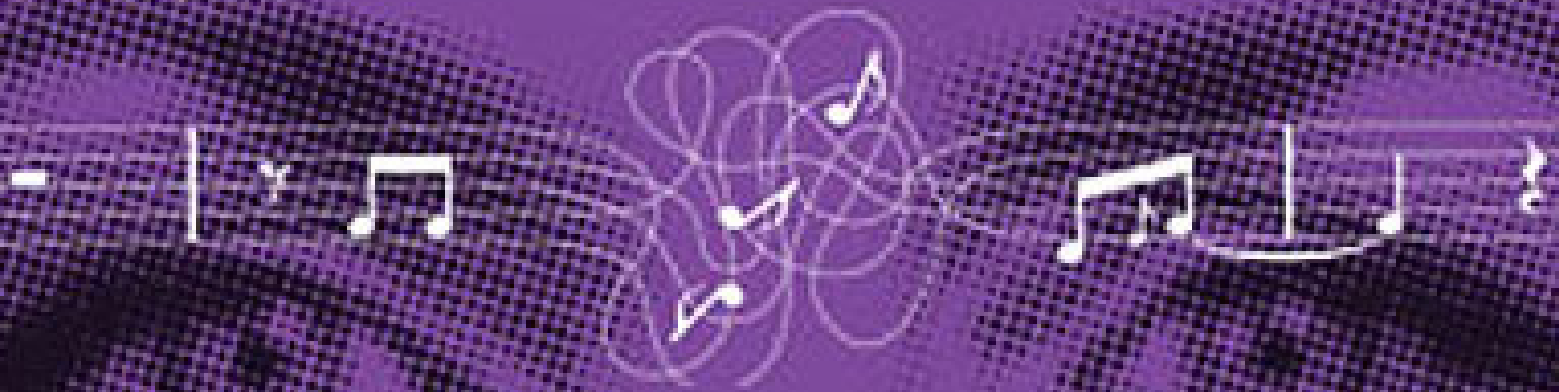


# dramaturgy packet



## next to normal

Imagination Performing Arts Center  
November 8, 2023-January 14, 2024

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## A NOTE FROM THE DRAMATURG

*Next to Normal* contains language, themes of death, grief, drug use, sex, mental health, Electroconvulsive Therapy, neglect, emotional abuse, and attempted suicide by cutting. To say that this show is a challenging show would be an understatement. Due to the nature of the show, regardless of anyone's work and interpretation, audiences will leave with mixed reactions, and that is okay. I believe theatre is meant to leave audiences reflecting on their lives and the lives of those surrounding them. That is exactly what *Next to Normal* did for me as an audience member, and how I believe our audiences will be affected as well.

The best that I can do is provide you with the resources to create your own version of these characters and their world. This packet is merely meant as a guide to understand the environmental circumstances to aid you in personal discoveries through research. I have also provided several resources for you to personally use and share if you or those you care about are ever experiencing a mental health crisis.

If you have any questions regarding the information presented in this packet or wish to learn about a topic not explicitly expressed here from the script, please reach out to me. My job is to answer your questions in an informed manner. I cannot wait to go on this journey with you all,

**Ella Bianchi**

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## ABOUT THE SHOW

### ARTIST BIOGRAPHIES

TOM KITT (Music) is a two-time Tony, two-time Emmy, Pulitzer Prize and Grammy Award winner. As a musical theater composer, he has written the music for six Broadway shows: *Next to Normal* (Tony Award), *If/Then* (Tony Nomination), *Almost Famous* (Tony Nomination), *Flying Over Sunset* (Tony Nomination), *High Fidelity*, and *Bring it On, The Musical*. His work for the stage has also been seen Off Broadway at Second Stage (*Next to Normal*, *Superhero*), The Public Theater (*The Visitor*, *Shakespeare in the Park*) and he has worked at some of the most prestigious regional theaters including The Old Globe, Arena Stage, Berkeley Rep, The Signature Theater, and ART.

In addition, Tom's Broadway credits as an orchestrator include: *Next to Normal* (Tony Award), *The SpongeBob Musical* (Tony Nomination), *Jagged Little Pill* (Tony Nomination), *Almost Famous*, *Head Over Heels*, *Everyday Rapture*, and *American Idiot*.

Tom has also been active in the world of film and TV. As one of the vocal arrangers working on the *Pitch Perfect* films, Tom most notably helped create the classic "Riff-off." Tom also served as music supervisor/arranger/orchestrator for *Grease Live* and contributed songs for *Royal Pains* and *Penny Dreadful*. He also provided music supervision for the NBC series, *Rise* and has written numerous songs for *Sesame Street*. And he is known for his two original opening numbers for The Tony Awards, "Live" in 2019, written with David Javerbaum for James Corden, and the Emmy Award winning "Bigger" in 2013, written with Lin-Manuel Miranda for Neil Patrick Harris. Tom is also proud that his musical adaptation of *Freaky Friday*, co-written with Bridget Carpenter and Brian Yorkey was turned into an original movie musical for Disney Channel. Most recently, Tom served as a Supervising Music Producer on the new Bobby Lopez/Kristen Anderson-Lopez/Steven Levenson/Thomas Kail musical television series *Up Here*.

BRIAN YORKEY (Book and Lyrics) received the 2010 Pulitzer Prize for Drama, the 2009 Tony Award for Best Score, and the Outer Critics Circle Award for *Next to Normal* and was also nominated for the Tony Award for Best Book of a Musical. He partnered again with the *Next to Normal* team on *If/Then* (Tony Award Nominee for Best Score) starring Idina Menzel. Brian co-wrote the libretto for *The Last Ship* (Outer Critics Nomination, with John Logan), with a score by Sting. He wrote lyrics for the Disney Theatricals musical adaptation of *Freaky Friday*, which also became a Disney Channel Original Movie. Brian most recently served as the Executive Producer and Co-Showrunner for the Netflix series *Echoes*. Prior to that, Brian was the Creator, Executive Producer and Showrunner of *13 Reasons Why* for Netflix and Paramount Television. He has also directed for theatre and television. Brian is a graduate of Columbia University, where he was artistic director of the Varsity Show, an alum of the BMI/Lehman Engel Musical Theatre Workshop and a proud member of the Dramatists Guild, the WGA, and the DGA.

### SHOW SYNOPSIS

*Next to Normal*, with book and lyrics by Brian Yorkey and music by Tom Kitt, explores how one suburban household copes with crisis and mental illness. Winner of three 2009 Tony Awards, including Best Musical Score and the 2010 Pulitzer Prize, *Next to Normal* was also chosen as "one of the year's ten best shows" by critics around the country, including *The Los Angeles Times*, *The Washington Post*, *Rolling Stone*, and *New York Times*.

Dad's an architect; Mom rushes to pack lunches and pour cereal; their daughter and son are bright, wise-cracking teens, appearing to be a typical American family. And yet their lives are anything but normal because the mother has been battling bipolar disorder for 16 years. *Next to Normal* takes audiences into the minds and hearts of each character, presenting their family's stories with love, sympathy, and heart.

This deeply moving piece of theatre provides a wonderful opportunity for performers to explore dramatic material and showcase vocal talents with an energetic pop/rock score. *Next to Normal* is an emotional powerhouse that addresses such issues as grieving loss, ethics in modern psychiatry, and suburban life and is ideal for community theatres, as well as colleges and regional theatre companies.

## PRODUCTION HISTORY

### WORKSHOPS

*Next to Normal* started as a ten-minute musical sketch about a woman undergoing electroshock therapy for bipolar disorder titled *Feeling Electric*. This presentation was developed by Tom Kitt (Composer) and Brian Yorkey (Lyrics) at a BMI Lehman Engel Musical Theatre Workshop in Manhattan, NY. In the Village Originals hour-long reading of the show, Sherie Rene Scott played the role of "Woman" and Norbert Leo Butz played the role of "Husband". Also featured were Ben Schrader, Anya Singleton, and Greg Naughton.

Only one song from the original presentation stayed intact throughout all productions, "I Dreamed a Dance With You" performed by Woman. "Aftershocks" has also survived; however, it has been in and out of the show over the years.

A more comprehensive draft of the piece was performed at the Village Theatre again as a part of the New York Musical Theatre Festival (NYMF) in 2005. This time, the cast consisted of Amy Spagner, Joe Cassidy, Annaleigh Ashford, and Anthony Rapp. Ben Schrader still played the role of "Son".

The musical, now titled *Next to Normal*, debuted Off-Broadway at the Second Stage Theatre featuring Alice Ripley (Diana), Brian d'Arcy James (Dan), Aaron Tveit (Gabe), Jennifer Damiano (Natalie), Adam Chanler-Berat (Henry), and Asa Somers (Dr. Fine/Dr. Madden). After opening to mixed reviews, Kitt and Yorkey decided to transfer to the Arena Stage in Washington, D.C. with J. Robert Spencer and Louis Hobson taking over Brian d'Arcy James and Asa Somers' roles respectively.

### BROADWAY

On April 15, 2009 following 21 preview performances at the Booth Theatre, the production opened on Broadway with widespread commercial and critical acclaim. The cast from Arena Stage returned, as well as Director Michael Grief and understudies Jessica Phillips (Diana), Michael Berry (Dan, Dr. Fine/Dr. Madden), Meghann Fahy (Natalie), and Timothy Young (Gabe, Henry).

#### Replacement Casts

Jessica Phillips left the production in mid-2010 with Kathy Voytko taking over. Marin Mazzie replaced Alice Ripley on July 19, 2010. The final Diana standby, Catherine Porter, had her first performance in the role of Diana at the January 2, 2011 matinee performance. Sarah Uriarte Berry also understudied Diana for a time, wife of Michael Berry.

Brian d'Arcy James joined the Broadway cast for a month-long run from May 17, 2010-July 18, 2010 before the role of Dan was taken over full-time by Jason Daniele during the aforementioned July 2010 cast change. Another original cast member from the show's run in Washington, D.C., Asa Somers, understudied the roles of Dan and Dr. Fine/Dr. Madden for a period. Michael McElroy held this position for a while as well.

Aaron Tveit was in and out of *Next to Normal* as he worked on other Broadway productions including *Catch Me If You Can* and *Wicked*. Kyle Dean Massey was the Temporary Replacement for Tveit during his nearly three-month leave of absence from June 9, 2009-September 6, 2009. When Tveit fully left the production on January 3, 2010, Massey took over full-time the following day.

Understudy Meghann Fahy replaced Jennifer Damiano and Mackenzie Mauzy became the new Natalie cover. Emma Hunton took over for a time as well; however, there is no recorded evidence of Hunton performing the role on Broadway.

Cast members Adam Chanler-Berat and Louis Hobson are the only original Broadway actors to hold their role for the entirety of the production's run. Henry had several understudies including Brian Justin Crum and Adam Kantor, both of which covered the role of Gabe as well.

The Broadway production closed on January 16, 2011 after 277 regular performances ending at 96% capacity for its closing week of performances. The week before beginning January 9th had 101% capacity with standing room only overflow seating. *Next to Normal* grossed \$31,764,486. This is more than double the earnings of its closing competition, *I'm Not a Rappoport* and the largest of any Booth Theatre production in Broadway history.

An original Broadway cast recording was released on May 12, 2009 by Sh-K-Boom Records and can be listened to on all major streaming services including Apple Music, Spotify, and YouTube Music. [A video blog highlighting the making of this album](#) was published on YouTube by Broadwaycom on March 9, 2011. A release signing was held in New York City on May 12th featuring original Broadway cast members, Tom Kitt, and Brian Yorkey.

### NATIONAL TOUR

An Equity national touring production in the United States began in Los Angeles, California at the Ahmanson Theatre on November 23, 2010. Alice Ripley reprised her role of Diana. Broadway understudies Asa Somers, Curt Hanson, and

Emma Hunton joined Ripley alongside Preston Sadleir (Henry) and Jeremy Kushnier (Dr. Fine/Dr. Madden). The tour closed in Canada at Toronto, Ontario's Four Seasons Centre for the Performing Arts on July 31, 2011.

Pearl Sun and Jason Watson were the Standbys for Diana and Dan. Jason Watson was also the understudy for Dr. Fine/Dr. Madden. Other understudies included Caitlin Kinnunen (Natalie) and Perry Sherman (Gabe/Henry). Meghann Fahy temporarily took over the role of Natalie for Emma Hatton from May 10-May 22, 2011 at the Ordway Center for the Performing Arts in St. Paul, Minnesota.

## AWARDS

In addition to winning a Pulitzer Prize for Drama, the original Broadway production was nominated for 11 Tony Awards for the 2009 season including the following:

- Best Musical
- Best Book of a Musical, Brian Yorkey
- Best Original Score, Tom Kitt and Brian Yorkey (Won)
- Best Performance by a Leading Actor in a Musical, J. Robert Spencer
- Best Performance by a Leading Actress in a Musical, Alice Ripley (Won)
- Best Performance by a Featured Actress in a Musical, Jennifer Damiano
- Best Direction of a Musical, Michael Grief
- Best Orchestrations, Michael Starborin and Tom Kitt (Won)
- Best Scenic Design, Mark Wendland
- Best Lighting Design, Kevin Adams
- Best Sound Design, Brian Ronan

*Next to Normal* also won an Outer Critics Circle Award for Outstanding New Score in 2008. The Arena Stage production garnered three awards itself: Outstanding Non-Resident Production; Outstanding Lead Actress, Non-Resident Production (Alice Ripley); Outstanding Supporting Performer, Non-Resident Production (Aaron Tveit).

## LEGACY & CURRENT PRODUCTIONS

Since its Broadway debut, *Next to Normal* has received several translations including Korean, Spanish, Dutch, Portuguese (BR), and German making the show a worldwide empire. In 2021, the songs of the musical were featured in an episode of *Riverdale* titled "Chapter Ninety-Four: Next to Normal".

The musical has just completed an Off-West End staging at the Donmar Warehouse. Cast members include Cassie Levy, Jamie Parker, Dan Wolfe, Eleanor Worthington-Cox, Jack Ofrecio, and Trevor Dion Nicholas. It will transfer to the West End on June 18, 2024. For more information on this upcoming production, please visit the [Donmar Warehouse website](#).

# BIPOLAR DISORDER

According to the [National Institute of Mental Health](#), "Bipolar disorder is a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration. These shifts can make it difficult to complete day-to-day tasks." While all feature clear changes in mood, energy, and activity levels, there are distinctions between the three types of Bipolar disorder that make it worth classifying each into major types:

- **Bipolar I Disorder:** Defined by manic episodes that last for at least seven days, nearly every day for most of the day; or by manic symptoms so severe that that person needs immediate medical care. Depressive episodes usually occur as well, lasting for typically two weeks.
- **Bipolar II Disorder:** A pattern of depressive episodes and hypomanic episodes. Hypomanic episodes in Bipolar II Disorder are usually less severe than Bipolar I.
- **Cyclothymic Disorder:** Recurring hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes as in Bipolar II.

Patients who experience symptoms of a bipolar disorder that do not match any of the categories listed above may be referred to as "other specified and unspecified bipolar and related disorders". There is not a single way to experience symptoms of bipolar disorder, and this classification is as medically valid as the three above.

SYMPTOMS OF BIPOLAR DISORDER ( <a href="#">adapted from NIMH</a> ) The symptoms of bipolar disorder can be sorted into two categories:	
Manic Episode Symptoms	Depressive Episode Symptoms
Feeling very up, high, elated, or extremely irritable or touchy.	Feeling very down or sad, anxious.
Feeling jumpy or wired, more active than usual.	Feeling slowed down or restless.
Having a decreased need for sleep.	Having trouble falling asleep, waking up early, or sleeping an increased amount.
Talking fast about a lot of different things ("flight of ideas").	Talking very slowly, unable to find anything to say, or forgetting a lot.
Racing thoughts.	Having trouble concentrating or making decisions.
Feeling able to do many things at once without getting tired.	Feeling unable to complete even simple tasks like brushing teeth or getting out of bed.
Having excessive appetite for food, drinking, sex, or other pleasurable activities.	Having a lack of interest in almost all activities.
Feeling unusually important, talented, or powerful.	Feeling hopeless or worthless, or thinking about death or suicide.

Many people with bipolar disorder also have other mental disorders or conditions. Common cross diagnosis include anxiety disorders, attention deficit/hyperactivity disorders (ADHD), misuse of drugs or alcohol, and eating disorders. Those with severe Manic or Depressive Episodes may also have psychosis which includes hallucinations or delusions.

## Hallucinations

Hallucinations are fictitious stimuli created by your mind. They are not real. There are several types of hallucinations, the first two of which Diana frequently experiences in *Next to Normal*:

1. Visual: Seeing things like lights, objects, or people that are not really there.
2. Auditory: Hearing sounds or voices that nobody else hears.
3. Tactile: Feeling something touch or move on your body, like a hand or something crawling on your skin.
4. Olfactory: Smelling a scent or aroma that does not exist.
5. Kinesthetic: Thinking that your body is moving (e.g. flying, floating) when it really is not.

Hallucinations are more likely to be auditory in people with bipolar disorder, and hallucinations are the most common while facing changes in mood. Hallucinations and other symptoms of psychosis are also most likely seen in those with schizophrenia versus those with bipolar disorder. People with bipolar disorder who have hallucinations can be incorrectly diagnosed.

## Delusions

Delusions are a false belief that a person holds to be true, regardless of whether it is actually true or even possible. Those who are delusional will hold on tightly to a belief even if others are able to logically explain why it is false. There are many types of delusions, but the following are most closely associated with mental disorders:

1. Delusions of grandeur: Believing that you are famous or publicly important, or that you are a God.
2. Delusional jealousy: Believing that your spouse or partner is being unfaithful when they are not.
3. Persecutory and paranoid delusions: Speculating that you are secretly being listened to, followed, spied on, or the like.
4. Somatic delusions: Believing that you have a certain medical condition or physical defect.
5. Delusions of reference: Thinking that random events contain a special meaning for you alone.
6. Bizarre delusions: Believing that things are impossible, such as thinking you are a werewolf, your sister is an octopus, or that giant worms make subway tunnels.

## **REPRESENTATION IN *NEXT TO NORMAL***

There have been heated debates over the display of bipolar disorder in *Next to Normal* since the show first debuted, but there are several songs that display both the manic and depression Diana suffers from using the symptoms of each listed above. This is not a comprehensive list of the examples in the show; only the most glaring ones.

### **Manic Episodes**

- Diana makes three sandwiches, one for Dan, one for Gabe, and one for Natalie as they head off to work/school. Diana continues to make sandwiches, lining up the bread and fix-ins on the ground, frantically making 20+ sandwiches.
  - Additionally, Diana tells Dan “I’ll be up for sex in a minute” first thing in the morning. We can imply that as a part of her manic episode, she is having an excessive appetite for sex (“Just Another Day”).
- Diana is calling Dan while frantically scrubbing the floors. She claims that she “disinfected the entire house, rewired the computer, and did some decoupage” and next she thinks she will “retile the roof” (“It’s Gonna Be Good”).
- After attempting suicide (see below), Diana attempts to walk out on her nurse. Throughout the song she is running around the hospital room trying to get away from Dr. Madden (“Didn’t I See This Movie?”).

### **Depressive Episodes**

- Diana has a delusion of her dead son, Gabe, where he tells her that she is better off dead because they can finally be together. Diana listens, slitting her wrists to attempt suicide (“I Dreamed a Dance”, “There’s a World”).
- Following her first round of ECT, Diana does not remember her doctor’s name, her own home, and even her own daughter (“Song of Forgetting”).
- Diana questions her worth and why Dan has stayed with her so long. She believes that she is not worthy of his love and Dan has better things he could be dealing with than her mental illness.
  - Natalie exhibits the same feelings as Diana, but towards Henry for everything she has put him through in regards to her mother (“Why Stay / A Promise”).

## ELECTROCONVULSIVE THERAPY (ECT)

Most commonly used in patients with severe major depression or bipolar disorder that has not responded to other treatments, Electroconvulsive Therapy (ECT) involves a brief electrical stimulation of the brain while the patient is under anesthesia that is typically administered by a team of trained medical professionals including a psychiatrist, anesthesiologist, and a nurse or physician assistant.

### RISKS AND BENEFITS

For some patients, including Diana, the risks of ECT are less than ongoing treatment with medications and is especially effective for patients who are suicidal, are not responding to medications, or cannot tolerate the side effects of medications—all of which apply to our main character.

ECT requires multiple treatments to be effective. Most patients need a total of 6-12 treatments, although the number can range from 4 to 20 depending on the severity of the patient's depression. Treatments are usually given three times a week on Monday, Wednesday, and Friday.

#### Pre-Treatment Care

Patients should not eat or drink anything past midnight the evening prior to their scheduled treatment. If the patient smokes, they should not smoke the morning of their treatment as smoking can cause issues during administration. Clinicians will most likely provide patients with detailed instructions on food and fluid intake as these may vary from person-to-person depending on circumstances.

Temporary memory loss and temporary difficulty learning lasting from minutes to hours. Some patients have trouble remembering events that occurred a couple weeks before treatment, or earlier. Memory issues usually improve within a couple of months but severe persistence is possible. Long-term effects can be combated. Side effects on the day of treatment as a result of anesthesia include nausea, headache, fatigue, confusion, and slight memory loss which may last minutes to hours.

### OTHER BRAIN STIMULATION TREATMENTS

While ECT has proven to be the most effective treatment option, there are other brain stimulation treatments that can be used in replacement for Electroconvulsive Therapy:

1. **Transcranial Magnetic Stimulation (TMS)** is also used in patients who have not responded to other depression therapies but is not as effective as Electroconvulsive Therapy. It involves the use of rapid magnetic fields to stimulate specific areas of the brain. TMS does not cause seizures and the patient remains awake throughout the non-invasive process. TMS is usually administered four to five times a week for 4-6 weeks. Usually only has mild side effects such as headaches, muscle twitches, and pain at the site of administration.
2. **Vagus nerve stimulation (VNS)** was developed as a treatment for seizure disorders but can also be used in cases of depression. It involves planting an electrical pulse generator underneath the skin in the patient's neck that provides stimulation to the Vagus nerve in the neck. Responses can take months to develop in some patients. Vagus nerve stimulation is not considered an acute severe depression treatment for this reason.

### REAL-LIFE EXPERIENCES

All interviews are from [healthtalk.org](http://healthtalk.org). Click [here](#) to view the original interviews with videos and text transcripts. The quotes below were copies from the transcripts provided by HealthTalk.

#### Alka, female, age 50 recounting her husband's ECT treatment:

"You have to, because you receive anesthetic, you have to be nil by mouth, so after about 7.00 p.m. you're not allowed to eat or drink anything at all. The centers for ECT have been reduced nationally now, I gather there's one in [city name] and one in [city name], and fortunately we live in [city name]. But on the morning or the day of the ECT as an outpatient which is what [husband's name] was, I would drive him to the ECT suite where he would have an assessment by a nurse so he'd have his blood pressure taken and they'd take him through a series of questions, particularly to check that he hadn't had anything to eat or drink since the previous evening. They weigh him and in doing so because you go for a course of treatment the nurse actually gets to know the patient as well but I'll come back to that in a moment.

And then the patient is given an anesthetic, it's a short acting anesthetic and once that anesthetic has been administered the patient is given electric shock treatment as was known but through electrodes which are attached to the temples. I think they put some sort of gel on the temples and then they put the electrodes and a judgment is made by the consultant, who's in attendance as to the level of the... is it electricity? The current that's going to be given. And because they'd got to know [husband's name] as well as they did they kind of upped his dose a little bit because they knew that he didn't respond so well to a lesser dose of ECT. Once the ECT has been administered, they're taken into a recovery room where they're monitored, the heart is monitored to make sure that obviously they recover fully and well"

#### Sunil, male, age 56 discussing his second round of ECT treatment:

"Only a tiny bit more, because one of the most distressing effects of ECT is the effect on memory. To the extent that you know, there are very, very large gaps in my memory, and sometimes I can't even remember the names of people whom I've known for years, and my wife continually, almost on a daily basis talks to me about



something that has happened in the recent which I have no recollection of. But I do remember being taken three times a week Monday, Wednesday, Friday by car, first thing in the morning before 8 o'clock across the city to the place where the ECT unit is. And then waiting in the waiting area with the other patients and then being taken through to the room where the ECT is given and being seen by the anesthetist who gives you an intravenous injection of a short-acting anesthetic which puts you to sleep and then you have your ECT. And the next thing you remember is you come round where you are in a room where all the other patients also who have ECT are having something to eat, and some breakfast, because obviously you had to be fasted in order to have the ECT because you're going to have an anesthetic, so it's got to be done on an empty stomach, so you have a, you know, some toast or cereal or something after you come round. And the first thing you notice when you come round is you're actually sitting in this room with the other patients and being given some breakfast to eat.

Well at that time you're sort of a bit dazed and not fully with it. But luckily obviously, my carer is there with me, my wife. And then she brings me back home. And usually when I come back home after I've had ECT, I usually was allowed to have a kip, so I'd have a snooze for about an hour or two until I was woken up."

**John Z, male, 63 recounting the step-by-step of his own ECT treatment:**

"And you basically go down to the ECT suite, having not eaten or drunk in the morning because you're going to have a light general anesthetic, and the, you just get onto the trolley in your normal clothes, make sure you've been to the loo, because they give you a muscle relaxant and in one of the sessions I had they forgot to remind me. But that's what happens. That's the worst thing that can happen.

Then the technician from the anesthetics department comes over, was there, and cannulates your arm for the anesthetic, for the light anesthetic, and the, and muscle relaxant. And then the anesthetist turns up and that's the one that has to put the drugs in. So they just - that wonderful feeling of going off, where you feel as though you're drunk and the world's spinning round but you don't feel sick. You know, if you've even had a few too many drinks and the room goes round. This is that lovely feeling without feeling sick. You go off and what they do is they induce a minor epileptic fit with small electric currents in your head, very minor, they're micro, micro volts, and most of it is done by the houseman, the psychiatrist's houseman, but under the supervision of the consultant psychiatrist who is there.

And it takes about ten, twenty minutes, and then you find you wake up in the recovery section and they say that during the process of the epileptic fit, the only thing you notice in the patient is a slight twitching of the toes. They take your shoes off, so a slight twitching, that's all you notice because in the past, before they used muscle relaxants, people would jump all over the place. That's why you get that feeling of "One flew over the cuckoo's nest". And you don't get any of that, and you don't lose your memory and you wake up and you just wake up and go and have lunch. So you don't, you're not, you're still about what ten minutes recovering, a cup of tea and biscuit and off to lunch. And that's it"

**REPRESENTATION IN NEXT TO NORMAL**

Act 1 ends with Dan and Diana having a heart-to-heart conversation in the hospital after Diana attempts to walk out. He convinces her to sign the treatment papers by saying this chance may be their last to "let go of the past and be free" in reference to Gabe. Dan and Dr. Madden had several conversations prior to this about the potential side effects including memory loss, which Diana faces. He decides the benefits outweigh the risks, and so does she.

Diana's first ECT treatment is shown during the song "Wish I Were Here" at the top of Act 2. Initially Diana feels on top of the world; however, her high is quickly lowered after she returns home and does not have any memory of her house, her daughter, her son, or her marriage ("Song of Forgetting").

As a result of her memory loss, Diana's delusions of Gabe falter until the song "Aftershocks" where he returns although she cannot quite place him until "How Could I Ever Forget?" where they return stronger than ever.

Diana decides to end treatment with Dr. Madden after he suggests she returns for another round of ECT. She leaves Dan and Natalie at home and moves in with her parents to further process away from her son/daughter.

## GRIEVING THE LOSS OF A CHILD

Diana's delusions of Gabe come from a place of grief. Losing her son was also the "traumatic event" that caused the onset of bipolar disorder, despite it running in her family line.

Gabe died at 18 months old and is currently 18 years old in the musical. Since he was so young and in/out of the hospital so frequently, Diana was heavily involved in his everyday life making the loss so great for her. Grief looks different for everyone, but some common grief reactions include (those marked with \* are directly expressed by Diana throughout the show):

- \*Intense shock, confusion, and denial, even if the child's death was expected.
- Overwhelming sadness and despair, such that facing daily tasks such as getting out of bed can seem impossible.
- \*Extreme guilt or a feeling that the parent has failed the child as its caregiver and could have done something differently.
- \*Intense anger and feelings of bitterness and unfairness at a life left unfulfilled.
- Fear or dread of being alone or overprotecting surviving children.
- Resentment towards parents with healthy children.
- \*Feeling that life has no meaning and wishing to be released from pain or to join the child.
- Questioning or losing faith or spiritual beliefs.
- \*Dreaming about the child or feeling the child's presence nearby.
- \*Intense loneliness and isolation, even when around other people, and feeling that nobody can truly understand how the parent feels.

Grief is always profound when a child dies. Some parents have a particularly difficult time, like Diana. Even as time progresses, their grief remains intense and they feel it is impossible to return to *normal* life, like there is no escape. Some parents think about hurting themselves to escape the pain ("I Dreamed a Dance"/"There's a World").

### Timing of Grief Reactions

There is no right or wrong timeline for grief. The initial and severe intense grief parents feel after losing a child will not be continuous. Periods of intense grief come and go for periods of 18 months or longer. Overtime, grief may come in waves that are gradually less severe.

Even years after the child's death, important milestones in the lives of others such as weddings, graduations, or the first day of the new school year are common triggers. In Diana's case, Gabe's birthday is a trigger ("He's Not Here"/"You Don't Know"/"I Am the One"). At these times, parents often think about how old their child would be or what they would look like if they were alive to celebrate with the family.

## GRIEVING DIFFERENCES

Parents may grieve in different ways depending on several factors (gender, daily role in the child's life, cultural expectations, role differences). Men are often expected to control their emotions, be strong, and take charge of the family while women may be expected to cry openly about their grief and want to talk about their grief. More or less, Dan and Diana fall into these.

Parents are the focus of attention when a child dies, and the grief of siblings is sometimes overlooked. The death of a sibling is a tremendous loss for a child. They lose a family member, a confidant, and a life-long friend, regardless of how old the child was at the time of death or how close they were. Parents can help children during times of grief in the following ways:

1. Making grief a shared family experience. Include children in discussions of memorial plans.
2. Spend as much time as possible with the children, talking about their sibling or playing together.
3. Make sure children understand that they are not responsible for a sibling's death, and help them let go of regrets and guilt.
4. Never compare siblings to the child who died. Make sure children know that their parents do not expect them to "fill in" for the lost child.
5. Set reasonable limits on their behavior. But try not to be either overprotective or overly permissive. It is normal to feel protective of surviving children.
6. Ask a close family member or friend to spend extra time with siblings if the parent's own grief prevents them from giving surviving children the attention they need.

(The information in this section was derived from [cancer.net](https://www.cancer.net). While it is written with parents of childhood cancer patients in mind, the information can apply to all types of child loss grief and has been applied to the Goodman family's relationship with Gabe.)

## EMOTIONAL ABUSE

Emotional abuse is defined by the [National Society for the Prevention of Cruelty to Children \(NSPCC\)](#) as “any type of abuse that involves the continuous emotional mistreatment of a child. It’s sometimes called psychological abuse. Emotional abuse can include deliberately trying to scare, humiliate, isolate or ignore a child.”

Any child can be at risk for emotional abuse regardless of their background, but some children are at a higher risk than others. When a family is going through a tough time, parents and caregivers may find it difficult to provide a safe loving home for their children, as is the case with Diana post-Gabe’s death.

**Types of Emotional Abuse** (those marked with ^ are directly expressed by Diana towards Natalie in the show)

1. Humiliating or constantly criticizing a child, or threatening and shouting at a child.
2. Making the child the subject of jokes, or using sarcasm to hurt a child; blaming and scapegoating.
3. Making a child perform degrading acts.
4. Not recognizing a child’s own individuality or trying to control their lives, or pushing a child too hard and not recognizing their limitations.
5. ^Exposing a child to upsetting events or situations (e.g. domestic abuse, drug use).
6. Failure to promote a child’s social development (e.g. not allowing them to have friends).
7. Persistently ignoring them or being absent.
8. ^Manipulating a child; never saying anything kind, expressing positive feelings, or congratulating a child on success, or never showing any emotions during interactions with a child (also known as emotional neglect).

### Signs of Emotional Abuse

While the signs of emotional abuse can sometimes be difficult to spot as they often occur in tandem with other types of physical or cyber abuse, emotional abuse can stand alone. There may not be any obvious physical signs of emotional abuse or neglect, and children often do not speak up until they reach a “crisis point”, if ever. Common signs of emotionally abused children are:

- Seeming uncomfortable or having a lack of confidence.
- Struggling to find their emotions.
- Having difficulty making or maintaining relationships.
- Acting in ways that are inappropriate for their age.

Note that these symptoms may vary in children of different ages. Some examples of how emotional abuse effects older children includes using language you wouldn’t expect them to know for their age; acting in a way or knowing about things you wouldn’t expect them to know for their age; struggling to control their emotions; having extreme outbursts; seeming isolated from their parents; lacking social skills; and having little or no friends. All of these signs manifest themselves at some point in *Next to Normal* through Natalie as a result of being emotionally abused by her mother.

### Effects of Emotional Abuse

Emotional abuse can have serious long-term effects on a child’s social, emotional, and physical health over time (those marked with ^^ are directly expressed by Natalie in the show).

**Behavior Problems:** Wanting attention or becoming clingy; ^^not caring how they act or what happens to them; ^^trying to make people dislike them; ^^developing risky behavior like stealing, bullying, or running away.

**Emotional Development:** Feeling, expressing and controlling emotions; ^^lacking confidence causing anger problems; ^^finding it difficult to make and maintain healthy relationships later in life; higher levels of depression and health problems as adults compared to those who faced other types of child abuse.

**Mental Health Problems** are at an increased risk including depression, anxiety, self-harm, suicidal thoughts, eating disorders, language development, and ^^problems forming healthy relationships.

## ANTIDEPRESSANT MEDICATIONS

Throughout the musical, Diana faces a common battle with over-the-counter prescription medications prompting an entire song “My Psychopharmacologist and I” to highlight her struggles. Antidepressant medications are typically used to help relieve the stress of depression or anxiety. They are also used to help with other chronic conditions such as bulimia and chronic pain.

Antidepressants do not work for everyone and they work best when used in tandem with other treatments such as talk therapy, support from a family member or friend, and self-care efforts (e.g. regular exercise, a nutritious diet, getting enough sleep). These drugs can take up to several weeks to be fully effective. Early signs that medication is working include improved sleep, appetite and energy; improvement in mood usually comes later.

Antidepressants increase the activity of chemicals called neurotransmitters in the brain (serotonin, norepinephrine, and dopamine). Increasing these seem to lessen the effects of depression and anxiety. These drugs help relieve symptoms in up to 70% of patients who try them, but it is best to know that medications are not a cure. This rate increases when patients who do not see a stark difference switch to a different medication.

Before starting treatment, prepare for the possibility of feeling worse before feeling better. All antidepressants have a possible increased risk of suicidal thoughts and actions. Have a list of resources and know who to call if found in crisis.

When you begin treatment, monitor your thoughts and moods. Communicate all thoughts of hurting yourself with a professional (doctor, crisis line, or the emergency department). Those who experience an increase in suicidal thinking or anxiety should have a conversation with their doctor to decide if it is worth continuing the medication and discuss other possible drugs.

TYPES OF ANTIDEPRESSANT MEDICATIONS**		
Type of Medication	Examples of Commonly Prescribed Medications	Common Symptoms Across Classification
SSRIs (Selective serotonin reuptake inhibitors)	Prozac, Paxil, Luvox, Celexa, Cipralex, Zoloft  Buspar is similar to SSRIs and has been found to help with anxiety symptoms but not depression.	Nausea, vomiting, diarrhea, weight gain, dry mouth, headaches, anxiety, sedation, and a decrease in sexual desire and response.
SNRIs (Serotonin-norepinephrine reuptake inhibitors)	Effexor, Cymbalta, Fetzima, Pristiq	Nausea, drowsiness, dizziness, nervousness or anxiety, fatigue, loss of appetite, and sexual problems.  Increased blood pressure possible in higher dosages.
NDRIs (Norepinephrine-dopamine reuptake inhibitors)	Wellbutrin and Zyban	Jitteriness and insomnia.
NsSSAs (Noradrenergic and specific serotonergic antidepressants)	Remeron	Drowsiness and weight gain.
Nonselective cyclics	Elavil, Tofranil, Norpramin, Aventyl, Surmontil, Anafranil	Dry mouth, tremors, constipation, sedation, blurred vision, difficulty urinating, weight gain, and dizziness.  May cause heart rhythm abnormalities.
MAOIs (Monoamine oxidase inhibitors)	Nardil and Parnate	Change of blood pressure when moving from a sitting to standing position (orthostatic hypertension), insomnia, swelling, and weight gain.

**\*\*In Next to Normal, the only type of antidepressant medications mentioned are SSRIs but it is important to realize that there are multiple classifications of these drugs, and SSRIs are not the right fit for everyone suffering from depression depending on which chemicals their brain is missing and how much of each one.**

## UNDERSTANDING CONFIDENTIALITY

Dan and Dr. Madden face an uphill battle throughout the show when it comes to Diana's medical records as her husband and doctor respectively. There are some things Dan wants to know, like if she is still receiving treatment, that Dr. Madden cannot legally disclose to him regardless of their marital status.

Confidentiality is a respected part of psychology's [code of ethics](#). Psychologists understand that in order for patients to feel comfortable disclosing private information, they require a safe space to talk about anything they'd like without fear of it leaving the room. Because of this, psychologists take privacy very seriously.

There are laws in place to protect patient privacy as well including The Health Insurance Portability and Accountability Act (HIPAA) which contains a privacy rule that "creates national standards to protect individuals' medical records and personal health information, including information about psychotherapy and mental health."

HIPAA is designed to be a minimum level of protection, and most states have additional laws that further enable confidentiality between psychologists and their patients. The psychologist provides their patients with written information concerning confidentiality at the first appointment to ensure all parties are on the same page in regards to privacy acts.

## SHARING INFORMATION

### Psychologists

There are specific circumstances where psychologists can share information without written consent from the patient:

1. In order to protect the patient or the public from serious harm (e.g. they disclose an urge or plan to injure/harm themselves or another person).
2. Ongoing domestic violence, abuse, or neglect of children, the elderly, or those with disabilities.
  - a. If an adult discloses they were abused as a child, the psychologist cannot freely share that information unless other children are actively being harmed by the abuser.
3. A court order is in place. This primarily happens when a person's mental health was brought into question during legal proceedings (e.g. pleading insanity).

Certain information about diagnosis and treatment will be shared with insurance companies or government programs (Medicare and Medicaid, for example) that are paying for treatment so the company/government can determine what care is covered underneath the patient's specific plan. Health insurance companies are also bound by HIPAA and cannot further share this information. If a patient chooses to pay out-of-pocket for services without reimbursement from their insurance provider, they may not be aware that you are receiving treatment.

Employers do not receive information on the health services an employee seeks, even if company insurance is used. Companies that use employee assistance programs (EPAs) offering free mental health services do not receive information on each employee utilizing it. For specific information on a company's policies, please contact the Human Resources (HR) representative for more comprehensive assistance.

Different states have different ages in which minors can seek mental health services without informing a parent. In most cases, parents are involved in the psychological treatment of children. They will typically attend the first appointment to discuss privacy.

Those over 18 who are still on their parents' insurance can try seeking care from their college's campus. These services do not require insurance and are often free to students. If this is not an option for you, the following applies:

"When a person receives services using medical insurance, the insurance company sends a statement called an Explanation of Benefits (EOB) that explains which services were used and paid for. If you use your parents' insurance for psychotherapy services, your parents may receive an EOB that outlines the services you used. However, they will not be able to access your records or find out what you discussed during your sessions with a psychologist."

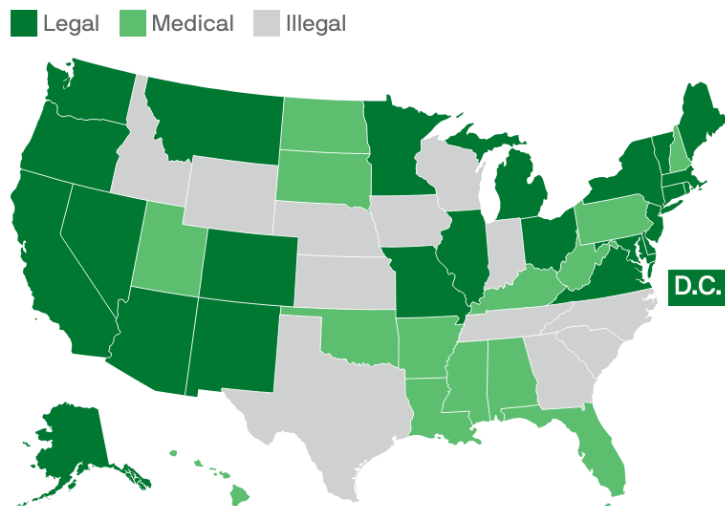
### Patients

You are allowed to disclose to others that you are seeking psychotherapy care; however, you are not bound to disclose where, under who, what treatments you are receiving, etc. Psychologists are ethically bound to protect your rights no matter how much information you share with others. For example, psychologists typically won't connect with clients on social media sites, even if the client initiated the request.

Psychologists may reach out to you to interview people in your life such as your spouse, parents, and children if they feel the information will be helpful to your treatment. You reserve the right to decline these requests. Generally, they cannot contact anyone without your written consent.

## DRUG ADDICTION

Henry is introduced as a “stoner” who is addicted to recreational marijuana use, despite claiming it is “medical marijuana to help treat his ADD”. Natalie eventually takes a hit of Henry’s bong which starts her own addiction to her mother’s hoard of prescription medications for her bipolar disorder, notably Adderall, Xanax, Valium and Robitussin (“Wish I Were Here”).



## MARIJUANA

After alcohol, marijuana is the most commonly used mind-altering drug in the United States. Marijuana is illegal in some states, while others have legalized it for medical and recreational use. The map (left) is updated as of November 8, 2023, according to [Axois](#).

**Effects of marijuana** use include feeling of joy, relaxation; increased sense of sight, hearing, and taste; increased appetite; loss of coordination that makes it difficult, even dangerous, to operate a motor vehicle; false sense of time; trouble thinking and utilizing problem-solving skills; cannot tell the difference between oneself and others.

Anxiety or panic reactions or being overly suspicious and distrustful can be seen in higher concentrations. This does not always happen as many people take marijuana to treat anxiety. When early effects fade after a few hours, the user can get very sleepy as a result of using the drug.

**Signs of marijuana use** include being dizzy; having trouble walking; being “silly” and giggly for no reason; having red, bloodshot eyes; having a hard time remembering things that just happened. Some long-term marijuana users who smoke the drug daily may have repeated and uncontrollable vomiting, known as cannabinoid hyperemesis syndrome, and they often feel better after taking a hot shower. Many seek medical care.

## PRESCRIPTION DRUGS

Prescription drug abuse is the use of a prescription drug other than that intended by the prescriber, also known as prescription drug misuse. This can range from taking someone else's painkiller for a backache or injecting ground-up pills to get high, and often becomes ongoing and compulsive despite the consequences.

The problem of prescription drug abuse is becoming more common and is the most rampant among teenagers. Painkiller opioids, anti-anxiety medications, and sedatives and stimulants are frequently misused.

**Causes of prescription drug abuse** include to feel good or get high; to relax or relieve tension; to ease pain; to reduce appetite; to increase alertness; to experiment with mental effects of a substance; to maintain an addiction and prevent withdrawal; to be accepted by peers or social; and to try and improve concentration and school or work performance.

Symptoms vary depending on the type of medication taken. The following symptoms apply to the two categories that Natalie abuses medication from during the show:

- Anti-anxiety medications, sedatives, and hypnotics: Drowsiness, confusion, unsteady walking, slurred speech, poor concentration, dizziness, problems with memory and slowed breathing.
- Stimulants: Increased alertness, feeling high, irregular heartbeat, high blood pressure, high body temperature, reduced appetite, insomnia, agitation, anxiety, paranoia.

## POP CULTURE REFERENCES

The libretto of *Next to Normal* is littered with pop culture references including music, movies, and books. Not all of them are obvious and you may not be familiar. Here is a quick guide, with page numbers to better aid your understanding:

Page #	Line	Reference	Explanation
9	MOZART WAS CRAZY FLAT FUCKING CRAZY BATSHIT I HEAR BUT HIS MUSIC'S NOT CRAZY IT'S BALANCED, IT'S NIMBLE IT'S CRYSTALLINE CLEAR	Wolfgang Amadeus Mozart	Natalie references the much-discussed mental state of Mozart, particularly in the last year of his life.  She talks about how despite the fact that he was "flat fucking crazy" he still managed to produce beautiful things.
15	Beethoven did cocaine.	Ludwig van Beethoven	It is rumored that Beethoven was addicted to cocaine which led to his hearing loss and inability to hear high noises later on in his life.
15	Miles Davis went to Julliard.	Miles Dewey Davis III	An American jazz musician, trumpeter, bandleader, and composer. He is among the most influential and acclaimed figures in the history of jazz and 20th-century music.  He was beaten by two police officers in Midtown Manhattan and falsely charged.
30	Yeah, you're the MacGyver of pot.	Angus "Mac" MacGyver	Mac is the title character in the TV series <i>MacGyver</i> . MacGyver is shown to possess a genius-level intellect, proficiency in multiple languages, superb engineering skills, excellent knowledge of applied physics, military training in bomb disposal techniques, and a preference for non-lethal resolutions to conflicts.
50	DIDN'T I SEE THIS MOVIE WITH MCMURPHY AND THE NURSE? THAT HOSPITAL WAS HEAVY BUT THIS CUCKOO'S NEST IS WORSE	"One Flew Over The Cuckoo's Nest" (novel and movie)	"One Flew Over The Cuckoo's Nest", which is about a criminal (McMurphy) who escapes a life of prison by pleading insanity and being sentenced to live in a mental institution.
50	I'M NO SYLVIA PLATH	Sylvia Plath	Sylvia Plath is a poet and writer who long suffered from severe depression before finally committing suicide by sticking her head in an oven. Diana is trying to say that she is not depressed nor suicidal.
50	I AIN'T NO FRANCES FARMER KIND OF FIND FOR YOU...	Frances Farmer	Frances Farmer was an actress who suffered from manic depressive psychosis. She was ultimately brought to a mental institution and given insulin shock treatment and ECT against her will. She was later "fixed" and taken out of the institution.
79	I'M SOME CHRISTOPHER COLUMBUS SAILING OUT INTO MY MIND WITH NO MAP OF WHERE I'M GOING OR OF WHAT I'VE LEFT BEHIND	Christopher Columbus	Christopher Columbus was an Italian explorer and navigator from the Republic of Genoa who completed four Spanish-based voyages across the Atlantic Ocean sponsored by the Catholic Monarchs, opening the way for the widespread European exploration and European colonization of the Americas.

## GLOSSARY

Term	Definition
ADD	A term used for people who have excessive difficulties with concentration without the presence of other ADHD symptoms such as excessive impulsiveness or hyperactivity.
Adderall	Used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. Adderall contains a combination of amphetamine and dextroamphetamine. Amphetamine and dextroamphetamine are central nervous system stimulants that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse control.
Ambien	A sedative, also called a hypnotic. It affects chemicals in the brain that may be unbalanced in people with insomnia.
Anesthesiologist	Evaluate, monitor, and supervise patient care before, during, and after surgery, delivering anesthesia, leading the Anesthesia Care Team, and ensuring optimal patient safety. These people specialize in anesthesia care, pain management, and critical care medicine.
Antibiotics	A medicine (such as penicillin or its derivatives) that inhibits the growth of or destroys microorganisms.
Anxiety	A feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat.
Ativan	Belongs to a class of medications called benzodiazepines. It is thought that benzodiazepines work by enhancing the activity of certain neurotransmitters in the brain.
Bipolar depressive	A disorder associated with episodes of mood swings ranging from depressive lows to manic highs.
Bird flu	Disease caused by infection with avian (bird) influenza (flu) Type A viruses. These viruses naturally spread among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species, but do not normally affect humans.
BuSpar	An anti-anxiety medicine that affects chemicals in the brain that may be unbalanced in people with anxiety. It is used to treat anxiety disorders or the symptoms of anxiety, such as fear, tension, irritability, dizziness, pounding heartbeat, and other physical symptoms.
Chronic illness	A health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. The term chronic is often applied when the course of the disease lasts for more than three months.
Découpage	A craft that involves cutting out pictures, gluing them to an object and then coating the pictures and the object with layers of varnish.
Delusional episodes and delusions	A person has an unshakeable belief in something implausible, bizarre, or obviously untrue.
Depression	A group of conditions associated with the elevation or lowering of a person's mood, such as depression or bipolar disorder.
Diabetes	A group of diseases that result in too much sugar in the blood (high blood glucose).
Dogwood	A shrub or small tree of north temperate regions, which yields hard timber and is grown for its decorative foliage, red stems, or colorful berries.
Electroconvulsive therapy (ECT)	Electroconvulsive therapy or electroshock therapy is a psychiatric treatment where a generalized seizure is electrically induced to manage refractory mental disorders.
Eye movement	A mental health treatment technique. This method involves a person moving their eyes in



desensitization and reprocessing (EMDR)	a specific way while they process traumatic memories with a goal of helping them heal from trauma or other distressing life experiences
Fugitive	A person who has escaped from a place or is in hiding, especially to avoid arrest or persecution.
Gauze	A thin, translucent fabric with a loose open weave.
Grief or to grieve	To feel or express intense grief—mental or emotional suffering or distress caused by loss or regret.
Hypertension	A medical condition that occurs when the pressure in your blood vessels is too high.
Hypnosis	The induction of a state of consciousness in which a person apparently loses the power of voluntary action and is highly responsive to suggestion or direction. Its use in therapy, typically to recover repressed memories or to allow modification of behavior by suggestion, has been revived but is still controversial.
Intravenous therapy (I.V.)	A medical technique that administers fluids, medications and nutrients directly into a person's vein
Key Club	An international, student-led organization that provides its members with opportunities to provide service, build character and develop leadership.
Manic episode	A period of abnormally elevated, extreme changes in mood, behavior and activity and energy level.
Marijuana	A psychoactive drug from the cannabis plant. Native to Central or South Asia, the cannabis plant has been used as a drug for both recreational and entheogenic purposes and in various traditional medicines for centuries.
Refugee	A person who has been forced to leave their country in order to escape war, persecution, or natural disaster.
Pathological	Involving, caused by, or of the nature of a physical or mental disease.
Paxil	An antidepressant that belongs to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Paroxetine affects chemicals in the brain that may be unbalanced in people with depression, anxiety, or other disorders.
Pfizer	American multinational pharmaceutical and biotechnology corporation headquartered at The Spiral in Manhattan, New York City.
Pipe or tobacco pipe	A device specifically made to smoke tobacco. It comprises a chamber for the tobacco from which a thin hollow stem emerges, ending in a mouthpiece.
Prozac	A selective serotonin reuptake inhibitor (SSRI) antidepressant. It affects certain chemical messengers (neurotransmitters) that communicate between brain cells and helps people with depression, panic, anxiety, or obsessive-compulsive symptoms, and is used to treat major depressive disorder, bulimia nervosa (an eating disorder), obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder (PMDD).
Psychogenic	Originating in the mind or in mental or emotional conflict.
Psychopharmacologist	A psychiatrist who specializes in the use of medications for treating mental disorders. This field combines both natural and social sciences, as it requires a well-developed understanding of both medicine and psychology.
Rabies	A vaccine-preventable, zoonotic, viral disease affecting the central nervous system. It can spread to people and pets if they are bitten or scratched by a rabid animal. Rabies is virtually 100% fatal, and 99% of human transmissions occur from domestic dog bites.

Robotripping	A form of substance abuse that allows teens to experience effects such as euphoria and auditory and visual hallucinations by recreationally using products containing dextromethorphan in doses higher than recommended.
Saline rinse	A mixture of sodium chloride and water. It has a number of uses in medicine including cleaning wounds, removal and storage of contact lenses, and help with dry eyes.
Schizophrenia	A disorder that affects a person's ability to think, feel, and behave clearly. Characterized by thoughts or experiences that seem out of touch with reality, disorganized speech or behavior, and decreased participation in daily activities. Difficulty with concentration and memory may also be present. Treatment is usually lifelong and often involves a combination of medications, psychotherapy, and coordinated specialty care services.
Sedate	To calm (someone) or make them sleep by administering a sedative drug.
Sociopath	A person with a personality disorder manifesting itself in extreme antisocial attitudes and behavior and a lack of conscience.
Suicide	The act of intentionally causing one's own death. Mental disorders, physical disorders, and substance abuse are risk factors. Some suicides are impulsive acts due to stress, relationship problems, or harassment and bullying.
Suture	A medical device used to hold body tissues together and approximate wound edges after an injury or surgery. Application generally involves using a needle with an attached length of thread.
Transcranial magnetic stimulation	A noninvasive form of brain stimulation in which a changing magnetic field is used to induce an electric current at a specific area of the brain through electromagnetic induction. An electric pulse generator, or stimulator, is connected to a magnetic coil connected to the scalp.
Valium	A benzodiazepine. It is thought that diazepam works by enhancing the activity of certain neurotransmitters in the brain, and is used to treat anxiety disorders or alcohol withdrawal symptoms.
Xanax	A benzodiazepine. It is thought that alprazolam works by enhancing the activity of certain neurotransmitters in the brain. It is used to treat anxiety disorders and anxiety caused by depression.
Zoloft	An antidepressant that belongs to a group of drugs called selective serotonin reuptake inhibitors (SSRIs), which works by balancing serotonin levels in the brain and nerves. Zoloft is used to treat some types of depression, premenstrual dysphoric disorder (PMDD), social anxiety disorder (SAD), obsessive-compulsive disorder (OCD), panic disorder (PD), and post traumatic stress disorder (PTSD).

## MENTAL HEALTH RESOURCES

The organization [Mental Health First Aid®](#) has compiled a great list of free online resources for those in the United States suffering from depression, suicidal intentions, anxiety disorders, non-suicidal self-injury, psychosis and psychotic disorders, substance use disorders, and eating disorders.

### Help Lines

American Psychiatric Association Answer Center	1-888-35-Psych (77942)
American Psychological Association of Public Education Line	1-800-964-2000
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
The Trevor Project	1-866-488-7386
National Cancer Institute Smoking Quitline	1-877-44U-QUIT (8-7848)
Smoking Cessation Centers	1-800-QUIT-NOW (784-8669)

### Support Groups

- [Al-Anon and Alateen](#)
- [American Self-Harm Group Clearinghouse](#)
- [Depression and Bipolar Support Alliance](#)
- [Eating Disorders Anonymous](#)
- [Narcotics Anonymous](#) and [Alcoholics Anonymous](#)
- [Overeaters Anonymous](#)
- [Recovery International](#)
- [Schizophrenia and Related Disorders Alliance of America \(Schizophrenia Anonymous\)](#)

## MORE NEXT TO NORMAL

### Interviews

- [Back Stage at the Tony Awards: Alice Ripley Interview - YouTube](#)
- [Behind the Scenes: "Next to Normal" Songwriters Kitt & Yorkey - YouTube](#)
- ["Next To Normal": The Road to Broadway \(Working In The Theatre #384\) - YouTube](#)
- [Ask a Star: Next To Normal's Marin Mazzie & Jason Danieley - YouTube](#)
- [Boomtown! "Next to Normal" - Aaron Tveit Interview - YouTube](#)
- [Conversation: Pulitzer Prize Winners in Drama, Tom Kitt and Brian Yorkey of 'Next to Normal' | PBS NewsHour](#)
- [InDepth InterView: Alice Ripley on NEXT TO NORMAL Tour & A Career Retrospective \(broadwayworld.com\)](#)
- [Interview – Preston Sadleir from Next to Normal | He Said/She Said Critiques \(wordpress.com\)](#)
- ["Next To Normal": The Road to Broadway \(Working In The Theatre #384\) - YouTube](#) featuring an interview with Michael Grief, Director and David Stone, Producer, panel by Robert Lopez, and Off-Broadway audience Q&A

### Video Blogs

- [Normal Life with Kyle Dean Massey - YouTube](#) with behind-the-scenes and backstage content

### Performances/Cut Songs

- ['Next to Normal' - 2009 Tony Awards Performance - 'You Don't Know' & 'I am the One' - YouTube](#)
- [Next to Normal - "Superboy and The Invisible Girl" w/Jennifer, Alice & Aaron @ pre-Tony concert - YouTube](#)
- [Live Every Day Next To Normal - YouTube](#) (cut song, 2010 concert of Anthony Rapp and Annaleigh Ashford)
- [Feeling Electric - Anthony Rapp \[pre- Next To Normal\] - YouTube](#) (promo concert video featuring Anthony Rapp)
- [i will try to forgive myself for not being in my body, The Lost \(and Found\) Songs of Next to Normal \(tumblr.com\)](#) (full list of available cut songs from N2N and workshops, or those that never made it into the show)

### Fansites & More

- [Fifty Thousand Volts — LiveJournal](#) (fansite for the *Feeling Electric* workshop)
- [Next to Normal | Extras & Insights | Artistic Development | Arena Stage \(archive.org\)](#) from the Arena Stage production

### Additional Scores/Librettos

- [Next To Normal Off-Broadway Piano/Vocal Score.pdf - Google Drive](#)
- [Next to Normal Arena Stage Full Orchestral Score.pdf - Google Drive](#)
- [Next to Normal Vocal Selections.pdf - Google Drive](#)
- [Act One Lyrics! - Fifty Thousand Volts — LiveJournal](#) for the 2005 *Feeling Electric* workshop, fan transcribed

## SOURCES

- [NEXT TO NORMAL - WEST END | Donmar Warehouse](#)
- [Next to Normal - Wikipedia](#)
- [Better Than Before: The Making of NEXT TO NORMAL \(writerstheatre.org\)](#)
- [Next To Normal – Broadway Musical – Original | IBDB](#)
- [PHOTO CALL: Next to Normal Cast Sing and Sign CDs in NYC | Playbill](#)
- [NIMH » Bipolar Disorder \(nih.gov\)](#)
- [Psychiatry.org - What is Electroconvulsive Therapy \(ECT\)?](#)
- [Patient education: Electroconvulsive therapy \(ECT\) \(Beyond the Basics\) - UpToDate](#)
- [Electroconvulsive Treatment \(ECT\) - Experience of Having ECT \(healthtalk.org\)](#)
- [Grieving the Loss of a Child | Cancer.Net](#)
- [Antidepressant Medications | CAMH](#)
- [Next to Normal | Music Theatre International \(mtishows.com\)](#)
- [Tom Kitt | Music Theatre International \(mtishows.com\)](#)
- [Brian Yorkey | Music Theatre International](#)
- [Protecting your privacy: Understanding confidentiality \(apa.org\)](#)
- [Do People with Bipolar Disorder Have Hallucinations? \(healthline.com\)](#)
- [Delusions Occurring in Bipolar Disorder \(verywellmind.com\)](#)
- [The Facts About Recreational Marijuana - Health Encyclopedia - University of Rochester Medical Center](#)
- [Marijuana for recreational use legal in 24 states, 38 states medically \(axios.com\)](#)
- [Prescription drug abuse - Symptoms and causes - Mayo Clinic](#)
- [What Is Emotional Abuse & Things You Should Know | NSPCC](#)
- [Mental Health Resources - Mental Health First Aid](#)