

There's got to be a better way

A review of Next to normal, a musical production (music by Tomm Kitt, book and lyrics by Brian Yorkey)

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Living close to Los Angeles has its advantages. One of these is the opportunity to enjoy the occasional play or musical. Recently, while attending the musical production of *Next to normal*, I was overcome by a reminder of the profound pain produced by the conventional psychology of grief. While the play offered a few subtle questions of the conventional ideas of grief, they are far too hidden for most people to notice. Instead, we are invited into a linguistic world that supports disconnecting from a relationship with a dead loved one, creates distance from memories, advocates getting over the loss in a timely and efficient way, and ultimately, encourages the severing of an emotional relationship with a person who has died. These are the ideas embraced by conventional grief practices and dominate pop psychology and pop musical theatre.

The ideas of narrative counseling, however, stand in contrast with the dislocation of the dead and instead looks for the moments, places and ways in which relationship can be restored and re-storied in new and meaningful forms. Narrative practices would question the description 'normal' as a benchmark for getting over a person after they have died. Rather, the narrative practices I would embrace highlight the special knowledges that honour and cherish the connections as people find new places for the dead to live. The ongoing inclusion and

introduction of the dead into the lives of the living can be constructed in storied forms to infuse new meaning and opportunity for those living with grief.

Next to normal is a new rock musical, first produced in January 2008 and first staged on Broadway in New York in April 2009. It was nominated for eleven 2009 Tony Awards and won three, including one for Best Original Score. In 2010 it won a Pulitzer Prize for drama. It has also been produced in Norway and Finland in 2010 and is opening in Australia and the Netherlands in 2011.

Next to normal is about life in an American middle class suburban family. The protagonist, Diana, reveals the story through the trials of living with bi-polar illness that have been a part of her life for almost eighteen years. 'You have a chronic disorder', her psychiatrist instructs.

'Make up your mind. Let the truth be revealed. Admit what you've lost and live with the cost.'

He sings this prescription to her, ironically in the guise of a rock star. It is his medical world that establishes what is real and what is not and she clearly has crossed the line into the abnormal and diagnosable. She tells her doctor, Dr Madden, that she has surpassed what is considered normal by feeling sad for 'four months'. Her 'illness' we learn, includes 'delusions' of seeing and conversing with her deceased son, who had died approximately eighteen years previously. Her husband tries to offer her his constant support, which is expressed through luring her back from her 'unreal' relationship with a dead child. Through most of the play, her son is represented on the stage as the eighteen year old he might have become, repeatedly commenting on the action and trying to get his mother's attention. Mostly it is Diana who 'talks' with him and she is the only one who can apparently see him until the final scene of the play.

Vying with her so-called delusions, her husband, Dan, hopes she will choose his 'real' devotion over the 'imagined' relationship with her son. He sings to her:

'I am the one who knows you and the one who cares.'

He wishes his strength to become the ballast for her uncertainty. He believes implicitly in the doctors' instructions about what is best for Diana: that is, to 'let her son go' and to emotionally invest in their sixteen-year-old daughter. Competing with a ghost however is not an easy battle for Natalie, Diana and Dan's daughter, to win. She strives in various ways to get her parents' attention, using increasingly dramatic strategies in hope of establishing a relationship. But her parents are unavailable to notice or grant her wish because they are preoccupied with their struggle over Diana's relationship with her dead son.

Diana is torn as a mother and a woman. She wants to create a place for her dead son to live but is pulled away from this desire by the normalising instructions steeped within conventional grief psychology that encourage her to move on and face reality. Reality means she must admit the pain and forget him. She is chastised, for example, for the desire to celebrate and acknowledge her dead son's birthday. All the while, she yearns for a connection with him, a place where she can claim relationship with him. She feels him calling while he taunts her with a melody that is sung throughout both acts of the play.

'I'm alive, I'm alive, I'm so alive. If you climb on my back, we both can fly. If you try to deny me, I'll never die.'

The harder the doctor and the husband push to rid her of his memory, the further she is driven towards desperation and towards the belief that she must be crazy. The act of exorcising

the ghost does indeed produce its own insanity, exacting a heavy price that each member of the family pays – the price of medicated isolation for a mother, the anguish of a husband who cannot share the pain of loss with his grieving wife, the yearning of the living daughter whose is pained by her mother’s emotional absence (Diana cannot love her or hold her daughter in case she too might die), and the professional embarrassment of a psychiatrist who cannot cure his patient. Together they represent a story of a fractured nuclear, suburban family caught up in a painful life of deep longing and struggling with a grief that is relentless. Diana is driven to suicidal madness as we voyeuristically watch the pain envelop and destroy her.

As a narrative therapist who was double listening, I heard the opportunities for resilience, remembering and restoration slip by one by one. We are led to believe that her despair and her delusions are aberrant byproducts of a disturbed individual psyche, but we do not stop to question the sanity of the advice Diana is offered or to deconstruct the knowledge that contributes to her psychic wounding. The show beautifully captures the pain and we watch as a family is torn apart.

While I tearfully witnessed the effects of grief psychology encouraging her to stop thinking of her dead son, my heart grew more and more heavy. It was all I could do not to yell out from my seat, ‘Wait, you don’t have to forget him! There must be a better way.’

Deciding this might be in bad taste in a crowded theatre, I decided to keep my rant quiet. I wondered, however, about the possibility of finding a platform on which a mother’s hopes could be built. What future could she create with the aid of those who knew her? It would need to include the voice of her dead son who clearly needed a place to speak. Had Diana not cut the memory of his life out of her heart, what life might she be able to create? ‘Living with the cost’, as the psychiatrist had suggested seemed too high a price for an act of vivisection; the price being the destruction of relationships. My doubly listening ears wanted to ask her all about her hopes and dreams for her son, about where she thought of him, about how she imagined he looked, and about whether he would be happy to know how she kept his memory alive. I would not worry that this conversation might feed an unhealthy illusion but would invite a story of dialogical peace by providing him, and her, a renewed voice.

I could not help to wonder as well about the possibility of deconstructing the clearly defined power relations that were played out. Diana’s knowledge and experiences were far less legitimate than those of her husband or of her male physician and male pharmacologist. They dictated what was considered to be right, which treatments to pursue and which reality was worthy of investment. She loses whatever agency she has when she chooses to harm herself, rather than lose her connection to her son. She is consequently infantilised and seen as no longer capable of making good decisions about her medical treatments. Nor can she sign her own medical forms. Her husband is, in fact, granted the legal and moral right to authorise her aggressive ECT (electroconvulsive therapy) treatments.

Again, I thought, ‘There must be a better way’. I would want to find the stories that she held on to as helpful and inquire into how she maintained her special knowledge about how to be a devoted loving mother to a dead child. I would ask her to tell me about the love that would even be willing to die for her child if it meant saving pain for both of them. This subjugated matriarchal story was drowned out by the dominance of male power enacted upon her.

I was equally curious about the places that would act as a salve for this wounded mother through finding places where her son could live with her. I have come to believe that most dead people require us to hold a place, if not many places, in which they can continue to speak. Without this opportunity, it is as if the dead can haunt us and sometimes torment us with

incredibly noisy voices. We see this repeatedly in Diana's experiences. The dead seem to need the living as much as the living need the dead to build a relationally inclusive future, one where their stories continue to exert important influence. The play *Next to normal* shows how this works in its most extreme. It demonstrates the insanity of letting go of a relationship just because a person has died.

In the final scenes, Diana rejects some of the pathologising ideas that have dictated her diagnosis and justified her increasingly heavy drug and ECT treatments.

She explains to her psychiatrist, *'It's not my brain that's hurting: it's my soul.'*

Dr Madden responds that, *'Medicine isn't perfect. But it's what we have.'*

Diana retorts sharply, *'Is it? Is it all we have? There has to be another way.'*

We see a glimmer of hope that she may find a new story where she can be freed from the oppressive stories of mental illness. We also, for the first and only time, hear her dead child's name, but not uttered, as we might expect, by her. Instead in a surprising moment, it is her husband, who speaks his name. He too is belatedly seeking a different story, laying the floor to what may become a site where the lived stories might take up a new residence.

Narrative practices offer us a better way to respond and to avoid inflicting further pain upon those who are already suffering. Through breathing life into stories, we can help people find a place where the dead can live. But in order to do so, we must first listen for who the dead are to the living. We need to know how the living want to re-include them into their lives and in what ways the stories may be most beneficial. We can encourage the living to find places of audience where the stories of their deceased loved ones can continue to matter. Anything less than this disconnects the living from important and life-giving relationships. It is in these relationships that can be found that salvific function, as Barbara Myerhoff suggested (Myerhoff, 1982. p. 111), that gives meaning and sustenance to the living. I believe this was what Diana was searching for.

Reference

Myerhoff, B. (1982). Life history among the elderly: Performance, visibility and remembering. In J. Ruby (Ed.), *A crack in the mirror: Reflexive perspectives in anthropology* (pp. 99–117). Philadelphia, PA: University of Pennsylvania.