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Myth, method and masturbation: the hysteria of woman's sexuality, a one-person play

Josephine Hall

Louisiana State University and Agricultural and Mechanical College

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MYTH, METHOD AND MASTURBATION: THE HYSTERIA OF WOMAN'S SEXUALITY,
A ONE-PERSON PLAY

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Fine Arts

In

The Department of Theatre

by

Josephine Hall

B.A. (Hons), University of Birmingham, England, 1988

A.A.S., Bel-Rea Institute of Animal Technology, 2007

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ABSTRACT

The assigned task was to create a one-person play of approximately 20 – 45 minutes in length. There were no other guidelines to follow. Having never performed a solo play, I found the assignment somewhat daunting. My first challenge was to overcome my basic dislike of solo performances. However, during the process I found new appreciation for such works. I was rather overwhelmed when trying to find a suitable topic for my piece until I came across an on-line article entitled “Vaginas with teeth – and other sexual myths”. This spurred me to create the one-person play **Myth, Method and Masturbation: The Hysteria of Woman’s Sexuality**. My research led me through the history of women’s sexuality, and I was astounded by some of the things I read. I amassed a plethora of material and had to find a way to tie it all together. Our initial presentation of this material was a 10-minute performance. This time limit helped me to contain the information presented into a specific time period, taking the form of a Victorian woman telling her story to the audience. The initial performance was well received, so I pursued this subject matter to create my thesis performance. I had to find a way to make it less narrative and turn it into a more active play. I needed to discover why this woman was talking to the audience and what she needed from them. I also had to figure out what I wanted to achieve as an actor. The final script presented an amusing, moving, and thought provoking story of one woman’s sexual journey. Using only physical and vocal choices to distinguish different characters, I incorporated several people of her acquaintance and presented them on stage to emphasize certain moments in her life. The audience was responsive to the material, and many people expressed a desire for me to expand the project further, which I plan to do in the future.

CHAPTER 1: INTRODUCTION

In order to complete the Master of Fine Arts degree in acting, we are required to produce a written thesis paper. To make this more applicable to our particular field of study, George Judy, the head of our program, challenged us to create a one-person play that we could later use in our professional careers. Although the performance element is not required by the university, the creation of it became the subject of the written thesis. Consequently, this paper focuses on the development, performance, and future possibilities of my one-person play: **Myth, Method and Masturbation: The Hysteria of Woman's Sexuality.**

There were no specific guidelines for the format of the play. As the creator of the piece I was limited only by my imagination and my fear of inadequacy, something that I believe most creative people suffer from to some degree or other. One thing I did take into serious consideration was how this project would be useful to me after graduation. I did not want to produce something that would only work in the university setting or only appeal on the written page. My degree is about performing, and that was what I was determined to focus on. I also wanted to keep the project simple in terms of production elements so that if I wanted to perform it elsewhere in the future, I could do so with minimal technical assistance.

In order to create something that would reveal the essence of who I am as a performer, I had to consider my strengths as an actor. Some actors work best from a physical basis and may produce more abstract material. Personally, I revel in the spoken word so I knew that the text would be the main focus of my project.

I have never considered myself a primary creator, someone who creates something from nothing. A very talented actress I know, Alice White, begrudgingly describes actors as secondary creators. We are interpreters of material. We are the link between the creator and the audience. In general, this is where I have confidence in my ability. I can bring the scripted word alive. However, in this project, the great challenge was to bring my own words alive.

So began the journey of creating a one-person play that I can produce in the future, wherever my adventures may lead me.

CHAPTER 2: THE CHALLENGE

When first assigned the challenge of creating a one-person play, my initial reaction was a mixture of fear and loathing. I had never before performed in any one-person play and, furthermore, had never had the desire to do so. My past experience of solo performances from the perspective of an audience member was one of professional appreciation at best and in general, merely tolerance or even dislike. In the past, the whole event of solo performance has either struck me as somewhat egotistical (on the side of the actor) or somewhat cheap (on the side of the producing organization). I feel there is a fine line between a stand-up comic and a solo actor, the first holding little appeal to me unless performed with the utmost skill. I feel the individual personality of the comic is the most important element in whether he is successful or not, and this basic personality does not really alter even when the material changes. However, acting requires a different skill set. Of course the personality of the actor makes a difference in a performance. After all, one actor's interpretation of a role is always different from another's. However, acting is so much more than entertaining on a superficial level. It requires constant subtle variations and exercises all shades of the actor's personality, not just the strongest, or even the most popular. Acting is about deep human communication, not only between actor and audience, but also between actors who share the stage. These relationships, witnessed and shared by a live audience, is what makes theatre such a powerful medium.

The excitement of human interchange is what I find most appealing in theatre. When skillful actors work together, there is a feeling that anything can happen. Put a well-written, well-rehearsed play into the hands of actors who know each other well, and trust each other implicitly, and you discover a world where anything is possible. There is a constant movement of give and take, communication not only through verbal language, but through every movement, every breath even. Skillful actors respectfully push each other's limits. They work in a dangerous world of total freedom that exists within defined limits. It is a world created through rehearsal and initially guided only by a script. So what happens when you remove one half of the communication by removing the other actors from the stage? Then the audience must become the new partner, and the audience has not read the script nor rehearsed their part. They do not even understand the world that is being created before their very eyes until it has already been built.

When an actor stands alone on stage, especially without many props or fancy effects to rely on, all she has is the script and her personality. That, in itself, is a terrifying concept for me as a performer. Every actor I know lives with doubts about how interesting they are as individuals. One tool of acting that alleviates this problem is something every good director and teacher encourages all actors to do: focus on the other people on stage and do whatever you can to change them in some way. For the actor, the focus is no longer the self, but the other actor(s). In a solo performance, this action must become all about changing the audience in some way. The scary and yet exciting part is that the audience does not have to respond in any particular way.

A successful solo actor creates a specific relationship with the audience and uses the energy of the audience to feed the performance, so that it makes the next moment of the script

essential. The challenge then becomes how to create a script that invites the audience to respond in such a way that the only option is to continue the performance as written. It is important to understand exactly what you need from the audience and how you intend to pursue it. Suddenly, the new challenge begins to seem a lot like the challenge facing every actor in any given performance: discover what you want and find a way to get it.

One of the dangers of writing a solo script is that the words can lack immediate action. Telling a story involves reciting a narrative. The audience may enjoy hearing the story, but the need to tell the story is not necessarily clear. The narrator is somewhat outside of the story, not truly involved. For an active solo piece of theatre, the writer must find a reason to be sharing those specific words with the audience at that moment in time. The writer must imbue those words with a real need. This is one of the hardest things to remember when creating something from nothing. A story is one thing, an active play is another.

That said, it is important to remember that without an interesting story, no-one is going to care about what is being said. To begin writing, it is important to find something one is passionate about. This “passion” does not have to be a long term desire. It can be as simple as an idea that sparks the imagination in such a way that, with work, the material grows into something greater. Once the story is formed, even as a general concept, then the playwright must find a way to turn it into action, otherwise it remains just a story.

The concept of “What does the actor want and how are they trying to get it?” made me think about what appeals to me both as a performer and as an audience member. One thing stood out for me: I love to laugh and I love to make other people laugh. Here was my first objective regarding my forthcoming project: I wanted to make the audience laugh. I knew this would not be the only criteria. After all, I am not a stand-up comic! However, whatever the final result, laughter would be an essential ingredient.

I proceeded to look to my strengths as an actor. My appreciation of language and enjoyment of the spoken word was something that would most certainly be at the center of my play. Even though I did not consider myself a writer, I knew I had to find source material that would inspire me to create a script of words, thoughts, and ideas that I needed to share with the audience.

Beyond these vague thoughts, I had little to no idea of how to proceed. I had lots of doubts about myself and my ability to create something worthwhile, but I was determined to turn this into something more than a requirement for my degree.

CHAPTER 3: INSPIRATION AND SOURCE MATERIAL

During the summer of 2009, I came across an on-line article by Brian Alexander entitled “Vaginas with teeth – and other sexual myths”. It made me giggle. I could hardly believe what I was reading. I had heard some of these myths in the past, but to read them all together, alongside some that I had never heard, was highly amusing to me. The myth that stood out most was, “Girls who have followed masturbating habits ... are apt to be flat-breasted”¹. This prompted several amusing discussions among friends of mine, and I started to form the idea of using this material to initiate my one-person performance. My research led me to a book written by Alexander and other books that he had cited in his on-line article, but it was *The Origin of the World: Science and Fiction of the Vagina* by Jelto Drenth that truly opened the door to how I could use this material in performance.

In the same way Alexander’s article had fascinated me, Drenth’s book took me on a journey that amazed, amused, and, frankly, shocked me. Women have been the object of sexual discussion since the beginning of recorded history, and I am not talking about erotic discussion. Dominant patriarchal societies have tried to understand why women behave the way they do, creating elaborate theories about the female body based on skewed male perceptions. Women have frequently been considered the inferior sex and, at times, considered almost a completely different breed from man. Even today, we refer to men coming from Mars and women coming from Venus. Throughout history, the concept of “Woman” has so terrified men that society developed ways to belittle and betray women into fearing their own sexuality. Even today, when many women claim sexual liberation, I fear that so much history cannot be ignored, or even defied.

During my research, I found source material from Plato and Hippocrates, to Freud and Nietzsche, examples of which can be found in the final script. Modern technology provided some very interesting information. For example, I read about a pregnant mother who had just watched an ultrasound image of her baby girl masturbating in the womb². Surely this incident alone proves that masturbation is indeed a natural act, despite many claims to the contrary. The foibles of human nature also provided some fun facts that could possibly be included in my play. For example, in September 1996, British women were invited to insure themselves against fertilization from extraterrestrials; 300 women took out this policy³.

The suppression of sexuality through religious doctrine was a recurring theme throughout my research. The Catholic Church, in particular, provided a wealth of material, or maybe it just stood out to me because I was raised Catholic. I could possibly include something about the childless Catholic couple who had learned of the Church’s solution to avoid the sin of masturbation when harvesting sperm for in-vitro fertilization. According to the Church, the couple could have intercourse using a condom, with no spermicide, that had holes poked in the end. This would allow for natural conception if God so wished, while, at the same time,

¹ Alexander par. 17

² Drenth 48

³ Drenth 103

capturing enough sperm to be used in the laboratory⁴. I considered using many extreme and often ridiculous stories as material for my play. However, I also found some religious and societal customs that I knew would not find their way into my final script. Even though I intended to delve into some darker moments in my play, I could find no humor in barbaric procedures such as clitorrectomy.

Some of the research had me wondering what tone my piece would take. Some of the more shocking elements made me want to rant and rave, but I knew that would not achieve anything. Shocking elements must be handled with care. Nothing can be achieved if all you do is completely alienate your audience. I wanted to prompt discussion, not riot.

⁴ Drenth 119-120

CHAPTER 4: THE 10-MINUTE PRESENTATION

The first incarnation of the script was a result of our Performance Theory class, a practical assignment to create a 10-minute solo piece. This was a chance to discover if we were on the right track for our thesis project or if we wanted to change course completely. During the semester we had discussed a variety of modern performances including some solo pieces. My initial idea was influenced by works we had discussed in class. Many of these pieces had included a variety of technology, and so I contemplated including some sort of technical addition to my play possibly in the form of a projection screen. I tried to imagine the best way to present my research material within the framework of a performance. Initially I imagined a variety of images around the stage, various works of art and also medical diagrams referenced in the research. These could either be displayed throughout the whole piece as set dressing or I could use a projector to bring up certain images as I discussed them. However, as the play started to take form I realized that I did not need these things around me. Part of my inclination to use them possibly stemmed from my fear of being alone on stage, believing it would be more interesting if people had something else to look at other than me. However, the loneliness of the central character would become an important element of the play.

So I then had to figure out how to piece all this information together. I thought maybe I should create different women, each with a peculiar problem or issue. This would allow me to incorporate a variety of issues with the freedom to jump from one time period to another and also mix women of totally different backgrounds. There was certainly a wealth of material that I could include, but I needed to find a through-line that would tie everything together into a cohesive performance.

One character that was able to incorporate a wealth of material took the form of a Victorian woman. I would have to be deliberately vague about the actual year in order to allow the inclusion of certain elements, for example Freud's writings, but the Victorian personality would give the right setting and attitude for much of the information. As I compiled the information that I wished to include in my piece, I came to the realization that ten minutes is actually not a lot of time, and so I focused on using those ten minutes to explore the character of the Victorian woman. This allowed me to find her through-line to create the basic story.

The result was a script set in a doctor's office. The only character that the audience sees is the Victorian woman awaiting some sort of procedure. It is not until the end of the piece that we discover she is about to undergo a hysterectomy purely for the purpose of curing her hysteria, a very common "disease" during this time. I decided that this character had done a great deal of research into her condition, so was able to quote some notable historical figures such as Plato, Hippocrates, and Nietzsche, and even some less widely known ones such as Tissot, Paré, and Galen. I wanted to include direct quotes where I could to show the widespread beliefs that were presented as fact by what the world considered experts, not just in their own time, but, in some cases, for hundreds of years into the future.

CHAPTER 5: THE 10-MINUTE SCRIPT

What follows is the script that I presented as the practical assignment for the Performance Theory class. I include it here to contrast with the final script presented in Chapter 7. The stage directions are written in parentheses. This script was presented on an open stage with a table large enough to lie upon up-stage center, a wooden chair stage right, and a chaise stage left. There was a small table slightly up-stage and to the right of the large table, and the only prop was a glass bowl with water in it. For most of the performance, the lighting was a general wash of the stage. The only light change focused in on the large table, both at the beginning and the end of the piece. Citations are listed in the final script in Chapter 7, so are not duplicated here.

Myth, Method and Masturbation: The Hysteria of Woman's Sexuality

A 10-minute performance piece written and performed by Josephine Hall

(A 19th century woman in the doctor's office – she lies on the table with a bowl of water on her chest.)

Hello... Doctor... Can we start? I'd like to get this over with?

(She sees the audience)

Is the water moving? It's so hard for me to tell. When I lift my head to look, well of course there is movement then! But is there movement when I am lying still? I know I am breathing so that could produce movement, but I'm trying to breathe as little as possible, just so I may be sure. You see, it is my uterus. It has been wandering again. That is what causes hysteria in women. It is the only explanation according to the doctor. So here I lie, waiting to confirm what he says. But why does it wander? And where does it wander to? Apparently, it is drawn towards water. So, if I should happen to walk beside a lake or river when it is on the move, will it actually wander out of my body? Oh, how embarrassing. (She sits up, faces front, holding the bowl in her lap) This has to stop. It's been going on for far too long. It's out of control. I'm going to die. This is hysteria.

"The animal within woman is desirous of procreating children, and when remaining unfruitful long beyond its proper time, gets discontented and angry, and wandering in every direction through the body, closes up the passages of the breath, and, by obstructing respiration, drives her to extremity, causing all varieties of disease." This is hysteria.

Plato!

(She places the bowl on the side table)

Hippocrates said, “When a woman is empty and works harder than in her previous experience, her womb, becoming heated from the hard work, turns because it is empty and light... Now when the womb turns, it hits the liver and they go together and strike against the abdomen – for the womb rushes and goes upward toward the moisture, because...the liver is moist. When the womb hits the liver, it produces sudden suffocation, as it occupies the breathing passage around the belly. If the womb lingers near the liver and the abdomen, the woman dies of suffocation.”

I read this in Hippocrates’ *Diseases of Women*.

If doctors have known of this disease for centuries, it is distressing that women still suffer this way. My doctor says he can only treat the symptoms.

Plato said sexual frustration causes the damming of the female seed which, in turn, causes the womb to wander, and so we must disperse the fluid in order to encourage the womb to return to its natural position.

When I first told the doctor of my problem, I followed his advice which pleased my mother no end. I married Henry. I hadn’t wanted to, but the doctor seemed positive that marriage was the only way to treat my symptoms. The doctor even quoted the 16th century French surgeon Ambroise Paré, saying that to treat this it was imperative that women should (French accent) “be strongly encountered by their husbands”. Henry was only too willing to fulfill his role in the treatment. Sometimes it worked. But...

I have a smell memory. I was very young. My mother came into my room to kiss me goodnight, and I told her I wanted to share with her the most wonderful smell in the world. I put my fingers between my legs and then, so proud of myself, offered them to my mother to smell. She didn’t speak. She wasn’t excited. She stared at me, backed away, and left my room without saying a word. I didn’t know what I had done wrong. It smelt good. It felt good. But I knew I mustn’t share it with mother again.

So why am I telling you this now? Well, I continued to explore, and it would make me feel... happy. Of course, I was much older when I discovered what I was really doing. (She silently mouths the word, “Masturbation”.) Even when I found out it was bad for me, it was hard to stop. When I was a young woman, my mother actually caught me in the act. I think she’d hoped I’d grow out of it, that the whole issue would go away if she didn’t mention it. But she walked into my room one day, unannounced. I didn’t hear her. She threw a book at me. It gave me quite a bruise. She screamed at me that I was perverted. She made me read Tissot’s *Onanism, a treatise on the diseases caused by masturbation*. Now my spine was destined to wither away.

(She sits on chaise) This was the reason my breasts had developed so poorly, she said – frequent masturbation as a young child inhibited their growth. I couldn’t argue with her; the

evidence did seem conclusive. But then, my mother's breasts are also small. Could she be speaking from experience?

So when the doctor told me to marry, mother thought I would finally be cured. Instead, I developed hysteria.

The doctor, my husband, and my mother all agreed regarding the first round of treatment for this problem. They whole heartedly believed what Nietzsche had said:

(German accent) "Everything about woman is an enigma and everything about woman has one solution. It is called pregnancy."

This was the solution to my problem? Well, we tried. A lot. Sometimes it was quite fun, especially if we'd had a little too much wine with dinner. Henry seemed to particularly appreciate those nights, although the next morning he...

The doctor insisted that an orgasm on my behalf was essential for conception. And sometimes, our intimacy reminded me of my childhood secrets. So, could that mean...? Was that me having an orgasm? And if so, why was that feeling from coitus a good thing and the same feeling from masturbation so bad for me?

Anyway, orgasm or no orgasm, the result - no pregnancy. I was failing as a wife, just as I had failed as a daughter. Henry eventually stopped trying so hard, and my orgasms became practically non-existent. My womb started to wander with earnest.

Oh God! If an orgasm is essential for conception, then I must have must wanted it, or at least enjoyed it.

One of the partner's at Henry's firm came to dinner. Henry was expecting a promotion and was trying desperately to impress the man. We had a spectacular meal, and afterwards the two of them had a little too much brandy. Well, Henry did. I think he was showing off. He passed out in his study and I was, for all intents and purposes, alone with... I knew this was important for Henry. And so did he. I tried to be polite. I tried to avoid him. He stank of cigars and brandy. He was sweaty and repulsive. He knew this was important for Henry, and he made that very clear. If conception is dependent on the female orgasm, I must have wanted it, or at least enjoyed it.

I found myself a new doctor. Lady James recommended him. He is determined to help me with my hysteria. He is what one would call an expert at treating the disease. He says it is the most common of all diseases, except for fevers. It is his duty to massage my vulva and vagina so that my sickness is brought to a crisis point. He calls this the hysterical paroxysm. He tried to teach his method to Henry, but I'm afraid my husband thought it was a waste of his time. In an attempt to persuade Henry of the importance of treatment, my doctor even quoted the classical description of genital massage therapy handed down from the most important of ancient writers on medicine, Galen:

“Following the warmth of the remedies and arising from the touch of the genital organs required by the treatment, there follows twitching accompanied at the same time by pain and pleasure after which she emits turbid and abundant sperm. From that time on she is free of all the evil she felt.”

It is true that I feel purged after treatment. The fluid is most definitely dispersed and my uterus is back in its proper place. I feel happy and light of soul. I find that I smile a lot. Unfortunately, my doctor is not able to treat me as often as I would like due to his busy schedule with other female patients.

But I am far from cured. In fact, I find I need treating more and more frequently, and Henry is losing patience. My mother doesn't help. She considers me an embarrassment. I think she, too, suffers from hysteria, but she refuses help. Instead, she lashes out at me, suggesting that I see too much of my doctor. Other women do not seem to be bothered by this complaint. Or if they are, they keep quiet about it. Henry has threatened to stop paying for my treatment. He demands that I be cured and so arranged for me to see this surgeon. And so today, I embark upon a treatment that will fix me. If my uterus refuses to stop wandering, then it must go. This doctor will cut into my body and take it away. I will no longer have to worry about it.

Of course, that means they'll be no chance of more children. Henry will just have to go on thinking that Michael is his child. But the surgeon is confident it will put an end to this hysteria, once and for all. I will no longer feel out of control. I will be cured.

And yet, how can it be hurting me? I enjoy my treatments. It doesn't feel bad.

But, a freak is a freak and will not be tolerated. This is hysteria.

Hello... Doctor... Can we start? I'd like to get this over with.

CHAPTER 6: EXPANDING THE PLAY

The presentation of the 10-minute version of the play was well received. The audience certainly laughed which made me feel like I had achieved something. As a performer, I reveled in the connection with the audience. I found it important for me to really speak to people directly, looking them in the eye where possible, and really challenging them to accept what I was saying as fact. However, I think with this particular form of the piece, there remained a distance between the information and what women really lived through. I do not feel it made people think about the issue from a historical perspective, or make them question how such a history still affects women today. I think it came across more like a joke about what people believed “back then”, a condescending attitude that I had not intended.

One of the reasons the piece fell short of its overall goal was that I was not clear about what that goal was. I did not know what I wanted people to go away with. I had a vague feeling of wanting to share my shock, outrage, and disbelief at what I had read, but I do not feel I was clear enough about what I wanted people to do about it. The result was a script that rather ranted about the issues without finding a deeper connection to them.

I also realized the piece was far too narrative. I had fallen into the trap of telling a story, narrating events that had happened rather than immediately living them. I never really understood the connection between the character and the audience, or what the audience represented for her. At this stage of the play’s development, I did not truly understand what the character wanted from the audience. I had tried to figure it out on an intellectual level, but for an actor it has to deepen to a visceral level too. I do not believe I found that in this incarnation of the material.

Despite these criticisms, I felt I had a piece of material that was worth developing. I certainly did not want to change course completely, and I felt this 10-minute script was a good basis to work from to expand into my one-person play. Then it was a case of figuring out how to expand it.

For a time, I considered returning to one of my original ideas of adding lots of women to the story and using a lot of other material that I could not adapt to this time period. I soon realized, though, that would be less rewarding than finding a way to expand this particular character and situation. However, I did like the idea of using other characters, and so I explored the characters I had already mentioned in the play: my mother, my husband, my husband’s business partner, and various doctors.

By directly including other characters in the story instead of merely referring to them in the narrative, I then faced the additional challenge of how to clearly distinguish each character. It was important that the audience immediately understood which character I was portraying at any given time. Specific physical characterization was essential to distinguish characters, and accents were also a very useful tool for this task, along with an overall change of vocal quality for each character beyond the accent itself. Being English myself, it made sense that the central character was English. This led to the mother, family doctor, and husband also being English. I tried to find an uptight quality for the mother to help distinguish her from my main

character. This was reflected physically by allowing her center to rise up, almost leading from her nose, and allowing tension to creep into her chest for a suggestion of inflexibility. Vocally, I centered the voice more towards the upper teeth, allowing tension into the jaw and darkening the vocal tone a little to reflect her uptight, inflexible, and judgmental personality. The family doctor seemed to grow older with each rehearsal, which really helped to establish him physically. Vocally, he had a much more plummy English sound than the other characters, and I allowed a little rasping around the soft palate to reinforce the feel of his age. For the husband, Henry, I chose to have him rather physically bound with an upright, over-arched upper back. Vocally, I used more of my lower register to differentiate the sex, and I placed his voice in his jaw which automatically added some tension there, suggesting inflexibility in his personality. For Mr. Turner, the partner at Henry's firm, I realized I had the difficulty of a three-way conversation which included two men of similar ages, so I decided to make Mr. Turner American. This is an accent I am comfortable with, and it really helped me find a physical difference as well as a vocal one. Turner was more physically relaxed and self confident than the other characters I had introduced. One surprising result of this was that I found him more dangerous than the others. This turned out to be a very fortunate choice given his role in the story.

I chose to make my main character Catholic, in order to include some material that I had really enjoyed from my research. The location of a confessional provided the perfect opportunity to include quotes from Albertus Magnus, a thirteenth century Dominican friar and bishop, but in the play spoken by an Irish priest. Making the priest Irish was another way to connect to Catholicism, but the accent also gave me a very specific tool to distinguish this character from others. The confessional also provided a specific stage location for him which I established at the down-stage end of the chaise. This, and the accent, made his character immediately recognizable when he returned later in the play.

I maintained some of the accent work that I had included in the original 10-minute version, such as German for Nietzsche, and French for Ambroise Paré, and I also added others. Galen was Roman, so I added an Italian accent when quoting him. The introduction of Freud added some more German. I chose not to add accents to the quotations from Plato and Hippocrates. These occur early in the play, and I wished to keep that information as the main character's research, rather than try to personify the information. I also added three more historical figures: William Acton, Helene Deutsche, and Giovanni Boccaccio. However, these three were referenced in the script, not directly quoted.

Adding the new characters not only helped me expand the material, but also allowed me to include some of the research that had not been in the original performance, such as the Albertus Magnus quotations and also some of the believed causes of hysteria described by the old family doctor. Personifying some of the myths and beliefs also made the information more immediate, and less narrative. For example, I included the mother's comment regarding how masturbation as a young child inhibits the development of the breasts. Seeing her response, rather than hearing the report of it, was one way to take the piece out of story mode and into action.

Another issue I had to address was what role the audience would play in the piece. One new piece of research that helped me find this was the reference to physician and sexologist William Acton's writings in 1857 where he insists "that the majority of women (happily for them) are not very much troubled with sexual feeling of any kind"⁵. The search for normality became a very important through-line. The audience became the norm against which my central character was judging herself. The audience is there with her in the doctor's waiting room, creating an unspoken agreement that they therefore understand the situation she faces. My central character wants to be reassured that she is normal. She wants to be saved from what she is about to undergo, the hysterectomy, or if she cannot be saved, then to at least be told she is doing the right thing. The fact that she needs to discuss this issue shows she is not certain in her judgment, and it becomes evident that she does not necessarily believe what she has been told by the various people in her life: the doctors, her mother, her husband, her confessor. The audience is her last chance to prevent her from undergoing a very dangerous procedure. Unfortunately, the audience does not know the script and so is unable to save her from the inevitable result.

⁵ Thornhill 3

CHAPTER 7: THE FINAL SCRIPT

What follows is the final script used in the performance of my one-person play on Sunday, December 5th, 2010. Stage directions are written in parentheses. Most of the piece is direct address to the audience except when the actor is portraying scenes that include other characters. All characters are played by the one actor. The stage setting is the same as with the previous version of the script using a large table to lie upon (up-stage center), a small table (next to the table), a chair (stage right) and a chaise (stage left). There is still only one prop: the glass bowl with water in it. There are now five light settings: up-stage center highlighting the large table; stage right lighting the chair; stage left lighting the chaise; center stage; and a general wash of the whole stage. The changes in lighting help to distinguish scenes between characters and the return to the waiting room when the focus is on the relationship between the main character and the audience. Where applicable, the footnotes indicate a specific source of inspiration in material adapted for use in the script.

Myth, Method and Masturbation: The Hysteria of Woman's Sexuality

A one-person play written and performed by Josephine Hall

(A 19th century woman in the doctor's office – she lies on the table with a bowl of water on chest⁶.)

Hello... Doctor... Can we start? I'd like to get this over with?

(Lights change. She sees the audience)

Is the water moving? It's so hard for me to tell. When I lift my head to look, well of course there is movement then! But is there movement when I am lying still? I know I am breathing so that could produce movement, but I'm trying to breathe as little as possible, just so I may be sure. You see, it is my uterus. It has been wandering again. That is what causes hysteria in women. It is the only explanation according to the doctor. So here I lie, waiting to confirm what he says. But why does it wander? And where does it wander to? Apparently, it is drawn toward moisture, toward water. So, if I should happen to walk beside a lake or river when it is on the move, will it actually wander out of my body? Oh, how disgusting. (She sits up, faces front, holding the bowl in her lap) This has to stop. It's been going on for far too long. It's out of control. I'm going to die. This is hysteria.

⁶ Drenth 216

“The animal within [woman] is desirous of procreating children, and when remaining unfruitful long beyond its proper time, gets discontented and angry, and wandering in every direction through the body, closes up the passages of the breath, and, by obstructing respiration, drives her to extremity, causing all varieties of disease”⁷. This is hysteria.

Plato!

(She puts the bowl on the small table)

I’ve been studying this. I think it’s important to have as much information as possible.

Plato said sexual frustration causes the damming of the female seed which, in turn, causes the womb to wander, and so we must disperse the fluid in order to encourage the womb to return to its natural position⁸...

(Checks to make sure the doctor is not coming)

I have a smell memory. I was very young. My mother came into my room to kiss me goodnight, and I told her I wanted to share with her the most wonderful smell in the world. I put my fingers between my legs and then, so proud of myself, offered them to my mother to smell⁹. She didn’t speak. She wasn’t excited. She stared at me, backed away, and left my room without saying a word. I didn’t know what I had done wrong. It smelt good. It felt good. But I knew I mustn’t share it with my mother again.

So why am I telling you this now? Well, I continued to explore, and it would make me feel... happy. Of course, I was much older when I discovered what I was really doing. (She silently mouths the word, “masturbation”.) Even when I found out it was bad for me, it was hard to stop. When I was a young woman, my mother actually caught me in the act. I think she’d hoped I’d grow out of it, that the whole issue would go away if she didn’t mention it. But she walked into my room one day, unannounced. I didn’t hear her. She threw a book at me.

(Lights change)

Mother: (standing behind chair) Stop that! Stop that at once! What do you think you’re doing? Have I not raised you to be a young lady? Ladies do not touch themselves... down there. You are perverted. Do you want people to point at you and call you a dirty little whore? People will look at you and know what you do. Your spine will just wither away. Have you not read Tissot?

Me: (To audience) I hadn’t. She later made me read Tissot’s *Onanism, a treatise on the diseases caused by masturbation*¹⁰.

⁷ Drenth 215

⁸ Drenth 217-8

⁹ Drenth 238-9

¹⁰ Drenth 88

Mother: Oh, I'm so ashamed of you. I can't look at you. (Remembering) Oh. You have been doing this since you were a child. This is the reason your breasts have developed so poorly – frequent masturbation inhibits their growth¹¹. Oh (She leaves the room).

(Lights change)

(To audience) I couldn't argue with her; the evidence did seem conclusive. But then, my mother's breasts are also small. Could she be speaking from experience? No matter... She provided my first discovery that something that felt so simple and pleasant in my body could mask the beginning of heartache and disease.

“When a woman is empty and works harder than in her previous experience, her womb, becoming heated from the hard work, turns because it is empty and light... Now when the womb turns, it hits the liver and they go together and strike against the abdomen – for the womb rushes and goes upward toward the moisture, because...the liver is moist. When the womb hits the liver, it produces sudden suffocation, as it occupies the breathing passage around the belly. If the womb *lingers* near the liver and the abdomen, the woman dies of suffocation”¹².

I read this in Hippocrates' *Diseases of Women*. Hysteria.

If doctors have known of this disease for centuries, it is distressing that women still suffer this way. My doctor says he can only treat the symptoms. Others recommend the primary cause be removed.

After our heated exchange on Tissot, Mother sent me to see our old family physician, and I mean old; somewhere between sixty and death. He had been treating me ever since I was born. I think he still thought of me as a child so I'm not sure he was entirely comfortable discussing this new “condition” with me.

(Lights change)

Doctor: Come in, my dear, come in. I haven't seen you for a while. I hope it's nothing serious that brings you here. How are your parents? Well I hope. Good, good. So what can I do for you?

Me: I think I'm going crazy. I can't focus on anything. I am restless and short tempered. I want to run and scream and shout, but of course that's not exactly something a young lady does. I don't seem able to control my body. I find myself breathing heavily. I have palpitations, and then I get the strangest stirrings ... down there... I try to make it go away. I squeeze my legs together tightly, but that just seems to make it worse. Sometimes my face goes red and my whole body just tenses up. I get wicked urges to try and dig the problem out with my hands, at least I feel sure it's wicked. Mother tells me never to touch myself ... down *there* ... so I try not to. But if I can't make it stop, do I have to feel this way forever?

¹¹ Alexander par. 17

¹² Drenth 216

Doctor: When did these feelings start? You haven't bought one of those new treadle sewing machines have you? You know, the one with two pedals? (he demonstrates using the pedals) No? Well, what about horse riding? That can prompt these sort of urges, I mean, feelings. Oh no, your mother is afraid of horses. She'd never let you near one. God forbid you've been reading French novels? Oh, thank Heaven. (stands) What about one of those contraptions, those bicycles? Incredibly dangerous things. They can cause conditions in young ladies that... uh, often... manifest in the symptoms you describe¹³.

Me: I've seen a bicycle, but never ridden one. I do get the urge to try though.

Doctor: You mustn't. It would only aggravate these feelings you have.

Me: Well, what can I do?

Doctor: Have you considered marriage?

Me: I beg your pardon.

Doctor: Get married, my girl. It is the only solution. You're at an age where marriage is advisable. Do you have any suitors?

Me: Well, I suppose Mr. Wilson would be considered one.

Doctor: Do your parents approve of him?

Me: Certainly. Actually, most of the time I feel he is more their friend than mine

Doctor: Then he sounds perfect. Marry him as soon as possible. But make sure he comes to see me before the wedding.

(Lights change)

Well, this diagnosis and prescription pleased my mother no end; so I married Henry Wilson. I hadn't wanted to really, but the doctor seemed positive that marriage was the only way to treat my hysteria. And Henry was...well, nice enough, though he knew as little as myself regarding the treatment of female distress. When the doctor did speak with Henry before the wedding, he quoted him the 16th century French surgeon Ambroise Paré, saying that to treat this condition it was imperative that women should be (French accent) "strongly encountered by their husbands"¹⁴. Turned out, Henry was only too willing to fulfill his role in the treatment. Sometimes it was quite fun, especially if we'd had a little too much wine with dinner. Henry seemed to particularly appreciate those nights, but the next morning, when I tried to rekindle the same connection, in the cold light of day his response was rather different.

¹³ Drenth 223

¹⁴ Drenth 218

(Lights change)

Henry: You know, my dear, I really think you should see the doctor again. You do not behave like a normal woman. Last night you expressed a seriously wanton behavior. This is all part of your hysteria. I suggest you talk to the doctor about a cure.

(Lights change)

It turned out Henry was right. My research. The physician William Acton had made it very clear back in 1857 that the majority of women ... are not much troubled with sexual feeling of any kind. He even stated, "happily for them"¹⁵.

Well, I'm still searching for a cure for my abnormal feelings. That's why I'm here today. You see, all I want is to be normal, like you. The doctor's cure back then didn't work. In fact, he was shocked that marriage had turned my prior condition into something no gentleman wants to see in his wife.

My husband and my mother both agreed with the doctor regarding how next to treat my peculiar female problems. All would be fixed if we heeded what Nietzsche had said:

(German accent) "Everything about woman is an enigma and everything about woman has one solution. It is called pregnancy"¹⁶.

Pregnancy was the solution to my problem! Well, we tried. A lot. But the weeks turned into months and months into...despair. I was failing as a wife, just as I had failed as a daughter. My mother, Henry and even my friends began to look at me as if I were somehow damaged. Have you ever felt like such a failure that you question the very core of your identity? My barren state negated my whole being as a woman. I could not look into my mirror without seeing tears. My symptoms returned with more confusion than ever.... Hysteria. A series of new Doctors provided no solution and at last I sought divine intervention. At first, I was too embarrassed to ask, plus it didn't seem right to include this with the confession of all the evil things I had secretly wished upon my mother. But desperation demanded another try.

(Lights change – in the Confessional)

Me: (Crossing self) Forgive me Father for I have sinned. It has been five minutes since my last confession. I'm sorry to bother you again father, but I need you to help me get pregnant. My husband and I have tried the normal way, every night, religiously (realizing the verbal slip up) oops – sorry. We've even tried different positions, but I'm not sure if that is just making the situation worse. I mean, we are having no success no matter what I do. So I have to ask. Is there a particular coital position that is more conducive to conception.

Irish Priest: (to himself) Jesus, Mary and Joseph, not another one. (To God) Whether the man should lie underneath or on top, stand or sit, or whether the union should take place from the

¹⁵ Thornhill 3

¹⁶ Drenth 86

front or from the back... such shameful matters would never be discussed, were it not for the strange stories I hear in this confessional. They force me to confront this issue. (To me) You do understand that I do not have any practical experience of the things you ask about? Yet, somehow I always end up being the one everybody asks. My confessional is turning into a station for marital advice. Well, you'll be glad to know that due to others coming to me with similar concerns, I have had to give this subject serious consideration, and this is my conclusion. The only position that is correct is with the woman underneath and the man on top. I think that lying side by side makes it very hard for the sperm to find its way to the uterus so I advise against it. When the woman lies on top, the uterus is upside down which works against conception. Standing up must be wrong since gravity just causes everything to come back out again. Any odd positions are against both nature and conception and, therefore, must be considered a sin¹⁷. However, I have been told by a doctor that the female orgasm is essential for conception¹⁸, so I suggest you try harder to achieve this when you and your husband have marital relations.

(Lights change)

Orgasm. I wasn't really sure what that meant. I mean, with Henry, the whole thing had an obvious...conclusion, but I didn't have the same physical reaction that he had. I certainly couldn't ask my mother about such things. Her advice to me on my wedding night was to lie back and think of England. There have been times when I felt it was special, the sensations in my body, but strangely enough, those times remind me most of my childhood secrets. So, does that mean...? Was that me having an orgasm? But how could that reaction from coitus be a good thing and that same reaction from masturbation going to make my spine wither away?

There is a new school of thought – it sounds like two rival sporting teams: the Clitorals versus the Vaginals. Sigmund Freud believes women should suppress their clitoral sexuality. He claims it is childish lust¹⁹. He cannot bear the thought of a woman satisfying her own desires. He thinks that my lack of penis makes me an inferior being. (German accent) "Anatomy is destiny."²⁰ Freud! He insists one penis will afford me the highest pleasure possible.

I'm not saying I don't enjoy relations with my husband, but sometimes I want more. For me, it is more than just a desire to procreate.

Unfortunately, as time went by and I still did not become pregnant, Henry stopped trying so hard, and my orgasms became practically non-existent. It was then that my womb started to wander with earnest.

I refuse to believe that conception is the only goal of intercourse because if it is, then...

¹⁷ Drenth 119

¹⁸ Drenth 105

¹⁹ Drenth 85

²⁰ Drenth 87

Jonathan Turner, an American and a partner at Henry's firm, came to dinner. Henry was expecting a promotion and was trying desperately to impress the man. He had told me to do whatever I could to make Mr. Turner feel welcome.

(Lights change)

Me: Mr. Turner, welcome. I'm so glad you could join us this evening.

Turner: Well, I nearly didn't come, but now I'm glad I did. Henry, I see that you've been keeping your best asset a secret. Your wife is just the thing for a man to see after a long week at work. Mrs. Wilson, I am at your service.

(Lights change)

Well, it sounded harmless enough if a little forward. But there was something about the look in his eye that disturbed me. Henry didn't see it and just took the cue to push me towards Mr. Turner at every opportunity. "Charm him," he hissed at me. So I did my best. We had a spectacular meal, and afterwards the two of them had a little too much brandy. Well, Henry did. I think he was showing off. He insisted on keeping me at the center of the conversation whenever possible, not even hesitating to ridicule me occasionally.

(Lights change)

Henry: Oh, we'd best keep the brandy between ourselves. My wife can barely handle the wine we have with dinner. You should see what she's like after a couple of glasses. If you think her lively now, oh I could tell you some stories.

Turner: Indeed. I think I should like to hear them.

Me: Henry, dear, why don't the two of you retire to your study where you can discuss business. I believe you still have some of those fine cigars left.

(Lights change)

I was granted a brief respite as they left the room. No longer under their noses, I ceased to be the main topic of conversation, or at least no longer had to listen to it. It hurt to be openly treated with so little respect. I had grown accustomed to being ignored, but to be ridiculed made me feel worthless. It all stemmed from my inability to produce an heir for Henry. However, my inability to become a mother would not prevent me from being a supportive wife. I knew this evening was important for Henry. Unfortunately, so did Turner.

(Lights change)

Me: Mr. Turner. May I get you something?

Turner: I'm afraid your husband has overstepped his limit. He's asleep on the sofa in his study. No need to go in there. I made sure he was comfortable. But you may want to prepare some sort of hangover remedy for the morning.

Me: Oh dear, I am so sorry. It's really not like him. Which is probably why the brandy has affected him. He rarely drinks it. I am sorry it has cut short your discussion.

Turner: Hmm. I'm not. I talk business all day at work. In the evenings, I like to focus on more pleasant things.

Me: I hope you won't allow this to affect your good opinion of Henry.

Turner: Maybe you can persuade me just how good he really is.

Me: (to audience) I tried to be polite. I tried to avoid him. He stank of cigars and brandy. He knew this evening was important to Henry, and he made that very clear. He cornered me. He had me. And I knew I could never tell anyone... least of all Henry and certainly not my son, Michael. At least I have him. But to those doctors who insist that conception is dependent on the female orgasm, I say... "You lie!"

(Lights change)

Strangely enough, pregnancy did indeed seem a prescription against hysteria. Henry was overjoyed and found renewed interest in me, and I tried to use my physical connection with Henry to wash away all trace of what had happened. I even took inspiration from *The Decameron* by Giovanni Boccaccio²¹.

I almost had Henry, and even myself, believing that vigorous intercourse was essential for completing the baby's growth, especially during the early months. The development of the little ears in particular uses up a lot of energy. I had to believe that there would be something of Henry in this child.

But it turned out even that was wrong. Confession may be good for the soul...but even when some sins are omitted...others offer no escape

(Lights change)

Priest: Are you telling me, that you and your husband are performing sexual acts together? Even now, when you are six months pregnant?

(Lights change)

You know, I am starting to have my doubts about the whole confessional thing. It's supposed to be anonymous. We are separated by a grate and the priest is not supposed to know to whom he is talking. It's to help his objectivity. So how did he know I was pregnant? Did my voice have a pregnant tinge to it? At one point he even started to say my name, but caught himself just in time.

²¹ Drenth 104-105

(Lights change)

Priest: My dear Mrs. Wil... My dear. You must stop this at once. Sexual intercourse is purely for the purpose of reproduction. You are already pregnant. You cannot become *more* pregnant. Therefore, there is no reproductive purpose to intercourse at this time which makes any sexual act inherently sinful. For the sake of both of you, and the baby, you must stop.

Me: (to audience) He didn't even give me leeway when I suggested it was for the development of the little ears.

(Lights change)

And so the sexual interaction ceased, once again. It was so frustrating. Do you understand? The result was inevitable. I did what my body wanted me to do. Surely you understand that need. And eventually I gave birth to Michael.

According to Helene Deutsch, childbirth is the peak of female erotic pleasure²². I would have to disagree. She is one of Freud's disciples.

If sexual relations are all about reproduction, why do I still feel so unfulfilled, even now that I have my child. Am I really perverted?

I have found one thing that helps me even though it cannot really cure me.

Having lost faith in divine comfort, my friend, Lady James, recommended yet another new doctor. He is determined to help me with my hysteria. He is what one would call an expert at treating the disease. He says it is the most common of all diseases, except for fevers. It is his duty to massage my vulva and vagina so that my sickness is brought to a crisis point. He calls this the hysterical paroxysm²³. He tried to teach this method to Henry, but I'm afraid my husband thinks it is a waste of his time. In an attempt to persuade Henry of the importance of treatment, my doctor even quoted the classical description of genital massage therapy handed down from the most important of ancient writers on medicine, Galen:

(Roman/Italian accent) "Following the warmth of the remedies and arising from the touch of the genital organs required by the treatment, there follows twitching accompanied at the same time by pain and pleasure after which she emits turbid and abundant sperm. From that time on she is free of all the evil she felt."²⁴

It is true that I feel purged after treatment. The fluid is most definitely dispersed and my uterus is back in its proper place. I feel happy and light of soul. I find that I smile a lot. Unfortunately, my doctor is not able to treat me as often as I would like due to his busy schedule with other female patients.

²² Drenth 87

²³ Drenth 218

²⁴ Drenth 219

But I am far from cured. In fact, I find I need treating more and more frequently, and Henry is losing patience. My mother doesn't help. She considers me an embarrassment. I think she, too, suffers from hysteria, but she refuses help. Instead, she lashes out at me, suggesting that I see too much of my doctor. Other women do not seem to be bothered by this complaint. Well if they are, they keep quiet about it. Henry has threatened to stop paying for my treatment. He demands that I be cured and so arranged for me to see this surgeon.

(Lights change. She moves back to the operating table)

And so today, I embark upon a treatment that will fix me. If my uterus refuses to stop wandering, then it must go. This doctor will cut into my body and take it away. I will no longer have to worry about it.

Of course, that means they'll be no chance of more children. Henry will just have to go on thinking that Michael is his child. But the surgeon is confident it will put an end to this hysteria, once and for all. I will no longer feel out of control. I will be cured.

And yet, how can it be hurting me? I enjoy my treatments. It doesn't feel bad.

But, a freak is a freak and will not be tolerated. This is hysteria.

Hello... Doctor... Can we start? I'd like to get this over with.

(Lights fade)

CHAPTER 8: AUDIENCE RESPONSE

The performance of this finalized script provided some great response. Once again, there was a good deal of laughter. In fact, the performance running time was about five minutes longer than the previous rehearsal because of audience response. However, I felt more connection between audience and the material presented. I also felt more empathy for the situation of the central character. Since so much of the play is direct address to the audience, I was able to look people in the face as I performed. The facial reactions were a mixture of disbelief, outright shock, and total amusement. I was also pleased to see looks that showed people were really moved at times, which meant a lot to me. I love to hear the response of laughter, but it is that much more enjoyable when people are also touched on a deeper emotional level.

There were more people in the theatre than I expected, and I had to adapt my blocking accordingly. I was pleasantly surprised at how easy this was to do which I take as a good sign for the future adaptability of the piece.

The most useful reactions came after the performance when people talked specifics with me. One person said her favorite moment was when I said, "You see, all I want is to be normal, like you." This was particularly good to hear because I felt that I had achieved a real connection with the audience and that this person, at least, understood my main character's desire to be normal, like them. Quite a few people emphasized how people do not talk about this taboo subject and that this was a great way to start a discussion. I discovered this first hand when a group of us went out after the performance; the conversation that the play had sparked was very interesting.

Many people in the audience were friends and acquaintances of mine, many of whom had a theatre background. However, there were others who had no direct connection to me, who may have only taken one theatre class in their college lives. In general, there was a difference in reaction between the two groups, but I felt it was more because the theatre folk were ready to respond and knew theatre etiquette. They were not afraid to laugh out loud. In contrast, I saw confusion in the faces of some people who just did not know how to respond to this piece, which is partly what I wanted. It was fun to see them relax and just enjoy themselves. I did not necessarily want this to be easy to watch, but I did want to open some doors in an entertaining way. I believe that I did achieve this.

CHAPTER 9: FUTURE DEVELOPMENT OF THE PLAY

While I was pleased with the overall performance of this piece, I feel that I could have used a little more rehearsal. I did my best with the accents, but when I have more time I would like to work with a vocal coach to really make sure I am placing the sounds correctly. This would ensure the authenticity of the characters, helping them feel more rounded and avoiding caricature. I also think I would learn a lot if I could perform this a few times in a row to a variety of audiences. A group of strangers would not be so eager to please me with their attention, and so I could discover how well the piece plays with an unbiased audience.

Many people told me that I need to develop this play further, into a full-length play. However, I feel that the piece I presented was a fully realized, contained unit. I would not like to add more just for the sake of making it longer. Right now it runs approximately 30-minutes. Unfortunately, there are few opportunities in commercial theatre for the presentation of a piece of this length. To be commercially viable, I would have to at least double the length of the performance.

One way in which I could expand the piece as a whole is to consider this project as the first act of a two-act play. I have been contemplating this. I think that maybe the second act could reveal the situation of a modern woman. This would allow me to include some elements that would have been too advanced for the current project, such as in-vitro fertilization and ultrasound. One of the dangers of the current play is for people to think that we have it all figured out nowadays, that this is purely a historical problem. A modern approach to similar, or at least related, issues could really open the eyes and minds of some people. Of course, using humor would be even more important so as not to alienate the audience, but equally important is the courage to explore a deep vulnerability that people can relate to on an emotional level.

My next step is to revisit my research, as well as seek out more information, then find a vehicle in which I could create an equally satisfying second half. Right now I have vague images and ideas floating around my head, but since that is how this particular project started out, I just have to embrace the creative process and see where it takes me.

CHAPTER 10: CONCLUSION

When first given the challenge of creating a one-person play I balked at the idea. It terrified me. The element of solo performance alone would have made me nervous, but to have to create my own piece was something that I thought was far beyond me. I am a typical actor in terms of being riddled with doubts about my ability. I wish I could say that every achievement makes me stronger, but whenever I am faced with an unusual challenge I freeze. At least, that is how it feels from a conscious viewpoint. What I never trust enough is my unconscious ability to allow things to cook in my brain, eventually turning it into something that my conscious self can put to good use. That is what happened with this project. The challenge was laid down by the setting of the task, the seed of creation was planted by a casual reading on the internet, and the process of development has been something I have practiced with every project I have ever been involved with or even seen. I had no idea at the start how successful I would be with this challenge, but I knew that the process of seeing it through would be more valuable than anything the final product could offer.

With the creation of this play, I achieved far more than I thought I ever could. While I still would not call myself a writer, I did manage to take threads of common material and weave them together into a structure that produced a cohesive, 30-minute performance piece. Judging from the feedback I received, the final project was entertaining, educational, and also moving. I had set out to create a piece of theatre that made people laugh, but along the way I also made them think.

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VITA

Josephine Hall was born and raised in England. Her interest in theatre began when she joined the Yeovil Youth Theatre at age 14. For a while it was just a hobby, but while attending sixth-form college, one of her four A-Level exams was in drama. This led to her acceptance at the University of Birmingham to study music, drama, and dance, where she attained her Bachelor of Arts (Honours) Degree in 1988. Immediately following, she spent a year at the Guildford School of Acting to attain a diploma in acting as a member of the postgraduate class of 1989. Soon after leaving drama school, Josephine acquired her British Equity card when she worked with Channel Theatre Company. This job reflected how all her early jobs in the profession would be: touring in a bus, and being part of a company that not only acted but also transported and set up the scenery, costumes, and all the technical equipment. The late eighties and early nineties were a hard time for a newcomer in the profession, and Josephine was unable to break the mold of this exhausting schedule. Given the locale of the performances, there was no chance of being seen by an agent or casting director which might have allowed for different opportunities. Her training at both university and drama school had focused on developing her ability as an actor, but unfortunately had not provided any tools with which to find work in order to practice her craft.

In 1993, Josephine decided to break the routine and travel to America as part of BUNAC (British Universities North America Club). She was hired by Appel Farm Arts and Music Center in New Jersey to teach and direct in the theatre program. It was there that she met her husband, Wm. Perry Morgan. They married the following February and moved to Memphis, Tennessee, where Perry took a job with Playhouse on the Square. It was in Memphis that Josephine started to learn about the business of acting. A good friend, and local Memphis talent, Jim Ostrander, took her under his wing by helping her develop a voice-over career and introducing her to a local agent, who sent her out for local auditions in commercials and industrials. Being English was somewhat of a disadvantage in this market, since it caused people to pigeon-hole her, but she was able to obtain some work, even some requiring an American accent. However, it was in the theatre that she really thrived. Being a member of British Equity helped encourage people to take her seriously. However, the British and American unions are not reciprocal, and so she was not limited to only auditioning for Equity companies. She was invited to join the resident company at Playhouse on the Square in Memphis, which enabled her to build an impressive resume. During her time there, the theatre started the annual Unified Professional Theatre Auditions for which Perry was the audition accompanist, and this enabled both of them to make many new contacts.

After two years as a member of the resident company at Playhouse on the Square, Josephine started to travel around the country to work at a variety of theatres: Kentucky Shakespeare Festival; Greenbrier Valley Theatre, West Virginia; Seaside Music Theatre, Florida; Jenny Wiley Theatre, Kentucky; Murry's Dinner Theatre, Arkansas. In 1999, she was invited to join the company at Shakespeare in the Park, Fort Worth, where she received her American Equity card. This was followed by more Equity work at Main Street Theatre, Pennsylvania, and Riverside Theatre, Florida. However, when she and Perry were offered resident company positions at the Barter Theatre in Virginia, they hoped the travelling would end for a while.

They were able to settle in Abingdon, Virginia, for a time, even buying a house there. However, the fickle nature of the acting world meant Josephine was not under contract on a consistent basis. She spent four seasons with Barter, sometimes for the whole season, but sometimes just for part of it. In between times, she returned to travelling, working with B Street Theatre, California; Centenary Stage, New Jersey; and Cincinnati Shakespeare Festival, Ohio.

After her fourth season at Barter, Josephine joined the resident acting company at the American Shakespeare Center in Staunton, Virginia. In her spare time she volunteered at the local animal shelter. This prompted her to reconsider her career. She was growing tired of always being away from home. Perry was also burning out and wanted to return to school to pursue his Master of Fine Arts degree, so that he could teach theatre at the college level. They moved to Colorado, where Perry attended Naropa University in Boulder, and Josephine changed paths completely, attending the Bel-Rea Institute of Animal Technology where she attained her Associates degree in Veterinary Technology. While in Colorado, she still maintained her acting career working at the Arvada Center and Theatre Aspen, as well as booking commercial work through a local agency. However, the change of focus at Bel-Rea was very refreshing, and she knew this new skill would be useful in the future, either as a full-time job, or as a temporary position between acting jobs.

Upon graduation, Perry took the position of Director of Musical Theatre at Northwestern State University in Natchitoches, Louisiana. After Josephine completed her Associates degree, she joined him. However, Natchitoches did not turn out to be a great location for her. The standard of veterinary care was not what Josephine had been accustomed to in Colorado, and the pay for a technician was very poor; she had earned more as an actor. Unfortunately, acting opportunities were also very limited, and, once again, it meant travelling, even to audition. As a compromise, Josephine took an offer to teach as a part-time adjunct in the Theatre Department at Northwestern State University while she was also working full-time at a veterinary clinic in Alexandria. This meant for a crazy, six-day work week, but it gave her time to discover that she really enjoyed teaching theatre at the college level, something she had never considered on a full-time basis. During this time, she also auditioned and was offered the chance to perform in the Pulitzer prize-winning play *Doubt* at New Stage Theatre in Jackson, Mississippi. This was a fantastic experience, and Josephine began to realize she could never give up acting. She started to look into graduate school so that she, too, could attain her Master of Fine Arts degree. She drove down to Baton Rouge to audition for the acting program at Louisiana State University, and one could say that the rest is history.

During her three years at Louisiana State University she has found renewed vigor in her theatrical career. She has had the opportunity to teach. She has even specialized in vocal work and will be starting the Teacher Certification in Fitzmaurice Vocal Technique in June 2011. During the summer of 2009, she was an Equity company member with the Illinois Shakespeare Festival, where she performed in three different plays. At university, she has not only performed, but also directed, and she wrote and performed the one-person play, *Myth, Method and Masturbation: The Hysteria of Woman's Sexuality*. The university has given her the enthusiasm and confidence to return to the profession with the determination to succeed at whatever she attempts.