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Next to Normal, Postmodern Madness, and Jaspersian Psychopathology

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Abstract: A great number of analyses have already been devoted to the study of the concept of madness but none has ever used Karl Jaspers' psychopathological notion of insanity as a touchstone to examine prominent literary works. The present investigation aims to portray the manifestation of madness in Brian Yorkey and Tom Kitt's *Next to Normal*. Applying the eclectic perspective of Karl Jaspers which bridges the gap between empirical and interpretive psychiatry, this research will examine the enigmatic nature of mental illness in postmodern era. Jaspers' book, *General Psychopathology* includes a tentative classification of mental disorders which will be used to look at this particular work of art from his perspective, offering a standpoint which is equally person-centered and science-based.

Keywords: *Brian Yorkey and Tom Kitt; General Psychopathology; Karl Jaspers; Madness; Next to Normal; Psychopathology.*

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Madness and Jaspers' Psychopathological View

Madness is too broad a term to be defined as its characterization is a matter of context in terms of place, time and many various factors one can possibly imagine but generally, humans have either consciously or unconsciously established certain codes of behavior that delineate 'normality' and any deviation from them would lead to isolation from the better normal half, stigmatizing the out of placers. That is why many of us equalize the distinction between reason and unreason with the socially constructed dichotomy of the normal and the abnormal which "means that any instances of seemingly aberrant behavior can be labeled as an instance of mental illness."(Mills, 2003: 103)

Porter (2002) as well as Cooper and Sartorius (2013) assert that while some renowned psychiatrists like Michel Foucault and Thomas Szasz take 'mental illness' to be only a fabrication of the mind to serve some other interests concerning power and control , there are still a great number of intellectuals who believe by heeding the relatively stable psychiatric symptoms over time, we are capable of even classifying the mental disorders into categories like ICD-10 and DSM-IV, disregarding the limitations they might entail.

Karl Jaspers is solely recognized for his contributions to the realm of Existential philosophy, so it is exceptionally significant to re-examine his thoughts on psychology and use that elective perspective towards madness in literary investigations. Occupying a midway stance between two extremes, with Wilhelm Griesinger and Kraepelin as the fervent proponents of biological reductionism on one end and Freud and Alfred Adler as advocates of psychoanalysis on the other, Jaspers chooses a method that is equally science-based and person-centered. A fusion of the former group's approach which Jaspers calls *Explanation* and that of the latter group called *Understanding* is what makes the German Swiss psychologist's psychopathological study of mental illnesses unique and noteworthy. He attempts to use philosophical conceptions in order to provide an existential therapy while employing the method of *Understanding* in the form of empathy with patients.

The German Swiss psychologist was highly inspired by Edmund Husserl's idea of phenomenology when he decided to build his rough categorization of abnormal psychic phenomena after a thorough investigation of individual cases. In his everlasting masterpiece, *General Psychopathology*, written in 1913, Jaspers (1997) presents them as follows:

“Awareness of objects, Experience of space and time, Awareness of the body, Delusion and awareness of reality, Feelings and affective states, Urge drive and will, Awareness of the self, and Phenomena of self-reflection” (Jaspers, 1997: 60-137)

The goal of the present study is to glance at the intriguing manifestation of the concept of madness reflected in the aforementioned masterfully-written work of art, with a Jaspersian view.

The Enigmatic Picture of the Mad Throughout History

In line with Michel Foucault's seminal text *Madness and Civilization*, Donnelly (2011) delineates that we can roughly divide the history of madness in recent American thought into three Foucauldian epistemes: the eugenic, the psychodynamic, and the psychopharmacological/neurobiological episteme. The beginning of the twentieth century marked the eugenic era in psychiatry which focused on ideas of heredity and degeneration. Treatments including bleeding, gynecological surgeries, insulin coma, fever therapy, electroshock, and lobotomy were used to fix the body and thus, cure the mentally ill. Immigration restrictions and many sterilization laws in the United States as well as the suffocation laws in Nazi Germany during the 1920s and 30s caused the eugenic episteme to go out of favor and psychodynamism principally inspired by Freud ushered a new ideology in the history of madness. Treatments in psychodynamic era mostly focused on a doctor-patient relationship. With flexibility regarding diagnosis, this new trend paid close attention to an individual's personal experiences, memories and emotions to trace the root of their mental disturbance.

Psychodynamism marched vigorously forward until the late 1960s based on its principles of catharsis and abreaction that actually helped many soldiers after the Second World War but eventually came to a halt when medications provided organic explanations for syndromes, freeing them to a great extent from the stigma of being considered madness. Psychopharmacological/neurobiological episteme introduced the first neuroleptic or anti-psychotic drug, chlorpromazine (a.k.a. Thorazine), in 1954. Lithium and the tricyclic antidepressants soon made deinstitutionalization possible by replacing asylums with community centers. Although drugs made a huge contribution to the world and the people struggling with mental illness by rendering them stable enough to more or less, exert a level of control over their lives, it seems like we might be moving onto a new episteme since psychopharmacology does not hold all the answers as faithfully manifested in some of the recent plays including

Next to Normal. Some psychodynamic practices such as talk therapy and support groups will always be useful by an appreciation of the existing diversity and considering every person's individuality. Interestingly enough, the narrative representation of disability also changes in accordance with the episteme dominating the society. Based on G. Thomas Couser's claims, there have been three models so far to represent disability in narratives:

(T) he symbolic, the medical, and the social/cultural/political. In the symbolic model, disability is a sign of a moral condition or divine disfavor; in the medical model it is a defect or deficit in the individual body that medicine attempts to fix or compensate for; and in the social/political/cultural model, disability needs to be addressed not in the individual body but in the body politic, which may require rehabilitation in the form of legislation, modification of the physical environment, and so on, to ensure equality of access and opportunity (Donnelly, 2011: 24).

Acton (2015) explains that if one uses Joseph Nathan Straus' models regarding the different interpretations that have been so far put forward to illustrate the nature of disabilities, it stands to reason to consider Euripides' *Bacchae* as an example of the first model, mainly popular in ancient Greece and Rome where disability was the sign of the wrath of the gods and their means of punishment. *Hamlet* fits quite properly in the afflatus model representing the romantics' fascination with the disabilities, associating them with divine inspiration. *Next to Normal*, the drama which will be examined in this study perfectly shows the insufficiency of the third model, namely the medical approach and depicts the necessity of moving on to a brand new mindset in which disability is a sociological and cultural construction and a difference, not a deficit. These models are also congruent with the three Foucauldian epistemes, the eugenic, the psychodynamic, and the psychopharmacological/neurobiological episteme (Donnelly, 2011).

Perry (1978) argues that the extremism started out with the ancient Greeks who ascribed any kind of psychic abnormality to the will of the gods as their means of punishment. Euripides highlights the apparent paradoxes of the classical myths regarding human action and the divine by depicting the insufficiency of both Apollonian and Dionysian forces. As centuries went by, a level of sophistication was added to the theories of madness which incorporated various notions at the same time. Even though people's beliefs by the time of renaissance was still awfully mixed with superstition and ungrounded subjective interpretations, the fact that the human mind was moving towards multiperspectivalism was taken as a promising sign by many historians of psychiatry. However, the rather liberating atmosphere of Shakespeare's time soon came to a halt when the Age of reason once again

emphasized the duality of reason and madness. Subsequently, the biologic and the dynamic psychiatry took their turn, constraining the crowds to adhere to their radical views but gradually, the inadequacy of both approaches became manifest to a few perceptive minds.

The Metamorphosed Portrayal of Mental Illness in Drama

While the depiction of the plight of the mentally ill has always been a favorite among the dramatists, it was only at the turn of the twentieth century that mental health problems began to be addressed in the form of musicals which started as an exaggerated over dramatization of symptoms. Rensburg (2013) in an article portrays how during the past couple of decades, this trend has evolved into a more realistic sympathizing outlook, prompting the critics and audience alike to view this seemingly light-hearted form of expression both as a medium of entertainment and education. The disruption between the linear Aristotelian time of the book and the lyric time of the songs in musicals renders the accessibility to otherwise hidden realities such as the true nature of madness possible. Jonathan Larson's *Rent*, Billie Joe Armstrong and Michael Mayer's *American Idiot* as well as plays like *Spring Awakening* and *Avenue Q* are some of the musicals that deal with serious topics such as sexuality, drug abuse and identity crisis and *Next to Normal*, the winner of 2010 Pulitzer prize is the one portraying the struggle of the Goodman family with mental illness.

Stevens (2007) analyzes four contemporary plays to find out whether they uphold or challenge the popular stereotypes ascribed to the mentally ill in narratives. Tracy Letts' 2005 *Bug* basically reinforces all the existing negative conceptions by demonstrating a scary dangerous protagonist in a play containing scenes of violence and drug use. The second play that is *Next to Normal* portrays mental illness as a physical disability that must be fixed within the confines of the medical model. Otherwise, there is no hope for the troubled individual and if she resists the cure offered by the medical establishment, she is the one to blame. David Auburn's *Proof* depicts Catherine, the mentally ill character's daughter and how taking care of his father produces a secondary stigma which is quite perceptible in her interaction with her older sister. The final play is the only theatrical work that actually illustrates the pitfalls of a pure devotion to a medical model and the side effects of medication. Sarah Kane's *4.48 Psychosis* argues against the facile generalization that the mentally ill cannot be trusted to make a sensible decision about what they really want simply for the fact that they are willing to hurt themselves or commit suicide. This play encourages one to dig

deeper and find the genuine source of a person's frustration in the deviation from a set of social and cultural norms that are used as the standard of 'normalization'.

In *Hallucinatory Figures in Modern American Drama*, a thesis written by Stephanie Lynn Prugh (2014), the writer analyzes six plays to reveal how the hallucinatory figures are actually the projection of the characters' loneliness and grief and demonstrate the fallacy of the American Dream. The same way children create imaginary friends to fight off the feeling of isolation, the adults cling to hallucinatory companions as a coping mechanism to fill a certain void and escape from a painful reality. Used for the first time in the sixteenth century to refer to a "wandering mind", hallucinations have always been considered as the hallmark of a haunted mind, reflecting all the repressed desires as well as the fears and agonies of a troubled individual. Prugh distinguishes ghosts from hallucinatory figures by asserting that while the latter is only a fabrication of a deteriorating psyche, the former is an agent with a certain agenda that demands its wishes to be fulfilled. The apparition in Shakespeare's *Hamlet* for instance is a ghost who prompts the young prince into taking revenge while the dagger in *Macbeth* is only an imaginary object, disclosing the inner feeling of guilt Macbeth was trying to suppress in order to kill King Duncan. The writer continues her discussion by identifying two different types of representation of hallucination on stage. Sometimes, the fictitious figure is a physical construction and can be seen both by the audience and the performers but there are times when the hallucinatory figure is only a linguistic construction which is apparently seen by the characters but not by the audience.

Arthur Miller's *Death of a Salesman*, August Wilson's *Fences*, David Auburn's *Proof*, Mary Chase's *Harvey*, Brian Yorkey and Tom Kitt's musical *Next to Normal*, and Edward Albee's *Who's Afraid of Virginia Woolf?* are the six plays examined by Prugh (2014) in terms of their use of hallucinatory figures and with the exception of Albee's play, they have all won a Pulitzer prize which is a highly prestigious award granted to "a distinguished play by an American author, preferably original in its source and dealing with American life". This fact raises questions about the real significance of these figures in American life or culture and the answer lies in the heart of the American Dream. Coined in 1931 during the Great Depression, "American Dream" was a concept that was first introduced by James Truslow Adams in his book *Epic of America* as such:

The dream is a vision of a better, deeper, richer life for every individual, regardless of the position in society which he or she may occupy by the accident of birth. It has been

a dream of a chance to rise in the economic scale, but quite as much, or more than that, of a chance to develop our capacities to the full, unhampered by unjust restrictions of caste or custom. With this has gone the hope of bettering the physical conditions of living, of lessening the toil and anxieties of daily life (Prugh, 2014: 7).

While the concept was at first focusing on the value of hope and hard work to reach success and happiness regardless of one's position in society, it gradually lost its solidity. Amassing great wealth and possessions, gaining social acceptance and making positive connections with other people as well as the idea of a nuclear family were added throughout the years to make the definition of the American Dream even vaguer, turning it almost into a myth that every American is unconsciously striving to achieve but usually fails due to its idealistic illusory qualities. The writer of *Hallucinatory Figures in Modern American Drama* investigates Miller's *Death of a Salesman* and Wilson's *Fences* to depict Willy and Troy's failure in attaining the American ideal of success. The inability to gain social acceptance as another conspicuous aspect of the American Dream is examined in Mary Chase's *Harvey* and David Auburn's *Proof* while the characters in *Next to Normal* and Albee's *Who's Afraid of Virginia Woolf?* fill the void of having a perfect nuclear family by the use of the hallucinatory figures (Prugh, 2014: 7-12).

BRIDGES which stands for "Building Recovery of Individual Dreams and Goals through Education and Support" is the name of a support group in Tennessee. They believe that the process of recovery consists of three stages: Crisis, Decision, and Awakening. During the first phase, the sufferer should be taken care of by loved ones in order to rest and grieve. In *Next to normal*, Natalie was soon born after Gabe's death to fill the void that was left by his sudden death. However, the couple were not emotionally and physically prepared to shower the new born baby with love and attention and Diana's unsuccessful attempts at pretending to be a normal mother distracted her from her personal journey to recovery, burdening her with the feeling of guilt and inadequacy. Moreover, there is no mention of any relatives or friends that could support the Goodman family after their loss and Diana never leaves the first stage of recovery to move on to the second one. Decision is the second phase in which the sufferer gains enough independence and stability to gain knowledge of her predicament and find the best way to cope with the bitter reality. With Dan making all the decisions and checking up on her even when he's at work, Diana doesn't stand a chance to learn more about her illness on her own to proceed to the final stage and rejoin society. As the name suggests, awakening happens when an individual is once again aware of her identity and is ready to take

part as an active member of the community. BRIDGES convenes group therapies and classes which are taught by peers rather than experts in psychology where members are able to share their seemingly bizarre notions and experiences in a safe space with other people facing similar issues in their lives. While Dan is in denial believing he's doing his wife a huge favor, Diana is never provided with the proper means of comfort and spends most of her time alone at home (Kinser, 2014).

Jaspers' Categorization of Mental Disorders

In Jaspers' point of view, phenomenology forms the cornerstone of psychopathology since the first step to take any sort of action regarding identifying a particular psychic state is examining it as sharply as possible. After building a rich collection of individual cases of phenomena while keeping an open mind and fending off our prejudices to the best of our ability, we can perhaps build up a tentative classification as a source of future reference (Jaspers, 1997).

In the awareness of objects, many abnormalities may appear that distort our usual way of perceiving the world. "Illusion is the term for perceptions which in fact are transpositions (or distortions) of real perceptions" while Hallucinations are perceptions which arise on their own as something fresh and new (Jaspers, 1997: 64-65).

Following the discussion of false perceptions, Jaspers (1997) briefly points to another abnormality regarding the awareness of objects called abnormal imagery or false memory. A sudden realization of a supposed past experience that was forgotten comes to the patient's mind but in actuality, nothing is really remembered. Pathological lying (fabricating imaginary stories eventually believed by the inventor) and reinterpretation of the past are two other examples of falsifications of the past.

Patients who experience space in an abnormal manner see objects smaller, larger or crooked. They may claim how space seems infinite in their eyes, how they feel lost and abandoned in this limitlessness. Some schizophrenics have also reported of a second space in which everything looks engulfing, at a very great distance with dimmer colors (Jaspers, 1997).

Even more complicated than space Jaspers (1997) states is the experience of time. In order to delineate various abnormalities regarding the experience of time, Jaspers places them in these four categories: momentary awareness of time, the awareness of the time-span of the immediate past, awareness of time-present in relation to time-past and future and the awareness of future.

The disturbances related to the awareness of the body are too complex to categorize into exact divisions but usually, patients have problem locating an irritable place or any other part on their bodies or they may even fail to find the position of the left side of the body and distinguish it from the right one. Patients might feel very heavy or light as a feather ready to fly. Some patients have reported that at some point, all their senses became one and they were able to see with their legs and hands (Jaspers, 1997).

In the discussion of the awareness of reality, Jaspers (1997) maintains that delusion is a pathologically mistaken judgment made by the patient that is almost always accompanied by a change in the personality and possesses a highly strict level of incorrigibility that is by no means altered no matter how much evidence is offered to the contrary. People with delusional awareness or perception sense that the world around them is undergoing a drastic transformation which generates the feelings of suspicion and bizarreness that are extremely irritating.

While feelings are different conditions of the self, sensations are components of bodily perception and environmental ones. It's worth mentioning that in cases like hunger or sexual excitation, the two concepts overlap and we can describe them as feeling-sensations. Jaspers (1997) describes apathy as a severe state in which the person experiences absence of feeling. Sometimes, increased feeling-tone appears as unattached (free-floating) feelings in which there's not even an object of attention and patients feel either anxious, restless and tense or blissfully happy for reasons apparently out of our reach.

It is necessary to distinguish the non-directional biological necessity called urge from drive which is an instinctual activity aiming at some target and differentiate them both from volitional act that has a specific goal and includes the discussion on choice and making decisions. Impulsive acts, the loss of will or surprisingly an access of power are a few disorders in this category (Jaspers, 1997).

Jaspers names four main characteristics of self-awareness and depicts how the lack of any one of them is a sign of a certain abnormality. These four features are: "(1) the feeling of activity- an awareness of being active; (2) an awareness of unity- I am aware at any given moment that I am a unity; (3) awareness of identity- I am aware I have been the same person all the time; (4) awareness of the self as distinct from an outer world and all that is not the self ." (Jaspers, 1997: 121)

Development in an individual happens gradually in terms of biological physical transformations in a passive manner as well as mental alterations which are the result of self-reflection as soon as the immediacy of

the phenomena is gone. Compulsive phenomenon is a disturbance related to the experience of self-reflection. Psychic compulsions are inexplicable irremovable and unjustified desires where volitional control is present to some extent yet not powerful enough to prevent the individual from doing an action that is evidently incomprehensible (Jaspers, 1997).

***Next to Normal* under the Jaspersian Lens**

One can't help but notice how the societies are being reminded of the damages of absolutism regarding the general attitudes towards the diagnosis and treatment of the mentally ill. The works of art reflect the nations' viewpoints about mental disabilities that are ever changing and the theories of intellectuals like those of Jaspers might help us see the bigger picture.

Out of his eight categories of abnormal psychic phenomena elaborated in the seminal text, *General Psychopathology*, the main character of *Next to Normal*, Diana is battling with those related to the awareness of objects, experience of space and time, feelings and affective states and the awareness of the self.

Awareness of Objects

Based on Jaspers' descriptions, the abnormalities regarding the awareness of objects appear either in the form of distortions of the existing objects or the creation of new unreal ones (1997). Throughout the play and especially in act one, there are plenty of scenes in which Diana has various types of interactions with her deceased son, Gabe, who has died seventeen years ago. The hallucinations related to vision and hearing are presented in the very beginning where Diana can't sleep and is waiting for his son to return but the audience is still clueless and considers this situation as normal. We gradually notice that something is missing since she visits a doctor who diagnoses her as bipolar depressive while some of her remarks appear to be incomprehensible at times and she is the only person who happens to see and talk to Gabe. The ambiguity reaches its climax when Natalie, Diana's daughter, brings her boyfriend, Henry, home for the first time and her mother enters with a birthday cake, evidently prepared to celebrate her son's birthday:

Following this event, we are tempted to reminisce Diana's remarks and her encounter with Gabe in the first scene. In addition to visual and auditory hallucinations, one is reminded of Jaspers' notion of falsification of the past, another instance of the abnormalities regarding the awareness of

objects. Diana is reproaching Gabe for coming home late since she has fabricated an imaginary story that she has eventually come to believe in. Thinking of Gabe getting killed in an ice storm or because of a bird flu are two instances that has robbed her of sleep in this scene. Jaspers calls it pathological lying and the protagonist in *Next to Normal* has engaged in a complex fictitious web of fantasies in order to survive by the means of self-deception.

Experience of Space and Time

Moving on to another one of abnormalities regarding the psychic phenomena, one is able to probe into the character of *Next to Normal*'s protagonist in terms of Jasper's description of the experience of time and space. Although Diana is haunted by hallucinations more than half of the play, the German Swiss psychologist's delineation of experiencing space in an abnormal manner doesn't apply to her. She doesn't see the objects smaller, larger or crooked and neither does she envision a second space. However, there is a part in the drama where fits quite properly in one of Jaspers' further categorizations respecting the awareness of time. He classifies the time related anomalies in these four different groups: momentary awareness of time, awareness of the time-span of the immediate past, awareness of time-present in relation to time-past and future, awareness of future (Jaspers, 1997). Considering the amount of agony Diana is vainly trying to bear, it is no surprise to find her lose her appreciation of time. Lack of time sense in which the patient does not feel the flow of time is manifest in a scene where Natalie is asking if her parents can attend her piano recital in winter. When Diana tries to mark that date on the calendar, her daughter notices it's on April of last year but when she mentions this fact to her mother, Diana says "Happy Easter" (Yorkey, 2010: 12) instead of changing the date to the present as expected.

This episode in the play which can also be interpreted as Diana's extreme indifference towards the passing of time expressed in an intentional nonsensical manner is accompanied by a part that perhaps bears the traces of Jaspers' notion of 'ununderstandability' as the most significant trademark of psychic abnormalities. When Dan tells her he is too busy to do the shopping and asks her to take care of it, she reassures him that she's going to "keep the cave clean" as he goes out to "get fire" (Yorkey, 2010: 12). Diana's response to Dan appears incomprehensible to her husband in this scene which to an attentive eye, might sound more like her deriding Dan's

pretentious attitude as if they are the perfect couple sharing the responsibilities.

These moments of ununderstandability repeat themselves a couple of times throughout *Next to Normal*. The first and one of the most remarkable ones is presented almost in the beginning of the play where Dan and Diana have just finished having coitus. Dan seems to find it incomprehensible when Diana refers to the cold, cloudy, rainy September day as so beautiful “makes you want to dive in with both feet” (Yorkey, 2010: 10).

Another instance in which Diana's remarks leave the audience baffled takes place in act one when she has just flushed her meds down the toilet and Dan calls from work to check up on her. She claims things are perfect as she has done disinfecting and rewiring around the house and retiling the roof is next on her to do list.

Feelings and Affective States

The investigation of Diana's character based on Jaspers' categorization of psychic aberrations continues with the abnormalities related to feelings and affective states. Defining feelings as indefinable and analytically elusive psychic manifestations, Jaspers (1997) asserts that psychopathology is mainly concerned with those feelings or feeling-states that emerge in an intangible fashion. Feeling of incompetence, apathy and unattached (free floating) feelings are a few examples that were previously examined but the protagonist in *Next to Normal* is battling with what Jaspers describes 'feeling of having lost feeling'. It starts out as dysfunction in bodily perceptions due to taking antidepressants prescribed by Dr. Fine. Depression and mild anxiety are seen in her reports and she complains to the doctor about numbness of her fingers and toes as well as excessive sweating (Yorkey, 2010: 20-21).

Later on, the medication turns her into an automaton deprived of all forms of sensation and feelings. Diana feels empty and loses her appreciation of any sort of joy or pain but shockingly Dr. Fine takes it as a benign sign of recovery and stability.

The first act is filled with scenes in which Diana conveys her dissatisfaction with the transformation that antipsychotic pills are generating to make her more compatible with life. In a song called "You don't know" which is addressed to her husband Dan, she is able to brilliantly explain the peculiar nature of her sensations and how she is suffering from the inability to genuinely express what is irritating her while the only feeling she has is a forceful agitating threatening power (Yorkey, 2010: 32-33).

Act two portrays Diana going through ECT while she is apparently watching herself on the table and describes being in a place that makes her feel completely different from how she used to feel. This part reminds one of Jaspers' description of unattached or free-floating feelings. Diana cannot figure out why she is experiencing an exaggerated amount of joy and power and that is why she is also feeling a certain confusion. Her moment of euphoria concurs with Natalie's experimentation with drugs that causes her exhilaration (Yorkey, 2010: 61).

Awareness of the Self

The last psychic abnormality in Jaspers' list that is relevant to our discussion of Diana's mental condition is regarding the awareness of the self. The German Swiss psychologist characterizes the four various features of self-awareness as such: (1) the feeling of activity, (2) an awareness of unity, (3) awareness of identity, (4) awareness of the self as distinct from an outer world (1997). Out of these four characteristics, the protagonist of *Next to Normal* is allegedly having problems with the third one. Many parts of the play display Diana forgetting the fact that her identity is an integrated entity which remains the same no matter how much she changes over the years. We find her comparing her present self with an old version as if they are two very different people. The first instance is exhibited in a song named "I miss the mountains" when she has lost all feelings including mirth and joy after seven weeks of taking the medication recommended by Dr. Fine. She looks back at the time when she could experience a wide range of feelings and how that made her feel alive. This remembrance makes it difficult to recognize herself now (Yorkey, 2010: 26).

Afterwards when she switches to a new doctor and tries psychotherapy, Dr. Madden asks her to talk about her history and she replies: "I never know what to say when I have to go over all this. It starts to sound like some story I tell that's about some other person entirely" (Yorkey, 2010: 39). The doctor tells her to add what Jaspers explains as the 'I' quality to her actions and feelings in order to gain that sense of identity she seems to be deliberately escaping from. After the ECT in the second act, the situation becomes even worse. Diana doesn't even recognize her own daughter Natalie at first sight and she can't remember living in her house. Pointing to the issue of memory loss, in a number named "aftershocks", Gabe ironically questions the efficiency of the medical model by stating: "You wonder which is worse— the symptom or the cure" (Yorkey, 2010: 75).

Conclusion

Postmodern era is a disconcerting time especially regarding the treatment of an issue as inherently-enigmatic as the mental condition. A great amount of flexibility has been added to the general mindset concerning the concept of madness so far which is depicted in some of the most renowned works of drama. Plays such as *Next to Normal* with their inclusive portrayal of the actual results of adhering to a single method namely the medical model, remind one of the upcoming shifts in the world of psychology. Out of Karl Jaspers' eight divisions of abnormal psychic phenomena delineated in his influential book, *General Psychopathology*, the main character of *Next to Normal*, the grief-stricken Diana is struggling with those related to the awareness of objects, experience of space and time, feelings and affective states and the awareness of the self. The necessity of the revival of the two Jaspersian pillars, the causal explanations and understanding as the core of any psychopathological investigation is calling out loud in the background and it seems that perceptive minds of today are ready to answer that call.

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