennings 54). One example she gives is a child emptying kitchen cupboards to use as a "house" (Jennings 55). The P in her theory stands for "projection", which is similar to adding adjectives to one's vocabulary: for example, projecting feelings onto inanimate objects (Jennings 55). Finally, R represents "role" (Jennings 56). Children will verify someone's role by asking questions such as, "What's your name?" "Where are you going?" "Why?" [...and] "What for?" (Jennings 56). Role can consist of someone's relationship to someone else, their feelings, personal traits, etc. Using EPR, Jennings finds certain activities that fall into each one, such as imagery for E or writing a story for R. Jennings' dramatherapy techniques seem to be more closely related to the visceral instinct that exists in children. Her approach to creating art will be crucial during my project when it comes to writing the play and early character development due to the organic nature of the activities.

2.5 Casson: Schizophrenia and Dramatherapy

Jennings' work has inspired other dramatherapists such as John Casson who has had a substantial influence on my own project due to his use of dramatherapy on patients suffering from depression, schizophrenia, paranoia, and other mental diseases that involve hearing voices

(Casson 2). This is very specific to my work in the way I have personified the young woman's mental illnesses as a being she can speak to. Casson also discusses how some of his clients have used dramatherapy to create personalities for the voices they hear and writing plays around them, almost like archetypes (Casson 10). He delves into the specific types of voices people with mental illness can hear, such as quiet, critical, destructive, and sometimes violent personalities (Casson 17-20). One thing that his patients in group therapy sessions found beneficial was the inclusive feel that dramatherapy had:

Therapy, an antidote to silence and isolation, offers people an opportunity to talk, communicate and relate to others. The Hearing Voices Network and others have found that people can benefit from talking about their voices. [...] Therapy then can enable people to regain their voice: to speak of their experiences. (Casson 97)

People who take part in dramatherapy not only have a safe place to discuss the voices they hear but also have the opportunity to gain some control over their own voice by having encouraged vocal time: speaking, shouting, singing, etc (Casson 97). Casson's activities will blend perfectly with the plot of the play because of his extensive knowledge about dramatherapy and its relation to patients that hear voices. Hopefully I will find some opportunities to incorporate his activities that were created to better understand and assist patients suffering from schizophrenia, much like the Young Woman character in *Living with Marie*.

2.6 Moreno: Therapy Through Improvisation

Like Jones, Casson also draws inspiration from past dramatherapists such as Jacob Levy Moreno. Moreno was the founder of a technique called psychodrama that was established in the

early 1920s (Kedem-Tahar 27). Moreno's technique chiefly utilizes the improvisation and its relationship to the therapeutic properties this activity has on actors.

2.7 Simon: Story Telling Through Non-Verbal, Two-Dimensional Creation

Similar to Jennings, R. M. Simon draws inspiration from children for her therapeutic theory that utilizes two-dimensional art as an outlet instead of acting-out. Simon's book *Self-Healing: Through Visual and Verbal Art Therapy* brings Jennings' EPR to life as she follows the case study of a young boy trying to cope with his parents' divorce. Simon's theory is that guided artistic creation can be used to self-heal a patient and that creativity is instinctual (Simon 13). According to Simon, children have an innate desire to create and destroy in a cycle; destroy something to create something else (Simon 14). Simon is similar to Jennings in the way that her theory starts as thoughts without words (Simon 16). Simon quotes Freud in saying:

Thinking in pictures is, therefore, only a very incomplete form of becoming conscious. In some way, too, it approximates more closely to unconscious processes than does thinking in words, and it is unquestionably older than the latter... (Simon 17)

In this quote Freud means to say that thinking in imagery is both the most incomplete and, at the same time, complete way to communicate. By creating images these pictures better embody thought without the limit of vocabulary; however, it is less likely to be completely understood by others due to the lack of relatable words. I enjoy this beginning to art creation because thinking visually can stimulate words. In Simon's case, one client created a story based on the art. Since the client was only seven years old, the story had to be dictated to his mother. However, as he continued to dictate the story based on the pictures, his medium of art changed from drawings to

a constant and steady stream of words. This case study perfectly embodies Jennings theory: E being represented by the drawings and PR developing through the dictated stories. Simon perfectly exemplifies how to progress from an idea to a story through this patient study. By using this same technique I hope that it will help me begin and bring in the focus of my project from many ideas to a singular product.

As I continue to develop my play, I plan to incorporate activities from these dramatherapists and see where they fit into the theories of one another. I am going to use Jennings' theory of EPR by beginning with imagery and moving toward words as I compose the script. I am also going to use Jones' theory in the physical development of the play through dramatherapy activities that will organically help my actors create their characters and movement. By using these two dramatherapists as the major influences for my project I also plan on finding how activities outlined by Casson and Simon relate to the outlines created by Jones and Jennings.

CHAPTER 3: LIVING WITH MARIE

A One Act Play

by Madelyn James

CHARACTERS

YOUNG WOMAN – Mid-20s

MARIE – Mid-20s

YOUNG MAN – Mid-20s

LOCATION

The **YOUNG WOMAN**'s apartment. Most of the stage is taken up by the **YOUNG WOMAN**'s bedroom. There is a small living room area off to one side. There is a long empty space that runs the length of the playing space, downstage.

3.1 Scene One: Depression

The play opens on a bedroom of a YOUNG WOMAN. There is a bed upstage and a full length mirror hanging somewhere in the room. The YOUNG WOMAN is lying in bed. There is someone sleeping in bed with her but they are obscured by the YOUNG WOMAN. The YOUNG WOMAN wakes up to her alarm clock blaring. She hits it, rolls over, and begrudgingly sits up.

VOICE. No! *(The other person in bed grabs the YOUNG WOMAN and pulls her back down onto the bed)*

YOUNG WOMAN. *(laughing slightly)* No what?

VOICE. You're taking a sick day.

YOUNG WOMAN. And why is that? *(She finally stands and moves across the room to the dresser, revealing MARIE and a long chain connecting them. The YOUNG WOMAN starts digging through her drawers)*

MARIE. *(Sitting up in bed)* Because I don't want to.

YOUNG WOMAN. I don't care. We have to go. We have work and-

MARIE. *(She grabs the chain attached to the YOUNG WOMAN and starts to pull)* I don't care! I don't feel well!

YOUNG WOMAN. *(Calmly)* Stop pulling. What are your symptoms?

MARIE. *(Stops pulling)* What?

YOUNG WOMAN. What's wrong with you?

(MARIE is silent)

YOUNG WOMAN. Do you have a cough?

(MARIE shakes her head)

YOUNG WOMAN. Do you have a fever?

MARIE. *(Silent for a moment)* You know, you deserve a day off.

YOUNG WOMAN. Yeah? Well, when I don't have bills to pay we can talk about it.

MARIE. What's the point in going to work any way? I mean you are probably going to get fired regardless.

YOUNG WOMAN. And why do you say that?

MARIE. Because! What? It isn't obvious? *(The YOUNG WOMAN is silent)* You're a shitty employee!

YOUNG WOMAN. Really? How so?

MARIE. God. Do I need to spell it out for you?

YOUNG WOMAN. I'm not doing this with you today. *(Goes back to getting ready)*

MARIE. *(Puts reading glasses on and grabs a pad and pen)* Let's see. You dropped out of college-

YOUNG WOMAN. Uh, excuse you! I didn't drop out. I'm taking a semester off to save money.

MARIE. For what? *(removes glasses)* Let's be honest with ourselves for a second here. You are working a crappy, minimum wage job and barely making ends meet. How are you saving anything?

YOUNG WOMAN. I have a piggy bank.

MARIE. Oh my God. What are you? Five?

YOUNG WOMAN. Well I don't have enough money in it yet to open a savings account. If I put it in the bank now they will end up taking it in fees.

MARIE. *(Quietly)* If that money even makes it to the bank.

YOUNG WOMAN. What?

MARIE. You keep dipping into it!

(YOUNG WOMAN shakes her head and turns away)

MARIE. Oh come on! Don't think I don't see you!

YOUNG WOMAN. I needed some of it to fix my car.

MARIE. Oh yeah! That hunk of junk that you picked because you were too impatient to make an educated decision.

YOUNG WOMAN. Ok. Were not doing this. Get up. *(Yanks the chain)*

MARIE. NO! I told you! WE. ARE. TAKING. A. SICK. DAY.

YOUNG WOMAN. No. I told you, we are being productive today. You are not in charge here. I am! Also, thank you, for making me painfully aware of my shortcomings today. Now. Get out of bed or I will drag you.

(MARIE is silently sitting)

YOUNG WOMAN. Fine.

(The YOUNG WOMAN walks over to MARIE and stands her up. The YOUNG WOMAN then loops the chain over her shoulder and drags MARIE out of the room. MARIE is resisting silently the whole way)

3.2 Scene Two: Social Anxiety

Interior of a kitchen. Sitting at a table is a YOUNG MAN. He is reading the back of a cereal box as he is eating his breakfast, content. The YOUNG WOMAN enters silently, dragging MARIE behind her.

YOUNG MAN. *(Not looking up from the box)* Good morning.

YOUNG WOMAN. *(Fixing breakfast)* Good morning.

MARIE. I told you we should have stayed in bed.

YOUNG WOMAN. What?

MARIE. Oh my God. He is so pissed at you.

YOUNG WOMAN. Why would he be pissed at me?

MARIE. Maybe it was the dishes you left in the sink from dinner last night.

YOUNG WOMAN. Sorry about the dishes last night.

YOUNG MAN. *(Looking up briefly)* Oh. That's fine.

MARIE. Oh snap! He is fuming! He 's so mad he can't even look at you!

(The YOUNG WOMAN starts doing the dishes)

YOUNG WOMAN. Any big plans today?

YOUNG MAN. Nah. Just work. Day off?

YOUNG WOMAN. No. Work too.

YOUNG MAN. That sucks. You look like you need one.

MARIE. *(Offended)* What does that mean?

YOUNG WOMAN. *(Levelly)* What do you mean?

YOUNG MAN. *(Looks up at her again)* You just look tired. Up late watching TV?

YOUNG WOMAN. Uh. No, just a rough morning.

MARIE. He hates you.

YOUNG WOMAN. Shut up.

MARIE. He *really* hates you.

YOUNG WOMAN. Shut *up!*

MARIE. He is going to kick you out!

YOUNG WOMAN. SHUT UP!

YOUNG MAN. What?

YOUNG WOMAN. Uh. Sorry. Nothing. *(Goes back to dishes)*

(The YOUNG MAN looks back at his food)

(Silence)

(MARIE is glancing back and forth at them)

MARIE. Well. This was fun. Maybe you should leave him alone. Walk away.

(MARIE starts pushing the YOUNG WOMAN back to her room)

YOUNG WOMAN. Well. I'm gonna be ready in a few minutes. Do you wanna car pool to work?

YOUNG MAN. Sure.

(MARIE and the YOUNG WOMAN exit)

3.3 Scene Three: Body Dysmorphia

Back inside the YOUNG WOMAN's bedroom.

MARIE. See? I told you! We should have taken a sick day.

YOUNG WOMAN. *(Digging through the drawers for clothes)* It's too late. We are up and I promised to drive him today so we are going.

MARIE. *(Walks over to look in the mirror)* Well, it's going to be a long day.

YOUNG WOMAN. *(Under her breath.)* Yeah. Because you won't shut up.

(The YOUNG WOMAN walks over to the opposite side of the mirror so she is facing MARIE through the glass. They start to mimic each other as the YOUNG WOMAN checks herself in the mirror)

MARIE. Ew.

YOUNG WOMAN. What now?

MARIE. What the hell is this? *(She grabs at her stomach. The YOUNG WOMAN copies)*

YOUNG WOMAN. That's skin.

MARIE. That is not just skin. I see all that crap you eat. I guess its good you skipped breakfast.

YOUNG WOMAN. I guess...

MARIE. Maybe you should take a break from food. Your clothes are looking a little tight.

YOUNG WOMAN. (*Hesitantly*) But I get hungry.

MARIE. I feel like you just want to taste something. You get bored. You eat. And then you get fat.

YOUNG WOMAN. I'm not fat.

MARIE. Yes. Yes you are. You need to go to the gym more. I bet people look at you and think 'Wow. She must think its ok to look like that.'

YOUNG WOMAN. (*Starting to get frustrated*) No. They don't.

MARIE. Yes they do! I see them. Out of the corner of your eyes. They are snickering behind your back.

YOUNG WOMAN. Stop.

MARIE. Thinking about how sorry they feel for you.

YOUNG WOMAN. I look normal. This (*grabs her stomach*) is normal.

MARIE. Yeah, normal if you want to have to buy all new clothes and spend the next few weeks trying to uncomfortably squeeze into your old ones.

YOUNG WOMAN. These are kinda tight...

MARIE. (*Mocking*) Hey! Maybe you could dip into that *savings* fund you have. Just like you did for your car.

YOUNG WOMAN. Stop.

MARIE. Or you could dip into it for more food.

YOUNG WOMAN. (*Upset and angry*) Enough. Please.

MARIE. Oh. So you do know when you've had enough from me but not on your plate.

YOUNG WOMAN. I eat fine!

MARIE. Yeah, I bet you do. You fill up your trough and mindlessly dig in.

YOUNG WOMAN. STOP TALKING.

MARIE. Why? What are you going to do? Shut me up? Waddle over here in your overly tight, roll hugging clothes?

YOUNG WOMAN. SHUT UP!

(They stop mirroring each other for a moment as the YOUNG WOMAN punches the mirror, which shatters. MARIE has stepped off to the side to avoid the crashing glass. The YOUNG WOMAN is now clutching her bleeding fist. They are both silent.)

MARIE. Nice... **YOUNG WOMAN.** Fuck...

YOUNG MAN. *(From the other room)* You ok?

YOUNG WOMAN. *(Looking for something to wrap her hand)* Yeah! I'm fine!

(The YOUNG WOMAN wraps her hand in some tissues and tape. She frantically starts to scoop the glass bits into the trash)

MARIE. And now you need a new mirror.

(The YOUNG WOMAN is silent. She finishes cleaning up the glass, grabs her bag, grabs the chain, and exits through the living room.)

YOUNG WOMAN. *(To YOUNG MAN)* I'll be in the car when you're ready. *(Exits)*

(Blackout)

3.4 Scene Four: Attention Deficit Disorder

The YOUNG WOMAN is returning home from work, flipping on the lights as she walks through the house. MARIE is close behind. The YOUNG WOMAN sinks into her desk chair with a heavy sigh. She then removes her laptop from her bag. MARIE is wandering around the room, picking at things. The YOUNG WOMAN begins to type. This scene is a little quicker than other scenes.

MARIE. *(After a moment of silence)* What are you doing?

YOUNG WOMAN. Filling out applications.

MARIE. (*Disbelief*) You're going back to school?

YOUNG WOMAN. Yes.

MARIE. What happened to saving?

YOUNG WOMAN. I'm applying for scholarships and financial aid and stuff.

MARIE. That sounds boring.

YOUNG WOMAN. It is.

MARIE. You should go on Facebook instead.

YOUNG WOMAN. No. I'm working on this.

MARIE. Oh! Remember that website you used to go on? The one with all the games?

YOUNG WOMAN. Oh yeah! That was so fun. I wonder if they have any new games.

MARIE. YEAH!

YOUNG WOMAN. (*Realizing*) No! No. I have to get this done. Don't distract me.

MARIE. What was that show we were binge watching?

YOUNG WOMAN. Grey's Anatomy?

MARIE. Didn't we stop at a really exciting part?

YOUNG WOMAN. Yes...

MARIE. Maybe we should just watch one episode; make sure everything turns out ok.

YOUNG WOMAN. Maybe... Just one episode. What time is it now?

MARIE. It's only like 9:30!

YOUNG WOMAN. Well, maybe I will watch one episode and then get back to work. It should only take a couple of hours to do these forms.

MARIE. Yeah! And then you will be in bed by midnight so you'll get enough sleep before you have to be up at 8 for work.

YOUNG WOMAN. Ok. Fine. One episode.

(The lights slowly dim as the YOUNG WOMAN and MARIE settle in to watch TV. There is silence for a few moments. The show can be heard playing quietly.)

YOUNG WOMAN. What time is it?

MARIE. 2am.

YOUNG WOMAN. WHAT? *(She turns off the TV show and the lights snap back brightly)*

MARIE. What? We earned a break.

YOUNG WOMAN. No! I have to get these forms done today so I can send them out. How did it get so late? *(She starts typing frantically)*

MARIE. Its fine! Just do them after work.

YOUNG WOMAN. No. What part of now are you not hearing?

MARIE. I'm bored.

YOUNG WOMAN. I don't care. *(Phone chimes)*

MARIE. Who's that?

YOUNG WOMAN. I don't know.

MARIE. You should look.

YOUNG WOMAN. No.

MARIE. What if it's an emergency?

YOUNG WOMAN. Fine. *(She picks up the phone, types a quick reply, puts it back down)*

MARIE. Who was it?

YOUNG WOMAN. My brother.

MARIE. Was it an emergency?

YOUNG WOMAN. No.

MARIE. Are you-

YOUNG WOMAN. *(Firmly)* No. *(She turns the phone on silent. It buzzes)*

MARIE. What if it's-

YOUNG WOMAN. It's not.

(The phone buzzes again. The two remain silent. MARIE is looking at the phone. The YOUNG WOMAN is looking at her laptop. The phone buzzes again. MARIE looks like she is going to say something but the YOUNG WOMAN shoots her a stern look. The phone buzzes again. And again. And again.)

MARIE. I think-

(The YOUNG WOMAN picks up the phone and smashes it on the ground. MARIE stares at the pieces in stunned silence. The YOUNG WOMAN continues to type.)

MARIE. Maybe you should cool off with more TV?

YOUNG WOMAN. *(Closing her computer sharply)* Ok. It's time for bed.

(The YOUNG WOMAN gets up quickly, turns off the lights, tugs at MARIE's chain, and climbs into bed. MARIE silently follows.)

3.5 Scene Five: Paranoia

The room is very dimly lit. As the audience's eyes seem to adjust to the darkness, the YOUNG WOMAN and MARIE can be seen lying in bed.

MARIE. It's awfully quiet.

YOUNG WOMAN. Yup.

MARIE. Almost too quiet. Can you hear that?

YOUNG WOMAN. Hear what?

MARIE. That ringing noise.

YOUNG WOMAN. *(Now hearing it)* I can.

MARIE. That's so annoying.

YOUNG WOMAN. It is.

(They are silent for a moment. They hear a creaking noise. They both bolt upright)

MARIE. What was that?

YOUNG WOMAN. *(Frantically)* What was that?

MARIE. Maybe you should go look.

YOUNG WOMAN. No. It's an old apartment. It's probably just settling.

MARIE. Or there's someone already in the house.

YOUNG WOMAN. (*Growing fearful*) What?

MARIE. Like, maybe they were already in your house trying to steal from you and because you came home you messed up their plans.

YOUNG WOMAN. There isn't someone in the house.

MARIE. How do you know?

YOUNG WOMAN. I turned on the lights when I came in.

MARIE. But you didn't check all the closets and under your bed.

YOUNG WOMAN. I forgot.

MARIE. Maybe you should check.

(The YOUNG WOMAN slowly gets up and cautiously moves across the room. She flips on the lights. She systematically checks all areas where someone could hide very cautiously, as if she's anticipating someone will be crouching there. When the YOUNG WOMAN has finished her search she turns off the lights and, more at ease, lays in bed.)

YOUNG WOMAN. (*Contented*) It's all clear.

MARIE. Are you sure?

YOUNG WOMAN. I checked.

(They are silent for a moment. Then they both bolt upright again)

MARIE. What was that?

YOUNG WOMAN. What was that?

MARIE. You saw that to?

YOUNG WOMAN. You saw that too?

YOUNG WOMAN. That shadow?

MARIE. I did!

YOUNG WOMAN. What was it?

MARIE. I don't know. You should turn on the lights.

YOUNG WOMAN. What if it gets me when I get out of bed?

MARIE. Are you five? It's not a monster. Monsters aren't real.

YOUNG WOMAN. But remember that movie? About that creepy thing that dragged the girl under the bed.

MARIE. With those gross, long fingers.

YOUNG WOMAN. And the jaw that unhinges.

MARIE. And the sharp nails that tear your skin.

YOUNG WOMAN. It was based on a true story.

(The two look at each other in silence for another moment. Another creak.)

MARIE. Run.

(The YOUNG WOMAN sprints across the room to turn on the lights. She is relieved to see the room is empty. She walks back to bed and lays down to go to sleep. A moment of silence. A plane can be heard passing overhead)

MARIE. I hope that plane isn't falling towards us.

(The YOUNG WOMAN awakens fearfully, pulls the covers up toward her face, closes her eyes and begins to rock herself. MARIE continues to whisper in her ear. Blackout)

3.6 Scene Six: Help

MARIE and the YOUNG WOMAN enter. *MARIE is obviously furious.*

MARIE. What the hell do they know anyway about us?

YOUNG WOMAN. You act like I was trapped there against my will.

MARIE. We were! They trapped you, in that tiny office, and asked all sorts of invasive questions. You don't think that's a little trapping?

YOUNG WOMAN. *I asked for that meeting. I needed help.*

MARIE. Help with what? We're doing just fine.

YOUNG WOMAN. No. *We are not anything. You are the problem.*

MARIE. What did he want?

YOUNG WOMAN. To say Hi. *(The phone chimes again)*

MARIE. Are you going to answer that?

YOUNG WOMAN. No. *(The phone chimes again)*

MARIE. What if it's an emergency *this* time?

YOUNG WOMAN. Oh my God. *(She picks up the phone again, types a quick reply, slams the phone down a little harder, and goes back to work)*

MARIE. What did he say?

(The YOUNG WOMAN ignores her. The phone chimes again)

MARIE. *(Pleading)* Look, I will be better! I won't be as-

YOUNG WOMAN. As what? Controlling? Distracting? Annoying?

MARIE. You love me!

YOUNG WOMAN. I *hate* you.

MARIE. That's not true.

YOUNG WOMAN. I want to go back to school! I want to sleep well! I want my life back! I don't want to be dragged around anymore!

MARIE. You want to talk about who is being dragged around? *(She grabs the chain)* You think I put this here? You can't get rid of me. You've tried. You've tried for years. What difference do you think these people can make?

YOUNG WOMAN. They can help. They know what's going on. They don't think I'm insane, or lazy, or a child. And they know you are there, in the background, pulling the strings.

MARIE. I am not controlling you! I help you! I am always here for you!

YOUNG WOMAN. *(She starts pulling MARIE closer using the chain)* Yeah. That's part of the problem. *You're always here.* You never go away. Not for a moment. Not a moment of silence. Real silence. Not the silence ringing with creaking floorboards or home invaders. Not *you* whispering in my ear. Just because other people are not talking doesn't mean its silent. You're still here. Breathing down my neck. Yelling at me. Teasing me. Tearing me apart from the

inside. Pulling at me so hard I need to remember that *you're not real*. You don't have a say in this. This is my life. I'm not fighting with you any more. You lost.

(The YOUNG WOMAN releases the chain and lets it fall to the floor. She silently walks to her bag and pulls out a small bottle of pills. She shows them to MARIE)

YOUNG WOMAN. These will silence you. I don't care if I have to drag your dead weight around with me forever. As long as *you are silent*.

(There is a moment of silence. MARIE starts to chuckle, laughing harder, and harder. The YOUNG WOMAN looks confused.)

MARIE. You think those will stop me? Those little tic tacs? That is their *big plan* to silence me? By making you some drugged out zombie? No, you know what? Maybe it will work! Go ahead! Take one! *(The YOUNG WOMAN takes one. They both wait)* Nothing? Oh, wait, here, what if I take one? *(MARIE takes one. Silence)* Still nothing? Take another one. Maybe that will work. We could always go back to visit your new friends. Maybe they can give you more drugs! Because that's what we need, more drugs. Maybe more of these? Here, take another. *(MARIE tries to give one to the YOUNG WOMAN. She refuses silently)* No? Are you sure? Come on, here, have another one. *(MARIE forces it into her mouth)* Is it getting quieter in here or is it just me? No? I didn't think so. Have another. You know what maybe two more. Oh wait! How about a handful. I think that will really help. Because I can just be wished away by these little sugar pills, right? How do you feel? *(The YOUNG WOMAN starts to fade)* You know, I think it is getting quieter. You're awful quiet right now, aren't you?

(The YOUNG WOMAN stumbles a little. She looks sick. She searches for a trashcan. The YOUNG WOMAN vomits)

MARIE. Feel better? No? Wow. *(Looking at the bottle)* You were right, these really work. It does seem quieter in here. Don't you think? *(The YOUNG WOMAN can't answer)* What? No more fight left in you? I thought these were supposed to silence me. *I'm the one who's not real, right?* *(MARIE grabs the YOUNG WOMAN's face.)* Focus. I'm not talking to myself here! *(MARIE laughs again)* Is this the silence you were talking about? Oh, yeah. This is nice! I like this! Nice and quiet.

(MARIE gets comfortable. The YOUNG WOMAN continues to fade. MARIE is humming quietly. Blackout)

3.7 Scene Seven: Overdose

The bare space at the front of the stage is now lit. MARIE and the YOUNG WOMAN are standing there, still chained to each other. Music begins. It is beautiful but something about it is a little unsettling. The two begin to move, resisting each other, getting tangled in the chains. MARIE gains control, the YOUNG WOMAN is resisting. Slowly the power starts to shift as the

YOUNG WOMAN begins to fight, fight back for control. In the end MARIE has lost control. The sound of sirens can be heard. The two become motionless. The sound of a flat lined heart monitor. There is a moment of silence. The YOUNG WOMAN sits up quickly, taking in a huge gasp of air. A pulsing heart rate monitor can be heard beeping. The YOUNG WOMAN sees MARIE. She decides. The sound and lights fade. Blackout.

3.8 Scene Eight: Recovery

The YOUNG WOMAN is laying in bed. There is someone sleeping in bed with her but they are obscured by the YOUNG WOMAN. The YOUNG WOMAN wakes up to her alarm clock blaring. She hits it and rolls over. MARIE sits up, about to protest. The YOUNG WOMAN slaps a piece of tape over MARIE's mouth. MARIE's hands are now cuffed together. The YOUNG WOMAN sits up, smiles, gets dressed, packs up her school books, and tugs at the chain still connecting them. MARIE silently stands. With little resistance, the YOUNG WOMAN pulls MARIE out the bedroom door. The YOUNG MAN is sitting in at the table reading the back of a cereal box. The YOUNG WOMAN fixes herself a bowl. She sits opposite him.

YOUNG WOMAN. *(Smiling)* Good morning.

YOUNG MAN. *(Smiling back)* Good morning.

(The two eat their breakfast in happy silence. MARIE is sitting at the YOUNG WOMAN's feet. Blackout)

Curtain

CHAPTER 4: CREATION OF TEXT

Sue Jennings' theory of EPR combined with R. M. Simon's use of art creation as therapy were the perfect harmony of dramatherapy techniques that aided the creation of my script, *Living with Marie*. Beginning my process using Simon's techniques, I found an almost flawless transition into the imagery-based techniques of Jennings. With the help of these two theorists, mixed with a few artistic mediums, I feel I was able to successfully bring my scattered ideas into a more focused and linear script that encompassed the goals I had in mind going into rehearsal.

When I first came up with the idea to write a play about the struggles of mental illness, I had many ideas that became disorganized while spinning in my head. I have been diagnosed with Attention Deficit Disorder, which sometimes causes my thoughts to become fleeting, disorganized, and overwhelming. Usually I combat this by writing down the ideas or thoughts I have before they disappear into the constant swirling noise that clouds my brain. However, following Simon's study of art therapy as a form of self-healing, instead of writing down every idea I had, I started with the imagery that stuck with me.

Simon's study began with a young boy who was coping with his parents' divorce in an unhealthy way: acting out, expressing disobedience, etc. (Simon 21). She began treatment by prompting her client, who was not old enough to read or write much, to draw a picture of what his image of home was (Simon 25-26). The little boy's mother sent the drawings to Simon and she proceeded to analyze the child's view of the world based on subtle details such as the number of rooftops, windows, etc. This use of drawing as a therapeutic art form was exactly where I wanted to start in the creation of my play. I found this surprisingly helpful when it came

to narrowing down some of my thoughts because I was forced to choose one image and focus on it in detail. The first image that I drew was this:



Figure 4-1:Chain 1

From the original conception of this project, I always had the image of a chain in my head. In this picture, there are two hands, one human and one inhuman, chained together. After I had drawn it, I decided to analyze it for the details I had put in, similar to how Simon analyzed her client's drawings in therapy. One detail I noticed was the worn out look of the cuff surrounding the human hand. It looked as if the owner of that hand had been trying to break the chains. One

of the more haunting things I found about the human hand was that it looked limp, almost as if the body it was attached to had given up. The larger, more grotesque hand seemed like it was just dragging its fragile host, unaffected by the extra weight. I feel as though this first drawing and its analysis relate to Jennings' "projection" theory. I was projecting the emotion on the detail of the drawing, embodying it with feeling. There are also small elements of Jennings' therapy technique of EPR, specifically "embodiment" and "role," in this drawing because I was twisting the image of the non-human character so far it became monstrous. Originally, in my thoughts, the schizophrenic embodiment of the young woman's mental illness, the character of Marie, looked similar to the human she was attached to. However, through Jennings' definition of "embodiment," I had twisted what had seemed like a manageable subconscious character into a horrible and uncontrollable monster. "Embodiment," according to Jennings', is the idea that imagination can twist the physical reality to something greater, like the example of the child making empty cupboards into a "house." Through this same process of imagination, I twisted the simplistic female image of Marie into the menacing monster depicted in my drawing.

Continuing through my analysis, I was starting to assign roles to the two figures in my art: who they are, what is their current status, relationships, etc. This analysis and inclusion of roles are also based in Jennings' technique of EPR. The assignment of roles gave the larger hand the position of a villain in this image. It also established the control that the larger hand held in the power dynamic I had projected onto the characters in the drawing. By answering some of Jennings' questions that she established in her study of EPR I was able to further solidify the roles of the two characters:

Table 4-1: Role Questions

	Larger Hand	Smaller Hand
Who are you?	I am the puppeteer, power, control, real.	A girl.
What's your name?	*Growling Sound* I took this as the creature, originally in the form of an innocent and manageable humanoid named Marie, who had twisted its form into an uncontrollable demonic figure who's name doesn't quite translate.	She has forgotten her name but it sits on the edge of her tongue, as if she knew it once but because it hasn't been used in many years due to her submissive position in the chained relationship. It has slipped from immediate memory.
Where are you going?	Wherever I want.	I don't know.
Why?	Because I am real. I control this life.	I don't know.

This chart, that answered some simple questions, began to create a story and the relationship the two characters have. This also gave me some ideas when creating the character of Marie. Even though Marie is depicted as an extension of the young woman in my play, this activity created by Jennings helped me better establish what kind of character Marie was. This monstrous and twisted version of Marie inspired me to implement the sudden twists the actual character could have in the performance.

One example is during the scene entitled *Help*. In this scene, it is one of the first times the audience has the opportunity to see Marie forcefully gain control over the young woman. In previous scenes, Marie would gain control by manipulating and pushing the young woman so far that Marie could passively watch the young woman make strides at destroying her own life. However, in scene six, *Help*, Marie shows how she doesn't need to play tricks on the young woman to control her. Marie can simply turn into a "monster" of sorts and force the young

woman's life in another direction. This is physically displayed in the scene by Marie literally force feeding the young woman medication while mocking the feeble attempt at control.

I felt as though part of me was bound to draw this picture in some form of realism--a picture that could be understood by an outside viewer. I struggled with this because sometimes I am unhappy with the product of my art and I want to try it again but I won't be able to replicate the realism in my brain because of my lack of artistic skill. However, there was a part of me that wanted to change the depressing story that these two hands told. So, I tried to draw them again, but in a different light, and it evolved in the following image:

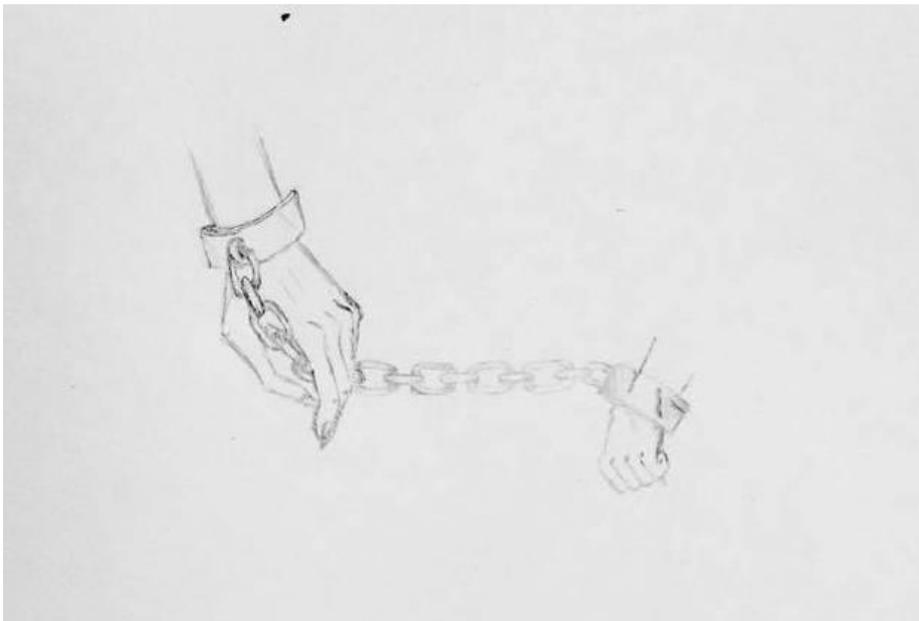


Figure 4-2: Chain 2

In this second image, I tried to give the more human looking hand a fighting chance so I drew the arm at a different angle, almost as if they were standing and pulling in opposition. The human hand is balled in a fist, embodying some kind of effort necessary for the smaller hand to resist. The monstrous hand now has the chain coiled around its palm and seems as though it is trying to gather some advantage to combat the momentum it is now against. This imagery of the bigger hand gathering chain reminds me of fishing in the way that, sometimes, when the person fishing is caught by surprise there is a jerk reaction to reel in the line and gather the slack. I feel as though this resistance surprises the larger hand and I have frozen the moment just as it is about to gather the slack in the chain and pull back against its small prisoner. This image has more movement than the other, which led me to writing scene seven, *Overdose*, first before any of the other scenes.

This scene was written first because of the process I adapted from Simon's use of imagery. Once I had drawn the two hands, I knew that this would be the climax of my play. This moment where the young woman would find the strength to resist Marie became the quintessential turning point for the main character. By writing this scene first, I was also successful in reigning in many of the fleeting ideas I had for my play. By establishing this moment, I was able to begin building a linear timeline that would lead to this moment of retaliation. To my surprise, Simon's technique of using imagery was the most helpful thing for me when trying to create the story my play would tell. Originally, I had many branching ideas I wanted to include, such as a scene where the young woman would begin to push away friends and peers because Marie is manipulating her to think she doesn't need help. However, because I

now had a goal for the plot, that scene got cut. If I had kept that scene, I feel it would have made the story of the young woman look like a “tree” as opposed to a linear timeline.

What I mean by the plot looking like a “tree” is that the plot would branch off in different directions, getting bigger and more complicated, with dead ends following many scenes as an attempt to incorporate all of my ideas. This “tree” plot would not be conducive to what I wanted because I was searching for a single resolution to the story of the young woman. This redrafting of my original image helped me begin to see this resolution more clearly.

Part of Jones’ theory is the importance of embodiment and personification of mental illness. As previously mentioned, Jones had a patient who displayed her personal struggle with mental illness as a fantastical vignette (Jones 122). Through a combination of ideas drawn from the works of Simon, Jennings, and Jones, I was able to use my art as a starting point that propelled toward dance. Jones believes that through the inspiration of imagery, words are sometimes hard to pair with what you see, so movement is a form of communication where words fail. The motion of pulling that was inspired by my art gave me the vision of two bodies, swirling around each other, moving in opposition. Because of the fleeting nature of my thoughts, I attempted to capture the movement in the drawing through words. I tried to describe the feeling of the dance I wanted based on the image:

The bare space at the front of the stage is now lit. MARIE and the YOUNG WOMAN are standing there, chained to each other. Music begins. It is beautiful but something about it is a little unsettling. The two begin to move, resisting each other, getting tangled in the chains. MARIE gains control, the YOUNG WOMAN is resisting. Slowly the power starts to shift as the YOUNG WOMAN begins to fight, fight back for control. In the end MARIE has lost control. The two become motionless. There is a moment of silence. The YOUNG WOMAN sits up quickly, taking in a huge gasp of air. The YOUNG WOMAN sees MARIE. She decides. Blackout.

It was hard coming up with the specific movement I wanted for this scene because I am not a dancer and I didn't have the group setting that Jones uses in his therapy to work with when I wrote this. However, I was amazed that even in solitude as I was writing the play I could still find movement from art. I feel if I had the opportunity to work with a group of theatre artists I could adapt dramatherapy techniques to assist in the creation of art for the stage. I would start with Simon's two-dimensional art and build on that imagery using Jones' movement techniques before involving text. I would also want to physicalize the dance earlier through the assistance of trained dancers. I have taken a couple of dance classes but in the same way I get frustrated with my lack of artistic skill and the ability to replicate what I see in my mind, I would be equally frustrated trying to create the beautiful twirling figures that I envision in my mind because I don't have the balance or skill necessary to imitate what I want. When I direct the dance in rehearsal, I hope that I will be able to relay to the actors and choreographer what I would like. Even through my clumsy attempts at movement, hopefully, they will be able to gracefully translate what I am looking for.

In Simon's study of the little boy, the second drawing that was sent to her from her client included some words scribbled at the top of the page (Simon 26). Similarly, but subconsciously, I followed the same path. The next piece of art that I drew was of a girl, her back facing the viewer, staring at a terrifying reflection in the mirror:



Figure 4-3: Mirror

Without thinking, I almost heard the monster in the mirror calling out all these horrible insults. I began to scribble my own words in bubbles around the periphery of the drawing. This started to give the disgusting hand from the first drawing more character and started to become more relatable to the voices in my own head.

This continued to link to Jennings' work, involving EPR. By starting with the imagery, I created a character that spoke for itself. That monster in the drawings morphed itself into the character of Marie in my play. The name Marie comes from my own experience with voices in

my head. In an attempt to distance her from myself, I started to call her Marie. A fusion of this distanced character from my personal past and the drawings I made eventually gave birth to the leading lady in my script.

One of the major fears I encountered while writing was the fear of having too many locations in the play. However, Jennings' use of "Role" helped me solidify my ideas by reanalyzing the role of the Young Woman and her relationship to the environment. I had plenty of ideas for scenes but, ideally, I would like the play to be simple enough that it won't need major set pieces and can be easily moved. I also wanted to capture the idea that the Young Woman is trapped in her own reality, so multiple locations would draw away from the "imprisoned" feel I was aiming for. As I started to write, I dove back into my past and tried to recall my own struggles I had to go through on a daily basis: waking up, getting to work, coming home, etc. This seemed to help narrow the number of locations of my play because many of the issues occurred when the young woman character was alone. Ideally, I would have liked to include more about how mental illness can affect personal relationships. In an attempt to simplify this idea I did include one scene where the young woman was trying to interact with her roommate but Marie would continuously ravage her thoughts with insults and criticism. Since it took place inside the Young Woman's own home and eventually drove her back into the solitude of her bedroom I feel I accomplished capturing just a glimpse of that struggle.

The character of the young woman and the roommate never got specific names. As I wrote the play, I thought for a very long time about what I would name them. Eventually I realized that they might not need names. I wanted this play to be relatable for all people. Audiences usually project some part of their lives into what they are watching and relate to it. If I

left the characters nameless, this would give audiences the opportunity to better identify with the people in the play.

Another fear I encountered was the invasiveness of some of the topics. People suffering from mental illness have bad days but they also experience moments of absolute glee or humor. I wanted to include some of this humor because, even personally, I have found moments to laugh at myself. I also didn't want people squirming in their chairs watching my play because I felt that might turn audiences off to what I want to say. While writing I had found moments of sassy remarks and quick-witted responses that made me giggle. I just hope they are still funny when they are performed. The scene about Attention Deficit Disorder was full of fun and high energy and became one of the key places where I could add some comedy. However, I found other scenes more difficult to write.

The Body Dysmorphia scene was written one day while I was sitting in a food court at a mall. At one point, I had to stop for a moment and put it away because I could hear every criticism I wrote for the character Marie being repeated back at me from inside my own head. The most demanding moment that I encountered while writing was when the young woman overdoses on drugs in an attempt to find some solace in silence. I wasn't sure if that scene was going to be too morbid for audiences. I wanted to include a moment that resembled "rock bottom." This would then make her recovery that much more spectacular. I also was looking for a way to transition into the dance that would also show the Young Woman slowly regaining control. The use of drugs as the catalyst into this dream-like state was also intentional due to the amount of frustration some patients encounter when they try dozens of different medications over a long period of time in an attempt to find the right fit for them.

Finally, I decided to end the play on a positive note. I wanted the young woman to survive the overdose because I wanted to convey a message of hope. My last fear about the script manifested itself after I wrote the end. I was nervous that it ended too quickly after I had created a nice arc to the story; however, I wanted to leave room for a recovery story to be put in at a later time. After the overdose, I would love to show how the young woman has found healthy ways to cope with her mental illness outside of medication. Medication is not the only answer to a diagnosis of mental illness. Some patients find solace in exercise, art, and theatre. In a full-length version of the play I would like to show the Young Woman's slow recovery and how she eventually found a regimen that worked best for her. I also wanted to show that the Young Woman would find ways to continue with her life and be successful in reaching her goals, like going back to school. When this moment is finally staged, despite its semi-abrupt ending, my goal is to have audience members walk away from the show with a feeling of hope, success, and newfound strength. This final scene, along with the others, will hopefully gain more clarity once the actors embody the characters and make this story come to life.

CHAPTER 5: REHEARSALS

Throughout the development of *Living with Marie*, I encountered some challenges during the process--casting, the design of technical elements, rehearsal, and performance. Once the script had been completed, I had some time to read it through and analyze how I was going to stage the performance. Some of the things that I wanted to accomplish during the staging of *Living with Marie* included: the use of dramatherapy activities to help with character development, the use of imagery in creating the staging, how to make the performance relatable to various audience members highlighting humor, and how to obtain the balance between fantasy and reality. Throughout the rehearsal process, I encountered some problems that inhibited the amount of dramatherapy activities I wanted to accomplish with the actors but I was still able to involve quite a few techniques.

5.1 Casting

To begin the process, I held auditions on November 18th, 2016. On the first day of auditions there were about twelve people who attended. However, almost all of them were men. Considering I only had one male role in my show, and that his appearance was very brief, I found this frustrating. Since I held my auditions at the Orlando Shakespeare Theater, there were some actors that wandered in from other events happening throughout the building. Another frustration during the audition process was that I provided a copy of the script with the casting announcement with the anticipation that actors would read it before attending. Unfortunately, many did not. However, a University of Central Florida student and friend of mine, Tyler Houck, took the opportunity to read the script and became passionate about the project. The other

advantage he had to his audition was that not only did he look the part but was also successful when taking direction.

After I cast the Young Man character in *Living with Marie*, I still needed two women to play the major roles. I think the biggest hindrance to the casting process was my inability to compensate my actors for their time, which consequently lowered interest. I asked a few colleagues if they would be willing to help with my project and Gabrielle Toledo, an intern at the Orlando Shakespeare Theater, willingly stepped in. Based on her looks and previous performances, I thought she would be perfect for the Young Woman. Through another friend, I came in contact with local actor Lindsy Jeter. I scheduled a private audition for her on the following evening, November 19th. She read the script prior to her audition and came into the room with plenty of choices. When asked to modify her choices, she took direction exceptionally well and easily found comedic moments that I had not previously anticipated. All actors had a chair available to them during the audition but many did not take advantage of it. Unlike the other actors, Jeter was climbing all over the chair and making active choices. I could not have asked for a more ideal actress to fill the role of Marie. Now that the show was cast, I still was in search of a crew.

5.2 Crew

The afternoon prior to the my first round of auditions I received a message from a student at Valencia College, Vanessa Toro, expressing her interest in becoming a part of the production. On the audition call I mentioned I needed a stage manager and Toro was more than willing to fill that position. She attended both rounds of auditions, which I found helpful because I was able to

share my thoughts with someone else in the room. Additionally, she was willing to act as a reader. I was unbelievably lucky when it came to finding a stage manager as capable and passionate as she was about this project.

Finally, I enlisted the help of Nicolas Peterson-Gyongyosi as my sound and lighting designer. Due to my background in lighting and sound design I could have prepared these technical elements myself. However, Peterson-Gyongyosi was also interested in my play and had similar ideas in design. I was going to be the scenic designer, director, writer, and eventually light board operator so I felt it might also be helpful to have another set of hands alleviating some of the pressure during the development of this project and provide other perspectives during the technical design.

5.3 First Rehearsal Research Explanation

After I had recruited my cast and technical team I was able to begin rehearsals on November 21st. To begin the rehearsal process, I spoke to the actors about the inspiration for this project and laid out some of the parallels the plot has with my own life. When I first was diagnosed with mental illness, it manifested itself as repetitive motions, a stutter, and the inability to focus due to anxiety. Later on, I slowly started to develop other forms of mental illness such as bi-polar disorder, depression, acute schizophrenia, attention deficit disorder, and paranoia. My schizophrenia manifested itself as a voice, named Marie, that would criticize me, scold me, make fun of me, and force doubt onto simple decisions.

After revealing my own history and relationship to the play, I then outlined my goals for specific elements of dramatherapy to include in the rehearsal process. I came to an epiphany

regarding the differences in the techniques of Jennings and Jones after introducing their dramatherapy concepts to the cast. When describing Jennings' use of EPR, I found that her dramatherapy techniques seemed to be catered toward the creation of art *through* dramatherapy activities and was oriented toward younger clients. This contrasts with Jones' use of dramatherapy, which focuses on the creation of theatrical art to assist in the *therapeutic analysis* of adult patients. For example:

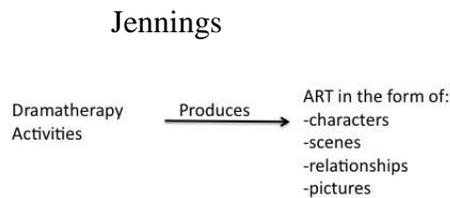


Figure 5-1: Jennings

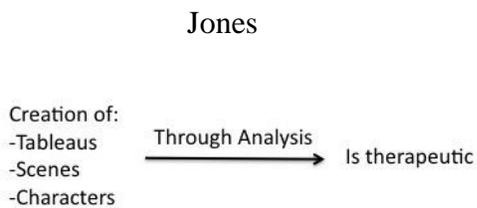


Figure 5-2: Jones

This realization supported my use of Jennings' techniques during the two-dimensional creation of the play while Jones' technique will be better applied to the physical staging. Jennings' technique was a better starting point because it helped me create imagery I wanted to include in the movement of the play. Her technique also helped me narrow my thoughts to more specific

directions as opposed to trying to cram in every idea I had. Jones' techniques were more helpful after the script was written because it gave me a direction to go from the completion of the play. It also inspired me to involve the actors in the analysis of their characters. Jones' approach to dramatherapy doesn't work well without an existing text to play with.

5.4 Read-Through

After our discussion about the supporting factors that will be part of the rehearsal process, I had the cast perform a table read of the script before having them physicalize their characters. This was the first time I was hearing the actors read together. Thankfully, the chemistry between the actors was naturally occurring and they used the energy created by their characters to connect emotionally and develop their story. The humor that I had written into the script started to come to life. The character of Marie in particular came to life in an interesting way. Jeter gave the character of Marie some mannerisms that were similar to that of the "teenage mean girl" archetype. I hadn't originally thought of Marie as a malicious teenager but I found myself enjoying it. This archetype started to bring the character of Marie out of the fantastical being I had created and into a more realistic and grounded character that seemed to believably exist in the world of the play.

5.5 Two-Dimensional Art Activity

After the read through, I took the opportunity to dive into a dramatherapy exercise. Instead of starting by discussing with each actor their take on their character, I decided to begin with a more two-dimensional analysis. Since I started writing the play from a two-dimensional art form, I decided to adapt Simon's use of art therapy with children and include it in the

character development exercise. In scene seven of *Living with Marie*, entitled *Overdose*, I used the following phrase to describe the music that would play during the dance: “It is beautiful but something about it is a little unsettling.” I began to compile a playlist of songs that I imagined would be possible for this scene. During our drawing activity I began to play some of this music. I asked the actors to close their eyes for a moment, breathe, and imagine their character standing in front of them. They were asked to create every detail in their imagination. After a moment of letting these thoughts sit with them, I then instructed them to absorb this character into their own bodies. I then asked the same questions that Jennings’ uses when describing “Role” in EPR: Who are you? What’s your name? Where are you going? Why? Non-verbally they were allowed to answer these questions to themselves. I provided them with paper and colored pens at the beginning of the exercise and now instructed them to begin trying to translate their thoughts into images. Instead of moving straight to full images, I had them only attempt to translate their thoughts into lines. This was my attempt at trying to help free the actors from the pressure of having to create an image based in realism--similar to how I felt when creating images earlier in the process. I then told them they could move to shapes, then let the shapes create images, and finally allow them to describe the images they created with single words. When we finished the exercise, I allowed the actors to further elaborate on their drawings that they created. One actor focused on the emotion they felt while creating the image and how they not only represented their character in the drawing but also found elements of their personal emotion attached to the art. Oddly enough, when I collected the drawings at the end of the exercise, the actor seemed eager to part with it. Another actor described how their drawing developed on the page. Growing in a rotating pattern, their image seemed to mature and spin to the outer edges of the page. This

actor decided to take their drawing home at the end of the night and continued to work on it before handing it to me. This was the only image that included color; however, the only color added was red. The final actor said that it was easier to find words to describe their character driven art piece only after being able to express it through two-dimensional drawing. This activity worked because my goal was for my actors to be able to better understand the emotion and status of their character in the show. However, the down side to this activity was the fact that my actors' moods dropped after completing this activity and they became internally focused as opposed to trying to share the emotion they discovered outwardly via performance.

5.6 Projected Play

After this activity, I planned to move on to another exercise that related to the actors' artwork called "Projected Play." Most commonly, this activity is acted out using toys; however, to assist the actors in embodying their characters, I planned on having them use each other in poses sculpted by another actor. This activity usually begins by using toys to act out or create tableaux that embody a certain feeling. For example: a patient would use toys to create a tableau to describe how they feel, not using a specific word as inspiration (Casson 84). After the tableau is created, other observers would have the opportunity to assign words that they feel would best describe the image created. There is an acting exercise that is similar to Projected Play that is called "Storytelling" created by Michael Rohd (Rohd 44). In this activity, two actors talk to each other about a story that is personally related to their lives and then they create a tableau that is observed and discussed by others. By combining these two activities, I planned on letting the actors sculpt each other and then allow feedback. However, after the drawing exercise, my actors

seemed to be trapped in their own heads. As we were approaching the end of rehearsal, I wanted to give the actors the opportunity to shake off the depressive feeling they had developed during the drawing activity and not take that negativity home with them.

5.7 Dance Circle

One problem that many dramatherapists encounter while working in a group setting is the discomfort and mistrust that patients have early in the therapy process. This is especially evident because the patients usually feel restricted physically and vocally due to anxiety or fear of looking foolish. Many dramatherapists have come to the conclusion that physical movement or dance can help ease some of this tension and boost emotions in a group (Jones 188). Instead of continuing as planned with the Storytelling and Projected Play activities, I decided to try a mimicking activity. In one of his chapters, Jones discusses the use of imitation of gesture, sound, bodily movement, and facial expression as a way to establish a relationship with the group, the body, and the idea of play (Jones 188). A previous director of mine had an activity that fit the goals Jones described and was known as “Dance Circle.” This activity was used by the director to warm-up the body, loosen the actors’ comfort with movement, and develop trust through the ensemble. The activity started by playing upbeat music: one person would make a repetitive dance move; then the next person would mimic the first person’s dance move and add their own; the third person would mimic the first two people before adding their own; and so on. I encouraged the actors in my cast to keep in mind different levels of physicality, facial expression, and sound. The actors seemed to enjoy the activity and came up with interesting positions and patterns of motion. It also seemed to help boost the emotional state of the group.

The stage manager and I participated in this activity, which I thought was a great idea because it also solidified the cast's bond with not only each other but with us as well. After the Dance Circle activity I asked for a brief response. The actors commented that this definitely helped pull them out of an emotional funk and some were inspired to include some of the movements in their performance. After this brief discussion we adjourned for the evening.

5.8 Set

The next day the cast had their first opportunity to perform on the set. The way I had designed the set was to give the impression of two totally different worlds. The Young Woman's bedroom dominated a majority of the stage while the kitchen only took up a small portion. This unbalanced design was because the play was more about the struggle the Young Woman endured behind closed doors. In her room she had a mirror that seemed to be floating at center stage. One of the major challenges I encountered with the set design was having enough open space down stage so when it came time to choreograph the dance in scene seven the furniture wouldn't be in the way. However, I also didn't want a majority of the action to happen too far up stage during the rest of the play. I fixed this by having the mirror suspended by "invisible" fishing line downstage-center. The mirror could then be removed before the dance scene but still be present enough to pull the action downstage. I also arranged the desk at an angle on the periphery of the set, stage left, to provide more interesting blocking opportunities while still keeping the center stage open. During rehearsals, the mirror was in a frame that rested on the ground making it difficult for the actresses to maneuver around with the chain. Once the mirror was suspended

from the ceiling, the actress playing Marie commented how much easier it was to move around, especially with the chain.

Originally, the set design was opposite that of the final product due to the placement of the doors in the theatre space. I ended up having to flip the entire set around to accommodate the playing space. I also decided to remove the side seating to maximize the amount of freedom the actors had to move around. Finally, I added two light pull cords that hung from the ceiling that the actors used to “turn on” the lights.

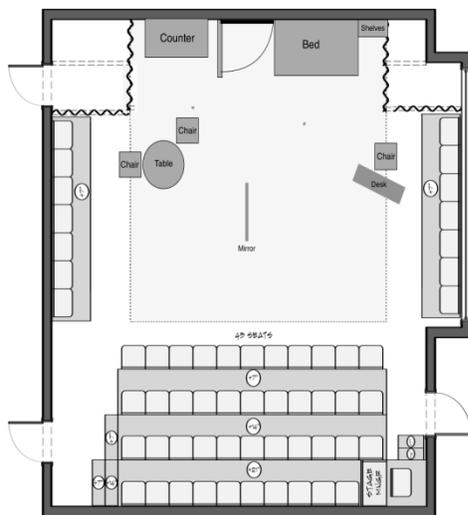


Figure 5-3: Ground Plan



Figure 5-4: Set Design Production Photo

5.9 Scene One

Over the next few weeks, we blocked scenes one through three, five, and eight. The reason I skipped scenes four, six, and seven was because those scenes needed more attention due to choreography, inclusion of props, or fight blocking. When I first started blocking scene one, I wanted to give the actors the opportunity to find some organic choices; however, it seemed like they were having difficulty finding where to start. I decided very quickly to step in with the blocking I had already created. At the beginning, I wanted the character of Marie to not be revealed right away. Ideally, the Young Woman and Marie would be lying in bed together, giving the audience a moment to wonder who the other person was. The Young Woman would then wake up to her alarm, walk across the room, revealing the chain, before Marie spoke her first line. That moment of silence while the action played out never really reached its full length throughout the rehearsal process. I think it might have been partially responsible to the fact that long periods of silence usually make actors uncomfortable. While working on my undergraduate degree I had a director who loved to include lengthy and pregnant pauses in her shows. I really enjoy these moments because it allows the audience to run wild with thoughts before the actors solidify anything. However, silence on stage is also unsettling to actors and difficult to maintain, which I understand. A major thing I was worried about was the chain connecting the two actresses dragging on the ground and creating too much noise. This was an element that needed constant attention. As the scenes continued, the noise wasn't nearly as distracting and the actors found moments to take advantage of the noise the chain created. This loud and constant sound would eventually work in my favor by exemplifying the contrasting worlds of the Young Woman and the peaceful environment of the Young Man.

In the shadows on the opposite side of the stage, the Young Man was directed to sit at the kitchen table and eat a bowl of cereal. When I had originally written the role of the Young Man, I felt bad for whatever actor I would eventually cast because he has very few lines and appears in less than half of the show. However, there were essential elements that this character brought to the show that I didn't realize until the rehearsal process. For example, in the first scene he is simply sitting quietly at the table, eating a bowl of cereal and playing on his phone. This simple action turned out to be incredibly necessary because it was so contrasting to the Young Woman's life. He was sitting calmly and quietly, enjoying his breakfast while the Young Woman, just beyond the closed door, was bombarded with chaos and criticism from her waking moment. This was a moment that, again, exemplified the contrast between the Young Woman and the Young Man. It also was setting up the idea that the Young Woman had already encountered a multitude of problems before breakfast while the Young Man started his morning with ease.

5.10 Scene Two

After I gave the actors a head start on their blocking, they were able to more naturally come up with their own movement for the rest of the scene. One moment we worked on more extensively was right before scene two where the Young Woman wraps the chain around Marie and drags her into the kitchen area. It took a few tries to choreograph how the chain would get wrapped around the actress playing Marie but once they figured it out they were able to incorporate the same action into the end of scene two. At the end of scene two, Marie uses the same chain wrapping motion on the Young Woman, which showed how quickly the control

could shift from one character to the other. During scene two, there was also an opportunity to begin including moments of comedy. At one point during scene two, the character of Marie was being so loud and distracting that the Young Woman accidentally responds out loud, which the Young Man hears, thinking it is directed at him.

MARIE. He hates you.

YOUNG WOMAN. Shut up.

MARIE. He *really* hates you.

YOUNG WOMAN. Shut *up*!

MARIE. He is going to kick you out!

YOUNG WOMAN. SHUT UP!

YOUNG MAN. What?

YOUNG WOMAN. Uh. Sorry. Nothing.

I took this opportunity to add a shtick where the Young Woman and Marie do a double take at the Young Man, surprised that he heard the interaction. I feel this moment could have been funnier if I had given more direction to the actors and explained my motive for including this moment. The Young Woman and Marie do the double take because at first they think the Young Man heard Marie; however, the second look back is the realization that the Young Woman said “SHUT UP” out loud and the Young Man took this as a direct statement to him. Looking back I would have been clearer about my direction in this moment.

5.11 Scene Three

In scene three, entitled *Body Dysmorphia*, the mirror becomes a focal point for the action of the scene and was blocked using another combination of acting and dramatherapy techniques. Casson describes the importance of mirrors and mirror activities in the therapy of those suffering from schizophrenia (Casson 88-89, 205). He says that having someone mirror your activity is

helpful when trying to get the patient to remove focus from internal to external. Sometimes patients can become obsessed with what is happening inside their own head and it becomes destructive to their lives. By having someone mirror the patient's motions it causes them to move their focus from the business going on inside their head to the person externally copying them. This activity isn't meant to mock the patient but is instead supposed to save them from being buried in their own thoughts. There is an acting activity similar to this dramatherapy technique where actors mirror each other's motions. The ultimate goal of the activity is to make the movement so fluid that it is difficult to tell which actor is leading the mirror. I used this activity when blocking scene three because I thought it would be interesting to bring an element of dramatherapy directly to the stage. One thing I found very interesting about including this activity was the opportunity to show how fluidly the power can change between the two women. I allowed them to explore the mirror technique for a moment and then asked them to incorporate their lines while mirroring each other. This is where the control started to shift. By having them speak their lines slowly and fall into a pattern of mirroring, I was able to better establish who had control over the mirror at what time. I enjoyed this because it is a habit that many people go through on a daily basis: standing in front of a mirror criticizing how they look. Choosing when each character was in control of the mirror also highlighted the specific moments when Marie was gaining control. Whenever Marie was speaking, she mostly had control over the mirror, rotating the Young Woman to look at "problem areas" on her body. It also made the moments more prominent when the mirror was "broken." When the Young Woman says "Stop," covers her ears, and turns away the action of her not facing Marie halts the mirroring motion. This is

because the Young Woman can't see Marie's actions any more, which forces Marie to mirror the Young Woman instead.

Thanks to the set up of Marie's constant criticism of the Young Woman's external appearance, another moment of humor also surfaced during this scene. The actress of Marie picked up the piggy bank sitting on the desk when talking about how the Young Woman should dip into her "savings" to buy bigger clothes or more food. I asked the actress to make the pig "oink" at the Young Woman, further adding insult to injury about her weight. Finally, I found the moment to remove the mirror, thus allowing more space downstage for the dance in scene seven. This moment comes after the Young Woman breaks the mirror in frustration with her constantly critical reflection, taking it with her when she leaves. My thought was she was taking it out to the dumpster on her way to work. No one seemed to have any criticism about this part when it was performed in front of an audience. This was another moment where action could happen in silence as slowly as need be; however, the actress playing the Young Woman was overwhelmed by her exit, carrying multiple props, and bandaging her hand and in performance it became rushed.

5.12 Scene Four

I wanted the next scene, scene four, to have a black out separating the action because it gave the impression that a "reset button" had been hit and the Young Woman's patience was back at zero. This scene was also written to be part of the more comedic scenes so I wanted to give the audience the sense that the previous scene was separated in some form from this one. This scene was also an opportunity for the actresses to have free reign with blocking. We had to

postpone blocking this scene until later on because I wanted the actress playing Marie to have plenty of props that she could use to distract the Young Woman. The actors expressed that this scene was more fun because they even started laughing at each other. The actress playing Marie also began to find opportunities to use the chain's loud noise to her advantage. I wanted to keep this scene light because even I personally experience moments of humor while coping with mental illness. One challenge I ran into while letting the actresses have their way with the playfulness in this scene was the sense that some of the humorous moments seemed forced. There was one moment where the actress playing Marie was making faces that were directed toward the audience. This gave the impression that the actress was searching for laughs from the audience as opposed to Marie doing the action with the purpose of annoying the Young Woman. There were other moments that seemed to develop out of the actors' insatiable craving for laughter. This was remedied by having the actors instead focus on each other and not on the humorous circumstances of the moment. This way the actress playing the Young Woman would naturally find moments of frustration with the constant distraction. With the inclusion of the text messages, I felt that the aggravation in this scene escalated enough to propel itself into the next scene.

5.13 Scene Five

Scene five is the perfect juxtaposition to scene four because instead of constant distraction it is a haunting silence. This scene also uses the audience's own paranoia to propel the suspense of the scene. I feel as though, in the final performance, even without sounds coming through the speakers, the audience would be tricked into hearing whispers and creaking

floorboards. This was also a scene where the actresses found some humor I didn't realize was present. I used this opportunity to bring back the Storytelling activity created by Rohd that we didn't have the chance to do. The actress playing Marie started to take joy in trying to scare the Young Woman as she is falling asleep. This joy turned into a form of storytelling, which I asked her to push even further, using poses and sculptures created by the tales her character was molding. The fact that Marie was spinning all of the Young Woman's fears out of proportion added elements of hilarity because of how much she was enjoying scaring her. Like the previous scene, this scene also ended with a blackout because I felt it necessary to separate the conclusion of scene five from the beginning of scene six.

5.14 Scene Six

This scene begins with a "bang" of sorts because the audience is catching the two main characters in conflict: another example of contradiction between the previous scene and this one. This was an additional moment that I chose to block at a later date because of fight choreography. One thing I found surprising while blocking this scene was the change in size the two actors went through during their argument. Toledo, the actress playing the Young Woman, was a couple inches taller than Jeter, the actress playing Marie. Throughout the previous scenes I didn't notice the height difference; however, once the Young Woman started to gain back control, it was obvious that Toledo was taller. Despite her size, Jeter was still able to take command during the struggle. Although the two characters didn't get into a fist fight, I still wanted to treat this scene like it was a fight because Marie is actively putting "pills" into the Young Woman's mouth and I wanted to avoid any risk that she might choke on them. Blocking

the fight was simple because the two actresses communicated well with one another when they hit problem areas. Another thing that helped with the illusion of Marie forcing pills into the Young Woman's mouth was her ability to turn her back and blocking the audience's view. This action prevented them from seeing that the majority of the pills were actually falling to the ground. This way, all the moments where pills were obviously going into the Young Woman's mouth were controlled and the potentially dangerous risk for choking was avoided. Again, I incorporated a blackout transition to further establish that the next scene was a hallucination.

5.15 Scene Seven

Scene seven was one of my favorites to work on because I had the opportunity to see my vision come to life with the help of a choreographer. Ashley Turner, a University of Central Florida alumnus, agreed to be the choreographer for my show. I asked for her help specifically because I know that she holds a special talent when choreographing dances that need a certain story arc to happen. In this scene, I wanted to include actions from previous moments, a clear shift in power from Marie to the Young Woman, and the image of the two hands pulling the chain in opposition that I drew during the writing process. Turner sat in on a run of the show prior to coming in to work with the actors on choreography. Later on, when she came back for the days I had set aside to learn the dance she had come up with an incredible routine that was better than I had imagined. Instead of forcing the dance onto the actors, she was able to work with them in creating a cohesive story. Turner also included all the elements that I had wanted to appear in this scene. There was one moment where the Young Woman finally gains control and the moments where she stood frozen held so much power. Turner also made the image of the two

hands pulling the chain in opposition more dynamic than my drawing. I particularly enjoyed this scene because after the dancing portion I included a “soundscape” that told another story on its own during the blackout. Thanks to the help of Peterson-Gyongyosi, we were able to create story told entirely with sound that gave the impression the Young Woman survived her brush with death.

5.16 Scene Eight

The final scene was the easiest to block but it came with one of the larger epiphanies. I had the Young Woman repeat the routine she had established in the first scene, this time with Marie bound and her mouth duct taped shut. The Young Woman happily prepared for school, which I symbolized by her putting books in her bag, as opposed to just her laptop. Cheerfully, she moved into the kitchen and joined the Young Man for breakfast. They sat in silence after a brief exchange of “good morning.” Marie sat at the Young Woman’s feet because I also wanted to give the impression that her mental illness didn’t disappear but she had better control over it. One of the more shocking epiphanies I came to was after I asked the actors playing the Young Woman and the Young Man what their relationship was. Toledo responded by saying that this overcoming of her illness has probably brought them closer together. I then realized that the Young Man was probably the one to find the Young Woman after the overdose. The fact that he was still living in the apartment shows how he has now become a positive influence and a support system for the Young Woman. This optimistic note was a great way to end our rehearsal process.

5.17 “What’s Going On Backstage?” & Masks

Throughout the rehearsal process the lack of compensation I could offer my actors affected the amount of rehearsal time. Due to the actors’ busy lifestyles and other projects they were working on, they had some scheduling conflicts that reduced the amount of rehearsals by about half a dozen days. I worked around these absences as best as possible. I mostly accomplished this by calling certain actors for rehearsal when others could not attend. Ideally, I would have liked to work more in depth with different dramatherapy techniques. One idea that Casson provided was the notion of “what’s going on backstage?”(Casson 160). This question is catered to the patient, as if to say, “what’s going on backstage in your mind?” I would have liked to include this in the scenes that involved the Young Woman and the Young Man. I would eliminate the physical character of Marie and have the Young Woman read Marie’s lines in silence. This activity would influence how the Young Woman and the Young Man would interact. It would also help the actress playing the Young Woman become better acquainted with the constant battle against the voice in her head. Another dramatherapy technique I would have liked to play with is Jones’ idea of incorporating masks. Jones talks at length about the value masks have in the act of distancing a patient from their internal struggle (Jones 2-3). I would have used this idea of giving a personality to a mask and allowing the Young Woman and Marie to try it on. Embodying the mask as Marie and then as the Young Woman to play with the possibility that Marie is the external personality and the Young Woman is the voice trapped inside.

5.18 Tech

As we moved into tech, some frustrations surfaced because my sound and lighting designer wasn't able to get the sound bytes and Q-Lab file to the theatre until the day of tech as opposed to the day before, which was dry tech. Luckily, we had periodical meetings to discuss specifics such as lengths of sound cues and which style of sound worked better. The only things that needed to be edited were sound levels and some fade adjustments. Thankfully, due to my background in sound and lighting design, I was able to quickly fix any technical problems, even without the designer present. Another blessing was that my stage manager was willing to run the soundboard while I ran the light board. I decided that I would run the light board because, instead of a computer with only one "go" button, it was a series of individual sliders that needed to be carefully and quickly adjusted. Thankfully, Peterson-Gyongyosi was able to provide me with a chart that informed me what lights needed to be at certain levels. As all the tech elements came together the cast was ready to move into performances.

CHAPTER 6: CONCLUSION

As *Living with Marie* moved in the final stage of its development, I began to take on more roles: house manager, discussion mediator, and manager. Throughout this process, I had established specific goals, most of which I believe I had met. However, I was driven to consider the future for my project and what I needed to accomplish to ensure that *Living with Marie* continued as a theatrical production.

In preparation for the opening of my production, I had to begin thinking about what other elements needed to come together. I ran through the series of events that needed to happen from the opening of the show to closing. A few weeks prior to opening, I had sent out announcements and advertisements. I had also created a poster that I had plastered all over social media. Once people would arrive at the theatre, they would hear the pre-show music and the lights would already be set to a specific design. Then, as the house lights dim, I would have to deliver a house speech. In early drafts of my house speech it was very generic:

Hello. My name is Madelyn James and welcome to *Living with Marie*. This performance is a part of my Graduate Thesis while working toward my Masters Degree from the University of Central Florida. Please take a moment to silence all cell phones. There is no video recording or photography allowed, as it is disruptive to the actors. Thank you for coming and enjoy *Living with Marie*.

I read this out loud to Gabrielle Toledo, the actress playing the Young Woman in the production. She suggested that I make the pre-show announcement more personal, since it is a play based in some reality of my life. I also spent months working on this project and had abundant research to support it. I took her suggestion to heart and adjusted my speech to include more personal details:

Hello, My name is Madelyn James and welcome to *Living with Marie*. This performance is part of my graduate thesis. The inspiration for this project has come from my own personal struggle with mental illness and the solace that I found in the creation of theatre. In writing this play one of my goals was to shed a little light on the unseen struggles that some people who suffer from mental illness deal with on a daily basis. The techniques used in creating this play are based in a form of therapy called dramatherapy. This theory is that the creation of art through drama helps patients better communicate their personal struggles and also to better understand themselves. In my thesis I have attempted to adapt some of these activities in the creation of art for the stage. Please take a moment to turn off all cell phones and please, no flash photography and video recording as it is disruptive to the actors. I would like to take a moment to thank everyone who has made this project possible. Sit back and enjoy *Living with Marie*.

Although this new pre-show announcement was pushing me out of my comfort zone, due to the personal nature of it, I felt it better described the work I put into it and emotional connection I had to the project.

After each performance, it was suggested that I host a brief talkback so that audience members would have the opportunity to respond. Three questions in particular stood out to me. The first was a gentleman sitting closer to the back. He wondered why I didn't perform in my own production. In response, I explained that I would have made the production more somber than I intended. Because it is based on my own experiences, I would have made the performance too serious and not have found as many comedic moments. Thankfully my talented actors allowed me to take a step back from the project and observe how another performer would portray the roles. The next question came from another gentleman in the front row. He talked about how much this play had moved him. He said that he didn't suffer from mental illness and he didn't know anyone who did but this play made him rethink what might be going on in peoples' lives behind closed doors. Even though he didn't directly suffer from any mental illness, he was able to connect with the production and walk away more educated. This response alone

helped me achieve my goal of having my project better inform audiences about mental illness. A common response I would get from audience members was the question *Why didn't the Young Woman break the chain connecting her to Marie to better establish her freedom.* The reason I left the two actresses chained together at the end of play was because most people cannot simply find a solution to their mental illness and walk away. Many continue to struggle the rest of their lives even though they have found ways to cope and control it. I wanted to establish that simply because the Young Woman had learned to control Marie it did not mean that she was totally free from her. The final question came from a teenage girl after the talkback session had ended. She approached me after the show exclaiming how much she enjoyed the performance. She then proceeded to explain to me that she was involved in her high school's drama club and that, every year, they perform a show at a regional competition. She felt that this play would be perfect because it had a really strong message and the production was simplistic enough that it could easily be moved. This ability to move the production easily was another goal of mine because I would love more theatres or schools to produce my play. This would increase the chances of it educating more audiences about mental illness.

After this young woman asked me about producing my play it made me think about proactive steps I could take in the future of *Living with Marie*. To begin I submitted my one-act draft to Playfest, an organization that looks for new plays to workshop and produce. I also thought about what elements I wanted to add to the play that I didn't get the opportunity to. One thing I wanted to add to the play were more resources that people with mental illness use to cope--such as exercise, group and individual therapy, and different forms of art. I also would have lengthened the Young Woman's relationship to medication. In many cases, patients don't

find the right medication that works for them the first time. It usually takes months full of different medications and their various side effects. Some patients end up not taking medication at all and choose to do other activities as a form of therapy. Usually, mental illness can be caused by a traumatic event in the person's life. I feel if I added this into the production it would be through another soundscape. This would be because I wouldn't want the trauma to become the important or dominating moment in the play. Finally, I would like to better highlight the toll that mental illness takes, not only on the individual, but also on their relationships. Mental illness can occasionally force relationships apart; however, I also would want to show how relationships could be created through support and compassion. As far as the technical elements are concerned, I would have liked to eliminate the need for blackouts because this type of transition makes the production more difficult to transition to non-theatrical spaces. These blackouts would interrupt the flow of the plot while discouraging the reproduction of the play due to technical restrictions presented in some theatres. The use of this lighting transition also impacts the fantastical elements that surface in this play. I would prefer that designers have more liberty to create more interesting and dynamic transitions than blackouts between scenes. I have thought about productions possibly taking place outside or in an apartment. This shift of location would better establish the idea that anyone could be struggling in silence.

Throughout my three years of study at the University of Central Florida, I was able to gain different techniques and activities that I could utilize to develop my acting and academic skills. Although I did not find an interest in dramatherapy until my fourth semester, I discovered it was easy to relate acting activities to those used in dramatherapy. During my speech and voice classes with Professor Kate Ingram, we were encouraged to produce sound while participating in

the Fitzmaurice tremor exercises. This related to the idea in dramatherapy that patients found comfort in the simple ability of practicing control over their voice and body while they were feeling less control over their mental state. In Professor Ingram's classes, we were also encouraged to include drawings and sketches in our daily journals. At one point during the semester, we laid a long piece of butcher paper out on the floor and colored while reciting and listening to monologues. This was almost identical to Simon's use of two-dimensional art in the process of storytelling; only we were using it inversely by letting the monologues inspire the drawings as opposed to letting the drawings inspire the story. While working with masks in Professor Christopher Niess's class we ended up incorporating Projected Play into our explorations. Professor Niess had us "sculpt" other actors in class to display how bodily poses can exhibit certain emotions. In dramatherapy this same activity exists on a smaller scale, usually involving toys; however, due to my previous experiences in class I was able to adapt Projected Play for actors to use while developing characters. The use of the mirror activity in Professor Niess's class was directly related to the blocking in scene three in *Living with Marie*. The goal in our class was to create a mirror that was so fluid it was difficult for an outside eye to tell who was in control. By involving this concept in the production, I was able to subtly show power exchange between the two main characters earlier in the plot. Finally, one goal I had for this production was that I wanted it to have comedic elements. This was because of a subliminal fear I had that audience members would be less likely to relate to the play if it was too abrasive on their emotions. During class with Dr. Julia Listengarten, I had the opportunity to study Bertolt Brecht's idea of *Verfremdungseffekt*, or alienation effect. Through the use of narration, technical elements, comedic absurdities, incorporation of songs, and other techniques, audience members

in Brecht's theatre would be distanced enough from the subject matter that they wouldn't continuously empathize or identify with the play's characters while viewing the production. This then would allow the audience to better relate to the piece because the message the play was relaying wasn't being forced upon them, but instead, presented objectively. Thanks to the training I received at the University of Central Florida I felt confident in my ability to better develop the use of dramatherapy with my actors.

Although I did not have as many opportunities to include dramatherapy techniques as I would have liked due to the actors' complicated schedules and limited rehearsal time, I still felt that I accomplished all the goals I had set out to do. Through adapting dramatherapy techniques by combining them with acting techniques, I was able to successfully create a play. I was also able to illuminate the secret lives that people suffering from mental illness have to cope with in a way that was relatable to audience members. I was even able to create a play that could be financially affordable for a theatre to produce. *Living with Marie* still has opportunities to grow and hopefully I will find more ways to involve others in this project.

REFERENCES

- Casson, John Witham. *Drama, Psychotherapy and Psychosis: Dramatherapy and Psychodrama with People Who Hear Voices*. Hove, East Sussex: Brunner-Routledge, 2004. Print.
- Jennings, Sue. *Introduction to Dramatherapy: Theatre and Healing, Ariadne's Ball of Thread*. London: Jessica Kingsley, 1998. Print.
- Jones, Phil. *Drama as Therapy: Theatre as Living*. London: Routledge, 1996. Print.
- Kedem-Tahar, Efrat, and Peter Felix-Kellermann. "Psychodrama and Drama Therapy: A Comparison." *The Arts in Psychotherapy* 23.1 (1996): 27-36. Peterfelix. Pergamon. Web. 23 Mar. 2017.
- Rohd, Michael. *Theatre for Community, Conflict & Dialogue: The Hope Is Vital Training Manual*. Portsmouth, NH: Heinemann, 1998. Print.
- Simon, R. M., and S. A. Graham. *Self-healing through Visual and Verbal Art Therapy*. London: Jessica Kingsley, 2005. Print.