Explorations in literature: Sciction—a new literary genre—and a new method of paragraphing—the conversagraph.

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Abstract

"Sciction" refers to a new literary genre developed by the author in 1999. It was a genre borne from necessity and first used in his book, *Cry the Beloved Mind* and subsequently in his plays, *Tomorrow the Earthquake* and its modification, *Quakes*.
It was originally defined as "science through fiction" and later modified to "science through literature' so that book-stores could more easily classify it under the broader genre of non-fiction. The idea of medical sciction involving composite patients and students, interacting with a medical professional, at times, in dialogic style allows for education through fascination—this is specifically "medical sciction". The idea of sciction has, no doubt, been used before, but the genre never before defined. Examples are given, including a new kind of sub-paragraphing, the "conversagraph", which allows for maintained communication on a specific theme but with enough difference to require at least a separation such as a new line, yet not a new paragraph.

Keywords

Sciction, Scictitious, Conversagraph, Dialogic Style, Genre, Literary Genre, Fascination, Education, Fiction, Literature, Science, Cry The Beloved Mind, Quakes, Paragraph, Clinical, Didactic, Pellagra, Scictitious, Didactic, Linguistic, Seizures, Voice-Over, Narrator

The prolonged gestation of a literary genre

In the early 1990s, I listened to a variant of troubling words that I had already heard many times before. "Doctor, I've consulted so many people, been on so many different treatments and nothing helps. It seems the only thing left for me is to die." This patient did not die. Instead, she improved immeasurably. Experiences such as this were the defining

moments that inspired me to write a book for patients and family members. The world of psychiatric and neurological medication is extremely complex, yet proper and often detailed evaluation should help even the most difficult of patients.

I began to make rough notes and to dictate ideas. I thought the book would be completed in six months. After all, what I planned would be just another book on psychopharmacology—brain medications. I wanted the focus to be a self-help book, providing my opinions on treatment guidelines based on solid scientific information. But it was not to be. I understood that I had an obligation to produce the highest quality book I could. This meant it not only had to be readable, it had to be something more. I wanted to fascinate my readers with my own personal voyage of exploration, sharing with them the excitement that discovery can make and by so doing help others. However, I emphasized that people respond differently, and that they should always consult their physicians and not rely on the book. Gradually, *Cry the Beloved Mind: A Voyage of Hope* was born. The gestation period was not six months but seven years of re-writing, re-thinking, and re-directing.

Respect and hope were the key themes of this book. I tried to compassionately identify with every unique and important patient and to respect them. I wanted to allow the reader to participate in an engaging medical detective mystery of finding solutions to the seemingly insoluble. I endeavored to make this book far more than pharmacology and to deliver meaning for those who had lost it.

I hoped the reader would share with me some wonderful voyages of discovery.

By means of sciction, a series of linked stories blended several real patients together into one. Through composite case

histories with fictitious dialogue, I tried to explore how correction of the underlying biology of the brain could do wonders for one's mind. The extensive dialogue allowed me to simplify complex areas and more easily target specific areas of the book, such as depression, anxiety, seizures, psychoses, and movement disorders, for those who did not want to begin the book at the beginning. Finally, I realized I must emphasize how drugs interact with each other and recognize that fashionable alternative medicines like St. John's Wort are commonly being used.

My primary hope was to help many in need, by enhancing knowledge of medical and neuropsychiatric conditions. I also offered the new literary direction of sciction—a scientific non-fiction opinion linked with dialogue and composite case histories in a fiction style. I introduced, too, the idea of the *conversagraph*—effectively conversational subparagraphs embedded in paragraphs.

We examine first ”sciction” using the example of *Cry the Beloved Mind* and follow through with the conversagraph. (This very paragraph is an example: note the new indent without the extra space; the continuous theme yet the sub-theme; and how the separation of lines allows us to more easily perceive the slightly different theme).

The style of sciction

Cry the Beloved Mind: A Voyage of Hope, was my solution to the dilemma. The challenge was to deliver important scientific information on psychiatry, neurology, the brain, social issues and medications in a vivid and readable fashion. I perceived science, at times, as too detailed and dry for the ordinary reader. Furthermore, case histories with factual information do not easily fit the fabric of a novel, besides giving away detail of patient medical information.

The solution was the development of the new literary genre of “sciction”—*science through fiction*. The book *Cry the Beloved Mind* reflected the literary vehicle for its first voyage of exploration. Sciction (pronounced "skikshun") was subsequently used also in my more technical play *Tomorrow the Earthquake* in the early 2000s and the play’s derivation written for laypersons, *Quakes.* This was first produced in a play reading in Johannesburg, South Africa in May 2002 in an earlier version. A staged play reading of *Quakes* in Honolulu, Hawaii, USA in May 2004 marked the first time that sciction was officially used in a staged production.

In all these instances, I applied the methods of medical diagnosis and treatment to the cases, but the patients represented fictitious amalgams. I melded concepts with composite patients to portray my approach to helping another's suffering. The object then as now is an education far more diverse than the management of the actual patient—education through fascination. The end is greater understanding of numerous different psychiatric and pharmacological areas; the means is the composite illustrative patient.

Sciction allows for a special style—a play embedded in prose—to facilitate comprehension and enjoyment. For example, the teaching model of doctor and student is woven into the dialogue of the *Cry the Beloved Mind*, just as the treating model of doctor and patient is. These interactions represent a well-established interactional teaching style. However, the added prose amplifies, links, clarifies, and narrates compassionate care.

Within a year of the publication of *Cry the Beloved Mind: A Voyage of Hope*, it was clear that sciction defined as *science through fiction* was problematic. I need to change this definition

to *science through literature* as based on the name, sciction, the book would be listed under fiction when yet sciction is better classified as non-fiction despite being science through composite realities of fiction. This economically was also relevant as fiction books characteristically are much cheaper than non-fiction.

I am under no illusions. Sciction as I defined and delineated it in 1997, reflected the first time this technique was actually verbalized as a method. However, I was under no illusion that I might not actually be developing the technique itself. Television programs involving emergency rooms for example would involve acting out information with dialogic styles, while all the time educating their TV audience. Their intention was entertainment, and the exact time that this began was not clear. But the education component, though tacit, certainly was not verbalized.

I will focus a little on the book *Cry the Beloved Mind* given that it is the first in this genre. First I give an example of sciction involving the doctor (in plain text) and either the patient, Wendy, a highly suicidal and angry patient, or the medical student, Andrew (both in italics) in dialogue in *Cry the Beloved Mind*. Note too the indented paragraphs, the large A and the ostensible paragraph within a paragraph (the conversagraph). This is an instance of Doctor and Student. (p311-313). Later in our Play example, we will show a Patient example.

> Of all the cases Andrew had seen, this patient seemed to spark the most interest in him. The first time he had sat in on one of my early follow-ups, our search for an answer to the riddle of the condition that so tormented her had not yet born real fruit.
> Nevertheless, I had hope that Kim's suffering embodied a summons for us to begin a voyage of exploration into uncharted waters, toward a land of promise.
>
> One gateway there would involve, as Andrew realized, a longer look at the patient.

I think this case, Doctor, is as fascinating as it is disquieting. Do you think it would be worthwhile to understand the whole framework of our patient here? Could we discuss the "longitudinal perspective"—her case history, right from the beginning through to her present?
Of course that's worthwhile, Andrew. It's valuable with every case, and particularly in the context of psychiatry, we should trace chronologically—over a period of time—these various historical parameters.

I noticed that you do that every time, but the aspects that you've been talking to me about have for the most part focused on the pharmacological.
Yes, you're quite right that we have been working largely on a psychopharmacology course; but let's embark on an extended view of our patient, Kim, over a period of many years.

And so I began Kim's tragic story:
As a child Kim had been untroubled, artistically talented, and socially adept. When she graduated from High School in 1963, she enrolled immediately at a University in Minnesota with the hope of working toward a degree in Sociology. Her artistic bent served her well in her first year of college. To make money, she designed a line of embroidered toy animals that she sold at street fairs and craft shows. Her dress and behavior were as colorful and flamboyant as her stuffed animals. This made her later psychological decline just that harder to detect. At the time of her first episode of what initially was labeled "schizophrenia", later revised to a diagnosis of "schizoaffective disorder", Kim was completing an internship at a social service center in downtown Minneapolis. There she was learning counseling skills and helping at an occupational therapy unit.

When did she first become ill?
Her supervisor first noticed that Kim was late for work. Then she began to miss entire days, although she had clients to see. When he eventually went to her apartment to check on her, he found her in a deep depression, but at the same time in an oddly combative mood.
Although he was forced to fire her from the internship, he persuaded her to visit a community clinic. She failed to continue seeing her first psychiatrist, because she suddenly realized that he was trying to kill her. She had to keep quiet about it, however, because his staff were all part of the elaborate plot. They did not want her special mission to save the world to succeed. These were among the paranoid elaborations typical of schizophrenia that possessed her.

Strangely and ironically, she would make her mark on the world. But this would occur only many years later and not involve saving the world.

Kim would play the more modest but no less significant role as a patient who was contributing to a break-through in medical science that would, in a sense, save her. But Andrew did not know that at the time. I had a semblance of awareness.

Sciction produces its own dilemmas. As a scientist, I wanted to document every comment with a reference. I fought off that temptation to make my sciction book more readable to the lay person. I have generally found it inappropriate to cite the text, as the cases themselves are *scictitious*— scientific fictional composites. In sciction, I restrict citation to a

minimum, in endnotes at the back of the book, identifying only the essentials of the concept under discussion or sources for amplification. Sometimes these endnotes reference my work in order to share the personal and professional voyage of discovery that is the overall thrust of the book. This allows the reader to resonate a little with the historical perspective. Such citation limitations are not meant to diminish the important contributions of uncited colleagues.

The sciction style in *Cry the Beloved Mind* allows for two interwoven elements: The unique case histories in this book fascinate; the themes in the chapters educate. However, the factual areas dealt with may reflect exceptions, not the rule. Simplification may compromise extremely complex subjects and there is a danger of loss of perspective if specific patient experiences are too easily generalized. Most patients do not require extreme measures to improve; most physician consults yield beneficial results; and critiques of particular drugs do not imply the medications are deficient, just unsuitable for the portrayed scictitious patient. Individual bad reactions do not make medications globally inappropriate. Pharmacological interventions generally involve the subtle balance of beneficial effects far outweighing side effects, and profound adverse reactions are relatively rare in practice. "When you hear the hoof beats you should think of horses not zebras." *Cry the Beloved Mind* portrays the exotic mysteries of zebras, even as it teaches the general principles of horses—the key phrase for sciction is "education through fascination".

Using the example again of *Cry the Beloved Mind* again, the sciction genre necessitates three diverse didactic leaps creating substyles:

- Firstly, providing helpful information sometimes necessitates actually detailing doses or symptoms or medical ideas. This may compromise the literary flow,

but helps to remind us that specific dosing is critical for success.

- Secondly, the medical student, Andrew, through his questions and especially through the responses of the Doctor, becomes a particularly convenient educational device to convey relevant information. But of course, in reality, almost all these interactions with patients are performed in the confidentiality of the doctor-patient relationship, and not with a student present.
- Thirdly, a large letter beginning a paragraph separates significant theme changes. This commonly reflects time-shifts or changes in the discussion. Signifying these separations creates more intelligible portions for the reader to digest; it also allows for targeting significant interest areas more easily. This balance of detailed complex pharmacology and intelligible simplification is a delicate one: Particularly complex themes or pharmacological detail are, in addition, punctuated by an explanatory footnote linked with the large letter beginning and ending the section. This way, the reader is alerted to what can be skimmed over. These techniques allow more comfortable reading: Appropriate comfort level is a priority for education and fascination.

Stylistically, maximizing education without sacrificing clarity proved a challenge solved by a series of global structural changes aimed at greater ease of reading: The dialogue style of italics for questions and regular print for answers enabled the reader to more easily scan for specific interest areas. By these means, difficult concepts become more comprehensible to the curious layperson.

Sciction: Science through literature in "Cry the Beloved Mind"

There is a meaning behind the intentions of sciction. The "education through fascination" and "science through literature" process has a positive purpose in the book, *Cry the Beloved Mind*: *A message of hope*.

Cry the Beloved Mind represents a series of voyages in the pharmacology of psychiatry and neurology, reflecting a single message: There is help for the anguished patient. People can be helped, provided we are aware of the exact biochemical or electrical abnormalities involved and we have the appropriate interventions to alleviate the problems. Each of the twelve chapters is a unique voyage directed toward the same destination of exploration and hope.

This book educates and stimulates. Didactic principles about understanding symptoms and restoring health are interwoven with patient portrayals to provide concrete examples of diagnostic and therapeutic dilemmas. These techniques allow a focus on medication options, which sometimes reflect important breakthroughs in pharmacological knowledge. These include the first successful treatment of profound tardive dyskinesia, the awakening of the catatonic patient, the dousing of brain fires in both non-epileptic psychotic and aggressive patients, and the normalization of patients who have lost efficacy on antidepressants. However, the complex solutions in this book portray more than a medical mystery. Respect and hope are the key themes of *Cry the Beloved Mind*.

But the pharmacology of hope would be incomplete without the crucial spice of this book. It includes deliberate diversions that allow discussions within each chapter to explore social issues such as: normality, cause and effect, searches for meaning, gun control, informed consent, labeling of patients, generic substitution, alternative herbal medicine, jet lag, regulation of medications, drug interactions, historical

perspectives in psychiatry, shock treatment, and techniques such as measurement of brain waves at home.

- Sciction allowed me to target a wider and more diverse readership because the complex becomes comprehensible. *Cry the Beloved Mind* is medical, pharmacological, and psychological; and sciction may have particular applications there, though I see no reason why it should not work in physics, mathematics, linguistics, or biological sciences. In this instance: Sciction techniques increased this diversity of potential readership.
- Those seeking help for themselves or a family member benefited.
- Health care professionals and students of psychology, pharmacology and medicine profited greatly.
- Literary scholars were interested in the new style of sciction.
- It was my desire that even the inquisitive senior high school student would find the concepts embodied applicable during the iconoclastic phase of anomic adolescence.
- But most of all, I wrote this book for the curious layperson who could take pleasure in an ongoing medical and psychological detective mystery spiced with incomprehensible information suddenly becoming comprehensible, the controversial becoming crystal clear and yet primarily aimed at showing care for others in need all the while educating in a scientific discipline.

This book reflected my optimism that most problems linked with brain abnormalities and behavioral difficulties could be treated. Sciction allowed me to develop the theme of detailed clinical evaluation over many different sessions to ensure that

each individual's numerous unique characteristics could be carefully evaluated. I was able to show that brief medical exams may contribute to the truth, but turning a life around often requires more subtle appreciation of the complexities. It is in this sense that the sciction of this book reflects an approach that I have learned, and I am still learning: My many patients have taught me to look, listen, and apply whatever knowledge and skills I may have to help their recovery.

The ideas in *Cry the Beloved Mind* are intended to flow as the text within sections and chapters are connected closely with the themes of the preceding ones. Yet, each chapter is a distinct entity which can be read, and hopefully understood and appreciated, on its own. Extreme facets are dramatized, yet the lessons that emerge can be widely applied. A sciction book such as this, becomes a multi-act play (twelve in this instance) with different scenes in each chapter. The play calls for an intensity that makes each patient atypical; but such unique attributes exist within everyone.

The voyages described in this book reflect unusual patients and therefore require unusual solutions. If these clients can be helped, how much more so can the average patient improve? The voyage of hope is an important one, but we should never lose a sense of perspective. Most people with neurological and psychiatric disorders reflect common problems with ordinary solutions which respond well to appropriate medications. Most patients do not need these innovative approaches. Sciction allows this differentiation of perspective.

There is the typical warning in “medical sciction”: No form of treatment is a panacea. While *Cry the Beloved Mind* was intended to communicate how, by detailed evaluation, even the most difficult of patients may be helped by medication, it is not a comprehensive didactic exposition on pharmacology or on

psychiatric disease. The appropriate medical specialist, not any medical book, should determine how, why and when to use a specific drug. Exhaustive detail can be found in standard texts.

All books have lofty hopes. So, too, did this one. *Cry the Beloved Mind: A Voyage of Hope* represents a series of voyages in the pharmacology of psychiatry and neurology. This book reflects a single message: There is hope for the anguished patient. People can be helped, provided we are aware of the exact biochemical or electrical abnormalities involved, and we have the appropriate interventions to alleviate the problems. Each of the twelve chapters is a unique voyage directed toward the same destination of exploration and hope. My primary hope was to help many in need, enhancing knowledge of medical and neuropsychiatric conditions, and making way for further books in the *Cry the Beloved* series. This has yet to happen but will in its time. Toward this end, I also offer for scrutiny the new literary direction of sciction.

The Conversagraph: A new linguistic style.

The consequence of a new genre may be the need to communicate differently. With sciction, I introduced the "conversagraph"—an unusual paragraph style which I now use in other writings as well: the *conversagraph*. How do we provide paragraphs for dialogue? Do we deliberately create different paragraphs for every dialogue portion even when we use no quotation marks, as in this book? Or do we introduce conversagraphs where the relevant dialogue on a single topic remains in the same paragraph. The following are examples from the book:

These are examples of dialogue that continues through two dialogue sessions, and when there is a theme change, a new conversagraph is started. Effectively a paragraph has a

subparagraph. Here’s a discussion on the vitamin deficiency condition of Pellagra in *Cry the Beloved Mind*. The medical student is Edward. (page 3)

How long has she been this way?
For a couple of days. She was at home until this evening. You can see she is dehydrated—look how dry her skin is. Part of this fluid deficiency is her not drinking water, and the other component is her diarrhea. I think her diarrheal soiling may be because of her not caring about herself.
What do you mean, Doctor?
She's in a state where she totally neglects herself. She doesn't move and cannot care even for such functions as excretion of body fluids. Without treatment, Priscilla would die in a week or less.

So what should be done?
We will give her very high doses of the specific B vitamins that she's deficient in—thiamine and nicotinic acid in large amounts, several thousand milligrams through an intravenous line.
We need to give her nothing else? What about strong psychiatric drugs?
No. Ed. We're treating the actual cause. Watch for a miracle.

The two conversagraphs above can be contrasted with a single conversagraph below:

This is remarkable, Doctor! But why does Pellagra happen?
Because the brain's biochemical pathways are not able to perform what should be done. The specific deficiency is niacin, and previously in the deep south in the United States, where it was prevalent in the 1920s, this B vitamin was actually called "pellagra preventive factor". As you saw, Edward, Priscilla had totally slowed down to an absolute statue, until we could give her the right fuels to re-invigorate her.

Why sciction is broadly classified as non-fiction.

How does one classify "sciction"? Sciction is a type of non-fiction with specific characteristics:

- It must educate as its primary goal.
- It must portray real scientific endeavor not futuristic scientific imagination as in science fiction.
- The educational information must be based on fact.

- The information must be upgradeable: In fiction, the contents are largely immutable except for possibly translations into more modern language, or dialects or other languages. In sciction, information may become outdated which means book revisions may be associated with revisions of the factual scientific contents of the text, like any other textbook.
- It must have a distinct literary style: dialogue, characterization, play within prose, composites of reality all are features that reflect this genre of sciction.

Cry the Beloved Mind would ultimately be an example of somewhere between non-fiction and fiction. But for libraries and bookstores it needed to be placed somewhere. I believe *Cry the Beloved Mind* should appropriately be classified under the broadest guise of "non-fiction".

This conceptualization is more than theoretical as it is currently the only book *specifically defined as in the literary genre of sciction, though no doubt others exist*. Sciction has most similarities to another new literary genre called *"creative non-fiction"* which is non-fiction with fictitious embellishments. But it is different, however, from creative non-fiction because there are no such fictitious embellishments. Every facet of the book *Cry the Beloved Mind: A Voyage of Hope* is based on fact.

Why then "sciction"? Where does the fiction come in?
It is only a peripheral facet. The characterization of the student is fictitious, though, he could resemble many medical students. The dialogues between doctor and patient, and doctor and medical student is based on fact but written as fiction. The characters of patients are fiction in the sense that no specific patient in the book exactly resembles one single patient the author has treated. However, such patients' symptoms and problems are real composites extracted from several different patients. The fiction is the literary component of sciction.

Why then the non-fiction classification—is it the science?
Simply because this is how a sciction book was written. It is written as a medical and scientific document. Like other scientific papers, it is not neutral, but expresses opinions and preferences. The object of the sciction book is scientific education. But to make such a didactic text especially worthwhile, it is written in a prose and dialogue style—a play within prose—that is designed to fascinate, provide hope and help and teach all at the same time. It is far easier writing pure non-fiction, as in other scientific educational books: But sciction does not compromise style; nor does it short-change the reader. They would have read a dry scientific treatise not a fascinating piece of non-fiction designed to help thousands of lost souls.

But are there specific examples of non-fiction in Cry the Beloved Mind?
Indeed, yes. Every patient described in the book is reflected in appropriate scientific literature in regard to the nature of the new discovery or innovative or pioneering treatment. Footnotes appear citing the appropriate literature.
Moreover, the more general teachings such as absorption or metabolism of medications have a solid basis in scientific endeavor, and in reality no key information has been changed other than to disguise the patient or exclude out irrelevancies in the case history or allow composites. This has the dual function of emphasizing certain points and also disguising the patient's identities for confidentiality. All the cases are composites of real patients that were personally in my care.

Why are these points made?
Because this book is theoretically and in practice classified as "non-fiction.” Theoretically, for the reasons above and in practice because it is so classified by the major groups that

decide this: Books in Print, Distributors specializing in non-fiction such as Quality Books Incorporated, Bookstores that have placed it variably under "Psychology" or "Self-help" Book reviewers and radio, television and written media interviewers are realizing this as well: We are dealing with a hopefully pioneering contribution, one that should grow enormously over time. *Cry the Beloved Mind* is simply the first of possibly many such books.

Examples of sciction in a play: *Quakes*

Finally, let's see how we can apply sciction to a play. This is a series of short sub-scenes from the play *Quakes*. I deliberately provide continuity of the scenes.

Act 1, Scene 1A. Seizures are wrecking her life.

A Clear March Day. Time—the present.
Doctor. narrator *bespectacled, wearing a tie and long-sleeved shirt, academic jacket, a stethoscope round his neck, a slow deliberate, speaker (Spotlight. Walks to the front of the stage; Lucy and Wendy are on either side of the stage, a distance apart; Wendy paces restlessly and angrily outside her home; Lucy plays her guitar quietly in her home).* This is a story of two very different women, both under my care, both suffering from neurological aberrations. I'm being given the opportunity—and the challenge …and the God-given privilege—to improve their lives. Since each patient is different, sensitivity to that difference is crucial in choosing the right treatment.

Docto*r* ***narrator****, (steps forward, moves to center stage, spotlight, addresses the audience; second spotlight on Lucy. sitting with her guitar on the right (frozen).* This is Lucy, a 35-year-old computer expert, married to Martin, a PhD physicist. Seizures are wrecking her life, …And they have the most bizarre trigger imaginable.

Lucy**,** in her mid-thirties, bespectacled, flat shoes, hair-up, casually but well-dressed, is sitting at home quietly playing the guitar and singing to herself. *Suddenly, the change occurs in Lucy. Like an observer, she witnesses the symptom progression in her own body. She makes a strange little movement with her right thumb, then her hand forms a pointless grip, and a progressive jolt travels up her right arm. She freezes, unable to move then falls over onto the floor. She isn't speaking, but a voice-over previously recorded in the actor's own voice says:*
Lucy (voice-over).

Oh, no. Here it goes again. ….

Oh no. Can't you see what's happening to me? Oh, God, my mouth is funny, my head— my tongue, my lips, my chin. ….

I'm having another one of those episodes! It's happening again!

*A voice from through the door speeded up six fold so it is unintelligible (*unintelligible lines).

The voice keeps fading quickly away, and Lucy has fallen over seemingly mouthing silently for the next ten-some seconds, her head turned over to the right side. She blinks, opens her eyes, and looks around, a little perplexed. ***Lucy.*** Oh, my God. This is the fourth one today! That means an earthquake…soon.

Lucy writhes a little on the ground, obviously drained of energy. She struggles to reach for the TV remote control, which is lying on the floor; she presses it; and the news comes on.

News Broadcaster *(voice-over dialogue).* **Southern California has just experienced a small earthquake, 5. 0 on the Richter scale.**

Lucy (*Gesturing languidly but decisively).* Just like always-- a thousand miles away…But, … just like always.

Act 1, Scene 2B. Puzzlement and hope.

Lucy (*Spotlight. Stands and addresses the audience. Spotlight off Doctor).* We've searched around the country for someone like this Doctor, a highly trained brain doctor who specializes in difficult cases. He's considered a pioneer in new approaches to seizures and mental health through medications, and you can see that he really is deeply concerned about his patients. He is so passionate in his desire to help us. Maybe —just maybe— he can perform a miracle! God knows, I need a miracle.

Doctor (*Spotlight, moves forward, addressing the audience).* I've never heard of anything like this. It is amazing! (*Shaking his head).* And, I confess, a little exciting. Here's a highly educated, knowledgeable, intelligent lady, who should have a great future; yet instead, is unable to work because she has been suffering from uncontrollable seizures (*Pause).* … She's the only person I've ever heard of whose seizures are brought on by earthquakes! Her case is a very unusual.
(Gesturing to the audience as if to evoke a question from them, … then shaking his head).

Audience member (director?) What's this all about?

Doctor. Well frankly, I'm a beginner. I'm ignorant. And I don't fully understand. But … some of the patients we meet in a complex neuropsychiatric practice are outside the limits of regular medicine. These patients represent a confluence of many different causes… psychological trauma, organic disease, religious dilemmas and even, the ostensibly paranormal. One may be tempted to treat any of these *inappropriately* …as madness alone, perhaps…it is not that clear cut. We see the unusual; and it takes effort to understand … to help such torment… such emotional despair.
(Again gesturing to the audience as if to evoke a question from them, … then shaking his head).

Audience member (director?) And where does Lucy fit in?
Doctor. Lucy is, indeed, a real enigma. (*Looking directly at the audience in a loud and confident voice).* It is a fact—a fact demonstrated by observation of her behavior and by statistical analysis of her predictions—that Lucy can predict earthquakes. She can't tell you where the earthquakes are, and she has grown at times to hate the experience through which she gains the insight. However, almost every time there's an earthquake within a thousand miles with a magnitude over 5 on the Richter scale, Lucy will know about it at least a day in advance.

Doctor moves backward, towards Lucy.
Lucy (*Uncertain*, *soft spoken and polite*,*).* Could it be that I'm displaying a sixth sense like those stories of animals behaving bizarrely before earthquakes and volcanic eruptions. But I'm a human and I can't find anyone else like me.

Doctor. Maybe Lucy. It seems a specific seizure firing almost always seems to happen in your brain before an earthquake. That's a reality: a mathematical reality.

Lucy. But could it be happening just by chance?

Doctor. That would be comforting wouldn't it? But the evidence strongly indicates this is not by chance.

(Looking again directly at the audience in a loud and confident voice).
Doctor. The search is for why the link occurs, not whether it occurs.
(empathetic, softer, uncertain). Our job is to alleviate Lucy's suffering, even when we don't fully understand its source. It's a hard task …but, what a challenge!

Lights go down.

Perspective

The introduction of a new literary genre has been exciting, thought-provoking and challenging. Outgrowths have occurred. From sciction was born the conversagraph. And it is my hope that both techniques, when appropriately used, will increase both education and fascination in the conventionally dry sciences. Hopefully they will allow illumination of dark areas.

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