

## **Introduction & Curriculum Links**

This resource pack is aimed at teachers and students of Drama, Theatre Studies, English (GCSE & A level) and Performing Arts National Diploma: Improvisation, Devising, especially issue based work, Scriptwriting, Contemporary Theatre and Performing Arts in Context. Due to the nature of the material in the play, we recommend it to students aged 15+.

Given the themes in the play it will also be of interest to students and teachers of Psychology and Citizenship/PHSE.

The interviews with the artistic team give insights into the writing and directing processes as well as illuminating the themes in the play as they see them.

The exploration of some of the themes both informs and encourages discussion & debate.

There are exercises at the end of each section guiding further discussion, improvisation and creative writing.

Further reading encourages work beyond the classroom.

YWP information explains how our department operates and how students aged 13-25 can submit scripts or join our writer's groups.

**Interview with Polly Stenham**  
*Interviewed by Laura McCluskey, Royal Court*

**20<sup>th</sup> March 2007, 2<sup>nd</sup> day of rehearsal**

**Describe your writing process**

So far with the two plays I've written it seems to be 2 ideas. One an image and one a storyline which collide together. I don't know if that will be my process forever, that's just what's happened. I warm up before I start a new scene. I write a monologue maybe to get into it. If I start too early it is half boiled. I need to be in the swing a bit.

**LM You were part of the Young Writers Programme.**

**PS** I did two writing groups both with Leo.

**LM Did you learn those techniques when you were in the Young Writers Programme?**

**PS** We were told to do stuff like tidy our rooms! I think the monologue is my idea. The courses were great they gave me such confidence.

**LM What are the main themes in the play?**

**PS** Responsibility. Love. Mainly responsibility.

**LM In the first read through I became aware of two parents who have completely reneged on their responsibilities. The father is worse because he goes off to the other side of the world. I found it almost incredible that he wouldn't have kept up any contact.**

**PS** 80% of divorced fathers never see their children again after two years.

**LM Do you think Martha is an alcoholic who has mental health issues or is it the other way round or is she a woman who has been abandoned by her husband?**

**PS** Not the latter. I couldn't really the answer the other, I think they are so entwined, like lots of people who drink – it masks something else.

**LM What's it masking for Martha?**

**PS** Manic depression. Brought on by post natal depression because it was a bad pregnancy with Mia.

**LM That's interesting that you choose not to reveal this in the play other than when Martha does say how perfect she felt when pregnant with Henry. So she has always hated Mia?**

**PS** Yes.

**LM** You have been quoted as being critical of the Royal Court's 'kitchen sink' drama as being somewhat voyeuristic as the people that come to the theatre are middle class and are looking at working class people and how they behave...

**PS** I do think it's time for the programming to change

**LM** Dominic Cooke has also stated he wants to see the middle classes portrayed on our stage. But isn't this play just as voyeuristic? Aren't we just looking at a middle class family expose their worst secrets and their bad behaviour? Is that any less voyeuristic?

**PS** That's a really good question. I think theatre is always going to be voyeuristic because you're a fourth wall aren't you? You are watching people in ways and places you never could. That is part of the thrill of it being live; there is something naughty in that. But voyeuristic is a blanket term isn't it? I think it's equally voyeuristic seeing things which should be private. But the difference – I'll be really blunt - between the shows I have been to - which I've *really* enjoyed and found challenging – is that there is a generic type of audience here but the shows seem so far from that type, and there seems a *massive* barrier between us. It's almost like maybe they are asking for pity? Like aren't we glad we are not a scaghead in Leicester? Instead of oh my god, my neighbours could be doing that. It's very hard to answer this without any degree of political correctness. It's a very important question that I should think more about.

**LM** Some think there is a victim culture that has developed within certain groups where they claim benefits and never work. Maybe this links in with what you were talking about.

**PS** As British people we get so hung up on class. After seeing so much stuff that is not like my life or like the lives of any of the audience, I think I want to peeve a bit on people from the world I know, it's less political and more personal. It might hit a bit closer. I've seen so much of that world that was my theatre awakening so it's more refreshing for me. I think I prefer things in the old vein like Edward Albee and Tennessee Williams, more wordy, less bloody.

**LM** Did you do any research?

**PS** Some. I looked at the effect of Valium, read some mental health acts, looked into alcoholism. I called the speaking clock! I've done a lot more research on my new play, which is about religion and I needed to.

**LM** We have a work experience placement who is 14 and I let her read the 1<sup>st</sup> scene. And she was quite offended as she is a Christian.

**PS** Yes it is offensive isn't it? No one has mentioned it so far. It suggests that there aren't that many religious people in the industry.

**LM** Given that you are writing about the world you know did you interview anyone?

**PS** No

**LM How do you hope the play will affect the audience?**

**PS** I'd like it to stir them up a bit. I hope it will make them sad because it is a tragedy. I hope that it will make them think about something that interests me which is your responsibility towards people you love – when should you leave them, when are you making it better and when are you making it worse trying to help and when would you make it better by just walking away. Sometimes love can make things worse.

**LM Do you think 15 year olds can watch this play?**

**PS** Yeah 15 upwards. Mia is 15.

**LM Did you have any actors in mind for this role?**

**PS** No, I was enormously surprised that it got put on! I didn't think that far ahead.

**LM Is it demanding for you in the rehearsal room – are you being asked lots of questions,**

**PS** I've got to finish the absolute final draft of the play and that is really challenging. It's *definitely* the hardest bit. It's like a really complicated stack of dominoes and if you move one bit it could un-pin loads. And having a lot of input all at once which can be confusing but helpful also. We are going through the play now scene by scene and stopping to really clarify.

**LM** So through that process you are sort of bombarded.

**PS** Yes but I enjoy it.

**LM What made you become a playwright. What was your journey?**

**PS** That's a lovely question to be asked - I don't really feel like one! (**LM** you are - you're at the Royal Court!) I was going to the theatre for a very long time, I'm production trained, and I always wrote fiction. It brings together all these things I love. I love the live quality.

My father first took me to the theatre. He took me a lot, and took me to some quite inappropriate things when I was younger – two or three times a month mostly to the fringe and here. It's such fun when you're that age –still is.

**LM What plays really affected you?**

The first play that really upset me was the Shape of Things by Neil La Bute at the Almeida, and I cried at the end. A Streetcar Named Desire at the National with Glenn Close was brilliant. And The Pillowman, that really upset me.

Here at the Court I like the International work. I really liked Ladybird. A lot of it seems more risky.

**LM You have mentioned Albee and Williams. What other theatre artists influence you?**

I think Sam Shepherd is phenomenal. He writes with such muscle. The way he writes about alcohol. Caryl Churchill. I don't think I could write in that style but it shows such discipline, a remove. Anthony Neilson I like a lot, he's funny. Martin McDonough – he's got great black humour. I have huge respect for Leo (Butler) he's a great teacher and I think his work is so understated. He's really special isn't he? (LM Yes)

**LM Anyone else within the arts – painters, musicians etc?**

I listen to a lot of music. I like Nan Goldin. Her photos are quite theatrical, quite intimate of her friends and Wolfgang Tilmans, a German photographer. He also takes pictures of his friends in the crazy Berlin gay clubbing world, a bit like Nan Goldin again. You feel like you shouldn't be there (LM you said that about your play earlier) yes it's that voyeurism

**LM Any other comments?**

**PS** I would like to stress how much I feel I owe the Royal Court – how grassroots I feel coming through here. This would have never happened without YWP. It's such a fantastic initiative, such good work. Lots of very different people, no particular type and when you start there you feel very connected to the theatre.

**LM Why did you choose to direct this play?**

**JH** Dominic Cooke asked me to come and meet Polly and I've always respected Dominic and his work, so immediately I took it seriously. And then I read the play and I really wanted to do it and then I met Polly and then I definitely *had* to do it. I think it's a combination of the quality of her writing and the fact that she's such a young writer is exciting. Sometimes when you read a first play like that you think there's a possibility that they're only writing from a very direct experience and although that's interesting and valid you sometimes wonder whether a writer has got that further energy that will turn them into a "proper" writer – and I think Polly's got that. She's really smart and she's very clear about what she wants. Immediately when we started talking about staging ideas we were talking the same language.

**LM Tell me about your staging ideas**

**JH** We're going to do it in the round with only one or two rows of seating. All the domestic stuff happens in Henry's bedroom, so there's a double bed in the middle of the space all the way through. Then all the other scenes – the boarding school, the hospital, the restaurant and Hugh's flat – they're all happening in the other corners. So that everything is referring to this central relationship to this bed. That means we can suggest an environment with the other scenes and be more detailed with Henry's room as well as seeing it change over the course of the evening. We don't have to get it off and on which we would have to do if we did this play end on, we'd just have these boring challenges of how to do that. So to have it there all the time adds a constant reference point for the other scenes as well as giving a practical solution to a knotty staging problem. There's not much money in the JFU budget but I don't necessarily think that's a bad thing as I think that means the theatre can present a lot more work and also, because the place is so flexible, it forces the design choices to be about that crucial relationship between the actors and the audience. So it's nice to make a big bold choice that's hopefully going to support the play.

**LM I was arguing with Polly that the play is voyeuristic and I think that if it's in the round that will add another element.**

**JH** I think the nature of voyeurism is that you can look without being seen but with this in the round you are implicated in the action. It's raw what you're going to see but you can watch the watchers and that's quite important.

The Royal Court often attracts a kind of 'well-heeled' audience and there is sometimes this cultural, social, financial gulf between the audience and the people on stage that has made me feel slightly uncomfortable, slightly weird, considering where it is and the people it attracts. So it's good territory to be representing such a middle / upper middle class family.

However, I think it's important not to get carried away with the class issue in relation to the play. It could easily turn into a flash point about the production which I'm anxious to avoid. I think the job of drama is to provide an opportunity for an audience to empathise and I think that there's an

interesting challenge in this play in that we don't often see this class represented in such a *savage* way. It's quite a brutal exposition of some of the typical values of that class and the emotional shortfall that can follow. You don't want to generalise about the class itself because they are all individuals but I think its interesting territory that's going to be uncomfortable for an audience of whatever class.

**LM Do you agree that the play could be about a family who are not so middle class?**

**JH** Yes. This stuff goes on – addiction, lack of parental responsibility, the borders being blurred between children and parents. The difference with *That Face* is that there's money behind this family. Sadly most people don't have that privilege. In this play money replaces love a lot of the time or love is expressed through money. It allows people to avoid their responsibilities even more. (LM perhaps it allows some dignity) Yes, Martha's going to go to a rehab clinic that someone's going to pay for and it may or may not be successful. There was an interesting moment we discovered in rehearsal this morning when we came to the bit with the cat food. Somehow it seems so symbolic of a middle class nightmare that they've been reduced to eating cat food. She hasn't eaten the cat food but it's a really interesting little turning point which clearly identifies that they are products of a social background. I think it's funny. . . I think the audience will be shocked. (LM I think it would be awful in any background) yes I think it would but you hear stories of people eating cat food (LM do you?!) yes it's a symbol of impoverishment and here it is happening in this swanky flat in a lifestyle that is well-funded. It's something ironic and amusing that it's this symbol of poverty that gets Henry upset. A lot of the undercurrents of the play concern appearances and what is socially acceptable.

**LM What do you think are the themes in the play?**

**JH** Well it's a play about family, about what we think families should be and about what our families really are. It's about boundaries and the blurring of boundaries it's about how money can replace love, and it explores what happens to people when they have to take on too much responsibility too young. I think there's a shadow around the play about people making choices in their lives without really owning those choices, about them being ignorant of their own deeper motivations and how that ignorance perpetuates a destructive cycle of behaviour.

**LM Polly thinks it's about responsibilities and love.**

**JH** Yes. It's about love and how love gets a bit twisted in certain circumstances and how those natural boundaries between parents and children can be eroded. What's interesting to me is how important it is not to be simplistic about the drug and alcohol addiction of the mother. That actually those are symptoms of . . . the character could be self- medicating, she is trying to sort out this hole that she's got inside herself and that's probably from a genetic/ family continuum. A sense of depression maybe bi-polar and the alcohol just exacerbates the problem. It is not a play about addiction really. Those issues are expressions of this problem that the whole family share and that the parents have created in the dynamic between themselves. Henry is trying to do the right thing but actually he's doing all the wrong things. The most difficult thing for him to do is walk away from Martha and leave her to her own devices. Sadly he's too young to know that and anyway, they have created this co-dependency that makes it impossible for him to leave...

**LM What preparation have you done?**

**JH** Well I'm familiar with the class of people so I've thought a lot about my own past and the people I've known. I've done a lot of research into alcohol dependency, I've done anecdotal research into girls boarding schools and their lives and I've thought about the character's strategies and those transactions we have when we become parents no matter who we are talking to: the psychoanalytic system of 'transactional analysis' . . . that has been quite useful. But most of the work I've done has been delving into the play and seeing how its internal logic works. And talking to Polly a lot - that's the best preparation you can do when you're directing a play – listen to the writer and work out what she is really trying to say and let that guide you.

**LM What methods do you use in the rehearsal room?**

**JH** On this one I'm going to do a lot of improvisation concentrating on the back stories. I want to look at what they have shared in the past so that we all have a very real sense of what it was like before the father left so that when we do the scene when he comes back we all know what it was like when he left. What it feels like. So we're going to try and create a reality of the offstage events.

Basically at the moment we're going through the play and looking individually and collectively with Polly not just intellectually but actually having a sensation of what it was like for example when Hugh left or when the cleaner was fired. It's an attempt not to generalise, not to assume that we have this shared understanding but when you start to break it down we get a greater sense. So anyone who is talked about in the play we'll have a picture of them on the wall in the rehearsal room so we are all visualising the same thing. Its just about a way of giving the actors the confidence to play the part of the longer story, something that's been going on for a number of years and I hope it will have a knock on effect in making the work and the choices the characters make more complex. I think it would be a mistake to be reductive – they're as complicated as you or me and as soon as you start asking questions about why certain behaviours have cropped up a whole therapeutic process goes on and so we want to be really deep and detailed about all of that stuff.

**LM Polly was talking about the fact that Martha's depression began when she had an awful pregnancy with Mia and that's why she hates her. I think it's interesting that Polly chooses not to write about this in the play apart from the moment when she says how perfect she felt when she was pregnant with Henry.**

**JH** Yes I think that's a perfect example of when we are given the tiniest reference in the play and it is important that we go back and explore what that's all about. And we'll probably go further back to Martha's relationships with her parents (LM Yes of course).

So those are the methods and` then apart from that it's pretty traditional really, getting it on its feet and listening to the actors, finding out what they're thinking, and for me to find ways of supporting their performances.

**LM Do you work differently on other plays?**

**JH** I think that one of the joys of being a director is that your job changes – or it should do anyway - depending on who you're working with and what material you're working with. And if you don't you can miss the point. You're being asked to direct *this* play not any old play. I think it's useful and it's more interesting. What I think is important with this play is that the actors can play a sense *absence* when they're on stage, I want them to have a feeling within themselves of this other thing that they're missing, so when your Dad turns up and you haven't seen him for two years, it's really important to concentrate on that. It's almost like there's another play behind it which is when things weren't going wrong when things were ok.

**LM** So do you think there were significant times in the world of the play when things were ok?

**JH** I think they were manageable yes. Martha was probably always a bit of a livewire and that level of exuberance was acceptable in someone much younger, a bit of a party animal and they probably both had a good time. I think as life went on and there was more of a sense of responsibility the relationship degenerated and these things developed. This family though has serious problems at its heart, and the crisis we see has been waiting to happen.

**LM** Do you see any particular challenges that you might face in directing this? (Like Henry having to piss himself every night on stage for example)

**JH** Yes I think challenges like that are fun, working out how to do things but the main challenge you face is how to tell the truth, to get it right in terms of both the writers intention but also peoples' experience, the reality. I don't want to take short cuts to make it palatable or theatrically successful. I want to really engage with the audience. I think one of the ways is to stage it in a way that the audience can't avoid it because when some of the territory is harrowing people might instinctively look away if they get a choice and they might choose not to engage with it. I also think there's a sense of balance. This is a class of privilege and maybe the audience will be prejudiced in not giving much sympathy to the characters so I feel a responsibility of making it so real that it should be like you are looking at those real characters, not a presentation. In a way it's a typical slice of life thing, but with a class of people that aren't usually represented that way.

**LM** Can you say more about why you think an audience might not want to engage?

**JH** because it's easier for them to engage with characters who are disenfranchised politically and socially, this theatre has a history of representing the underdog. What is difficult is here we are looking at a group of people who on the surface have got it all. They're all good looking, they've got money, they're extremely well educated, whatever happens to them. What ever happens to them the members of that class are going to go on and be in charge of other sections of the population. They're going to own a certain amount of capital. They're going to have power. So I think *rightly* politically there is a resistance to empathise with these characters because in a lot of ways that class behave in hateful ways and their privilege represents a wider social injustice, but you could argue that they don't know anything about it, it's all socially determined and they are unaware of these issues but I feel we need to show it so truthfully that you *have to* engage.

**LM it's the lack of love that we'll care about isn't it?**

**JH** Yes, we'll feel sorry for the kids. They continue the cycle – they're not goody-goody little victims, they are continuing it. Well Mia is anyway, she's a tormentor, she's a torturer, and Henry is his own worst enemy, bless him.

**LM What did you want the audience to leave talking about?**

**JH** I want them to be engaged emotionally. I want them to try and understand what the characters are going through. I don't know. I don't mind so long as they are engaged. I imagine that they will be talking about loads of things that I won't have anticipated and that's all good. Hopefully the characters are going to be rich, I don't want there to only be one possible solution so that the audience is discussing the value of a private education for example. I hope that they are more blown away by what they have witnessed I hope they engage emotionally and they're a bit more sympathetic towards the characters. I think that's what it's all about, they've felt what it's like to be them for a bit, that's the role of drama.

If the revolution comes about as a result of it then that would be good but it's unlikely. It doesn't feel to me like a political play with an agenda apart from the point that everyone is worthy of empathy and understanding but then that's true about everything really. . .

**LM Why & how did you become a theatre director?**

**JH** I came through here, I feel like I'm a product of the Royal Court. I was an assistant in early Stephen Daldry days. The people I worked with then have had an effect on the way I work. Then I worked with Howard Davies who was a bit of a mentor to me. Then the good people of Newcastle upon Tyne have been teaching me at Live theatre where I work when I'm not here. The audience teach me what I'm doing right and what I'm doing wrong It's a great theatre in a fantastic city...but I'm enjoying myself back here at the court.

**LM Any other influences beyond theatre?**

**JH** I used to be a stand up comedian and I learnt a lot about structure, how to write jokes, when to get information across and when to subvert it. I listen to a lot of music and I'd like my work to have the integrity of Radiohead or Arcade Fire.

**LM Yeah I'll bet!**

## Design

**Designer Mike Britton was inspired by Tracey Emin's 'My Bed'.**



*My Bed* 1998 (installation view)

Mattress, bed, linens, pillows, suitcase, ephemera, 79 x 211 x 234

The Saatchi Collection, London

© Courtesy the artist and Jay Jopling/White Cube (London) Photo: Tate Photography

This information has been taken from *The Turner Prize: Twenty Years*, by Virginia Button, Tate Publishing, 2003.

Tracey Emin shows us her own bed, in all its embarrassing glory. Empty booze bottles, fag butts, stained sheets, worn panties: the bloody aftermath of a nervous breakdown. By presenting her bed as art, Tracey Emin shares her most personal space, revealing she's as insecure and imperfect as the rest of the world.

Tracey Emin was born in London, England in 1963. Between 1983 and 1989 she studied at Maidstone College of Art and then attended the Royal College of Art. In 1999 Emin was shortlisted for her works exhibited at Lehmann Maupin and Sagacho Exhibition Space, which showed her 'vibrancy and flair for self-expression' that revealed a 'frank and brutal honesty'.

Tracey Emin makes paintings, drawings, prints and sculpture, as well as working in performance and installation, film, video, embroidery-collage, neon and written text. Critics have noted the wistfulness, poetry, humour and honesty that underpin the harrowing frankness and unreserved sexual revelation of her obsessively confessional works. *My Bed*, the work shown at the Turner Prize exhibition in 1999, graphically illustrates themes of loss, sickness, fertility, copulation, conception and death -

almost the whole human life-cycle in the place where most of us spend our most significant moments.

## **EXERCISE**

### **Acting exercise**

**The bed is placed in the centre of the stage in a similar way to how Emin's work was presented in the gallery space.**

**Place something at the centre of a stage and improvise a series of scenes around it.**

**It could be real, something simple like a table, a chair, 2 chairs. . .**

**Or imagined - a shop, a swing, a garden, a river. . .**

# EXPLORATION AND FURTHER INFORMATION ON THE THEMES AND EDUCATION EXERCISES AND IDEAS

In her interview playwright Polly Stenham says that Martha drinks to mask manic depression brought on by post natal depression. We see the effects that Martha's alcoholism and mental illness have on the rest of the family, especially Henry who tries and fails to look after his mother. Here we look at the issues of addiction, dependency, mental illness and the effects on the family.

## I. Addictions and Dependency

Dependent behaviour comes in many forms, and includes: gambling; eating disorders, such as anorexia; co-dependency (being dependent on other people); emotional dependency, particularly to states of anger, love and lust, which can make people as oblivious to the world as any drug; helping dependency (compulsively taking care of others); internet addiction; obsessive-compulsive disorder; sex addiction; workaholism and exercise addiction.

For many people who have addictions, their habit started as a way of coping with unbearable feelings they couldn't deal with in any other way. Through a mixture, perhaps, of life experiences, social pressures and genetic inheritance, they have lost control over their behaviour, their drinking or their drug-taking, and suffer cravings or withdrawal symptoms if they go without.

Unfortunately, addiction tends to get worse and worse. Often, people don't recognise they have a problem for a long time, so they don't ask for the help they need. By then, addiction may have taken a terrible toll on the quality of life at home, school or work, and to relationships. Unless tackled, it could even be fatal.

### **What are the causes of addiction?**

Experts have different views about this. Research in this area is still new, and discoveries continue to be made. There appear to be some strong similarities, for example, between the causes of self-harming behaviour and dependency.

#### **Genetics**

In the 1970s, research showed that the children of alcoholics are more likely to become addicted than the children of nonalcoholics. It suggested to some researchers that certain people might inherit a tendency to become dependent on alcohol or drugs through their genes, rather than because of their environment or through the example of family members. It's not someone's fault they use alcohol or drugs to excess, but learning that there is a way to stop and get help makes them accountable for their actions.

#### **Childhood experience and abuse**

Some experts believe that dependency is rooted in unresolved childhood grief and a profound sense of loss. This could be through losing someone they love (through death, separation or

divorce), losing status (financial or academic), their position in the household (through the birth of a sibling, for instance), and their familiar home, pets or toys. It could also mean the loss of something intangible, such as dreams, hopes or ambitions, self-esteem, friendships, the feeling of being loved or trusted, of pleasurable emotions, and even of childhood, of identity or of a sense of self. This can negatively affect their view of the world and themselves, making them more vulnerable.

Research after research has shown that a vast percentage of people with a dependency have had abusive childhoods. This can range from being neglected or shamed to physical and sexual abuse. It's been suggested that someone with a weak supply of serotonin, dopamine or endorphins in their system, but who is born into a family that provides plenty of nurture and support, may avoid having to deal with anything they can't cope with. But often, the children who are most in need suffer neglect, abusive parenting or other traumatic experiences.

### **Lack of coping strategies**

Children in such a situation may never have been given the essential problem-solving strategies they need, or taught which boundaries shouldn't be crossed. Dependency is the only route they know.

### **Social pressures**

The sheer availability of alcohol and other drugs, and society's general acceptance of alcohol, is a significant factor, as is the pressure young people put on each other to use drugs.

Some people can only find their way out from unbearable pressure by turning to mood-altering substances and behaviours. They discover substances or behaviour that solve their immediate problems by giving them a 'high' and changing or masking what they see as shameful emotions, such as pain, grief or fear. It's the start of a downward spiral that may, typically, take the following course. The dependency becomes the source of more shame. The person then seeks refuge from the pain of dependency by moving further into the addictive process. They deal with future problems, such as the loss of a partner or of their job (which may be a consequence of dependency) the same way, accelerating the descent.

The rituals of dependency replace the disciplines of normal life, because addicts know they will be rewarded with a mood-change if they act in certain ways. Their routine becomes consistent and familiar: the alcoholic joins his or her daily gathering of drinking companions; the bulimic purges him- or herself; the sex addict scans pornography. Gradually, tolerance grows and people need more to get the same effect.

Source: [www.mind.co.uk](http://www.mind.co.uk)

## **2. The effects of mental illness within the family**

### **Denial**

When mental illness first strikes, family members may deny the person has a continuing illness. During the acute episode family members will be alarmed by what is happening to their loved one. When the episode is over everyone will feel a tremendous sense of relief. All involved want to put this painful time in the past and focus on the future. They may also look for other answers, hoping that the symptoms were caused by some other physical problem or external stressors that can be removed.

Sometimes, even after some family members do understand the reality of the illness, others do not. Those who do accept the truth find that they must protect the ill person from those who do not and who blame and denigrate the ill person for unacceptable behavior and lack of achievement. Obviously, this leads to tension within the family, and isolation and loss of meaningful relationships with those who are not supportive of the ill person.

Without information to help families learn to cope with mental illness, families can become very pessimistic about the future. The illness seems to control their destiny rather than the family, including the ill member, gaining control by learning how to manage the illness and to plan for the future.

### **Stigma**

Even when all members of the family have the knowledge to deal with mental illness, the family is often reluctant to discuss their family member with others because they do not know how people will react. After all, myths and misconception surround mental illness. For many, even their closest friends may not understand. For example, the sister of a young man with schizophrenia pointed out that when a friend's brother had cancer, all his friends were supportive and understanding. But, when she told a few, close friends that her brother has paranoid schizophrenia, they said little and implied that something must be very wrong in her family to cause this illness. Family members may become reluctant to invite anyone to the home because the ill person can be unpredictable or is unable to handle the disruption and heightened stimulation of a number of people in the house. Furthermore, family members may be anxious about leaving the ill person at home alone. They are concerned about what can happen. The result is they go out separately or not at all.

The result of the stigma in so many areas of daily life is that the family becomes more and more withdrawn. When others do not accept the reality of mental illness, families have little choice but to withdraw from previous relationships both to protect themselves and their loved one. They are unwilling to take any more risks of being hurt and rejected.

### **Frustration, Helplessness and Anxiety**

Family members may have trouble understanding any difficulties the person is having, or they may tell themselves that the person will "snap out of it" if given time, support and encouragement. Families may become angry and frustrated as they struggle to get back to a routine that previously they have

taken for granted. How much easier to believe everything will go on as before, rather than to focus on the changes and adjustments the person and the family must make. This behavior often results in the family going from crisis to crisis, without any plan to deal with the situation. They become more and more frustrated and bewildered because both the ill person and the family have no control and no understanding of what is happening.

Obviously such constant stress and concern can create serious family problems. Family life can be unsettled and unpredictable. The needs of the ill member become paramount. At the same time there remains the needs of other family members and the usual problems of everyday life. For siblings this can be very painful. It appears that their needs, their time to have the focus on them, are put off or ignored. This very draining experience can create an atmosphere of confusion and resentment, which can result in irreparable damage to the family.

Source: <http://www.pathways2promise.org/family/impact.htm>

## **EXERCISES**

### **Discussion**

**Discuss the issues raised in the above articles. How do they relate to the play?**

### **Improvisation**

**In groups create a family with one member who has a mental illness that dominates the family. Create a still image of the family.**

### **Writing**

- 1. Write a diary entry as if you are a member of a family where somebody has a mental illness. You could be the ill person, a sibling, a parent, a son/daughter.**
- 2. Write a scene where 1 member of a family, who is mentally ill, dominates the rest of the family.**

### **3. The effects of alcoholism in the family**

Family members often take on specific roles to deal with alcoholism – but can end up causing more problems for themselves. Alcohol doesn't just affect the alcoholic; it affects the entire family. If one or both parents are alcoholic, chances are the children take on one of the following rigid personalities in an unconscious attempt to 'fix' the family.

#### **The Caretaker**

Usually a parent or older child takes on this role. A caretaker loses her sense of self because she is trying to take care of the entire family. The caretaker's purpose is to maintain appropriate appearances to the outside world.

Negative consequence: The caretaker never takes the time to assess her own needs and feelings, and others cannot bond with her due to the bustle of activity.

#### **The Hero**

This is the individual whose accomplishments compensate for the alcoholic's behaviour. The child excels in academics, athletics, music or theatre. Her purpose is to raise the esteem of the family and assure them that their definition is more than alcohol.

Negative consequence: The hero does not receive attention for anything besides achievement; therefore, inner needs are not met and she loses the ability to feel satisfied by her accomplishments.

#### **The Scapegoat**

Anything wrong in the family gets blamed on this person to remove the focus from the parent's alcoholism. For example: "Mum wouldn't drink so much if she weren't always in trouble" or "If you weren't so overweight we wouldn't have this problem." The child has issues with authority figures as well as negative consequences with the law, school and home. Purpose:

Negative consequence: Alcohol is not identified as an issue and the scapegoat is identified as 'the problem'.

#### **The Mascot/Cheerleader**

This child is known as the class clown in school and is the most popular in the family. Her purpose is to provide levity to the family.

Negative consequence: The laughter prevents healing because its purpose is to distract.

#### **The Lost Child**

The lost child disappears from family activity. Favourite places for the lost child are in front of the TV or in her room. Due to the sedentary lifestyle, a lost child tends to have issues with weight. She is 'low maintenance' and does not place added demands on the family system.

Negative consequence: The lost child sees much more than what she says, so the family forgets to listen to what the lost child thinks and feels.

**Al-Anon Info Centre, Capel Street, Dublin 1 (tel. +353 1 873 2699)**

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## **EXERCISES**

### **Improvisation**

**Move around the space as if you are each of the different character types. How does it affect your body, movement, the way you feel?**

**You can vary the movement by exaggerating it more and more and by playing around with speed, pace and levels.**

**Allow the different characters to meet up. What happens?**

### **Writing**

- 1. Can you match up the character types listed above with the characters in the play?**
- 2. Write a scene between 2 of the character types who are members of a family with an alcoholic.**

## **4. Children caring for dependent parents**

Young carers are children and young people under 18 who care for a sick or disabled relative, including someone who has mental health or severe drug and alcohol problems. Barnados estimates that there are £175,000 young carers in the UK.

A young carer may also care for their brother(s) or sister(s), maybe because one or both parents are no longer around. Even if another adult is living in the household, the young person may still be the main carer.

Many children and young people who spend time caring for a chronically sick or disabled parent experience long-term problems in their own lives resulting from missed school and lack of qualifications or job opportunities.

Research for the Joseph Rowntree Foundation, suggests that associated difficulties facing young carers include stress, depression and behavioural disorders as well as restricted opportunities to make friends and form relationships.

Based on in-depth interviews with 60 carers, and former carers, aged 16 to 25, the study by researchers at Loughborough University looks at the ways that caring influenced their education, training and employment and how it affected their transition into adult life.

The study finds that young carers frequently had close, loving relationships with their parents and had tended to mature quickly, gaining practical skills that were useful for independence and adulthood. But these positive aspects of their lives had been outweighed by the loss of educational, social and employment opportunities as they grew older.

### **EXERCISE**

#### **Writing**

**Write a series of diary entries of a young person caring for a parent. They may have addiction problems or be disabled in some way.**

**Go back over the diary entries and turn them into a monologue.**

**You may be inspired by the article on the following pages.**

From: The Sunday Times  
April 15, 2007

A Life in the Day: Lauren Mallins

**The 11-year-old is one of Britain's 175,000 young carers. Her mother, Nikki, 43, has been wheelchair-bound since a bout of viral encephalitis left her paralysed seven years ago. They live together in Margate**

Mum sets her alarm for her 8am tablets. She doesn't always hear it, but I'm a light sleeper, so I go in and turn it off. Then I put the kettle on for her coffee. She's not very good in the morning, but

I do admit she's better than me. I'm extremely grumpy and shouty and tired. I take in Mum's coffee with her Nomad, which has her tablets in. It has compartments with a different day and time for each pill. Sometimes when she's tired I just put them in her mouth and say "Swallow," because otherwise they sit there on her tongue going soggy.

I help her get onto the commode, then I get her breakfast — usually a nice cereal bar with yoghurt, cranberries and nuts — and I have a bowl of whole-grain cereal, sitting on my bed. Mum has a Mitrofanoff, which helps her go to the toilet because she can't wee normally. She doesn't have a belly button: she has a big hole, which she keeps covered to stop infection getting in. Instead of going for a wee, she threads a sterile tube into her stomach, past two valves inside, then her bladder empties into a jug, called the receiver.

I empty the receiver down the toilet and rinse it all out with distilled water to make sure it's sterile. A few months ago we finally got a disabled-facilities grant to install a shower. That's changed her life, and mine. I used to wash her back every morning with a bowl of hot water and a flannel. She didn't have a bath or a shower for seven years.

I have a wash, get dressed and pack my bag, and make my lunch for school. I put in cucumber, tomatoes, a sandwich, a drink and some fruit and sometimes a packet of crisps. I usually make Mum a Marmite or peanut-butter sandwich and a drink to keep in the fridge. Or I'll put out a plate and a cup and leave some bread in the toaster, covered over, so she can push it down and butter it later. She can't use the kitchen. Everything is too high and she can't reach anything.

Sometimes I don't want to go to school. Mum always says: "Go on, I'm fine." But I'm nervous all day that she's going to fall out of her wheelchair — she's done that before. She smacked her head on the parquet flooring once, and ever since then I've worried. Mum doesn't know this, and I try not to show it but it makes it very hard to concentrate.

I've been given the job of doing the registers, so I have to be in school early. We give them out to 9 or 10 classes, and the teachers want them in a specific place or they get cross. They're quite fussy. If you put a dinner register in the wrong classroom you miss a playtime.

I'm on a table with a lot of help at the moment. I find most things quite difficult, actually. I'm not exactly very bright. When I was in year four, some children made fun of me. They called me a spastic and a retard because my mum's in a wheelchair. Nobody likes me. I only have one friend, who sits next to me, but nobody gets what my life is like. I try to be positive. Mum is always saying: "Remember, PMA: positive mental attitude." But it's hard. I just want my mum to be able to do ordinary things like meet me from school, but she can't do that because she doesn't have the right wheelchair and we can't afford a Motability car. It means we're stuck. It hurts a lot when I go to other people's houses and everything is normal.

A carer comes to school to collect me and makes tea, and Mum and me chat about my day and do homework hour. I'm practising my spelling and handwriting. Mum likes me to go to activities like Guides, but unless there's a carer here in the evening, there's no one to pick me up, so I can't go. I did do gymnastics, but I got so bored. I really wasn't enjoying it any more. It was frustrating for Mum because she used to be a qualified gymnastics coach. Last summer we put her chair and a mattress in the garden and she taught me to do backward walkovers. Mum's been asked to join the Kent wheelchair-volleyball team to train for the Paralympic squad. She'd love to, but she can't, can she? She can't get out of the house.

After lunchtime on a Saturday, when the carer has gone, we're housebound. We do homework and watch TV. We always have the same dinner on Saturdays because we're so limited in what we can cook. Mum can't reach the cooker, so we eat packet microwave pasta, which I've gone right off since my healthy-eating thing. That's really desperate, that is. Or we have a jacket potato.

Most of the time we hide what we feel from each other, but sometimes I shout and scream: "Leave me alone!" Then I lie on my bed and cry, and after that I feel a bit better. I wish I had someone else to talk to. Children just don't understand. The Princess Royal Trust for Carers arrange outings and activities, but that's all about forgetting your troubles for a day. You never really know what's going on with anyone else. You can't exactly go round asking.

I go to bed at 9pm. At the moment I'm having quite bad dreams about secondary school. Mum says it will be a new start, but I keep thinking I won't fit in. The last thing I do is find Puppy. I've had him since I was a baby, and Mum's mended him so many times. He's had new eyes, a new nose, and now he's almost bald. She says I'm too old for him now, but I don't care — he makes me feel safe. I'd never sleep without him.

*The Sunday Times Magazine* and Miracles, the charity, have set up a fund for Lauren and her mother. For details contact [miracles@fastnet.co.uk](mailto:miracles@fastnet.co.uk)

Miracles, P.O. Box 3003, Littlehampton, West Sussex, PN16 1SY [www.miraclesthecharity.org](http://www.miraclesthecharity.org)

## 5. Bullying

**In the opening scene of *That Face* we see Mia, accompanied by a friend, bullying a younger girl at school. As director Jeremy Herrin says, ‘Mia is copying the behaviour she has been exposed to, which is being the aggressor’. Here we witness a very dangerous form of bullying where the victim has been drugged. However the many levels of bullying that go on in schools can have devastating effects on the lives of all involved.**

### **What is bullying?**

The DfES describes it as ‘deliberately hurtful behaviour repeated often over a period of time including being called names, being teased, being hit, pushed, pulled, pinched or kicked, having their bag, mobile or other possessions stolen, receiving abusive text messages or emails, being forced to hand over money, being forced to do things they don’t want to do, being ignored or left out, being attacked because of religion, gender, sexuality, disability, appearance or ethnic or racial origin.

### **Who bullies and why?**

*“What hurts me so much is that she used to be my friend”*

*“It got to be a habit. The awful thing was that I felt good seeing him cry. The others laughed and that made me feel even better. But then the teacher said that he was in hospital because he had tried to hurt himself to get away from the bullying. It was only a bit of fun really – I didn’t mean him to take it seriously”*

*“I want to stop but I’m scared the ringleaders will turn on me.”(11 year old)*

Bullies and the bullied are not always distinct groups. 15% of primary school children surveyed and 12% of secondary students said they had both bullied and been bullied in the last year. Among those who had bullied, some described it as a bad habit they were trying but failing to break.

Like adults, children tend to become crueller with numbers. Almost 3 out of 4 children who called Childline were being bullied by a group rather than a single person.

### **What bullying does to children**

*“It took me a long time to get my confidence back – years really. I still think about it now and get upset” (26 year old)*

Bullying breaks children down. It is shameful, humiliating and frightening. Sometimes the thought of going to school is so terrifying that children feign illness to avoid going. So then they start to miss lessons and this affects their academic progress further hampering their confidence.

### **Witnessing bullying**

*“I saw a small boy in the park being bullied by a gang. They swore at him and kicked him. I was too scared to do anything in case they turned on me”*

Bullying affects everyone, not just the people directly involved. When young people see someone being humiliated or abused, they are forced into an extremely compromising position. If they

intervene they run the risk of being turned on themselves. But doing nothing makes them feel helpless and guilty.

### **Asking for help**

*“if you’re being bullied you don’t want to tell a teacher because you don’t know what that teacher will do.”*

*“They have sworn to get back at me if I tell anyone. They said they would kill me” (11 year old)*

Many people think that the reason bullied children don’t receive help is because they don’t ask for it. Childline’s evidence shows that this isn’t true. More than 4 out of every 5 bullied children have asked for help and have done so repeatedly, despite fear of reprisal.

A generation ago, racism and sexism in schools were accepted as facts of life. Hopefully the next generation will look back with astonishment on a time when bullying was seen as a natural part of growing up. Schools and youth groups have the power to create an environment in which bullying is not acceptable.

Childline has many helpful ideas of ways of working to prevent bullying.

**If you are affected by bullying you may wish to look at the website:** [www.childline.org.uk](http://www.childline.org.uk)

## **EXERCISES**

### **Acting**

**Working in 3s: I is victim, I is persecutor, I is rescuer.**

**Create a triangle within the space showing the roles and relationships.**

**Improvise a 1 minute scene. Show scenes and discuss how you felt in your role.**

**This can be a starting point for many exercises. You can swap roles and discuss how differently you felt.**

**Groups can merge so that the persecutors (bullies) become a group. What happens?**

**You can work with status. What happens when a bully is low status or a bullied person is high status?**

## Young Writers Programme

### Empowering playwrights today to challenge and engage the audiences of tomorrow...

We run playwriting courses for young people aged between 13 -25 based at the theatre as well as playwriting projects in schools, youth centres, colleges, prisons, chat rooms, girls groups, refugee centres, the workplace... in fact we will run projects pretty much anywhere!

We run a Young Writers Festival biannually. We receive plays from all over the world and we put on the ones we really like... Look out for the next festival in 2008

### Further reading

Plays by the following playwrights can be found in The Royal Court Bookshop:

**Edward Albee, Tennessee Williams, Sam Shepherd, Neil La Bute, Caryl Churchill, Anthony Neilson, Martin McDonough, Leo Butler, Richard Bean.**

**Information on the artists Nan Goldin, Tracey Emin** can be found on <http://www.tate.org.uk>

Photographer **Wolfgang Tillman's** work can be seen at the exhibition The Secret Public at the Institute of Contemporary Arts until 6<sup>th</sup> May 2007.

<http://www.societyguardian.co.uk>

Desperate Measures: a story about a mother who buys her son heroin

Sunday Times. A Day in the Life. 15<sup>th</sup> April 2007  
Is about an 11 year old caring for her disabled mother.

These resources were created by Laura McCluskey for the Royal Court Young Writers Programme, as part of our Education work in 2007.

With special thanks to Melissa Warren, Viviana Mendes and Aida Ghirmai for research and to Clare McQuillan for her contribution to the writing.

We would appreciate any feedback you have on these resources as we are constantly trying to improve our service to teachers.

#### Royal Court Young Writer's Programme (2007)

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The Young Writer's Programme is supported by:

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