

**When the Abnormal Coexists with the Normal** 

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**When the Abnormal Coexists with the Normal,  
The Comorbidity of Psychosis and Post Traumatic Stress  
Disorder in  
*Next to Normal* (2010)  
by Brian Yorkey**

**د/غادة السيد زغلول على**

قسم اللغة الانجليزية - كلية الألسن - جامعة المنيا

Drama is the art of presenting life on the stage. Since life is broad, drama is broad too. Seeking to present life's utmost authentic incidents, drama as a genre has an amazing elastic ability to widen and encompass major and minute details in life. As such, no wonder a musical like *Next to Normal* is vivid with life's incidents, among which is the presentation of the heroine's psychological disorder. Brian Yorkey excels in delineating the plight of the heroine's fatigue and dissociation that is reflected on her family members.

The paper is an attempt to explore the hidden psychosis of the heroine's character in *Next to Normal* within the framework of Cathy Caruth's theory on the posttraumatic stress disorder. It answers the following questions using the analytical approach: What is meant by psychosis? Is it relevant to the trauma theory? What does such theory stipulate? How does the characters of the play in question respond to the psychosis of the heroine? In what way are they affected by the heroine's illness? What is meant by posttraumatic stress disorder? Is it typical of the heroine's case? How can the exposition of such illness influence the audience? And finally, how can the proposed issue pave the way for further developments within the context of drama topics as well as theories?

## **TRAUMA AND STRESS**

It can be said that trauma is a special form of stress. Stress does not necessarily include disasters such as: death, injury, or violence. Stress mechanism generates “various physiological, somatic, or hormonal reactions in the body”(Huppertz, 2019, p. 23). Chronic stress results in physiological damages as well as psychological ones. Chronic stress can affect, emotion, memory and attentiveness (p.27). Responses or emotions after experiencing trauma can be divided into primary and secondary ones accordingly. Primary feelings of helplessness and anxiety are present during a traumatic situation. Secondary emotions emerge after the incident, including assessment of the consequences and resulting in an intense profound awareness of danger (p.29). After traumatic incidents “emotion regulation can be disturbed and result in the incapacity to cope with...stress” (30). Trauma can affect not only the person psychologically, but also mentally and physiologically, resulting in the dysfunctionality of the mind and the body as well. Overall, posttraumatic stress disorder (PTSD) takes place (p.30).

## **DEFINITION OF PSYCHOSIS ACCORDING TO THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)**

In order to handle the previously mentioned questions, one should know first how to define the term ‘psychosis’ as well as the concept of posttraumatic stress disorder. According to the (National Institute of Mental Health [NIMH], psychosis refers to as a group of symptoms that affect the mind. That is to say; during the fit of psychosis, a person’s perceptions and ideas are generally blurred, to the extent of having difficulty in recognizing what is real and what is imaginary. “People with psychosis typically experience delusions...and hallucinations”(National Institute of Mental Health (NIMH), 2023). Delusions are false beliefs, for instance, the belief that people on television are sending them different messages or that others are trying to hurt them. (National Institute of Mental

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Health (NIMH), 2023) Hallucinations is defined as seeing or hearing things that others do not, such as hearing voices telling them to do something or criticizing them. (National Institute of Mental Health (NIMH), 2023). Such symptoms are typical of the heroine in *Next to Normal* who experiences or develops psychotic symptoms which lead her to imagine that her dead son is still alive talking to her.

### **WHEN DOES POSTTRAUMATIC STRESS DISORDER (PTSD) TAKE PLACE?**

Posttraumatic stress disorder (PTSD) does occur when the character, or the patient in question, is subjected or exposed to actual or threatened death, dangerous injury or a hazard to the self or to others' identities. The traumatic event takes place if there is "a threat to the physical integrity of the individual" (Romme & Escher, 2007, p. 163). If a character responds to a traumatic incident by hearing voices, that would be considered a primary reaction of the case in question. It results out of the inability to adapt to the situation or to cope with trauma generally. Person's response involves intense fear, and horror.

### **RELATION BETWEEN PSYCHOSIS AND POSTTRAUMATIC STRESS DISORDER (PTSD)**

Psychosis and posttraumatic disorders are correlated. "Psychosis and PTSD are both part of spectrum or possible responses to traumatic life events (Larkin & Morrison, 2007, pp. 1-2)". It can be assumed that posttraumatic stress disorder (PTSD) is a "comorbid feature of psychosis" (Larkin & Morrison, 2007, p. 2). The two facets of this disorder usually emerge in response to one of the unbearable plights and stresses or disasters in life. Posttraumatic stress disorder takes place in the wake of or in response of acute psychosis. It can be said that a lot of people with psychosis "have suffered from traumatic experiences" (Romme & Escher, 2007, p. 162). However, trauma does not get "enough attention as an aetiological factor in the development of psychosis" till recently. Nor do people hearing

voices receive the due attention too. The latter is called in psychiatry “auditory hallucinations” that are related to “psychotic illness” (Romme & Escher, 2007, p. 162). There are many psychological theories to the effect of understanding people who hear voices and simultaneously suffer from psychosis. Hearing voices is generally related to traumatic incidents. This kind of trauma is not of paramount importance in the development of the illness, as is the case with its consequences that have direct influences on cases’ outcomes. When trauma is not emotionally solved or strongly understood, psychotic symptoms develop. Delusions, hallucinations (auditory and visual) and suicidal tendencies are among the facets of psychosis and posttraumatic stress disorder’s (PTSD’s) comorbidity found in the play.

### **FACTORS LEADING TO POSTTRAUMATIC STRESS DISORDER (PTSD) AND PSYCHOSIS**

Verily, the relationship between trauma, hearing voices and psychosis is complex and a little bit incomprehensible. Hence, it usually results in posttraumatic stress disorder. Such disorder, including hearing voices, ensues out of physical threatening or, social threatening or emotional threatening factors (Romme & Escher, 2007). The first kind of factors includes serious fatal illness on the part of the patient himself. The second category of factors, the social ones, usually results out of a severe threat. Threat such as divorce or the death of a loved one can shake the whole future of the character. The third category is the emotional confrontation of a close relative’s death. An example is the death of the father by whom the person was abused. (Romme & Escher, 2007). These factors help understand the reasons behind the patient’s disorder.

### **STAGES OF TRAUMATIC INCIDENTS**

According to Huppertz, the overwhelming traumatic incidents can be classified into three stages. The first one includes “shock” feeling that takes place directly through the incident and shortly after it. It includes the sense of helplessness

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and denial of what happened. This stage is followed by a state of “crisis” through which various psychic facets, swaying between reliving in trauma and amnesia of the traumatic incidents are present. In that stage, there are attempts at adaptation with the traumatic incident whether real or feigned. The final stage is a period of amalgamation with, or feigned adaptation with, the posttraumatic symptoms or diseases. “The two disorders - PTSD and psychosis - may both emerge from a traumatic experience” (Coentre & Power, 2011, p. 4).

### **CARUTH, TRAUMA THEORY AND (PTSD)**

The definition of trauma has changed considerably with Freud’s theory as it extends to the inflection of the mind. It implies change in physical and mental state as well. Cathy Caruth, the follower of Freud emphasises two major factors in trauma including hallucinations and delayed response.

Trauma changes our comprehension of time, memory, and history according to Caruth. Trauma is not merely a past incident, rather it provides us with an experience that influences the individual as well as the community afterward. For Caruth, trauma implies repetition and delayed response. It can be described as “an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena”(Caruth, 1996, p. 11). She refers to the series of experiences connected to trauma as being “now...understood in terms of the effects of post-traumatic stress disorder (PTSD) (Caruth, 1996, p. 11). Caruth “appears to equate history with trauma” (Di Leo, 2023, p. 362).

Cathy Caruth explains that trauma is “a shock that appears to work very much like a bodily threat but is in fact a break in the mind’s experience of time”(Caruth, 1996, p. 61). Being far away from the exact time of the incident or the experience increases ambiguity of the incident significance and the pain caused by that traumatic incident.

Following Freud and Lacan, according to Caruth: a trauma narrative refers to an exceptional crisis. It is not merely escaping from reality but it denotes the escape from death as well. It implies the fluctuation between the crisis of death and the related crisis of life, “both incompatible and absolutely inextricable” (Caruth, 1996, p. 7). Experiences of trauma are unconscious. “In trauma, that is, the outside has gone inside without mediation” (Caruth, 1996, p. 59).

According to Caruth (1996), recurrence of flashbacks can only be apprehended as the utter inability of the mind to evade an unpleasant incident, without having a psychic meaning whatsoever. Caruth contends that “the grief aroused by external source impels internal changes in the mind and thereby irreversibly changes one’s identity”( as cited in Magishavarthini & Niranjani, 2022, p. 757). Caruth asserts that trauma’s delay or latency and detachment from the past incident blur the ability to fully grasp the meaning of a past traumatic experience. Caruth develops the idea of dissociation in which the object or victimized person becomes mentally aloof from the traumatic experience as it happens. Such idea recurs later powerfully. “Post-traumatic stress disorder reflects the direct imposition on the mind of the unavoidable reality of horrific events, the taking over of the mind, physically and neurobiologically, by an event over which it has no control” (Caruth, 1996, p. 58). External factors or stressors such as diverse places, times and bodies reveal the uniqueness of the significance and the representation of the traumatic experience. The mixture of internal, external and cultural factors with the traits of the individual broadens the concept of trauma.

*Next to Normal* is a musical that handles the previously tackled topics. It deals with a confluence of ideas on different levels, the familial, the psychological, and the social or cultural level ultimately. Being performed in the West End, this Pulitzer-winning musical centres around Diana Goodman, the heroine of

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the play. The play is mainly about a family life whose members try to cope with the mental illness of the heroine. As such, this musical presents various subjects such as psychosis, and the related sentiments of fear, anxiety and grief suffered by the heroine. Diana is a woman “haunted by the past and prescribed to a panoply of pills...to tackle her illness, supported by her beleaguered husband” (Wood, 2024). She suffers from “a long-ago tragedy” which leads to an intense sense of grief (Aitken, 2024, p. 2). The play “is a musical about a manic depressive” (Brantley, 2009) mother. “It focuses squarely on the pain that cripples the members of a suburban family, and never...does it let you escape the anguish at the core of their lives” (Brantley, 2009) . “Such emotional rigor is a point of honour for *Next to Normal*” (Brantley, 2009). It summons the audience’s sympathy and delves deeply in the heart of the characters portraying their thrust as well as motives. As such, the play presents a typical American domestic life on the verge of crisis whose members have suffered from the psychosis of the heroine for about sixteen years.

The title of the play is suggestive and evocative. To be “normal is a lofty goal...But what does it look like when normal is the furthest thing from reality” says the critic of New Times (Cooley, 2018). That is to say, the family and the heroine appear to be normal. However, they lead an abnormal kind of life, wherein their utmost goal is to be ordinary or experience normal activities. Natalie refers to the title in a pathetic speech.

NATALIE: I don’t need a life that’s normal—

That’s way too far away. But something . . . next to normal  
Would be okay.

Yeah, something next to normal—That’s the thing I’d like  
to try.

Close enough to normal.

(Yorkey, 2010).

The comorbidity of the heroine's psychosis associated with PTSD influence her, as well as the family members, since she is trying hard to cope with her illness, and they are trying hard to deal with such illness on the other hand. That particular illness has torn out the family life, for the sake of questing the possibility to have a normal life, with such grave disease on the part of the heroine, as well as all the family members. This suburban American family is atypical one. That is to say, "this...stereotypical family is not what it seems. Soon the mother is behaving oddly, there is a 'here we go again' look in her husband's eyes and the daughter withdraws, somewhat traumatised. Only the son...appears at ease"(Naylor, 2024).

*Next to Normal* unfolds a completely pathetic tale. The grief remains in the audience's heart just to express the feeling that "an individual's suffering in cases of mental illness remains unpredictable" (Abbas & Muhsin, 2024, p. 1392). Being exposed to the trauma of losing her child, Diana develops psychosis or psychotic symptoms. This illness refers to a group of symptoms or elements that affect the mind resulting in dissociation with reality. As illustrated beforehand, "During an episode of psychosis, a person's thoughts and perception are disrupted and they may have difficulty recognizing what is real and what is not" (National Institute of Mental Health (NIMH), 2023).

Diana's auditory and visual hallucinations are associated with the comorbidity of psychosis and PTSD. The crisis appears in the fact that no one but Diana reacts to Gabe and talks to him as if he were alive. She imagines seeing her son Gabe talking to her and she responds to him vigorously, without recognizing that he is a mere artefact of her mind. She experiences some other symptoms or behavioural changes such as: emotional disturbance, demotivation, anxiety, and a failure in functioning generally. Diana's psychological crippling is apparent when she attempts to make sandwiches but she dropped and scattered them

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all over the floor. This episode shows Diana's overwhelming sense of grief – the basic sentiment in her illness.

The play converts Diana's mental illness into "visceral experience"(Kiessling, 2024). The play begins with Diana waiting for the return of her son Gabe. The bond she develops for Gabe lets her assume he is still alive. A glimpse at her case gradually reveals that she suffers from psychosis and PTSD caused by the loss of her son Gabe. The depressive fits of this disorder are associated with delusions. Though, she is in an endless quest to get the right remedy, she cannot recover completely. The heroine exercises a laborious struggle to reach the right medication and the process of handling this trauma is slow with catastrophic consequences.

She is a victim of the uncooperative environment exemplified by her family members. The lack of understanding on the part of Diana's husband has led her to suffer from stress, anxiety and tension that are part and parcel of the growing psychosis she suffers from. Diana, on the emotional level, experiences frustration and responds to her husband with great difficulty and indifference. That is to say; Diana-Dan's relationship is fragile and enhances her illness rather than her recovery. She expresses her distress in that unhealthy relationship when she says: "Do you know what it is like to die alive?(Yorkey, 2010). The manic incident, which takes place in Act 1 by Diana, while she is making sandwiches that are scattered over the floor, table and the chairs, shows that Diana is resistant to "individual psychotherapy...medication"(Walter, 2010). Consequently, her psychiatrist, Dr. Madden, suggests electroconvulsive therapy. The family and Diana oppose that sort of therapy initially. For instance, in the song "Didn't I see the Movie?" Diana refers to *One Flew Over the Cuckoo's Nest* and asks:

Didn't I see this movie  
With McMurphy and the nurse?  
That hospital was heavy  
But this cuckoo's nest is worse  
And isn't this the one where  
In the end the good guys fry?  
Didn't I see this movie  
And didn't I cry?  
Didn't I cry?  
(Yorkey, 2010)

Doctor Madden tries to convince her that the process of recovery has developed a lot, and the electricity used in treatment is quite low compared to the past where it was used excessively. He describes the direct after effects of ECT as like being “hung over”. Worth is mentioning that Dr. Madden is not the only one, afterwards, who tries to persuade Diana of such treatment, but her husband has his own attempts in this regard as well. “Take this chance, and we’ll make a new start,”(Yorkey, 2010) whereby she agrees to sign a form of treatment consent finally. Diana’s psychiatric supervises Diana’s treatment for other daily sessions of electroconvulsive therapy, which last for two weeks. Such treatment is not welcomed by Diana. Though she improves when she returns home, she suffers from memory loss and she recalls her son Gabe no more. Nevertheless, she summons the incidents of Gabe’s death and relives the tragic loss again. The audience sympathizes with her in the plight of the painful treatment since somehow it does not appear to be entirely successful. When the doctor announces that the case is stable “Diana’s condition deteriorates, despite the declaration of stability made by him”(Abbas & Muhsin, 2024, p. 1373). The incident could be interpreted in terms of the delayed response that is hidden in the unconscious as demonstrated by Cathy Caruth theory.

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The electroconvulsive treatments as well as the various medications she undergoes, has entirely affected her mind. She lives without soul since she is spiritually attached to the dead kid. “With rare exception, the depiction of electroconvulsive therapy (ECT) in fictional media has been negative and/or flippant since the treatment’s inception” (Walter, 2010, p. 74). The previously-mentioned episode of memory loss reveals how medication has its effect on Diana. Her “mind tends to repress troubling memories”(Yorkey, 2010).

### **DIANA’S DISSOCIATION WITH INVOLVEMENT INTO BLURRING PAST**

According to Cathy Caruth dissociation is heavily present in post-traumatic stress disorder. Diana’s detachment or dissociation from the past painful experience of the child’s loss is a kind of adaptability or an attempt to cope with the anguishing memories. She is still involved in the past and cannot live the present consciously. Perhaps Diana’s silence in response to Dr. Madden’s inquiries proves her fear in the face of the present. Diana’s dissociation and detachment from her former self is present when she sings “wish I were here”(Yorkey, 2010) . She expresses her feelings when she says “worlds away from who I was”(Yorkey, 2010). That is to say; the denial of her son’s departure has led her to be psychotic and to have adverse effects generally.

On the demand of her family and doctors, she seeks treatment to get away from her relationship with Gabe. However, many examples are there of the presence of the lost son Gabe in her imagination, where she treats him as if he were still alive. The episode of the music box reveals the amalgamation of their souls since “they dance beautifully”(Yorkey, 2010) .In a fit of delusion associated with psychosis he tells her that there will be another life where “the pain will go away”(Yorkey, 2010) and they “can be free”(Yorkey, 2010). Herein, the psych trauma of the heroine appears quite obviously.

## **FEELING OF GUILT, FLASHBACK AND SUICIDE ATTEMPT**

The sense of guilt is quite apparent when she says to Dr. Madden that the marriage was not planned “But when the baby came it all seemed to make sense. Until...Until”(Yorkey, 2010). With the baby’s loss the marriage turns to be cold, without affection. She has unconsciously blamed herself for the loss of the baby. Her feelings of the disability to protect her son, and to avoid his loss are quite disturbing, causing her to suffer from endless panic. Diana’s denial of the loss of Gabe, is a kind of “defence mechanism”(Abbas & Muhsin, 2024, p. 1386). Accordingly. She is wholeheartedly dissatisfied with her doctors and this is revealed when she asks: “What happens if the cut, the burn, the break was never in my brain or in my blood, But in my soul”(Yorkey, 2010).

One example of the flashbacks is when Diana remembers her young days of Dane’s proposal to her: “marry me. Let’s have a family. I Know we are too young, but we are not, I’m almost twenty-two, and how do you know this is not a sign saying we belong together”(Yorkey, 2010). After one-month of electric convulsion treatment, the flashbacks return when she observes the music box. Dan’s denial of the musical instrument Diana sharply remembers her past saying, “We played it for the baby, Sometimes, it helped him sleep”(Yorkey, 2010). Remembering gets her involved in a fit of psychosis, identical with the relapse she undergoes. She unconsciously blames herself for the loss of the child. She says, “I was a child, Raising a child” (Yorkey, 2010).

Freud usually emphasises the sense of guilt as the most apparent obstacle in the path of recovery. Cathy Caruth also asserts that post-traumatic stress disorder hinders the progress of characters and as such, its effect on the mind of the heroine in the play is quite substantial. Guilt is quite apparent and is vigorously present in Diana’s mind. The feeling of guilt associated with

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psychosis and posttraumatic stress disorder lead to suicide tendencies. In a fit of hallucination, Diana imagines Gabe dressed formally, to tell her that there is a better world. In the other world, the pain will vanish and “they can be free”(Yorkey, 2010). She attempts suicide by “multiple razor wounds to wrists” (Yorkey, 2010).

## **THE EFFECT OF DIANA’S ILLNESS ON HER FAMILY**

### **Diana-Dane’s relationship**

Due to the association of PTSD and psychosis Diana, the family presented before us is “somewhat disconnected”. The family seems to be torn apart out of Diana’s illness. Dan -Diana’s husband – is “bewildered” and Natali is “the misunderstood genius daughter” (Cooley, 2018). Diana comments strangely and inappropriately on Natalie. She seems bored with life and husband as well, which has an indirect negative effect on him. The characters appear to be depressed, disillusioned and unable to function due to Diana’s illness.

Diana’s illness has affected every one of her family roughly. Dan’s repressed pathos has been described as boiling beneath the surface just to appear at moments of desolation. The husband’s look seems to be expressive of the crisis he is involved in, and the daughter is somewhat traumatised and generally retreats. The husband is an average man, “loving his wife but perplexed as to how he should express that love, when her mind is a roiling ocean of emotions”(Naylor, 2024). He has no idea what his wife is talking about most of the time. He reveals inability to converse with Diana. He admits “I never know what she’s talking about”(Yorkey, 2010). “Dan fails to offer Diana... the essential emotional assistance”(Abbas & Muhsin, 2024, p. 1364). He attempts to tolerate the grief associated with his wife’s case along sixteen years.

The husband-wife relationship is quite pathetic especially at moments when Gabe is present. He is characterized by self-serving endurance wrapped in. He is a “raw... supportive”

husband.(O'Dell, 2024). He is sorrowful for the death of their baby and attempts to hide such sentiment. He wonders: "The one who has treatments or the one who just lives with the pain?" (Yorkey, 2010).

**Diana- Natalie relationship:**

Natalie, the sixteen-year-old daughter, is primarily "prim and proper" Stress on Natalie which ensues out of her mother's psychosis associated with PTSD lets her start to "self-medicate on a similar cocktail of psychoactive pharmaceuticals" (Naylor, 2024) like her mother. Her parents overlook her needs and this leads to her entreaty for recognition and attention. She despairs since her mother neglects her for a "hallucination of said mum's deceased son Gabe" (O'Dell, 2024). She feels shaded by her mother obsession with Gabe the lost kid. She attempts in vain to get her parents' attention. She usually resorts to reflection on the family dynamics. Though Diana claims that her family is "the perfect loving family" (Yorkey, 2010) Natalie suffers from lack of communication and feels fragmented in a way whereby her identity is lost gradually. "He is immortal, forever alive"(Yorkey, 2010). Therefore, she yearns for disappearing from life, "I wish I could fly...appear and disappear" (Yorkey, 2010).

Natalie's rising relationship with Henry "follows the classic coming together, strain and then reunion over its two acts". Natalie's overwhelming fear of her flaws "introduces a gut-punching dynamic to a typical love story" (O'Dell, 2024). This teenager is desperate, longing for a normal family.

**NOTE OF HOPE AT THE END OF THE PLAY:**

Though Diana's illness is seriously reflected on the family members, the play ends with a sign of hope, when Diana declares independence and resolution to leave her family. It is a new start; she will go back to her parents and the light will dominate the scene and dissipate the gloomy darkness of the beginning. The sorrow is turned up into glimmer of hope.

There will be light (Yorkey, 2010).

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### TECHNIQUES:

Perhaps the plot and the subplot are considered shallow, since they lack the grave incidents that may weld the framework of the play. Emma John of the Guardian states that the plot or ‘storyline’ of the play is ‘thin’ though the performance of the family members’ attempts to adapt with their plight is superb. That is what she describes as the “thinness of the second plot” which is calibrated by the excellence of the performance. The impression left to the audience is the sense of empathy for the characters who struggle to endure a world where everything seems ideal though nothing is real. While this black-comic musical stirs the audience to inquire about the treatment of psychosis and mental illness, and about the “legacy” of Diana’s illness on her family, it offers far less narrativity and requires more plot complications. Though the reality appears grim, the script is perfectly written, since there is “a plenty of verve and momentum”(John, 2023) in the first humorous part - which presents glimpses of original wit.

On the other hand, the characters play major roles in the development of the play and are essential to its progress. Diana is disillusioned and weary of being dull and stupefied by medications, she rejects them in preference to feeling the ups and downs of life. Other family members and even other characters have their considerable role in the play’s advancement. “Natalie’s sweetly devoted love interest”, the husband and the doctors are “essential to the narrative and therein lies the reason *Next to Normal* truly works” (Aitken, 2024). As such, if Diana’s crisis is so gloomy for the audience, there is however, the “pure bittersweetness...in this subplot” (O’Dell, 2024) of Natalie-Henry relationship. Diana’s son -Gabe- is praised for his performance of “I Am Alive” and “Aftershocks” songs. His gestures and movements have been highlighted since they reveal the nature of his character, giving him the tinge of being ethereal.

The play is a musical that is described by being splendid, cathartic and empathetic. Brian Yorkey's lyrics are described as "sharp" (Naylor, 2024) and cleverly written. Songs like "I Am Alive" impel themselves on the audience as if they were in a blast. Their different types highlight the perplexed and intense reality in which the heroine lives. With Yorkey's lyrics, the audience is aware of the character's chaotic display of emotions. This musical has been described also as "bold" and skilful in effect, and wrapped in a "modern theatre's greatest accolade" (Naylor, 2024). The music has been associated with the "abrupt switches from the tender to the chaotic" (O'Dell, 2024). It is present to "emphasise what standard dialogue can't quite get across on its own" (O'Dell, 2024). The use of music makes the tale more unpredictable, and intensifies the complexities of Dian's illness. Lyrics and music serve to spur the audience as to feel each character's conflicts and triumphs.

The setting cannot be overlooked since it plays an important role in the play's production. It helps to let the audience be immersed into the family's daily life. The kitchen setting, for instance, gives the play its homy domestic tinge. The hospital setting reveals how Diana painfully undergoes electroconvulsive therapy. Sometimes the director makes use of blinds or screens "sliding up and down throughout, allowing for pretty swirling video designs" (O'Dell, 2024). They are used this way to reveal the idea that Gabe -Diana's son- is quite separated from reality. His hands are "up against the glass wall" (O'Dell, 2024) to express the idea that, he yearns to be notably presented in Diana's psyche again. The screens sometimes hide and sometimes reveal the musicians with "dizzying electric patterns" (John, 2023) to illustrate the manic episodes of the heroine. As such the design increases the briskness and vitality of the characters on stage. Sparkles of light "dissipate organically" (Wood, 2024). As such, lighting has turned the production into a visual spectacle. The space is an important

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 element in the performance of the play as well. It provides the audience with a “new lease of life”. The home kitchen set, reveals order in a world of disorder and is “imposing”(Wood, 2024). The manipulation of the space helps in the direction of the production.

## **CONCLUSION**

It could be inferred from the previous analysis of the play and its performance, that trauma is a special kind of stress. When being in progress, it has two accompanying forms that are hard to separate, psychosis and posttraumatic stress disorder (PTSD). The independent diagnosis of PTSD and psychotic disorders are hard to detect, since they do occur in most cases simultaneously, and their features are difficult to distinguish in both cases. *Next to Normal* presents a heroine with signs of both psychosis and PTSD. Her family members suffer a lot because of her illness. Both the heroine and the family are on the verge of collapse.

Within Cathy Caruth model, in Diana’s case, trauma is an intricate dilemma in the unconscious that cannot be apprehended. Diana’s hearing voices is related to traumatic episodes. When trauma is not emotionally resolved or powerfully comprehended, psychotic symptoms develop. Post-traumatic stress disorder follows or is associated with acute psychosis. People with psychosis have delusions and hallucinations. Suicidal tendencies are among the facets of the comorbidity of psychosis and PTSD and are present in Diana per se.

Cathy Caruth, asserts two major elements in trauma, they are uncontrolled hallucinations -whether auditory or visual- and delayed or deferred response, due to changes in one’s perception of time and memory as well as history. Both are present in Diana the heroine of the play. Though the traumatic incident has happened in the past, its effect is still hovering around Diana and the family. The traumatic incident culminated in the death of her baby at a very young age is the source of Diana’s psychosis associated with PTSD.

The idea of dissociation according to Caruth is prominent and is symbolised by Diana in *Next to Normal*. Caruth develops the idea of dissociation in which the object or victimized person becomes mentally aloof from the traumatic experience as it happens. According to Caruth, the sorrowful feelings, stirred by external source, forces internal change in the mind, whereby a change in one's identity takes place. Diana's identity is shaken and feelings of fear and helplessness do exist. The three stages of trauma: (shock, crisis and amalgamation or adaptation) are present in the play through Diana's temper and the subsequent changes.

Verily, the relationship between trauma, psychosis and PTSD is a little bit vague and uncomprehensible. Social factors together with personal and emotional influences could be the triggering forces behind the occurrence of such illness. As such, *Next to Normal* reflects them so briskly and tactfully. Within Cathy Caruth's trauma theoretical lens, there is a paradoxical tendency. Although the significance of the traumatic incident is detachable in the play, there is still a casual affinity between the traumatic incident and its outcome.

The play opens the possibility of handling psychological cases in literature, and as such, it paves the way for future studies based on the growing suffering of the inflicted people. The related ensuing topics of suicide, self-harm and drug-use are open to discussion and analysis as well. It also proves the authenticity of literature that embodies current society's growing problems. Moreover, it calls for the sympathy for the cases in question, and draws the attention to its grave consequences on the family.

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