Peter Brook, the theatre director, once told me in an interview that he had spent 10 years attempting to bring science to the stage. It was difficult, he said, because, at the level of the lab bench, science is essentially reductionist and devoid of emotion and drama. He thought of treating the theme biographically, but decided that scientists are not interested in themselves apart from their science (a notion contradicted, I think, in Michael Frayn’s *Copenhagen* where the ethical and political conflict between the atomic physicists Niels Bohr and Werner Heisenberg during World War II is portrayed).

In the end Brook decided to dramatize neurological illness, after being impressed with Oliver Sacks’s book *The Man Who Mistook His Wife for a Hat*. The reason, he said, was that in neurological case histories one sees the ‘wayward molecules meeting the essential human being’. The production that ensued—*The Man Who*—was a remarkable dramatization of essential humanity surviving and even thriving despite serious neurological conditions.

The play ran into problems in rehearsal, as it happened, for Brook was insistent that neurological symptoms, such as visual agnosia, should be understood at a deep and highly accurate level by the actors and director. In the case of *The Man Who*, he was dissatisfied with the cast’s ability to render accurately the different neurological conditions based on the available symptomatology in the book.

I found myself recalling Brook’s struggles with dramatized neurology while watching a performance of *Duet for One*, by Tom Kempinki at the Almeida theatre in London. A world-class concert violinist, Stephanie Abrahams (Juliet Stephens), has been struck down with multiple sclerosis (shades, obviously, of the tragic fate of the cellist Jacqueline du Pré). Stephanie is sufficiently advanced in her condition to be wheel-chair bound, although she can still walk uncertainly for a few feet, before falling over. There are no neurologists in *Duet for One*: they are deemed to have done all that they can—which is to conclude that she will just get worse.

She has evidently been in a ‘low’ mood, so her husband, a famous composer called David Lieberman, has found her a therapist, one Dr Feldman (Henry Goodman). Feldman is apparently an aficionado of classical violin music (we get to hear some of it between scenes), and it is assumed that he will have special empathy for the stricken violinist.

The scene is set for a series of six meetings between the patient and therapist. Feldman borders on a caricature of the prototype Hampstead shrink: goatee beard and an accent reminiscent of Peter Ustinov’s Hercule Poirot. The question, at the outset for patient and audience is, ‘Why would Stephanie not be low?’ Stephanie makes it clear, with much brittle chit-chat, that she is coping fine, and that the only reason for keeping the appointment is to please her husband.

Not only does Dr Feldman decide with undue haste to medicalize her obvious ‘lowness’, but he prescribes, with equal haste, an antidepressant. So what is Feldman up to?

He tells his patient that he is not a psychoanalyst, although, in view of his attempts to delve into her psyche and past, he is definitely not offering cognitive behavioural therapy nor is he...
a typical psychiatrist. Feldman also has some mildly irritating mannerisms—scribbling in a little black book, mint sucking and shoe scrutinizing—habits that Stephanie throws in his face when she eventually has a tantrum, unnerved by his awkward silences, his interruptions and most of all his devastating questions about her past and her marriage.

As the plot unfolds, it is not so much the specific illness, multiple sclerosis itself, that is in question, as its effects: the disruption of her life, the wrecking of her career, the threat to her marriage, the undermining of the entire meaning and purpose of her life. In this sense the play is emphatically not documentary in the Brookian sense—where neurology meets personality. Her illness might just as well have been motor neurone disease, Huntington’s, or any disease or accident involving creeping paralysis. The play, it turns out, is about her deeply buried desire for suicide, because she believes that her life is no longer worth living. This, of course, locates the theme of the play (originally staged in 1980) in the ambit of current debates over arranged suicides. There are also distant resonances (we assume that Feldman is Jewish) of the dark ‘life not worth living’ principle that was the original impetus for Nazi policies of racial hygiene.

In the play’s second half, a powerful struggle takes place between therapist and patient as Stephanie puts up one smoke-screen after another to hide her hidden desire to do away with herself. Feldman, meanwhile, is attempting to find analytical parallels for her ‘to consider’. These are thrown to her like lifelines: the previous relationship with her doting mother, who died young; her brutal music-hating father; the reason she never had a child; her relationship with her husband, and how it relates to that with her father. These ‘considerations’ seemed to me contrived, imported from textbook analytical cases, rather than emerging naturally from Stephanie’s character. But there are hilarious, and compelling moments to dispel the pedestrian atmosphere of couch syndromes when Stephanie turns the tables on Feldman with acidulous parody of his therapeutic antics. One such episode has her pretending that she is having an affair with a scrap-metal merchant, so as to give Feldman the impression that all she needs is a bit of distraction.

Feldman’s final impassioned plea—that she should find new purpose in her life—comes across as neither an analytical cliché nor abstract ethical finger-wagging. It is sheer passion. He roars and rages, urging Stephanie to work with him, to fight with him. She does not respond, giving the impression that her struggle is a solo and not a duet, thus leaving the element of uncertainty in the air.

If I have reservations about Duet for One, it is the potentially misleading assumption that patients in Stephanie’s predicament, devastating as it is, are likely to harbour hidden suicidal tendencies. In this sense the central driving force of the play does not follow from the premise, and we never get to know Stephanie or Feldman sufficiently well to grasp a necessary connection between their characters and their personality traits—consciously or subconsciously.

Duet for One is nevertheless thought-provoking, with moments of gripping suspense and dark humour, leaving this writer with several central questions, raised by the play’s action but by no means settled. Should we criminalize patients who opt for suicide to escape unbearable suffering? Should we treat them as depressives and accordingly apply antidepressants and talk therapy? Or should we simply regard them as tragic victims of life’s vicissitudes allowing each, legally, to take a noble and justifiable way out of the predicament?

Duet for One certainly maintains that the patient is a suitable case for treatment. The problem with this option is that it appears to deny the free, moral agency of the character: Stephanie is mentally disturbed. By the end of the play, however, we find mental illness and freedom of action to be beside the point. Feldman uncovers a love of death, instead of a love of life. To ‘cure’ that condition is a truly hard and hazardous undertaking. And the play ends at the very moment that the task commences. It is a play from which you take much away, not just for the rest of the evening but far beyond.

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