

TWO PLAYS BY CLEM MARTINI

Forewords by Naheed K. Nenshi and Christine Brubaker

CANTATA & The extinction therapist

TWO PLAYS BY CLEM MARTINI

CANTATA FOREWORD BY NAHEED H. NENSHI EXTINCTION THERAPIST FOREWORD BY CHRISTINE BRUBAKER



Calgary, Alberta, Canada



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CANTATA

RUMOURS OF MY CRAZY, USELESS LIFE

FOREWORD BY NAHEED K. NENSHI

Dedicated to my family,
and to all the other
families struggling to
provide support
under difficult conditions.

ALSO BY CLEM MARTINI

The Comedian, 2019

The Untangling, with Olivier Martini, 2017

Upside Down:

A Family's Journey Through Mental Illness, 2015

The Ancient Comedians, 2014

Martini With A Twist:

An Anthology of Five Plays, 2012

Too Late, 2010

Bitter Medicine:

A Graphic Memoir of Mental Illness with Olivier Martini, 2010

The Greek Playwright: What The Ancient Greeks Have To Say To Contemporary Playwrights, 2009

The Blunt Playwright, 2006

The Judgment, 2006

The Plague, 2005

The Mob, 2004

Something Like A Drug:
An Oral History of Theatresports,
eds. Clem Martini, Kathleen Foreman, 1995

FOREWORD NAHEED H. NENSHI

Isaw Cantata: Rumours of My Crazy, Useless Life in the most 2022 way possible. I had been so careful during the pandemic. I had to be a role model. Not only was I a public figure, I also lived with an 81-year-old roommate, my mother, and had to be responsible to her. I had worked so hard to not get Covid-19. But I was fully vaccinated, things were looking better, and I had the chance to travel for the first time in a couple of years for work. Of course, I ended up bringing the virus home.

My mother and I each spent a few days pretty sick with Covid. I was feeling much better, I was testing negative—past the infections phase—and it was closing night of the new Clem Martini play that I really wanted to see. So, I masked up, sat far away from everyone else, or as far away as I could in the sold-out crowd. There were a couple of seats set aside for people who wanted to isolate themselves from others, again, very 2022. And I sat down and watched the show.

I was surprised at my emotional reaction. It was clear from the first few minutes that this story was not going to have a happy ending. Or not a conven-

V

tionally happy ending anyway. But more about that in a minute.

It put me in mind of Arthur Miller's *The Crucible*: the viewer can see what's going to happen and can feel the terrible momentum towards that end. But the viewer also knows there's nothing that can be done to stop it.

Nonetheless, there is beauty and intensity and humanity in hearing the story.

After the show, I wanted to leave quickly—with my mask on and all. But I also wanted to eavesdrop on the other audience members, to hear if they experienced what I did. Plus, my hands were shaking, and I wasn't sure I could drive quite yet. I ran into Brian Jensen, who played Dennis, outside on a lovely spring evening. I congratulated him on his performance, and he said that it was a great honour to be in the show, but he was glad the run was over. "It's just hard," he said. "I live in the character, but I also cry as someone hearing the story."

People often ask me why I love the theatre as much as I do. One of the answers I give is that it is always remarkable for me to experience art in the moment of its creation. Unlike, say, a painting that we can look at centuries after it was made, the play is made as we watch it. No two performances are the same. But a brilliantly written play, like this one, can allow for that creation in multiple ways. As perfect as the originating cast was (and it really was!), this

play allows, in its spaces and nuances, for multiple varieties of interpretations, each of which will bring something to the creators and the viewers.

I spent some time after watching it trying to unpack why this little show—four actors and a marimba, a simple stage and simple lighting—had such an impact on me. I mean, I am a single, middle-aged man whose mother lives with him, and the show had a lot to say about that very specific relationship and who is taking care of whom, but it's much deeper than that obvious connection.

All of us have families, in all their messiness. The family in this play is messier than most, but we can all see some of ourselves in it. Rooted in the real life experiences of Clem, his brother Olivier, and their mother Catherine, this story rings deeply true.

(The Martini brothers have also penned a book about their experiences, more autobiographical than this play, with the rather on-the-nose title of *The Unravelling: How Our Caregiving Safety Net Came Unstrung and We Were Left Grasping at Threads, Struggling to Plait a New One,* as a follow-up to their award-winning—I know; I presented one of the awards!—*Bitter Medicine.*)

In *Cantata*, Dennis has been living with schizophrenia for decades. He's unable to work, but he has created a full life for himself, taking public transit to various programs and activities that build his community. It all works because he lives with his mother,

Irene, who keeps the train on the tracks, with occasional assists from her other son, Martin, who is juggling his own life, and work, and family commitments.

Irene is 89. She didn't sign up for this. Her family members are not that long-lived, and she certainly didn't expect to still be taking care of her son, who has been living with her for 40 years, at this point in her life. And she won't go to seniors' programs, with the terrible coffee and all the old people. (Okay, this part is a little too close to my life!)

But she's starting to forget things. She's starting to fail. And it's all about to fall apart.

It's almost cliché to point out that the aging of our population is the most important shift facing our society now and that we have to come up with a new way to manage our system of caregiving.

Caregiving. An interesting word, that. Towards the beginning of the play, Martin is asked if his mother takes care of Dennis. "They kind of look after each other," he responds. "I live close by and help out." For me, this simple line of dialogue was one of the most devastating, and the heart of what the story has to tell us.

What does it mean to give care, and to take care of one another? Do we do it out of love, or duty, or commitment, or because we have no other choice? What about those who are paid, or rather underpaid, to take on some of the burden? Why do they do it? Do they have no other choice?

Cantata doesn't try to provide the answers, nor does it make any grand pronouncements about What Should Be Done. It just tells the simple story of a little family, in all its deep complexity, and invites us all to reflect on what it means for every one of our families.

And yes, the ending is certainly not traditionally happy in any way, but it's real. It's about life. It's about how we all live our lives. And it's about resilience, the power to move forward, since that's really the only direction we have.

Naheed K. Nenshi, 2023
 Naheed K. Nenshi is an avid theatre-goer.
 He served as Mayor of Calgary from 2010-2021.

INTRODUCTION CLEM MARTINI

In 1977, my seventeen-year-old brother, Ben, began experiencing delusions and hallucinations. His personality rapidly changed, and in the summer following high school graduation he suddenly adopted an uncharacteristically aggressive manner. Following a violent incident, he was seized by police, taken to the psychiatric unit at the local hospital, and confined. After a period of several months, he was diagnosed as having schizophrenia, prescribed the psychotropic drug, Stelazine, and released back to my family, where he promptly purchased a gun and killed himself in the basement of our home. My family never fully recovered.

I'm well aware of the high stakes associated with family caregiving.

In 1982 my next oldest brother, Olivier, began experiencing similar delusions and hallucinations. He received disturbing messages from the television and passing cars telling him that he was a worthless loser and should kill himself. Eventually he took that advice and tried. I drove him to the hospital where he too was diagnosed as having schizophrenia. Like Ben, Olivier was prescribed Stelazine, and released to return home.

For over three decades Olivier shared a condominium with my mother—they grew close and helped one another out in so many ways—and my family built a network made up of family and friends, psychiatrists and psychiatric

nurses, various psychiatric support groups, and of course, Olivier who contended each day with the side effects of the medication he took, the residual low-level paranoia he experienced, and the voices that continued to haunt him regardless of the amount or type of medication he took.

More than thirty years of survival judged by any metrics can be counted a success when it comes to schizophrenia, where the rate of suicide is so enormously high. (Twenty times higher than the general population according to the latest research published by the Centre for Addiction and Mental Health.) But what happens when the people in that network age, when the connective tissue begins to crumble and fall apart?

This play describes what can happen.

Our healthcare system relies on the many efforts of families offering assistance and sharing resources in this informal extended alliance, but the healthcare system fails to acknowledge the on-coming crisis as our population ages. It's not just one family that is aging and wondering how to proceed, but hundreds of thousands of families facing a similar predicament.

It was my mother's desire that she age in place, and for the longest time—until the wheels came off that particular car—my family attempted to ensure that both Olivier and my mother received care in the apartment they had lived in for decades. I enrolled in several international online courses regarding caregiving for those with dementia, as well as those suffering psychosis, hoping that I would be better equipped to help. I recall attending a chat room in one of the courses and receiving a message from a participant who wrote that she was in her eighties, had terminal cancer, and didn't know what arrangements she could take for her adult son who suffered from a mental illness and had lived most of his life with her. "Who will care for him now?" she asked. "Does anyone have any advice?" Another participant expressed a different perspective. He had coped with a severe mental illness as best he could for most of his life by living with his supportive parents, but his parents were now old and frail. How could he possibly care for them, he wondered, and what was he to do when they died?

There's a hard truth that contextualizes family caregiving, and that is that the options are limited. Back in the sixties and seventies protests were launched against the institutionalized care that had been provided for those diagnosed with mental illness. The large psychiatric asylums that had provided 'treatment' for those with mental illnesses for decades proved to be ineffective at best, and dangerous at worst. Neglect, and abuse, both physical and sexual, were found to be systemic. By the eighties, asylums had been shuttered, and the majority of long-term psychiatric beds at hospitals, closed. The considerable government funding that had gone into maintaining these facilities was supposed to flow into smaller community facilities that would assist with socialization and treatment. Instead, when the institutions were shuttered, the funds disappeared as well. For those coping with mental illnesses there were few places to receive care, and prison and homelessness became very real potential outcomes. Today, prisons are the number one caregiver for those with severe mental illnesses. It's not uncommon for individuals to receive their first diagnosis of a mental illness in jail, and their first treatment. The homeless shelters of this country are all oversubscribed by those struggling with mental illnesses.

Those suffering from dementia—one of the most prevalent mental disorders—are also some of the worst served, their care being systemically, chronically, underfunded and under supported. Because they are elderly, because they are viewed as being at the end of term and perhaps 'beyond saving', because

society finds them embarrassing, the resources provided for their care are particularly insufficient. Reports have been issued time and again (The Royal Society sponsored report, 2020, The Organization for Health Action's report, 2020, The Public Health Agency's report, 2019) indicating that care for the aged is miserably resourced. The Covid pandemic exposed just how poorly those with dementia have been cared for, and so many paid for this tightfistedness with their lives.

Providing care within a family may be the better option, but it's not easy. There's little medical support, little coordinated communication between health services, and unlike hospitals or asylums where when staff retires someone new is hired, the family caregiving model rarely has a transition plan.

I wrote Cantata as a way of raising awareness and reaching out to those that I know are struggling. I have intentionally written Cantata to be produced in a spare, economic, bare-bones manner. It requires little to be staged beyond space, lights, actors, a marimba, and determination. It can be staged, literally, anywhere.

When Cantata: Rumours of My Crazy, Useless Life was first produced by Sage Theatre, I attended nearly every performance. It was mounted in a small blackbox theater, with the marimba positioned maybe fifteen feet from the front row seats. The actors performed even closer—the experience was intended to be intimate. Seats sold well and houses were full, but it was apparent from the outset that we were drawing a different crowd: a raw, emotionally invested audience. People were frequently moved to an extent that they had to remain behind after the show ended to gather themselves. Audiences held hands during the show. Many people wept. Every night that I attended, once the curtain dropped, individuals sought me out to say, 'That story is our story too. We felt overwhelmed as well. We didn't know where to turn. We

couldn't talk about it with anyone. That happened to us.'

This play is dedicated to all those who are out there, coping as best they can, trying to care for loved ones, improvising solutions for the new challenges that emerge every day, feeling underqualified, facing judgment when they fail, on the phone to various over-subscribed government help lines where they are inevitably put on hold, or told to leave a message and then never receive a response. I see you. I wrote this play based upon my family's experience, not because I think my family is special, but because I know we're not.

—Clem Martini, 2023



L to R: Precious Akpoguma, Duval Lang, Rod Squance, Val Campbell, Brian Jenson

Photos throughout: Cliff Kirschhoff

CAST

Premiere Production Sage Theatre at C-Space Calgary, Alberta, Canada

Duval Lang— Martin Berenger
Brian Jenson— Dennis Berenger
Val Campbell— Irene Berenger
Precious Akpoguma— Psychiatrist/Counsellor/
Bank Manager/Nurse, Growling Patient

Jason Mehmel — Director

Rod Squance — Compose/Marimba player

Emily Parkhouse — Stage Manager

Calum Maunier — Designer

Workshop and Staged Reading Sage Theatre at C-Space Calgary, Alberta, Canada

VAL PEARSON— Irene Berenger
MIKE TAN— Dennis Berenger
LOUISE CASEMORE— Martin Berenger
JANELLE COOPER— Psychiatrist/Counsellor/
Bank Manager/Nurse, Growling Patient

Jason Mehmel — Director Rod Squance — Composer/Marimba player



CANTATA

RUMOURS OF MY CRAZY, USELESS LIFE

CLEM MARTINI

All sounds, voices, and music are produced by four actors and a marimba. Actors will adopt and shed other minor characters as necessary.

Time is fractured.

Cast

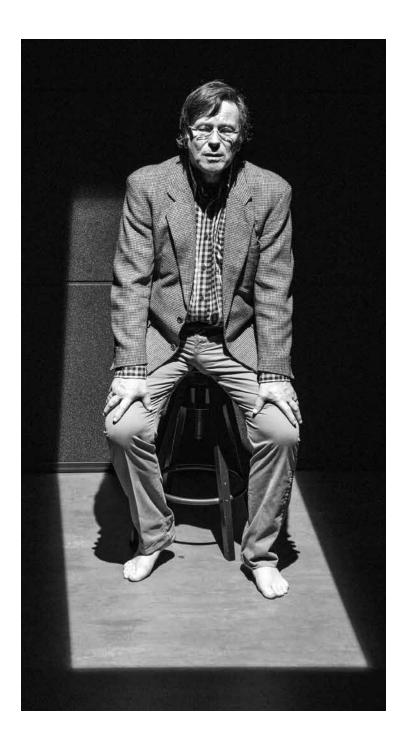
Irene Berenger: elderly, the mother of Martin and Dennis Martin Berenger: the younger son Dennis Berenger: the older son Psychiatrist/Counsellor/Bank Manager Nurse, Growling Patient

The actors are barefoot.
Their costumes reflect a simple, spare look.

Setting

The setting consists of three tall stools, and a marimba, on an otherwise bare stage. The stools are employed as the action requires, becoming car seats, hospital beds, walkers.

The marimba is fluent, at times expressing a score for movements on stage, other times articulating an activity—an elevator door opening, time passing, snowfall—and other times responding to a line of dialogue as though it was a character itself.



CANTATA RUMOURS OF MY CRAZY, USELESS LIFE

Act One

Darkness.

A faint, slight trill of the marimba is heard, ghostly, followed by the quick sound of something shaking...a rattlesnake? A maraca? A beat, then, still.

In darkness, the cast draws an extended intake of breath for a count of eight, then releases that breath in an abrupt puff.

Pause.

That cycle is repeated.

Pause.

It is repeated again.

Lights rise on Martin.

Another breath by the actors, and Martin launches—

Martin It's early and dark when the telephone rings.

(*The marimba indicates a phone.*)

I haven't had breakfast yet and am just set up at the dining room table looking over some notes.

(Lights rise on Irene as well.)

Irene Something is definitely wrong, I can't make

any sense of him.

(Lights rise on Dennis and the Psychiatrist as well.)

Psychiatrist (Speaking as she types an email) I'm blown

> away that he's been discharged without the unit first consulting me. I guess they at least had the courtesy of faxing me the discharge

summary.

He's been like that since he was released from Irene

the hospital the other day.

Can you hear me? Martin

Dennis, can you hear me?

(Slowly, deciphering what he sees) Dennis

There are words.

I can tell there are words.

But it is like I'm encased in Jell-O.

(As before) He missed his last appointment, Psychiatrist

> so I called him. He was clearly not himself. Unfortunately, I am out of the country for the

next three weeks, starting tomorrow.

Irene He stares off into space, doesn't respond

when I talk to him.

Dennis The words appear, just outside the Jell-O, as

bubbles I can't touch and don't appear to have

meaning.

Martin Dennis?

Dennis And it's strange.

> I don't know how long I have been this way And I don't know how long it will last, or if it

will ever end.

(As before) I will check my email daily, though, Psychiatrist

> so we can try to manage this and I will see him on my first day back. Worst case scenario, if he continues to decline please take him to ER and ask for a psychiatric hospital admission, and

we'll try to sort this out.

Martin Dennis, can you follow me? I'm taking you to

emergency. Can you follow me?

Dennis Yes.

(The musician begins playing the marimba, a

quick melody.)

Irene Hello?

Hello?

Hello. I've tried calling three times today and I can't get hold of anyone. Is there anyone that

can talk to—

Martin Mom

Hello? Is this the machine— Irene

Martin Mom, it's me.

Is it you? It's not the machine? Irene

Martin It's me.

Irene Well. Finally!

> I've tried calling ALL DAY—(the following conversation overlaps, as many of their future conversations will overlap.)—and zilch—

You called at 2:00— Martin

—all I get is the answering machine— Irene

Martin -2:00 and then at 2:15, 2:25, 2:35-

—I get so *lonely* sitting here— Irene

Martin -3:15-





L to R: Anand Rajaram, Brandon McGibbon, Richard Clarkin, Rebecca Northan, Karen Ancheta, Christopher Stanton.

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CAST

Premiere Production,
Opened January 27, 2023
Theatre Aquarius, Hamilton, Ontario

Christine Brubaker — Director
Josephine Ho — Stage Manager
Rebecca Northan — Woolly Mammoth
and Joan Moreau
Christopher Stanton — Tyrannosaurus Rex
Anand Rajaram — Smallpox Virus
Karen Ancheta — Nelson's Short-Eared Shrew
Richard Clarkin — Dr. Dennis Marshall
Brandon McGibbon — Glen Merrick
Scott Penner — Set Design
Logan Raju Cracknell — Lighting Design
Jennifer Goodman — Costume Design

Cast of Summer 2022 Workshop, Calgary, Alberta

CHRISTINE BRUBAKER — Director

Jane MacFarlane — Woolly Mammoth and Joan Moreau

Hal Kerbes — Tyrannosaurus Rex

Brian Jensen — Smallpox Virus

Kira Bradley — Nelson's Short-Eared Shrew

David Lereigny — Dr. Dennis Marshall

Stafford Perry — Glen Merrick

THE EXTINCTION THERAPIST

CLEM MARTINI

Despite the therapeutic backdrop, The Extinction Therapist must move briskly. Members of this unique support group suppress deep passions, and though they strive mightily to conform to the careful protocols of therapy and encourage one another, they are tinder and the slightest thing can ignite their buried emotions.

Cast

Dr. Dennis Marshall—The Therapist. Male. A sixty-something rationalist.

Joan Moreau—The Therapist's partner. Female. Of a similar age to Dennis, but perhaps slightly more right-brained. (Should be double cast with either Woolly Mammoth or Nelson's Short-Eared Shrew).

A female Nelson's Short-Eared Shrew—tiny and intense. When she speaks, it is in short, quick eruptions.

A female Woolly Mammoth—warm and expansive. A lover, not a fighter.

The Smallpox Virus—male, pale faced, arms wrapped in a strait jacket, cold and imposing. Sees himself as an Alpha.

Tyrannosaurus Rex—male, possessing an immense head and tiny forearms. Experiences anxiety issues.

Glen Merrick—The charming-despite-himself Minister for the Environment, male, should perhaps remind one of a young John F. Kennedy. Early forties.

Note: The play is intended to be performed by six actors.

Settings

The action occurs in Dr. Marshall's comfortable office (leather chairs, oak desk and shelving, subdued lighting, framed degrees, interesting knickknacks), which is attached to his home. An unseen anteroom is employed, just beyond the office, on the way to the outer door. The anteroom contains a coffee machine and a small refrigerator, and it is there that snacks and refreshments are accessed by Dr. Marshall's clients.

An intermission must be taken after Act One.

THE EXTINCTION THERAPIST

Act One

Scene 1 Darkness. The sound of wind and rain. A spot

of light warms and we discover Dennis. The clang of an alarm clock. A snippet of televised voice says, "...UN Climate Change Report Sounds Code Red..." followed by the eerie

chorus of Rolling Stones Miss You...

Shrew The frustrating thing...

Lights rise on a Nelson's Short-Eared Shrew seated/crouched in a comfortable leather chair. Across a desk from her sits her therapist, Dr.

Dennis Marshall in his chair, listening.

... is that I can do nothing. What can I do? I'm a shrew. Each day I'm famished. So hungry I can't describe it—(apologetically) it's my metabolism. Do you know that feeling?—that feeling where all you can think about is where your next meal is coming from? Where can I find my next meal!? All I want is a bite-sized frog or toad—and you never see them anymore. Amphibians. They're all gone. The number of times I've come across a frog in the last month I could count on one paw.

Dennis You're focusing on the things you can't do.

Shrew Yes.

Dennis We've talked about that.

Shrew Yes.

Dennis What kinds of things can you change to

make your life more pleasant?

Shrew Nothing.

Dennis Nothing? I don't believe that's what we've

talked about in the past.

(Pause)

What have we talked about?

Shrew I can't remember.

Dennis (*Probing*) There's nothing you can do?

Shrew No.

Dennis Not even small things?

(Pause)

Could you alter your diet? Are there things other than frogs that you find pleasant to eat?

Shrew Toads.

Dennis Other than frogs and toads?

(Pause)

Are there things other than frogs and -

Shrew Yes.

(Relenting) Insects.

Dennis Are there still insects available?

Shrew Yes.

Dennis Are there ones that you prefer over others?

Shrew Yes.

Dennis Could you choose to eat those more often?

Shrew I suppose.

Dennis What about your sleeping habits? Could you

make your den more comfortable?

Shrew I could shred more leaves.

Dennis Yes?

Shrew Use softer lichens.

I've got to say those are pretty tiny changes.

Dennis Lives are made up of pretty tiny things. Days

are made up of minutes.

Shrew Those changes will simply prolong my

survival.

Dennis Prolonging your survival is something.

Shrew So. Enjoy my lingering demise. Savor the

sweet melancholy of extinction. That's pretty

crappy advice. Do you get paid for that

advice?

Dennis If you savour each moment, each day will be

sweet.

Shrew That doesn't change the fundamental

problem.

Dennis And what is the fundamental problem?

Shrew I live within a limited range, and it gets

smaller every day.

Dennis That is not the fundamental problem.

Shrew My habitat is drying, and food is scarce.

Shrew That is not the fundamental problem.

Dennis The fundamental problem is always the same.

What *is* the fundamental problem?

Shrew *Yes*, so what is it?

Shrew

(*Lights down on the Shrew.*)

Scene 2 Lights up on the entrance to the office, as Dr.

Dennis Marshal meets with another client, Smallpox. This client is a tall, severe looking figure, his arms bound in a white strait jacket. He enters and surveys the office skeptically.

Dennis Can I get you anything?

Smallpox No, thank you.

Is this where you meet all your clients?

Dennis I operated out of a downtown office at

one time. It was bigger, but I found I

could develop a more effective therapeutic environment here.

It's large enough to hold private sessions as

well as run groups.

And of course, it's easier for me to get to the office when the office is my own home.

Please, sit down.

(They both sit. Dr. Marshal raises his coffee

mug.)

And the coffee is better.

Smallpox Why am I here?

Dennis Everything transitioning to a final chapter

> finds its way here eventually. Everything narrows until, at last, it is seated in a

therapist's office.

(Smallpox considers this.)

Regardless of time or distance? Smallpox

Dennis As far as I know.

(*Slight beat.*)

Smallpox What do we talk about?

Anything you like. Dennis

(Grunts) You handle many cases like mine? Smallpox

Dennis Every case has its individual nuance.

Smallpox What do you do for your clients?

Dennis We discuss feelings.

Explore strategies for coping.

Smallpox Really?

Dennis Yes.

(pause)

And how does that work for them? Smallpox

I've received no complaints. Dennis

Smallpox None? Dennis No.

Were you expecting some?

Smallpox What are your qualifications?

Dennis (Indicating the framed degrees) You can see

the degrees I've earned.

Smallpox I don't mean professional qualifications.

Have you ever had anyone close to you go

extinct?

Scene 3 (Dr. Marshall moves to meet his wife, who is

in a hurry.)

Joan I thought you were going to be ready.

Dennis I am ready.

Joan You're not. Throw your coat on.

You're going to be late.

Dennis I'm going to be early.

Joan How do you figure that?

Dennis The clock says—

Joan That clock in the hallway? It's broken.

Dennis Broken?

Joan Dennis, it's—

Dennis Why—

Joan —been broken for years.

Dennis —didn't you tell me?

Joan I thought you could read time.

Dennis I read the time. Apparently, the wrong time.

Joan You own a cell phone.

Dennis Yes?

Joan Can't you use it?

Dennis I don't much care for cell phones, really.

Joan What do you mean?

Dennis You have to reach into your pocket, rummage

about for it, drag it out, touch it to illuminate

it—

My God, you make it sound like you've been Joan

asked to scale Everest. It's your pocket.

And it's a waste of energy, the clock in the Dennis

hallway operates on renewable kinetic power,

generated by winding a key.

Joan It doesn't work. Dennis Well, not now.

You should chuck it. Ioan

Dennis It's an heirloom.

Ioan It's junk. It was junk when we got it.

Junk that lasted decades, pretty good junk. Dennis

It doesn't keep time, pretty bad clock. Joan Dennis Just drop me off at the train station.

What? I thought I was taking you and then you Ioan

were attending the function with me after.

Dennis Another appointment came up.

Why didn't you tell me? Joan

Dennis I forgot.

And you absolutely can't reschedule? Ioan

You know I can't. Dennis

I wish to goodness you would keep better Ioan

track of the things we agree we are going to do

together.

Now I'll just be that woman at the function, that woman at the function with no partner.

Dennis We'll have another function, our own real

function, not a made-up artificial function.

Fine, fine. Just, pinky swear or something, that Joan

you'll remember next time.

(*They lock pinkies...*)

Dennis Done. I'll remember.

(...and release.)

Joan Now *hurry* and throw your coat on.

(Exit Joan, as...

Scene 4 ... Dennis turns to attend to another client.)

Dennis You mentioned...

(Consults notes)

... certain 'concerns' in your phone message.

Glen Yes.

I'm experiencing... unpleasant feelings.

Dennis Can you describe those feelings?

Glen Worry, anxiety, fretfulness.

Dennis Do you have a notion about what makes you

feel worried, and fretful?

Glen My job, I suppose. Things to do with my job.

Dennis What about your job?

Glen There are others who are better at it than me

for one thing.

Dennis It's a big world. There are bound to be

individuals somewhere who are better than

you at your job.

Glen You don't understand, I mean there are people

who are better than I am at my job, *at work*. I'm the Minister of the Environment. And I'll tell you quite frankly, I am only barely on speaking terms with matters of this sort.

Dennis I see. But that's easily correctable, isn't it?

Glen I don't know that it is.

Dennis You could, return to school.

Glen I'm not sure I like the optics of that—Minister

of Environment enrolls in undergraduate

course. Can you imagine the kind of fun the press would have? "Minister receives failing

grade in Environment 101."

Dennis No one would have to know. You could do

distance learning.

Glen Between you and me, I was never much of a

student.

You don't have any drinks here, do you?

Water or coffee? Dennis

Glen I was thinking of an alcoholic beverage.

Dennis No. Glen Right. (pause)

Dennis What do you see as your principal role?

Glen I'm not sure I understand...?

Dennis What's the most important thing you do? Glen Well, I'm a politician, so I guess the correct

answer would be serve the people.

Dennis Right.

Glen Except, that's not the way it is.

Dennis No?

Glen No, God no, my biggest most important duty

is to lie to them.

Dennis Really?

Glen Look, the public don't want me to tell them,

your economy, your lifestyle, your jobs, all your jobs, all the things you've been doing every day, all the things you've trained to do, all the things you love, are intimately, inescapably connected to screwing the world over. It's you. You are responsible. You. Not them. Not the one percent. Not somebody



Professor Clem Martini is a celebrated playwright, novelist, and screenwriter with over thirty plays and thirteen books of fiction and non-fiction to his credit. His text on playwriting, The Blunt Playwright is employed by colleges and universities across the country. His books include Upside Down: A Family's Journey Through Mental Illness, the W.O. Mitchell Award-winning Bitter Medicine: A Graphic Memoir of Mental Illness and the Alberta Trade Non-Fiction Book of the Year Award-winning, The Unravelling. A passionate advocate on behalf of issues associated with suicide, mental-illness-related-stigma, and family care giving, Clem was a member of the Canadian Mental Health Commission, and has been an invited speaker at a number of conferences, symposia and health related gatherings. He is a Fellow of The Royal Society of Canada, a recipient of the ATB Financial Healing through the Arts Award, and a Professor of Drama in the School of Creative and Performing Arts at the University of Calgary.