

INSIDE OUT

A DEEP DIVE FOR PATRONS



NEXT TO NORMAL

PLEASE RETURN TO PATRON SERVICES



INSIDE OUT

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Editor: Suzanne Yoe

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Next to Normal

By **Tom Kitt**

Books & Lyrics by **Brian Yorkey**

Directed by **Nancy Keystone**

Original Broadway Production Produced by David Stone, James L. Nederlander, Barbara Whitman, Patrick Catullo and Second Stage Theatre

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PLAY SYNOPSIS: *NEXT TO NORMAL*

Winner of three Tony Awards and the Pulitzer Prize for Drama, *Next to Normal* deploys wry humor and brutal honesty to explore how a family navigates their darkest hours — and finds the path to new beginnings.

On the surface, Diana has it all — a house in the suburbs, a successful architect husband, and two sharp-witted teens. But beneath this perfect facade is a nuclear family on the verge of

exploding, doing everything they can to make it through another day in one piece. Propelled by an unforgettable pop-rock score, this is an honest and unflinching ride through the complexities of mental health and unconditional love.

This groundbreaking musical is a story of love and resilience that hits close to home, making you laugh, cry, and reflect on the struggles that shape us along the way.

BIOS: COMPOSER, LYRICIST & DIRECTOR

PLAYWRIGHTS

TOM KITT (Composer) is a two-time Tony, two-time Emmy, Pulitzer Prize and Grammy Award winner. As a musical theater composer, he has written the music for six Broadway shows: *Next to Normal* (Tony Award, Olivier nomination), *If/Then* (Tony nomination), *Almost Famous* (Tony nomination), *Flying Over Sunset* (Tony nomination), *High Fidelity*, and *Bring it On, The Musical*. His work for the stage has also been seen Off-Broadway at Second Stage (*Next to Normal*, *Superhero*), The Public Theater (*The Visitor*, *Shakespeare in the Park*) and he has worked at some of the most prestigious regional theaters including The Old Globe, Arena Stage, Berkeley Rep, The Signature Theater, and ART. In addition, Tom's Broadway credits as an orchestrator include: *Next to Normal* (Tony Award), *Hell's Kitchen* (Tony nomination), *The SpongeBob Musical* (Tony nomination), *Jagged Little Pill* (Tony nomination), *Almost Famous*, *Head Over Heels*, *Everyday Rapture*, and *American Idiot*.

BRIAN YORKEY (Book and Lyrics) received the 2010 Pulitzer Prize for Drama, the 2009 Tony Award for Best Score, and the Outer Critics Circle Award for *Next to Normal* and was also nominated for the Tony Award for Best Book of a Musical. He partnered again with the *Next to Normal* team on *If/Then* (Tony Award nominee for Best Score) starring Idina Menzel. Brian co-wrote the libretto for *The Last Ship* (Outer Critics

nomination, with John Logan), with a score by Sting. He wrote lyrics for the Disney Theatricals musical adaptation of *Freaky Friday*, which also became a Disney Channel Original Movie. Brian most recently served as the Executive Producer and Co-Showrunner for the Netflix series "Echoes." Prior to that, Brian was the Creator, Executive Producer and Showrunner of "13 Reasons Why" for Netflix and Paramount Television. He has also directed for theatre and television. Brian is a graduate of Columbia University, where he was artistic director of the *Varsity Show*, an alum of the BMI/Lehman Engel Musical Theatre Workshop and a proud member of the Dramatists Guild, the WGA, and the DGA.

DIRECTOR

NANCY KEYSTONE is a Los Angeles-based theatre and visual artist, filmmaker, and educator. She is thrilled to return to DCTC after directing *Indecent* in 2019. The founding artistic director of Critical Mass Performance Group, she's the ensemble's playwright, director, and scenic designer. Among her projects with CMPG: *Mariology* (Mixed Blood Theatre and Boston Court Pasadena), *Ameryka* (CTG's Kirk Douglas Theatre), *Alcestis*, *Apollo* (CTG and Portland Center Stage), A Jordan Downs Illumination with Cornerstone Theater Company. She is a recipient of a Doris Duke Artist Award, United States Artists Hoi Fellowship, and TCG's Alan Schneider Director Award among other honors. nancykeystone.com

CHARACTER DESCRIPTIONS

Provided from the script

DIANA: Sexy. Sharp. Delusional bipolar depressive. Thirties or forties.

GABE: Her son. Dashing. Gentle. Bright. Playful. Everything a mother, etc. Almost eighteen.

DAN: Her husband. Handsome. Genuine. Constant. Tired. Thirties or forties.

NATALIE: Her daughter. Sixteen and trying to be perfect. It's not going well.

HENRY: Musician. Romantic. Stoner, Slacker. Philosopher king. Seventeen.

DOCTOR MADDEN: On the young side of ageless. Assured. A rock star.

Voices, Anesthesiologist, Nurses, Doctors and others are all played by the company.

A Psychopharmacologist (Doctor Fine) is played by the actor playing Doctor Madden.

A NOTE FROM DIRECTOR NANCY KEYSTONE

Is there such a thing as “normal?” As someone who has never really felt normal in my life, I’m not sure what that would actually look like. In *Next to Normal*, the veneer of normalcy of the Goodman family household cracks almost immediately, exposing the wounded hearts and souls of the characters as their raw struggles are laid bare for the next two hours. The core dilemma involves Diana’s journey with bipolar depressive disorder and how each member of her family is impacted by it. Regardless of her specific condition, the play is universal in its grappling with loss, grief, love, a long marriage, and the collision of one’s expectation with reality. And though the piece deals realistically with intense and emotional experiences, part of its brilliance lies in the way it does so with exhilarating theatricality, powerhouse music, humor, and a sense of fun: Diana’s state of mind is articulated through various fantasies, time collapses and expands, genres shift — romance, comedy, psychological horror, and in some ways even a Greek tragedy. It has something for almost everyone, and people connect with different characters and ideas depending on their lived experience.

One of the strengths of *Next to Normal*, and a reason why I believe it continues to be so relevant, is that it invites conversation about its deeply human issues. In many communities, discussion of mental illness is taboo. The play’s forthright expression of the challenges faced by people with mental health issues breaks down some of the barriers to discussion or at least provides a mirror and sense of recognition. There is a trenchant exploration of the medical establishment and the various and imperfect treatments for bipolar disorder ranging from talk therapy, to the many medications and their side effects, to electroconvulsive therapy (ECT). And then, of course, there is the Goodman family. The dynamics of husband and wife, parents and children, and relationship between siblings, drive the story and the emotional events, and again, provide a common ground for experiencing the play. We all have a family of some kind, and we all struggle to find our place, to be seen, to be loved and to love.

It has been a great honor and joy to bring this production to life with our extraordinary company and Denver Center Theater Company. And now we are thrilled to share it with you.

WHAT IS BIPOLAR DISORDER?

Bipolar disorder is a condition in which an individual’s mood, energy, activity and thought go back and forth between manic (or hypomanic) and depressive episodes. The “mood swings” between mania and depression can be very quick. The disorder affects men and women equally and usually begins to appear between the ages of 15 and 25. The exact cause is unknown, but the disorder is known to occur more often in relatives of people with bipolar disorder.

Bipolar disorder is classified into different types. People with Bipolar I disorder have had at least one manic episode and periods of major depression. In the past, Bipolar I disorder has also been called manic depression. People with Bipolar II disorder have never had full mania. Instead, they experience periods of high energy levels and impulsiveness that are not as extreme as mania (referred to as hypomania). These periods alternate with episodes of depression.

A mild form of bipolar disorder called cyclothymia involves less severe mood swings. People with this form alternate between

hypomania and mild depression. People with Bipolar II disorder or cyclothymia may be wrongly diagnosed as having depression.

The symptoms of bipolar disorder are numerous. They may include: distractibility; sleeplessness; poor judgment; lack of temper control; reckless behavior and general lack of self-control; binge eating, drinking, and/or drug use; sex with multiple partners (promiscuity); spending sprees; extremely elevated moods; excess activity (hyperactivity); increased energy; racing thoughts and extreme talkativeness; inflated self-esteem (false beliefs about self or abilities); and severe agitation or irritation. An individual may be diagnosed with bipolar disorder on the basis of different combinations of these symptoms and behaviors.

Resources:

Gold, Susan Dudley. *Bipolar Disorder and Depression*. Berkeley Heights, NJ: Enslow Publishers, Inc., 2000.

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www.ncbi.nlm.nih.gov

www.nlm.nih.gov/health/.../bipolar-disorder/complete-index.shtml

www.mayoclinic.com/health/bipolar-disorder/DS0035

TREATMENTS

by Kennedy Bright and Carly Savoy

Editor's note: This article is slightly edited from the original version.

Specific treatment plans can vary depending on what is recommended by an individual's doctor, but an effective treatment plan often includes a combination of medication and psychotherapy. Even though everyone experiences changes in emotion, people with bipolar disorder have more frequent and intense emotional swings. Bipolar disorder symptoms can result in damaged relationships, poor job performance, and even suicide. But bipolar disorder can be treated, and people with this illness can lead full and productive lives.

Effective bipolar treatments are often supported by medications. The primary treatment for bipolar disorder is a type of medication called mood stabilizers. Mood stabilizers are used to prevent or control episodes of mania or depression. Proven mood stabilizers include lithium, and anticonvulsants such as valproic acid (Depakote), carbamazepine (Tegretol), and lamotrigine (Lamictal). Such medications help patients manage intrusive thoughts and other symptoms that often impact their work or personal relationships. Because bipolar disorder is a lifelong and recurrent illness, people with the disorder need long-term treatment to maintain control of bipolar symptoms. Therefore, most people with bipolar disorder use medications plus psychotherapy for effective results.

Psychotherapy, or "talk" therapy, can be just as essential for treating bipolar disorder as medication. It can provide support, education, and guidance to people with bipolar disorder and their families. Doctors use six main types of psychotherapy: cognitive, interpersonal, family-focused, behavioral, psychodynamic, and reality-based. The first three types are considered especially helpful in the treatment of bipolar disorder. In cognitive-behavioral therapy, the patient and therapist examine how thoughts and negative thinking patterns affect emotions and behaviors. Interpersonal therapy focuses on reducing stress by addressing relationship issues and building strong intimate relationships. Family-focused therapy considers stresses on family dynamics and seeks to educate family members to create a healthy and supportive home environment.

Resources:
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Fawcett, Jan, Bernard Golden, and Nancy Rosenfeld. New Hope for People with Bipolar Disorder. Roseville, CA: Prima Publishing, 2000.
Grohol, John M. "Psychotherapy - Psych Central." Psychotherapy - Psych Central. Psych Central, 1992-2012. Web. 24 Aug. 2012. <http://psychcentral.com/psychotherapy>.
Guyol, Gracelyn. Healing Depression and Bipolar Disorder Without Drugs: Inspiring Stories of Restoring Mental Health Through Natural Therapies. New York: Walker & Co., 2006.
National Institute of Mental Health. "Bipolar Disorder." NIMH Bipolar Disorder. National Institutes of Health, 2008. Web. 23 Aug. 2012. <http://www.nimh.nih.gov/health/publications/bipolar-disorder/completeindex.shtml>.
http://www.helpguide.org/mental/bipolar_disorder_diagnosis_treatment.htm

ELECTROCONVULSIVE THERAPY

From the Mayo Clinic

According to the Mayo Clinic, Electroconvulsive Therapy (ECT) is a medical treatment that sends controlled electrical pulses to the brain to trigger a brief, carefully monitored seizure. This physiological response appears to shift certain chemical pathways in the brain, which can lead to rapid improvement in specific mental health symptoms.

WHY IS ECT USED?

ECT is primarily used to address severe mental health conditions when symptoms are intense, urgent, or resistant to other treatments. It can offer meaningful relief in situations where time is critical or where medications either fail or cannot be tolerated. Conditions for which ECT may be recommended include:

Severe Depression

This includes depression accompanied by features such as psychosis, overwhelming hopelessness, or a high risk of self-harm. It may also be considered when symptoms make it difficult for someone to function in daily life.

Treatment-Resistant Depression

When multiple medications, therapies, or combinations of treatments have not brought relief, ECT may provide an alternative path. It is often used when the duration or depth of depression has made other approaches ineffective.

Severe Mania

As part of bipolar disorder, mania can involve extreme energy, agitation, impulsive behaviors, and sometimes psychosis. When these symptoms escalate quickly or pose safety concerns, ECT may help reduce their intensity.

Catatonia

Catatonia can include an absence of movement or speech, or conversely, unusual or repetitive motions. It can appear in several psychiatric conditions, including schizophrenia, and occasionally in certain other medical illnesses. ECT can often interrupt these patterns when other methods do not work.

Agitation and Aggression Associated with Dementia

For some people with dementia, severe distress or aggressive behaviors can significantly diminish quality of life and cause harm. When safer or more common interventions fail, ECT may help reduce these symptoms.

In all of these cases, ECT may be chosen because it can work more quickly than many medications, because the individual cannot tolerate certain drugs, or because the severity of symptoms requires a more immediate response.

WHAT TO EXPECT FROM TREATMENTS

Most people begin noticing symptom improvement after several ECT sessions — often around six treatments — though the timelines and benefits vary.

The exact way ECT creates change is not fully understood. What researchers do know is that the brief seizure generated during treatment affects the brain's chemical signaling systems, and that repeated treatments seem to reinforce these beneficial shifts. Because of this cumulative effect, ECT typically works best when administered as part of a structured series rather than a single session.

Even when ECT significantly reduces symptoms, ongoing treatment is usually recommended to help maintain stability. This might include treatments at longer intervals, medication to prevent relapse, or ongoing psychotherapy. The goal is not only to relieve severe symptoms but also to support long-term mental health after the acute phase has passed

STATISTICS ABOUT BPD & OTHER RELATED DISORDERS

According to the [World Health Organization](#), approximately 970 million people — or 1 in 8 — lived with mental health disorders as of 2019. More recent data from the National Institute of Mental Health indicates that, in 1022, approximately 59.3 million Americans — 23.1% of the US population — experienced some mental illness.

BIPOLAR DISORDER

- Bipolar disorder affects approximately 2.8% of the US population, though the National Alliance on Mental Illness believes the number may be as high as 5.9%.
- It is estimated that between 40-85% of those diagnosed with BPD will attempt suicide while 8-10% will succeed.
- Approximately 40% of those diagnosed with BPD were incorrectly diagnosed with a different mental health disorder initially.
- With proper treatment, 40-50% of individuals may no longer meet diagnostic criteria within two years, and 85-93% within ten years.

SCHIZOPHRENIA

- A psychotic disorder wherein an individual becomes disconnected from reality
- Approximately 0.25-0.64% of US adults have schizophrenia.
- It occurs equally in men and women, though men often experience earlier onset, typically in their late teens to early 20s.
- Schizophrenia is a chronic, severe disorder requiring lifelong treatment and support.

ANXIETY DISORDER

- A condition characterized by intense, persistent feelings of fear
- Approximately 19.1% of US adults have an

anxiety disorder.

- Anxiety disorders frequently co-occur with depressive disorders or substance abuse.
- The median age of onset is around 21.5 years, with many experiencing symptoms earlier.

PANIC DISORDER

- An anxiety disorder characterized by intense, recurrent, and unexpected panic attacks
- Approximately 2.7% of the adult US population experiences panic disorder each year.
- Panic disorder typically develops in early adulthood with a median onset age of 24.
- Roughly one-third of individuals with panic disorder develop agoraphobia, a condition in which the individual becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- A common neurotype characterized by inattention, hyperactivity, and impulsivity
- ADHD is one of the most common mental disorders in children and in adolescents.
- ADHD affects six million children in the US between ages 3 to 17.
- ADHD usually becomes evident in pre-school or early elementary years. The median age of onset of ADHD is 7 years, although the disorder can persist into adolescence and occasionally into adulthood.

Original source material compiled by Alex Albritton and Kayla McCrary updated with current statistics from [verywellmind.com](#) and [southdenvertherapy.com](#).

NOTABLE CELEBRITIES WHO HAVE BEEN OPEN ABOUT THEIR BIPOLAR DISORDER DIAGNOSES

Compiled by Microsoft Co-Pilot

CARRIE FISHER: Best known for her role as Princess Leia in the *Star Wars* franchise, Fisher was diagnosed with bipolar disorder at age 24. She became an advocate for mental health awareness and wrote about her experiences in her book *Postcards from the Edge*. [SOURCE](#)

MARIAH CAREY: The iconic singer revealed her bipolar disorder diagnosis in 2018, stating that she had lived in denial for many years. She emphasized the importance of seeking treatment and surrounding herself with supportive people. [SOURCE](#)

DEMI LOVATO: The singer and actress was diagnosed with bipolar disorder while in treatment for addiction and self-harm. Lovato has been vocal about her mental health journey and advocates for mental health awareness. [SOURCE](#)

HALSEY: The singer-songwriter has spoken about her bipolar disorder and how it influences her music. Her album *Manic* reflects her experiences with the condition. [SOURCE](#)

BEBE REXHA: The singer-songwriter publicly shared her diagnosis of bipolar disorder on social media, stating that she is no longer ashamed of her condition and is looking forward to her future projects. [SOURCE](#)

RUSSELL BRAND: The comedian and actor has openly discussed his struggles with bipolar disorder, substance abuse, and mental health, using his platform to raise awareness. [SOURCE](#)

CATHERINE ZETA-JONES: The actress revealed her diagnosis of bipolar II disorder in 2011 and has spoken about the importance of treatment and support. [SOURCE](#)

MEL GIBSON: The actor and director has discussed his bipolar disorder diagnosis in interviews, highlighting the challenges he has faced. [SOURCE](#)

DENVER MENTAL HEALTH RESOURCES FOR TEENS AND FAMILIES

Reprinted from [DCPA NewsCenter](#)

The state of Colorado recognizes Mental Health Awareness Month each May. Year round, the state has joined a national movement to raise awareness around mental health, fight stigma, and support the estimated 1 million Coloradans with mental health conditions and their families.

As audiences often witness in theatre productions, youth are particularly vulnerable to peer pressure, lack of acceptance and parental expectations. Those factors can adversely impact the mental health of children and teens.

Here is a list of mental health resources for teens and their guardians:

HOTLINES

Colorado Crisis Services: text TALK to 38255

National Suicide Prevention Lifeline: 800-273-8255 (TALK)

Safe2Tell Colorado: 877-542-7233

CAREGIVERS

www.bipolarcaregivers.org

www.managingbipolar.com

www.caregiver.com

SERVICES & RESOURCES

[Ascent](#): a community-based program that provides treatment and support to youth and young adults 15-29 years old who may be experiencing an early onset of psychosis.

[CDPHE Office of Suicide Prevention](#): offers a guide for talking about suicide with youth.

[COACT Colorado](#): mental health support for families.

[The Center/Rainbow Alley](#): a safe space where LGBTQ youth find support and acceptance.

[Cherry Creek Collective for Mental Health](#) offers a mental health support group for young adults ages 19-28. The group meets every Wednesday from 7-9pm at 1325 S. Colorado Blvd., Ste. B-108. Cost per session is \$50-80.

[I Matter](#): free mental health support for Colorado youth.

[Mental Health Activities for Young Adults](#): worksheets, videos and activities to spark conversations about mental health.

[UCHealth Behavioral Care](#): assistance for individuals to overcome mental health challenges and addiction disorders.

[Virtual DBT Skills Group](#) meets every Thursday from 7-8:30pm to address dialectical behavior. Cost is \$70-80 per session.

For help with any mental health, substance use or emotional concern, call Colorado Crisis Services at **844-493-TALK (8255)** or text **TALK** to **38255**. Trained professionals provide free, immediate and confidential help. Learn more at coloradocrisiservices.org.

DISCUSSION GUIDE

NEXT TO NORMAL

1. Mental Health Representation

How does the musical portray mental health conditions, particularly bipolar disorder? Do you think it offers an accurate or empathetic depiction?

2. Family Dynamics

How do Diana's struggles affect each member of her family differently? What coping mechanisms do they use, and how effective are they?

3. The Role of Memory and Grief

How does the memory of Gabe shape the family's reality? What does his presence symbolize throughout the show?

4. Medical Treatment and Ethics

What commentary does the musical make about psychiatric treatment, including medication and electroconvulsive therapy (ECT)?

5. Character Development

Which character do you think changes the most over the course of the musical? What drives that transformation?

6. Stigma and Silence

How do the characters deal with the stigma surrounding mental illness? Are there moments where silence or avoidance plays a key role?

7. Reality vs. Illusion

The show often blurs the line between what's real and what's imagined. How does this affect your understanding of the story?

8. Hope and Healing

Does the ending offer hope? Why or why not? What does healing look like in the context of this story?

Select questions generated by Microsoft Co-Pilot