

THE CONTEMPORARY COMPANION

Side Effects May Include...

BY LISA LOOMER



DIRECTED BY MEREDITH MCDONOUGH

A WORLD PREMIERE

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THE CONTEMPORARY COMPANION

for *Side Effects May Include* by Lisa Loomer

CREATED BY TOM BRYANT

THE CONTEMPORARY COMPANION is a dramaturgical component designed to enhance your **CATF** experience. We've designed Volumes to act as counterparts to the five BOLD, NEW PLAYS, in this year's Festival. You can sample, survey, or study these online offerings—with no fear of spoilers!

Each companion will give you—

- An introduction to the creative teams
- An exploration of the world of the plays
- A deep-dive into the themes and conversations surrounding the plays

Come and join us as we **thinktheater** and **talktheater** at CATF in 2025.



LISA LOOMER is thrilled to be back at CATF. She is the book writer of *Real Women Have Curves*, for which she received the 2024 Kleban Prize for most promising musical theatre librettist. The musical opened on Broadway in April 2025. As a playwright, her work has been produced at major theaters across the country and taught in both Women's Studies and Latine Studies classes. Her play *Roe*, about *Roe v. Wade* debuted at the Oregon Shakespeare Festival and went on to such theaters as Arena Stage, the Goodman, and Berkeley Rep. Other plays include *The Waiting Room* (Williamstown, Vineyard), *Living Out* (Mark Taper, Second Stage), *Distracted* (Mark Taper, Roundabout), *iBocón!* (Mark Taper Forum), and *Café Vida* (LATC). Ms. Loomer is an alumna of New Dramatists and the recipient of the American Theatre Critics Award (twice), PEN Award, Jane Chambers award (twice), Kennedy Center New Plays Award, Susan Smith Blackburn, and an Imagen Award for positive portrayals of Latine people in all media. Screen credits: *Girl Interrupted*.

INTERVIEW WITH PLAYWRIGHT **LISA LOOMER**

Conducted and edited by Sharon J. Anderson

CATF: You have said, “Whenever I am approached about a new project, I ask myself, “Why this story, why now?” Why this show? Why now?

LL: I was curious and concerned about the proliferation of psych meds, especially during COVID. I was concerned about the issue of informed consent as increasingly people were being prescribed medication online. I was seeing more TV commercials for more psych meds where those “side effects” fly by. . . All this, with the experience of my son, led me to an interesting question: “Are we medicating life itself?”

Why transform your article—“Boy Interrupted: A Story of Akathisia” Mad in America—Science, Psychiatry and Social Justice 6/13/21—into a play? What does a play do that an article doesn’t?

I have a really strong answer to this right now. The musical—“*Real Women Have Curves*” – that I wrote the book for is now in production. At this moment in time, I believe in the power of theater more than I ever have in my life because of my experience with this show. This is a show about immigrants and it’s taking time in a place where immigrants are being

vilified. People are telling me that they went into the show angry and filled with prejudices against immigrants and came out with their minds blown and their hearts cracked open; that they will never look at this issue the same way again. That’s the power of theater.

There’s magic about sitting together in the dark with some important questions, sitting next to a stranger. They’re laughing at another. Sometimes you are crying at the same moment, sometimes not. It’s very primal. I’ve worked in film and TV but I still find theater to be the most powerful medium.

The CATF brochure describes your play as “written with humor and fury.” After reading your play, this proverb, with one word change came to mind: “Hell hath no fury like a mother scorned.” How has fury helped you?

Fury may be the initial impetus for a lot of my plays. But also curiosity. Something in society is pissing me off or puzzling me and I want to understand it. So my way is to write a play about. Fury is what gets you up in the morning and keeps you writing despite

the fact that you are probably not going to make any money from it and you are also taking time from other things in your life to do it, but you just have to address it in whatever way you can. This is my own small way. I'm doing this play for my son. I'm doing this because my son asked me to do it.

Your play also uses humor. In his essay about comedy and tragedy, Samuel Taylor Coleridge wrote that comedy was “more useful and relevant to the human condition than tragedy.”

Comedy is what opens your heart. Comedy is what allows you to get serious at other points in the play. Comedy is what brings us together; it's what makes us comfortable; it's what makes us assured that we are not being told what to think, we are not being prodded, we are not being attacked. We are invited into our common human experience, which is laughter.

Why do you think that the use of antipsychotics has increased so much over the past two decades?

The play asks that question: why has it increased so much? Access has increased. During COVID we saw the first instances of being able to have medication prescribed online through a virtual interview through some sort of therapist. Ease has increased. Our times are getting more and more challenging and acute. The family is falling apart; support systems are falling apart. There are many reasons, but that's just my personal opinion.

The mother in your play says, “. . . look at it from the point of view of—evolutionary biology. What if some people are just not wired to live productive capitalist society sorta lives? Should we medicate the shit out of 'em to get them “back on course” anyway?”

My son likens akathisia to climate change on the level of the human organism. Our bodies are not ready. The mother in the play asks, “Are we doing to our bodies what we're doing to the planet?”

An article in May 15, 2018 article in *Psychiatry, Psychology and Law* argues that most mental disorders have ‘fuzzy boundaries’ and fade gradually into normality, for example, “When does sadness turn into depression, particularly when life stressors (grief, job loss, breakups of intimate relations) that would upset almost anyone are present? When should anxiety and worry justify a diagnosis if there is something real to worry about?”

That exact question is included in the play during an imaginary conversation between the mother and the initial psychiatrist who prescribed for her son: when are we medicating life itself? What is “normal”? Who determines that dividing line? Usually it's the people working on the current DSM who determine that fine line between normal problems and problems requiring medication.

“But isn't it sometimes normal to suffer?” asks the mother in your play.

Terrible things happen in all our lives. I suppose I'm asking how we develop the resilience to grow from them.

The mother also wonders, “. . . is there ever a time when suicide is a sane response to unbearable chronic pain?”

I would leave that question up to the person who is actually experiencing suffering. One thing that I have learned through my son – and I think of myself as an empath for better or for worse; lately, for worse – is that there is only so much that we can really understand about another person's suffering. I am not in a position to judge it or judge how they handle it. It's like looking at poverty. You can't judge how someone is dealing with it. You're better off sticking with the awe that you feel that they are dealing with it. I'm more comfortable with awe than judgement.

Why do we ignore the side effects affixed to our prescription bottles?

Because they are so scary. I just take thyroid medication and it scares me to read the side effects. I should always read everything.

Are you completely anti-drug?

I am completely pro-informed consent. I am anti-anything that obstructs informed consent.

The ending to your play has a recurring anthem of sorts: "I am not this injury." "I will not let this injury define my life."

Those are my son's words. They are passionate and fierce and very wise. We are not defined by our injuries. We have something in us that is greater and truer than our circumstances or what has happened to us.

Throughout your play, the mother often addresses the audience directly—why?

I'm an instinctive writer and that's how it came to me . . . that this character is addressing the audience. It's intimate, it's personal, it's hopefully both comfortable and uncomfortable.

What does the mother need from the audience?

That's a good question. I'm going into a real rehearsal with it, the actress will ask that. I think that our best hope is connection and community. This is a community problem: Are we medicating life itself? It's a community question so it bears asking in a community setting.

In your article "Boy Interrupted" you write: "I can't talk about a 'happy ending.' Not yet. We hold fast to the research that says that in time the brain does heal. If I can't slay the goddess Akathisia, I'll just have to outwait her."

I think what the mother does in the play is an ending. She is a person who has tried to fix things, to kiss and make it better, to read everything, to go to every single kind of doctor, explore this akathisia from the spiritual point of view, from the dietary point of view—whatever point of view, she's going to fix it. In the end, she cannot fix it. We can't necessarily fix the course of another person's journey, but we can accompany them.

You have said that theater affords you a forum in which to address topical issues in a way that TV won't allow. "It's creative freedom . . . You're only limited by your imagination."

That is what I love about theater, especially non-commercial theater. It's very exciting for me to go literally from Broadway to a theater in West Virginia that does challenging new plays.

Is there a question you wish I would have asked?

I want people to know that the only thing I am advocating in this play is informed consent. I certainly am not questioning anybody's choices.

I am asking each playwright to comment on this line—a recurring theme—from Samuel Beckett's novel, *The Unnamable*: "Words are all we have."

I wrote a book for a musical, so no, we also have music! There are many ways to get to the heart of things. My thing is words.

KATHLEEN GELDARD

REGIONAL THEATRE: Signature: *Hair*, *Bridges of Madison County*, *Assassins*, *Billy Elliot*; Shakespeare Theatre Company: *Macbeth*; Denver Center of Performing Arts: *39 Steps*; Alabama Shakespeare Theatre: *A Christmas Carol*, *Tempest*, *Macbeth*; Arena Stage; Everyman Theatre; Woolly Mammoth; Kennedy Center; Cincinnati Playhouse; Studio Theatre; Round House Theatre; Imagination Stage; Folger Theatre; Portland Center Stage; Actors Theatre of Louisville: Humana Festivals 2015-2018; Huntington Theatre; La Jolla Playhouse; Berkeley Rep; CenterStage; Florida Studio Theatre; Weston Playhouse; Cape Playhouse; Maltz Jupiter Theatre; Children's Theatre of Charlotte. OPERA: Washington National Opera: *Macbeth*; Metropolitan Opera: associate designer, *Grounded*.

AND INTERVIEW WITH COSTUME DESIGNER KATHLEEN GELDARD

CATF: Is this your first time designing at CATF?

KG: Yes, this is my first time designing at CATF. I have come to Shepherdstown to see shows in past seasons, and I am excited to be a part of the festival this summer.

Had you worked with the director Meredith McDonough before?

Meredith and I have been working together for many years. We have a long history of varying productions that now give us a shorthand and vocabulary to work effortlessly together.

What are some of the shows you have been doing recently?

Most recently, I designed *The Buddy Holly Story* at the Cape Playhouse in Dennis, MA. Meredith was also the director for that production. Prior to that, I was down in Sarasota, FL where I designed *Jersey Boys*.

What were some of your first impressions when you read Lisa Loomer's play?

My first impression was just how amazing a writer she is, and how she handles the content of such a difficult story so beautifully.

Were you familiar with the issues concerning prescription drugs and side effects before you had read the play?

I was not aware at all of Akathisia. I knew prescription drugs could create problems, but I didn't understand the depth of any of what is discussed in the play.

The play uses five actors who play some main featured roles but three of the actors also play a large variety of over 20 additional characters. What special challenges and opportunities does this pose for the costume designer?

This was definitely one of the greater challenges in designing this play. Overall in designing this play, there were the following challenges. Of these characters, you have the mom, which is essentially the playwright herself characterized onstage. She has one look, and with that costume, we need to convey her status, that she's urban and a writer, and a very good one, successful. She is cool, she has a good life, and she has a son that all of these events with prescription drug side effects happened to. The character never leaves the stage, so it's the one look, and it has to be right. And it has to feel right for the actor as well. Same for the character Gabe, the son.

MOTHER



**Geldard's design inspiration board
for the Mother's costumes**

Photo credit CATF production files

There is so much talk about him throughout the play, so that when he arrives on stage, we already have an idea about him, and that costume needs to show the life of this person we have been listening about for the length of the play.

The three actors playing many people was another but different challenge. Many of these characters pop in and pop out with one line, and others

reappear often. For each of these, Meredith and I created a gesture for each character. This way they could stay in their base costume looks, and add the significant pieces to become the extra characters. These signifiers are a large colorful purse or bright crocs or a flowing cardigan duster and so on. In the fittings, we found the right base look and went through with the added pieces to help create these brief characters that are essential to telling the story.

ON THE USE OF **DOUBLE CASTING** IN PLAYS

Double casting in plays means that one performer plays multiple roles. There are many reasons to double cast roles in plays.

Sometimes double casting seems implied in the play itself. In *A Midsummer's Night Dream* by Shakespeare the tradition is for the same actors who play the roles of the Fairy King Oberon and Fairy Queen Titania also play the roles of Theseus and Hippolyta. This has the thematic connotation of contrasting marital and power struggles between the king and queen of the magical world with the king and queen in the mortal world.

In terms of the production of plays, an obvious advantage of double casting is production cost: Having one actor play several characters costs less than hiring a separate actor for each role. But double casting can also entice actors to the roles and engage audiences. Often actors love the challenge of playing multiple roles. It highlights their versatility and gives them the opportunity to tackle completely different character types. The audience then takes delight in observing the craft of the actor to transform into different roles in the production.

The use of multiple casting can also create stylistic connotations: For some plays that are not strictly realistic, this can be a more appropriate style of production. When many of the actors in a play are playing multiple roles, it can create the sense that the actors are functioning as a group of story tellers onstage: They morph into various roles and there is the sense of the actors presenting the play to the audience. This can also create more of an intimate bond between the actors and the audience.

In *Side Effects May Include*, three of our performers play a host of multiple characters." In the play, the main character is a mother faced with the dilemma of choosing the right medical treatment for her son. Since she is the central character of the play, the focus of our theatrical universe, she is played by one single actor who does not play any other role. We are entirely focused on her singular journey. However, the other three actors play 25 different characters.



Loomer chose to use a few actors to play myriad characters to highlight the central issue presented in the play: the significant problem of a lack of consensus among a wide range of professionals in the whole medical field itself. The actors playing multiple roles mirror this larger dramatic conflict onstage, as we see the main character literally barraged by a host of different characters each promoting their different conflicting opinions. The effect is comic at times but also deeply disturbing in other moments. As we see this confusing dilemma the main character is thrust into, it heightens our sense of sympathy for her. Thus multiple casting is a key to this dramatic effect.

Amongst the many techniques that playwrights, directors and actors use to create the theatrical experience, double casting is a valuable tool that can open up a wider range of possibilities.

KEEP THE CONVERSATION GOING

PROBLEMS IN THE PRESCRIPTION OF PSYCHIATRIC MEDICATIONS

In *Side Effects May Include*, some basic problems with the prescribing of anti-anxiety, antidepressant and antipsychotic drugs are referenced.

There are no purely objective criteria for the prescribing of antidepressants and antipsychotics. The symptoms that patients present are not strictly physical, such as infections, but are accounts of feelings like anxiety or behavioral issues. The doctor consults the DSM (Diagnostic and Statistical Manual of Mental Disorders) to match symptoms with possible conditions or mental disorders, and then prescribes drugs associated with the relief of a particular condition or disorder. But descriptions of symptoms can match a number of possible conditions and so the practice is to prescribe a medication the doctor thinks is appropriate for the most probable condition.

Even in general categories of drugs like antidepressants, the effects of specific medications on a given individual can be different from the effect on another. The result is that doctors try out medications in sequence to test their effectiveness. But the process of trying out various medications can result in problems: A person may react badly to a medication, or have too rapid a withdrawal from one medication in the transition to another. These can result in serious side effects which vary widely in terms of severity. Some side effects can be relatively minor, such as a slight interference with sleep, but other effects can be quite severe including suicidal ideation or hallucinations. In some cases, new conditions or disorders can result like the condition of Akathisia that Loomer explores in the play.

The result is that there is a considerable amount of guesswork involved in the prescribing and use of antidepressant and antipsychotic medications that can result in unforeseen negative reactions and severe medical conditions long after the patient stops taking the medicine. Although warnings about possible side effects are listed with medications, it is difficult for many patients to have comprehensive informed consent before embarking on treatment since they don't know how their body will react to treatment.

ADDITIONAL SOURCES OF INFORMATION ABOUT THE ISSUES OF PRESCRIBING PSYCHIATRIC MEDICATIONS:

- There is an excellent book on the subject: *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America.* by [Robert Whitaker](#)
- There is a website sponsored by MISSD, an awareness nonprofit, that provides detailed information on Akathisia and the issues facing sufferers of the condition. <https://linktr.ee/prescribedharm>
- There is an excellent short documentary on this issue: *Medicating Normal* <https://medicatingnormal.com/watch/>

THREE ARTICLES THAT ADDRESS IN DETAIL THE ISSUES RELATED TO THE PRESCRIBING OF ANTI-DEPRESSION AND ANTI-PSYCHOTIC DRUGS:

- Opinion guest essay for the *New York Times* (May 3, 2024)–“*Prozac Is Nearly 40 Years Old. Why Are There Still Unanswered Questions?*” by [Awais Aftab](#). Dr. Aftab is a psychiatrist and the author of “*Conversations in Critical Psychiatry*.”
- *Antidepressants Don't Work the Way Many People Think: The most commonly prescribed medications for depression are somewhat effective—but not because they correct a “chemical imbalance.”* by [Dana G. Smith](#) Nov. 8, 2022 *The New York Times*
- *Medication Treatment Challenges in Mood Disorders: A Discussion with Jim Phelps: Reevaluating the emphasis on efficacy vs risks* [Awais Aftab](#) Feb 15, 2025 <https://www.psychiatrymargins.com/medication-treatment-challenges-in>