

*Theatre Therapy: Examining How Mental Health Conditions are Represented in Plays and
Musicals and Their Impact*

An Honors Thesis (HONR 499)

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Abstract

For centuries, theatre artists have been creating works of art that embody the human experience. After all, that's what theatre is, telling stories of the human experience and sharing those stories with other humans. There have been works that discuss familial issues, death, abuse, trauma, and even mental health. Even though the National Institute of Mental Health has reported that one in five US adults are living with a mental illness, there are members of the general public that still believe that mental illness does not exist. Many theatre artists have been creating artistic pieces that work to challenge this and other misconceptions about mental illness and mental health in general. Though many theatre artists approach the subject of mental health with their own interpretation, the utilization of mental illness as a focused topic is something that aids both the story and the overall audience experience. This paper will take the opportunity to examine a handful of pieces of theatre, including *Dear Evan Hansen*, *Next to Normal*, *Lady in the Dark*, and *The Curious Incident of the Dog in the Nighttime*, that incorporate the topics of different mental illnesses and explore the storytelling techniques utilized in these pieces and the impact those techniques have on the story and the audience experience.

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Process Analysis Statement

When I set out to begin working on this project, I knew that I wanted to work on something that fed both my academic mind and my artistic heart. I wanted to work on a project that showcased the progress that I have made with my education, but also showed off who I am as a person. I settled on this analysis project because it would allow me to explore some powerful and impactful theatre pieces while also examining what makes them successful and how I can work on implementing those elements in my own work as a playwright.

This project incorporates different elements of myself: an academic, a theatre artist, and someone living with a mental illness. I have been living with an anxiety disorder for the majority of my life, began suffering from depression around middle school/high school age, and was suicidal for many years. However, I didn't get diagnosed or even seek any type of help until I was eighteen. This was mainly because I didn't know I was suffering from these mental health challenges. Growing up, I saw mental illness being portrayed by the media as people who were serial killers, in mental health facilities, or engaging in self harm. Because that wasn't me, I didn't equate myself with a mental illness, until I saw the musical *Dear Evan Hansen* for the first time. While being an audience member of the show, I saw that the theatre artists were able to convey the ways that I had been feeling my entire life. I hope to make a similar impact as I continue toward pursuing my career. I want to become a playwright, and I want to write plays that tell stories that aren't told very often and make an impact on audience members. Hopefully, I can write a piece of art that helps someone learn something new about themselves and the world they live in, the way that *Dear Evan Hansen* helped me discover things about myself. With this research paper, I hope to show others the great impact that theatre can have on representing and

recognizing mental illnesses and disorders. Maybe then, others can get a better understanding of how to identify struggles of mental health in themselves and in others.

I started this process with big aspirations. I originally planned to read and analyze at least ten different plays and musicals from different time periods. I quickly learned that taking on that many works would turn this project into more of a dissertation, rather than a standard thesis. I had realized that I had bitten off more than I could chew and that I needed to reevaluate my process. I ultimately came to the decision to work on four plays, *Dear Evan Hansen*, *Next to Normal*, *Lady in the Dark*, and *The Curious Incident of the Dog in the Nighttime*. Though all of these plays discuss topics of different mental health conditions, they each tackle different conditions, in different genres, and in different time periods. *Dear Evan Hansen* (2015) is a modern-day musical that centers around a teenage boy with anxiety and depression, and incorporates the influences of social media. *Next to Normal* (2008) is a family based musical that focuses on a mother with bipolar disorder and delusions and tackles the topic of mental health head on. *Lady in the Dark* (1941) is an older musical about a successful woman in the fashion magazine industry that works with a psychotherapist to learn how to cope with her bipolar depression. *The Curious Incident of the Dog in the Nighttime* (2012) is a straight play that explores an autistic teen boy working to solve a mystery. All of these pieces uniquely take on the task of artistically displaying the topics of mental health conditions and sharing them with audiences.

Early on in my process, I thought that it would be helpful to plan out my work schedule. I have often found that when I give myself deadlines, then I usually become more motivated to get things done. I created a calendar with the big dates and deadlines for my entire senior year so that I could plan out my work schedule effectively. This way, I would be able to make progress

on my thesis, still keep up with a full class load, and block out enough time to engage in some self-care so that would not overwhelm myself. The schedule had to be revised occasionally, to make room for unexpected challenges along the way, but overall I stayed true and consistent with the schedule and was able to create a piece that was given the time and effort it deserved.

The routine of my process started with me picking up one of the plays and reading it, just for comprehension of the story. I then read the play again, for analysis purposes. I went through the play with a series of post it notes and made annotations about things I was observing in the piece. I went through the piece a third time and narrowed down the things that I wanted to talk about in my paper. After my multiple readings of the piece, I wrote an individual analysis paper for that play. I repeated this process with each play. Once each play had been thoroughly read and analyzed, I put all of the individual analysis papers together into one cohesive piece.

My biggest challenge for this piece was mainly centered around the dauntingness of the entire thing. I had a lot of high hopes about what this project was and how it was going to look. I had a lot of ideas and a lot of things that I wanted to explore. However, I knew that I had to contain myself. I am very prone to doing more than expected and always going above and beyond. Usually this is a good thing, but it also means that I have high expectations of myself that can be detrimental to my overall health and well being. There are also a lot of times in which I will put off a new project because the task seems too daunting and overwhelming. So, I will procrastinate even starting. I definitely felt that overwhelming feeling while I worked on this project. The way that I was able to counterbalance this feeling was by breaking things down into small, manageable pieces. When I planned out my calendar, I tried to manage things into small, manageable tasks. Along the way I had to make alterations to the schedule, but I ensured that I completed one task a week dedicated to this project. Whether that was reading a play, doing

research, or engaging in analysis I made sure that something got done every week. By breaking things down into small, manageable pieces, then I was able to make progress on this project without overwhelming myself.

I learned a lot while engaging in this process, but I think that what I will take away from this experience the most are things that I hope to utilize as I continue my journey outside of college. Through my time here at Ball State, I have learned a lot about myself, both personally and artistically. As I have been studying to become a playwright, I have discovered the type of stories that I am drawn to as an artist. I enjoy stories that focus on breaking stigmas and impact the way someone views the world; those are the type of stories that I want to write. I think that there is something magical about creating work that ends up being a catalyst for someone's growth. Through this project, I have witnessed the tactics and strategies that other successful artists have utilized to achieve this goal of fighting against stigmas. I have seen what strategies make the biggest impact and which are a nuisance. I hope that as I continue on my artistic journey, post-graduation, I can take these different tactics to inform my own writing and make me a better writer so that I can make an impact in someone else's life, the way mine was impacted.

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Musicals and Their Impact

"Mental illness is the only disease that can make you deny its own existence. Certainly, the idea that the brain can deny its own illness is a frightening thought." -- Natasha Tracy, an award-winning writer with bipolar disorder who works to help educate the public about mental health.

According to the National Institute of Mental Health, one in five US adults are living with a mental illness ("Mental Illness"). And yet, there are many, especially figures in positions of power, that continuously deny the existence of mental illness. With a physical ailment, people can see what is wrong with someone. They can see that a person's leg is broken, but they are unable to see the pain that exists within someone's mind. Unlike a broken bone, the mind cannot be wrapped in a cast or bandage to be left alone to heal itself. There is no one way to treat a mental health condition. Some people respond to therapy, others to medication, and some need serious life alterations. As the world has evolved, many psychologists have found great success within creative arts therapies. Creative arts therapies describe the idea of healthcare professionals working with individuals of all ages and health conditions to utilize the creative and expressive process of creating art to improve the psychological and social wellbeing of their clients ("The State of the Art in Creative Arts Therapies"). Creative arts therapies utilize various mediums of the arts, including drawing, painting, music, dance, and even theatre.

The theatre is considered to be one of the more inclusive creative mediums. Theatre is one of the few art forms that cannot be done individually and requires theatre artists to

collaborate with people of various backgrounds and identities. Theatre has also been a source for people to make connections with others and feel accepted and seen. This type of community has been especially helpful to people living with some sort of mental health condition. A common misconception among people with a mental health condition is the idea that they are alone. They feel as though they are the only ones struggling and that no one else understands how they are feeling. However, this couldn't be further from the truth. For centuries, theatre artists have been creating works of art that embody the human experience. After all, that's what theatre is, telling stories of the human experience and sharing those stories with other humans. There have been works that discuss familial issues, death, abuse, trauma, and even mental health. Though many theatre artists approach the subject of mental health with their own interpretation, the utilization of mental illness as a focused topic is something that aids both the story and the overall audience experience.

This paper will examine a handful of pieces of theatre that incorporate the topics of different mental illnesses and explore the storytelling techniques utilized and the impact those techniques have on the story and the audience experience. The general public have differing opinions about the utilization of the term "mental illness." There are those that prefer that term, because it conveys the message that what they feel is not just a passing emotion. It is something that they live with that impacts their daily life and that cannot be ignored. However, there are those that think the term "mental illness" conveys that there is something wrong with them. That they have some sort of disease that alienates them from society, instead of just a series of limitations that they have to navigate around. So, for the purposes of this paper, the phrase "mental health condition" will be utilized as a way to convey the identification of those with

some sort of diagnosis that impacts a person's well-being, but does not make them appear incapable or inadequate.

One of the more common tactics of representing mental health conditions is by including a protagonist with some sort of mental health condition. The musical *Dear Evan Hansen* is a show that focuses heavily on the topic of mental health. *Dear Evan Hansen*, music and lyrics by Benj Pasek and Justin Paul with libretto written by Steven Levenson, tells the story of Evan Hansen, a lonely teenager that struggles with anxiety and depression. Evan has been working with his therapist to better interact and connect with his peers. A tactic that his therapist has Evan utilize is to start each day by writing a letter of encouragement to himself. He is supposed to start each letter with, "Dear Evan Hansen, today is going to be a good day and here's why" (Levenson 163). However, after a day of bullying, feeling ignored, and being reminded that he has no friends, Evan writes a different version of the letter. In this version, he writes about how dissatisfied he is with his life, how he feels invisible, and how no one would notice if he disappeared. Evan's letter is discovered by his classmate, Connor Murphy, who has been labeled as the school's drugged-out freak. When Connor reads Evan's letter, he draws the conclusion that Evan is making fun of him and takes Evan's letter with him. A few days later, Evan learns that Connor has committed suicide, with Evan's letter in his pocket. Connor's parents assume that the letter is Connor's suicide note that he wrote to Evan. Not having the courage to tell the grieving parents the truth, Evan concocts this narrative that he and Connor were best friends. This lie starts to spiral out of control and eventually Evan becomes a beacon of hope and encouragement for everyone that is struggling, until things get out of hand and Evan begins to lose his ability to discern what is real and what is in his head.

It is not enough to just claim that a character is anxious or depressed. So, the writers use moments in the piece to show how anxiety and depression affect Evan and his interactions with other characters. An example of this is seen during one of the first interactions between Evan and Zoe Murphy (Connor's Sister). Zoe approaches Evan at school to check on him and see if he is ok after witnessing her brother bully and push Evan. Included in the dialogue is this moment:

“Evan: That's so weird, I'm sorry.

Zoe: You apologize a lot.

Evan: I'm sorry” (Levenson 19).

Excessive apologizing is a common symptom of anxiety. As Susan Heitler, a Denver-based clinical psychologist explains, “...excessive apologizing can occur because of a hyperactive amygdala (the part of the brain that regulates emotions)...” (Farah). Heitler's words relate to the idea that anxiety over stimulates the part of the brain responsible for communicating and feeling emotions. And if that part of the brain is unable to properly regulate the emotions being felt, then the entire system becomes unbalanced. This means that oftentimes, the intensity of a specific emotion does not match with the intensity of a situation. This includes the excessive feeling of fear and panic that anxiety concocts. Excessive apologizing is the brain's strategy for keeping themselves safe. They are taking on responsibility for the situation so that they don't provoke the other person, which might cause the other person to take abusive action against them. This would make sense for a character, like Evan, who is talking to the sister of his bully. In his mind, he does not know why Zoe is talking to him, but he knows that her brother just attacked him. There's a possibility that Zoe may attack him as well, even if she is being nice to him. With the regulation of emotions not being properly in balance, Evan is feeling an excess amount of guilt. He perceives that he has done something wrong in this simple conversation and that he must

make up for his wrongdoing. He's not sure what it is that he's done wrong, if he's done anything wrong, but in his mind, that doesn't matter. In this situation, his brain tells him that he is at fault and that he must do what he can to atone for that mistake, resulting in his excessive apologizing.

Including a character in a play that embodies a type of mental health condition is helpful because it allows audiences to get to know the character, how they view the world, and how they interact with others. It's as if they are getting to know a real person with that condition, instead of relying on a series of stereotypes and blanket statements that have become the norm. That way, they can learn more about the condition and debunk some of those stereotypes. A play that helps audiences understand the traits of someone with a mental health condition is *The Curious Incident of the Dog in the Night-Time*, written by Simon Stephens and based on the novel by Mark Haddon. *The Curious Incident of the Dog in the Night-Time* tells the story of Christopher Boone, a fifteen year old English boy with autism. In the play, he tells the audience the story of how he investigated the murder of his neighbor's dog. However, during his investigation, he accidentally uncovers a big family secret. He learns that even though his father told Christopher that his mother died, she is actually alive and left them to go live with another man, in another city. Betrayed by his father and no longer feeling safe in his home, Christopher goes on a journey in search of his mother, where he thinks he'll find comfort and security. However, getting to his mother is not easy, as he has to travel to places he's never been and interact with people he's never met. While on this journey, Christopher learns a great deal about his loved ones, the outside world, and himself.

The Curious Incident of the Dog in the Night-Time centers around a protagonist with autism. According to the Center for Disease Control and Prevention, about one in fifty-four children are diagnosed with some form of Autism Spectrum Disorder (ASD). At its core, ASD is

a condition that impacts and alters how a person perceives, socializes, and communicates with others. ASD is a complex condition that has been subject to a variety of misconceptions but this play takes the opportunity to communicate what ASD looks like in a clear and entertaining manner. The protagonist, Christopher, embodies many of the more common symptoms of ASD, as expressed by the Mayo Clinic, the CDC, and various research studies. For example, it has been reported that many autistic people do not like to be held or touched and often resist it through various methods, and may get physically violence. In the play, Christopher mentions numerous times that he does not like to be touched. At the beginning of the play, Christopher is interacting with a police officer. The officer is trying to talk to Christopher, but does not understand his communication style. The officer attempts to bring Christopher back to his home and in this effort, the officer grabs Christopher's arm and attempts to pull him into motion. And since Christopher does not like being touched, he reacts violently and punches the police officer, which results in Christopher being arrested (Stephens 4-6). Throughout the play, the writer explores the idea of Christopher finding opportunities where he can explore touch, in a way that is safe and comfortable for him. In the story, Christopher and his parents have created a sign that communicates an idea of grounding, connection, and affection. They will hold out a hand and spread their fingers and lightly touch fingertips. For Christopher, this is a form of touching that he can handle, control, and utilize as a form of communication.

Another possible aspect of ASD that this play explores is autistic people's interaction with certain everyday vernacular. A symptom of children with ASD is the inability for them to play pretend or comprehend the idea of things being false. Christopher makes a point in the story to tell the audience that he does not lie. But he makes it clear that it is not because he is a morally good person, but it is because he is unable to comprehend the idea of conjuring and telling a lie.

This idea is reintroduced later in the story, when Christopher explains his feelings about metaphors. Sioban, his teacher's aid, is reading aloud from Christopher's book and recounts:

“I think that it should be called a lie because a pig is not like a day and people do not have skeletons in their cupboards. And when I try and make a picture of the phrase in my head it just confuses because imagining an apple in someone's eye doesn't have anything to do with liking someone a lot and it makes you forget what the person was talking about” (Stephens 10).

In Christopher's mind, what is said is not the same as what a person is meaning to express. And so pieces of figurative language like metaphors, similes, hyperboles, lies, etc do not process in his mind. This is part of the reason why he struggles communicating with people, because they use certain syntax when speaking that Christopher's mind cannot understand.

Certain survival aspects are altered for people with ASD. Food for example, becomes a little bit more constrictive. Autistic people tend to be picky with their food preferences. There are certain tastes, textures, and colors that don't agree with them. With Christopher, he does not like the color yellow. The color yellow does not agree with his mind, and therefore, he will avoid it at all costs. In the play, one of his neighbor's offers him some Battenberg, which he learns is a cake with square cross-section with alternately colored squares. His response is, “I think I'd like the pink squares but not the yellow squares because I don't like yellow” (Stephens 20). He is communicating to others in his own way, some of his idiosyncrasies, so that they can attempt to get a better understanding of his mind and how he perceives the world. And though people may not fully understand why he has an aversion to the color yellow, they listen as Christopher communicates some of his restrictions.

Communicating how one is feeling can be difficult, especially within a presentational format such as theatre. And so, theatre artists are left with the question of how a specific character would describe how they are feeling to an audience, without the character directly talking to them. The answer? Therapy. Utilizing some sort of therapeutic setting is a tactic that creators tackle when bringing up the topics of mental health conditions. This tactic is seen in such pieces as *Lady in the Dark*, written by Moss Hart with music by Kurt Weill and lyrics by Ira Gershwin. *Lady in the Dark* tells the story of a successful fashion magazine editor, named Liza, that has hit a rough patch in her life. And so, to gain some clarity about her circumstances, she goes to see a psychotherapist. Liza works with her therapist to understand her dreams, her emotional mood swings, her stressors, and her constant indecision. Throughout her journey, she comes to a realization about how she views herself, what she wants out of life, and who she loves.

Lady in the Dark has been perceived as being one of the more realized examples of mental health and psychotherapist practices. As reviewers and scholars have examined this play, *Lady in the Dark* has been characterized as, “Mixing psychoanalytic depth and Hollywood glitz, gravity, and humor” (Hinton 143). And some have even made the claim that this show is “the first serious approach to musical theater based upon psychoanalysis” (Hinton 143). *Lady in the Dark* was originally published in 1941, about sixty-seven years before any of the other pieces being observed in this paper. This play explores topics of mental health, in a time when many scientists were working to understand what mental illness was and how to treat it. At this time, they were just beginning to develop medication as a form of treatment. The creators of *Lady in the Dark* took a topic that many people were not familiar with at the time, and took the

opportunity to educate the public as well as create a sense of empathy for those struggling with a mental health condition.

One of the more apparent indications about how this play relates to mental health conditions is the fact that about a third of this play takes place in a therapist's office, during Liza's sessions. And while she is in her therapy sessions, the show communicates the mental health struggles that Liza is experiencing in a clear, yet naturalistic manner. When Liza is describing her daily experiences to her therapist, Dr. Brooks, she articulates,

“I would wake in a state of intense excitement and go through the day in such a high exhilaration that it was almost as hard to bear as the other thing. Then imperceptibly, the depression and the panic came back.” (Hart 10).

The writers convey Liza's mental health conditions by creating situations that allow her to express what she's feeling and describe some of her symptoms, including bouts of fear and panic, “I awake in the morning with a feeling of terror and I go through the day in a kind of panic” (Hart 9). There are also scenes in which Liza has to stop working and close the door to her office because she cannot concentrate and she needs to lie down and take a nap. According to the Mayo Clinic, some of the more common symptoms of anxiety disorders include feeling nervous or tense, having a sense of danger and panic, trouble concentrating, and feeling extremely weak and tired (“Anxiety Disorders”). There is even some indication of Liza having some sort of bipolar disorder. One of the more well-known symptoms of manic depression, commonly known as bipolar depressive disorder, is the presence of mood swings. Later in the scene, Liza recounts the time that she experienced a bout of violent anger followed by extreme sadness,

“Our advertising manager kept insisting on it. Suddenly I picked up a paperweight from my desk and threw it at him. Afterward, I had a spell of weeping--I can't ever remember having cried before. I couldn't stop” (Hart 10-11).

Not only are audiences able to get a glimpse of Liza's erratic behavior and emotional mood swings, but the audience gets to hear Liza describe her experiences to Dr. Brooks. She describes how in an instant she can go from anger to sadness. It is normal for people to get angry and sad from time to time, but what Liza is describing is the idea of having extremes of two different emotions without much time in between. Liza got so mad that she acted violently toward one of her coworkers, which was immediately followed by prolonged weeping. This is an element of bipolar depressive disorder that people commonly recognize. Even if the audience never sees Liza get diagnosed with a bipolar depressive disorder, the clues are there for the viewers to interpret.

The interesting thing about these pieces is that the mental health conditions that they are spotlighting are never explicitly mentioned. The words “anxiety” and “depression” are never said in *Dear Evan Hansen*, nor is the term autism in *The Curious Incident of the Dog in the Night-Time*. And though *Lady in the Dark* does use the term “depression,” other mental health terms such as anxiety, mania, bipolar disorder are never overtly said. However, because of how these pieces are framed and the way that the characters and stories are presented, these conditions are hinted at and lead the audience to believe that they exist. There are many writers that will avoid being overtly obvious with the themes and ideas that they are focusing on. They choose to take a more subtle approach because they believe that it communicates to the audience that the writer trusts them to grasp the concepts on their own. By having their characters exhibit and embody

the symptoms of a particular mental health condition, writers can communicate a particular aspect of their character, without having to spell it out for the audience.

Another piece of theatre that leans into the utilization of a therapist to help the characters express their thoughts and feelings is the show *Next to Normal* with libretto and lyrics written by Brian Yorkey and music by Tom Kitt. *Next to Normal* tells the story of a family, haunted by the death of their oldest son. The eldest son, Gabe, died as an infant due to an undiagnosed intestinal obstruction, and the family never healed from the trauma, especially not the mother, Diana. After Gabe's death, Diana was diagnosed with bipolar depressive disorder. Seventeen years later, Diana is still struggling with her mental health condition and having delusional episodes that manifest themselves as her seeing her son as an eighteen-year-old. This puts a great strain on the overall health of the entire family. Diana struggles to enjoy life and discern what is a delusion and what is reality. Her husband, Dan hasn't been able to properly grieve Gabe and cannot move forward in life, because his focus is on the wellbeing of Diana. And their daughter Natalie feels that she cannot escape her brother's shadow. She works herself to exhaustion, trying to gain the attention and approval of her parents; and when that doesn't work, she turns to drugs. Throughout the show, Diana works through a series of medications, treatments, and physicians along with the added pressure of Dan urging her to be better and Natalie spiraling out of control. All of this in an attempt for the family to go back to normal, or at least something that resembles normalcy.

Like some of the other shows that have been examined, this show features a main character with some sort of mental health condition. In this case, it is Diana with her bipolar depressive disorder. However, unlike some of the other shows, *Next to Normal* actually has a

moment when they name the mental health condition. While Diana is in therapy sessions, she mentions that she was diagnosed with a Bipolar Depressive Disorder.

“Diana: Well- I was diagnosed bipolar, um, wow, sixteen years ago? But it turned out bipolar didn’t totally cover it....Doctor Madden: Often the best we can do is put names on collections of symptoms. It’s possible bipolar has more in common with schizophrenia than depression” (Yorkey 39).

This is a different tactic than some of the other pieces that approach mental health. Many of the other pieces will lean more into the idea of showing rather than telling. They dance around the subject, or display the symptoms of a mental health condition, but never actually name it. This piece takes the plunge and gives a name to what Diana is experiencing. There is something intriguing about the act of naming the condition being explored in the play. There is no room for things to be misinterpreted because the play defines them for its audience.

There is a song in the show that highlights Diana working with her psychopharmacologist. Diana sings,

“My psychopharmacologist and I./ It's like an odd romance:/ Intense and very intimate,
we do our dance./ My psychopharmacologist and I./ Call it a lover's game./He knows my
deepest secrets./ I know his... name!” (Yorkey 18)

On paper, the dynamics between a therapist and a client is strange. The expectation is that a client pays someone to listen as they reveal their deepest darkest thoughts and secrets and trusts them to keep their interactions secret, all while the client virtually knows nothing about the therapist. This is what Diana is exploring in this song. She is expected to put all her faith into this medical professional without him meeting her halfway. As the song progresses, and the ideals around the psychopharmacologist grow, Diana gets frustrated and loses faith in her relationship

with her therapist. She slowly begins to distrust her therapist and begins down a path that displays that she not only is resistant to her doctor but the medication that he prescribes as well.

When it comes to certain pieces, like musicals, they have the unique advantage of being able to convey the thoughts and feelings of the characters in an artistic and creative way, without the need of another character (like a therapist) to pull the feelings out of them. The reason that characters break out into song in musicals is because the emotions that they are feeling are so big that the only way to properly convey how they are feeling is by singing. In the real world, many people struggle to explain how they feel to the people that know and love them. Typically this is because the emotions that they are feeling are so great and mixed up in their head that they find it difficult to translate what is happening in their head into words. A way to solve this challenge is by having the character sing about their feelings.

Dear Evan Hansen's more popular song, "Waving Through a Window" is a way for Evan to share with the audience how he views the world while managing his anxiety and depression. Throughout the entire song, Evan explains what it feels like to live through the days as himself. He starts it off with the lyric:

"I've learned to slam on the brake/Before I even turn the key/ Before I make the mistake/
Before I lead with the worst of me/ Give them no reason to stare/ No slipping up if you
slip away/ So I got nothing to share/ No, I got nothing to say" (Pasek and Paul 17-18).

With anxiety disorders come symptoms of panic, uneasiness, struggling to stay calm, and incessant and uncontrollable intrusive thoughts ("Anxiety Disorders: Types, Causes, Symptoms & Treatments."). Part of the thought process behind anxiety is that there is an imbalance of the neurotransmitters in the brain that cause the body to feel as though it is constantly in a state of danger. The imbalance of the neurotransmitters causes the brain to struggle to discern what is

actual danger (Cafasso). So, many of the actions that the brain tells the body to do stem from taking action to protect themselves and prevent any form of danger that could possibly occur. At this moment, Evan is expressing those precautionary actions taken to ensure that he can stay safe. He is explaining that he has to be extremely careful as he walks through life. If he stays in the shadows and moves with caution, then he can prepare for the impending situations that may cause him harm. These precautionary actions include staying quiet, not drawing attention to himself, and staying outside of the world. If he continues with this course of action, then he stays safe, but as he later shares in the song, it means that he lives a lonely existence.

As the song continues, Evan sings,

“We start with stars in our eyes/ We start believing that we belong/ But every sun doesn't rise/ And no one tells you where you went wrong” (Pasek and Paul 19).

There is not a definitive cause of anxiety disorders. There have been studies that have determined that traumatic events might be one cause, but that there might also be some inherent traits involved. Overall, there is not a clear answer as to why people have anxiety disorders. This can be extremely frustrating to people that are living with some sort of anxiety disorder. As Evan has established, his anxiety is dedicated to how he moves about his life, how he views himself, and how he struggles to identify reality. Evan does work with a therapist, so he is getting some sort of help, but as many therapists and clients have expressed, recovery is not a straight line. There is no one way to fix all the symptoms that one experiences with anxiety. Sometimes there are good days, and some days are bad. That is what Evan is expressing in this verse. He feels that he is making progress and has a handle on the world, his social interactions, and his mental health; until he has a bad day, causing him to think that nothing has changed, and he doesn't know why.

It is just a cycle of never fully feeling okay. With all of that uncertainty, it can be quite frustrating.

During the bridge of the song, Evan sings about his experience of feeling invisible in the world. He sings:

“When you're falling in a forest and there's nobody around/ Do you ever really crash, or even make a sound?...Did I even make a sound?/ Did I even make a sound?/ It's like I never made a sound/ Will I ever make a sound?” (Pasek and Paul 20-21).

This is a reference to the philosophical question, “If a tree falls in a forest and no one’s around to hear it, does it make a sound?” This also relates to a traumatic experience that Evan experienced before the play begins. As Evan is talking to a classmate, he tells his peer the story of how he broke his arm.

“Evan: Well, except it’s a funny story, because there was this solid ten minutes after I fell, when I just lay there on the ground waiting for someone to come get me. Any second now, I kept saying to myself. Any second now, here they come.

Jared: Did they?

Evan: No. Nobody came” (Levenson 16).

Evan tells Jared that he broke his arm because he fell out of a tree, and he kept waiting for someone to notice that he needed help and come to rescue him but no one ever did. Evan expresses in the song that he feels like the tree in the philosophical question. He fell, and even though he was making sounds and calling for help, no one was around to hear it. He is relating this literal feeling of falling and not being heard to the metaphorical idea of his anxiety and general mental health. That even if he reaches out for help and support, people may not hear it or even care. This is often one of the reasons why people who are struggling with their mental

health don't reach out for help. The fear of not being understood, being ignored, or being rejected by the person they are reaching out to for help. Since Evan has already experienced the literal and physical manifestation of calling for help and being ignored, he thinks that every time he reaches out for help about anything, he will be met with the same result. He thinks that reaching out will have the same effect as not saying anything at all. Since these are Evan's present circumstances, he believes that nothing will change; this will be his experience for the rest of his life. That he will always feel as lonely as he feels right now. That feeling of hopelessness can weigh heavily on a person.

Besides being met with no response, another common thought that people have when they're struggling to reach out for help is that no one will understand. Someone could try their best to explain their feelings and the other person will never be able to comprehend the thoughts in their head, ultimately being unhelpful. This fear is explored in *Next to Normal*, and it is made especially clear in the song, "You Don't Know." In this moment, Diana is trying to explain to her husband, Dan, how she views the world and what it is like living with her bipolar depressive disorder.

"Do you wake up in the morning and need help to lift your head?/ Do you read obituaries and feel jealous of the dead?/ It's like living on a cliffside, not knowing when you'll dive/ Do you know, do you know, what it's like to die alive?/ When the world that once had color/ Fades to white and gray and black/ When tomorrow terrifies you/ But you'll die if you look back...The sensation that you're screaming, but you never make a sound/ Or the feeling that you're falling, but you never hit the ground...You don't know, you don't know, what it's like to live that way/ Like a refugee, a fugitive, forever on the run/ If it gets me it will kill me, but I don't know what I've done" (Yorkey 32).

Diana describes her daily pain. She describes that she feels in a constant in-between state. She is not dead but does not feel alive either. She exists in the gray areas of her feelings, and struggles to express what those feelings are. Songwriting has become a popular strategy for expressing complicated thoughts and feelings. This is mainly due to the fact that in song, singers do not have to use the same syntax as they would when engaging in a spoken conversation with someone. Metaphors and analogies can be used to express what goes on in someone's head. Songwriting achieves the ability to communicate how someone is feeling. Ultimately, if someone hears and understands how the other person is experiencing the world, it is easier for that person to help others, as well as help others identify what is going on in their own head. When a person hears something that they can relate in their own mind, it gives them a better understanding of the way that others view the world, which leads to progress and aiding in the success and growth of others.

There's a moment in *Next to Normal* where Diana is meeting with a doctor and trying to find the right balance of medication. The audience hears Diana describe how the medication has affected her. Doctor Fine keeps trying different combinations of meds to try and find the right mix that "fixes" her problems. In fact, in the span of this song and scene, there are around a dozen different medications described and named. This continues until Diana tells Doctor Fine, "I don't feel anything" (Yorkey 22). He takes this information to mean that she is stable, that she is fixed. This show shines a light on one of the most common fears, myths, and misconceptions that run through people's heads about psychiatric medication, "Medication numbs people out and turns them into zombies" (Team). Though Diana may not be experiencing the intrusive thoughts that have been plaguing her mind for the past sixteen years, at this moment in the story, she is not feeling anything. No sadness, joy, anxiety, anger, nothing. As the story evolves, Diana learns

that feeling nothing does not fix anything, because what she is doing is not living. This realization is expressed in the song “I Miss the Mountains.”

“Mountains make you crazy/ Here it's safe and sound/ My mind is somewhere hazy/ My feet are on the ground/ Everything is balanced here/ And on an even keel/ Everything is perfect/ Nothing's real” (Yorkey 26-27).

Diana expresses that even though she is now considered “stable,” and that everything seems to be normal and balanced, nothing feels real. She no longer feels like herself, and since she has already been on a course where she distrusts her doctor, this results in her taking action to regain some control over her life. This is done by Diana flushing all of her medication down the toilet, signifying that she is done with the medication, done with the doctor, and done with not feeling. This leads to another misconception that the public has around psychiatric medications. The false narrative that they can pick and choose when they want to take their medication (“Busting Myths about Psychiatric Medication.”). Not being consistent with the medication regimen that a doctor has put someone on is quite dangerous and can lead to some extreme consequences.

Consequences that reveal themselves later in the play.

One of the more challenging obstacles when it comes to pieces of theatre that explore themes of mental health conditions is the idea of suicide. Suicide usually occurs when someone has been struggling with their mental health condition for so long, that they feel that there is no hope for relief. They are in so much pain that they feel that there is no solution other than suicide. Tackling this subject can be tricky and dangerous if not handled well. As studied in the journal article, “Suicide and the Media: A Critical Review,” there is a correlation between the portrayal of suicide in various entertainment mediums and suicidality amongst the viewers. There are many audience members whose thoughts and actions can be influenced by viewing

acts of self-harm and suicide in various media platforms. The journal shares that there have been a variety of different scaled studies conducted in the US that indicate when suicide is depicted, especially in mediums like film and television, it increases suicidal thoughts and behavior in audiences. There isn't any conclusive data that confirms how viewing references to suicide that exist in theatre affect audiences, but similar to film and television, the risk still exists (Pirkis and Blood). Depending on how suicide is handled and how graphic the actions are, can inform an audience's own thoughts and actions. At times suicide is glorified or romanticized in media and it can give audience members ideas of how to carry out acts of suicide. Watching suicide handled in such a glorified manner can give viewers the idea that suicide is the answer to their problems, which can be very dangerous, so the topic of suicide needs to be handled with caution. And yet, there are still pieces of theatre that take on this challenge.

Dear Evan Hansen is one show that has a character, Connor, successfully commit suicide. Connor commits suicide within the first thirty pages of the script. This act is never shown to the audience, but based on the behavior and words spoken by his parents the audience is led to the conclusion of suicide.

“Evan: I'm sorry. What do you mean, last words?”

Larry: Connor, uh, Connor took his own life” (Levenson 31).

The phrase “took his own life” is a phrase used to describe someone that committed suicide. That phrase is enough to communicate to the audience that this character has died, and he has died by his own hand. In addition, it is later revealed to the audience that Evan has been suicidal and has attempted to commit an act of suicide himself. When Evan is talking to his inner voice that has manifested itself as Connor, Evan is forced to confront his deepest secret.

“Connor: How did you break your arm? How did you break your arm, Evan?”

Evan: I fell.

Connor: Really? Is that what happened?

Evan: I was, I lost my grip and I...fell.

Connor: Did you fall? Or did you let go?" (Levenson 141).

Evan starts the show with his arm in a cast. He tells the other characters it is because he accidentally fell out of a tree that he was climbing. After the audience has gotten to know Evan, they learn that Evan's fall was not an accident, but that he chose to let go of his grip on the tree. This knowledge reveals that this show has two confirmed cases of suicidality. The term "suicide" has a lot of weight to it. There is already trauma surrounding the unexpected death of a loved one, but the knowledge that this person was suffering so much in their life that they thought there was no escape other than to end their life, can greatly impact someone emotionally. Many writers will avoid using the word "suicide" in their work, because they know how triggering that word can be. These writers do not use the word in the script, but the viewers can utilize context clues to assume that this is the case. It is the writers' way of increasing the stakes of the play and emotionally impacting the audience, but not making that impact so severe that it affects the safety and wellbeing of the audience.

In pieces like *Dear Evan Hansen*, even if there is a character that attempts or commits acts of suicide, the idea is presented in general terms. Phrases like, "took his own life" are used, but there are no specifics being utilized. However, *Next to Normal* leans into the traumatic act of suicide. Near the end of the first act, the protagonist Diana commits an act of attempted suicide. And the way this event is communicated to the audience is through a report from Diana's doctor, Doctor Madden.

“Doctor Madden: Multiple razor wounds to wrists and forearms. Self-inflicted... Saline rinse, sutures and gauze. IV antibiotics. Isolated, sedated and restrained” (Yorkey 53).

Though the term suicide is not mentioned in the script, the writers explain the event through Diana’s actions. Doctor Madden even makes note of the fact that her injuries are self-inflicted. The use of the adverb, “self-inflicted” reflects the same function as saying that someone “took their own life.” In addition, *Next to Normal* specifies what Diana has done by saying that she has wounds on her wrists and forearms from a razor blade. Being specific about how Diana attempted to end her life has the potential to make a triggering impact on the patrons that view *Next to Normal*. Depending on how a production might choose to present this information can increase the risk of emotional impact. However, this play succeeds in displaying the harmful effects that play out when someone attempts to take their own life, whereas other narratives might fail. *Next to Normal* shows how Diana’s actions impact both herself and the people around her. This show works to not glorify or romanticize suicide, unlike other works in film and television, but rather shows the negative influences that suicide has on the people around them who care about their wellbeing.

At this point, one might ask themselves why is it important to have pieces of theatre that focus on such topics of mental health and mental health conditions. The answer to that is representation. Theatre is about the human experience, and by utilizing elements of real human experiences, audiences feel seen. People that are represented in these stories feel a sense of belonging and inclusion in the world. It helps different community members learn about their peers, and it helps them learn things about themselves.

In 2017, the Indiana Repertory Theatre put on a production of *The Curious Incident of the Dog in the Night-Time* where the role of Christopher was performed by Mickey Rowe, who is

known as the first actor with ASD to play the role of Christopher at a major professional theatre. Since he made strides as being the first autistic actor to play Christopher, he spoke at great lengths about his personal experiences with ASD, his journey with theatre, and his own relationship with Christopher. He makes it clear to others that ASD is based on a spectrum. And so, where Christopher falls on the spectrum is different than where Mickey Rowe falls on the spectrum. Rowe mentions that his level of ASD resulted in him being registered as legally blind and he has difficulty seeing words that are less than an eighteen point font. Though he was in various special education classes and speech and occupational therapies throughout his childhood, he was not diagnosed with ASD until he was an adult, and not by his own accord. His now wife had urged him to seek out help with his challenges interpreting social cues, which led to his diagnosis (Rowe). When asked about his role as an autistic actor, he explains that being autistic and being an actor are very similar to one another.

“Autistics use scripts every day. We use scripting for daily situations that we can predict the outcome of, and stick to those scripts. My job as an autistic is to make you believe that I am coming up with words on the spot, that this is spontaneous, the first time the conversation has ever happened in my life; this is also my job onstage as an actor”

(Rowe).

As an adult, he has created a script in his head that he can refer to when he interacts with others. He offers the example of going to a coffee shop. When he orders coffee, he already has a list of scenarios, outcomes, and responses that he can refer to based on what he encounters in the world. That way, he feels safe while still engaging in the social obligations of daily life. He expressed that he has spent a large part of his life trying to act like a neurotypical person, and so the concept of acting is something that comes very easy to him (Rowe).

Many companies that are a part of the entertainment industry express their fears of the roles and job offers being too much for people with an exceptionality. That was a fear for the staff at Indiana Repertory Theatre when they considered hiring Rowe. However, they took the chance, casted Rowe and it turned out that the only accommodation that they had to make for the show was printing the script in eighteen point font. With his work in this role, he has shown the capability that people with exceptionalities, like ASD, have. Rowe mentions, “With autism comes a new way of thinking; a fresh eye, a fresh mind. Literally, a completely different wiring of the brain” (Rowe).

Rowe has shown the fact that representation matters and he speaks on this topic a great deal. According to the CDC, about one in four Americans are living with some sort of disability or exceptionality. However, only about two and a half percent of characters in media are depicted with an exceptionality. Additionally, about ninety-five percent of exceptional or disabled characters are played by able-bodied or neurotypical actors (Parr). This data communicates that when people learn about exceptionalities, like ASD, they are learning about them from film, television, and theatre; and from a person that does not live with that exceptionality. Many people with an exceptionality feel underrepresented and as though the public is perpetuating stereotypes. When Rowe explains his feelings about having the opportunity to offer some representation he comments,

“But that is why it is even more important that young actors with disabilities see role models who will tell them that ‘If you are different, if you access the world differently, if you need special accommodations, then theatre needs you! The world needs you!’... I am so looking forward to getting the chance to show young disabled people that they can represent themselves honestly onstage and tell their own stories” (Rowe).

The impact that representation can have on a population is something that reveals itself. Rowe discusses the feedback that he has received from audience members and observers of his journey. Marissa Wolf directed a production of *The Curious Incident of the Dog in the Night-Time* at the Kansas City Repertory Theater in Missouri. From witnessing the casting of Rowe, she was inspired and encouraged to cast an actor with Tourette's syndrome, a condition often associated with ASD, to play the role of Christopher (Collins-hughes). Rowe has also received an abundant amount of letters and social media messages from fans and audience members explaining what his performance has meant to them. One audience member shared with Rowe that his brother has ASD and that Rowe's performance reminded him that even though there are challenges and accommodations, it is worth recognizing what his brother is capable of and how far his brother has come in his life ("Mickey Rowe: A Leader In Autism Representation On Stage."). Another fan revealed to Rowe that they had been working as a bartender and their boss had been getting reports about their behavior including noting that they talked too fast, repeated themselves a lot, and was fidgety. They were called into their boss's office and asked if they were on drugs. After they had been humiliated and explained that they had autism, they burst into tears and left the bar and never went back. That fan expressed,

"What the developmentally disabled community needs is a review showing the world and all types of businesses that they can hire us, that we can do professional work at the highest level, that we can get the job done, that they have no reason to discriminate against developmental disabilities" ("Mickey Rowe: A Leader In Autism Representation On Stage.").

The work of this play and the production of it can change people's lives. It helps them feel seen and understood and it educates the general public about exceptionalities that they may not be familiar with.

There's a moment at the end of *The Curious Incident of the Dog in the Night-Time* in which Christopher comes to a powerful realization. As Christopher is summarizing the events of the play with his educational aid, Siobhan, he mentions that he has aspirations to continue his education, go to college, live in a home by himself, and become a scientist. He now knows that those aspirations have the possibility of coming true because he traveled to London by himself, he solved the mystery of who killed his neighbor's dog, he found his mother (who he thought was dead), and he wrote a book. Christopher ends the play by saying, "Does that mean I can do anything?" (Stephens 99). Often when people think of or interact with someone with a mental or developmental disability or exceptionality, like ASD, they perceive them as being lesser people. Members of the general public think that people with ASD are incapable of taking care of themselves and carrying on through everyday life, even though this is not the truth. People with ASD have successful lives with careers, friends, families of their own, etc. Just because their brains perceive the world differently than other people, does not mean that they are lesser people or unable to carry out the tasks of daily life. This play shows this exact idea to the general public in the audience.

There once was a young theatre artist that was born with an anxiety disorder. Growing up, she had difficulty engaging with people her own age, she froze at the idea of ordering at a restaurant, she struggled to sleep, and had voices in her head telling her that she was not loved or worthy of being alive. She was in a lot of pain, and she did not know why, because she did not get diagnosed with her conditions until she was eighteen years-old. It was because she had grown

up seeing movies and television shows that depicted mental illness at their extremes, and displayed symptoms that are considered a rarity. She did not see those symptoms depicted in herself, so she never thought she had a mental health condition. That was until she saw *Dear Evan Hansen*. When she saw this show for the first time, and witnessed common anxiety and depression symptoms manifesting themselves in realistic characters, was when she learned of her own condition. And once she knew what was going on in her head, she was able to reach out for help, and learn how to navigate through life without the constant pain overwhelming her. Now, she is happier than she has ever been. Now, she is a playwright. She is a published author. She wrote this paper. These pieces of theatre are not just stories. They are the keys to changing lives and bringing attention to a topic that is stigmatized and misunderstood. And as more works like these are created, the more people are learning, and the closer the world is to breaking these stigmas.

Works Cited

- Cafasso, Jacquelyn. "Chemical Imbalance in the Brain." Healthline, Healthline Media, 9 Feb. 2021, www.healthline.com/health/chemical-imbalance-in-the-brain.
- Collins-hughes, Laura. "The World Really Is a Stage, Scripts and All, to an Actor With Autism." The New York Times, The New York Times, 6 Nov. 2017, www.nytimes.com/2017/11/06/theater/actor-with-autism-curious-incident-of-the-dog-in-the-night-time.html.
- Farah, Troy. "Apologizing All the Time Could Be a Sign of Anxiety." *VICE*, 14 Nov. 2017, www.vice.com/en/article/mb34ax/apologizing-anxiety.
- Fierberg, Ruthie. "Watch the First Autistic Actor to Play Curious Incident of the Dog in the Night-Time's Lead Role in Rehearsal." Playbill, PLAYBILL INC., 10 Oct. 2017, www.playbill.com/article/watch-the-first-autistic-actor-to-play-curious-incident-of-the-dog-in-the-night-times-lead-role-in-rehearsal.
- Hinton, Stephen. "Lady in the Dark as Musical Talking Cure." *The Opera Quarterly*, vol. 31, no. 1-2, 2015, pp. 134–144., doi:10.1093/oq/kbv004.
- Kitt, Tom, and Brian Yorkey. *Next to Normal*. Theatre Communications Group, 2010.
- Levenson, Steven, et al. *Dear Evan Hansen*. Theatre Communications Group, 2017.
- Parr, Samantha. "People with Disabilities Deserve More Representation in the Entertainment Industry." *HS 1327 News*, 30 Nov. 2020, drakejollyroger.com/3476/opinion/people-with-disabilities-deserve-more-representation-in-the-entertainment-industry/#:~:text=Television%20characters%20with%20disabilities%20are,played%20by%20able%2Dbodied%20actors.

- Pirkis, Jane, and Blood, R. Warwick. "Suicide and the Media: A Critical Review." *PsycEXTRA Dataset*, 2001, doi:10.1037/e677342010-001.
- Rowe, Mickey. "The First Actor with Autism to Play Curious Incident's Autistic Lead Speaks Out." *Playbill*, PLAYBILL INC., 13 May 2017, www.playbill.com/article/the-first-actor-with-autism-to-play-curious-incidents-autistic-lead-speaks-out.
- Ruiz-Grossman, Sarah. "Disability Representation Is Seriously Lacking In TV And Movies: Report." *HuffPost*, HuffPost, 27 Mar. 2019, www.huffpost.com/entry/disability-representation-movies-tv_n_5c9a7b85e4b07c88662cabe7.
- Smiles, Anne. "Recovery Is Not a Straight Line – Thoughts From Therapy." *Annesmiles*, 20 Oct. 2018, annesmiles.com/recovery-is-not-straight-line/.
- Stephens, Simon, and Mark Haddon. *The Curious Incident of the Dog in the Night-Time*. Bloomsbury Methuen Drama, 2016.
- Team, Blurt. "Mental Health Medication: Myths And Facts." *The Blurt Foundation*, 16 Jan. 2020, www.blurtitout.org/2020/01/30/mental-health-medication-myths-facts/.
- Weill, Kurt, et al. *Lady in the Dark: Libretto*. Rodgers and Hammerstein Theatre Library, 1967.
- "5 Reasons People Who Are Suicidal Don't Reach Out for Help." *The Mighty*, 16 Mar. 2021, themighty.com/2018/12/reasons-suicidal-friend-wont-reach-out-for-help/.
- "Anxiety Disorders: Types, Causes, Symptoms & Treatments." *Cleveland Clinic*, my.clevelandclinic.org/health/diseases/9536-anxiety-disorders.
- "Anxiety Disorders." *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 4 May 2018, www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961.

- “Autism Spectrum Disorder.” Mayo Clinic, Mayo Foundation for Medical Education and Research, 6 Jan. 2018 www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/symptoms-causes/syc-20352928.
- “Bipolar Disorder.” Mayo Clinic, Mayo Foundation for Medical Education and Research, 16 Feb. 2021. www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955.
- “Busting Myths about Psychiatric Medication.” SANE Australia, 3 June 2019, www.sane.org/information-stories/the-sane-blog/mythbusters/busting-myths-about-psychiatric-medication.
- “CDC: 1 in 4 US Adults Live with a Disability.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 16 Aug. 2018, www.cdc.gov/media/releases/2018/p0816-disability.html.
- “History of Mental Health Treatment.” *Dual Diagnosis*, dualdiagnosis.org/mental-health-and-addiction/history/.
- “Mental Illness.” National Institute of Mental Health, U.S. Department of Health and Human Services, www.nimh.nih.gov/health/statistics/mental-illness.shtml.
- “Mickey Rowe: A Leader In Autism Representation On Stage.” Disability Arts Online, 13 June 2018, disabilityarts.online/magazine/opinion/mickey-rowe-leader-autism-representation-stage/#:~:text=Last%20autumn%20Mickey%20Rowe%20was,Repertory%20Theater%20and%20Syracuse%20Stage.
- “The State of the Art in Creative Arts Therapies.” Edited by Tal Shafir et al., *Frontiers*, 5 Feb. 2020, www.frontiersin.org/research-topics/6368/the-state-of-the-art-in-creative-arts-therapies.

“What Is Autism Spectrum Disorder?” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 25 Mar. 2020, www.cdc.gov/ncbddd/autism/facts.html.