Between Science and Conscience: The Crisis of the Self in Lucy Prebble's *The Effect*

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الملخص

تُعد مسرحية *The Effect* للكاتبة المسرحية البريطانية لوسي بريبل مثالًا مهمًا على المسرح المعاصر الذي يمزج بين الخطاب العلمي والإنساني في معالجة قضايا الصحة النفسية. تدور أحداث المسرحية في مركز للتجارب السريرية، حيث يشارك شابان في تجربة على دواء مضاد للاكتئاب، وتنشأ بينهما علاقة عاطفية، مما يثير أسئلة فلسفية وعلمية حول طبيعة الحب وحدود تأثير الدواء في العواطف الإنسانية. تهدف هذه الدراسة إلى تحليل تصوير الاكتئاب والحب في المسرحية، والكشف عن الصراع بين التفسيرات البيولوجية والإنسانية للعاطفة، مع تسليط الضوء على دور المسرح في تمثيل اضطرابات الصحة النفسية المعاصرة.

الكلمات المفتاحية: المسرح المعاصر، الاكتئاب، الصحة النفسية، الحب، علم الأعصاب، لوسي بريبل.

Abstract

The Effect by the British playwright Lucy Prebble is an important example of contemporary theatre that blends scientific and humanistic discourse in addressing issues of mental health. The play is set in a clinical trial center where two young men are taking part in a trial of an antidepressant; a romantic relationship develops between them, raising philosophical and scientific questions about the nature of love and the limits of the influence of medication on human emotions. The study aims to analyses the portrayal of depression and love in the play and to reveal the conflict between biological and humanistic interpretations of emotion, whilst highlighting the role of theatre in depicting contemporary mental health disorders.

Keywords: contemporary theatre, depression, mental health, love, neuroscience, Lucy Pribble.

Introduction

Transformation is inevitable; it arises from the need to redefine the boundaries of a new, fundamental image that succeeds the old one, through which human beings seek out everything new to adapt to their new way of life. The term 'transformation' is synonymous with 'evolution'; consequently, everything is in a state of constant transformation. This may be akin to the concept of performative transformations in a theatrical production, and the resulting directorial approaches concerning the structure of the performance, which extend to the text and its transformations through the use of events or situations. (Venn, 2020)

Consequently, different forms may emerge, depending on the challenge posed to the audience and a liberation from the literary text; through these, new mechanisms emerge characterized by a departure from the familiar and an exploration of the neglected in order to utilize new spaces, and to chart alternative dramatic patterns that reshape the theatrical performance in line with shifts in performative forms, through which the director seeks to break static and repetitive molds and embrace intellectual and experimental shifts that bring pleasure, relying on multifaceted interpretation.(Billington, 2012; Keath, 2014; Sierz, 2023)

As for the actor, these performative transformations have enabled him to achieve a balance that resonates with the nature of the circumstances associated with shifts in perspective such as the

'process' of adapting to the variables of reality and their causes by confronting them. Brecht emphasizes this when he says:

> "A person need not remain as they are now, nor should they be viewed as they are, but rather as they could be; yet this does not mean that I should put myself in their place, but rather that I should place myself in opposition to them so that they may represent us all. For this reason, theatre must make what it presents appear strange."(Brecht, 1964)

There are numerous examples, at local, Arab and global levels, which have opened up spaces enabling actors to create performative transformations with multiple meanings within a theatrical performance; these meanings may respond and change depending on the audience's participation and interaction with the event, Researchers in the fields of psychology, philosophy and literature have offered various definitions of imagination; some have viewed it as the ability to create new mental images; others have regarded it as a means of escaping reality; and still others have linked it to creative thinking and problem-solving. Given this diversity of definitions, it is clear that imagination is not merely a mental process, but rather a driving force behind creativity and innovation in all areas of life. It was against this backdrop *The Effect* was staged in 2012; a drama that explores the relationship between the brain and emotion through a clinical trial of an antidepressant. The play poses a central question: if love is linked to chemicals in the brain, can human emotions be considered genuine, or are they merely biological responses? The significance of this question lies in the fact that it confronts modern man with a philosophical dilemma concerning identity, free will and the limits of scientific knowledge. (Massumi, 1995)

Research Question

The research question is to examine how the play portrays depression and love within an empirical scientific framework, and to what extent it succeeds in critiquing medical interpretations that attempt to reduce human emotions to chemical reactions within the brain:

1. How is depression portrayed in the play?
2. Does the play present love as a human emotion or as a chemical reaction?
3. What is the nature of the conflict between the medical and humanistic discourses?
4. How did the playwright use the theatrical space to highlight psychological issues?

Research Objectives

1. To examine the portrayal of depression in the play.
2. To analyses the relationship between love and neurochemistry.
3. To identify conflicting intellectual positions within the text.
4. To highlight the role of theatre in discussing mental health issues.

Research Methodology

This research adopts a descriptive-analytical approach, examining the characters, events and dialogues, and analyzing the intellectual and psychological implications contained within the

play, whilst drawing on concepts from psychology, neuroscience and contemporary theatre criticism.

Theoretical Framework

Depression is not something that is easy to overcome; it is known as major depressive disorder or clinical depression. It is an illness that affects both the mind and the body, influencing the way a person thinks and behaves, and can lead to numerous emotional and physical problems. It is one of the most widespread illnesses in the world, and people suffering from depression are usually unable to carry on with their daily lives as normal, as depression causes them to feel a complete lack of will to live. Depression can affect all age groups, as it is not limited to any specific age, gender, ethnicity or demographic; however, some statistics suggest that more women than men are diagnosed with depression; this is because women are more likely to seek treatment than men.

1. Depression and the Fragmented Self

The symptoms of depression are varied and diverse; this is because depression manifests itself differently in different people. For example, the symptoms of depression in a 25-year-old may differ from those in a 70-year-old. Some people with depression may experience symptoms so severe that it is obvious something is wrong, whilst others may simply feel generally unwell or unhappy without knowing why. Loss of interest in carrying out normal daily activities. Feelings of irritability and sadness. A sense of hopelessness. **(**Barouta, 2024) Bouts of crying for no apparent reason. Sleep disturbances. Difficulty concentrating. Difficulty making decisions. Unintentional weight gain or loss. Irritability. Anxiety and restlessness. Excessive sensitivity. A feeling of tiredness or weakness. Feelings of worthlessness. Loss of sexual desire. Suicidal thoughts or attempts. (Mermikides, 2020).

There are cases where depression is so severe that it is essential for the doctor or someone close to the patient to closely monitor and oversee the treatment of the depression until the patient recovers and reaches a point where they can actively participate in the decision-making process. Most healthcare professionals treat depression as a chronic condition requiring long-term management, much like diabetes or high blood pressure. Whilst some people with depression experience only a single episode, for the majority, symptoms recur and persist throughout their lives. Proper diagnosis and treatment can alleviate the symptoms of depression, even when they are severe. Effective treatment can improve how people with depression feel within a matter of weeks and enable them to return to the normal life they used to enjoy before developing the condition. It is very important for the patient to play an active role in the treatment of depression; through cooperation and collaboration, the doctor or therapist can work with the patient to decide on the best and most appropriate type of treatment for the patient's condition. (Woolman, 2012)

2. Methods of Treating Depression

There are dozens of antidepressants available on the market, so the symptoms of depression can be alleviated by combining medication with psychotherapy. Most antidepressants are equally effective, but some may cause very severe and dangerous side effects. Many doctors begin treating depression with antidepressants known as selective serotonin reuptake inhibitors. A group of antidepressants known as tricyclic antidepressants. A

group of antidepressants known as monoamine oxidase inhibitors. All antidepressants can cause unwanted side effects, which vary in severity from patient to patient. Sometimes these side effects are mild enough that it is not necessary to stop taking the medication, and they may disappear or subside within a few weeks of starting treatment. Psychotherapy is also known as talk therapy, counselling or psychosocial therapy. It is sometimes used alongside and in conjunction with medication. Psychotherapy is an umbrella term for the treatment of depression through discussions with a psychotherapist about the patient's situation and related issues. (Venn, 2020)

To provide answers regarding the relationship between theatre and psychology, we must consider the specific characteristics and foundations of both fields together, so that the nature of the relationship between them becomes clear. The art of theatre is a realm of creativity, invention and playwriting; within it, the psychological, emotional and behavioral states of theatrical characters are brought to life and performed on stage through acting, imagination and embodiment, fully evoking the psychological and emotional nature of the dramatic character. On the other hand, psychology, as a theoretical and applied discipline, focuses on the study of human psychological, mental and emotional states; it provides the individual (human being) with a medical/therapeutic service that purifies the psyche of impurities and behavioral and psychological disorders. (Rose, 2007)

The field of psychology comprises theoretical and applied disciplines and sub-disciplines specializing in pathological conditions distinct from one another. Similarly, the art of theatre also encompasses artistic, technical and aesthetic elements, all of which contribute to the staging of a theatrical performance, ensuring that the production achieves its artistic, intellectual and dramatic objectives .From the above, the nature of the relationship between theatre and the field of psychology becomes clear; each field serves the other, for the psychological and behavioral nature of a theatrical character to be accurate and authentic, the playwright must be knowledgeable and well-versed in the field of psychology, so that their portrayal of dramatic characters is realistic and inspired by society. (Healy, 2004).

Psychodrama is a form of psychotherapy that seeks to achieve a range of therapeutic objectives for individuals (learners) suffering from psychological and behavioral disorders. The most notable of these are: Identifying pupils' problems and understanding their goals, needs and desires; making the pupil (who exhibits behavioral difficulties) aware of their inappropriate behaviors and replacing them with positive, socially acceptable behaviors. Providing opportunities for pupils (with behavioral difficulties) to express, emotionally and affectively, the psychological, emotional and social tensions they experience, which constitute an obstacle and a challenge to their healthy integration into society. (Kirsch, 2010)

Techniques such as self-dialogue, the mirror, role reversal, self-presentation, and the alternative purify the 'acting' pupil from within All these objectives and aims, to which the application of the educational psychodrama method aspires, are merely examples—by no means an exhaustive list—because the therapeutic goals achieved by psychodrama cannot be enumerated in this brief overview; but are mentioned merely to highlight its importance and effectiveness in behavioural therapy for those suffering from psychological, emotional and behavioural disorders.

The concept of love in the play is closely linked to the theme of depression, as Lucy Pribble does not present love as a separate emotional experience, but rather places it in direct contrast to psychological distress and pharmacological treatment. The play is set in a clinical trial center where participants are taking part in trials of an antidepressant, and during this time a romantic relationship develops between Connie and Tristan. From the very first moment,

questions arise about the nature of these feelings: is it true love, or merely a chemical response triggered by the medication? Thus, love becomes a dramatic device for exploring the nature of the human mind and the limits of science in explaining emotions. (Prebble, 2024).

This connection is further explored through the character of Dr Lorna James, who suffers from depression despite being a specialist psychiatrist. Whilst Connie and Tristan experience an emotional connection that gives them a sense of vitality and connection, Lorna experiences a state of emptiness, loneliness and a loss of meaning – some of the most prominent symptoms of depression. Through this contrast, the play suggests that love and human connection may act as a counterforce to the psychological isolation caused by depression; it also reveals that psychological suffering cannot be reduced to mere chemical imbalances, but is also linked to the human need for relationships and emotional belonging. (Cvetkovich, ,2012).

Ultimately, the play does not present love as a magic cure for depression, but rather as a complex human experience that intersects with the psychological and biological aspects of the human condition. The question posed by Rebbel is not limited to the nature of love, but extends to the nature of depression itself: if happy and sad emotions are linked to chemical processes in the brain, does that diminish their human value? Through this premise, the play emphasizes that love and depression represent two sides of the same human experience; both influence an individual's perception of themselves and the world, and both go beyond purely scientific explanations to reflect a deep need for meaning, connection and authentic human existence. (Ngai, 2005).

For many years, the subject of love has preoccupied numerous researchers in various scientific fields, such as psychology, sociology and neuroscience. Interest in the subject of love increased significantly in the 1980s, as some researchers arrived at different conclusions as to what love is. In an article entitled 'The neuroendocrinology of love', the Indian scientist Krishna Sisahadri wrote that love is an ancient combination of neurotransmitters and peptides (small molecules). He added that love goes through different stages, as different areas of the brain become active. Love begins following a special attraction between two people. This manifests itself through a sense of humor, laughter and a desire to talk to one another.

3. Love Depression And Identity Representation On Stage

At this stage, there is a strong focus on what one partner is doing, and each partner's positive qualities are magnified in the eyes of the other, whilst their flaws are overlooked. According to neurobiology (the science that studies life and living organisms), we are unable to do anything whilst falling in love, as there is a state of absolute emergency similar to that of nervous tension, but in a positive sense. The Indian scientist explains that the increase in cortisol levels (a hormone released in response to stress) in lovers is crucial in forming the kind of bond between them that they so desperately crave. Once someone has fallen in love, the intensity of their feelings is similar to the effect of drugs, because in both cases the brain's reward system is activated, we feel less anxious and our mood improves. Furthermore, there are no signs of depression. Feelings of love are also often accompanied by a strong sexual desire. (Fisher, 2015)

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Lucy Pribble sets out from the premise that love and depression are not separate states, but rather represent two opposing sides of the human experience. Whilst love fosters a sense of connection, belonging and hope, depression leads to isolation, a loss of meaning and emotional emptiness. The playwright places these two states within the context of a clinical trial, posing a philosophical question: can medication create love just as it alleviates depression؟ This idea emerges from the very beginning of the relationship between Connie and Tristan, as the doctors constantly wonder whether their feelings are the result of the medication or of genuine human attraction. (Willett, 1959)

Thus, love becomes a scientific subject to scrutiny, rather than merely an emotional experience“ Maybe this isn’t love” . This question does not deny love, but rather puts it to the test. Robert Sternberg’s Triangular Theory of Love, posits that love consists of three elements: intimacy, passion and commitment. According to this theory, the relationship between Connie and Tristan begins with passion and emotional closeness; however, doubt about the source of these feelings prevents the element of commitment from being fully realized, leaving the relationship suspended between reality and the effects of medication. (Sternberg, 1986)

On the other hand, Dr Lorna James represents the psychological heart of the play. She is a psychiatrist, yet at the same time suffers from depression, which creates a profound dramatic paradox. Preble does not describe depression as a passing sadness, but rather as an existential condition that affects one’s thinking, identity and ability to enjoy life. Lorna suffers from a loss of motivation and emotional detachment, and she is Ultimately, the play does not present love as a magic cure for depression, but rather as a complex human experience that intersects with the psychological and biological aspects of the human condition. The play does not present love as a direct cure for depression, but it suggests that human connection alleviates the isolation that is one of its most prominent symptoms. As Connie and Tristan grow closer, each feels better equipped to face their fear and loneliness. (Sierz, 2023)

However, Preble does not present this love as a happy ending; rather, she sows doubt at its very foundation, emphasizing that people need more than just fleeting emotions to recover from their mental health crises. This can be explained in the light of John Bowlby’s Attachment Theory , which posits that secure relationships provide a sense of psychological security, whilst their loss or the doubt surrounding them increases anxiety and depression. Therefore, Kuni’s hesitation to believe her feelings not only threatens the relationship but also deepens her psychological distress, because a loss of certainty leads to a loss of a sense of security: “How do we know what’s real?” (Prebble, 2012)

This inquiry falsehoods connecting love, misery and self. If we can change the way we feel with a chemical can we really trust our feelings? Rebble looks at the ideas of Antonio Damasio, a neuroscientist. He says that the way we feel is not the opposite of thinking. It is a big part of how we make decisions and who we are as people. *The Effect* shows that love and depression are not complete opposites. They are two things that can happen at the time and they both shape what it is like to be human.Love makes us feel like we have a reason to be here and that we belong. Depression takes that away from us. By putting the characters in a study Prebble asks a question that goes beyond medicine and gets into big questions, about life. Is a person a bunch of chemical reactions or do our feelings mean something more؟ The play does not give us an answer. It just makes us think about how our brain and feelings are connected. It makes us think about how science and being human are connected. (Culturebot, 2024)

The play shows Dr Lorna James as someone who represents depression in a way.The irony is that she is a psychiatrist who helps patients. She herself has depression. This shows that even if you know a lot about medicine it does not mean you are safe, from health problems. In a strong scene Lorna says 'I'm ill' (Prebble, 2012). It is a statement but it means a lot. She is saying that depression is a sickness, not just a weakness. Depression is something that Dr Lorna James struggles with. It affects her life as a psychiatrist. She knows about depression. Still she faces it. Lorna James is an example of how depression can affect anyone.This character can be interpreted in the light of Aaron Beck's cognitive theory of depression (1967), which posits that depression results from negative thought patterns known as the 'cognitive triad', comprising negative views of the self, the world and the future. This triad is clearly evident in the character of Lorna, who suffers from a loss of hope, a sense of helplessness and an existential void, despite possessing the scientific knowledge that enables her to diagnose the illness in others.

The play can also be understood in the light of the ideas of Antonio Damasio in neuroscience, who argues that emotions are not the opposite of reason, but rather form an essential part of thought processes and decision-making. The play does not reject the neurological interpretation of emotions, but it does reject the reduction of the human being to such an explanation, pointing out that the existence of a chemical basis for love or depression does not negate the authenticity of the human experience. This viewpoint is shown in the question that keeps coming up in ways all through the play " How do we know what's real?" (Prebble, 2012). This question is about love. It is also about what it means to be a person. The question of love is connected to the question of identity. Can a person really trust their feelings if a medicine can change the way they feel? The question is asking if our emotions are really our own when something, like a drug can alter them. The reality of love and the reality of identity are both being called into question here.

From the viewpoint of Medical Humanities Prebble gives us a look at how medical talk has taken over our understanding of what it means to be human. This is similar to what Michel Foucault said about the power of medicine which turns our bodies and minds into things that can be looked at and measured. In the play the laboratory is not a place where people do experiments. It also represents how science has taken over the way we experience life. Here feelings are not really felt they are just numbers and data. This means that emotions are not personal anymore they are something that can be studied and looked at. The laboratory shows us that science is, in charge and this affects the way we think about our lives and our feelings. Medical Humanities and the ideas of Michel Foucault help us understand this issue and Prebbles work is an example of this.

4. The Battle Of The Lost Self And The Regaining One

The play shows us that people have a time with their own thoughts and feelings. They start to question what is real and what is not . people have to ask themselves: " Are my feelings really mine?. Are they because of something outside of me؟" This is when the problem is not about being gruesome. It is about what's right and wrong. It is about who we're , we are scared of getting hurt. We are also scared that the feelings we thought were real might not be really ours. So it is true that the hardest fight we have is not with others. It is with ourselves. We doubt if our heart is really sincere. It is like what Bloomsbury said: The play is about what we think and feel. It is about what doctors can and cannot do. It is also about love and being loyal, to people we care about. (Prebble, 2012).

In this situation, the characters in the play are not just people with problems. Real human beings who are looking at themselves in a very honest way. This honesty is like a mirror that shows them what is really going on inside things like fear and desire and doubt and the need to feel like their life has meaning. When the characters think about what they have done they do not just think about what happened. They ask themselves if they were honest with themselves and others. They ask if they really chose to love someone or if they just reacted to how they were feeling. They even ask if the pain they feel is a part of who they're or if it is just something that is happening because of what is going on inside them. The play says that when people really look at themselves they see all the questions they have been trying to avoid. The play also shows that science can explain some things about our brains and bodies but it cannot always make us feel okay about what's happening.

The characters, in the play are people who are standing before the mirror of their conscience. They see not just their face but all the things they have been trying not to think about. The big problem is not about love and medicine but about understanding and what things mean. Doctors can tell us why we feel a way but that does not always answer what we really want to know: are my feelings real? This is where the characters have a lot of trouble. They are not just looking for a way to feel better they are looking for a way to know that their feelings are okay. Love is not about being with someone it is about figuring out what is going on inside. The problem is that people feel things. They are not sure why they feel that way. This is connected to how we think about health. It is not just about not being sick it is, about being happy and feeling good.

The mirror of conscience give the impression that when a person attempts to defend their genuineness before themselves. A person may be able to hide their confusion from others, but they cannot hide it from their conscience. The character does not merely ask: ‘Do I love?’ but rather: ‘Do I have a right to this love?’ Am I responsible for a feeling that may have been brought about by medication? And so the conscience becomes an inner court of law in which a person is simultaneously the accused, the witness and the judge. This can be expressed by saying: “In a moment of doubt, a person becomes their own adversary, and their heart becomes a witness that does not know how to defend them.”

This conflict makes the play a text about the contemporary individual who lives amidst a multitude of interpretations and a lack of reassurance. For the more science is able to explain emotions, the greater the individual’s fear of losing their inner privacy. The question is no longer: ‘What am I feeling?’, but has become: ‘Do I have the right to believe what I am feeling?’ Thus, the laboratory in the play becomes a symbol of the modern world that observes

and analyses humanity, yet cannot always grasp its essence. "The more a person tries to explain themselves fully, the more they discover that their inner self is vaster than any explanation."

Eventually, it can be said that the human skirmish in *The Effect* is a fight between the body and the conscience, between facts and armistice of mind, and between logical truth and emotive one. The drama does not refute the status of medicine, but it discards the belief that treatment alone is capable of defining a human being. Nor does it present love as an easy redemption, but rather as a examination that reveals the crumbliness of the self in the face of doubt. In *The Effect,* a person viewpoints not only before medicine, but before themselves; and before this mirror, the question is no longer: 'What has happened to me?', but rather: 'Who am I after all this has happened?'

Conclusion

Love and depression are things that happen in our brains and are connected to the chemicals in our bodies. Preble says that we cannot fully understand love and depression just by doing tests in a lab or taking medicine. The play says that people are not just made up of chemicals we have memories and experiences and people we care about that make our lives worth living. Love can give us hope when we are feeling depressed. It is not a simple fix. To really get better we need to understand all the parts of being a person like our bodies and minds and how we interact with the world around us and what life means to us. Love and depression are things that are connected to our brains and bodies but they are also connected to our lives and the people, around us.

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