



IN THE NEXT ROOM OR THE VIBRATOR PLAY

BY SARAH RUHL DIRECTED BY MECHELLE MOE

Timeline
Theatre Company

PERFORMING AT

STAGE (773)

BACKSTORY YOUR GUIDE TO TIMELINE PRODUCTIONS



Dear Friends,

Welcome to the second production of TimeLine's 21st Season, Sarah Ruhl's funny and beautiful *In the Next Room or the vibrator play*.

We couldn't be happier to have Sarah's work on our stage, at long last, after years admiring her artistry.

I admit, however, that I came later to the party than I should have.

Back in 1999, soon after I became Artistic Director of TimeLine, we had just gotten the keys to our new home on Wellington Avenue. Working feverishly around the clock, our small team had about a month to get the theatre ready for *Gaslight*, our first show in the space, while also rehearsing and working other day jobs.

In the midst of all this, a wonderful actress appearing in *Gaslight*, whom I had only recently met, mentioned that her daughter was pursuing an MFA in playwriting. Perhaps I could read one of her plays, she wondered? And she graciously presented me with a script.

I now have the cruel benefit of hindsight, looking back at my overwhelmed younger self, who had much yet to learn. To say that I now regret not giving that script the attention it richly deserved would be the ultimate understatement.

The actress in the story is Kathy Ruhl, and the script she gave me was an early draft of Sarah's remarkable *Passion Play*.

18 years later, I still have that script in my office, as a reminder to always

have open eyes, ears, and time for the next astonishing talent, who can appear anywhere, recommended by anyone.

Happily for the American theatre, there were plenty of others in Chicago and beyond who immediately noticed and championed Sarah's skill, catapulting her to international acclaim, a MacArthur Foundation Fellowship, and a slew of other deserved awards and accolades.

Our Company read *In the Next Room or the vibrator play* in 2009, and we were blown away by how smart, hilarious, and insightful it is. It was no surprise that it became a finalist for the Pulitzer Prize and a Tony Award nominee for Best Play. We tipped our hat to our friends at Victory Gardens Theater when they snagged the rights for its Chicago premiere, while I still hung my head in shame for my folly a decade earlier.

But sometimes there are such things as second chances.

Last year, TimeLine Company Member Mechelle Moe proposed that we look at the play anew for a special staged reading we were planning in collaboration with The Chicago Inclusion Project. Launched by Enjoy Gavino, TCIP's play reading series features contemporary classics presented by a diverse group of actors in roles for which they might not traditionally have been considered—pointing out that default assumptions are too often made about a character's race, gender identity, or physical ability, when not specifically stipulated in the script. The Inclusion Project shines a light on these presumptions and blind spots. To learn more about their work, visit thechicagoinclusionproject.org.

Enthusiastically supported by Sarah, our August 2016 reading of *In the Next Room...* made clear not only that the play was well-served by a more inclusive approach to casting, but also demonstrated just how much this play has to say.

Through the lens of today, the play's humor remains abundant, as does its insight into liberation and progress. It illuminates not only the struggles of the play's Victorian setting, but the ways our society has regressed since the play premiered eight years ago.

I and this production owe gratitude to a host of remarkable, progressive, and inspiring women. Particularly to Mechelle and Enjoy, for leading us back, with fresh eyes, to this play at a time when it needs to be seen once again. And to Sarah and Kathy, for years of generosity to TimeLine—even

forgiving the cloudy vision 18 years ago of a guy who failed to see something extraordinary, right in front of him.

And to you, for joining us in the next room ...

THE PLAYWRIGHT

SARAH RUHL AND *IN THE NEXT ROOM...*



Originally from Wilmette, Sarah Ruhl received her MFA degree in Playwriting from Brown University, where she studied with Paula Vogel. An alum of 13P and New Dramatists, she won a MacArthur Fellowship

in 2006 and most recently, the Steinberg Distinguished Playwright Award. She was the recipient of the PEN Center Award for a mid-career playwright, the Whiting Writers award, the Feminist Press' Forty under Forty award, and a Lilly Award.

Her plays include *Stage Kiss*; *In the Next Room or the vibrator play* (Pulitzer Prize finalist, Tony Award nominee for Best Play); *The Clean House* (Pulitzer Prize finalist, The Susan Smith Blackburn Prize); *Passion Play* (Pen American Award, The Fourth Freedom Forum Playwriting Award from The Kennedy Center); *Dead Man's Cell Phone* (Helen Hayes Award); *Melancholy Play* (a musical with Todd Almond); *Eurydice*; *Orlando*; *Demeter in the City* (NAACP nomination), *Late: A Cowboy Song*; *Three Sisters*; *Dear Elizabeth*; *The Oldest Boy*; and most recently, *For Peter Pan on Her 70th Birthday* and *How to Transcend a Happy Marriage*.

Chicago Inclusion Project founder Enjoy Gavino welcomes audience members to the reading of *In the Next Room...* at TimeLine in 2016. (Photo by Joe Mazza / Brave Lux, Inc.)



Sarah's plays have been produced on Broadway at the Lyceum by Lincoln Center Theater, and Off-Broadway at Playwrights Horizons, Second Stage, and at Lincoln Center's Mitzi Newhouse Theater. They have been produced regionally all over the country, with premieres often at Yale Repertory, Goodman Theatre, Berkeley Repertory, and Piven Theatre Workshop in Chicago. Her plays have also been produced internationally and have been translated into more than 12 languages.

In the Next Room or the vibrator play premiered at Berkeley Repertory on February 5, 2009, under the direction of Les Waters. The Broadway production opened on November 19, 2009. That production was nominated for three Tony Awards, including Best Play.

It has had numerous subsequent productions at theaters such as Sydney Theatre Company in Australia; Plan 9 in Larco Theatre in Lima, Peru; St. James Theatre in London; The Actors Theatre in Phoenix; A Contemporary Theatre in Seattle; and a 2011 production at Victory Gardens Theater in Chicago, among others.

In collaboration with The Chicago Inclusion Project's play reading series, TimeLine presented a special reading of *In the Next Room...* in August 2016 before being inspired to include this full production in its 2017-18 season.



An hysteric woman committed to Bethlem Royal Hospital, a mental hospital, with a diagnosis of insanity caused by childbirth. (Bethlem Royal Hospital Archives)

THE PATHOLOGIZING OF WOMEN

The diagnosis of hysteria is recorded as early as the ancient physician Hippocrates, and comes from "hysteria," the Greek word for the uterus.

Hippocrates had an ill-founded belief that the uterus could wander about the body, independently causing symptoms such as melancholy, shortness of breath, and tremors. At this time, the male body was viewed as the basic template for humanity, and the female body as a "failed man." The failure was attributed to a lack of sufficient heat, which resulted in a woman's sex organs failing to pop out and become external genitalia. This perceived weakness indicated a fundamental deficiency in her body.

This early idea of women's bodies, fundamentally flawed as it was, made its way through medical history in a variety of ways. While later doctors with a better grasp of anatomy understood that the womb could not wander, the uterus was still tied to prevailing medical theories about women. The onset of menstruation, childbirth, and

menopause were all thought to be moments when women might be particularly susceptible to insanity.

"Hysteria" and the later term "neurasthenia" were catchall terms for a variety of physical and psychological symptoms. Symptoms of hysteria could include seizures, fatigue, sullenness, pain, weight loss, anxiety, and shortness of breath. The diagnosis encompassed what we would now consider a range of illnesses, such as depression, anxiety, postpartum depression, chronic fatigue syndrome, systemic lupus erythematosus, anorexia, and post-traumatic stress disorder, among others.

Doctors themselves seemed to be torn between whether or not the body or the mind was to blame for hysteria, but in both cases the weakness of either body or mind was attributed to an inherent difference in the female sex.

In her book, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction*, Rachel Maines argues that the 19th Century epidemic of hysteria, and the failure of the bulk of the medical community to see "hysterical paroxysm" as related to female sexuality, is the result of a pervasive androcentric view of sexuality. Androcentricity located both the purpose and the pleasure of heterosexual intercourse on male penetration and ejaculation, and assumed that female desire was either nonexistent in women or not desirable in a wife who fit the model of Victorian virtue and morality.

Women are diagnosed as ill rather than as expressing anger and stress caused by the societal limitations placed on them.

Because of this narrow view, Maines suggests that female bodies became pathologized and the traits of female sexuality were diagnosed as symptoms of illness. Many recent studies estimate that 75 percent of women do not have vaginal orgasms; this number was likely higher in the 19th Century, although the historical record is extremely fragmented. Maines points out that this data implies that doctors treating hysterical women were not familiar with female orgasm in their own homes, so they would not have recognized it in their patients as being associated with female sexuality.

At the same time, the limited sphere of activity available to women could be equally responsible for some of the described symptoms of nervousness, anxiety, and flashes of anger. Again, women are diagnosed as ill rather than as expressing anger and stress caused by the societal limitations placed on them, rendering their emotions illegible outside of the diagnosis of hysteria. It is notable that a number of intellectual women were treated for hysteria, including Charlotte Perkins Gilman, Jane Addams, Florence Nightingale, and Virginia Woolf.

The association of women with illness and mental instability continues to pervade medicine well into the present day. It was not until 1980 that the diagnosis of hysterical neurosis was deleted from *The Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (DSM-III), published by the American Psychiatric Association.

AMERICAN NERVOUSNESS

U.S. neurologist George Miller Beard, who also popularized the term neurasthenia in 1869, characterized hysteria as "American Nervousness." He argued that the stresses of modern industrial life, the bustle of big cities, and the American zeal for achievement and competition in business could lead to overwork and nervous breakdown.

Here illness is framed in a positive nationalist framework, perhaps in part to placate the wealthy clients seeking treatment by ennobling their illnesses. In fact, in his book, Beard said the illness was alarmingly frequent "among the well-to-do and the intellectual, and especially among those in the

THE TIMELINE: HYSTERIA AND ITS TREATMENT

500 BC Greek physician Hippocrates refers to the ailments that come from a woman's unhappy and displaced womb. He uses the Greek word for uterus, "hysteria," from which the word hysteria will be derived.

200 AD Roman physician Galen prescribes pelvic massage as a treatment for hysteria.

1575 French surgeon Ambroise Paré writes that married women experiencing hysterical symptoms should "be strongly encountered by their husbands," and if unmarried, a midwife should use various ointments to "rub or tickle the top of the neck of the wombe."

1660 English surgeon Nathaniel Highmore describes the effort required in pelvic massage as like "that game of boys in which they try to rub their stomachs with one hand and pat their heads with the other."

1859 French physician Pierre Briquet claims that a quarter of all women suffer from hysteria.

1859–1866 British doctor Isaac Baker Brown performs clitorectomies as a means of treating female "insanity." His patients include women suffering from seizures and eye problems, five women who wanted to take advantage of the 1857 Divorce Act, a 10-year-old girl, and a daughter whose parents complained of her disobedience.

1860 The use of a pelvic douche at medicinal spas and baths is used to treat hysteria.

1869 American physician George Taylor patents a steam-powered table with a hole cut in the middle for a "vibrating sphere." He calls it "The Manipulator."

“When these symptoms indicate, we think it necessary to ask a midwife to assist, so that she can massage the genitalia with one finger inside, using oil of lillies, musk root, crocus, or [something] similar. And in this way the afflicted woman can be aroused to the paroxysm. This kind of stimulation with the finger is recommended by Galen and Avicenna, among others, most especially for widows, those who live chaste lives, and female religious, as Gradus [Ferrari da Gradi] proposes; it is less often recommended for very young women, public women, or married women, for whom it is a better remedy to engage in intercourse with their spouses.” — *Pieter van Foreest, Observationem et Curationem Medicinalium ac Chirurgicarum Opera Omnia, 1653*

professions and the higher walks of business life, who are in deadly earnest in the race for place and power.”

HYSTERIA IN MEN

Early in the 19th Century, a smaller group of men experienced harsh treatment for male hysteria, then called “spermatorrhoea,” which concerned male emissions, whether nocturnal emissions or premature ejaculation. Such emissions were seen as a weakening of male vigor.

Excessive masturbation was both a symptom and primary cause. Treatments could be as brutal as those prescribed for women and included inserting a needle into the prostate and testes, the blistering of the penis, and forced dilation of the anus.

Early on, hysteria in men was also equated with a lack of masculinity, physical softness, lack of movement, an artistic temperament, and heightened sensitivity. The hysteric male was often described in feminized terms.

*Vintage vibrator with attachments.
(Jules Annan / Bancroft Media)*



By the turn of the century, men’s hysteria, now more often called neurasthenia, was characterized by loss of appetite, fainting spells, migraines, and insomnia. This of course primarily affected men from the upper class. Often patients were early examples of anxiety and depression. By the start of World War I, neurasthenia was the term used to describe soldiers suffering from what we now know as post-traumatic stress.

TREATMENTS FOR HYSTERIA

Some of the earliest descriptions of hysteria recommended pelvic massage treatment. However, many treatments for hysteria were much less humane. The range of medical treatments for hysteria over time included: smoke being applied to the uterus, application of leeches to the labia, ovariectomies, clitorectomies, the cauterization of the clitoris, douches, cold and hot baths, restraints, imposed rest—and even partial lobotomies and the applications of electrical shock.

In the 19th Century, pelvic or vulvar massage returned as a treatment for hysteria. Massage was used to bring women to “hysterical paroxysm,” the term doctors used to describe female orgasm. A number of scholars suggest doctors would not have understood the paroxysm as an orgasm because it was assumed that women did not experience pleasure outside of penetrative heterosexual sex.

The large amount of time, skill, and effort required to successfully treat a woman with massage was considered onerous to many doctors. Many physicians turned the manual labor of massage therapy over to a midwife or nurse. The invention of vibrators brought about a more effective and efficient method of treatment.

THE VIBRATOR



A vintage advertisement of a vibrator for home use.

The earliest vibrators were mechanical and were operated using hand cranks. As technology advanced, water-powered vibrators appeared, until finally electrical and battery-powered vibrators were patented and made available. Some of these new vibrators even emitted small electrical shocks. At first, vibrators were limited to use in medical offices, but they were soon being sold in mail order catalogs.

The vibrator went by a number of names, as competing inventors and businesses developed a range of devices. Advertised as manipulators, percussors, massagers, and vibrators, their names were free of overt sexual connotation, although the advertisements certainly sound suggestive to modern readers. All of these could be used for the more innocuous use of massaging sore muscles, but operating manuals, medical records, and advertisements show they were quickly adapted for pelvic massage at home.

It was not until vibrators appeared in pornographic films of the 1920s that they became socially unacceptable and fell off in public popularity and as a medical treatment.

1869 American neurologist Dr. George Miller Beard coins the term “neurasthenia,” which will be used alongside the word hysteria.

1872 Doctor Robert Battey introduces the surgical removal of the ovaries as a treatment for a variety of conditions, including “female madness,” nymphomania, and pelvic pain.

1873 American neurologist Silas Weir Mitchell publishes his “rest cure,” which requires patients to refrain from reading, writing, and all intellectual work, and to remain in bed for the bulk of the day. Patients are fed a fat-rich diet and receive massage and electric treatment. Mitchell treats many notable intellectuals, including Jane Addams and Charlotte Perkins Gilman. The treatment is widely prescribed.

Treating women becomes highly lucrative for the growing ranks of medical professionals. Hydrotherapist Russell Thacher Trall estimates that three fourths of the \$200 million in income made by American medical professionals comes from treating chronic illness in women.

1882 The first portable vibrator, patented by Dr. Joseph Mortimer Granville, is introduced; it is still heavy enough and expensive enough that it is purchased primarily by doctors looking to alleviate the efforts required by manual massage.

1885 Sigmund Freud publishes his case of Anna O., and early psychotherapy, or the “talking cure,” starts becoming the primary mode of treating hysteria.

1892 Charlotte Perkins Gilman publishes *The Yellow Wallpaper*, a short story about a woman who goes mad after being prescribed a “rest cure” by her physician husband. Gilman had been a patient of Silas Weir Mitchell, the creator of the rest cure.

AMERICAN EXCEPTIONALISM

Late 19th Century America is a study in contrasts. Changes in science and technology meant that electricity in homes and for streetlights was becoming more common, and medical and scientific advances were improving health care. Doctors had more formalized training, understood the germ theory of disease, and had started using antiseptics. Industrialization saved time and brought down the expense of certain household items. The Civil War was over and for a rising middle class and upper classes, there was money to spend on leisure and hobbies. Of course, this was not the case for the lower classes, factory workers, farm laborers and people of color. But there was a strong sense of American exceptionalism, and the nation was the most technologically advanced it had ever been. For many it felt like the dawn of a new era.

WET NURSING AND MORALITY

Throughout the 19th Century, there was concern about women in liminal roles, particularly those who were employed in upper middle class households, but were not part of the family unit, nor servants. The sexual and moral status of these women, and the desire to preserve the purity of the household and those they cared for—wives and children—was a deep concern to 19th Century men.



A post-Civil War wet nurse.

The most troubling role was that of wet nurses. By the nature of their work, wet nurses had necessarily had sex and offspring. This created a quandary, because many women who sought employment as wet nurses were single mothers, which made their moral character suspect. There was a belief that immorality could be transferred to the nursing child through the breast milk. It was typical for doctors to be called in to examine the health of the mother and make sure she did not have any venereal diseases. The morality of the milk extended to religious background, as well.

A particular concern in the northern states was the ethnic and racial background of the wet nurse. Advertisements for wet nurses requested they be English, Scottish, or, as one ad read, "Wanted, a wet nurse, German preferred." Some agencies for wet nurses used names such as "The Protestant Agency" or "Swedish Employment Office." Parents also feared that "Romanism" (Catholicism) could infect the child.

THE INTERVIEW

MECHELLE MOE



Mechelle Moe

As the cast and production team prepared for their move to Stage 773 for tech rehearsals and performances, dramaturg Maren Robinson (MR) spoke with director and fellow Company Member Mechelle Moe (MM):

MR: Why theatre? What sparked your interest in this art form and how did you get your start in it?

MM: My life in theater came to me in a very roundabout way. I grew up in the cornfields of Illinois, where there was very little arts programming. And while I did get the lead in the school play, that was pretty much all the experience/exposure I had going into university.

I was determined to be the next Dian Fossey, to move to Uganda and study gorillas. I was majoring in Anthropology, volunteering at the zoo, and studying my Swahili tapes. And then I started to take a few theater classes as electives. I ended up with degrees in both Anthropology and Theater.

After graduation, I applied for a position at the Kari-soke Research Center in Africa, which I didn't get. The next thing I did was audition for The Hypocrites' first production of *The Bald Soprano*, which I did get. And that was it ... theater.

But whether theater or anthropology, it's all about exploring the human experience and telling stories. That's something I've always been passionate about.

MR: Your career has included work as an actor, educator, arts administrator, and director. What do you enjoy about the director's seat?

MM: I feel like I've always approached my work through a director's lens. I'm always thinking of the bigger picture and how all the various elements come together, it's just how my brain works. Collaboration and bringing lots of voices to the table is really exciting, and I like to be the anchor to those conversations.

1900 The Chattanooga Vibrator is introduced at the Paris Exhibition, where doctors have dozens of medical vibrators to examine for purchase. The Chattanooga is the most expensive at \$200 and stands about 5 feet tall. Other models start at \$15.

1902 The vibrator becomes the fifth home appliance to be electrified—after the sewing machine, fan, kettle, and toaster.

1910s Catalogs such as Sears, Roebuck and Co. regularly sell vibrators for the home, which marks a shift from professional to home use of the vibrator.

1914–1918 Neurasthenia becomes a common diagnosis for World War I veterans suffering with shell shock, which is now understood as post-traumatic stress disorder.

1920s Vibrators begin to appear in early pornographic films and lose their status as medical and household devices.

1952 The American Psychological Association drops the word hysteria from their books.

1980 Hysterical neurosis is removed from the *The Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (DSM-III) as a diagnosis.

MR: Could you talk about the collaboration with The Chicago Inclusion Project, and why you were passionate about including this show in our season?

MM: Fellow Company Member Behzad Dabu is also affiliated with the Inclusion Project, and we were excited to partner with them. Inclusion is fundamental to TimeLine's core values, and what we are constantly striving for on and off stage. And personally, inclusion, especially the youth perspective of that conversation, is a cornerstone of my work.

There was a strong sense of American exceptionalism, and the nation was the most technologically advanced it had ever been. For many it felt like the dawn of a new era.

"It was at the Women's March in Chicago, surrounded by a sea of humans chanting 'my body, my choice,' that kept echoing in my head and driving me back to this play."

For the staged reading, my goals were pretty simple: find a female-driven story and something fun but with depth. Once I dug into this play, I fell in love. It really is so smart, funny, poetic, human ... It's painful but also with so much hope.

But my turning point with the piece, and why I fought for it to be in this season, was the presidential election. This play is set at the dawn of electricity, but it is also the dawn of the modern woman. And once I started to study hysteria in its historical context, and learned how deeply rooted it is in our culture, and how it was playing out and being used as a destructive tactic in the campaign, my mind was blown.

Ultimately, it was at the Women's March in Chicago, surrounded by a sea of humans chanting "my body, my choice," that kept echoing in my head and driving me back to this play. It's just amazing how far we have come as women, but how fragile it all is ... how we still are fighting for basic rights. I wanted to provide a platform for women in our season, as it's a voice that is marginalized in today's world.

MR: We're both women, and that means at some point someone, probably a man, has suggested we couldn't or shouldn't do something. What does it mean to you as a woman to get to direct this play?

MM: Ha, well, yeah. I would say as a person who serves in many leadership roles, I am confronted with instances of misogyny on a weekly, if not, daily basis. Sadly, I don't even think that people always know when they are actively being dismissive or have issues with women in positions of power. The worst, and most disheartening, is when women do it to other women. But it is frequent that people will defer to my male counterpart

in meetings or decision-making situations, and it drives me nuts.

Like the characters in the play, I have worked very hard to be "seen" in some capacities of my life. I hope to empower other women to do the same. I'm more interested in how we lift people up versus how we tear them down. And I am thankful I am surrounded by artistic families that also believe and advocate for lifting others up and letting them shine.

MR: I wonder if you could talk a bit about your approach to intimacy in the show?

MM: We are working with an intimacy choreographer, which is a relatively new concept in the theater. In the same way you would break down and stage a fight, you really need to go point by point to choreograph any moments of intimacy. It just so important that everyone in the room feels safe, supported and respected. It's the only way to do good work.

MR: In addition to being a TimeLine Company Member, you're also Co-Artistic Director of The Yard. Tell us about what The Yard does.

MM: The Yard is a professional youth-driven theater company whose mission is to tell stories relevant to young people, and told by young people. We work with amazing young artists, giving them a platform for their voice and the issues that resonate with them. We have a team of professional theater makers who mentor them in every aspect of running a theater company and producing a show, and we partner with organizations like TimeLine, Jackalope, Steppenwolf and Victory Gardens. Ultimately, we hope to change—or inform—the conversation around arts education and youth theater.

MR: What other projects do you have coming up?

MM: I'll appear in *Boy* at TimeLine, which is thrilling. It's always good to do a show at home, my favorite place to be. Then I'll direct The Yard's next show at Steppenwolf's 1700 space, and direct and produce our short plays festival *Snack Break* in artistic alliance with Victory Gardens. It's my ideal year—a perfect mix of acting, directing, and making art.

BACKSTAGE

DONOR SPOTLIGHT: DR. JANICE L. FEINBERG



TimeLine supporter Janice L. Feinberg

We are delighted to recognize one of TimeLine's most generous donors—Janice L. Feinberg. In 2012, Janice's curiosity was piqued when she saw a blurb on *Enron* in the *Chicago Reader* and thought, "How can you make a play about Enron?" Since then, Janice has been an avid attendee and supporter, loving getting to know members of the Company and learning the "science" of theater.

"TimeLine provides an intimate, immersive theater experience, unique in Chicago."

Janice Feinberg, PharmD, JD, is a Chicago-based consultant and President of The Joseph & Bessie Feinberg Foundation, a private family foundation committed to effective community and cultural investments through its philanthropy. As a social impact investor, the Feinberg Foundation supports community-based organizations that improve the lives of the economically underserved population of Chicago, serve the needs of abused or neglected youth, and support children in at-risk or economically disadvantaged households. Focus areas include early childhood development, literacy enrichment, mentorship, homelessness, violence prevention, and access to health care, as well as medical research, Jewish communal causes, and the Chicago arts community.

Janice has a long career in pharmacy, with a specialty in geriatrics, and more than 30 years experience in non-profit management. She is personally involved in many of the organizations the Feinberg Foundation supports and serves on the boards of WTTW/WFMT, My Block My Hood My City, and ACWIS Midwest Region. She is a member of the Chicago Committee of Human Rights Watch, an ad hoc member of the Northwestern Medicine Committee of the Northwestern University Board of Trustees, and

serves on several advisory boards within Northwestern Medicine.

When asked to identify a favorite TimeLine production, Janice said she "couldn't possibly choose one favorite play. Each production is unique, exciting, powerful, or entertaining in its own way." But overall, Janice especially appreciates that "TimeLine provides an intimate, immersive theater experience, unique in Chicago." Looking ahead, she is excited about TimeLine finding a new space and what that can mean for the organization.

BACKSTORY: THE CREDITS

Dramaturgy & Historical Research by Maren Robinson and Lucas Garcia

Written by Maren Robinson, Lucas Garcia, PJ Powers, Lydia P. Swift, and Lara Goetsch

Editing and Graphic Design by Lara Goetsch

In the Next Room... promotional image design by Michal Janicki

Backstory is published four times each season.

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TimeLine Theatre presents stories inspired by history that connect with today's social and political issues.

Our collaborative artistic team produces provocative theatre and educational programs that engage, entertain and enlighten.

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