

MANIC?

A PLAY IN TWO ACTS

BY

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Abstract

This thesis is about the power of story. All medical systems throughout the world are based upon specific stories which they believe about the nature of human existence. Oftentimes, it is easy to lose ourselves in the narratives we know, claiming them to be ultimately true. I will explore and compare two distinct medical narratives, Western and Tibetan Buddhist psychiatry, in order to explore deeper questions about the nature of human suffering.

I will take you on this exploration through my own personal narrative as I straddled these two worlds to find grounding and purpose in life. We will explore how these traditions conceptualize mental illness, personal identity, human nature, purpose, and health. We will explore their underlying assumptions and values that are often unquestioned.

When we speak of medical narratives, we cannot separate them from our lived experiences. These narratives are not static, do not exist in a vacuum, and may be experienced differently by one person to the next. Therefore, I am only expressing one perspective of infinite. But these are the stories I know and these are the stories that I can genuinely share.

I have a fundamental understanding by studying and analyzing the primary texts of the two psychiatric systems: *The Fifth Diagnostic and Statistical Manual of Mental Disorders* and the *rGyud Bzhi*. I also have a basic understanding of Tibetan Buddhist psychiatry through four months of study in Bodh Gaya and Darjeeling, India and four months of research of Western psychiatric and psychological history and thought.

Preface:

The more I have come to know, the more I realize that I know close to nothing. I hope that you will pardon my limited historical knowledge, my limited medical knowledge, and any generalizations or mistakes that have been made. There is so much I have not read, not studied, and not experienced. So please, read this work through a constructive lens. I do not want to claim any ‘truth’ but rather offer readers to consider a different perspective and a chance to enter a world of another in the attempt to continuously open the doors of our inherently limited perspectives. I hope that this play engages you to question what you find important in life. I offer no definitive solution, but rather I hope that we can all leave feeling more connected: for we are all trying to understand and cope with human suffering.

In the spirit of this paper, I want to recognize that everything that I have written is but a reflection and a product of the world I have graciously been a part of and the experiences I have been given. I specifically would like to thank Sue Books for supporting me in this process, Hamilton Stapell for introducing me to many influential playwrights, Pema Chodron for her unconditional love and inspiration, Nina Jirka for challenging my assumptions, my parents for their unwavering support, all of my previous

professors, my meditation, outdoor education, and yoga instructors, all human beings who have made my life possible, and the indifferent and yet extraordinarily selfless earth.

'Form, monks, is not self. If form were the self, this form would not lend itself to dis-ease. But precisely because form is not self, form lends itself to dis-ease. Feeling is not self. Perception is not self. Mental fabrications are not self. Consciousness is not self.

- The Buddha (Anattalakkhana Sutta)

'Thus, monks, any body whatsoever...Any feeling whatsoever...Any perception whatsoever...Any fabrications whatsoever...Any consciousness whatsoever that is past, future, or present; internal or external; blatant or subtle; common or sublime; far or near...is to be seen as it actually is with right discernment as: 'This is not mine. This is not my self. This is not what I am'. Seeing thus, the instructed noble disciple grows disenchanted with the body, disenchanted with feeling, disenchanted with perception, disenchanted with fabrications, disenchanted with consciousness. Disenchanted, he becomes dispassionate. Through dispassion, he is fully released. With full release, there is the knowledge, 'Fully released'. He discerns that 'Birth is depleted, the holy life fulfilled, the task done. There is nothing further for this world'.

-The Buddha (Anattalakkhana Sutta)

*Things derive their being and nature by mutual dependence and are nothing in themselves
– Nagarjuna*

Cast of Characters

Daniel

The Voice

The Neighbor

The Rat

The Psychiatrist

Pema

ACT IScene I

SETTING: In primordial darkness. No one is around and nothing can be seen.

NARRATOR:

(Heavy, dark voice. Front of stage.)

There once was a man who lived in the United States whose name was Daniel. This man was blameless and upright, one who always turned away from evil. This, is his story.

(Lowers head and walks offstage)

(BLACKOUT)

ACT IScene II

SETTING: We are in a small white painted bedroom. There are no windows in the room. There is a white bed with white sheets, a white tea cup on a white dresser, a lantern on a white desk next to the bed, a large 10 by 3 mirror to the right of the bed (stage left), a white wall clock, and a framed portrait of a rotten apple above the bed frame. The bed is facing forward against the back wall of the room. There are three manufactured walls on stage left to make up the room. The audience sees the bed straight in front of them. The setting is uncomfortable to the eyes and anxiety provoking.

AT RISE: DANIEL is lying comfortably in the bed looking out towards ‘the audience’ in a thoughtful manner. He is trying to discern where he is.

DANIEL:

(Lucid dreaming. Speaking to the audience.)

Do you see this too? I think I am dreaming.

(pause)

I must be dreaming.

(pause, slowly)

I have no idea how I got here.

(Touching his body)

Strange, it feels so real. I feel so warm. So real.

(The walls of the room begin to shake.

The lantern next to the bed shatters on the floor.)

DANIEL (Cont.):

(DANIEL’S body begins to shake, terrified)

What is going on?

(frantically looking at his body.
The back wall loudly collapses to the floor)

No... No! Stop! Why is this happening!?

(Within seconds, Daniel uncontrollably rises and
throws himself into the white
wall on the opposite side of the room. He collapses unconscious.
The other two walls of the room collapse down. Extended silence)

(BLACKOUT)

ACT I

Scene III

SETTING: 11am on a sunny winter afternoon in Barnet, Vermont. We are again, in a small white bedroom with one window in the back corner of the room, with the white bed with white sheets, a white teacup on a white dresser, a white desk with a white lantern next to the bed, a 10 by 3 mirror next to the bed, a white wall clock, and a painting of a rotten apple above the bed frame. Everything is perfectly in place. There is not one spec of dust to be seen. The fluorescent lighting on the ceiling pierces every inch of the room. The distinction between the dream world and this world is confusing. The bed is against the back wall of the room away from the audience. The audience sees the bed straight in front of them. There are three manufactured walls on stage left to make up the room. There is a small darkened hallway next to the bedroom door on stage right. There is a wooden chair in the hallway next to the door.

AT RISE: DANIEL wakes up in a fit of confusion and fear. His body is shaking, he can't see clearly, and is breathing heavily. He is sitting upright in complete alarm looking at the room around him.

DANIEL:

(Scared, hands on his head)

No.. Please, no.. It's back. Stop it. Stop it!

(Daniel looks down at his body. Mumbling)

This isn't real. This isn't real. This isn't real.

(pause)

Oh no, not not these thoughts. Not these thoughts.

(Daniel jolts himself out of bed, locks the door, and closes the windows.

He paces the small 10 by 15 foot room frantically.

He screams as loud as he possibly can.

He abruptly stops moving and stares in the mirror ahead of him.

He sees a stranger with scarred red eyes looking back at him.

He shuts his eyes and hits himself in the face)

THE VOICE:

(The voice comes from Daniel's mouth. Screaming)

Harder!

DANIEL:

(Hits himself again)

THE VOICE:

(Louder)

What is wrong with you!? When will you grow up? Just admit it. You are fucked up. You will be like this forever, alone. Get over it you bastard.

(Overwhelmed, DANIEL bangs his head against the bed frame and collapses on the floor)

DANIEL:

(Deeply distressed. Thinking)

I can't go through this again. I can't. Why can't I just do it?

THE VOICE:

(Taunting.)

How dare you! You fucking coward. So selfish. So goddamn selfish. You are too scared. You just want attention, coward.

DANIEL:

(Slumping further down in despair. Speaks to the empty room.)

Help me. Please.

(Daniel lies on the floor by the bed and notices a skinny brown rat with bulging black eyes chewing on the white bed sheets)

(Banging on the bedroom door.)

DANIEL:

(Jolts up. Thinking.)

Shit... What do I even say?

NEIGHBOR:

(Deeply distressed. In the hallway.)

Excuse me!?

(pause)

Excuse me!!?

(pause)

Sir!!

(pause)

I am trying to take my mid afternoon nap. Can you please stop making so much noise? Do you have any idea how busy I am? I need my rest. I will be out of the room in one hour. Can you quiet down until then?

(DANIEL is shaking again and starts to feel nauseous.)

Excuse me!? Are you listening to me?

(short silence)

I have an important lecture to attend and I need to appear my best.

(DANIEL starts dry heaving. The rat skitters to the door and starts clawing loudly.)

I am a good person but this is too much. Disgusting! What is wrong with you? Do you have no regard for others feelings?

(pause)

I don't have time for this. I am calling the front desk.

(DANIEL makes himself throw up to help the nausea dissipate)

(The NEIGHBOR clamors away off stage.)

(DANIEL sits on his bed with his hands covering his face. THE PSYCHIATRIST enters and walks down the hallway to the bedroom door. He has slicked back gray hair and a clean shave. He is wearing a brown sports jacket with a navy blue necktie. His arms are crossed hugging onto his notepad, his Diagnostic and Statistical Manual of Mental Disorders, and prescription forms. He takes loud audible exhales each step towards DANIEL'S room. He is very concerned. These are serious matters. THE PSYCHIATRIST knocks on DANIEL'S door.)

THE PSYCHIATRIST:

(Concerned but firm)

Daniel... Open the door please. I am the psychiatrist. I was called in by the front desk. I heard some disturbing reports about unusual symptomatic behavior that we need to address.

(DANIEL remains silent)

For the sake of your own sanity, open this door please.

(No response from DANIEL)

(Mumbling)

This is very curious behavior. Might be prodromal phase of Schizophrenia.

(To DANIEL)

Daniel, please. I am here to help you. Let us figure out what is going on. If you don't open yourself up to me, nothing will change.

DANIEL:

(Cautiously)

I want to talk but I can never seem to explain what is actually going on. What if you tell me I am crazy?

THE PSYCHIATRIST:

(Pulls out his notebook and scribbles some notes. Mumbles to himself)

Curious. Cannot be Schizophrenia.

(He pulls up the wooden chair in the hallway and sits down
Facing the audience. He opens up his Diagnostic Manual)

THE PSYCHIATRIST:

Daniel, please, tell me what is going on.

DANIEL:

(With a little more confidence. Still sitting on his bed.)

But I don't even know you... Why should I trust you?

THE PSYCHIATRIST:

(Scribbles more notes)

Well, we have to start somewhere. Please, tell me what is going on.

DANIEL:

(Quietly and fearfully. Breathing rapidly. Starts pacing the room)

I am losing my mind.

(pause)

I think.

(pause)

Nothing seems real. I don't know what is going on.

THE PSYCHIATRIST:

(With an air of certainty)

Hm, I have heard that one before. Let me see. Yes, I believe you are suffering in realm of anxiety disorders. But I really need you to open this door. Otherwise, I will never be able to know what is really going on in your head. Please Daniel.

DANIEL:

(Compliantly)

Okay... If you can help me, I'll do anything.

(DANIEL walks to the door, unlocks it, and tries to open it.
The door won't move)

I can't open it. I don't know what happened.

THE PSYCHIATRIST

(Scribbling more notes)

Daniel, please, I know you can open the door.

DANIEL:

(Frustrated and starting to pull the door handle harder)

I can't open it! Why can't I open this?!

THE VOICE:

(Laughing. Taunting DANIEL)

Open the door! Why are you being such an irritant?! Open it!

DANIEL:

(Pulling on the door as hard as he can. On the verge of tears.

Runs to the window and tries to open it: it is stuck)

Why is this happening!?

(DANIEL notices a strange smell in the room.

He look behind himself. Disgusted, he notices

A yellow stain on the bed. the rat just peed.)

And there's a fucking rat in here!

THE PSYCHIATRIST:

(Looking at his watch to check the time. Impatient.)

Daniel, our session is almost over and I have another patient to meet very soon.

(takes a breath realizing what he is doing.

genuinely)

I really am sorry but I am incredibly busy. Can we get on with our conversation.

(DANIEL slumps on the floor next to the door)

THE PSYCHIATRIST:

(genuine)

Tell me more about what is going on. Did something happen when these symptoms first presented themselves to you?

DANIEL:

(Desperately)

I feel like time has stopped. I don't even remember how long this has been going on for. Must have been months ago. I drank this disgusting tea; I have no idea what was in that cup. The next thing I know, I was hallucinating for thirteen hours. I couldn't distinguish what was real and what wasn't. I thought I lost my mind forever.

(Reminiscing in despair)

I have never been so scared. I had no control over anything. I thought that my life was over... Rationally, I know that the effect has worn off, but my mind has never trusted the world again. I am always

terrified... It gets better for day or two and then suddenly I feel like I am losing my mind again. I can't stop thinking. I am losing everything.

(Short silence. quietly)

That's why I came here. I thought I could escape.

(Ever quieter)

Is there something wrong with me? Will I ever be the same again?

(Short silence)

What is the purpose for all this pain?

(The rat starts biting on DANIEL's pants.

DANIEL kicks it away.)

Ugh! Disgusting!

THE PSYCHIATRIST:

(Flipping through the DSM.. Long audible exhales.)

Give me a minute. I need to think through my thoughts.

THE PSYCHIATRIST (Cont.)

(Mumbling to himself quickly)

Well, definitely abnormal.

(Looking at the DSM)

Clinically distressed? No question about that. I need to find a way to help him regain stability. These symptoms are killing him... There must have been some neurological impairment after drinking the tea... But why? Why would this happen to him and not others? Genetics.. life experience.. temperament...

(pause)

I need to ask about family history. It could be so many things... Depersonalization/Derealization disorder, Panic disorder, Generalized anxiety disorder, Post Traumatic Stress Disorder, Substance induced disorders, Illness anxiety disorder, Obsessive compulsive disorder... Hm... it doesn't really matter what I call it. I'll tell him it is Post Traumatic Stress Disorder. Most of the symptoms fit the diagnostic criteria anyway and there is quite clear causality.

(pause)

What really matters is that we remove these symptoms. Poor kid. He is too young to be asking these existential questions. It is just evolution taking a toll on the human psyche.

(pause)

Maybe some therapy will help.

(pause)

He has got to make meaning of this for himself. Suffering only ends at death, so he needs to find some way to cope.

(thinking deeply)

But this is far too intense for him to deal with on his own. I'll prescribe some medication for now. We'll see how it goes.

THE PSYCHIATRIST (Cont.)

(To DANIEL, in a confident yet caring tone)

Daniel... You have been suffering with what is called Post Traumatic Stress Disorder.

DANIEL:

(Confused)

What?

THE PSYCHIATRIST:

(firmly)

Post Traumatic Stress Disorder. You experienced a highly disturbing event and have been struggling to deal with it. You have recurrent, involuntary, and distressing memories and thoughts of the event. You experience depersonalization and derealization regularly. You are socially withdrawn, cannot concentrate, and are hypervigilant. Your entire present experience is reliving the event in one way or another. You are stuck in the past Daniel. Your mind is still drinking the tea. You need therapy. I will refer you to a clinician I know. You will meet with her weekly.. But you must have insurance to cover the costs. I will be prescribing you medication as well. Lexapro; it is an anti-depressant; 40mg daily. You will see me three times a year for check-ups.

DANIEL:

(Relieved. Stands up and walks towards the front of the stage)

I have Post Traumatic Stress Disorder. Wow. Other people have experienced this too? Post Traumatic Stress Disorder. Post Traumatic Stress Disorder. I like the sound of it.

(Pause. Very slowly and confidently this time)

Post. Traumatic. Stress. Disorder.

DANIEL (Cont.)

(Questioning. Turns back towards the door)

So what is this medication? What does it do?

THE PSYCHIATRIST:

(Surprised)

Hm.. Most people don't ask. It is an SSRI. It's quite complicated. Are you sure you want to know?

DANIEL:

Yes.

THE PSYCHIATRIST:

Well, SSRI stands for 'selective serotonin reuptake inhibitors'. Serotonin is a chemical messenger that carries signals between your brain cells. The SSRI brings serotonin levels in the synaptic gap up to normal levels and thus allows messages to be sent at a proper pace.

DANIEL:

Oh. So I have a chemical imbalance in the brain then?

THE PSYCHIATRIST:

(‘saving face’)

Well, no. That has been disproved for many years.

DANIEL:

So, what is wrong with my brain?

THE PSYCHIATRIST:

It is very complicated but there is much progress in the field. However, we don’t have substantial evidence to make any statement on the matter. But yes, it is a brain dysfunction.

DANIEL:

So why are you giving me this medication?

THE PSYCHIATRIST:

Well.. we don’t really understand, but for many people, this medication does wonders. You can think of it like a sedative. But let me know if you have any new homicidal or suicidal thoughts after you start taking them. It takes a few weeks for it to kick in. You might be on them for a few years.

DANIEL:

This makes absolutely no sense.

(Silence)

THE PSYCHIATRIST:

(In a serious tone and with a sense of pity)

You might never fully recover with or without the medication Daniel. I am a doctor. The choice is up to you, but I highly recommend that you try the medication. It will help.

DANIEL:

(Daniels looks down at his body. Mumbles)

Never fully recover? This still makes no sense..

THE VOICE:

(Taunting Daniel)

How do you even know you aren't just making this psychiatrist up in your head? What if he’s not real? Everyone will think you are crazy. The neighbor is probably listening to everything that is going on. You have lost it.

DANIEL:

(In despair)

Okay. If you think it will help, I’ll try the meds.

(The rat scurries away under the bed again.)

(CURTAIN)

END OF ACT I

Act II

Scene IV

SETTING: 3am the next morning in the white bedroom. Lights on.

AT RISE: DANIEL is standing on the bed scanning the floor very intently holding a pillow case. He tiptoes across the bed and stands on the edge silently. Suddenly, he leaps off the bed onto the floor with a loud crash as he tries to catch the rat.

DANIEL:

(frustrated)

Damnit!

(DANIEL gets back onto the bed and continues to watch the floor vigilantly. He will not sleep with a rat in the room. He jumps off the bed again in another vain attempt. He starts chasing the rat around the room. Finally, he is able to grab the rat's tail. The rat makes a loud squeak. Immediately DANIEL lets go and jumps back onto the bed in reactive fear. DANIEL calms down and returns to the task, pacing the room.)

(Knock on the door)

NEIGHBOR:

(frantic and oblivious)

Hello sir! Are you awake? I am looking for *my* (emphasized) cell phone. It's driving *me* mad. I won't be able to sleep until I find it.

DANIEL:

(still very concerned with the rat, but he responds very politely)

Um, no, I am not quite sure. I have not seen your phone around.

(continues to scan the room for the rat)

NEIGHBOR:

(frantically)

No?

(sigh)

This is very concerning. I really need *my* phone. You can't be away from it for long, you know? People get very worried.

DANIEL:

(gets onto the bed. Takes the bed sheet making it into a 'whip')

(To the NEIGHBOR)

Yup.

NEIGHBOR:

(Sits down on the chair outside the room. Vents)

I really need *my* phone. How will I check the news?

(DANIEL whips the floor where he sees the rat. Misses completely)

These damn rooms have no televisions. What century are we living in?

(pause)

Do you know what happened to *me* today?

(DANIEL tries again and misses)

DANIEL:

(frustrated, about the rat)

No! Damnit..

NEIGHBOR:

(insulted)

Well, no need for a tone like that!

(pause)

But of course you don't! It was awful. *I* was down at the food court and you wouldn't believe how long the wait was. It took *me* 45 minutes to get the meal. The room was unbearably hot and stuffy. My god, it was awful. Oh! And the staff were so rude to *me*. 45 minutes! And then when *I* got the food, it was cold by the time *I* got to start eating! So, reasonably, *I* went to the cook, and asked, can *I* have another plate? Guess what they said? They looked at *me* straight in the face and said, no! How rude! Fucking psychos.

(DANIEL jumps off the bed almost catching the rat.

This time the rat turns around and runs up DANIEL's pants)

I just...

DANIEL:

(Yells, trying to get the rat off his body)

AHH! GET OFF! GET OFF!

NEIGHBOR:

(Dejected, confused, and angry)

Psycho. I am going to look for my phone.

(Leaves stage. DANIEL frantically runs around the room until he is able to grab the rat. He throws it on the wall.

The rat collapses on the floor unconscious)

DANIEL:

(Immediately DANIEL is filled with guilt.

Hands on his head, talking to himself)

What was I doing?

(pause)

What is wrong with me?

(pause)

What is wrong with me?

(DANIEL walks over to the rat and stares at it)

I have no idea what to feel...

THE VOICE:

You don't feel bad? You are so sick... Sociopath? SOCIOPATH!

(DANIEL is completely fed up)

He goes over to the mirror and looks at himself.

Again, he sees this strange looking man with red eyes and

A terrifying look in his face)

I can't take this anymore..

(DANIEL tears the mirror off the wall.

The mirror shatters into pieces onto the floor. DANIEL suddenly retreats to

The corner of the room. Talking to himself)

What is wrong with me? What is wrong with me? What is wrong with me?!

(Enters PEMA. PEMA is wearing a red robe and holding a pitcher of butter tea. She is in her late seventies and has a shaved head. She walks down the hallway quietly and is listening intently. She slowly comes to the door, places the tea on the floor, and knocks gently.)

PEMA:

(kindly)

Hello? ... Hello? I came to see if everything is okay? I heard a lot of commotion.

(No response from DANIEL. PEMA gently tries to open the door.

It wont open)

DANIEL:

(Quietly)

The door won't open. I don't know what happened to it.

PEMA:

Oh, it's okay.

(PEMA sits down looking towards the door)

What is your name?

DANIEL:

Daniel. You?

PEMA:

Pema. Are you okay?

DANIEL:

(unsure how truthful to be)

I don't know. It has been a very hard day.

(short silence)

PEMA:

I brought you some butter tea, it is a Tibetan delicacy. It helps settle the body when stressed. The door really doesn't open?

DANIEL:

No.. I feel so trapped in here. But thank you, that is very nice of you. Are you Tibetan?

PEMA:

Yes. I was born in Lhasa. The capital of Tibet. But I have been living in Darjeeling, in Northern India, since I was a young girl. I am here for a few weeks to visit.

DANIEL:

(surprised)

Why would you come here?

PEMA:

(jokingly)

Well, there is a tradition in Tibetan Buddhism that we must meditate in graveyards. I thought coming here might serve the same purpose.

DANIEL:

(short silence)

You have a strange sense of humour.

(short silence)

Are you a Buddhist?

PEMA:

Yes, I am a Tibetan Buddhist Nun.

DANIEL:

I have never met a Buddhist nun before... Are you as happy as people say Buddhists are?

PEMA:

Happiness is a strange word. There are a lot of stereotypes about us.

DANIEL:

(slightly disappointed)

Oh..

(DANIEL gets up and starts walking around the room again.)

He goes over to the window in his room and gazes out with melancholy)
I don't get it. I just don't get it. What is the point of this?

PEMA:

(Listening very intently. Very careful with her wording)
What do you think?

DANIEL:

I don't know... Everything that used to give me meaning doesn't anymore. There is nothing left.

PEMA:

(gently)
What used to give you meaning?

DANIEL:

(thinks for a few moments, despairingly)
I at least had relationships with people... Now everything is gone.

PEMA:

What happened?

DANIEL:

One day everything changed. I woke up and I felt like a different person.

(pause)

Now I am all alone and I can't connect with anything no matter what I do... When I look at people, they seem miles away. When I touch my hands (touching his hands) it feels like someone else's. The words I speak sound alien. And I do things that I hate.

PEMA:

That sounds very frightening. It sounds like an imbalance of your wind energy.

DANIEL:

Wind?

PEMA:

Right... Wind energy. There are three energies that make up the body. Wind, Bile, and Phlegm. Each of them are always in fluctuation. You feel healthy when they are in balance. When one gets out of balance, you feel sick. Wind imbalances typically are related to disturbances of perceptions and thoughts. They can be quite frightening.

DANIEL:

How do you get rid of it?

PEMA:

Well, you actually don't get rid of your wind energy. Wind gives you the energy to live, to think, and to breathe. It is about managing your energies. I can offer you some dietary and behavioral advice, and some herbal medication. But the most helpful tool I can offer is meditation. That will help you deal with the root of suffering.

DANIEL:

(DANIEL starts pacing the room

Thinking about his suffering.

He goes over to the unconscious

rat and looks at it, short silence)

Am I a bad person for killing a rat?

PEMA:

(thinks thoughtfully)

You can only decide that for yourself.

DANIEL:

I didn't mean to kill it. I was scared.

(looks at the rat)

What's wrong with me?

PEMA:

(gently)

Is there really something wrong with you?

DANIEL:

There has to be. I cannot think straight.. I'm always scared.. I feel out of control. I have post traumatic stress disorder and a wind disorder!

PEMA:

Try not to think of the wind imbalance in that way.

(pause)

Haven't all of us killed rats in our lives? Haven't we all been terrified? Out of control? Felt depressed? Anxious? I don't think what you are going through is abnormal. Actually, I think it is quite normal.

DANIEL:

But it was never like this before..

PEMA:

Being human is to suffer. Some people have to truly face it when they are young. Others, when they are old. There really is no state of ultimate health. We are always sick.

(pause)

We all suffer. It is what we do with it and how we perceive it that matters.

DANIEL:

Will I be punished for killing the rat?

PEMA:

I think you are punishing yourself more than anyone else will be able to.

DANIEL:

So I am not a bad person for killing the rat?

PEMA:

I really cannot say. Did it cause the rat more suffering?

DANIEL:

Yeah..

PEMA:

Did it cause you more suffering?

DANIEL:

Yeah.

PEMA:

That is what matters. That is how you should judge your life.

(silence)

(the rat's legs being to move a little. DANIEL jumps)

DANIEL:

I think it's still alive!

(pause.. PEMA quietly listens)

What do I do?

(pause)

I'll get it some water...

(DANIEL grabs the tea cup on the dresser and pours a little water onto the floor next to the rat so that it can drink)

It's drinking!

(To the rat)

I'm so sorry little guy. I hope you can forgive me.

(watches the rat for a little while longer.

He gently sits down and rubs it's forehead

DANIEL smiles lightly)

You still are pretty ugly though..

(DANIEL and PEMA remain quiet for a few moments
 In stillness. Sunlight slowly starts creeping into the room.
 The bottoms of the white walls begin to change color.
 A faint hint of green starts to creep up the white walls.
 Suddenly, loud footsteps can be heard.
 THE PSYCHIATRIST loudly walks through the hallway
 holding the Diagnostic Manual and his notepad. He doesn't
 notice PEMA on the floor. Knock on the door

THE PSYCHIATRIST:

(serious, tired, and frustrated)

Daniel, it's the psychiatrist. I know it is very early, but I'm here to check in on you. The front desk called saying there was a lot of commotion being made in your room. I brought you the medication as well. Is the door still not opening?

DANIEL:

(startled and starts to feel anxious)

What? No. I can't open the door.

THE PSYCHIATRIST:

(THE PSYCHIATRIST pulls out a key from his pocket)

I got a key from the front desk. I'm going to open the door.

(He puts the key into the door, but the lock does not open. He keeps trying)

This is very strange. It's okay.. I brought a back up plan.

(He starts to pick the lock but it still will not budge.

When this doesn't work he begins to get visibly frustrated
 and starts hitting the door trying to open it. Then he kicks it.

DANIEL is startled still sitting on his bed)

PEMA:

(sitting up, gently)

You are not going to get anywhere with that strategy.

THE PSYCHIATRIST:

(Startled)

Ah! Who is this?

PEMA:

(sits against the door, and looks up at THE PSYCHIATRIST)

My name is Pema. It is a pleasure to meet you.

THE PSYCHIATRIST:

What are you doing out in the hallway?

PEMA:

I am a new friend of Daniel. I am here to keep him company. And you?

THE PSYCHIATRIST:

That is kind of you. I am a psychiatrist; I have been practicing for over twenty years. Anyways, can you give Daniel and I some privacy please? I would like to maintain our confidentiality. For Daniel's sake of course.

DANIEL:

(Suddenly responds)

No! Can she stay?

THE PSYCHIATRIST:

(surprised, thinks)

Fine.. I guess it shouldn't be too much of a problem.

(to PEMA)

But you will need to sign a waiver after our meeting.

(PEMA nods)

PEMA:

(Remembers that she still has the undrunk butter tea)

Would you like some butter tea? It is a Tibetan delicacy.

THE PSYCHIATRIST:

(Still confused by this whole situation. Looks at his watch to check the time)

Um, thank you but I really do not have much time for tea. I have quite a bit of work to do.

(Tries getting into the room again)

PEMA:

Why do you need to get into the room?

THE PSYCHIATRIST:

(irritated by PEMAs inquiries)

If I don't get into this room, how do I know Daniel won't hurt himself? I am very concerned about him.

(pause)

How else could I possibly be able to know what is going on inside of him.

PEMA:

You clearly will never be able to get into the room like this. You need to trust him. Anyways, why does it matter that *you* know exactly what's going on inside of him? Isn't it more important that he learns to deal and understand with what is happening on his own? Otherwise, he will be completely dependent on you for everything.

THE PSYCHIATRIST:

(Bewildered)

Who are you?

PEMA:

I know, it is not everyday you see a Buddhist nun on the floor of a hallway. I am here to present a lecture about Tibetan Buddhist philosophy and medicine at the local university. I heard Daniel and came to see if he was okay. And now we are here.

(short pause)

Daniel, how is the rat doing?

THE PSYCHIATRIST:

Rat?

DANIEL:

(looks over at the rat. The rat is slowly moving its limbs)

It's still very weak. It can't move very quickly.

PEMA:

It will need quite a lot of help.

DANIEL:

I know. I don't know what to do...

THE PSYCHIATRIST:

What is going on? Is there a rat in your room?

DANIEL:

Yes, it was here all day yesterday! Where were you?

THE PSYCHIATRIST:

That is disgusting.. Did you kill it?

DANIEL:

I almost did, but it came back to life.

THE PSYCHIATRIST:

I hate rats.

PEMA:

You should bring it to the sunlight. It could use the warmth and some fresh air.

DANIEL:

Good idea.

(DANIEL takes the pillow case and moves the rat to a place on the floor where the sun is shining. He gives the rat A bit more water as well. DANIEL goes over to the window and sees if the window will open. It opens a few inches. He feels the cool

Air on his body. It feels wonderful.)

(Mumbles to himself in excitement)

Oh my god... I can get out of here.

DANIEL is in shock. He stands still for a moment.

Then, in a frenzy, DANIEL tries to open the window.

The window is stuck again. Dejected, DANIEL walks back over to the bed)

THE PSYCHIATRIST:

Can we get back to our priorities?

(pause, sits down and takes out notepad)

Tell me more about the disturbing thoughts?

DANIEL:

I have no control over them. They come out of nowhere. They torment me.

THE PSYCHIATRIST:

(scribbles)

Interesting. We can explore some therapeutic techniques. Tell me one of the thoughts.

DANIEL:

How do I know you are real?

THE PSYCHIATRIST:

Has anything in your experience shown to you that I would not be real?

DANIEL:

No.

THE PSYCHIATRIST:

Since the tea, have you had any experiences where you saw something that other people didn't see?

DANIEL:

No.

THE PSYCHIATRIST:

Do you feel better?

DANIEL:

No.

THE PSYCHIATRIST:

Hm. Okay. I want you to try to write down all of your disturbing thoughts and then we can analyze them together. I want you to label them from most disturbing to least disturbing.

PEMA:

(To THE PSYCHIATRIST)

I do not think you can be so rational about this. Rationalizing thoughts won't make anything better. He is completely stuck in his head as it is.

(pause)

Daniel, can we try doing a breathing exercise first?

DANIEL:

Okay.

PEMA:

Find a comfortable place to sit.

(DANIEL walks over to the bed and sits down)

Start by taking low, long deep breaths. Feel the weight of your body heavy on the floor. Feel the abdomen rise and fall with each breath.

(THE PSYCHIATRIST checks the time. DANIEL fidgets)

Allow thoughts to come into your mind, greet them like an old friend, and let them pass by like a floating cloud. Keep breathing, slowly in, slowly out.

(pause)

Listen to the noises around you; start with the sounds farthest away. Broadening our perspectives so that we might not need to take our situations so seriously..

(pause)

Thoughts will come, thoughts will go. It is always changing: your thoughts, your feelings, your sensations. Nothing stays the same, and so, we can let go. Keep watching. Look very closely. There is nothing permanent. 'You' are always becoming in every breath.

(THE PSYCHIATRIST starts breathing deeply with loud exhales. DANIEL fidgets more)

DANIEL:

This is really uncomfortable

PEMA:

Try to stay with it. Notice the changes. Our reactions to the discomfort is what causes our suffering. Think about it like this. When you run after your thoughts, you are like a dog chasing a stick: every time a stick is thrown, you run after it. You will get exhausted this way. Instead, be like a lion who, rather than chasing after the stick, turns to face the thrower. One only throws a stick at a lion once.

(pause)

You are building a new relationship with yourself.

(short silence as they all breathe)

DANIEL:

Now what?

PEMA:

Keep staying with it.

DANIEL:

(after a few more moments)

Now what?

PEMA:

Keep staying with it.

THE PSYCHIATRIST:

Hm, interesting. How long do people typically need to do this?

PEMA:

It does not work that way. It is not a quick fix. It's not something you can accumulate and then stop doing. You simply keep staying with it.

DANIEL:

That's a lot of work...

THE PSYCHIATRIST:

I agree. Can we get back to business?

PEMA:

What exactly do you think is wrong with Daniel?

THE PSYCHIATRIST:

Daniel, can I tell her your diagnosis?

DANIEL:

I already told her

PEMA:

But why does he have the anxiety?

THE PSYCHIATRIST:

The tea. It was a very traumatic experience.. He may have had anxious tendencies prior to the event as well. Maybe in his family as well.

PEMA:

But where do you think anxiety really stems from?

THE PSYCHIATRIST:

Evolution! We developed anxiety to deal with primal threats. Anxiety is a completely normal human reaction to stress. We all have it. His stress response, in the sympathetic nervous system, however, is overactivated.

DANIEL:

Do you think I can get rid of the anxiety?

THE PSYCHIATRIST:

That would be impossible and actually, that would be quite unhealthy. It is about finding a healthy amount of stress.

PEMA:

So, is it about removing anxiety or changing his relationship to it?

THE PSYCHIATRIST:

Will you stop asking so many questions..

(redirecting the conversation)

What do you think? Where does anxiety stem from?

PEMA:

There is a lot I need to explain to answer that. But, I'll try to give you the very short version. We would call anxiety a wind or lung imbalance. It is something everyone gets in life. It comes and goes, like everything else. But all wind illnesses stem from too much desire and attachment. Bile, the second energy of the body stems from anger. Phlegm, the third, from close-mindedness. That is what must be examined.

DANIEL:

But what does desire and attachment stem from?

PEMA:

That, is an excellent question. Ignorance is the source of desire and attachment, but also the source of all life and suffering. That is what must be rooted out. It is a bit difficult to understand.

THE PSYCHIATRIST:

Ignorance of what?

(DANIEL looks over at the rat and notices it is not moving at all.

He gets off the bed and walks over to the rat and taps his foot against it.

No movement. It is dead)

DANIEL:

(disgruntled)

The rat is dead.

(shocked. pausing)

It's my fault.

(starts to pace the room)

THE VOICE:

(Whispering viciously)

What is wrong with you!? You sick bastard.. You killed it! Sociopath!

DANIEL:

(holding onto his head, tries to open the door many times frantically)

Please give me the medicine!!! Please, the medicine! The medicine! Give me the god-damn medicine!

(Keeps pulling at the door. Another rat comes out from underneath the dresser and scurries across the floor to the other side of the room.

The walls of the room turn completely white again.

THE PSYCHIATRIST and PEMA stand in silence)

BLACKOUT

CURTAIN

END OF ACT II

Manic?

*A story about human suffering
And what to do about it*

An Analysis

Zachary Rausch

*Honors Thesis - SUNY New Paltz
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Advisor: Professor Sue Books

Introduction To The Analysis of Manic?:

Human mental suffering is universal. The desire to understand and find liberation from human mental suffering is universal. All human beings born in this world today struggle to find answers to this existential concern. Modern Western science has not yet been able to eradicate or fully understand the etymology of mental suffering. This is the starting point of *Manic?*. This play intends to make readers begin to question their own assumptions. Some intended questions are: What is mental illness? How do I deal with my own suffering and are those strategies truly effective? What is the purpose of suffering? How has my upbringing influenced the way I feel about these questions? What should be the primary concern when trying to conceptualize, make sense of, and help those who struggle with what the Western world calls ‘mental illness’?

Before embarking on the analysis of *Manic?*, we will explore the primary importance of language itself on the etymology of human suffering.

The Origins of Human Suffering

Language enables thought and thought enables human civilization. Language is also the basis for the creation of personal identities. Abstract language makes the human species unique; brilliant; responsible; complicated; horrible. Humans create stories through language and these stories shape values, beliefs, words, actions, and lives.

And yet, human suffering is unique from the suffering of other creatures precisely because humans have language. Once there is language, “we can judge ourselves and find ourselves to be wanting; we can imagine ideals and find the present to be unacceptable by comparison; we can reconstruct the past; we can worry about the imagined future; we can suffer with the knowledge that we will die” (Hayes, Strosahl, & Wilson, 1999, p. 9). Humans can have all of their basic needs met and still be miserable. Therefore, “we must learn to use language without being consumed by it. We must learn to manage it rather than having it manage us. We must learn to overcome the dark side” (Hayes, et al. p. 12).

What is the relationship between everyday medical vernacular and the perception of suffering? What do we do when language starts to kill us?

Story

When vernacular attaches itself to experience, it becomes a story. As you read the play, I would like to you to expand your conceptualization of 'story' to incorporate this miniscule subtlety of language.

Stories are the use of language to explain a *situation*. Often, stories are understood as a collection of separate events that make up a *situation*. I am inviting you to interpret this on a very subtle level. Our interpretation of a series of thoughts is a story. The interpretation of a series of sensation using language is a story.

Life is a series of infinite, infinitesimally miniscule moments that we construct to make the story of our lives. To say, 'I am anxious', is a story. To say, 'I breathe', is a story. To say, 'That is my father' is a story. To say, 'I exist', is a story. We construct stories every moment of our lives. How we construct these stories and the language we decide to use will have enormous impacts on our perceptions of this world and our health. We are now ready to enter the world of *Manic*?

Character Analysis:

The Rat:

The rat is the representation of the object of human suffering.

The primary symbolic meanings intended through the rat are:

- 1) The rat is the thing(s) which we despise about ourselves
- 2) The rat can be fear, jealousy, loneliness, anger, terror (things which we suppress, push away, decide not to look at)
- 3) The things one cannot stand about the world
- 4) The processes of life which are considered 'ugly': Defecation, vomit, blood, snot, taboos, evil, etc...

Oftentimes, like Daniel and the rat, people externalize their frustrations and internal struggles onto external 'subjects' or situations. Many often dissociate themselves from that which they do not like (including parts of themselves). Those parts become 'the other' and become something to be 'exterminated'.

The rat is omnipresent throughout the play. It is impossible to ignore the rat. Even when the rat is killed, another rat shows up. The question becomes what to do with the rats.

For Daniel (primarily), the rat is the crippling anxiety that he does not know how to handle. Therefore, Daniel's process of healing involves a complete transformation regarding his relationship to the rat (the anxiety). Only when he is able to see the rat as himself and as something to love, will he be released from this torment.

The Voice:

- 1) The Voice has a similar yet distinct role to the rat. Voice, like the rat, is an externalization of the parts of ourselves which we dislike and become considered 'other'. The Voice is 'another rat' which Daniel must confront and transform his relationship to.
- 2) The Voice is distinct because of its capacity for language. The Voice is a reflection on the dangers of language; when humans lose control of language and when language, a construction of humankind, begins to kill us.

- 3) The Voice also is Daniel's abstract superego. The Voice is obsessed with abstract notions of right and wrong, real and fake, normal and abnormal. These binary judgements are messages Daniel had learned while growing up. The Voice is trying to make sense of Daniel's current experiences while taking into consideration these values and lessons he was previously taught. In the attempt to make sense of and control Daniel's situation, The Voice makes things worse. The voice's messages are always rooted in the fear of these binary judgements.
- 4) *The voice is a product of Daniel's fears, not the producer of the fear.* The Voice simply validates Daniel's fundamental fears (such as the fear of the unreality of the world or the maliciousness of Daniel's character).
- 5) These fears are not inherent to Daniel's character. They were both implicitly and explicitly taught to him.

Daniel:

Daniel is a character with enormous internal conflict. Daniel feels completely powerless in a vast and seemingly meaningless universe. Yet, he also feels that he is being unfairly punished. His only desire is to return to a prior state of contentment and ease.

Daniel is primarily focused on trying to resolve a complex bundle of fundamental questions.

- 1) Why me?
- 2) What is the point of suffering? What is the point of living? What is the point of living if not religion?
- 3) What do I do with crippling pain?
- 4) How do I deal with socially unacceptable thoughts, feelings, desires, and behaviors?
- 5) How do I deal with the knowledge of my own death?
- 6) How should I treat other people? Is there a definitive moral code to follow?
- 7) What is good? What is bad? How should I judge myself?
- 8) Why should I care about anyone or anything?
- 9) What and whom can I trust?
- 10) Is there any certainty in life? How do I deal with uncertainty?
- 11) Am I living in Hell? Heaven? Both? Neither?
- 12) Am I delusional? If I am, is it something to be afraid of? Something that is 'wrong'/something to be fixed? Is there a normal?
- 13) What should I expect from life?

Daniel is a complex character. It is unclear whether or not the rat is ‘real’, how one should interpret his violent outbursts, and how to understand his powerlessness and dissociation with ‘the voice’. It is undeniable that Daniel is struggling in his current situation and needs help. The play is based on two approaches to help him construct a new *story* around the rat, the voice, the fundamental questions, and his current situation in the room. The Psychiatrist and Pema both hope that these new *stories* will naturally help Daniel reshape his behaviors and perceptions.

Pema:

- 1) The character of Pema is intended to be a living manifestation of the rGhyud Bzhi, the primary Tibetan Buddhist medical text, a collage of Tibetan Doctors I had met in Darjeeling India, and the living American Tibetan Buddhist Nun named Pema Chodron.
- 2) In the initial draft of the play, Pema was ‘Tenzing Yongdu’. This character had no relationship to Pema Chodron. After consideration and difficulties in writing, I decided to base the character primarily off of my perceptions of Pema Chodron.
- 3) I realized that Tibetan Medicine, *in itself*, did not cause transformation in my life. The transformation has been the result of the kindness, empathy, understanding, humility, equality, acceptance, and Buddhist teachings that I feel are encapsulated by Pema Chodron. These traits are the grounding within which Tibetan Medicine arises.
- 4) I found these traits to be expressed by every Tibetan Doctor I met. They always fed me, gave butter tea, consulted with me for multiple hours, *never once* charged me, and would always remind me of the utmost importance of Buddhist philosophy and practice in Tibetan medicine.
- 5) Pema is attempting to completely transform Daniel’s *stories*. The *story* she wants Daniel to understand is paradoxical and conflicting. She wants Daniel to fully embrace one *story*: That *stories* cause suffering. She believes that there are ultimate truths in the universe and those truths underlie all constructed *stories*. The purpose of life is to get beneath the stories we construct in order to see reality as it truly is. In this state of ultimate ‘nothingness’, there is no suffering, no separation, no-self, and no death. Fully reaching this state of being can be understood as the attainment of ‘nirvana’.
- 6) To ignore this ‘truth’ is ignorance. This ignorance leads to all human suffering. Most people in the world live in this state of ‘delusion’ and cling onto the stories they construct about the world. People attach themselves to people, their bodies, material possessions, emotions, ideal images, and ideologies. This attachment is rooted in a misunderstanding of the true nature of reality. If one understood the ‘ultimate nothingness’ of the universe, there would be nothing to attach to. If there is no attachment, then there is no desire, no fear, no hope, no anger, no possessiveness, no jealousy, no grasping, and no suffering.

- 7) This state of being is not a state of ‘happiness’ but rather a state of pure knowing and awareness. For this reason, for Pema, there is no ‘goal’, there is only being and experiencing in every moment (*“Keep staying with it”*).
- 8) Importantly, Pema comes from a Tibetan Buddhist (A.K.A Vajrayana Buddhist) lineage. In this tradition, the concept of a Bodhisattva is of vital importance. A Bodhisattva is a Buddhist who has the capacity to reach ‘nirvana’, the state of ultimate freedom, but out of compassion decides not to. The Bodhisattva will not ‘cross over’ until they have liberated every suffering being on earth. The Dalai Lama is believed to be an example of a living Bodhisattva. Pema, in the play, is intended to represent a living Bodhisattva.
- 9) Lastly, it is important to note that there are multiple strands of Tibetan Buddhism with long and complex histories. I have generalized and consolidated Tibetan Buddhism into one distinct narrative. Therefore, do not take the character of Pema to be a representation of all that Tibetan Buddhism is. She is merely a reflection of what I found to be important from my experiences and what caused my own transformations. To me, that is the magic of the subjective story.

The Psychiatrist:

Again, like Pema, I have generalized and consolidated modern Western North American psychiatry into one distinct narrative. Therefore, do not take the character of The Psychiatrist to be a representation of all that Psychiatry is. He is merely a reflection of what I found to be important from my experiences and research.

The Psychiatrist is attempted to be the living manifestation of a combination of the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders, the psychiatrists I have been a client of, an embodiment of stereotypical modern Western culture, and the research I have done about psychiatry.

Major Themes:

Time: The Psychiatrist is always consumed with time.

- a) Timeliness, efficiency, and productivity are central values of American culture which have seeped into the psychiatric experience.
- b) The experience of illness becomes embedded within this timeliness framework. There must be a beginning, a middle, and an end to illness. These things happen within a specified time-frame. When things do not follow ‘schedule’, anxiety is induced.
- c) The quantity of productivity becomes more valuable than the quality of the work and relationships. The Psychiatrist is so busy that he is incapable of maintaining a healthy relationship with both himself and Daniel.

- d) The Psychiatrist is bound by time. His life is constrained and controlled by the boundaries of time. He can only see Daniel for a specific set of time. He therefore must get as much information from Daniel as possible. This type of pressure is counterproductive and restricts genuine relationship building.
- e) To be bound by time makes the psychiatrist tend to become impatient, rushed, distracted, and stressed. The psychiatrist often misses the small details that Daniel is presenting.
- f) Using diagnostic labeling is very time-efficient.

Bile:

Pema explains that there are three root causes to suffering: attachment (wind), close-mindedness (phlegm), and hatred (bile). Implicitly, Daniel is representative of the problems associated with attachment, the neighbor with close-mindedness, and the psychiatrist with 'hatred'. Attachment, close-mindedness, and hatred are all deeply interconnected and cannot exist without the other three. However, in Tibetan Medicine, people tend to have predominance of one or two of these traits. This is called an individual's constitution. People's behaviors, relationships, tendencies, thought patterns, and physical attributes are all related to an individual's constitution. When determining treatment, the individuals should be treated according to their constitutional type. The Psychiatrist had a predominant tendency towards anger and hatred towards the rat, Daniel, and even Pema.

The Psychiatrist, unlike Pema, seems to be filled with personal bias and internal conflicts. Tibetan Buddhist Doctors have to go through extensive self-analysis, meditation, and are expected to have the intention of being as compassionate, loving, and understanding as the Buddha (Clark, 1995). The expectation for self awareness, growth, and reflection is an interesting distinction between the two systems.

Labeling:

Psychiatric diagnosis in Western Psychiatry is commonplace. The first task of The Psychiatrist is to diagnose Daniel's behavior in order for him to make any qualified judgements. This diagnosis is based on fitting symptoms into premade diagnostic categories. The symptoms usually must meet at least half of the symptoms presented under the specific category. Interestingly, there is an exceptionally high rate of comorbidity between psychiatric illnesses (APA, 2013). The distinctions made between various forms of anxiety or depressive disorders are often unclear and ambiguous (APA, 2013).

The diagnostic label, although often ambiguous, becomes profoundly influential in the self image of the person who is diagnosed (Dinos, Stevens, Serfaty, Weich, & King, 2004; Link, Cullen, Struenig, Strout, & Dohrenwend, 1989). This is represented by Daniel's attachment to his diagnosis of Post Traumatic Stress Disorder and Wind imbalances. These labels help bring Daniel comfort and connection to others. However, they also become a detriment to his recovery as he begins to build his identity

through these diagnoses; they become fixed entities which are re-shaping his constructed personal identity.

Furthermore, The Psychiatrist relies solely on the verbal dialogue between Daniel and himself to make this diagnostic decision. The Psychiatrist has also no prior relationship with Daniel. This type of disconnected relationship is unique to modern psychiatry. Traditionally, in Tibetan culture, the Tibetan Doctor was deeply immersed within the local communities. The distinctions between friends, patients, doctors, and neighbors were not as clear.

Furthermore, the Tibetan Doctor relies on many additional methods of diagnosis than does the Western Psychiatrist. The Tibetan Doctor listens to a 'patient's' pulse, examines their bodies (tongue, urine, skin, eyes, spine, etc.), and relies on the verbal exchange of information (Clark, 2005). The Western Psychiatrist does take non-verbal cues into account, but primarily relies up the verbal exchange for diagnosis and treatment (APA, 2013).

Power:

This is an essential point. There is an unequal, dangerous power relationship between The Psychiatrist and Daniel. The Psychiatrist has the power of knowledge, medicine, status, education, health, and decision making. Daniel is in a position of vulnerability and desperation while also having little medical knowledge. The dangers of this type of relationship is represented by Daniel's acceptance of psychiatric medication even when his own rational analysis tells him otherwise.

Both The Psychiatrist and the Tibetan Buddhist Doctor have this power. However, they often approach this power relationship differently. Tibetan Buddhism, the foundation of Tibetan Medicine, places a primary emphasis on the equality and interconnectivity of all human beings. Therefore, the Tibetan Doctor does not see herself as being distinct from the patient. This type of relationship allows 'patients' to build stronger self-confidence, trust, and a genuine relationship with the doctor.

The Western Psychiatrist, however, constructs a wide gap between herself and the patient. The patient is a patient, the doctor is a doctor. The doctor treats, the patient gets treated. The doctor is healthy, the patient is sick. Personal relationships do not build between them. Anonymity, confidentiality, time constraints, professionalism, and strong boundaries are essential to healthy medical practice. These constraints produce relationship inequality.

Neuroscience:

Neuroscience has become of primary importance in Western Psychiatry, especially since the advent of psychopharmaceuticals in the 1950s (Whitaker, 2010). The focus on the brain for the source of mental illness is unique to Western Psychiatry. Western psychiatry treats the brain as a relatively isolated component of the person. In Tibetan medicine, mental illness and physical illness are inseparable. This

distinction of specialities is unique to Western medicine and results in the compartmentalization of disease.

At points throughout the play, the room is intended to symbolize Daniel's physical brain. This is the case when The Psychiatrist attempts to break into the room. The Psychiatrist believes that Daniel can be truly cured only when he has the capacity to *literally* see into Daniel's brain. The Psychiatrist feels the need to know everything about his brain so that he can have medical certainty and have complete control. This will to knowledge has obvious benefits and concealed dangers.

Normality:

There is a clear distinction between normal health and abnormal health. Abnormal health must be modified or cured. There is an underlying detestment of illness in Western Psychiatry. There is little value in human suffering and mental illness. It is a disorder, a mistake, a malfunction.

These strong distinctions are root causes to Daniel's detestment of the rat, his terror of abnormality, and his incessant desire to feel normal again.

Again, I intend you to consider: What is 'normal' health? Is abnormality actually the norm? How does medicalizing emotional and thought processes influence the quality of one's life? Do the benefits outweigh the unintended detriments?

The Neighbor:

- 1) The Neighbor is completely unaware of their self preoccupation. The Neighbor is lost in the abyss of their life's drama.
- 2) The Neighbor is the primary example of close-mindedness (phlegm). This person is in a state of complete ignorance. The Neighbor is consumed with the self, externalizes their problems onto the external world, and acts extraordinarily selfishly. Because The Neighbor is completely un-aware of their impacts on others, they blame, take advantage, and hurt others.
- 3) The Neighbor is consumed with the concerns of the modern world, unable to gain a wider historical and global perspective.
- 4) The Neighbor is a reflection of impersonal, disconnected, and unempathic relationships - relationships that I feel have become normalized. The Neighbor is incapable of seeing another's pain because they are unwilling to acknowledge their own.

Manic? ACT I:

SETTING: In primordial darkness. No one is around and nothing can be seen.

There are a few layers of symbolism intended here that may even contradict each other.

- 1) This darkness is in reference to the beginning of the world as explained in the Old Testament.
- 2) This play must begin like the world, in darkness. From this darkness or emptiness, there are infinite possibilities ahead of itself. All moments in life are like this primordial darkness, always awaiting the next moment. We are in a constant creation. Throughout the play, Daniel is unconsciously trying to determine how to live in a world that he truly desires to live in. Within every moment, he has a new opportunity to create the world.
- 3) The darkness in the Hebrew Bible is described as ‘Tohu wa-bahu’, often translated as chaos or dissolution (Coogan, Brettler, Newsom, & Perkins, 2010). This darkness is in stark contrast with the light in which the world will be founded. This metaphor and contrast between the goodness of light and evil in darkness is repeatedly found throughout the Hebrew Bible. In the Hebrew Bible, the creation of the world and humanity is seen as the movement from chaos to order; from darkness to light. Immediately, I am challenging and examining this assumption. Have we really moved into the light? Is the light ‘better’ than darkness? How do we get to the light?
- 4) I was raised in a Jewish household and spent ten years of my childhood at a private, semi-conservative Jewish day-school. Although I am not religious, Judaism instilled many of my assumptions, values, and behaviors. This is where I must always begin. Only from recognizing my own roots will I be capable of making change in the present moment.
- 5) Religion and science are often starkly segmented in Western Psychiatry. The relationship between science and religion is important in Daniel’s experience with the psychiatrist even though it is not explicitly spoken about. This unspoken conflict is intended.

NARRATOR: *(Heavy, dark voice. Front of stage.)*

It is unclear who the narrator exactly is. Is it God? Is it just a narrator? Is it Daniel? These questions will remain unanswered.

“There once was a man who lived in the United States whose name was Daniel. This man was blameless and upright, one who always turned away from evil. This, is his story.”

This is a direct reference to the first verse of the Book of Job: “There was a man in the land of Uz, whose name was Job; and that man was perfect and upright, and one that feared God, and eschewed evil” (Job 1:1).

The purpose of manipulating the first verse of the Book of Job is to guide listeners to the essential question of this play: *Why do we suffer and how do we deal with it? Why do ‘bad’ things happen to ‘good’ people?* Unlike Job, Daniel lives in a secular age, where God is often no longer the justification for human suffering. The 21st century is an age of uncertainty where there are no ubiquitous answers to these questions.

Further, ‘mania’, in biblical times, was often understood to be a source of prophecy and connection with God (Skull, 2012). King Saul’s episodes of ‘mania’ are vivid examples of this claim. By introducing the Bible in a play about mental illness, I am inviting readers to think about the origins of Western thought and psychiatry. The conceptualizations of mental illness are not only different throughout the world, but have drastically transformed within the same communities.

This brings up another essential question of the play: *What really is mental illness?* Simone De Beauvoir states in the *Second Sex* (1952, 35), “Man cannot deny facts; he establishes their truth by the way in which he deals with them”. It is impossible to negate the facts of human mental and emotional pain. Nevertheless, how we understand suffering and deal with it can completely transform the truths which we associate with it.

SETTING: We are in a small white painted bedroom. There are no windows in the room. There is a white bed with white sheets, a white tea cup on a white dresser, a lantern on a white desk next to the bed, a large 10 by 3 mirror to the right of the bed (stage left), a white wall clock, and a framed portrait of a rotten apple above the bed frame. The bed is facing forward against the back wall of the room. There are three manufactured walls on stage left to make up the room. The audience sees the bed straight in front of them. The setting is uncomfortable to the eyes and anxiety provoking.

There are a few layers of symbolism that can be found within the setting.

Whiteness:

- 1) The white of the bedroom is intended to be synonymous with purity, perfection, and light. The explicit irony is that this absolute purity and perfection is not only intense, it induces fear and anxiety. It is similar to the experience of staring straight into the sun.
- 2) Throughout the play, Daniel has an incessant desire to return to a previous state of mind. He has an image of an ideal self he would prefer to be in almost every moment. He is enchanted with this person and hates the person he currently is. The whiteness of the room therefore, also symbolizes

this desired perfection and conversely, the fear of anything outside of that. There is an underlying hatred of things dirty, imperfect, and abnormal.

- 3) The white is also symbolic of the creation of the world; from darkness to light. This is in contrast to the previous scene of primordial darkness. It intends for readers to ask: Is this the light that God intended to create? Is this really it?
- 4) This intensity is also a reflection of experiences I have had in psychiatrist's offices.

The room:

- 1) We are born and die into this world alone. We all must live 'inside our own small rooms' and there seems to be no escape from this. I intend readers to think about the amount of control that they have over their 'own rooms'.
- 2) The experience of mental suffering can feel like a complete entrapment within our own minds. There is no place to escape. There is no ability to disengage from internal struggle. The realization of being stuck in a room alone seems to be even more vivid when suffering.
- 3) In relation to the psychiatrist, the room also symbolizes the physical brain.

Windows:

- 1) Windows symbolise the capacity to extend ourselves beyond our internal experience. Although we are always in our own rooms, we have the capacity to engage with, see, and fully be a part of the 'external' world.
- 2) The fact there is no window in this scene is a reflection of what it is like to be dreaming; being completely immersed within ourselves. It is also a reflection of the extreme disconnect from the world that Daniel had felt.

Tea Cup:

- 1) The tea cup is the constant reminder of Daniel's traumatic experience.

The Mirror:

- 1) We are always examining ourselves. We cannot escape introspection.
- 2) We are almost always literally surrounded by our own reflections in the modern world. Our relationship to our self becomes very clear when we look at ourselves in the mirror.
- 3) Mirrors can both permeate the belief of having a permanent, stable self and can also vividly show the constant change we go through in life.

The Clock:

- 1) Time is inescapable. Change is inescapable.
- 2) Time is not separate from who we are.
- 3) We are always surrounded and immersed by time. Our experience and relationship with time is very important in shaping the relationships with ourselves and the world.

The Rotten Apple:

- 1) The rotten apple is a reference to *The Metamorphosis* by Franz Kafka, the Biblical story of the tree of knowledge, and the concept of good and evil.
- 2) The rotten apple is symbolic of the inescapable demons within all individuals. No matter how pure the room was attempted to become, the rotten apple was still present. It was even framed!
- 3) The rotten apple is also symbolic of how Daniel perceives himself. He sees himself as someone who had become rotten, bad, and broken.
- 4) The rotten apple also symbolises the pain of knowledge. The knowledge we prize so dearly, such as our capacity for language and thought, can actually deeply harm us.

AT RISE: DANIEL is lying comfortably in the bed looking out towards 'the audience' in a thoughtful manner. He is trying to discern where he is.

DANIEL: *(Lucid dreaming. Speaking to the audience.) Do you see this too? I think I am dreaming. I must be dreaming. I have no idea how I got here. (Touching his body.) Strange, it feels so real. I feel so warm. So real.*

Distinguishing reality from delusion is a fundamental dilemma in Daniel's experience. Even when things feel real, they had turned out to be delusions. Things that he fears are delusions, turn out to be reality.

Lucid dreaming is a vivid example of the complicated nature of this experience. To lucid dream, the actor is aware that she is dreaming. Often, the actor takes herself as being separate from the dream and somehow 'more real' and is capable of being in control of the situation. The dreamer knows what is a dream and what is reality. However, is that truly the case?

Throughout the lucid dream, the actor must constantly remind herself that she is in fact dreaming and that the dream is not real. Throughout the play, Daniel is unsure if he has 'awoken from the dream'.

Daniel is trying to answer a fundamental question: How do we know what is real when we feel that we cannot trust the accuracy of our senses and the 'external' world? What can he rely on to give a truthful answer? How can he know anything with certainty?

The walls of the room began to shake. The lantern next to the bed shatters on the floor.

The dream is a symbolic re-enactment of the night Daniel drank the tea and his immediate experience afterwards. This experience is what leads him to being in the room in scene III. Walls, one of the strongest foundations of a house, begins to collapse in front of him. A pleasant dream in one instant suddenly becomes a nightmare.

DANIEL (Cont.): *(DANIEL'S body begins to shake) What is going on?! No!!*

Even though everything around Daniel was shaking, he thought he had some element of control over himself. However, he suddenly realized that he was completely powerless. He had no control over his experience. He was an object of the ‘dream’, just like everything else.

(The back wall loudly collapses to the floor) (DANIEL looks at the scene in shock) Stop! Why is this happening!?

The foundations of Daniel’s room are crumbling to the ground. Daniel is terrified and will do anything to stop this from happening. He does not understand why this is happening. It seems so unfair.

(Within seconds, Daniel uncontrollably rises and throws himself into the white wall on the opposite side of the room. He collapses unconscious. The other two walls of the room collapse down. Extended silence)

This scene is the absolute destruction of Daniel’s reality. Daniel’s perception of self, his capacity for control, and his trust of the world is shattered. A part of Daniel is dead and it will never be revived. It is also a foreshadow of Daniel’s reaction to the rat in ACT II.

This was also a dream (with modifications) that I had a few weeks after I drank the tea.

ACT I Scene III SETTING: 11am on a sunny winter afternoon in Barnet, Vermont. We are again, in a small white bedroom with one window in the back corner of the room, with the white bed with white sheets, a white teacup on a white dresser, a white desk with a white lantern next to the bed, a 10 by 3 mirror next to the bed, a white wall clock, and a painting of a rotten apple above the bed frame. Everything is perfectly in place. There is not one speck of dust to be seen. The fluorescent lighting on the ceiling pierce every inch of the room. The distinction between the dream world and this world is confusing. The bed is against the back wall of the room away from the audience. The audience sees the bed straight in front of them. There are three manufactured walls on stage left to make up the room. There is a small darkened hallway next to the bedroom door on stage right. There is a wooden chair in the hallway next to the door.

Winter:

Winter is the reaction of the death of life in the fall. Daniel experienced the death of a part of himself. Now, he has to deal with that. He is symbolically living in the Winter season.

Sunny Day:

This is representing the disconnect between Daniel’s internal experience and the outside world. It is trying to evoke the feeling of being miserable in the company of happiness.

Barnet, Vermont:

I had done a week long intensive meditation retreat in Barnet, Vermont. While here, I stayed in a small room by myself. As the week progressed, my anxiety progressively grew worse and worse. The setting of the play was inspired by that experience.

AT RISE: DANIEL wakes up in a fit of confusion and fear. His body is shaking, he can't see clearly, and is breathing heavily. He is sitting upright in complete alarm looking at the room around him.

This was a typical experience during the peak of my anxiety. Rather than focusing on disruptive thought patterns, I intended to initially focus on the physiological reactions to stress.

***DANIEL:** (Scared) No.. No.. It's back. Stop it. Stop it! (Daniel looks down at his body. Mumbles) I can barely recognize my own hands. Oh no, not not these thoughts. Not these thoughts. (Daniel jolts himself out of bed, locks the door, and closes the windows. He paces the small 10 by 15 foot room frantically. He screams as loud as he possibly can. He abruptly stops moving and stares in the mirror ahead of him. He sees a stranger with scarred red eyes looking back at him. He shuts his eyes and hits himself in the face)*

Daniel has an incredibly strong resistance to uncomfortable feelings and thoughts. His initial reaction is to try to get rid of it; he hates discomfort. This resistance immediately causes him to become trapped inside his own misery.

As he looks into the mirror, he no longer sees the person he thought he was. He sees a tormented individual that he cannot recognize. Daniel is terrified of this version of himself and is unwilling to identify himself with 'that person'.

***THE VOICE:** (The voice comes from Daniel's mouth. Screaming) Harder!*

The Voice is 'the person in the mirror'. The Voice is the part of Daniel that he refuses to identify with and therefore it becomes externalized. The Voice is vicious and cruel to Daniel. However, The Voice is struggling to make sense of the traumatic experience and will continue to torment Daniel until he is able to fully integrate that experience. In a way, The Voice is attempting to protect Daniel from feeling out of control and re-experiencing the trauma.

The night I drank the hallucinogenic tea, I had thought I was able to distinguish reality from delusion. At one point of the night, that capacity for distinction and control was shattered. This is the type of experience The Voice is attempting to protect Daniel from experiencing again.

***DANIEL:** (Hits himself again) **THE VOICE:** (Louder) I hate you! Nothing is real.. Nothing! You will be like this forever. And you are alone! Alone! Alone! Alone! (Overwhelmed, DANIEL bangs his head against the bed frame and collapses on the floor)*

I channeled my rage and fear towards myself in deeply self-destructive ways.

***DANIEL:** (Deeply distressed. Thinking) I can't go through this again. I can't. I wish I was never born. Why can't I just do it?*

I had almost reached a turning point. I spent months contemplating committing suicide.

THE VOICE: *(Taunting.) How dare you! You fucking coward. You are too scared. You just want attention. You coward.*

The voice was right. I was too afraid of death and the unknown. I was desperately crying out for help. A suicide attempt was the only way I felt I could get my point across.

DANIEL: *(Slumping further down in despair. Thinking.) God... Somebody... help me. Please.*

But I was too afraid and I felt I could not do that to my family. So, I was stuck.

(Daniel lies on the floor by the bed and notices a skinny brown rat with bulging black eyes chewing on the white bed sheets)

There it was. Everything I hated in one small rat; destroying the ideal image of myself.

(Banging on the bedroom door.) DANIEL: (Jolts up. Thinking.) Oh no... They must have heard me... What do I even say?

This is a critique of the American culture I grew up in. I had always experienced a disconnect between what I had felt inside and how I behaved towards others. It seemed that everyone, including myself, had to wear a facade in every interaction. Expressing suffering genuinely was never encouraged. There was always a fear of rejection and alienation beneath this.

NEIGHBOR: *(Deeply distressed. In the hallway.) Excuse me!?! Excuse me!?! Sir! I am trying to take my mid afternoon nap. Can you please stop making so much noise? Do you have any idea how busy I am? I need my rest. I will be out of the room in one hour. Can you quiet down until then? (DANIEL is shaking again and starts to feel nauseous.) Excuse me! Are you listening to me? I have an important lecture to attend and I need to appear my best. (DANIEL starts dry heaving. The rat skitters to the door and starts clawing loudly.)*

- 1) This is another critique of the American culture I grew up in. I am expressing my own anger about the emphasis on and the cultivation of individualism, selfishness, timeliness, efficiency, materialism, and capitalism.
- 2) The neighbor is self-absorbed and incapable of recognizing others' needs. The neighbor is consumed with worry and cannot deal with anything that challenges their schedules.
- 3) The neighbor externalizes their frustration onto the world, where Daniel internalizes his frustration onto himself.
- 4) The neighbor is in direct contrast with the loving neighbor found in the Bible.

I am a good person but this is too much. This is disgusting. What is wrong with you? Do you have no regard for others feelings? I don't have time for this. I am calling the front desk. (DANIEL makes himself throw up to help the nausea dissipate) (The NEIGHBOR clamors away off stage.)

- 1) This scene is an observation about the way people justify their behaviors. People justify their behaviors in a way to validate the image of themselves that they desire to have.
- 2) We, at times, relinquish our problems to others rather than trying to deal with them on our own (to the front desk, the police, the psychiatrist, etc...).

(DANIEL sits on his bed with his hands covering his face. THE PSYCHIATRIST enters and walks down the hallway to the bedroom door. He has slicked back gray hair and a clean shave. He is wearing a brown sports jacket with a navy blue necktie. His arms are crossed hugging onto his notepad, his Diagnostic and Statistical Manual of Mental Disorders, and prescription forms. He takes loud audible exhales each step towards DANIEL'S room. He is very concerned. These are serious matters. THE PSYCHIATRIST knocks on DANIEL'S door.)

- 1) The Psychiatrist embodies the cultural conception of good health: he is well dressed, cleanly shaved, and working.
- 2) The Psychiatrist sees the whole situation through a 'medical gaze'. Every conversation and every aspect of this environment is a reflection of illness or health. He does not see Daniel as Daniel, but rather as a patient and as medical knowledge. At times, he remembers that he is actually speaking to a person like himself but often forgets this fact and falls into old habits.

THE PSYCHIATRIST: *(Concerned but firm) Daniel... Open the door please. I am the psychiatrist. I was called in by the front desk. I heard some disturbing reports about unusual symptomatic behavior that we need to address. (DANIEL remains silent) For the sake of your own sanity, open this door please. (No response from DANIEL) (Mumbling) This is very curious behavior. Might be prodromal phase of Schizophrenia. (To DANIEL) Daniel, please. I am here to help you. Let us figure out what is going on. If you don't open yourself up to me, nothing will change.*

- 1) The Psychiatrist analyzes all of Daniel's behavior through the lens of normality or abnormality. He immediately labels and categorizes Daniel's behaviors through the diagnostic criteria of the DSM.
- 2) The first thing that The Psychiatrist desires is to get into Daniel's room (in this case, the room symbolizes Daniel's brain). This is a reflection of the primary concerns and focus of western psychiatry: The brain.

DANIEL: *(Cautiously) I want to talk but I can never seem to explain what is actually going on. What if you tell me I am crazy?*

- 1) The fear of abnormality is deeply ingrained into Daniel's psyche.
- 2) Expressing his experience verbally is the only way that Daniel has been able to express his suffering. Verbal expression is difficult for Daniel but it is the only way that others seem to be able to help him.

THE PSYCHIATRIST: *(Pulls out his notebook and scribbles some notes. Mumbles to himself) Curious. Cannot be Schizophrenia. (He pulls up the wooden chair in the hallway and sits down Facing the audience. He opens up his Diagnostic Manual)*

- 1) Again, everything becomes medicalized.
- 2) The fear of insanity is a clear distinguishing feature between those with anxiety disorders and psychotic disorders.

DANIEL: *(With a little more confidence. Still sitting on his bed.) But I don't even know you... Why should I trust you?*

- 1) Daniel is able to think rationally at times and even trust his immediate environment. He goes back and forth between incapacitating fear and clarity.
- 2) Service participants are intended to have impersonal disconnected relationships with their service providers.
- 3) But, why then should Daniel trust someone he has never met before? Especially if he did not feel that he had the choice to see this individual.

DANIEL: *(Compliantly) Okay... If you can help me, I'll do anything.*

- 1) The danger of the patient-doctor relationship.

(DANIEL walks to the door, unlocks it, and tries to open it. The door won't move)

- 1) Has the door been able to open in the past? Why does he think it is possible to get out of the room? Is it really possible? These are questions to ponder for yourself.

THE PSYCHIATRIST: *(Looking at his watch to check the time. Impatient.) Daniel, our session is almost over and I have another patient to meet very soon. (takes a breath realizing what he is doing. genuinely) I really am sorry but I am incredibly busy. Can we get on with our conversation. (DANIEL slumps on the floor next to the door)*

- 1) The psychiatrist is doing the best he can. He is working in a difficult system where he has the expectation to meet with an enormous client load. He wants to help Daniel, but he feels completely overwhelmed.

DANIEL: *(Short silence. quietly) That's why I came here. I thought I could escape.*

- 1) What is this place? Where is this play actually happening? Another question to ponder. Is any of this real? Is this actually a 'place' in Daniel's mind? A compartment in his mind he has closed himself into?

THE PSYCHIATRIST: *Poor kid. He is too young to be asking these existential questions.*

- 1) I have personally found that conversations about death and ultimate purpose are often shunned. In contrast, speaking of these matters were of everyday importance while living in the Buddhist monastery.
- 2) I have also found that children were often sheltered from seeing death and suffering in the neighborhoods where I was raised. Again, in contrast, one is never too young to study these matters in Buddhist thought.

THE PSYCHIATRIST (Cont.) *(To DANIEL, in a confident yet caring tone) Daniel... You have been suffering with what is called Post Traumatic Stress Disorder.*

- 1) This quote commenced directly after a long internal dialogue of the Psychiatrist who was trying to make sense of Daniel's situation. This scene is attempting to expose the complex nature of doctor-patient relationships and the power of knowledge. The Psychiatrist was working through a whole process of complex thought and analysis which Daniel was never able to hear. All of the subtleties, complexities, and potential conflicts of Daniel's diagnosis had remained in the Psychiatrist's mind. All that was exposed was what the Psychiatrist thought was important to share (thus creating an inequality of knowledge). The Psychiatrist's power over knowledge shaped Daniel's conception of his new illness.
- 2) The patient becomes an object to be studied, managed, and labeled rather than being understood as a dynamic fluid being.

(DANIEL gets back onto the bed and continues to watch the floor vigilantly. He will not sleep with a rat in the room. He jumps off the bed again in another vain attempt. He starts chasing the rat around the room. Finally, he is able to grab the rat's tail. The rat makes a loud squeak. Immediately DANIEL lets go and jumps back onto the bed in reactive fear. DANIEL calms down and returns to the task, pacing the room.)

- 1) The chase is what keeps us occupied: Do we really want to catch the rat?
- 2) This scene also symbolically represents the way that humans incessantly cause their own suffering. Humans decide to run in circles chasing, avoiding, and fighting the things that bother them.
 - a) E.I: Incapable of relaxing until you have swatted the fly in the kitchen, have resolution of a problem, have completed some task...

DANIEL: *Oh. So I have a chemical imbalance in the brain then?* **THE PSYCHIATRIST:** *(‘saving face’) Well, no. That has been disproved for many years.*

- 1) For more information, read [Anatomy Of An Epidemic](#) by Robert Whitaker, where he explains that even though the chemical imbalance theory has been disproved for decades, psychotropic medication prescriptions have skyrocketed (even as antidepressants and antipsychotics still function to manipulate serotonin and dopamine levels in the brain). He argues this is mostly due to financial and status purposes.

NEIGHBOR: *(frantic and oblivious) Hello sir! Are you awake? I am looking for my (emphasized) cell phone. It's driving me mad. I won't be able to sleep until I find it.*

- 1) The Neighbor is attached and possessive of their belongings and self-image. Everything is either 'mine' or not 'mine'. The world revolves around them.
- 2) The Neighbor is again, externalizing internal discomfort to external 'problems'.

(DANIEL is completely fed up. He goes over to the mirror and looks at himself. Again, he sees this strange looking man with red eyes and A terrifying look in his face) I can't take this anymore..

(DANIEL tears the mirror off the wall. The mirror shatters into pieces onto the floor. DANIEL suddenly retreats to the corner of the room. Talking to himself) What is wrong with me? What is wrong with me? What is wrong with me?!

- 1) This scene is symbolic of self-destructive (self-harming) behavior. Daniel cannot stand the person he feels he has become. He cannot stand this person in the mirror. Out of desperation, he continuously harms himself.
- 2) The moment he makes these decisions, he immediately recognizes that it they are mistakes. He becomes terrified of himself. 'How could he was willing to do something like that?'
- 3) This scene is also symbolically showing the way that Daniel began to see all of the world. Everything he saw reflected back his internal feelings. He therefore began to act out violently towards the external world. Again, every time he made a decision to act violently, he would immediately become remorseful, full of self-pity and self-hatred.

PEMA: *(No response from DANIEL. PEMA gently tries to open the door. It wont open)*

Reflection questions:

- 1) Is it possible to enter other people's rooms? How far can we go into others' rooms?
- 2) Why is Pema not capable of getting into Daniel's room? Why is Pema not concerned about getting into the room? Do you think she could but decides not to?

DANIEL: *Daniel. You?* **PEMA:** *Pema. Are you okay?*

- 1) Two humans sharing one moment. There is no power leveraging or inequality in this conversation. Pema and Daniel are equals. They are two humans trying to make sense of the world together. They meet each other with complete genuineness.

PEMA: *(jokingly) Well, there is a tradition in Tibetan Buddhism that we must meditate in graveyards. I thought coming here might serve the same purpose.*

- 1) Are we the walking dead (constantly acting habitually, reactively, out of fear, ignorance)?
- 2) Is there any life left in Daniel?

- 3) What does it mean to truly live?

DANIEL: *I have never met a Buddhist nun before... Are you as happy as people say Buddhists are?*

- 1) The Buddhist conception of true happiness transcends feelings of joy and elation. The Buddhist aspires to be free from suffering. They do not aspire for 'happiness'.
- 2) All things are empty of inherent nature. There is no such thing as happiness (it is only an aggregate of feeling, sensation, thoughts). We solidify and label those experiences as happiness, but no one moment of life is the same. Each moment is always in constant fluctuation.

PEMA: *(gently) What used to give you meaning?* **DANIEL:** *(thinks for a few moments, despairingly) I at least had relationships with people... Now everything is gone.*

1. What happens when nothing in the world gives us any meaning or joy? What if all that is experienced is pain? How can one live? Is life still worth living? What purpose is there if there is no joy?

DANIEL: *(DANIEL starts pacing the room thinking about his suffering. He goes over to the unconscious rat and looks at it, short silence) Am I a bad person for killing a rat?*

- 1) Daniel is consumed with arbitrary ideas about goodness and badness. He has convinced himself of his badness (the rotten apple above the bedframe) and thus needs constant validation of his goodness from others.
- 2) This can be read as reflection of more than goodness and badness. One can say the same about arbitrary notions of being stupid/smart, ugly/good looking, normal/abnormal, loser/cool.

(To the rat) I'm so sorry little guy. I hope you can forgive me. (watches the rat for a little while longer. He gently sits down and rubs it's forehead. DANIEL smiles lightly) You still are pretty ugly though.. (DANIEL and PEMA remain quiet for a few moments in stillness. Sunlight slowly starts creeping into the room. The bottoms of the white walls begin to change color. A faint hint of green starts to creep up the white walls.

- 1) Daniel's change of perception towards the rat is what brought Daniel a moment of happiness. Rather than fighting, avoiding, or chasing, Daniel chose to accept the rat as it was in this moment. From this place of acceptance, love, freedom, and life (green and sunlight) began to emerge from the foundation of his being (the bottoms of the walls)

THE PSYCHIATRIST: *I hate rats.*

PEMA: *You should bring it to the sunlight. It could use the warmth and some fresh air.*

- 1) This is the clearest distinction of the conceptions of health and illness in Tibetan Medicine and Western Psychiatry.

(DANIEL takes the pillow case and moves the rat to a place on the floor where the sun is shining. He gives the rat a bit more water as well. DANIEL goes over to the window and sees if the window will open. It opens a few inches. He feels the cool air on his body. It feels wonderful.) (Mumbles to himself in excitement) Oh my god... I can get out of here. DANIEL is in shock. He stands still for a moment. Then, in a frenzy, DANIEL tries to open the window. The window is stuck again. Dejected, DANIEL walks back over to the bed)

1. Happiness came when Daniel stopped trying to make things better for himself. When he was acting out of genuine compassion and selflessly for the rat, he was suddenly free from the confines of the entrapment of the room.
2. This state of being is very fragile and can become polluted almost instantaneously. Immediately when Daniel felt a taste of freedom, he became absorbed back into his own story again. He felt hope again. Therefore, he began desiring a different state of mind rather than accepting this present moment and living out of genuine selflessness and unconditional love.

THE PSYCHIATRIST: *Has anything in your experience shown to you that I would not be real?*

DANIEL: *No.*

THE PSYCHIATRIST: *Do you feel better?*

DANIEL: *No.*

- 1) The purpose of this dialogue is to express the absurdity of thinking that talk therapy is an effective initial strategy to treat trauma.
- 2) I believe talk therapy is only an effective strategy after one can learn how to manage incapacitating physiological responses to stress. This process can unfold through meditation, yoga, exercise, breathing techniques, EMDR, other somatic therapies, etc.

DANIEL:

Now what?

PEMA:

Keep staying with it.

DANIEL:

(after a few more moments)

Now what?

PEMA:

Keep staying with it.

This is one of the most important scenes in the play. Pema is explaining a complex and radical notion of health and life in this short dialogue. Pema is telling Daniel:

- 1) The only thing to do is to do nothing but observe. There is no purpose in life other than experiencing each moment as fully as one can.
- 2) Stop trying to make things better.
- 3) Let go of all hopes and dreams.

THE PSYCHIATRIST: *Ignorance of what?*

(DANIEL looks over at the rat and notices it is not moving at all. He gets off the bed and walks over to the rat and taps his foot against it. No movement. It is dead)

DANIEL: *(disgruntled) The rat is dead. (shocked. pausing) It's my fault. (starts to pace the room)*

I want to keep this open ended.

DANIEL: *(holding onto his head, tries to open the door many times frantically) Please give me the medicine!!! Please, the medicine! The medicine! Give me the god-damn medicine!*

- 1) Once things become difficult again, Daniel immediately reverts to old habits. He desires the quick fix, the easier way out.
- 2) Certainty trumps uncertainty and the unknown
- 3) **He chooses temporary relief over the possibility of genuine happiness.**

(Keeps pulling at the door. Another rat comes out from underneath the dresser and scurries across the floor to the other side of the room. The walls of the room turn white again. THE PSYCHIATRIST and PEMA stand in silence)

- 1) But we will always have another chance. The rats will never disappear. We will always have the opportunity to choose a different way. Only we can make that choice.
- 2) We are born and we die alone. No one can 'save' us but ourselves.

So,

How will you face your rats? How will you face your inevitable death? How will you treat other people? How will you treat yourself? How will we understand the purpose of your life? How will you understand your relationship to the world? How will you live in each moment?

***What stories will you teach yourself?
Day after day after day...***

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