

Hir

by Taylor Mac



DRAMATURGY PACKET

by Finn Lefevre

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NOTE FROM THE DRAMATURG

To the company:

This play is challenging. I am sorry I can't be there with you as you dive in and wrestle with the relationships and characters, but I created this to offer some support for you in your process. Inside this packet you will find my rumination on various themes and subjects addressed in the text, but you will not find anything telling you how to play these roles. If anything in here forecloses possibilities for you, toss it out. It should only offer you more questions, more ideas, and more depth.

What I am most excited for in this text is the possibility of seeing patterns across the characters—how does trauma affect each of them? how does gender? structure and rules? family? Because of this, I hope you will take a look at each section, even if it isn't immediately clear how it will apply directly to your character. Consider my questions, ask your own.

And please, if you have any questions, or just want to bounce ideas and talk through your work, reach out.

Your dramaturg,
Finn Lefevre (they/them pronouns)
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ABOUT TAYLOR MAC

Taylor Mac, who identifies as genderqueer and uses the pronoun “judy”, is a playwright and performer whose work often explores absurdism, dream worlds, and queer fantasy. Mac’s chosen method for *Hir* is “absurd realism,” a genre which judy describes as being an examination of extreme—but real—people and circumstances. By focusing on the margins of ideologies and experiences, Mac hopes to call attention to the polarization of various groups. Mac has mentioned that judy is also playing with the way queer, trans, and feminist ideas have been demonized and made to look like “extremist” perspectives. Mac has described this play as an exploration of these themes set within judy’s hometown, Stockton, California.



•As you explore the text, which moments stick out to you as “extreme” beliefs, and which seem like reasonable beliefs made to look extreme?

•Which moments feel most absurd? Which feel most realistic? How can you bring the absurd into the realistic and the realistic into the absurd?

“I believe belief is for assholes.

I believe irony is useful and fun at the beginning of a performance but tedious if held on to. I believe that truth, in the theater, is often confused with a clearing away of theatricality. I believe the clearing away of theatricality is as much of a glorious lie as the theatrical. I believe homophobia, racism, and sexism (in the theater) often manifests itself through the championing of “Realism” and or “Quiet” plays.

I believe people who use quotation marks with their fingers are assholes.

I believe, as a theater artist, I’m not telling you anything you don’t already know. Because I believe, as a theater artist, I’m not a teacher; I’m a reminder. I’m just trying to remind you of things you’ve dismissed, forgotten, or buried.

I believe self-consciousness kills creativity. So we must work together to create environments where we can kill self-consciousness first. Make your rehearsal room a place that kills self-consciousness. Ask yourself, “Will these florescent lights kill self-consciousness?” No? Then light the rehearsal room with pleasant lighting already...

Most importantly I believe in surprise and that if you want to remind your audiences of the things they have dismissed, forgotten, or buried, then you need to surprise them.

I believe, in the theater, something surprising should happen every ten seconds.

And that, that surprise does not have to be big; it can be a breath.”

—Excerpt from Taylor Mac, *I Believe*

GLOSSARY

| PAGE | WORD/ PHRASE | NOTES |
|------|--|--|
| 3 | cisgender | Someone assigned a gender at birth and still identifies with that gender (socially, mentally, and physically) |
| | PTSD | Post-traumatic Stress Disorder. A common (but only recently studied) impact of trauma, especially in those who serve in active combat zones. See PTSD notes. |
| | transgender | Someone assigned a gender at birth and now identifies as a different gender (socially, mentally, and/or physically) |
| | gender-queer (or genderqueer) | Person identifies as a gender other than male or female. Possible identities include a combination of gender traits, a switching between femininity and masculinity, androgyny, combining a physical trait of one gender with the social identity of another, etc. This is a complex identity that has many definitions and uses, there is no one correct way to be genderqueer. |
| 8 | house of sweat/air conditioning conversation | It has been recently discovered that the ideal external temperature is actually different for the sexes, and most spaces are designed at the ideal temperature for cis men. |
| 9 | estrogen | See hormone section for various effects of taking estrogen. Short answer: can he grow breasts? Yes—small breasts over extended use. Does it make him docile?—No. |
| 10 | Mortuary Affairs | A job sector within each military branch that cares for remains of those who die in combat zones, on active bases, or while in boot camps. See Military section for more details. |
| 13 | homeschooling | Public school is one of the most dangerous spaces for trans individuals, particularly ages 13-23 (highest risk group). Problems arise in school policies, sports, bullying, bathrooms, and cisnormative education practices. One of the leading causes of suicidality among trans teens. Not enough data on whether homeschooling alleviates these issues for trans individuals. |
| 14 | “let the house go to seed” | To fall to ruin, usually due to lack of care. |

| PAGE | WORD/ PHRASE | NOTES |
|------|-------------------------------|--|
| 15 | the blender | Sounds (and smells) have one of the strongest memory-responses. The blender acts as a trigger (a neurological link to a traumatic memory) that creates a physiological response (vomiting). Loud sounds are often triggers of PTSD-related flashbacks and responses in veterans. See the Military section for more details. |
| 16 | tranny | A slur against trans people, primarily used against trans-feminine people (trans women). Reclaimed by some members of the community to great debate. |
| 18 | testosterone | Hormone taken during transition, see hormone section for various effects. Short answer: Does it enlarge the clitoris? Yes. |
| 19 | “re-up” | To re-enlist in military service, to voluntarily serve another term/extend tour. |
| | “don’t talk to us for a year” | Given his particular assignment, Isaac would have access to both letter-writing and computers (even occasionally phones) on a regular basis, making his lack of contact a choice. |
| 20 | Ze | Pronoun in place of singular he/she/they. Pronounced ZEE. See pronoun chart for more details. |
| | transsexual | Originally this term (created by a cisgender doctor) differentiated transgender (people who identify with a different gender than what they were assigned) from transsexual (people who medically/surgically take steps to become their identified gender). Now, this term is fairly outdated, and usually considered a slur when used by non-trans people. Not used in contemporary trans literature. |
| | “taking my shot” | Most trans people on testosterone self-inject weekly or every other week. This process is fairly quick, but does require practice and concentration. Injections are usually in the upper thigh or upper buttocks (intermuscular). See hormone section for more details. |
| 21 | “I credit the Cheetos” | There have been about a billion “scientific” theories trying to trace the origins of gender divergence in the last couple decades. Historically trans people have existed in all eras of human history, pre-cheeto. |

| PAGE | WORD/ PHRASE | NOTES |
|------|------------------------------------|---|
| | LGBTTSQQIAA | Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, Questioning, Intersex, Asexual, Agender. This is not the most common configuration of the LGBT+ alphabet, usually more common is LGBTTQQIIAAP. |
| | Lugabuttsqueeah | A phonetic pronunciation of LGBTTSQQIAA. |
| 22 | “It gets better!” | A reference to the It Gets Better Project, created by cis gay man Dan Savage. The Project was a series of videos, presentations, and essays from LGBT+ adults to teens/youth struggling with their identities, as a response to high rates of youth suicide. The Project has received a lot of criticism (especially from trans and POC communities) for being a “band-aid” that did not actually help make change, nor did it address systemic issues experienced by non-cis and non-white people. |
| | “male-centered hegemonic paradigm” | The dominant structures of society that are built to support men/masculinities. Patriarchy. |
| | Rib | A reference to Adam and Eve, or Eve’s birth from Adam’s rib. |
| | transgender fish | Many fish can switch sex organs when the population necessitates a shift in order to procreate. Some fish even contain multiple sex organs. |
| | homogenous gender | All members of the gender are the same, exhibit the same gendered traits (an idealized version of that gender). |
| 25 | "I have a dick too" | Many trans people choose to refer to parts of their body using terms that fit their identified gender, even if they have not had any hormones/surgery. This often helps alleviate dysphoria. |
| 25 | “you don’t smell like you.” | Changes in sweat secretions, pheromones, and skin scent are associated with hormone usage. |
| | Dishonorable Discharge | The process by which someone is removed from military service for violating the code of conduct, breaking a law, or breaking their contract. See Military section for details. |
| 26 | Uninstitutionalized Discourse | As opposed to discourse (conversations, readings, ideas) that has been produced through “proper” academic channels, which are often rigid in which types of knowledge they accept. |

| PAGE | WORD/ PHRASE | NOTES |
|------|--|---|
| 28 | Sarah Schulman- <i>The Gentrification of the Mind</i> | Schulman writes about the late AIDS epidemic years through the lens of gentrification—exploring the radical queer arts/culture/politics vs. assimilationist gay normalization efforts. She looks for the ways survival and homogenization impacted radical thought, in many ways glorifying the potential of the “lost generation” (the generation of queer folk lost to HIV/AIDS). |
| | Radical Faerie | An identity within the gay male (and queer non-male) community, and also a group which has organizations and meetings across the globe. Radfae have no standardized beliefs, but are usually associated with a love of nature, a non-denominational spirituality, a positive masculinity, Paganism, and a relationship between humanity/spiritual connection and sexuality. |
| | heart circles | A Radical Faerie practice in which participants join in a circle (usually at a camp and around a fire), and share intimate stories in a semi-structured process that involves sharing, affirmation, non-judgment, and little cross-talk. |
| 32 | transphobic | Offensive to trans people, harmful or violent towards gender variance, reinforcing gender rules/roles. |
| 33 | African dog/ squids/etc. | Just a few examples of several species whose sex is not necessarily dimorphic/binaried, and whose sexual practices do not mimic a 1-1 egg/sperm relationship. Since these animals are fairly common and well-documented, this concept is often used in defense of trans identity, suggesting that human transgender identity could be a biological imperative or “natural” process. |
| 34 | safe space | One of the most mocked terms in social justice dogma, this term is meant to signify a place where a certain identity group will not experience harm/discrimination and will have all of their accessibility needs met. For trans people this would include things like non-gendered language, all-gender restrooms, affirmation of identities, etc. |
| 35 | land trust | A trustee owns a piece of real estate, while a beneficiary exercises control over that estate (buying, selling, building). |

| PAGE | WORD/ PHRASE | NOTES |
|------|--|--|
| | “Home is a mechanism of control” | The theory that the idea of “home” (and the associated family unit, hearth, etc.) is designed (both socially and physically) to create structures, roles, and beliefs. This theory applies to architecture (the way spaces are divided and the functions applied to those spaces) as well as the divvying of home-related tasks (childcare, cooking, repairs, etc.). |
| 38 | Saint Teresa | Notably mentioned in Simone de Beauvoir’s <i>The Second Sex</i> . Known for progressive (at the time) feelings about the restrictions of womanhood: “Just being a woman is enough for my wings to fall off.” |
| 40 | “Mona Lisa is transgender” | There are a ton of theories related to this—some that suggest that da Vinci had a trans lover (Salai, known in life to be a gay man), that this is a portrait of da Vinci in drag, that this is a self portrait, etc. Though very wide-spread, I found very little reputable information to support these speculations, but the academy is often reticent to accept these kinds of theories. |
| 45 | “There is literally...nobody in a hundred-mile radius that is like me” | Statistically extremely unlikely that there is not another trans person in the vicinity, but very possibly that there are no other genderqueer people with a similar type of trans identity. This is also a really common belief among trans people (I’m the only one, there is no one like me) because of lack of visibility and resources. |
| 46 | Wolf Creek | A real Radical Faerie sanctuary camp in southern Oregon. A communal living space with no organized religion and a loosely organized egalitarian power structure. Some people live in the sanctuary long-term, but many more come for shorter stays. |
| 49 | transition | For trans people, this is a very common term for the process of coming out, changing names, adjusting to new social identity, possibly taking hormones/having surgery, etc. in whatever order/combination that person chooses. There is not usually thought to be an “end” of transition. |
| 58 | celiacs | Referring to Celiac’s Disease, an autoimmune disorder which causes intestinal/digestive issues ranging from unpleasant to highly dangerous. Commonly associated with gluten intolerance, and very over-diagnosed. |

| PAGE | WORD/ PHRASE | NOTES |
|------|--|---|
| 65 | “let’s have a salon” | A workshop, exhibition, or gathering of thinkers/artists in a field. |
| 66 | fag | Slur for gay man, reclaimed by some members of the community. It’s fairly common for non-binary people (people who don’t identify as male or female) to adopt sexuality-based terms that suit the genders they are attracted to, even if they don’t identify as that gender (Ze is not male, but ze likes gay men, so ze operates within a fag sexual culture). |
| 72 | Martha Washington/ Queen Elizabeth are transsexual | Other than some buried blog posts, I found nothing that suggests others are theorizing Martha Washington as transgender or transsexual. This is some deep web theorizing on Max’s part. As for Queen Elizabeth—if he is referring to the first, then there is some literature that supports this. She called herself a “king,” often wore male attire, and tried to take on some masculine roles, but this all is still very speculative. A quote from her: "I know I have the body of a weak and feeble woman, but I have the heart and stomach of a King, and of a King of England too." |
| 73 | sissy | Slur for feminine gay man, reclaimed by some members of the community. Usually considered less offensive than fag, and usually used to demean someone for femininity rather than sexuality. |
| | trans-masculine | Someone who is transitioning towards masculinity but not necessarily towards being male. |
| 75 | military industrial complex | A series of structures designed by a government to further the spread of that nation’s ideals through military action. This includes the payment of benefits and student loans for individuals too impoverished to afford these on their own, leading to an ongoing class of enlistees, the use of military action to intervene in countries where the government has stakes in the outcome of an election/revolution (such as desire for trade deals), the use of military to control populations, the threat of military action to control growing countries, the image of military as the pinnacle of national pride, the influence of the military on the economy (weapons, materials, resource allocation, budgets, etc.). |
| 79 | Baby Jane (wig) | More than just a reference to big blonde curls, this is probably referencing <i>What Ever Happened to Baby Jane?</i> , a film in which a former starlet abuses her paraplegic sister. |

| PAGE | WORD/ PHRASE | NOTES |
|------|-------------------|--|
| 81 | “legitimate” rape | Referenced from former Congressman Todd Akin: “If it’s legitimate rape, the female body has ways to try to shut the whole thing down...Legitimate rape is a law enforcement term, it’s an abbreviation for ‘legitimate case of rape’...A woman calls a police station, the police investigate, she says ‘I’ve been raped,’ they investigate that. So before any of the facts are in, they call it a legitimate case of rape.” |
| N/A | dysphoria | Associated with trans identity, a feeling of pain, disgust, self-loathing, fear, and trauma associated with parts of one’s body/voice/gender expression that do not match their identity. Dysphoria can be triggered by external sources (other people’s comments, how you are treated) or internal sources (body image, unmet desires to sound/look/move a certain way). Dysphoria is one of the leading causes of self-harm, depression, and anxiety among trans people. |
| | misgendering | Being called by the wrong name or pronouns, being made to act in a gendered way different than what you want. This can range from simple microaggressions (accidental slips in language, backhanded compliments, passing glances, etc.) to more aggressive acts (being forced to wear certain clothes, being forced to perform gendered duties, being outed in a way that could lead to violence). |

TRANSGENDER, QUEER, and HORMONES

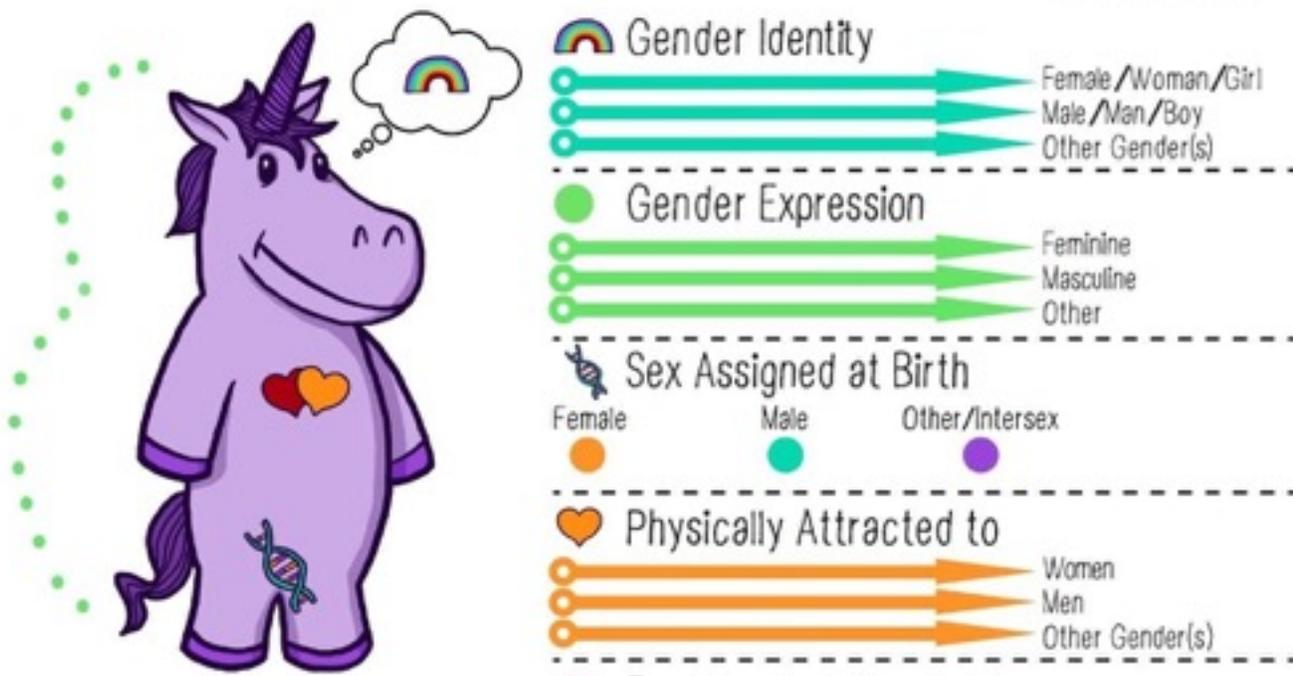
GENDER IDENTITY

Gender identity, especially for non-binary folks, is much more complicated than just checking boxes. Each of the characters in this piece is exploring their relationship with gender roles, and particularly modern examples of masculinity. For trans people, this is even more complex, as we grow up entrenched in one set of roles, and during transition are then exposed to a whole new set of roles. In many ways this experience allows a “double vision,” or the ability to see from multiple gendered perspectives, stepping in and out of various roles as we develop a sense for which roles suit our identities best. For trans-masculine folks, transitioning can mean a new set of male/masculine privileges. Even if the person doesn’t identify as male, being perceived as male is often enough to afford some of these privileges. Conversely, many trans-masculine folk struggle with finding positive masculine role models for themselves, as they remember the way many of these role models contributed to their disenfranchisement before they were seen as male.

Below is a chart that helps parse out some of the elements of gender identity. Though made for trans people, this chart works for all people. **Where do your characters fit on each of these spectrums? Mark on each arrow where your character would fall.**

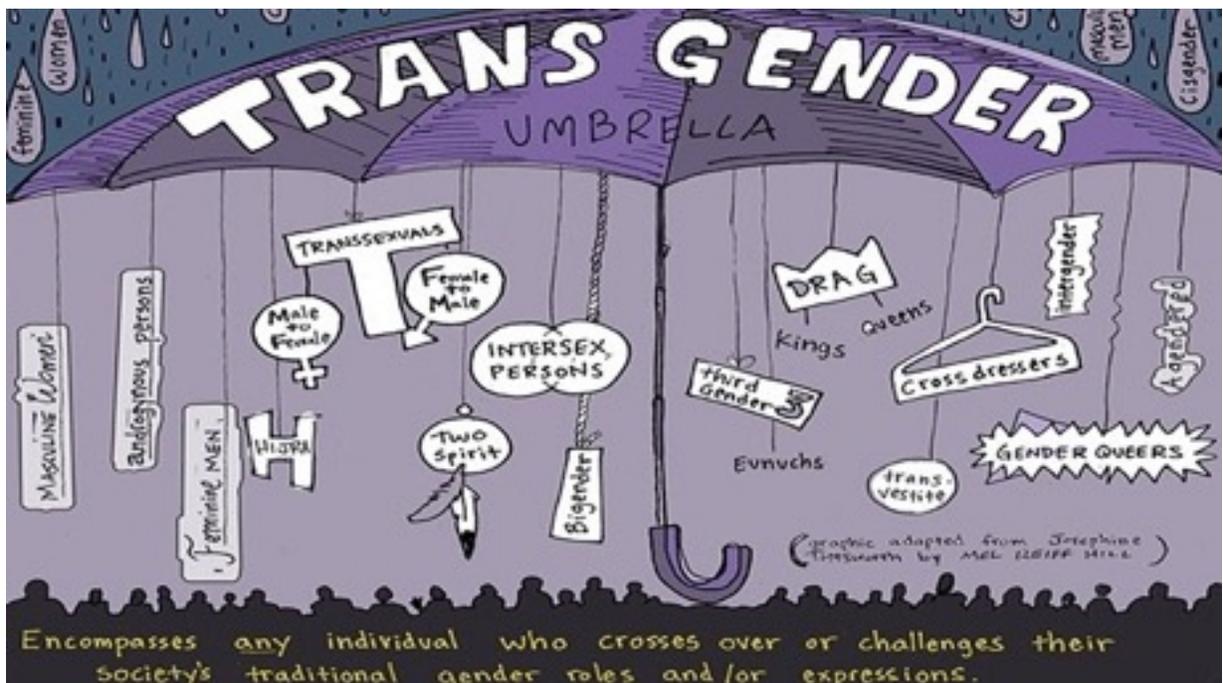
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



This chart differentiates gender identity from gender expression. Gender identity is how we feel about our gender in our minds/hearts. Do you know you are a man/woman/genderqueer person/ etc.? How? What makes you certain? When you think about your gender, what do you picture? Gender expression, on the other hand, is the way we show our gender to the world. Gender expression includes the way we dress, the way we talk (pitch, tone, and vocabulary), the way we move, the way we relate to others, and the way we perform gendered roles. Gender identity and expression come *from* a person, but they do not always match how a person is *read*. To be *read* means to be seen as a certain gender by outside observers. In trans-masculine communities, for example, many people describe having to “masc up” or behave more masculinely when around cis men, or having to act especially masculine when they feel their identity is being threatened or questioned.

- Does your character change their gender expression throughout the play?
- Does your character express their gender differently around different people?
- How does your character perceive of the genders of others? Does your character have beliefs about the right/wrong way to be a certain gender?
- Does your character change their expression to feel safe? to protect themselves? to fit in? to impress someone? to try out a new version of themselves?
- Does your character question other characters’ gender identities or expressions? Do they try to alter the gender expressions of others?



This image shows some of the many identities that exist within the trans community—all with different relationships to identity and expression.

PRONOUNS

Pronouns are a huge part of this play—it’s even named for one, *Hir*. Pronouns are an often fraught part of transition, as many structures (legal structures like IDs, organizations such as schools and jobs, and communities/families) resist changes in pronouns, and especially the use of non-gendered pronouns. But many cultures around the globe have historically had different relationships with pronouns. Though many people mock and refuse to use it, in Western culture, the use of singular “they” pronouns dates back at least to Shakespeare (and probably further). Pronouns are often the first and most common way others can acknowledge and affirm someone’s gender. Being called by the wrong pronoun can feel disarming, insulting, and can cause dysphoria. Below are some of the most common pronouns.

Pronouns 101

| Type | Name | Example |
|----------------|-----------------------|--|
| Feminine | She, her, her | She went to the store. I spoke to her. It was her apple. |
| Masculine | He, him, his | He went to the store. I spoke to him. It was his apple. |
| Gender Neutral | They, them, their | They went to the store. I spoke to them. It was their apple. |
| Gender Neutral | Ze, zir/zem, zirs/zes | Ze went to the store. I spoke to zir/zem. It was zirs/zes apple. |
| Gender Neutral | Ze, hir, hirs | Ze went to the store. I spoke to hir. It was hirs apple. |

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language.

- How significant are pronouns to your character? Has your character encountered gender neutral pronouns before?
- How would your character feel about being cisgendered (referred to with the wrong pronoun)?



I'm seeing Jeremy this weekend. They're going to take me skateboarding. Then I'm going to go with them to the movies.

Brittany brought me to this awesome concert! Ze is so fun. I can't wait to hang out with zir again.

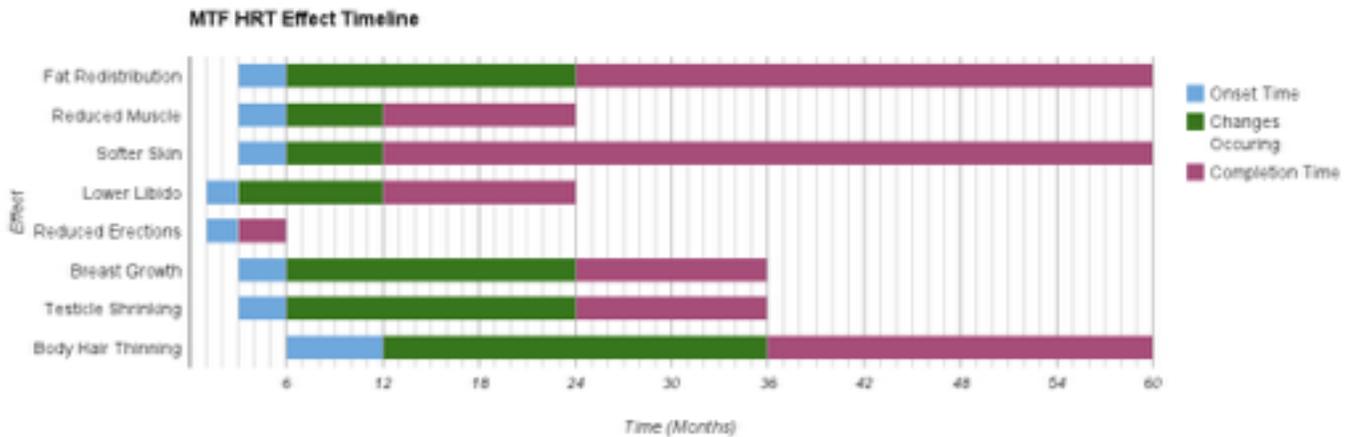


For more information, go to www.transstudent.org/graphics ▲

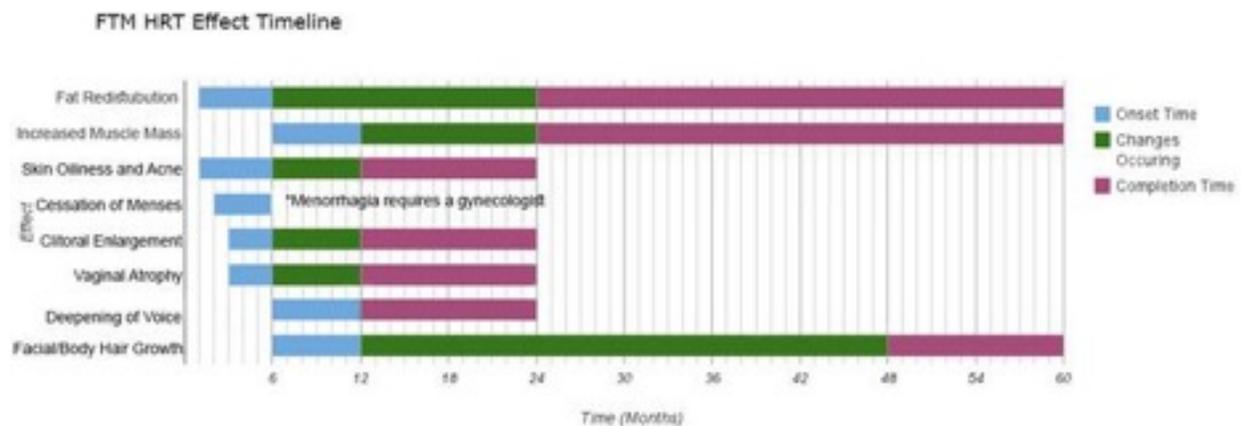


HORMONES

Hormones also play a role in this text, both for Max and for Arnold. Arnold is seemingly on a low dose of estrogen without mention of testosterone blockers, so the estrogen would have a much less intense effect on his body and mind. Below is a chart that shows the timeline of changes to folks who were assigned male at birth (cis men, trans women, trans feminine people, etc.).



What is most important to note is that with extended use, Arnold might have some fat redistribution, a lowered libido, and changes to his muscles and hair. These changes would be very gradual. Given his relationship with his penis, it's important to note that people on estrogen usually still maintain healthy sexual appetites, but some experience loss of erectile function.



Max is on a much more stable, presumably higher dose of testosterone. Above are some changes these hormones can make for hir. There is a lot of speculation about the emotional impacts of testosterone, and Mac even hints at the stereotype that testosterone is like taking steroids. While testosterone has a very different impact than steroids, this stereotype comes from the fact that taking testosterone can (in some cases) lower thresholds for pain, quicken temper, and alter physiological responses to emotions. This last point is important—people taking testosterone can still feel all the same emotions, but they might (unconsciously) physically display these emotions

differently. This can be alarming for the people closest to someone transitioning, but it is also confusing for trans people as they try to understand their new physical responses. For example, before testosterone, being angered might make your face hot, but now it might cause a tightness in your chest. While before testosterone you might have been able to cry at a hairpin trigger, you might find you can't cry as easily on testosterone. These changes are different for everyone. Some changes, like fat redistribution and changes to menstrual cycle (or cessation), are temporary and only last while the person continues to take hormones. Others, like voice changes, clitoral growth, are permanent.

- **What changes has your character seen to their new hormones? What changes were expected? What unexpected? How do hormone changes impact your characters sense of gender?**
- **What changes has your character noticed in others with new hormones? How do these hormone changes impact your perception of their gender?**

The process for taking hormones is different with estrogen and testosterone. For folks taking estrogen, the effects will be much more subtle unless they simultaneously take a testosterone blocker. Estrogen is usually administered through a pill or shot. Testosterone is much stronger and faster in changing the body, and does not require an estrogen blocker to be effective. Most people take testosterone through an intermuscular injection (relatively small needle, injected into large muscular areas such as the upper thigh or buttocks). The majority of people taking testosterone injections do so at home and inject themselves or have a friend do it for them. It requires very little training and is not very painful. There are no immediate side effects except some stiffness and possible soreness at the injection site.

The process for trans people getting on hormones is very complicated, and varies drastically from state to state. The national law is "Informed Consent" (passed in 2012), which states that doctors can prescribe hormones to any adults who have been provided all information on risks and effects and give their consent. This policy is rarely followed in actuality, and most doctors use the WPATH Standards of Care model which requires some level of therapy prior to hormones. The Standards of Care model usually suggests patients undergo 6-12 months of therapy, having their therapist write a letter when they are "ready" to get hormones. Many doctors even require (based on an extremely outdated model originating in the 1970s) patients to live a "real life test" for one year prior to taking hormones. The "real life test" forces the individual to live openly as their chosen gender without the support of hormones or surgery.

Max would also be in a unique situation as a non-binary person seeking hormones. Many clinicians refuse hormones for patients who do not intend to transition fully into one binary gender. Insurance companies as well often reject non-binary patients requesting transition coverage.

MORTUARY AFFAIRS, MILITARY, PTSD

MORTUARY AFFAIRS

Mortuary Affairs is responsible for a variety of tasks, ranging from paperwork to very traumatic close-up work with bodily remains.

Some of the tasks and experiences Isaac might have encountered on the job:

- Spending full days searching through debris after bombing/disasters/other large-scale deaths, collecting and cataloguing all body parts found. Noting where each item was found, condition, part of body, etc.
- Assisting in the identification of remains. Packaging and returning remains to proper channels.
- Assisting in the cataloguing of wounds. Describing state of remains. Photographing remains. So much paperwork.
- Entering active zones to collect a deceased person.
- Transitioning deceased persons from medical unit to mortuary unit.
- Procuring supplies to maintain the mortuary unit.
- Disposing of biohazardous waste. Liquid remains and remain materials that cannot be processed for return are disposed of.
- Depending on where he was stationed, possibly working in facilities with extremely limited supplies and/or makeshift spaces.

Several lower training personnel would be present for this work and usually work under a person with a medical degree, Forensic Science degree, a Mortuary Science degree, or higher training. Some narratives described having very few (or even just one) person with advanced training on a given base. One narrative described receiving only two weeks of training before being placed in the mortuary facility.

While I have not found a clear answer as to why the blender triggers Isaac, one possibility is that it sounds similar to a bone saw or a reciprocating saw, tools used to open bodies to examine cause of death and to remove remains from surrounding debris, respectively.

- **Why did Isaac choose Mortuary Affairs? What did he expect to be doing? What kind of training and support did Isaac have?**
- **Which tasks were part of Isaac's job? How does he feel about the various aspects of his work?**
- **How do other characters feel about what Isaac has seen/done?**

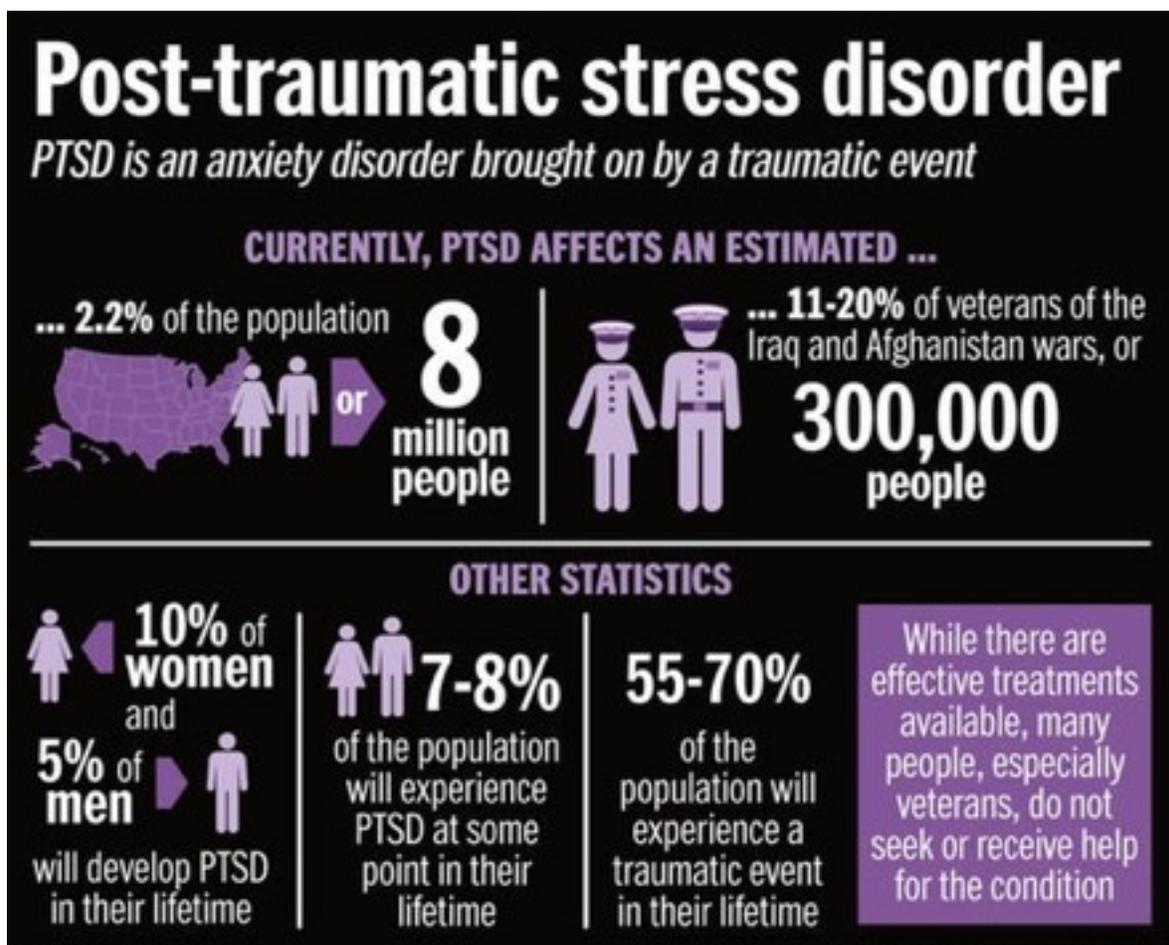
DISHONORABLE DISCHARGE

Dishonorable Discharge requires some level of court-martial, but not all court-martials involve a formal hearing. Once caught (and notified of potential discharge via written letter from a superior

officer), Isaac would have the choice of military or civilian lawyer. Given his financial situation, it is unlikely he would have been able to afford a civilian lawyer. Most likely, Isaac would have either signed the paperwork accepting the recommended action, or he would have met with a military-appointed attorney and proceeded through meetings with an administrative board. Given Isaac's context, it seems he probably was discharged in the process that would include Separation (conclusion of contracts, removal of benefits, return to home) but not repercussions (such as military jail, fines, negation of VA benefits). Prior to returning home, a formal letter would be sent to his next of kin.

EFFECTS OF PTSD

PTSD, or Post-Traumatic Stress Disorder is a broad category disorder that describes many different ways trauma can have long-term impacts on the brain and body of a survivor or witness of trauma. PTSD symptoms are usually broken up into four categories: 1. Reliving (triggering, flashbacks, nightmares, etc.). 2. Avoidance. 3. Arousal (attack response, being on edge). It can also be difficult to diagnose PTSD, since the symptoms can vary widely and the main criteria is simply that the symptoms are "disruptive" to daily life. Below are several common examples of symptoms.



SOURCE: Military Pathways

DESERET NEWS GRAPHIC

Some mental impacts include:

- Paranoia, distrust, fear, hyper vigilance, feeling jittery, jumpy, on edge.
- Flashbacks, nightmares, memory lapses, inability to interpret/process memories, invented memories.
- Depression, anxiety, suicidality.
- Difficulty communicating, difficulty expressing feelings, difficulty returning to previous tasks.
- Violent outbursts (verbal and physical), often associated with a prolonged sense of a “fight or flight” instinct. Difficulty deescalating confrontations.
- Drug and alcohol abuse.
- Emotional numbness, forced emotional numbness.
- Avoidance (of triggers, places/things associated with the trauma, emotions, contact, communication).
- Desire for control over aspects of life, usually repetition of a routine.

Some physical impacts include:

- Altered sleep habits: excessive sleeping, insomnia, only able to sleep under certain conditions, lethargy.
- Altered eating habits: loss of appetite, overeating, loss of taste or altered perception of tastes.
- Headaches, migraines, dizziness, fainting.
- Vomiting, nausea.
- Aches and pains without discernible cause.
- Tremors and shaking. Ticks. Unconscious physical responses like flinching.
- Self-soothing physical responses (rocking, holding self, burying head, etc.).

Isaac also has several traits that can exacerbate PTSD, including lower social and familial

- **What symptoms (listed or otherwise) is Isaac feeling and/or exhibiting? Which are noticeable to others? Which are kept to himself?**
- **How does Isaac feel about his mental health? How has mental health been discussed in his unit? His family?**

support, lower income (and thus lower access to proactive health services), and repeated exposure to stressor (continued work in Mortuary Affairs).

The diagnosis for PTSD is staggeringly low compared to the estimated potential number of veterans who fit the description. Much of this has to do with the language used in the military to discuss mental health and the fact that many service members have little access to mental health services once home. Stigma, lack of access, and lack of knowledge are the primary barriers to beginning PTSD treatment.

It is also important to note that many of these symptoms are common in service members who do not have PTSD, as many are effects of military training. Reintegration is incredibly difficult even

in those who do not experience traumas while serving. Marine training involves aspects of mental and emotional programming that are difficult to move past or reconcile with the expectations of daily life outside of the military. Effects include: confused relationships with authority, desire for order/repetition/control, and emotional distancing/numbing.



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- How has Isaac's military service altered his relationship to the hierarchies and power dynamics in his family?
- How had he imagined those dynamics before his service? How are they different now?

CYCLES OF ABUSE

CHILD ABUSE

The play describes several examples of Arnold's child abuse, and at least three which were so physically damaging that they required emergency room visits. The chart below describes some of the impacts of this prolonged abuse.



Common narratives of survivors of child abuse describe isolation from peer groups and social activity, difficulty establishing personal independence, self esteem disorders, and potentially continuing the cycle of abuse in their own relationships or with their children. Life stressors such as Arnold's loss of job and Isaac's enlisting often trigger heightened periods of abuse, particularly if Isaac had been the focus of Arnold's attention prior to enlisting. It is also likely that Arnold childhood included some exposure to violence as a means of communication, either being abused himself or witnessing a parent being abused.

In addition to the patterns we see in a cycle of abuse where a victim can become an abuser, there are also microcycles within one person's pattern of abuse. Abuse often follows this pattern: 1. Tension: walking on eggshells, avoidance, fear. In this stage some victims find themselves pushing boundaries, escalating and testing limits, while many others do the opposite and try to become invisible. 2. Violence: the outburst, physical or verbal attack. 3. The "Honeymoon" phase: the abuser is often apologetic, overly kind, or shows a total personality shift. Sometimes the abuser pretends the abuse never happened. The abuser might seek pity or try to win back favor. The abuser often finds ways to place blame back on the victims and uses this time to reinforce what behaviors will *not* result in violence.

- **What was Isaac and Arnold's relationship like prior to him enlisting?**

- **What was Arnold's pattern of abuse prior to Isaac leaving? After he left?**

These impacts are also exacerbated in households where the abuse extends to a parent in addition to a child. The chart below discusses some of these impacts.



BATTERED WOMAN SYNDROME

Some cases of prolonged wife abuse constitute what is called “Battered Woman Syndrome.” While Paige’s experience mirrors the criteria for BWS (prolonged physical and emotional abuse, extreme structure/rules to follow in the household in particular), her outward response during this

play differs widely from most BWS cases due to her unique circumstances with Arnold's stroke. She may have experienced some of these symptoms of BWS prior to his stroke. These include:

- Taking responsibility for the abuse. Desperately trying to fix her own behavior so as not to incur punishment. Low self-esteem.
- Fearing for safety, feeling jumpy or tense, always on edge, always trying to perform. Hyper vigilance.
- Believing the abuser is all-powerful or that they will seek retribution if the abuse is discussed outside the home.
- Avoidance of social situations, difficulty making friends.
- Trying to take on the brunt of abuse to protect children, or feeling guilty for the abuse children receive as if it is her fault.

These symptoms often mimic PTSD, and instances of violence can lead to PTSD.

- **What (if any) of these symptoms did Paige exhibit prior to Arnold's stroke?**
- **How did Arnold's stroke shift Paige's perception of the abuse (her ability to talk about it, her feelings about herself, etc.)?**

ABUSE OF PERSONS WITH DISABILITIES

Because abuse is a complex cycle, victims often become abusers, but it is rare for victims to become abusers to their former abusers. Arnold's stroke offers a unique circumstance in which the power dynamics in this abuse cycle shift dramatically. Taken out of the context of their previous family history, several of their actions towards Arnold are part of common types of abuse towards people with disabilities. These include:

- Control of medication. Using medication as a reward or punishment. Withholding medication that soothes or removes pain. Administering extra medication to make the person less combative, easier to maneuver or control.
- Leaving the person in their own waste. Exposing the person to dirt and filth due to neglect.
- Using the person as a source of a joke, putting them on display, exposing them to be mocked.
- Leaving a person who otherwise cannot care for themselves without care for prolonged periods.

Other examples of actions common in abuse against persons with disabilities that are not expressly described in this text include:

- Instigating sexual contact, rape, sexual assault.
- Refusing the person medical services, not taking them to the doctor, lying to the doctor about their pain/current status.
- Withholding or damaging assistive devices.

- Stealing from them, taking or destroying their property.
- Physically abusing them, often when the person shows a symptom of their disability (such as soiling themselves).
- Verbal abuse, similar to the physical abuse.
- Withholding food or providing subpar food/scraps/old food.

Often cases of abuse with persons of disabilities note an escalation of behavior as the abused person is unable to fight back/tell anyone and the abuser gets away with more intense abuse. Victims with developmental disabilities or traumatic brain injuries (such as strokes) often do not recognize actions as abusive or do not have the language to express their discomfort or seek help. Because of the necessary trust in a caregiver, often these victims believe their abuse is normal or part of regular care.

- **Which of the actions done to Arnold does he recognize as abusive? How much does Arnold cognitively recognize his circumstances?**
- **Which of these behaviors have Max and Paige developed towards Arnold? How did their treatment of Arnold develop or escalate post-stroke?**
- **What behaviors do Paige and Max think of as punishment/abuse/humiliation/torture and which do they think of as normal/acceptable?**

STROKES

There are a huge range of impacts of strokes on the brain and body. Often the stroke survivor experiences fluctuating degrees of these symptoms. Some of these symptoms can be slightly alleviated with assistive devices and medical treatment, but many symptoms are permanent. Because Arnold has had a severe stroke, I am listing both the more mild and more detrimental impacts here. Usually the physical impacts are focused on the opposite side of the body as the brain damage.

Symptoms of strokes include:

- Memory loss, fuzzy memories, fragmented memories.
 - Speech difficulties, both in the construction of fluid sentences and in the physical speaking.
 - Vision and hearing difficulty.
 - Slow sensory receptors (delayed responses).
 - Lowered filter, lack of inhibitions.
 - Paralysis on opposite side of body from damaged portion of brain.
 - Shifts in personality.
 - Difficulty in reading social cues, expressing emotions.
 - Difficulty self-soothing, problem solving, making logical leaps.
 - Incontinence.
 - Fatigue, apathy, lethargy, weakness.
 - Drop foot (dragging feet, difficulty walking without tripping/stumbling/catching toes on ground).
 - Spasticity (tightness of muscles, muscle spasms).
 - Lowered cognition (reasoning, thinking, judging).
 - Spatial problems that can cause bumping into things, tripping, falling. Poor depth perception.
 - Dizziness, headaches, fainting.
 - Nausea, vomiting.
 - Difficulty chewing and swallowing. Drooling.
 - Desire for simple structure, repetition, routine. Inability to adapt to changes, difficulty with complex feelings or social situations.
 - Overstimulation or sensory overload.
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- **Which symptoms is Arnold exhibiting? How have these symptoms shifted since is stroke?**
 - **How much is Arnold recognizing his stroke symptoms?**