



casting Light

SCRIPTS FOR YOUNG ADULTS
from people living with mental illness



BY SUE MURRAY

and members of MIEACT



A project of Mental Illness Education ACT
in partnership with ACT Drama Association
and MindMatters

Funded by the ACT Government under the ACT Health Promotion Grants Program



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FOREWORD

Casting Light is an innovative publication – an Australian first! It is an invaluable resource for all teachers of senior Drama and English students, and any others who work in a health-promoting capacity with young adults. These scripts about mental illness are not thirteen 'easy pieces'. In using them as the basis for English and Drama lessons in the senior years, teachers will be exposing students to deep, problematic knowledge, a guiding principle of the ACT Quality Teaching Framework. Sometimes sad, sometimes comic, sometimes overwhelming, the scripts are stories of resilience in every sense of the word. They honour the voices of people who live with mental illness and their carers, and the ethic of 'don't talk about us without us'.

The support materials help the teacher develop significance – 'the pedagogy that helps make learning more meaningful and important to students.' Narrative is considered a crucial tool in this area of pedagogy, as is the construct of connectedness, where 'learning has value and meaning beyond the classroom and school' (*A Classroom Teaching Practice Guide – Quality Teaching in ACT Schools*, NSW Department of Education and Training 2006).

In the ACT, schools are provided with a format to develop significance in mental health understandings through the MindMatters Wellbeing Festival of Drama and Dance. This annual, non-competitive event for all school sectors is a vehicle for students to develop and perform a brief piece of theatre on a mental health theme. *Casting Light* provides inspiration and examples of some of the areas they could address.

MIEACT has a strong reputation in ACT secondary schools for engaging and authentic presentations, where the lived experiences of people with mental illness or those caring for them are told in their own words. They have now taken these experiences a step further by committing them to print, with the respectful and talented guiding hand of educational playwright Sue Murray. *Casting Light* makes the experiences accessible to a broader audience, particularly as it is a web-based publication.

MindMatters is a national mental health promotion resource for secondary schools, aiming to build the resilience of Australia's young people. In the ACT and nationally, over 100,000 school or school-allied participants have attended MindMatters professional development since 2000. Further information about the resource is available on the MindMatters website.

MindMatters is pleased to see the publication of this resource, which will help teachers in the ongoing important work of building understandings and reducing stigma around mental illness. What a dynamic, engaging, challenging collection of scripts! Congratulations to MIEACT and the participants in the *Casting Light* project.



Libby Porter

ACT MindMatters Coordinator

www.mindmatters.edu.au

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FIRST, DO NO HARM!

There is clear evidence of the potential to inadvertently do more harm than good in a program for young adults that raises issues such as eating disorders and suicide. Assume that in every group of young adults there are vulnerable people.

RECOVERY EMPHASIS

Hope is fundamental, and it is important to emphasise that recovery from mental illness is possible and treatment is available. This emphasis does not exclude talking about the hardships of mental illness and the journey to recovery. Please encourage young adults to get help early for any mental health problems, and ensure they know where and how they can get help.

SAFE TALKING

Avoid ways of talking that may lead a young person to copycat, or get the impression that certain behaviours are OK or 'normal'. Such behaviours include (but are not limited to) suicide, using drugs and/or alcohol as a way of coping, or the purge cycle of bulimia. It is OK to mention these topics, but details should not be shared. Examples of a harmful level of detail are the methods and location of a suicide and the means of purging. Take care not to glamorise or romanticise these behaviours by discussing famous people identified with them. Young adults can easily identify with the attention and sympathy that someone famous may have gained. Embed discourses in a larger context so the complexities can be understood, thereby avoiding dangerous simplifications such as 'suicide was the inexplicable act of an otherwise successful person'.

RESPECTFUL, ACCURATE, INCLUSIVE LANGUAGE

Take care with language used in relation to mental illness. Some examples: avoid labelling people by their illness. Describe a person as 'living with schizophrenia' rather than 'a schizophrenic'. Regarding suicide attempts, say 'non-fatal' rather than 'unsuccessful' to avoid implying that 'success' is an option.

SELF-CARE

Monitor yourself and young adults closely as you work with these scripts. If strong emotions arise, debrief and get other help as required. Identify and practise personal strategies that promote positive mental health and wellbeing.

REFERENCES

For suicide and self-harm see *Suicide and Mental Illness in the Media*, a Mindframe Resource, Commonwealth of Australia, 2006. For eating disorders see *Everybody's Different*, Dr Jenny O'Dea, ACER Press, 2007. See also Further Resources (page 94)



ABOUT CASTING LIGHT

This is a collection of scripts with a difference. It involves a playwright and thirteen people who have lived with mental illness. Of the thirteen, some look after family members with mental illness. Most have their own direct experiences. None have been involved in script writing before.

They are, however, seasoned storytellers. Mental Illness Education ACT (MIEACT) has trained and supported them to tell their personal stories of mental illness to a wide variety of audiences. As one of Australia's most marginalised groups, the voices of people living with mental illness often go unheard in mainstream society. Educational storytelling breaks this silence and has proven to be a highly effective way of reducing stigma towards people with mental illness.

Casting Light grew from MIEACT's storytelling tradition. It posed many challenges, some of which were familiar to MIEACT – people's vulnerability, the sensitivity of the subject, and the courage, trust and support it takes to 'come out' publicly about mental illness. Then there were some new challenges – script writing, drama, and trusting others with creative seedlings!

Collaboration with a playwright was critical to this project's success and MIEACT has been extremely fortunate to work with Sue Murray, Australia's leading educational playwright. Sue brought a wealth of experience, skill and professionalism to *Casting Light*, as well as the willingness to work with those who wanted to write their own scripts. Her support, encouragement and sensitivity have been a gift.

Community development principles of empowering, enabling and educating are at the core of this project. People participated in workshops, wrote their own material, provided feedback, edited drafts, and shared their stories, laughter and tears. We enjoyed a residential weekend at the coast, a couple of one-day workshops, and a regular writing group. You'll see from the short biographies how important this process was to many people.

The other essential ingredients of this project are the funding body, ACT Health Promotion Grants, and our project partners, MindMatters and the ACT Drama Association. Road testing of scripts has occurred in three schools, Lake Ginninderra College, Manly Selective Campus NBSC, and Newington College. Thanks to everyone who has contributed to our dream. Particular thanks are due to John Castley and Jenny Hanson.

AIMS AND SCOPE

The aims of *Casting Light* are:

- to provide young adults and their educators with a professional, dynamic and accessible resource that is based on mental health promotion principles and the experiences of people living with mental illness
- to create engaging, dynamic scripts that are based on real contexts that bring to life the major issues of mental illness
- to contribute to the elimination of stigma towards people with mental illness, and the promotion of mental health literacy and early intervention.

'Do no harm' (see page 4) has been a guiding principle for scoping *Casting Light*. Understanding and practising this principle is an absolute prerequisite for teachers and others using this resource. In a nutshell, 'do no harm' acknowledges the potential to inadvertently do more harm than good in a program for young people that raises issues such as eating disorders and suicide.

On another question of scope, *Casting Light* makes no claim to be representative of all people living with mental illness. The thirteen participants self-selected from a general invitation to all MIEACT's Volunteer Educators (about fifty people). This was the demographic result – eleven females and two males, aged 26 to 66, with occupations such as health service workers, public servants, private consultants, community sector workers, students, retirees, and welfare recipients. The mental illnesses within the experience of the participants include anxiety, bipolar disorder, depression, eating disorders, post-traumatic stress disorder, schizophrenia, and schizoaffective disorder. This includes three people who look (or looked) after family members with mental illness.

The scope of each script is defined by the genre. They are short scripts and so the script-writing process required us to cast light on defining moments rather than the bigger picture.

Casting Light is linked to the ACT curriculum framework for Years 9-10 (*Every Chance to Learn*) and Years 11-12 (units in Drama, English and English as a Second Language). In developing the support material we have also addressed the Quality Teaching Model being implemented in the ACT.

THE YOUTH MENTAL HEALTH PROBLEM

There is a context behind MIEACT choosing young adults as the target audience for *Casting Light*. According to Orygen Youth Health (www.oyh.org.au), mental health problems amongst young people in Australia are on the rise, with estimates that between 20 – 25 per cent of young people aged 12 – 17 have mental health disorders. We are more likely to develop mental health problems between the ages of 12 and 26 than at any other stage of life, but sadly only one in four of us receives professional help. Several scripts consider how stigma can hinder people from getting and accepting help for mental illness.

MENTAL HEALTH PROMOTION, PREVENTION AND EARLY INTERVENTION

All Australian governments have now recognised that treatment interventions alone cannot reduce the burden of disease from mental illness. All have committed to mental health promotion, prevention and early intervention as key strategies for addressing the problem. In the ACT, the Government has developed its first 'Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006-2008' (the Action Plan) and at the time of going to publication, a second plan is being finalised. One of the Action Plan's key priorities for young people is improving mental health literacy and reducing stigma towards people with mental illness.

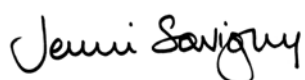
Addressing stigma is critical because it can be fundamental to recovery from mental illness as well as its prevention. People who live with mental illness report that the stigma can be just as disabling as the illness itself, because of social exclusion and discrimination.

WHAT CAN SCHOOLS AND OTHER YOUTH ORGANISATIONS DO?

There are three major determinants of mental health: social participation, freedom from violence and discrimination, and access to economic resources. All three lie outside of the health sector. A school or other youth-focused organisation will be contributing to positive mental health and wellbeing when it integrates and practises these principles. This means mental health promoters can be found almost anywhere doing almost anything. Mental health promotion is everybody's business, or put another way, 1 in 5 may have mental illness but 5 in 5 can help. There are excellent resources available to support schools and other youth-focussed organisations that want to ensure they are promoting mental health and wellbeing. Some of these are listed in Further Resources (page 94).

HOW TO USE THESE SCRIPTS

The scripts have been tailor-made for young adult actors, and for use in Drama and English classrooms. To assist teachers, each script is followed by production notes and extension exercises. At the end of this resource is further information about the mental illnesses central to *Casting Light*, and guidance to further resources. First and foremost, the scripts are written to be acted. Allow your students to walk in someone else's shoes. As the Chinese proverb says, 'I hear and I forget. I see and I remember. I do and I understand.' *Casting Light* has been published as a web-based resource to make it accessible to you. We also hope the web makes it easy for you to contact us, because we'd love to receive your feedback and reflections on what may have changed through working with *Casting Light*.



Jenni Savigny

MIEACT Project Coordinator

OVERVIEW OF SCRIPTS

Script	No. of actors	Mental illness & issues	ACT Curriculum links (ELA = Essential Learning Achievement)
<p>DYLAN'S HERO (page 10)</p> <p>How can Dylan tell his teacher 'my brother ate my homework'? It's hard living with a mentally ill brother.</p>	6	Schizoaffective disorder, stigma, coping with stress, effects of mental illness on family	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 9, 10, 11, 12,14 Yr 11/12: see general guidelines + English unit 'Heroes' (A)
<p>THE GANG OF FOUR (page 17)</p> <p>A comic look at negative self-talk. What happens when Paula lets a friend through the front door?</p>	6	Depression, coping with stress, friendship, accepting help	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12,14 Yr 11/12: see general guidelines
<p>ADMITTING (page 25)</p> <p>Michelle is admitted to hospital after a severe depressive episode. How does she deal with the consequences of her admission?</p>	6-9	Depression, psychosis, getting help, mental health services, family support, identity, early intervention	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 14 Yr 11/12: see general guidelines
<p>ELEVATOR (page 31)</p> <p>Going up, up up! Max's bipolar disorder takes him on a wild ride. Can he find help – and himself – in all the chaos?</p>	17	Bipolar disorder, mental health services, managing mental illness, identity, coping with stress	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12,14 Yr 11/12: see general guidelines
<p>THE PHONE CALL (page 39)</p> <p>After 15 years, Matilda finds the courage to confront her old school about the links between their bullying and her mental illness.</p>	1	Eating disorders, body image, self-esteem, bullying	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9,11, 12,14 Yr 11/12: see general guidelines + English units 'Perspectives on Gender' (T), 'Understanding Gender Issues' (A) and 'Advertising & Gender Issues' (A)
<p>HIGH VS LOW (page 45)</p> <p>Abigail thinks she is the rainforest fairy. How can people help her as she spirals from mania to depression?</p>	6+	Bipolar disorder, friendship, managing mental illness, effect of mental illness on family and friends, recovery	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 9, 11, 12, 14 Yr 11/12: see general guidelines
<p>THE GIRL WITH NO VOICE: A FOLK TALE (page 50)</p> <p>Nina retreats into silence after her father's suicide. What does it take to open her heart?</p>	8+	Schizophrenia, loss and grief, stigma and discrimination, effect of mental illness on family, friendship and belonging, people, identity and culture	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9,10, 11, 12, 14, 15 Yr 11/12: see general guidelines + English unit 'The Journey' (A)
<p>VOICES (page 55)</p> <p>Stephen's family hopes to celebrate his birthday at a restaurant – but the voices in his head have other thoughts.</p>	8	Psychosis, effects of mental illness on family and friends, getting help, early intervention	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9, 11, 12,14 Yr 11/12: see general guidelines
<p>DEEP, DEEP INSIDE (page 61)</p> <p>The central character in this verse monologue is filled with longing and with pain: emotions that are reinforced by a chorus.</p>	1-7+	Depression, identity, loss and grief	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12,14 Yr 11/12: see general guidelines

Script	No. of actors	Mental illness & issues	ACT Curriculum links (ELA = Essential Learning Achievement)
<p>LABELS (page 65)</p> <p>Who is Tom? Worker? Father? Partner? Nuts? He lets go of everything, then must find out who he is – and what matters most in the world to him.</p>	1-13+	Bipolar disorder, stress, drugs and alcohol, homelessness, unemployment, self-esteem, stigma, identity, managing mental illness	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9, 11, 12,14 Yr 11/12: see general guidelines + English unit 'Heroes' (A)
<p>FLAMINGO DANCING (page 71)</p> <p>As a child, Sue had to care for her mentally ill mother. Now she also cares for her son. For Sue, being a carer is a balancing act of pain and love.</p>	5	Schizophrenia, loss and grief, coping with stress, effects of mental illness on family, mental health services, stigma, identity	Yr 10: ELAs 1, 2, 3, 4, 5, 7, 8, 9, 11, 12,14 Yr 11/12: see general guidelines
<p>AWAKENING (page 79)</p> <p>A loving young mother looks back at her abusive childhood and realises that she, as a child, was not to blame for all the pain.</p>	8+	Depression, self-esteem, abuse, identity, managing mental illness, change, loss and grief	Yr 10: ELAs 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 14 Yr 11/12: see general guidelines
<p>THE LONG ROAD BACK (page 86)</p> <p>Elizabeth was badly bullied at school – it's affected her whole life. So why would she want to go to the school reunion?</p>	8+	Depression, bullying, identity, managing mental illness	Yr 10: ELAs 1, 2, 3, 4, 7, 8, 9, 10, 11, 12,14 Yr 11/12: see general guidelines

GENERAL GUIDELINES FOR ACT YEAR 11/12

DRAMA

- All scripts suitable for current Type 2 units (T/A): 'Actor and Director', 'Australian Theatre', 'The Director', 'Dramatic Explorations', 'Realism and Beyond', 'Theatre for Young People', 'Theatre, Lighting and Sound'.
- Also suitable for use in issues-based or development Type 1 units.

ENGLISH

- All scripts link to current Type 2 (T) units: 'Contemporary Texts', 'Life Stories', 'Texts for Children and Adolescents', 'Writers' Workshop'.
- All scripts link to current Type 2 (A) units: 'Communicate with Confidence', 'Contemporary Issues', 'Images of Australia', 'P-Plate English', 'Reading for Enjoyment', 'Real Life Stories', 'Write Your Way'.
- Issues-based courses in English are very suited to these scripts, which can form a basis for an extended research project.

ENGLISH AS A SECOND LANGUAGE (A AND T)

- All scripts suitable for units 'Literary Texts and Australian Idiom' and 'Issues in Literature and Culture'.

DYLAN'S HERO

BY SUE MURRAY

INSPIRED BY LEE FULLER'S STORY

CHARACTERS

DYLAN:	16 years old
MISS BRIGGS:	His English teacher
MUM:	Jude – Dylan and Luke's mother
LUKE:	Dylan's 21-year-old brother
GRAN:	Dylan and Luke's grandmother
JACK:	Dylan's school friend

SETTING

A bus stop with a bench.

There is a spotlight where various characters stand or sit.

One part of the stage is set up as Dylan's desk in his bedroom.

DYLAN enters. He's wearing a school uniform and has a backpack.

He dumps his backpack on the bench and then slumps on the bench.

In the spotlight, LUKE is slumped with his head in his hands.

LUKE: Everything sucks.

DYLAN: [*groans*] My life sucks.

[*beat*]

I hate my brother. I can't say 'Sorry, Miss, my brother ate my homework.'

[*beat*]

I don't hate him. I just – hate it when he's sick.

[*beat*]

My English project is due today. 'The hero's journey'. We've been doing heroes all term. We had to write an essay and do a visual representation.

[*Spotlight on Miss BRIGGS*]

MISS BRIGGS: [*in time with DYLAN, enthusiastically*] ... essay and do a visual representation.

What is a hero? Your essay should start with a definition. Research, research, research! Then you need to select one hero to explore in depth in your essay

and your visual representation. Think of the heroes of your childhood stories. Of movies. Of novels. Of real-life tragedies.

There are many types of heroes – there are gung-ho willing heroes, there are tragic heroes, there are unwilling heroes – and who can tell me other types of heroes?

[Miss BRIGGS freezes. Spotlight fades during DYLAN's lines]

DYLAN: I like Miss Briggs. She's full-on and pushes us hard but she's good. And I trust her.

I'd done the essay. And I got right into the visual representation.

[DYLAN moves to his desk at home]

I sometimes spend hours here in my room. It's – quiet. My reports say, 'Dylan is a keen worker.' I'm not. It's an escape. And it's in my control.

[beat]

So, I had to do the visual representation. I went back through Mum's boxes of photos.

[MUM is in the spotlight. She is stressed and rushed]

MUM: Oh, Dylan – sure, have a look. I will get to those boxes, one day. There's never time. I need time to spread the photos out and sort them. But I can't face them yet – and I don't have time.

[MUM exits]

DYLAN: I spent ages working on my hero collage, and last night I was just adding a few things. Words like 'quest' and 'pain.' Jagged lines.

[Miss BRIGGS is in the spotlight]

MISS BRIGGS: Edit and review your work. Those finishing touches, the final polish, can make the difference between good and excellent!

[Miss BRIGGS exits]

DYLAN: *[moving to the side of the stage]* I went to grab a snack ...

[As DYLAN speaks, we see LUKE in his room. He's snatched up the visual representation and the essay from the desk]

LUKE: [enraged] Aaargh!

DYLAN: [to audience] ... and when I came back [calling out] Mum! Mum! [to LUKE] No, Luke! That's mine! Stop it! Luke! Stop it!

[LUKE rips the essay in half, then starts tearing the visual representation into pieces.

DYLAN tries to grab some of the work from him but LUKE shoves him aside and exits, taking some of the pieces with him.

DYLAN slowly picks up the remaining pieces and smooths them out, putting them on his desk. He is fighting tears. Eventually he takes one of the pieces and scrunches it into a tight ball. He dumps it on his desk and goes back to the bus stop]

DYLAN: Gran tries to help. But she lives in Brisbane. I call her. She listens. She sends long-distance hugs.

[GRAN is in the spotlight]

GRAN: I know, darling, I know. But he's still your brother. Remember, Peter asked Jesus: "Lord, how often shall my brother sin against me, and I forgive him? Until seven times?" Remember what the answer was? "I tell you, not seven times but seventy-seven times." Big hugs, darling. It'll be all right. Sweet dreams.

DYLAN: How many times? I've lost count.

[LUKE is in the spotlight – a frozen image. He is full of energy and is very wild-eyed and he is in the act of taking off his T-shirt]

DYLAN: There was this one time, before we really knew he was sick, when Luke went – mental. We were in the shopping centre. He started taking off ALL his clothes! I freaked. What if someone from school saw me with him? I hid in a two-dollar shop and rang Mum. By the time she got there, the security guard had taken Luke away.

[beat] I hate it when the home phone rings now. I don't answer it. Mum calls it the tele-monster. She sort of jokes about it. But when it rings – her face goes hard.

Sometimes it's Luke. He gets into such messes. Sometimes it's the police, or the parents of one of Luke's old school friends. He doesn't have friends now – but he had heaps of friends at school. His best friend was Tom.

[SFX: phone ringing]

MUM enters, takes a breath, answers the phone]

MUM: Hello, this is Jude ... [warmly] Oh, Kath! ... [quietly] He is? ... Ah ... Look, can you and Tom try to keep him there? I'll be right around ... No, no, he's not – dangerous. He's – ah, unwell. It's a long story. But I'll fill you in later. I'll be there in five minutes.

[MUM hangs up, sighing, and quickly exits.

LUKE is in the spotlight. He is in an excited, elated mood]

LUKE: It all makes sense now! I'm seeing the vast interconnectedness of what is!

DYLAN: Luke hadn't seen Tom since they'd finished school. Now he turns up at their house at all hours. He likes to go to sleep on their kitchen floor. Go figure. They're good about it, really.

[beat]

Last night Luke took off. Mum spent the rest of last night looking for him. I printed out the essay again. Mum came home at about twelve-thirty. I was in bed. Later, the phone woke me up.

She went and got him. I don't know where from. Mum wasn't up when I left.

[beat]

I left early today. The bus isn't due for 30 minutes. But I couldn't face them. Either of them. I hate it that Mum's life is being eaten away by his illness. And she never has time for me. If she plans something, like coming to my soccer club dinner, Luke always needs her. And I can never have friends over – I'd be too worried that Luke would do something. Or be drunk. Or be walking around naked.

[beat]

I can't wait to leave home. I want to go to uni anywhere but in this town. That's another reason I work my guts out.

[beat]

In my dreams, I'm a famous doctor and I've invented a pill that can cure people like Luke.

[beat]

I miss him, you know. I miss my big brother. He was so cool. He'd pick me up from school some days.

[LUKE in the spotlight, looking well and full of life. He's carrying a motorbike helmet]

LUKE: [calling out as if he sees DYLAN across a school yard] Hey Dylan – c'mon, the bike's in the drop-and-go zone.

[waves casually to one of DYLAN'S friends (who is offstage)] Hey, Blake.

DYLAN: And Luke stood up to Dad when he was drunk, and he looked out for me. Luke was fearless then. Or he seemed to be.

[beat]

Then last week I started thinking of all the stuff Luke's had to deal with since he got sick. He has what his last psychiatrist called schizoaffective disorder. Sometimes he feels normal but at other times he's off-the-planet excited or way down in the depths of despair.

It means Luke has to battle all sorts of personal demons. And he has to deal with all sorts of fears and pain. When he's sick, his fantasy world is full of horrors.

[beat]

[laughing sadly] Sometimes Mum and I are his monsters. He thinks we're aliens – that our bodies have been taken over by aliens.

[beat]

I thought a lot about the shame I feel. And how hard I hide the truth about Luke from everyone.

[beat]

Luke is brave. And Mum is so full of courage and compassion. And I thought it was time for me to face my fears, too. So I dumped Eragon as my hero.

[DYLAN undoes a zip on his bag. He is reaching in for something.

DYLAN'S school friend JACK enters and sits next to DYLAN on the bench]

JACK: Hey Dylan.

DYLAN: Hey Jack.

JACK: I'm so tired. I was up 'til midnight finishing my essay. I'm so over 'heroes'.
I never want to hear another word about Bat bloody Man.

[beat]

Who'd you do?

[DYLAN takes out his patched, damaged visual representation. It is covered with photos of LUKE, and
DYLAN'S vision of what LUKE deals with when he is unwell]

DYLAN: My brother, Luke.

SUPPORT MATERIAL: DYLAN'S HERO

PRODUCTION NOTES

This play requires a simple set. The challenge will be to create Dylan's visual representation of a hero before and after his brother's attack on it.

PREPARATORY EXERCISES - FOR TEACHERS

1. Create a wall or class bank of heroes. Consider what traits make up a hero, and why people look up to others as heroes, from Campbell/Vogler's *Hero's Journey* to modern sporting heroes.
2. Examine roles and expectations, rights and responsibilities within a family. Are there certain expectations that we have of our siblings? What is a stereotype (e.g. the bratty younger brother) and what is actuality for people in the class? Consider siblings portrayed on television, in novels and other texts.
3. Lead a class discussion about schizoaffective disorder and the perceptions that students have of the illness.

EXTENSION EXERCISES - FOR STUDENTS

1. People with mental illness are marginalised, yet Dylan chose Luke to be his everyday hero. Choose an everyday hero in your own life and write a short description of this person and why you have made this choice.
2. Why does Dylan's mother call the phone 'the tele-monster'? Outline the impact of Luke's illness on his mother.
3. Roleplay or write in character as Dylan about some of the incidents that Dylan discusses in the play. Why do we empathise so much with Dylan? What emotions are evoked by the scene in which Dylan's visual representation is destroyed? Refer to the information and opinions gathered in the preparatory activity about family roles and responsibilities.
4. Experiment with colour gels in the lighting of the scene, particularly the spotlights. How can you convey through the colour that events are occurring in the past, or the emotion of a scene? Note: if you do not have access to theatrical lighting, simple experimentation using torches can be carried out.
5. Create the visual representation that Dylan holds up at the end. What needs to go into it? How will you use visual symbolism to show that Luke is Dylan's hero?
6. It is the stereotyped view of mentally ill people that they are dangerous, yet this is not true. What are the facts? You may find Sane Australia's website useful (www.sane.org). It includes a fact sheet on violence and mental illness. Present your findings to the class.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on schizoaffective disorder.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 2*.

THE GANG OF FOUR

BY ANNIE BROWN-BRYAN

CHARACTERS

PAULA:	Distressed woman wearing pyjamas
GANG OF FOUR:	
PERSONAL ASSISTANT (PA):	Efficient and well-organised, wearing a suit
TRAINER:	Fit young man wearing gym clothes
SOCK-PULLER-UPPER:	Older woman, wearing a skirt and blouse and sensible shoes
BRICKIE:	40-ish man wearing blue singlet, stubbies, socks and boots
JANIE:	Paula's best friend

SETTING

Paula sits in the middle of the stage. The Gang of Four stands behind Paula. They are Paula's imaginary defence mechanism. That is why there are times when Paula mimes words that are spoken by members of the Gang of Four.

To the right of Paula is a telephone on a phone table. To the left of Paula is a chin-up bar. There is a large pile of bricks and a wheelbarrow to the left of the chin-up bar. The bricks are made from boxes about the size of milk crates. The bricks could have graffiti written on them that the audience cannot interpret until the wall is finally in place.

The phone rings and PAULA glares at it and lets out a big sigh. She nods to the PA, indicating that the phone should be answered. PA picks up the phone.

PA: *[in an upbeat tone, PAULA miming]* Hi Janie! How are you? ... Oh no, I'm so sorry I can't make it! What about coffee next week? ... Yes, I'm fine: I'm really good at the moment. I'll call you later in the week so that we can firm up a time for coffee, OK? ... See ya.

[The PA hangs up the phone and moves over to PAULA]

PAULA: *[asking the PA]* How do think that went? Do you think she believed me?

PA: *[very confident and a little patronising]* Oh yes, Paula, we sounded very convincing.

[With a smirk and gesturing to them with thumbs up, PA moves back to her original place with the other three helpers.

PAULA gets up and goes to the chin-up bar and starts doing chin-ups.

The TRAINER moves behind PAULA to help her with the chin-ups]

TRAINER: [with PAULA miming] Gotta keep my chin up! Chin up ... chin up!

[As PAULA is doing her chin-ups, the TRAINER is counting them off loudly and encouraging her to keep going]

TRAINER: One, two. Come on, switch on your abs, three. Breathe, don't forget to breathe, four. Come on you can do it, two more: five. You lost your grip!

[By the third or fourth chin-up, PAULA is struggling. After the fifth one she collapses onto the floor. The TRAINER breaks her fall, struggling to catch her]

TRAINER: Well, maybe not six this time, but you can do it.

[PAULA looks up at the TRAINER]

PAULA: Do you really think I'm getting better at doing my chin-ups?

TRAINER: [moving back to his original position with the others, with enthusiasm]
Yes, I think we're doing really well, and I know with a bit more effort, next time you will get to six chin-ups! You've really got to work on your grip, but!

[PAULA gives a deep sigh and gets up. Her socks fall down as she walks back to her original position. The SOCK-PULLER-UPPER runs over and pulls PAULA'S socks up]

SOCK-PULLER-UPPER: [with PAULA miming] Pull your socks up, come on girl – pull your socks up!

PAULA: [sounding upset] But why do they keep falling down? I'm doing the best I can!

SOCK-PULLER-UPPER: [sounding irritated] Because we're useless! You can't even keep your socks up!

[PAULA sits down cross-legged on the floor with her head in her hands.

The BRICKIE ambles over to where PAULA is sitting]

BRICKIE: [as though he's stating the bleeding obvious] Time to build the wall, don't ya think?

[BRICKIE starts laying the bricks around PAULA. PAULA starts crying]

PAULA: [through her tears] Do you think this wall will help keep the crap out?

BRICKIE: Nah, but you've gotta do something haven't ya?

[PAULA continues to cry. The phone rings, again. PAULA puts her head in her hand and with the other hand indicates to her PA to answer it]

PA: [in an upbeat tone, with PAULA miming] Hi Janie! How are you? ... Oh my God, I forgot! I'm so sorry I can't make it! ... Janie, can you do that for me? ... Yes, yes I'm OK ... I'm good at the moment. I'll call you later. OK? ... See ya.

[PA hangs up the phone and moves over to PAULA]

PAULA: [with hesitation, asking PA] How do think you that went? Do you think she believed me?

PA: [sneering slightly] Oh, maybe Paula, but I think we are losing it a bit.

[PA moves back to her original place with the other GANG OF FOUR members. PAULA gets up and goes to the chin-up bar again and starts doing chin-ups. The TRAINER moves behind PAULA to help her with the chin-ups]

TRAINER: [with PAULA miming] Gotta keep my chin up! Chin up ... chin up!

TRAINER: [enthusiastically encouraging PAULA] Remember the abs! One, come on, two. Come on, you can do it, three. Grip, remember the grip! Hang in there for six! Four. Oh.

[By the second or third one, PAULA is struggling. After the fourth one she collapses onto the floor. The TRAINER breaks her fall]

PAULA: [looking up at the TRAINER] Oh God, I'm not getting better at doing my chin-ups am I?

TRAINER: [trying to sound motivational] Well I think we have got to try harder! Don't just hang in there, do something about your grip!

[TRAINER moves back to original position.

PAULA slowly gets up, sobbing as she does so, and her socks fall down again. SOCK-PULLER-UPPER rushes over and pulls PAULA's socks up]

SOCK-PULLER-UPPER: [crossly, with PAULA miming] Pull your socks up, come on girl – pull your socks up! Get a grip!

[Standing up where she has fallen from the chin-up bar]

PAULA: [sounding upset] But why do they keep falling down? I'm doing the best I can!

SOCK-PULLER-UPPER: [hands on hips and in a lecturing tone] Good grief girl, we are hopeless! Get a grip!

[PAULA moves back to where the BRICKIE has started laying the bricks. She sits down.

The BRICKIE moves over to Paula]

BRICKIE: Better get on with that wall – we really need it, don't we?

[He continues laying the bricks in front of her, adding to the wall that he started before]

PAULA: [crying] God, I hope this works. It's got to work hasn't it?

BRICKIE: Doubt it, but like we said before, you've gotta do something haven't ya?

[PAULA continues to sob. The phone rings again. PAULA nods to the PA indicating to answer the phone]

PA: [quietly, with PAULA miming] Hello Jane Yep, not so hot ... [sobs] ... no I think I'll just say here ... Um yes, you can come over if you want to ... no I don't think I need anything.

[The PA hangs up the phone and moves over to PAULA, looking superior]

PAULA: [small voice] Do you think she'll come? Do you think she believed me? She won't come will she?

PA: [replies tersely] Maybe she'll come over Miss Paula, but I don't think we deserve such a good friend! And do you really want her here seeing you in this state? Also, I've checked your diary and you're all booked up today with crying whilst lying in a foetal position.

[PA moves back to the original place with the other three helpers, shrugging shoulders.

PAULA gets up very slowly and goes over to the chin-up bar again and starts doing chin-ups. By now she is moving very slowly as though each step is an extreme effort. The TRAINER moves behind PAULA to help her with the chin-ups]

TRAINER: [very quiet voice and much less convincing tone, PAULA miming] Gotta keep my chin up! Chin up ... chin up!

[Not so enthusiastic with the counting, or as encouraging. By the first or second chin-up, PAULA is struggling]

TRAINER: One, come on Paula; big effort, two. Get a grip, Paula! You're losing your grip again!

[After the third chin-up PAULA collapses onto the floor in a big heap. The TRAINER cannot break her fall this time]

PAULA: *[sobbing on the floor]* Oh God, I'm much worse. I just can't do it any more, can I?

TRAINER: *[enunciating each word, as though speaking to an idiot]* We really have to make an effort before you absolutely lose the plot!

[TRAINER moves back to his original position]

TRAINER: *[to other GANG OF FOUR members]* We've lost it now. God, this girl is a real basket case!

[PAULA can hardly get up, she is sobbing fiercely, and when she does, her bloody socks won't stay up.

The SOCK-PULLER-UPPER rushes over and roughly pulls Paula's socks up]

SOCK-PULLER-UPPER: *[PAULA miming]* *[very cross voice]* Pull your damn socks up! Get them up! You really are a hopeless case if you can't even keep your socks under control!

PAULA: *[yelling at the SOCK-PULLER-UPPER, sounding upset, frustrated and angry]* I am trying to keep them up! But I don't know why they keep falling down?'

[Pulls up the socks so hard that the socks tear and PAULA falls over]

SOCK-PULLER-UPPER: *[shouts at PAULA]* It is because we are a loser! If we can't even keep our socks under control, how can we be expected to do anything else?! And you can't even stand on your own two feet!

PAULA: *[screaming at the SOCK-PULLER-UPPER]* Oh My God! You've pulled them right Off! What have you done?

[PAULA crawls back to the incomplete brick wall and curls up behind it.

BRICKIE ambles over to Paula, ignoring the catastrophe of the socks]

BRICKIE: *[tersely]* We really need that wall to be finished before Janie arrives, don't we? She can't see you like this, now can she?

[BRICKIE continues laying the bricks in front of her, adding to the wall he started before.

The audience can not see PAULA any more, but they can hear her weeping and sobbing]

PAULA: [pleading, weak voice] God, I hope this works. It's got to work hasn't it?

BRICKIE: [sneering reply] I doubt it, girly! We're such a frigg'n joke, but at least it keeps you doing somethin'.

[Then there is a knock at the door, and from outside the room we can hear JANIE calling gently]

JANIE: Paula, Paula it's me Janie. It's OK.

[PAULA moves slowly towards the door, still sobbing but wiping the tears from her face trying to make herself look a little better. She slowly opens the door a little way]

PA: [points to the diary and says in an urgent, loud whisper] Remember you're booked all day for crying in the foetal position!

[JANIE gently pushes the door open and moves into the room. JANIE can't see the GANG OF FOUR because they are in PAULA'S imagination]

JANIE: It's OK, Paula, it's OK. Come on, let's sit down and I'll make you a nice cup of tea and we can talk about it if you want to

[PAULA'S team are looking at each other: questioning (TRAINER), horrified (SOCK-PULLER-UPPER), angry (PA), and pissed off (BRICKIE)]

TRAINER: [questioning look, says to the others] What's she doing here?

SOCK-PULLER-UPPER: [puts her hands up to her face and looking horrified] I don't know, but we better do something!

PA: [hands on hips, looking angry and speaking through clenched teeth] She has no right to be here! We look after Paula! She has no right!

BRICKIE: [throwing down a brick] All out, all out. Stop work! This is our frigg'n job; get that bitch off the work site!

PAULA: [looking back at the GANG OF FOUR, quietly] I want her here.

[GANG OF FOUR all look horrified]

BRICKIE: [looks threateningly at PAULA] If you let her in, we're walking out – on strike. You know that don't you? Workplace Relations will be in here like a shot!

[PAULA hesitates, but then as she accepts JANIE's embrace, PAULA looks over towards the GANG OF FOUR and looks relieved]

PAULA: [to GANG OF FOUR quietly] Yes, I know that. But I think Janie can help me.

[PAULA starts to cry again]

PAULA: [to JANIE] Yes. Yes, I'd like that.

BRICKIE: [stomps off stage, muttering] All that work I put into that beautiful wall. I'll bloody well sue her, the bitch. And I'm calling in the union – this is a demarcation issue!

PA: [with arms crossed and standing very straight, minces off stage with the TRAINER, saying] I'm never going to work for that woman again! I am in demand and I can easily get another job for a lot more money. But she'll come running, begging me to come back I bet.

TRAINER: [answering PA, looking a little concerned for PAULA] Yes, there's heaps of work out there – better money too, but she has potential! Next time I bet I can get her to keep that chin up and to work on her grip better. I'm not giving up on her yet.

SOCK-PULLER-UPPER: [sobbing as she walks off] After all the hard work I did for her! She'll never get anybody to pull her socks up for her the way I did! She is so ungrateful, silly girl. She needs me. She has to have someone to pull her socks up!

[JANIE gently leads PAULA to a chair and sits her down. She then goes and puts the kettle on]

PAULA: [gratefully to JANIE] I'm so glad that you came, I'm so tired and I thought my head was going to explode.

SUPPORT MATERIAL: THE GANG OF FOUR

PRODUCTION NOTES

The cast of this script needs to be well-rehearsed to clearly convey the concept that the Gang of Four are inside Paula's head. It is simple to stage. Consider the graffiti that will appear on the wall when it is finally constructed – what message or messages do you think will best suit this play?

PREPARATORY EXERCISES - FOR TEACHERS

1. Internet research: direct the students to one of the websites listed in Further Resources (page 94). Have them write a definition of 'depression' and prepare a list of common signs and symptoms of depression. Research two well-known Australians who have shared their stories about living with depression.
2. Brainstorm as a class the ways that someone in your school can help a friend if they think that friend is suffering from depression.
3. Explore the expression 'pull your socks up', which is used to great effect in this script. People with mental illnesses are often told 'pull your socks up'. Would people with a physical illness be told this? Discuss.

EXTENSION EXERCISES - FOR STUDENTS

1. This play is about self-talk. In groups of four, improvise a scene where two players speak the dialogue between two characters, while the other two players speak their self-talk thoughts. Set this in a coffee shop and choose various scenarios: a first date, meeting an old friend, planning a crime, or your choice. Replay this scene, giving the characters contrasting personality types: nervous-confident, shy-arrogant, defensive-open, meek-dominant – or your own choice.
2. Paula lives with negative self-talk. In small groups, investigate ways people can deal with negative self-talk. Report your findings to the class as a verbal report.
3. Paula allows Janie past the wall. Explain the significance of this and then improvise what Janie does to help Paula.
4. This script is comic. Select one section that you think will raise a laugh with the audience and explain why you think this.
5. What is the impact of the entrance of Janie on all the other characters, and on the audience? Do you agree that this is a major turning point in the script? Why or why not?
6. Imagine you are the director of this play. Write notes on how you will stage the final moments of the play. What lighting will you use? Will you introduce any music? Where will your cast be? Explain your choices.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on depression.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 1, Enhancing Resilience 2.*

ADMITTING

BY JO WALLIS

CHARACTERS

MICHELLE: A woman, early 40s, being admitted to hospital after a major depressive episode. Dressed in white, then in pyjamas

MASKED PEOPLE: 2-5 people in surgical robes and full masks – hospital staff

DR HOSKING: Consultant psychiatrist, wearing half-mask

DR KIROVSKI: Psychiatric registrar, wearing half-mask

A NURSE: Psychiatric nurse, wearing full mask

SETTING

There is a single chair, centre stage, a table with chairs to one side of the stage and two chairs on the other side of the stage. Each of these has a spot light when in use.

There is a stark white backdrop at the rear of the stage

There is a sign reading "HOSPITAL" above the chair, centre stage

Audio

1. background noises from a hospital emergency unit: people talking, pagers beeping, wheeling of trolleys, children crying/talking, etc.
2. 'backwards' speech: the noises are like voices played backwards: sort of the 'zhnoop djnipsch zhnoopdj vraaskijnish' that you hear when playing a record backwards.

Audio 1 plays. MICHELLE, carrying cue cards, and one MASKED PERSON enters. The MASKED PERSON clicks fingers, directing the woman to sit on the chair, then exits. Audio 1 fades.

Projected onto MICHELLE and the backdrop are a series of images played rapidly. Audio 2 plays. It is important to create the sense that reality is distorted, to give a feeling of disorientation.

MICHELLE is clearly anxious and withdrawn. She sits expressionless. She shows a cue card that describes a feeling, SCARED. She is holding other cue cards.

Another MASKED PERSON approaches quickly, with a clipboard. As she rushes past MICHELLE the cue card MICHELLE is showing falls to the floor, revealing another card with a different emotion on it, BEWILDERED. The MASKED PERSON pays only momentary attention to MICHELLE, and exits. MICHELLE remains impassive to the movement and noise around her.

Other MASKED PEOPLE rush past MICHELLE. They enter and exit the stage from different places. Some have clipboards, some spin the woman on her chair, one or two might move her and leave her on another part of the stage. As each person passes her, another cue card falls to the floor. Some notice the cue cards on the floor and pick them up and put them back in her lap, or in the bin.

As each cue card falls to the floor, it reveals the emotional and cognitive state of MICHELLE: CONFUSED, INUNDATED, ANXIOUS, OVERWHELMED, RELIEVED, APPREHENSIVE, NERVOUS, BESIEGED, FEARFUL, SAFE?, NOT SAFE. It is important that NOT SAFE is the last card to be shown. When all the cue cards have fallen to the floor, a MASKED PERSON approaches MICHELLE and places a sign around her neck. The sign reads PATIENT and has a barcode. MICHELLE continues to sit impassively. Images stop, as does Audio 2.

Lights down.

Lights up. MICHELLE, wearing pyjamas and the PATIENT sign around her neck, is sitting at a table with DR HOSKING, DR KIROVSKI and NURSE.

DR HOSKING: Hello, erm ... [*consults his folder*] Michelle, how are you today? I'm Dr Hosking, I'm the consultant psychiatrist here. You've met Dr Kirovski, the psychiatric registrar, and this is Nurse Johnson. We want to have a bit of a chat and ask you some questions.

[*MICHELLE sits with her arms folded and stares at the floor. She is clearly anxious*]

Tell us about what was happening before you came to hospital.

[*She doesn't reply, continuing to look at the floor*]

If you don't talk to us, we can't help you. You have to tell us what was happening before you came to hospital.

[*MICHELLE continues staring at the floor. Long pause*]

MICHELLE: I had to keep them out. Can't trust them. Poking their noses in, laughing behind my back.

DR HOSKING: Who are 'they'?

MICHELLE: I had to be as quiet as I could, so they wouldn't know I was there, so they'd stop coming to the door. They tried to trick me by calling on my phone, but I didn't answer.

DR HOSKING: How long have you been like this? When was the last time you ate?

MICHELLE: Couldn't cook, that would make too much noise. They said I don't deserve to eat. They said bad things about me. They told me how to stop this pain.

DR HOSKING: How were you feeling? What were the voices saying?

MICHELLE: I feel like shit. I wanted to hurt myself. I want to die. I can't be here anymore.

DR HOSKING: Have you felt like that before? [*MICHELLE nods*] Tell me about 'them'. Are they like voices? [*MICHELLE looks down at the floor and nods*] How long have you heard them?

MICHELLE: Since I was about 14. I never told anyone, they said nobody could be trusted.

DR HOSKING: Are these voices familiar?

MICHELLE: Yes, but I don't know who they are. I mean they're not like people I know or anything ...

DR KIROVSKI: Are they male or female?

MICHELLE: Why do you want to know? So you can put this down to a reverse Oedipal complex? What does it matter what gender they are? They just are, OK?

DR HOSKING: OK, erm, how often do you think about harming or killing yourself?

MICHELLE: Nearly every day. Sometimes it's intrusive thoughts, and I feel compelled to act on it. Other times, it's more of a fleeting sort of thought, usually what it would be like not to be here. I think about how much better my partner would be if I weren't here.

DR HOSKING: Is your partner supportive?

MICHELLE: Yes, but we've never talked about this. He looks after me when I need it.

DR HOSKING: And you're here on your own? Up here for work, is that right?

[*MICHELLE nods*]

Have you spoken with your partner... erm [*consults folder*] ... Rob?

MICHELLE: Yes, I spoke with him last night.

DR HOSKING: Tell me about your anxiety. You look anxious to me right now.

MICHELLE: [*pauses. Looks around the table at the others*] Well, I'm the only one here not dressed.

DR HOSKING: That's OK, we're all pretty casual here, as you can see.

[The STAFF all chuckle and share the joke. The action freezes; MICHELLE gets up and addresses the others around the table, starting with DR HOSKING]

MICHELLE: You've completely missed the point. It's not about your comfort, it's about mine. You ask me why I feel anxious when I'm the only one not dressed. [*she looks at them, and then she looks down at her pyjamas*] I'm making a point about the power imbalance exacerbated by my state of undress. I want to stand up and say, 'I don't mind waiting if you all want to go change'. Instead, I sit passively while you make jokes at my expense. [*she moves around to DR KIROVSKI*] And you, trying to impress him, by asking me 'clever' questions. Questions designed to trick me and define the box you'll put me in. We know what you're up to. [*she turns to address the NURSE*] What's your name? Nurse Ratched? I didn't like the way you spoke to me earlier. I didn't know where I was supposed to be or when. I didn't intend to cause inconvenience.

[MICHELLE resumes her place at the table. Unfreeze]

DR HOSKING: Well, that's all for today. We'll be keeping you in for a few days and I'll talk to you again soon. We want to monitor your progress with the new medication. Have you had any side effects?

MICHELLE: [*quietly*] I don't know—

DR HOSKING: Fine. Well, you take it easy.

[Lights down.

Lights up on chair, centre stage.

MICHELLE sits on the chair. Her body language demonstrates her state of confusion and overwhelm]

MICHELLE: [*addresses the audience*]
 Everything is really hard at the moment, my limbs feel heavy and tired and my body feels like it's pulling me through [*short pause*] molasses. My mind is woolly and slow to put words ...
 [*pauses as though struggling to find the next word*]
 ... together, like a fog has descended in my brain. The voices are still clear though, and they're desperate to get me out of here.
 [*pauses, then proceeds slowly and deliberately*]
 For so long I've resisted coming to hospital. I've been running from this illness, denying it, because I can't work out who I am with it. I don't want to submit to it. Be submerged by it. Become it ...

[pauses to reflect on this last bit, then continues with difficulty, but resolve]

Now it's time to admit. Admission keeps me safe. Admitting this illness prevents me from becoming it.

[pauses, then with a heavy sigh, continues, searching for the words]

It's worn me down and I can't fight it any more. My sense of who I am has been stripped away. I feel naked and vulnerable in this daunting place with strangers probing, examining, and scrutinising those most private parts of me. *[uses her arms to cover herself protectively]* Exposing those parts I keep hidden, even from myself. I feel like an insect that's been pinned to a board for closer investigation. They've pulled off my wings. Yet they don't even see me, not really. They see this sign *[she holds up the sign around her neck]* and they process me. But that's not really me, is it? I feel powerless here and my long-held fears about getting lost in the "system" appear to be coming true.

[She looks at the sign around her neck. Her face shows bewilderment. She shows another set of cue cards to the audience. These cue cards show different roles: PARTNER, WORKER, WRITER, DAUGHTER, SISTER, MENTOR, LOVER, ARTIST, ACTIVIST, PERSON WITH A MENTAL ILLNESS, HUMAN BEING. Some she tries to hold up to the sign around her neck, but has to let them go because she has no means of attaching them]

I have to make a new story about myself in relation to my illness. I just don't know where to begin. I'm worried about what other people are thinking. *[with false confidence]* Of course, I'm not really worried about what other people think, I'm just projecting that on to them. I'm worried about what I think about me. I can't see how to integrate the illness into my story without labelling myself or allowing the illness to define me.

[She stares off into the distance, like she's tuned out, then her focus comes back to the room]

I wonder what I'll say to Rob. I wonder what he's thinking. We've both been denying this illness ... we've just been getting on with 'it'. Not admitting this illness to him means I can deny it to myself. I'm not ready to talk to him, not ready for his questions *[short pause]* or his silence. Not yet.

[Lights down]

SUPPORT MATERIAL: ADMITTING

PRODUCTION NOTES

This script offers excellent multimedia possibilities. It also calls for focus and detail in performance. It does not require a set, and few props are needed. The cue cards and signs are an important visual element – these need to be large and easy to read. The masks are also an important design element.

PREPARATORY EXERCISES - FOR TEACHERS

1. Research the history and use of masks in theatre, and in various workplaces. Workshop with the students the performance techniques required with masks.
2. This script presents the process of being admitted to hospital from the point of view of a woman experiencing an episode of severe depression. Explore 'point of view' with your students. They could prepare short reports from different people's points of view of an event, such as someone being bullied from the point of view of: the target, the bully, an onlooker, a teacher, a parent of the target or a parent of the bully.
3. 'Admitting' is used in different ways during the script – brainstorm the denotation and connotations of the word, particularly in relation to self-stigma. Also, there is a neologism, 'overwhelm' as a noun (like confusion). Discuss the way our language is organic and constantly changing.

EXTENSION EXERCISES - FOR STUDENTS

1. As a class, list as many states of mind as you can, using three columns: positive, neutral and negative. Then look at the cue cards. Which column or columns will you place these states of mind in?
2. The audio tracks are soundscapes. In small groups or as a class, create soundscapes with your voices and bodies of different locations: a shopping centre, a beach, a train station – or your own choice. Work on creating a mood as well as a location.
3. Write a short essay explaining the significance of the title of this play. Use quotes from the text to support your response.
4. Select two different visual elements from the script: costumes, cue cards, masks, the label with the barcode. Sketch designs for them, and write a paragraph explaining their symbolic significance.
5. In small groups, write, rehearse and perform a final scene for this play in which Rob comes to the hospital to see Michelle. Experiment with Rob's emotional and mental states – is he accepting and loving, angry and confused, worried and withdrawn? Improvise various approaches before writing a script – make this between 10 and 20 lines.
6. Michelle shares with the audience the reasons why she delayed seeking help for so long. Prepare a short talk explaining her reasons and fears, and the role of stigma. Include information about the benefits of early intervention and your own opinion as to whether or not she has done the right thing in admitting herself.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on depression.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 1.*

ELEVATOR

BY SUE MURRAY

INSPIRED BY KEITH MAHAR'S STORY

CHARACTERS

MAX

ELEVATOR OPERATOR:	Short white gloves, dress uniform. 'Bipolar Disorder' is written on the back of his jacket
ANXIETY:	Hunched, wringing hands, constantly mopping face with huge towel
DELUSION:	Seductive
CREATIVITY:	Highly enthusiastic
MANIA:	Mr Fabulous
IDEAS:	Several, armed with a swimming noodle with 'ideas' written on each
CONFIDENCE:	Reassuringly cool
BOSS:	Concerned for Max, and for the corporation
HEADLINES:	Loudly spreading the news
BILLIONAIRE:	Slick, in a suit
LAWYERS:	In wigs and gowns, armed with rolled-up papers
SEVERE DEPRESSION:	Massive figure in black cloak
PSYCHIATRIST:	White coat
NURSE:	White coat
HOMELESS PEOPLE:	Warm, tattered clothes
BUSINESS MAN:	A three-piece suit

SETTING

One section of the stage has an elevator – representing Max's illness. This can be abstract.

The cast wear T-shirts with their character names on it – simple black and white.

If multimedia is possible, a designer may consider a range of images to project at various times.

SFX: Loud street sounds, also a heartbeat – fast and loud.

MAX enters. He is walking down the street. He is anxious. He is carrying a briefcase in one hand and his mobile phone in his other hand. He is texting or reading texts constantly.

MAX is dogged by ANXIETY, who is half a step behind and beside MAX, talking in his ear.

MAX takes out a handkerchief and mops his face.

ANXIETY: You're not going to meet the deadline, Max. They're going to think you're a loser. Loser. Loser.

[The elevator opens.

SFX: elevator music – cocktail, relaxed, funky.

The ELEVATOR OPERATOR steps out, and, unnoticed by MAX or ANXIETY, steers them into the elevator.

MAX gets into the elevator, dogged by ANXIETY. MAX is still reading his messages]

ELEVATOR OPERATOR: *[to audience, not MAX]* Tenth floor: mania – energy, productivity, creativity, confidence and courage.

[ELEVATOR OPERATOR steers MAX out of the elevator.

ANXIETY starts to follow MAX out of the elevator. ELEVATOR OPERATOR grabs ANXIETY]

ELEVATOR OPERATOR: Anxiety – you’re going down!

[MAX exits the elevator. As he circles the stage, his stride changes – he ends up taking great strides of confidence. He snaps his phone shut and puts it away. Characters enter and welcome MAX as needed]

MANIA: Welcome, welcome! Looking good, Max!

DELUSION: Your destiny awaits. Trust me – I’m your delusions of grandeur.
[DELUSION slaps MAX on the back] You’re going to change the world!

MAX: Yes, yes! I see now. I can do it. It’s up to me to take on those liars and cheats! I’m going to take on the corrupt corporate fat cats! *[marches over to Boss]* I quit! I quit my job.

Boss: You’re a fool, Max. Play your cards right and one day all this will be yours. You can retire at 40.

MAX: Thanks, but no thanks. I must follow my destiny.

[Starts pacing, getting hit by IDEAS – they have swimming noodles with ‘ideas’ written on them – directed by CREATIVITY]

CREATIVITY: Yeah, man – you’ve unleashed me now – creativity is go!

CONFIDENCE: And hey, dude, you rock! Sure, you’re David, they’re Goliath. But hey, all David needed was a slingshot and a strong arm, and it was goodnight, Goliath. Take it from me, dude – Mr Con-fidence.

DELUSION: Yeah, and the public needs you – you must fight the good fight, save the world from itself.

MAX: I'm going to show the whole system is corrupt. Me, personally! I've found my purpose in life – I'm a social activist!

HEADLINES: Extra, extra, read all about it!
One man versus the billionaires – Max is a hero.

MAX: *[putting on superhero cape]* Yes!

[BILLIONAIRE enters from the side and hands HEADLINES a fist-full of dollars, then points at MAX and winks broadly. HEADLINES winks broadly back at BILLIONAIRE and shoves the money into a pocket]

HEADLINES: Max is nuts!
Max is a fanatic!
Max is a secret agent!
Max is trying to sabotage the industry!

MAX: No! No! Stop! Stop this smear campaign!

BILLIONAIRE: We'll stop you by hook or by crook, Max.
See you in court.

[LAWYERS stand behind MAX. Other LAWYERS stand behind BILLIONAIRE. This is like a scene from a Clint Eastwood western movie – it's a showdown. The weapons are legal documents, rolled up. Each group slowly starts moving towards each other.]

SFX: theme song from the film The Good the Bad and the Ugly.

As this evolves, ANXIETY dashes on and yells at MAX]

ANXIETY: This is too much for one man. You are only human. No one man can do all this. You need to stop! Stop!

[MAX tries to ignore ANXIETY, pushing him down and out of the way.]

As the LAWYERS and MAX are all about to open fire, the ELEVATOR OPERATOR dashes in, grabs MAX and shoves him into the elevator. The rest of the cast melts away]

ANXIETY: *[exiting]* You should have listened to me, Max.

ELEVATOR OPERATOR: Going down, down, down!

[MAX sheds any trappings of mania. During the descent, it seems as if he is receiving physical blows – he jerks and groans]

MAX: What? No! Wait! Stop. I almost had them.

ELEVATOR OPERATOR: Ground floor, basement, sub-basement, going down, down, down.

MAX: [talking very slowly now] Aargh. No. No lower! No lower!

[Elevator stops with a thud]

ELEVATOR OPERATOR: [opening elevator doors] Severe depression – terror, futility, misery, agony, despair.

[SEVERE DEPRESSION reaches into the elevator, grabs MAX and drags him out of the elevator]

SEVERE DEPRESSION: Max! Suffer, Max, suffer!

MAX: Noooooooooo.

[MAX staggers in a tight circle, curls up in a chair in a foetal position.

SEVERE DEPRESSION looms over him.

MEDICAL PEOPLE in white coats enter. They examine him.

MAX sits slumped over]

PSYCHIATRIST: Bipolar disorder.

[As this is said, the ELEVATOR OPERATOR spins around, showing the audience for the first time the words written on the back of his jacket. Very showy – white gloves emphasising the moment]

NURSE: [handing MAX pills] Take these. And these. And these.

[MEDICAL PEOPLE leave]

MAX: [speaking very slowly] I'm so ashamed.

[ANXIETY rushes in]

ANXIETY: [shouting] You'll never work again. Loser! You'll be poor. Poor! Poor!!!

[MAX slumps over, exhausted]

SEVERE DEPRESSION: Don't go to sleep, Max. Suffer.

[MAX snaps awake again. He is in great pain]

MAX: I'm going to die.

[NURSE enters]

NURSE: [*handing MAX pills*] Oh, no you won't. Take these. And these. And focus on your future.

[NURSE exits. PSYCHIATRIST enters. MAX sits up a little more, and is more alert.

SEVERE DEPRESSION exits]

PSYCHIATRIST: Max, it's been some weeks now since you started treatment. You are responding well to the treatment.

MAX: Good. I have work to do.

PSYCHIATRIST: No, Max. I'll tell you about yourself. No stress. It could trigger a relapse of your mental illness. And keep taking your medication.

[PSYCHIATRIST exits.

MAX stands up]

MAX: I can do it. I can do it! I was so close. And I am good at what I do. I'm not going to let anything stop me.

[SFX: Bob Marley's 'Get up, stand up' starts playing softly, then more and more loudly during the following sequence.

Elevator opens. ELEVATOR OPERATOR emerges, and watches MAX.

MAX tries to pick up his briefcase and papers and various other items from around the stage. He can't juggle everything. He races around the stage, dropping papers, picking them up, taking and making phone calls. He also stops to take medication each time he passes a small table with the medication on it. On the last lap, he deliberately ignores the medication.

DEPRESSION and MANIA appear on either side of the stage. MAX stands in the centre of the stage, arms out to his side, as if he's being pulled first by one, then the other – a tug of war. While this happens]

ELEVATOR OPERATOR: Going up ... going down ... going up ... going down.

[The ELEVATOR OPERATOR grabs MAX and they get into the elevator.

SFX: music changes to Jimi Hendrix: 'All along the watchtower', very loud]

ELEVATOR OPERATOR: [*loudly*] Going up, up, up into the stratosphere – major psychosis!

[*MAX storms out of the elevator. The elevator closes but this time the music continues. It changes to Jim Morrison and the Doors 'Break on through to the other side'*]

MAX: [*rapidly*] Yes! I see it all – I see the way everything connects! I have the answer to everything!! I see – I really see! My mind's on fire! The key of life! Yes, I see the mind of God!

[*He sits at a desk trying to write down everything. He writes a word, then throws away the paper, again and again. Music is still playing. Scrunched up paper starts to fill the stage.*

MAX leaps up. The music fades.

SFX: busy city street]

MAX: All I need is truth to save the world! God knows this, and I know God. I don't need money.

[*HOMELESS PEOPLE enter. MAX gives them \$100 bills*]

MAX: I don't need anything. All I need is the truth.

[*MAX starts taking off his clothes. He strips down to a T-shirt and shorts – the T-shirt has 'naked' written on it*]

MAX: I'm going to tell Mr Big the truth right now.

[*MAX walks naked through a crowded foyer of a large office building and gets into an elevator – not the mental illness elevator – with a well-dressed BUSINESS MAN. They both stand watching the numbers going up. They check each other out. MAX shakes his head*]

BUSINESS MAN: Ah, where are you going?

MAX: To see Mr Big on the 64th floor.

BUSINESS MAN: Oh. You're on the wrong elevator. This one only stops on odd-numbered floors.

[*BUSINESS MAN exits.*

MAX steps forward. The rest of the CAST enter and form a semi-circle around him. A cast member hands him a coat, which he puts on. MAX talks directly to the audience]

MAX:

This all happened some years ago.

[looks around the stage]

Yes, it's a balancing act. Yes, I was crushed.

[opens coat] I lost my identity for a while. At one point in my life I thought I was going to die.

[closes coat] I was wrong. I know who I am now. I know how to manage my illness. I've rebuilt my life. And life is more satisfying when you've had to work to get it back.

Yes, it's like walking a tightrope. But with more experience – and you only get that by falling down – the tightrope gets wider and wider 'til you can do cartwheels down the centre.

SUPPORT MATERIAL: ELEVATOR

PRODUCTION NOTES

This high-energy play draws on aspects of theatre of the absurd. Minimal props and costumes are required: T-shirts with character names written on them, small props, and one section of the stage to be a designated place for an elevator. It calls for a large cast but doubling is possible. The use of sound effects (SFX) and music is essential and multimedia is possible.

PREPARATORY EXERCISES - FOR TEACHERS

1. As a class, or in small groups, devise a mind map of what students know about or associate with bipolar disorder. Encourage the inclusion of characters from fiction or other texts. Then direct them to three websites that feature Keith Mahar, the man who inspired this play: Keith's speech to the Senate Select Committee on Mental Health on 27 July 2005 [www.aph.gov.au/Senate/committee/mentalhealth_ctte/hearings/index.htm]; Keith's own informative website Mentalympians: www.mentalympians.tv; and 'The Naked Advocate' on YouTube.
2. Discuss the connotations of the word 'elevator', and its possible symbolic use regarding bipolar disorder.
3. Examine the character list; what archetypes are in use? How do we imagine these archetypes? Prepare a class collage of images reflecting these archetypes.

EXTENSION EXERCISES

1. Once you've read this script, compare it to Keith Mahar's life as it appears in the web-based resources cited above. How has the playwright dramatised Keith's experience of mental illness?
2. The elevator is an important symbol within the play. Devise a way of staging it. It can be created physically using blocks, furniture or actors.
3. The script suggests that images may be projected during the performance. Create a multimedia presentation using images found online, or construct appropriate images. Consider the symbolism in the play during this task; the superhero cape, the headlines, the western movie.
4. The script suggests music to be played during the play; listen to the music as a class and discuss the possible intertextuality brought to the play by the music.
5. Prepare a 30-minute speech for a debate on this statement:
"Max's final speech should be cut from the script."
You may choose to be either for or against this statement.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on bipolar disorder.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 1, Enhancing Resilience 2.*

THE PHONE CALL

BY JENNI SAVIGNY

CHARACTERS

MATILDA: About 30 years old, wearing comfortable around-the-house clothes

SETTING

There are two armchairs, centre stage. Next to one armchair is a table with a phone and a CD player. There is a Miss Piggy doll seated in the other armchair.

Music is playing – Raquel Welch and Miss Piggy singing ‘Woman’ (see YouTube).

Phone rings. MATILDA rushes onstage. She plonks herself in the chair and answers phone as if she’s expecting a call from her best friend.

MATILDA: Hello?

[sitting up more formally, and turning music down]

Yes. Speaking.

[rolls her eyes. There is a long pause and MATILDA completely changes her tone of voice]

Did you read my letter? It said, ‘I don’t wish to have any further contact. Please take my name off your database.’

So what part of ‘no further contact’ don’t you understand?

Thank you.

Goodbye.

[goes to hang up but she hears the caller is still talking]

You seriously want to know why? Are you sure you’d like to *[makes inverted commas with two fingers]* ‘understand’?

[pause while caller speaks, but the audience never hears this]

Look, it’s very polite of the board to ask you to ring me personally, but what I really want is for you to just leave me alone.

[pause while caller speaks. MATILDA stands up, and is becoming angry]

Why on earth is it so difficult for you to get this? I don’t want to donate money. I don’t want invites to your events. I don’t want to remember anyone or anything. And I don’t want to find your glossy magazine in my letterbox, not even once a year. Nothing.

[pause while caller speaks. MATILDA holds phone away and looks at it, shaking her head in disbelief]

Look, I just need to go and get something. Can you hang on please?

[MATILDA places phone next to CD player, and turns music up loudly.]

[talking to Miss Piggy] OK Miss Piggy. Now what? Do I hang up on Mr Development Officer, or do I give him the speech that's been rattling around in my head for the last 15 years? What would you do?

[movement indicating indecision. Then MATILDA looks at Miss Piggy. Her body language makes it clear she's reached a decision]

[to Miss Piggy] Thanks Piggy. You're the best!

[MATILDA exits and returns with a photo in a frame, and places this on the phone table. She sits down so she can look at it, and makes herself comfortable. Turns music off]

[on phone] All right. I'm now looking at my Year 10 photo. Do you know, when I show people this photo, they can't believe it. They spot me pretty easily and then they just keep looking. I can hear them thinking, 'But there must be more girls.' And then they look at me and say, 'Bloody hell!' And I say, 'Yep. It was.' Two girls, and 29 boys. Your 'good' school's second year of co-education. I was only 15.

I bet you can't remember what someone said to you 15 years ago. I do. For example I can look at Illingworth, who's standing right behind me, and remember exactly what he said to me, him and his pack. They hunted in a pack. This is the same pack that tied up a disabled boy and left him on an ants' nest for the whole of lunch, but they got into trouble for that. No, your 'good' school didn't tolerate physical harm, but they sure tolerated mental harm. That was sport, for Illingworth's pack. Every day for three years.

Do you know when I look at this photo I can't remember some of their first names, because no one ever used them. It was last names. Youngman, Chapman, Cox. That's if you were lucky. No one used my name at your 'good' school for three years. Just a nickname that I hated, but even now I'd probably still turn around if someone yelled it out in the street.

[pause while caller speaks]

No. Sorry. Definitely not. Firstly, you don't need to know. And secondly, that name will never ever pass my lips again.

[looking at photo again]

So two girls and 29 boys. Got it? There was nowhere to hide.

[MATILDA stands up and begins pacing. She is nervous and agitated]

Your 'good' school did nothing, as long as no one got 'hurt'. Hah! Do you have any idea how much mental illness hurts?

The things I did to avoid their attention. Pretended not to care – that was Mum's advice, and Dad said I was being oversensitive. I even stood up to them – once. I called them 'a bunch of animals' but they just laughed and said, 'Oooooooh! She's got a temper!'

[pause and a deep sigh]

My biggest personal strategy was trying to be someone I'm not. Camouflage – fixing and changing and moulding myself into a clone that didn't stand out. Nothing I did stopped them, and no teachers ever did anything.

Are you still there? Good.

[sits down on chair with Miss Piggy, and cuddles the doll]

You know, the worst thing is when you become the nickname. When that name has been shouted and whispered and hissed at you so many times that it invades your dreams at night, and then you are that ugly, unlovable, failure of a person. And you see yourself through their eyes. And even the other girl saw me like that.

[stands up with Miss Piggy doll, and starts pacing again]

Yes. That pack of boys dissected me, judged me. They were always staring and snorting with laughter, daring each other to say things. You know what they did? Girls were A, B, or C grade. I was a 'C' grade. It wasn't just what I looked like, it became everything about me. And I ask you, what's the use of getting A's in class if you're a C-grade person?

Keep listening 'cos I haven't finished yet. Do you know that nothing was private? It was all broadcast, whole-school bulletins ...

[stands on armchair. She starts to use Miss Piggy doll like a puppet]

... like details of my bra – its make, its cup size. Like stuff about my menstrual cycle. Like the colour of my pubic hair. They broadcast what they wanted. And we had to listen to news of their 'stiffies.' Stiffies in English. Stiffies in Maths. Stiffies in Science. And they were just 'being boys' right? Was I ever allowed to be a girl?

[jumps off armchair and moves to one side of the stage]

No. You were either a slut or frigid *[indicates two polarities]*, and there was nothing in between, and either way you were damned. Nowhere to hide.

No one stood up for me.

For three years.

[stands in front of armchair]

[quietly and slowly, almost in tears] Is it really any different to being tied up on an ants' nest?

[collapses into armchair, holding Miss Piggy doll tight. There is a pause while the caller speaks]

Sorry? What did you say?

What do I want?

Give me two secs.

[movement indicating she feels overwhelmed at being asked. MATILDA then mimes asking Miss Piggy, 'What do I want?' and waits for the answer to form]

Right. Well, I did get some legal advice, and I could sue the school for its failure to properly manage bullying and the consequent years of mental pain and suffering. I wouldn't have any trouble proving the costs. I've still got all the receipts.

But quite frankly, no amount of money could ever compensate me for 'the stolen years'. Oh yeah. That's what I call them.

So, please tell the Board that I'm making an excellent recovery, but there are three things.

Do you have a pen and paper?

Firstly, I'd like an apology. In writing.

Secondly, it's very important to me that no one at your school ever goes through what I went through. So I want to see your anti-bullying policy. In fact, I want to see it on your website.

And thirdly, take my name off your database. Forever.

Thank you.

What's your name again?

Good bye Chris.

[hangs up. Studies photo and suddenly realises that the caller was one of her Year 10 classmates]

Chris Chapman! Oh my God!

[MATILDA laughs and gives Miss Piggy a big kiss, and a triumphant hug]

SUPPORT MATERIAL: THE PHONE CALL

PRODUCTION NOTES

This simple-to-stage monologue requires a very simple set and only a few props.

PREPARATORY EXERCISES - FOR TEACHERS

1. This script highlights the long-term effects bullying can have. As a class, define 'bullying' as a term and discuss how being bullied can impact on a student's mental health at school and beyond. Set up a class debate: 'Bullying is everyone's problem'.
2. Examine the connotations of slang words that are used to describe men and women, boys and girls. Why are many of these terms hurtful? Is there some gendered language with no direct opposite gender equivalent? Consider slut, stud or tomboy. If so, why is this the case?
3. Miss Piggy from The Muppet Show, features in this script. Pre-view the Miss Piggy segment from Episode 311 (in Season 3). Analyse the concept that Miss Piggy has excellent self-esteem and is a great role model for girls.

EXTENSION EXERCISES - FOR STUDENTS

1. As a monologue, this piece is suited to a naturalist approach. Apply Stanislavski's system to Matilda's actions and motivations as you explore the text.
2. Students should experiment with the physical realisation of the piece; in sound design, should we hear the other voice? How is the phone incorporated into the blocking?
3. The script closely incorporates Miss Piggy into the action. What is the symbolic significance of this? What (if anything) could be substituted, if a Miss Piggy doll was unavailable?
4. Imaginatively examine bullying scenarios described by Matilda in the monologue. This may be done in the English classroom through journal writing or in the Drama classroom through roleplay. Include both physical and emotional bullying. Use these for exercise 5.
5. Use the form of Augusto Boal's Forum Theatre to change the bullying scenarios from exercise 4 in roleplay. If scenarios are written, then students swap what they wrote with a partner. They then rewrite the piece so that a realistic and satisfactory solution is reached. In doing this, the class can make use of the information gathered prior to reading the monologue.
6. Imagine present-day Matilda can teleport back in time and talk to schoolgirl Matilda for 30 seconds. What will she say? Prepare this monologue and present it.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on eating disorders.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Dealing with Bullying and Harassment, Enhancing Resilience 2.*



HIGH VS LOW

BY ANITA BACKMAN

CHARACTERS

ABIGAIL:	An 18-year-old living with bipolar disorder
JILL:	A close friend of Abigail's
JJ:	A close friend of Abigail's
MUM:	Abigail's mother
PSYCHIATRIST:	At an emergency room of a hospital
V/O:	Voice over of loud, aggressive voices

SETTING

Abigail's bedroom, a street, the emergency room of a hospital.

SFX: music (full bore): Holy Hip Hop volume 1, track 9: 'Infinity' by Holy Ghost Party.

It's 4 am. ABIGAIL is in her room, painting frantically and dancing to the music. ABIGAIL is having a manic episode and she's totally out of control – energetic, rapid speech, creative and a little aggressive.

MUM storms in.

MUM: Abigail! Turn that music down! It's four in the morning!

[MUM turns the music down. She looks at the walls]

MUM: Oh my God. The walls!

ABIGAIL: *[jumping and dancing around with paint brush in hand]* Oh, look at my room. It's so beautiful, painted with rainbows, love hearts, lollipops, sunflowers, daisies and VW beetles. Don't you just love it! I'm all hippy – hippy Abbie with flowers in her hair, wearing a long dress, I couldn't dare to care.

MUM: Abigail Maree! We'll never get this paint off!

[MUM takes hold of ABIGAIL by the shoulders]

MUM: Are you high because you haven't taken your meds?

ABIGAIL: *[laughing uncontrollably and breaking free of MUM's grip]* Yeah, I'm on my meds, the heights of life baby, the natural highs of life – whooa!!

MUM: We'll talk more in the morning when you've calmed down. Go to bed – now!

[MUM storms off stage. ABIGAIL turns the music up full bore again and dances off stage, waving the paintbrush.

Lights down.

Lights up on a street scene. JILL and JJ are on stage, waiting for ABIGAIL before going to the movies.

They are talking among themselves.

ABIGAIL enters, very manic]

JILL: Hey, Abbie, how are you?

ABIGAIL: Oh, I'm great! Can you believe it? Mum went off at me 'cos I was painting my room. You should come over and see it. It's beautiful, and I'm a beautiful fairy.

[ABIGAIL is very energetic and starts dancing around]

JJ: Abigail, are you OK?

ABIGAIL: [dancing and playing] Of course I'm OK ...

I'm a rainforest fairy playing my flute

I dance to magic, I am so cute.

I live in the tree tops way up high

I sparkle and sing as I fly through the sky:

"Fairy friends, let the love of God be

Above you, around you, now fall to your knees,

For the creator of the world –

That is me the rainforest fairy –

Has come to bless you, so please be merry.

I bring blessings of peace, joy and love.

Come with me and fly with the doves

The rainforest fairy has set you free,

Consider it a gift, that gift is me!!"

[JILL and JJ keep looking at each other. During the next dialogue, ABIGAIL is very energetic]

JJ: Abigail, we think you're not very well again. Let's go for a drive.

ABIGAIL: Yeah, I'll drive, really fast. We'll soar through the sky. I'm a rainforest fairy. Whooa!!

JILL: No, Abigail, I'll drive.

JJ: We're taking you to the hospital. They helped last time, remember?

ABIGAIL: Hospital? I don't need to go to hospital. Are we visiting someone? Who's sick?
I'll make them better. I'm magic.

[JILL and JJ try to calm ABIGAIL down as they drag her off stage. She continues to have rapid speech and to be very energetic.]

Lights down.

Lights up on MUM talking to the PSYCHIATRIST. JILL and JJ are standing with MUM]

PSYCHIATRIST: We've just assessed Abigail. Well, you know she already has bipolar disorder, and she's experiencing severe mania at the moment with symptoms of psychosis. It's good you brought her in but unfortunately we can't admit her – there isn't a bed available.

MUM: What? You're kidding! She's not well enough to come home.

PSYCHIATRIST: Well, we can control the mania with a few different medications, and that should stabilise her mood. I'm afraid you'll have to keep a close eye on her for the next few days. The CATT team can help you manage the medications at home. They'll be there morning and night. The thing to look out for is a severe switch in mood – to deep depression – which will follow this episode.

MUM: Oh. Poor Abigail. Where is she?

PSYCHIATRIST: Follow me.

[lights down.]

Lights up on ABIGAIL, lying on her bed in her bedroom]

V/O: You are evil. The devil is in you. Everything bad that happens in this world is your fault. You should be dead.

[ABIGAIL tosses and turns in bed as the voices are harassing her. She sits up, holds her head, and hugs an empty vodka bottle while writing a poem]

ABIGAIL: Emotions they are raw today
I'm simply torn apart
For hollow, wrenching feelings
Tear apart this very heart.

An emptiness that's deeper than
 The ocean fills my soul;
 A painful hunger for death
 Bites my inner self beyond control.

[*ABIGAIL gets up, stumbles, falls to her knees and cries*]

ABIGAIL: Lord, why me? Take this cup of suffering from me. Not my will, but your will be done. Please help me.

[*ABIGAIL curls up in a ball and starts crying while a song is being played.*]

SFX: *Third Day, Track 6 plays*

MUM enters. ABIGAIL doesn't respond during MUM's lines]

MUM: Abbie? Abbie? [*sighing*] That psychiatrist was right. You've really switched into a deep depression, haven't you. Abbie? Your friends are here. Abbie. They want to see you. OK?

[*MUM exits. JILL and JJ enter*]

JILL: Hi Abbie, how are you?

ABIGAIL: [*shrugging, head down*] Not the best.

JJ: Tell us. Tell us what you're going through. We're your friends.

ABIGAIL: [*there is a long pause. ABIGAIL looks at her friends and finally speaks in a very small voice*] The voices won't leave me alone, I'm drinking again and I'm exhausted and want to die. I can't stop crying. I haven't showered in days. I'm a depressed, feral animal. Not good company. Just go.

JILL: Oh Abbie, it's the illness talking. You were like this last time.

JJ: You swing from high to low – but you're still you. And they'll get your meds right.

JILL: And we're here no matter what.

ABIGAIL: [*looking at them for a moment*] Yeah?

JJ: Yeah.

[*ABIGAIL smiles.*]

SFX: *Matchbox Twenty song "I'm not crazy" plays as lights fade*]

SUPPORT MATERIAL: HIGH VS LOW

PRODUCTION NOTES

The beat of hip-hop music, combined with religious lyrics, sets the scene for this portrayal of bipolar disorder. The highly painted bedroom is also important, so at least have one section of the stage with vibrantly painted walls.

PREPARATORY EXERCISES - FOR TEACHERS

1. Listen to the music that is to be played before and during the play. Discuss the responses of the class to each track.
2. Abigail's friends take her to a hospital. Brainstorm with the class what they would do if one of their friends started showing signs of mania.
3. The psychiatrist refers to the CATT team. Outline with your students what this is, and how a CATT team operates. It is also worth investigating the number of beds available at local hospitals for emergency psychiatric patients.

EXTENSION EXERCISES - FOR STUDENTS

1. The script opens with a track from Holy Hip Hop volume 1. Write a short explanation as to why this is a good choice – or select your own music and justify your own choice.
2. Design a wall of Abigail's 4 am artwork. What colours and images will you include? What style of painting will you use? You may wish to refer to the Cunningham Dax collection – see www.daxcollection.org.au.
3. Find evidence in the script that this is not the first time that Abigail has been mentally unwell, and reasons why she may be unwell now.
4. Analyse the impact of the V/O – why are these voices included in the script?
5. Research the services provided for mentally ill people at a local hospital. Do you think these services are adequate? Why or why not? Prepare a short report.
6. Imagine that you are Jill or JJ. Write and perform a short monologue entitled, 'Abigail's recovery from bipolar disorder'. Use the definition of 'recovery' found on the website of Mental Health ACT in their publication 'Mental Health Recovery in the ACT' (www.health.act.gov.au). You may decide to fill in parts of the story, such as how long you've known her for, why you like her so much, and what you've been through together. You could also compare and contrast your lives.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on bipolar disorder.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 1.*

THE GIRL WITH NO VOICE: A FOLK TALE

BY SUE MURRAY

INSPIRED BY HELEN GOMBAR-MILLYNN'S STORY

CHARACTERS

NARRATOR

STORYBOOK CHARACTERS WHO PLAY:

NINA
 SISTER
 MOTHER
 FATHER
 VILLAGERS
 THE VILLAGE HEALER
 VILLAGE CHILDREN
 STEPFATHER
 CITY CHILDREN
 LISA: NINA'S FRIEND

SETTING

This story is told in a series of tableaux – as if they are illustrations in a storybook. Use bold costumes and large 'cut out' pieces of scenery and props in a large picture frame. When the lights fade, the cast slowly move from one tableau to the next as flowingly as possible – including any costume and scenery changes. There may be one narrator, or you may divide the narration amongst the cast – except for Nina.

Lights up on Tableau 1: The village square. The well in the middle of the square. Little NINA with her older SISTER, happy people smiling at the VILLAGE CHILDREN and carrying out their everyday chores.

NARRATOR: There was once a little girl called Nina. She was born in a village that is high in the mountains, where four countries meet. For the first years of her life, Nina laughed and played. She started speaking four languages: German, Macedonian, Serbian and Hungarian. Everyone in the village loved Nina. Her smile lit up her whole face.

[Lights fade]

NARRATOR: But then Nina's father got sick. He started to see things that were not there and to hear voices that poisoned his mind.

He thought that his whole family were bad, that they were spies that wanted to hurt him. Nina's father trusted nobody. His illness frightened him and made him try to hurt himself.

[Lights up on Tableau 2: The village square. NINA, her MOTHER and her SISTER watch sadly as VILLAGERS hold Nina's FATHER and THE VILLAGE HEALER is trying to expel the spirits]

NARRATOR: The villagers were convinced that Nina's father was plagued by evil spirits. The village healer was called upon to expel the spirits from him. But it was too late – the evil spirits took him over.

[Lights fade]

NARRATOR: Nina's father went away. He was sent to a sanatorium. He came home for Nina's fifth birthday. But by now he was very, very sick. The next day, Nina's father lost his battle with his illness. He took his own life. He thought it was best for his family.

Poor Nina. After he died, she could not speak. For six months, she said nothing. Nothing at all. The sadness, the pain, weighed her down.

She heard what other people said, though. And their words hurt, too.

[Lights up on Tableau 3: The village square. NINA is standing head down, very sad. Her MOTHER is staring defiantly at some of the VILLAGERS. NINA'S older SISTER is glaring at another girl. Some children are pointing and staring at NINA, whispering behind their hands]

NARRATOR: The village children said, 'Her father was mad, he was crazy.' The village women shook their heads and said, 'The blood of the father ... those girls – who knows?'

[Lights fade]

NARRATOR: One day, Nina's mother said to her daughters, 'We cannot stay here. We must go to a place where they do not know us.' Nina said nothing but she was sad. She didn't want to leave her village in the mountains.

Nina packed her few belongings into a small suitcase. They set off on a long journey, half-way around the world.

[Lights up on Tableau 4: NINA in a travelling coat and hat. There is an old battered suitcase by her side. She clutches a photograph in a frame to her heart]

NARRATOR: Nina's greatest treasures were: a photograph of her father, and a letter from him: 'I'll always love you. I want you to have a good future. I will never forget you.'

She carried the pain with her. Always. She kept thinking What if ... ? What if ... ?

[Lights fade]

NARRATOR: When they arrived in their new country, Nina met her new father. He was her mother's childhood sweetheart. Most of the time he was gentle and kind. He had travelled half-way around the world from the village some years ago. He had built a new life in a big city in this new country.

And now he had a new family – Nina, her sister and her mother. They lived in his house. They took his name. Nina had a new name, and slowly started speaking a new language – English. Everything was new and different, so very different from her old life in the village.

But in her head, Nina still spoke the old languages, and in her heart she still loved her father. And she felt guilty – did he die because of her? Could she have stopped him from dying? But Nina did not, could not speak of this guilt and pain, and neither could Nina's mother and sister. They all had a new life now. A lot went unsaid in this new family.

[Lights up on Tableau 5: The family kitchen. Nina's STEPFATHER is drinking and looking angry. Nina's MOTHER and SISTER are cooking and serving dinner – both look anxious. NINA is standing near the table, looking sad]

NARRATOR: The only person who ever spoke about Nina's father was her stepfather. And only when he drank too much. Then he'd yell bitterly at Nina's mother. 'Why did you marry him, not me? You broke my heart.' and 'You chose the wrong man. He was bad.'

[Lights fade]

NARRATOR: As Nina grew up, the guilt and pain stayed with her. She went to a big school in the big city. And she made new friends. But she was still very sad inside. And she still did not, could not talk about her father. Not the truth.

When anyone asked about her father, Nina made up stories. 'He died in a car accident,' she'd say. Or, 'He had cancer.'

Her father and his illness was a big secret. And the guilt and pain grew bigger and bigger in Nina. And she kept thinking, What if ... ? What if ... ? How different would life have been?

[Lights up on Tableau 6: NINA sitting in a tent with her friend LISA]

NARRATOR: Then one day, when she was thirteen, Nina went on a camping trip. She met a girl called Lisa there. One night, Lisa told Nina about her problems. Lisa's parents were getting a divorce and Lisa was very sad about it.

And there, in that tent, with her new friend, Nina's heart opened and out poured the memories, the pain, the guilt and the grief. Nina felt free to speak about everything.

And she didn't feel judged. And she didn't feel looked down upon. Lisa listened with kindness and understanding.

Then Lisa said, 'Don't be sad. There are fathers who won't give up a game of golf for their child. Yours gave up his life for you.'

Inside, Nina still felt the pain, inside she still thought What if ... ? What if ... ? But she no longer felt ashamed. Nina looked at her new friend – a friend who knew the truth and accepted her still. A friend who cared and who listened. And for the first time in many years, Nina's face lit up. She smiled. Really smiled.

SUPPORT MATERIAL: THE GIRL WITH NO VOICE - A FOLK TALE

PRODUCTION NOTES

This script is a series of tableaux and is suitable for a whole class to perform, or a cast of about 5 actors can double roles. There are a few simple set items and props required. There can be a single narrator, the group can narrate or narration can be pre-recorded.

PREPARATORY EXERCISES - FOR TEACHERS

1. As a class, examine the text *The Arrival* by Shaun Tan. Put the students into small groups and allocate a double-page spread to each group. Challenge each group to list as many ways as possible their double-page spread conveys information and contributes to the narrative. Consider the themes of belonging, cultural identity and connection.
2. The perception and treatment of schizophrenia is a key element of this script. Define the illness and investigate with the class the ways this varies in history, and in different countries. This script implies that in Nina's village, the understanding was that there is a genetic link to mental illness – that 'nature' not 'nurture' causes mental illness.
3. Improvise various uses of tableaux in drama. Use them at the beginning, middle or end of short group-devised scenes. Base these on family life – encourage students to reflect on the role of their parents in their lives.

EXTENSION EXERCISES - FOR STUDENTS

1. Design the set for a production of this script. How will you show the village, the voyage, the new home and the tent?
2. What features of this script make it a folk tale and how does the title reflect the impact of stigma towards people with mental illness?
3. Analyse the script in terms of turning points in Nina's life. Which, if any, of these turning points are within her control? Why do you say this?
4. Write or perform a monologue for Nina's mother. Imagine she is addressing her now-adult daughters, explaining to them why she brought them halfway across the world. Bring in the stigma the family faced in the village.
5. Imagine that you are Nina, and you are writing a diary as you travel back to the village as an adult. Ensure your diary entries include aspects of identity, culture and belonging.
6. Rehearse and perform to different audiences two versions of the script: one with no narrative, just the tableaux; the other with no tableaux, just the narrative. Interview the audiences to determine their understanding of the narrative. Then write an explanation of how each element adds to the narrative.
7. Create a picture book or short story using Nina's story as a model.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on schizophrenia.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Change: Loss and Grief, Enhancing Resilience 1.*

VOICES

BY LIZ WETHERELL

CHARACTERS

STEPHEN: A teenager, looks dishevelled and carries a backpack

MOTHER

FATHER

CATHY: Stephen's sister (2 years younger)

BEN: Stephen's brother (2 years older)

STEPHEN'S TWO VOICES:

One male and one female. They are dressed in black, preferably draped in black material, to suggest invisible and rather threatening presences. The female is aggressive; the male taunts Stephen more quietly. They speak loudly enough for the audience to hear but the family acts as if they can't hear them.

WAITER

SETTING

The action takes place in a restaurant and at a park bench.

The FAMILY, minus STEPHEN, is seated at a restaurant table, looking bored. The MOTHER is looking at the menu. Another menu is lying on the table, face down. CATHY is texting. FATHER is tapping his fingers on the table and occasionally looking at his watch. BEN is holding and closely inspecting the salt and pepper shakers.

MOTHER: I'm still tossing up between the linguine and a small pizza.

CATHY: I could eat a horse but I'm going to have veal instead.

[FATHER keys in numbers on his mobile and holds it to his ear.

WAITER approaches, notebook and pen poised]

WAITER: Are you ready to place your orders yet?

MOTHER: We're just going to give him another ten minutes and then we'll order. I'm sorry.

[WAITER leaves, shrugging slightly]

FATHER: He's still not answering. Where on earth could he be? He told us at breakfast he'd be on time and we've been waiting here for 40 minutes already. It's a bit over the top I reckon. *[pauses]* We may as well order I think. Hey, they didn't give me a menu. Waiter!

[*WAITER enters*]

FATHER: Could I have a menu, too, please?

[*WAITER picks up the second menu from the table and hands it to the FATHER*]

WAITER: Here, Sir.

[*WAITER departs, shrugging as he goes.*

STEPHEN approaches hesitantly from the other side of the stage, his Two VOICES close behind him. Sometimes he stops, waits, then takes another few steps forward]

FEMALE VOICE: Don't go to that restaurant. It's dangerous. Sometimes the food's poisoned.

MALE VOICE: You're a real loser. You can't even get it together for your own family. You're hopeless.

FEMALE VOICE: I warn you! Don't trust anyone. You might even die.

MALE VOICE: You don't know what to do now, do you loser?

MOTHER: Darling, here you are at last. Come and sit down. Here's the menu.

[*STEPHEN remains standing*]

CATHY: Hi Steve. How's your big day been?

BEN: Quick, come and choose something. We're starving.

STEPHEN: I can't. I mean I can't eat here. I have to go home.

FEMALE VOICE: Come on. Say it as if you mean it. Get out of here.

MALE VOICE: Loser!

STEPHEN: [*voice rising*] I'm going now. I gotta get going. You have dinner. I'll get something at home.

MOTHER: But Steve, it's your birthday!

MALE VOICE: You can't even go to your own birthday dinner. You're hopeless.

FATHER: I left a meeting halfway through to come here. Don't tell me you're going to just buzz off again after keeping us waiting nearly an hour! Come on Steve, what's the matter with you these days?

[WAITER enters with notebook and pen at the ready, assesses the situation, realises something is going on and leaves again, shrugging]

MALE VOICE: They hate you. Everyone hates you.

STEPHEN: I just can't stay, that's all. I can't explain. I ... I ... I ... feel funny. I gotta go.

FEMALE VOICE: Get out of here before something bad happens. The clock's ticking.

BEN: Listen guys. You stay and eat. I'll go home with the birthday boy here and we'll grab a Big Mac on the way. We'll be fine.

FATHER: But that's ridiculous!

CATHY: Oh man, this family!

BEN: Get off his back everyone. He obviously feels awful. I'm taking him home now. C'mon mate. You're gonna be OK.

[STEPHEN and BEN move away from the restaurant, closely followed by the TWO VOICES]

MALE VOICE: You're a loser, a real loser.

FEMALE VOICE: Hopeless case.

BEN: Are you OK man?

STEPHEN: Weird stuff's happening. I can't explain. Nobody would believe me.

BEN: I can try. Sit down here for a minute.

[STEPHEN sits on the bench, bends so that his elbows are on his knees. He covers his ears with his hands. The TWO VOICES move behind the bench so they can be closer to him]

FEMALE VOICE: He's trying to trick you too. Don't trust him. He's smarter than you so he'll find a way to trick you.

STEPHEN: I ... I ... have to go to bed. I'm going home.

MALE VOICE: You're an idiot if you think you'll be left in peace in bed.

STEPHEN: Sometimes I think I'm going nuts.

[STEPHEN jumps up and departs abruptly, leaving his backpack behind. BEN follows more slowly, picking up the backpack as he goes. He looks worried.

Back at the restaurant]

MOTHER: I've lost my appetite. Something's wrong with Steve, I know it. He hasn't been himself for more than a month now.

FATHER: You're too soft on him. He just doesn't want to face facts. He keeps running away from everything. You've got to work and study hard if you're going to get anywhere in this world, not spend half your life in bed. Our Steve's off in some dream-land, thinking he can float along with his fancy notions. Well, I for one am not going to keep supporting him if he doesn't make an effort himself. Money doesn't grow on trees you know!

MOTHER: Shhh dear. Let's not get upset about it in public like this. Otherwise everyone ...

[CATHY breaks in]

CATHY: So what? What if everyone does hear? That's all you care about, isn't it? You don't care about Steve or how he feels. [puts on a different voice] "Let's all play happy families and pretend nothing's wrong." Well I agree with Auntie Jean. Something's really wrong and she thinks he should see a doctor straight away.

FATHER: [sitting straight up and slapping his hand on the table] Does she now? Well I'll tell you what you can say to that busy-body: no member of this family is going to make one of those shrinks rich at my expense. We'll work this out ourselves, thanks very much to Auntie Jean for her free advice.

[The WAITER returns. The FAMILY doesn't even look at him, lost in their own thoughts and emotions]

WAITER: The kitchen closes in half an hour so I'll take your orders now if that's all right.

MOTHER: Sorry. Pasta's probably the fastest so we'll just have linguines please. And green salads and apple juices for drinks.

WAITER: And will that be for three people?

FATHER: Er ... yes.

[WAITER scribbles in his notebook and leaves, shrugging]

CATHY: [*sarcastically*] So you're a mind reader now Mum. How come you ordered pasta for me? I wanted the veal. I don't feel like pasta.

MOTHER: [*ignoring her*] I'll have a good talk to Steve this weekend and see if I can get to the bottom of it. Perhaps it's just a girl. Adolescence is hard, that's for sure. I only hope he's not on drugs.

CATHY: [*as an aside*] Why do parents always assume we're on drugs, the minute something goes wrong?

MOTHER: You pay the bill, dear, as soon as we've eaten the main course, and we'll skip dessert. Perhaps we can do this again when Steve's feeling better in a few weeks. Tonight was meant to cheer him up but now we're all feeling bad. I tell you what, we'll stop at 25 Flavours on the way home and get him a macedamia nut ice-cream. That's his favourite.

CATHY: [*sarcastically*] Oh Mum, so now an ice-cream's going to fix everything, is it? You really are ...

FATHER: Mind your tongue, young lady. Don't speak like that to your mother. How about an apology?

CATHY: I can't take any more of this. Tonight's the pits. I'm going over to Josie's place. [*she pushes her chair back roughly, swings her bag over her shoulder and marches off*]

[*WAITER enters, carrying three bowls. He places one in front of the MOTHER, then one in front of the FATHER. He looks at the third bowl, shrugs and leaves*]

SUPPORT MATERIAL: VOICES

PRODUCTION NOTES

This script calls for naturalistic acting styles from every player except the two voices. It must be clear to the audience that the only character who hears the voices is Stephen.

The script calls for a restaurant table set for five, a bench and small props.

PREPARATORY EXERCISES - FOR TEACHERS

1. Psychosis is a symptom of various mental illnesses. What does this term mean? Research the Greek derivation of the word. Look at Sane Australia's website – www.sane.org. Their StigmaWatch campaign looks at the common and casual misuse of the word 'psycho'. Discuss.
2. Challenge the class to this task: stand in front of the class and calmly answer questions about a hobby or interest from classmates while three people stand to your left, to your right and behind you, loudly whispering every detail of what they've done since they woke up this morning. Discuss the challenges of this exercise. Vary the tones of voice used by the whisperers – hostile, seductive, aggressive, bossy, fearful.
3. This is a naturalistic drama, with a twist. Research with the class examples of 20th century Australian drama that are naturalistic.

EXTENSION EXERCISES - FOR STUDENTS

1. Prepare a table, and list all the family members. Write two adjectives to describe each of them, finding quotes in the text to support your opinion. In the final column, describe their response to Stephen's illness.

Character	Adjectives (2)	Supporting quotes	Response to illness

2. Consider the opening stage directions of the script. What do we learn from the actions of the characters? Remember that scripts often 'show don't tell' – what are we being shown about this family?
3. What function does the waiter serve in this script? Examine each of the waiter's entrances and exits, and the fact that the play ends with a stage direction for the waiter.
4. Sometimes, people who are mentally ill don't want help. Hold a class discussion about how we can help people who don't want help, including the importance of early intervention.
5. Mental illness can have a major impact on families, not just on the person who is mentally ill. Choose one of the family members and prepare a short monologue for that character about the disastrous dinner for Stephen's birthday.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on psychosis.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 2.*

DEEP, DEEP INSIDE

BY DOROTHY NOBLE

CHARACTERS

CENTRAL CHARACTER

CHORUS: at least 6

STAGING THIS SCRIPT

The words are spoken by a CENTRAL CHARACTER. The movements for this character are suggested in italics before each stanza.

The CHORUS can either stand in a semi-circle around the stage, changing only their stance with each stanza, or devise movements that support the movements and words of the CENTRAL CHARACTER. The words in bold are spoken by some or all of the CHORUS with the CENTRAL CHARACTER. Some of these words can be repeated as echoes.

All other lines are spoken only by the CENTRAL CHARACTER.

[inward action, protective]

Deep deep inside.

A kernel, a dark wee nut lies nestled **deep deep inside**.

I need to protect it. Guard it. **Keep it safe.**

Hide it. Conceal it. **Keep it safe.**

[upward movement, emerging]

But the safe haven becomes a death trap, **a prison.**

From what?

It no longer needs to be hidden deep deep inside.

It can **see the light**. It can germinate.

It is time for it **to be free.**

[echoing cat on a hot tin roof – skittering around]

I skirt around it,

A cat on a hot tin roof.

I daren't stop hopping around it unless ... what?

It keeps me on edge as I skitter and skate.

I try to come near, this way and **that**, from here and **there**

I try to come close

Deep deep inside.

[inward movements, cradling of self]

I ache to be held and cradled and **loved**.

I ache to be free to be me but I have to stay buried to **stay alive and survive**.

I have to stay buried to be me.

[moving forwards and back]

I advance. I retreat. I reach out. I pull back.

A **dense swirling mass** threatens to sweep me **away**.

[movements of pent up energy, skipping, uncertainty]

Can I play?

Can I come out now?

Is it safe? **Is it safe?**

[circular movements]

The **pulse** beats **on**, the swirl **swirls**.

I try to contain it but all I do is **hop around in an ever increasing frenzy**.

The closer I draw the more frenzied the dance.

[circling, clutching abdomen. Stopping and starting]

Panic pulses in my abdomen. **A thought**. A surge. **A panic**.

Oh dear.

It seems I go **around and around**.

[defensive poses]

There are **demons** at my windows

And they're **smashing at my doors**

They're trying to **pull my heart out**

And I can't take it anymore.

[interacting with others]

I want to **see you**.

I want to **meet you**.

I want to **know you**.

I want to free you.

[actions depicting isolation and despondency]

I don't know how much longer, how many more days I can wander in this
wilderness.

The ache, the swirling, the running, **the chaos** – help me Please!

[weighty, sweeping, flowing movements]

Tears for the world

Tears for my world

Tears for the deaths

Tears for the hurts

Buckets and buckets of tears.

[running around]

Running from tears

Fear they will never stop

Go on and on and on and on and on and on and on and on.

Can I get past them, round them, through them?

[slowly turning on the spot, spiralling down]

Tears for the world

Tears for the pain

Tears for the wars, the rapes, the homeless, the violence, the abuse, the killing,
the death, the drought.

So much pain. So much suffering. All my tears cannot wash it away.

[upward movement – voice now a shout, keening, a roar]

My cry would rent the heavens with its power and magnitude.

My cry could split the universe, it is so big, so full, so powerful.

SUPPORT MATERIAL: DEEP, DEEP INSIDE

PRODUCTION NOTES

This verse monologue forms the basis for a choral speaking production, a dance-drama production or both. The design of costumes, lighting, set, sound and choreography are open to interpretation. Consider visual ways of linking the members of the Chorus to the Central Character.

PREPARATORY EXERCISES - FOR TEACHERS

1. This script gives insights into what it feels to suffer depression. As a way to explore this process, have the students look at Google images of 'painting depression'. Select several images from this and discuss the effect each artwork has.
2. The chorus in this script can be compared to choruses in other forms of theatre. Outline with the students the device of the chorus in Greek theatre, musical theatre and other forms of theatre.
3. What is dance-drama? Explore the concept with the class, and develop some of the basic skills required – good balance, body control, moving in different ways, the use of levels and position on stage in relation to others.

EXTENSION EXERCISES - FOR STUDENTS

1. The imagery goes from a kernel in the first stanza to a cry that could split the universe in the final stanza. In small groups, discuss the scope of this script, particularly as it relates to your understanding of depression.
2. Select one stanza and create a response to it in a different art form – movement, painting, music – your choice.
3. Design costumes for the Central Character and a chorus of 6 actors. How will you show the relationship between your characters?
4. The pace, tone and volume of the delivery of each line will need to vary to bring out the full impact of this script. Choose a section of the script, and mark it up with directions as to how each line will be spoken by the Central Character and the chorus. You may choose to ignore the bold type which suggests the words to be spoken by the chorus – that choice is yours.
5. Discuss how this script is an intimate portrayal of depression.
6. Summarise in your own words what you think the Central Character in this script wants, and the cause or causes of the pain that the Central Character expresses.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on depression.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Change: Loss and Grief, Enhancing Resilience 2.*

LABELS

BY SUE MURRAY

INSPIRED BY MATT QUINN'S STORY

CHARACTERS

TOM: early 30s. He is wearing a plain T-shirt and jeans

MOTHER

FATHER

SISTER

BROTHER

BEST FRIEND

TEACHER

GIRLFRIEND

TWO MATES

BOSS

PARTNER

REAL ESTATE AGENT

DOCTOR

SETTING

A large frame stands centre stage. The frame is large enough for Tom to stand in and for labels to be placed on.

Tom enters.

TOM: Labels. Definitions. Evaluations. Roles. Identities

All through our lives – they shape us. Some labels we are given.

[Tom stays centre stage during the following sequences, striking a pose in the frame to suit each of the labels. These poses are almost comic stereotypes of each role.]

MOTHER and FATHER enter, hug Tom, put the label 'Son' on the frame and exit. Tom stands frozen as 'son']

TOM: Son.

[BROTHER and SISTER enter. BROTHER punches Tom on the arm, SISTER sticks her tongue out at him, as she puts 'Brother' label on the frame. Tom strikes a pose as 'brother']

TOM: Brother.

[BEST FRIEND enters, tosses a ball to Tom, who holds it while the BEST FRIEND puts the label 'Best Friend' on the frame. Tom stands still, BEST FRIEND exits]

TOM: Best friend.

[TEACHER enters, waving some papers at TOM, and puts label 'Student' on the frame before exiting.
TOM takes up 'student' pose]

TOM: Student.

[GIRLFRIEND enters, flirts with TOM, puts the label 'Boyfriend' on the frame and blows him a kiss as she exits. TOM stands still as 'boyfriend']

TOM: Boyfriend.

[MATES enter. They are tossing car keys to each other. One tosses the keys to TOM, who tosses them on to the second mate. The first puts 'Mate' on the frame. They exit as TOM stands still as 'mate']

TOM: Mate.

[BOSS enters, looking at his watch. Puts 'Worker' label on the frame and exits. TOM assumes a pose as 'worker']

TOM: Worker.

[PARTNER walks on and puts 'Partner' label on the frame. She stands with TOM for a moment as he strikes 'Partner' pose]

TOM: Partner.

[REAL ESTATE AGENT enters with 'Home Owner' label, which she puts on the frame and exits. PARTNER exits briefly. TOM stands still as 'home owner']

TOM: Home owner.

[PARTNER enters again, carrying a swaddled baby, and puts 'Father' on the frame. Smilingly, she exits]

TOM: Father.

[beat]

I knew how to wear all these, how to be all of these. Most of the time.

[beat]

Then there are the labels we give ourselves.

[There are labels on the back of the frame. When needed, TOM takes these and places them on the front of the frame. TOM puts a sign, 'Hero' on the frame. TOM strikes a pose to represent this]

TOM: Hero. *[laughs softly]* We're all the heroes of our own stories – most of the time. And in our dreams. And games.

[BEST FRIEND enters, and he and TOM mime a heroic game – some battle with dreadful enemies.

The BEST FRIEND exits]

TOM: Some labels – *[walking slowly back to the next frame]* are not real, but you think they are.

[TOM takes a label from the back of the frame but doesn't reveal it yet]

TOM: *[sighing]* I used to smoke dope to relax, to de-stress. I thought it was the stress. I was juggling a lot – a new baby, a house, a demanding job in IT. My moods started to go down. So I smoked a lot of dope. It helped me to cope. Dope became the driving force in my life. I was self-medicating. I was in severe denial. *[drily]* Never underestimate the power of denial. But my home life was falling apart.

[beat]

TOM: *[laughing wryly]* So I gave up dope. Did a 'self awareness' course.

[beat]

It flipped me into full-blown mania. I'll show you.

[TOM puts the label on the frame now. It says 'Prophet'. He steps into the frame. He is the Prophet. He steps out of the frame in a manic state]

TOM: I get it now! These ads on TV – yes! It's all clear now. They're not meaningless crap – they're messages for ME!

[TOM rushes off stage and comes back on with a shrine he's built]

TOM: Yes, God, I'm listening. All the power is being channelled through this shrine – I can harness the energy of the vibration of the radiation of the constellation – of CREATION!

[TOM puts the shrine down near the frame and moves about the stage fairly fast. Everyone comes onto the stage moving in slow motion. They all look either worried by or angry at TOM]

TOM: Nation, relation, station, sensation, implication, incarnation, incantation – this spell will cleanse this house and all who live here *[stops]* FRUSTRATION! Why don't you listen, why don't you get it? It's so clear, so simple.

[*pushing people away*] I don't need to sleep. I don't need to eat. So much to do, so much to do. Leave me alone! Leave me alone!!! I'm not sick! I need nobody, I need nothing!!

[*The other players exit one by one, turning their back on TOM. Finally, there is just the PARTNER and the MOTHER left.*]

TOM steps into the frame again, holds the 'Prophet' pose again for a second, then steps out of the frame in his normal state. He stands near the shrine

TOM: I built shrines. I built one in my bedroom – out of all of the books and all of the glasses in the house. I built a shrine in the backyard out of bricks and pegs. When I'm not manic, I'm not religious. When I was manic – I was the reincarnation of Buddha.

Money didn't matter. I put homeless people up in B&Bs. I maxed out my credit cards. I spent and spent and spent.

I had three car accidents in five months.

Work didn't matter. I lost my job – so what?

When the money ran out – I lived in my car. For six months. If you park with the front wheels on the curb and put the head-rest all the way back – it's not bad.

Nothing mattered – I felt fantastic. Everyone was deluded but me.

[*beat*]

But it cost me everything that mattered to me.

[*PARTNER takes the baby and a suitcase and exits. The MOTHER stands by the side of the stage, hand on her heart, distressed*]

Finally, finally, I was gently led to wear another label.

[*MOTHER steps forward and coaxes TOM into the frame. The MOTHER exits. A DOCTOR enters and places 'Mentally Ill' label on the frame and exits. TOM stays in the frame during the following lines*]

TOM: Mentally Ill. This one was hard. Drugs, coming down from the mania. Then depression. Months in hospital. [*indicating label*] I hated this label. I put myself down. I was ashamed. The self-stigma – the harsh judging of me by me – was terrible. I was my own worst critic.

[*beat*]

These were the thoughts I beat myself up with: 'I'll never get a decent job now. It'll be 10 years before the hospital records are purged. This label will follow me around like a collar around my neck. What will people think?'

My self-esteem was rock bottom. The stigma of it – it seemed unbearable, then.

[Tom steps out of the frame]

TOM: Now? *[indicating every label]* The truth is, I am all these things. Yes, I live with a mental illness. It's part of me.

[beat]

I am all these things and more.

[The rest of the cast enter again and Tom re-connects with most of them – strongly with some, tentatively with others]

TOM: I've slowly, slowly rebuilt my life. Two steps forward, one step back at times. I can see myself now – the good, the bad, the ugly – and I know it's up to me to place a value on me – to accept that I am a son, a father, a friend, a worker – and yes, a person living with a mental illness. I have strengths and skills and weaknesses. And how I wear these labels, how they shape me, that's up to me.

[The rest of the cast slowly freezes in positions around the frame.

Tom takes one last label from the back of the frame, steps into it and strikes a pose, holding the label. It reads 'Human']

TOM: I'm human.

[PARTNER steps forward, puts the baby into Tom's arms and steps back. Tom smiles]

SUPPORT MATERIAL: LABELS

PRODUCTION NOTES

The frame and the shrine are strong symbolic elements in this play. The frame may be anything from an elaborate gilt picture frame to a harsh prison-like structure. The labels need to be large enough for your audience to read – and use lots of blue tac to ensure they don't upstage your actors. Allow time to place them – give them weight. Work on the positioning of actors on stage – this will illuminate Tom's narrative.

PREPARATORY EXERCISES - FOR TEACHERS

1. Have each student write a journal entry recording their feelings about mental illness. Ask them to report what they would feel if they found out the following people had just been diagnosed with bipolar disorder: a) their science teacher b) their new neighbour c) their brother.
2. This script addresses the issue of stigma, particularly self-stigma. Explore the origins of this word and its uses in religion, botany and medicine, as well as its common meaning. Evaluate the language of stigma and colloquial expressions of mental illness. Refer to Sandy Jeff's poem 'A Thesaurus of Madness' in the MindMatters booklet *Understanding Mental Illness* (p.73, 2000 edition).
3. This script asks the performers to show relationships and attitudes through body positioning and mime. Use this as a focus exercise before reading the script.

EXTENSION EXERCISES - FOR STUDENTS

1. Brainstorm a class list of as many roles as possible that people play. Working in pairs, take turns to choose one of these labels. Strike a pose reflecting that role. Your partner mirrors your pose, then attempts to name the role.
2. Tom says 'We're all the heroes of our own stories – most of the time'. In small groups, discuss this.
3. Analyse the script to determine when Tom's mental illness first has an impact on his life. How old do you think he is at this point? What factors does he think contributed to it impacting on his life, including the contribution of drugs? Find quotes to justify your conclusions.
4. Design the shrine. Either draw it or make a working model. Take into account the fact that it has to be brought onstage and off again.
5. Imagine you are Tom and you want to record a message for your child for when the child is a teenager. The theme of the message is 'Mental illness, resilience and my sense of self.' Write and record a one-minute monologue.
6. Research the links between mental illness and homelessness in Australia. Examine the script for clues as to Tom's financial status before and after the onset of his illness.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on bipolar disorder.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 2.*

FLAMINGO DANCING

BY ELIZABETH 'BIFF' WARD

CHARACTERS

SUE:	A woman in her 40s or 50s (also as a child, 12 and 16)
MOTHER:	Sue's mother, in her late 60s or 70s (also in her 40s)
BB:	Sue's son, in his 20s
JAN:	Sue's neighbour when she was young, aged 14
FATHER:	Sue's father, 45 years old

SETTING

Centre stage, Sue's space, has a stool and a small table with a phone.

One side, Mother's space, a table and chairs. On the table is a coffee cup. On the other, Son's space, an old armchair, such as might be found on a verandah, with a milk crate beside it and a dirty coffee mug.

SCENE I

Music is playing. The MOTHER, wearing drab clothes and BB, wearing frayed jeans and old T-shirt, enter and sit in their chairs. The MOTHER leans her forehead in her hand, occasionally sips from the coffee cup, scratching sometimes at her scalp, stares across the table. BB takes out a cigarette lighter and constantly flicks it, apparently deep in thought.

SUE stands at the back of the stage, arms raised above her head, hands touching. SUE holds centre stage while MOTHER and BB are present in silhouette throughout this scene. SUE does a dance-like movement and ends with her hand palm up towards MOTHER, then moves through some movement to hold with palm up towards BB. Maintaining a smooth dance-like movement, she ends up facing the audience with her hands loosely clasped in front of her heart. This movement will be about 40 seconds total. Music fades.

As SUE holds the pose, lights rise on BB and MOTHER.

SUE: [gesturing as relevant] First my mother and then my son. The woman who bore me. The son I birthed. [pause] I am her carer.

MOTHER: I'm not sick. I don't need help.

SUE: There's two of them. [gesturing to BB] I'm his carer too.

BB: I'm not sick. I don't need help.

SUE: I have cared, I do care, for both of them.

MOTHER & BB: Go away. Leave us alone. We don't need help.

[SUE slowly takes up a position standing on one leg as the spots fade and the stage is centrally lit. SUE is standing on one leg throughout this next piece. There can be movement and a changing of legs]

SUE: To be a carer of someone who believes they are not unwell, that they do not have an illness, is a tricky business.

Like a flamingo – waiting, waiting. *[standing very still and holding the position]*

Like an egret in shallows of brackish water, looking for movement – watching, watching ... *[moving head about as though looking for tiny fish]* Like a baby foal, seeing if I can keep my balance – wobbling, wobbling. *[doing a wobble thing]*

Waiting, watching and wobbling – a recipe, perhaps, or a plan, a strategic plan even, of how to be a carer of someone who believes they are not sick, they don't need help.

[SUE slowly puts her other foot on the ground]

SCENE 2

[BB stands, using a public phone. SUE sits on stool and sleeps. Phone rings]

SUE: *[groggy with sleep]* Hello ...?

BB: Hi, Ma. You know you're my dragon, don't you?

SUE: *[looking at her watch]* It's four in the morning!

BB: I had to tell you.

SUE: Do they let you make calls at four in the morning in there?

BB: They let you do anything except get out, Mum. You know that.

SUE: Hhuhh...

BB: Ma, you're my dragon. Bring me my gun. All the demons are on the run.

SUE: [to audience] Is this being your carer? This waiting and answering and listening? This sharp pain in my stomach? This thumping in my heart? These dry eyes staring into blackness? This waiting and watching for morning and what will happen today? Is this being your carer?

[BB goes back to chair and sits, flicking his lighter]

SCENE 3

SUE: When I was 12, there was a girl next door, who was older than me. Her name was Jan.

[JAN enters with a ball. The girls pass the ball between them]

JAN: What's wrong with your mother?

SUE: [silent for a long moment] What do you mean?

JAN: She's a bit strange. And we hear your Dad shouting that she makes things up.
[Pause]

SUE: I'll tell you if you promise not to tell anyone else.

JAN: [very eagerly] Yes, I promise.

SUE: My mother had an accident She was in a car accident and she hurt her head ... and it affected her brain She can't help it – it's how she is

JAN: Ohhh. [pause] Ohhh.
[A beat]

JAN: I have to go ... [takes the ball and runs off]

SUE: [morphing from child to adult] Is this being a carer? Telling lies? Lies to protect you, to protect us? Is this when I first became your carer?

SCENE 4

MOTHER: [to audience] She's a good girl. She studies hard.

SUE: [to audience] What is a girl studying for final school exams to do? She's gone funny again.

[SUE points at MOTHER – who gets up and paces throughout this section]

SUE: Pacing all night; dozing all day. Hammering nails into windows, wedging teaspoons under doors. Everything triple locked. Then back to the kitchen, staring into space. Always, always, staring into space. Dad's away: at a conference, having fun. I'm so scared. I don't know what to do. I try to ask Jim, Dad's friend: he's a grown-up. He interrupts before I've even got it out: [mimicking a fearful response] 'No, no, don't worry. I'm sure it's going to be all right.' I try another one, Nita, our neighbour. She just shakes her head and says, [mimicking a rushed, over-solicitous tone] 'What if I make you all a nice casserole for dinner?' Is this being a carer, doing these things, trying to get help? I stay awake, holding my breath, listening to your pacing, muttering, round and round, up and down the hall, axe in hand. Is this being a carer? This not-sleeping? This is all happening before emails and mobile phones but somehow, I get a message to Dad. It takes 24 hours.

[FATHER appears in doorway. SUE runs to him, tears spilling over. He puts an arm around her shoulders]

FATHER: That'll do. [looking at MOTHER] It's all right now.

SUE: [stepping away from her FATHER, addressing audience] That night, she was taken away. Police. Doctor. The lot. Is this being a carer? This growing up before you're ready? This holding in of tears? This strength that found my father?

[Exit FATHER]

SCENE 5

[BB gets up, wanders about a bit and then mimes crossing a couple of lanes of traffic to lie down on the road]

SUE: The night you went away, left the backyard, you left even your yellow packet of baccy, so we knew something was really up. I wait by the phone. I wait for the police to ring. I know it will be the police. Is this being your carer? It's one hour. [pause] People come and go. [pause] Two hours.

[Phone rings]

SUE: Sargeant Morris. [listens for a bit, then turns to BB]

[Through this BB mimes being hit by a car with a stylized slow motion]

SUE: You lay on the road, the busy major road, and the woman ran over you because she didn't see you soon enough. Her name was Anne. In Emergency, they let me in for a minute. On television, they seem to let the family stay for the whole episode – not us. I got one minute.

[BB moves to table and lies on it. SUE moves to the table as she speaks]

BB: *[taking SUE's hand]* That'll teach me to lie on the road, eh? I thought they'd stop ... *[with a rueful chuckle]* ... I thought I could stop the traffic ...

SUE: *[stifling sob]* Oh, darling ...

[to audience] I watch and wait all night as they operate. Is this caring? This wobbling inside?

After weeks of intensive care, the surgical ward ... *[on phone]* You need to get a psychiatrist to see him. *[listening]* You see, he has schizophrenia and he's very unwell right now and he thinks you are all demons trying to hurt him. *[listening, making a great effort to be calm]* I know you are doing your best. I know he's getting good care of his body and we're very grateful. But you do realize he lay down on the road purposely? You do know that? That he's in psychosis – for weeks now! *[listening]* Thank you. *[to the audience]* Umpteen phone calls and raised voices later, the duty psychiatrist saw him. Is this caring? This setting to steel, this voice that can cut through brick walls?

SCENE 6

SUE does 30-second dance/movement, starting with pushing away movements with arms, strong leg movements and morphing into a circling. She then speaks as though reminded of circling by her movement.

SUE: I see a circling. I feel my life in circling ... from her to him to her ... into hospital ... out of hospital ...

Sometimes when I'm waiting, I walk in circles. I certainly talk in circles: where do we think he is right now? Is he seeing demons? Is he hearing messages? What is he doing? Will the police be involved? Will they be gentle with him? Is there something I could be doing that I'm not? And so back again to I wonder where he is right now? and what he's doing? Watching goes in circles too.

Here it comes again, the spinning out, the going into that other world on the coat-tails of her, of him. Watching the cycles, the psychosis process circus, here we go again. Watching through the night: a night watch-woman, that's me, with eyes tired as circles. And wobbling. Well, circles roll and tumble and lurch about – like my stomach, like my heart, like our lives.

They also enclose: there are people inside the circle with us and then there are all those out there who have no idea what's going on in here. I try to include friends: invite them to help me. Several walk away: they leave the circle of my life for good. New ones arrive: the initiates, the ones who wobble about in their own circles of caring, and daring. And there are some who were there before, during and after: the natural circle-dwellers who can wait and watch and wobble with pavlova and Earl Grey tea and laughter – even with no sleep.

[looking alternately from MOTHER to BB as she speaks] Is this caring, then? This daring to speak? This waiting *[standing again like a flamingo]* and watching *[standing like an egret, peering around]* and wobbling *[one-legged wobbling about]*? This daring to care, my darlings? *[looking to MOTHER and BB]*

MOTHER & BB: We are not sick! We don't need help!

[dance movement that is brief and decisive, ending with SUE centre front stage. During this, MOTHER and BB come and stand either side of SUE, facing away at 45-degree angle]

SUE: Lament is the start of renewal.

[As the lines of this poem are spoken, SUE makes appropriate gestures, really maximizing use of her body, to MOTHER & BB. It is important not to rush the lines]

First her and then him

the woman who bore me

the son I birthed

They sandwich me,

they lean deep and strong

along bone and muscle

they surge through arteries

They have sculpted the curve
of my hellos and goodbyes,
the ways I say
or do not say

Yes or No

They sandwich me so tight
my heart has cracked:
a broken silent bell
peeling of what might have been

I miss you, her and him,

I miss you both

[*Music swells*]

SUPPORT MATERIAL: FLAMINGO DANCING

PRODUCTION NOTES

This script calls for careful choreography, as Sue's mental states are explored through movement. Music is called for at various points. There is no set and only basic props.

PREPARATORY EXERCISES - FOR TEACHERS

1. This script calls for interpretive dance, where the central figure expresses feelings and moods through movement. Select a range of music and have the class close their eyes and listen. Afterwards, have each person write for one minute whatever came into their mind during the music.
2. Read a book such as Melina Marchetta's *Saving Francesca* in which the central character has to deal with having a mentally ill parent. Ask students to imagine what it would be like if their mother or father was mentally unwell – how would their everyday lives be different? Would they tell their friends? How would they cope?
3. Survey your students to see their current knowledge of schizophrenia, then have them research schizophrenia, including the Greek origins of the word, the characteristics, diagnosis, theories as to causes, and current treatment methods.

EXTENSION EXERCISES - FOR STUDENTS

1. Nominate a piece of music to use during the opening sequence of this script, and write a short explanation of your choice.
2. Examine the script to determine when, in fact, Sue did start being a carer. Use quotes to support your answer. Include a definition of 'carer' in your response.
3. In small groups improvise a new scene for this script. Select your own or use one of these suggestions: on Sue's wedding day; when Sue finds out she is pregnant with her son, a day where she has to take her mother to hospital, a day when adult BB brings a friend home – a friend Sue thinks is not a good friend for BB to have.
4. In the scene with Jan, Sue does not tell the truth. Why is this? Write a short scene in which young Sue is unable to tell the truth about her mother to someone else – a teacher, a shopkeeper or someone of your own choice.
5. Sue says 'on television, they seem to let the family stay for the whole episode – not us.' In what ways is this portrayal of a family dealing with mental illness different from what you have seen on television? Write a list of comparisons.
6. In Scene 6, we hear about the treatment BB receives in hospital after he is run over. Analyse this treatment, comparing how the hospital staff treated his physical injuries and his mental illness.

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on schizophrenia.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 2.*

AWAKENING

BY VERITY WARN

CHARACTERS

NARRATOR:	Female
MOTHER ONE	
CHILD ONE:	Female
STRANGER:	On a bus
MOTHER TWO:	Child One as an adult
CHILD TWO:	Male
PARAMEDIC	
FOSTER FAMILY	
FOSTER MOTHER	
CARER:	In a group children's home
OTHER CHILDREN:	In the group children's home
KINDERGARTEN KIDS	

SETTING

This is a non-naturalistic piece and requires no set.

NARRATOR: When I was one
 It was meant to be fun
 But I cried in my cot
 And was punished a lot.

[*MOTHER ONE is yelling at a crying baby. Baby has soiled nappy and is crying as babies do. MOTHER is seeing it as naughty behaviour. This could be done with a pre-recorded baby crying, MOTHER'S back to the audience but leaning over a cot*]

NARRATOR: When he was one
 He learned how to run
 He'd careen all along
 While singing his song.

[*CHILD Two totters through scene singing 'Baa Baa Black Sheep' without real enunciation of words and perhaps a little out of tune*]

NARRATOR: At the small age of two
I caused their divorce
Away my Dad flew
And soon things got worse.

[CHILD ONE is curled up on the floor covering head with hands and crying. MOTHER ONE irrationally believes that the two-year-old has intentionally manipulated the parents apart]

MOTHER ONE: *[berating]* It's all your fault. I'll give you something to cry about!

NARRATOR: When my boy was two
He was cute as a button
He blossomed and grew
And was blamed for nothin'.

[MOTHER TWO and CHILD TWO are snuggled in a chair giggling and comparing hand sizes. MOTHER kisses dimpled knuckles of child. Their bond is obvious]

NARRATOR: By the time I was three
I wished I could flee
I'd walk up to strangers
Put a hand on their knee.

[On a bus, CHILD ONE is standing with hand on the knee of a seated STRANGER and gazing up at him. STRANGER is slightly perturbed but thinking "How cute!"]

MOTHER ONE: *[aghast and embarrassed]* What are you doing!?

[MOTHER ONE has her hand gripping CHILD ONE's arm, tugging her away]

NARRATOR: When he was three
He grinned cutely at me
His heart was filled
With unadulterated glee!

[CHILD TWO is attempting to stand on his head – feet remain on the floor – looks out between his legs. MOTHER TWO is clearly amused and cheers him on]

CHILD TWO: Look at me Mum!

NARRATOR: When I was five
I was sent away
To a place where there
Were other kids – I could play!

[CHILD ONE is learning to ride a tricycle with a CARER'S assistance. OTHER CHILDREN are happily playing around them]

NARRATOR: When he was five
His first day at school
I laughed and I cried –
He was such a jewel!

[CHILD TWO kisses and hugs MOTHER TWO, who wipes away a tear from her cheek, as CHILD TWO confidently runs off to join other KINDERGARTEN KIDS]

NARRATOR: Until I was six,
I knew I was bad,
She told me so often
And never did soften.

In an ambulance one day,
I got quite a shock –
The man said, "Good girl."
And I never forgot.

[CHILD ONE wakes up in an ambulance. PARAMEDIC is putting oxygen mask over CHILD TWO'S face. CHILD TWO raises hand to hold the mask on]

PARAMEDIC: [warmly] Good girl.

[CHILD ONE has never heard these words before and her face lights up]

NARRATOR: When he was six,
I gazed at my boy
And I wondered, how could she?
He'd brought me such joy!

CHILD TWO: [*gazing adoringly up at MOTHER TWO*] Mum, I love you so much I want to marry you!

NARRATOR: When I was seven
A new family was found
I thought it'd be heaven
But I never made a sound.

[*CHILD ONE is with a FOSTER FAMILY. Everyone is standing in the kitchen chattering as families do. CHILD ONE remains quiet. Someone notices this*]

FOSTER MOTHER: She's shy.

NARRATOR: When he was seven
He seemed so very small
Not such a stretch
From just learning to crawl.

[*MOTHER TWO is watching CHILD TWO happily playing. She looks sad but doesn't want him to see this. She is realising more clearly that what was done to her at such a young age was far from acceptable*]

NARRATOR: [*bitterness growing*] Before I turned ten,
I was with her again
I hoped she'd changed a bit
But she still called me a shit.

She locked me away
Called me ugly and bad
Beat me and starved me

I was terribly sad.
I prayed and I cried
But nobody came
I knew if I died,
She'd be to blame.

[CHILD ONE sits alone in a toyless semi-dark bedroom, cross-legged on the floor, back to the wall. She is wearing ill-fitting clothes and is cold and dirty. She wraps her arms around herself and stares sadly at her feet]

NARRATOR: He's now ten years old
And to me he's total gold!
I know what it's all about
And I think she missed out.

CHILD TWO: *[confidently, gleefully announcing]* Hey Mum! I'm so clever! I'm gonna grow up and cure cancer! I'm awesome!

[Fade to black; beat. NARRATOR steps forward in a single spotlight, and directly addresses the audience]

NARRATOR: At lucky thirteen
I escaped! I got out!
I refused to go back –
Spared the cops no doubt.

After that...

I struggled and tried,
I held it inside
I cried and I cried
Even considered suicide.

In my teen years
I found it hard to smile

But I made myself live –
It all had to be worthwhile.

It's been hard since then
And the journey's been long
I've relived it again and again
But I've learned overall:

That I'm very, very strong.

[smiling, showing a growing pride]

I have hopes for my son,
That he'll be a go-getter
And I know what I've done
As a mother, is much better.

SUPPORT MATERIAL: AWAKENING

PRODUCTION NOTES

This requires no sets or props. Two separate areas on stage represent the present and the past. The narrator is not the main visual focus until the end.

PREPARATORY EXERCISES - FOR TEACHERS

1. This script addresses the long-term damage caused by childhood abuse. As one way into this topic, analyse a number of Grimm's fairytales in which children are cruelly treated. Lead a discussion as to their relevance to today's society. Note the way this narrative echoes nursery rhymes.
2. Resilience is a theme in the play. Explore this concept, citing examples from novels and other texts. Ask students to prepare a short talk on a fictional character who is resilient.
3. Post-traumatic stress disorder is a mental illness suffered by a range of people. Have students research this illness: its causes, symptoms and treatment.

EXTENSION EXERCISES - FOR STUDENTS

1. In small groups, play clapping and chanting games from your childhood, or create your own. Discuss the effect of these games – why do all children play them?
2. In small groups, prepare and present paired tableaux. Have a positive and negative tableau for each of these: family dinner time, sixth birthday morning, teaching a child a lesson.
3. Research the link between mental illness and child abuse. Write a short report summarising your findings.
4. Imagine you are the neighbours of the child who is being abused. You hear her crying and you suspect her mother is abusing her. What do you do? In small groups, improvise different possible courses of actions for the neighbours.
5. Imagine you are the Narrator. You hear that the woman who raised you is dying. You have the chance to: write her a letter; see her in person, talk to her on the phone; or have no contact. What would you choose to do, and why?
6. Analyse why it has taken so long for the Narrator to change her perspective on her childhood. In your response, consider the title of the play and use quotes from the text.
7. This script mentions suicide. Look at the Mindframe stage and screen website (www.mindframe-media.info), and draft a monologue for a different character that includes suicide in its storyline. Use the principles of the Mindframe resource *Mental Illness and Suicide: A Mindframe Resource for Stage and Screen*.

FURTHER RESOURCES

Please refer to *Mental Illness Summaries* (pages 92-93) for information on depression and post-traumatic stress disorder.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 2, Change: Loss and Grief*.

THE LONG ROAD BACK

BY SUE MURRAY

INSPIRED BY THE STORY OF 'ELIZABETH'

CHARACTERS

ELIZABETH: As a Year 12 student, and twenty years later

ANTHROPOLOGIST: David Attenborough-like voice.

CLASS CLOWN

HUNK: As a Year 12 student, and twenty years later

QUEEN BEE: As a Year 12 student, and twenty years later

GEEK

JOCK

NURSING UNIT MANAGER (NUM)

OTHER STUDENTS

SETTING

Adult Elizabeth's bedroom is on one side of the stage. The main stage area is the quadrangle of Elizabeth's high school.

ANTHROPOLOGIST: Here we have a random sample of adolescents. [*looking at one in particular*] Very random. As an anthropologist, I have observed that adolescents come in assorted shapes and sizes. The vast majority of them wish they were another shape, size or colour – taller, smaller, thinner, blonder or [*miming breasts*] bigger.

At school, they take on roles and form tribes – queen bee, hunk, cool group, geeks, jocks, class clown ... and last, always last – the loner.

So which one of these is most likely to be the target of bullying?

[*walks down the line*]

Yes – the loner.

But – any one of these could be the target for a bully. [*stage whisper*] It's their biggest fear – being found out.

[*as each speaks, they try to hold their pose but their smiles are forced*]

CLASS CLOWN: What if they figure out I'm really boring?

HUNK: What if they find out my father is gay?

QUEEN BEE: What if they see the zit on my chin?

ANTHROPOLOGIST: The loner – she’s different from the others. She marches to the tune of a different drum. So they cut her out of the pack, mercilessly. ‘Better her than me’, they think.

[*QUEEN BEE and HUNK are now surrounded by the OTHER STUDENTS, the cool group and the jocks, as ELIZABETH walks past them, head down, arms crossed.*]

QUEEN BEE: Ohmigod Elizabeth! What are you wearing? Nobody wears long socks to school.

[*Everybody points and laughs at ELIZABETH.*]

[*ELIZABETH walks on. HUNK snaps her bra strap*]

HUNK: Frigid.

[*ELIZABETH walks past the geeks*]

GEEK: Weirdo.

[*ELIZABETH passes the CLASS CLOWN*]

CLOWN: Did you hear the one about Elizabeth? Nah, neither did I. She’s too boring to joke about.

Jock: Hey, who’s coming to watch the game?

[*Everybody exits except ELIZABETH, who stands there, dejected*]

ANTHROPOLOGIST: Nobody ever asked Elizabeth – why? Nobody knew about her abusive father. Nobody knew about her sick mother. Nobody knew about the thoughts in her head – the depression, her longing to die. Nobody said anything when she sobbed for hours on school camps.

Perhaps it was too much for them to understand.

[*beat*]

This is a longitudinal anthropological study. So let’s fast forward twenty years. And life isn’t easy for our loner, I’m sorry to say. Elizabeth has struggled to find friends, hold down a job, stay above the poverty line.

And it is an undeniable but little-known fact that there are bullies everywhere. Everywhere. At work, at church, even in cyber-space. Elizabeth's a nurse now, but she's found out the hard way that nurses are tough on each other – they eat their own.

[ELIZABETH pulls on a nurse's cardigan.

NUM enters, carrying clipboard]

NUM: Elizabeth, double shift for you on Christmas Day.

ELIZABETH: But I worked Christmas Day last year.

NUM: You want this job, don't you? How many jobs have you had now? And I've had complaints about you. You never smile and you're not a team player. Besides, it's not like you've got a family or anything. If you don't like it – quit.

[NUM exits.

ELIZABETH goes to her room. She sits on the chair. She takes out her writing journal. She sighs]

ANTHROPOLOGIST: Elizabeth's a writer, too. She writes a journal. And she's writing a novel.

ELIZABETH: [writing] December 14th. I have to work on Christmas Day – again. Everybody hates me. I'm such a failure. But I'm a good person. Why do people treat me so badly? I help others, I volunteer with the elderly. I go to church. It's only the fear of hell that stops me – I want to go to sleep and never wake up.

[beat]

I want to change the world – I want to make a difference. I can weave messages into my novel, save other people from the pain that I've suffered. The blackness. The despair. The suicide attempts. The hospitalisations. The poverty. The relentless struggle to get through yet another day.

[picks up envelope]

[pacing] Now this. How did they find me? Why would they want me to go to a reunion? To score more points?

[standing still] I'll go. I'll show them I survived all they did to me.

[ELIZABETH exits]

ANTHROPOLOGIST: The reunion. Back at Elizabeth's old school. Elizabeth's outside.

[ANTHROPOLOGIST moves to one side. ELIZABETH enters]

ELIZABETH: [talking to herself] You're going to see her. Carla the Queen Bee. Miss Perfect. She probably has the perfect life – married to a hunk, plays tennis, holidays in Europe, has a little clone girl and clone boy who are the stars of their school. She stole your life, your dreams.

[beat]

But you can do it. You can show her. You're still here. You're OK. She didn't destroy you.

[ELIZABETH enters the reunion. QUEEN BEE has some labels and a marker pen]

QUEEN BEE: Hi! It's – ah –

ELIZABETH: Elizabeth. You remember me?

QUEEN BEE: [no she doesn't] Ah – I'm glad you came! I'm sure you'll find some of your old friends.

ELIZABETH: Are you really glad I came? Me, Elizabeth Foster? The one you made the poster about in Year 12? The poster that said 'Nervous Breakdown'?

QUEEN BEE: [still for a moment – flippantly] Yes, I remember now. But hey – we were young! So, what about you, Elizabeth – married? Kids? Divorced like me? Wondering where the best years of your life have gone? Fighting gravity and the grey hairs?

ELIZABETH: You're divorced?

QUEEN BEE: Yeah, I am. It's really hard on my own – and the kids are a handful.

ELIZABETH: You've got kids?

QUEEN BEE: Two. My daughter's 16. She gets these – awful text messages – and I can't help much. Girls can be so – savage. And it's made me think back and – I'm sorry. And yes, I am glad you came. I didn't realise, back then – I'm sorry.

[ELIZABETH and QUEEN BEE look at each other for a moment. HUNK enters. He's drunk and has a beer gut now]

HUNK: Hey, Carla – who's the looker with you? Want a drink, Darl?

[ELIZABETH just stares at HUNK. She smiles at QUEEN BEE for a moment]

ELIZABETH: I've got to go. But – thanks. And with your daughter – just love her. Be there for her. Make her feel safe at home. We all need somewhere to feel safe.

[HUNK gives QUEEN BEE a bear hug as ELIZABETH exits, smiling a small smile]

ANTHROPOLOGIST: One remarkable feature about human beings is their ability to empathise. For some [pointing to QUEEN BEE] it develops later than others. This specimen [pointing to HUNK] seems to have missed out on the empathy gene entirely.

SUPPORT MATERIAL: THE LONG ROAD BACK

PRODUCTION NOTES

The humour in this script is an essential counterbalance to the darker aspects of Elizabeth's life. The opening sequence with the stereotyped groups should be played broadly. The set requirements are minimal and there are few props.

PREPARATORY EXERCISES - FOR TEACHERS

1. Watch excerpts of David Attenborough documentaries. As a class, define the vocal techniques he uses, and the personality he projects. Brainstorm a possible Attenborough-like introduction to a study of your school / suburb / city.
2. What is a stereotype? Challenge small groups of students to define one stereotype group in Australia today and to write a detailed description of that stereotype. You may model this by choosing a stereotype such as 'bikie'.
3. Explore the concept that there are bullies everywhere, not just at school. Your students could interview family and friends to see if they can find examples of bullying in the workplace or elsewhere.

EXTENSION EXERCISES - FOR STUDENTS

1. In small groups, review your school's anti-bullying policy. Is it effective? Can you suggest ways to improve it? How can it address areas such as cyber-bullying?
2. Imagine that the Anthropologist is coming to your school to gather information about adolescent tribes. In groups of two or three, prepare a detailed description of one such tribe, including their dress, behaviour, ways of speaking and other distinctive aspects. Be prepared to present your findings as a demonstration – in costume, of course. These tribes may be allocated by your teacher, or negotiated by your group with your teacher.
3. Why is the loner such an obvious target of bullying? Write a short explanation.
4. Analyse why it is so difficult for Elizabeth to go to the reunion – and why it is important that she does. What impact does it have on her? Consider the title of the play in your response. Write your findings in a short report.
5. What is *empathy*, and how is it different from *sympathy*? Write a definition of this term, and explain why it is a central issue in this script. Is there such a thing as an empathy gene? What causes the Queen Bee to develop some empathy? Analyse the Queen Bee's apology to Elizabeth. Does it seem sincere?
6. Imagine you have been asked to give a short talk at a local primary school about how to survive high school. What advice will you offer?

FURTHER RESOURCES

Please refer to Mental Illness Summaries (pages 92-93) for information on depression.

MindMatters link: *Understanding Mental Health, Students Experiencing High Support Needs in Mental Health, Enhancing Resilience 2, Dealing with Bullying and Harassment.*

MENTAL ILLNESS SUMMARIES

Information in these short summaries has been drawn from the following websites which all contain excellent fact sheets. These should be consulted for further information on causes and treatments.

- Headspace: www.headspace.org.au
- Reachout: www.reachout.com.au
- Beyond Blue: www.beyondblue.org.au

MindMatters booklet Understanding Mental Health also contains excellent information. It is part of the MindMatters kit which is available in every school, or downloadable from www.mindmatters.edu.au – see 'resources and downloads' menu.

ANXIETY DISORDERS, INCLUDING POST-TRAUMATIC STRESS DISORDER

Anxiety disorder is common. Around 1 in 25 young people between the ages of 12 and 17 will experience anxiety in any 12 month period. Anxiety only becomes a disorder when the anxiety becomes intense, causes distress, lasts a certain amount of time (not just a few days), and affects daily living. Symptoms include persistent worrying and excessive fears (phobias), inability to relax, avoidance of feared situations, excessive shyness, social isolation or being withdrawn, difficulty concentrating, poor sleep, and problems with work, social or family life. Intense physical symptoms of anxiety can manifest as panic attacks. Anxiety disorder includes post-traumatic stress disorder, where a person can have anxiety symptoms including flashbacks or nightmares following a trauma.

BIPOLAR DISORDER

Bipolar disorder affects one per cent of Australians. It used to be called manic depression, and involves extreme mood swings between periods of depression (see next page) and periods of mania. 'Mania' describes the most severe state of extreme elation and overactivity, characterized by a person being very talkative and excited, not wanting to sleep, lacking normal inhibitions, and having lots of ideas. Psychosis (see next page) can be present. In mania a person normally lacks insight, meaning they cannot recognize that there is anything wrong. Between episodes of mania and depression, a person with bipolar can have a normal range of moods.

EATING DISORDERS

The onset of eating disorders is usually during adolescence, but can also be during early adulthood. They are not just about food, as they affect the mind and the body. Anorexia nervosa and bulimia nervosa are probably the most well known of the eating disorders. Anorexia is characterized by rigid control over the amount of food eaten, while bulimia is characterized by losing control and bingeing, followed by a purge cycle. Signs of an eating disorder include excessive dieting or overeating, negative body image including an intense fear of becoming 'fat', rigid rules around food, avoidance of social situations involving food, low self-esteem, becoming irritable and/or withdrawing from friends and family, over-exercising, difficulty concentrating, and often feeling tired and low. Young people with an eating disorder may also have other mental health problems, such as depression and anxiety.

PSYCHOSIS

Psychosis is a symptom of a number of mental illnesses. It includes delusions (such as believing that you are someone else), hallucinations (such as hearing voices), and lack of insight that anything is wrong. Psychosis is most likely to occur in late adolescence or in the early adult years.

SCHIZOPHRENIA

The onset of schizophrenia usually occurs between 15 and 25 years, although it can appear later. The prevalence of schizophrenia is about one percent in the general population. Symptoms include psychosis, thought disorder, lack of drive, social withdrawal, blunted expression of emotion and lack of insight. Schizophrenia is often mistakenly referred to as a 'split personality'. This is not true. People with schizophrenia may have delusions and a distorted sense of reality, but they do not have multiple personalities.

SCHIZOAFFECTIVE DISORDER

This diagnosis is made when the person has symptoms of both a mood disorder (such as depression or mania) and psychosis. In other words the picture is not typical of a mood disorder or schizophrenia.

DEPRESSION

Around one in four young people will have had a depressive disorder by the end of their adolescence, making it the most common mental health problem for young Australians. Depressive disorders cover a group of illnesses, including major depressive disorder, bipolar disorder and post-natal depression. Major depressive disorder usually happens in episodes, with symptoms including: longstanding feelings of unhappiness, moodiness and irritability, feelings of emptiness or numbness, loss of interest and pleasure in activities, loss of appetite and weight (although some people overeat for comfort and put on weight), difficulty sleeping, or sometimes staying in bed most of the day, tiredness, lack of energy and motivation or alternatively feeling anxious, difficulty concentrating and/or making decisions, feeling bad, worthless or guilty (negative self-talk), preoccupation with gloomy themes and thoughts of suicide. The consequences of untreated depression can include poor school or work performance, losing friends and family supports, substance abuse and a high risk of suicide. In severe instances depression can include psychosis (see next page).

FURTHER RESOURCES

Mental Illness Education ACT (MIEACT)

www.mieact.org.au

www.realitycheck.net.au

Invite a Volunteer Educator to your group and hear their personal story of living with mental illness, or caring for someone with mental illness. Check out reality check – a youth mental health website for residents of the ACT.

MindMatters

www.mindmatters.edu.au

A national mental health initiative for secondary schools. Kit available in every school and online, providing the perfect companion resource for *Casting Light* .

Headspace

www.headspace.org.au

Australia's National Youth Mental Health Foundation, providing the latest information, as well as improved services for young Australians aged 12 to 25.

Reachout

www.reachout.com.au

A service that helps young people get through tough times and provides information and support on a range of mental health issues.

Ybblue

www.youthbeyondblue.com/ybblue

A community awareness campaign to reduce the stigma associated with depression and promote help seeking behaviour in young people aged 17 to 25.

SANE Australia

www.sane.org

Campaigns, education and research to improve the wellbeing of Australians affected by mental illness, including StigmaWatch.

The Butterfly Foundation

www.thebutterflyfoundation.org.au

Support for Australians who suffer from eating disorders and negative body image issues and their carers. Includes BodyThink for schools and online help.

Bullying. No way!

www.bullyingnoway.com.au

Australian school communities website aiming to create learning environments free from bullying, violence, harassment and discrimination.

Mindframe

www.mindframe-media.info

Resources for stage and screen – created to help inform truthful and authentic portrayals of mental illness and suicide on stage and screen in Australia.

WHERE TO GET HELP

Kids Help Line

www.kidshelp.com.au

Australia's only free and confidential counselling services for 5 – 25 year olds, by phone, email, or via the web. Telephone 1800 55 1800

Lifeline

www.lifeline.org.au

24-hour free and confidential counselling. Telephone 13 11 14

SHORT BIOGRAPHIES OF CONTRIBUTORS

ANITA BACKMAN

Anita lives near one of Canberra's most famous roundabouts. She has been diagnosed with bipolar disorder. Anita has a stack of medals for ballroom dancing behind her, and is now getting physical at the gym. Zach, a Maltese cross, made Anita's list of her top four relationships.

The script-writing process was very healing. What would I like young adults to get out of it? That even though you have mental illness you can do anything if you set your goals appropriately.

ANNIE BROWN-BRYAN

Annie Brown-Bryan is often mistaken for Bryan Brown. She has been living with depression for over 15 years. Annie has a degree in Visual Arts and is trying to revive her art practice after 10 years of not being able to be creative. Despite being a very capable cook, she has a strained relationship with her oven.

Casting Light has helped me stir the pot of my creativity. Our workshop at the coast made my pot positively boil over— the vulnerabilities that I had felt about my creativity were reduced and cooked off. I hope my script will help young adults acknowledge and deal with negative voices, and also give them a bit of a laugh.

'ELIZABETH'

Elizabeth (real name withheld) delights in the clear blue skies of Canberra in winter. She has lived with depression for over 30 years. Her loves include a naughty cattle dog and the great outdoors.

The writing process helped me to accept what has happened in my life. It was uplifting to hear other people's life stories.

HELEN GOMBAR-MILLYNN

Helen lives with her husband, a hairy black dog with a mysterious past, and two gold fish. She has a degree in Community Development and is currently employed as an Event Manager. Helen's passion in life is travel, and she inherited her itchy feet, sweet tooth and left wing politics from her parents, both of whom had a mental illness.

Seeing my script in black and white made me think with fresh eyes. I hope it encourages people to talk things through – to not keep things bottled up.

LEE FULLER

Lee Fuller lives on a hairpin bend of Ginninderra Creek. She has two sons who live with mental illness (schizoaffective and anxiety disorder). Reading is a great passion, but she has also been known to travel, go the gym, and take regular walks with a friend. After some slow and tedious years of painting, her latest venture into new acrylics is showing promise!

It's important to me to be able to link with others who are doing the hard yards to manage mental illness in the family. You're not alone. It's good to recognise the impacts of mental illness on the family, and I was really chuffed that Sue used so many threads from my story in the script.

KEITH MAHAR

Keith Mahar is a social worker, mental health advocate and political activist. Keith was diagnosed with bipolar disorder in 1996 and has experienced severe depression and major psychosis. He is the creator of website www.mentallympians.tv. Check it out!

Collaborating with playwright Sue Murray on this project was wonderful. Sue was able to artistically represent key elements of my experience of mental illness in a script that is respectful, educational and entertaining. Did I really end up naked in an elevator? Absolutely.

SUE MURRAY

Sue Murray is a Sydney-based playwright whose scripts are studied and performed across Australia. She loves snorkelling, scuba diving and exploring islands – her favourites so far are Rottneest, Savai'i and Lord Howe. Her website is www.suemurray.com.au.

Casting Light has been a richly rewarding project for me. It's been a challenge to write scripts reflecting the experiences of the MIEACT members who've so honestly and openly shared their lives with me. Mentoring the MIEACT writers has been an absolute joy.

DOROTHY NOBLE

Dorothy Noble has been living with and learning how to manage depression since 1993. She built her own home and began a degree in Visual Arts. Now she is celebrating another milestone birthday by visiting her daughter in Barcelona and then a small remote island off the west coast of Scotland.

For me the process has been one of integration and consolidation. It helped me validate large parts of myself which I have denied, been ashamed of, or embarrassed by. This project has been a major step for me in managing my mental health and reclaiming my whole self.

MATT QUINN

Matt Quinn no longer lives in a little blue car, but celebrated ten years with Novie last year. He lives with bipolar disorder. Fun stuff for Matt includes indoor cricket and hanging out with his daughter watching videos, and playing checkers, Lego and even more cricket.

Reading Sue's script gave me a warm glow because it was such a fresh perspective. I wish someone had talked to me about mental illness when I was young, so I hope my script can give others a heads up now.

JENNI SAVIGNY

Jenni Savigny lives on the westerly slopes of an old volcano. She refers to her adolescence as 'the stolen years', being the time she spent in the grip of an eating disorder. Jenni once saved a dog from death row, and a wild river from being dammed. She has ascended Mt Jagungal on skis, and descended Mt Ainslie on a bicycle.

Bullying had a big effect on my mental health. I often wished for the chance to directly tell the bullies and my old high school about this – some sort restorative justice process. One day, wish fulfilment came with an unexpected phone call. I hope my script inspires a contagion of courage. It's very good for mental health.

JO WALLIS

Jo lives and works in Canberra and is married with two teenage children. She loves riding her Vespa and watching the steady rhythm of her chooks scratch around her backyard. In her late teens she was diagnosed with depression, then suffered severe post-natal depression and was later diagnosed with post-traumatic stress disorder.

I started writing this script in hospital. Taking that work and polishing it into a performable piece has been a valuable experience. It has also given me the confidence to enter a short play competition.

Thanks to Sue and to MIEACT for making this possible.

BIFF WARD

Elizabeth ('Biff') lives in the village of O'Connor in the ACT. She climbs cliffs, is a movie junkie and has been arrested some ten times for protesting about various wars. Her grandson says that when she goes in the sea, she sounds like a donkey (the cold) but swims like a dolphin. She had a mother, and has a son, with schizophrenia.

Creating this script has opened up the world of theatre as a possible avenue for telling my stories. It has been a very exciting process. I love the idea of sharing information in this way. May we all learn and grow from the challenges that life sends us!

VERITY WARN

Verity is a single mother who studies and volunteers in the ACT. Verity has experienced depression, anxiety and self-esteem issues, and now lives with symptoms of post-traumatic stress disorder. She enjoys knitting and carpentry, among many other interests. She has worked as a clown, swim teacher, lawn mower, and owned her own company in the IT industry until parenting responsibilities took priority.

The process of developing this script was completely new to me and has been incredibly educational. I've learned about myself and my own strengths and abilities, and about drama in general. The message from my script? No matter what a person lives through, there is always room left to think positively and have hope for the future.

LIZ WETHERELL

After spending much of her adult life in other countries, Liz is now leading a relatively peaceful life in Canberra. She plays the flute and enjoys choral singing, as well as spending time in the great outdoors and at gym classes. Her daughter and son, seem to have inherited the travel bug and the family travels together sometimes.

Writing has always come fairly easily to me. I'd never written a play script before though, and found it a very different process. In my script I've drawn on the experience of friends with a dollop of imagination thrown in to suit the target group of young actors.



ABOUT MENTAL ILLNESS EDUCATION ACT (MIEACT)

We live in a small office on the second floor of the Griffin Centre in Canberra City where the phone rings constantly. That's because it's a big job to reduce stigma towards people with mental illness, and promote mental health literacy and early intervention, and we've chosen a unique way of doing this. What's unique is a selection criterion for the job of delivering our education programs – you must have a personal experience of mental illness or look after someone with mental illness. We provide the training and support, and it is these people and their personal stories that form the core of our work.

We know that storytelling works. Our School Education Program was evaluated by Dr Debra Rickwood of the University of Canberra, who found that it was effective in reducing stigma towards people with mental illness and increasing mental health literacy. This study was published in the *International Journal of Mental Health Promotion* (vol. 6, #4, Nov. 2004).

Our educational programs are also delivered throughout the community – to bus drivers, police, mental health workers, and corrective services officers, to name a few.

We're very proud of the number of awards we've won since our tiny beginnings in Canberra 1993 – over ten local awards, and two prestigious national awards. Add to that the recognition we enjoy from the ACT Government as a key stakeholder in mental health promotion, and the widespread respect and support we receive throughout the community.

Storytelling has been so effective that we've diversified. There's a theatre-in-education program about body image and self-esteem for Year 7/8 girls called Any Body's Cool. There's a weekly radio program – Opening Minds. There are three books. Two books are collections of writing by young people about body image and self-esteem (*Body Image Body Scrimmage* and *Attack of the Barbies*). The other book is *Stories Changing Minds: inside MIEACT*, which is the full bottle on our model of mental health promotion. And there are two websites – www.realitycheck.net.au for information on youth mental health and our organisation's website www.mieact.org.au where you can find out much more about us.

No wonder the phone keeps ringing!

MIEACT

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