

A Virtual Lobby Display

Renaissance City Repertory Theatre Presents
as part of the 2025 (R)evolutions New Works Festival

care

a play about fear

By Kristen V. Field
Directed by Cassandra Svacha

Digital Lobby created
by Emily Nichter, Dramarturg

Table Of Contents

4

About the
Playwright

5

Interview with the
Playwright - Q&A

10

Inspirations of the
Playwright:
Liminal Spaces

12

Inspirations of the
Playwright:
Queer Temporality

14

The Illnesses in *care*:
Rheumatoid
Arthritis

15

The Illnesses in *care*:
Agoraphobia

16

Mental Health
Perception in
Today's World

18

Mental Health
Resources

Care (verb)

1. feel concern or interest; attach importance to something.
2. look after and provide for the needs of.

Fear (verb)

be afraid of (someone or something) as likely to be dangerous, painful, or threatening.

About the Playwright

Kristen Field is a queer, non-binary playwright originally from Melbourne, Australia. She earned her MFA in Writing for the Screen and Stage from Northwestern University, and she's worked with Redtwist, Facility Theatre, Chicago Dramatists, and Playhouse on the Square, among other collectives.

Her short play *Sway* was published by Concord Theatricals in "Theatre Masters' Take 10 Vol. 3" and premiered at Theater for the New City in 2017. Other publications include *weight/wait* (Hayden's Ferry Review), *Career Move* (Feels Blind Literary) and *Troubled* (Qu Lit Mag). Kristen is currently pursuing a PhD at Western Michigan University and working as the Drama Editor at Third Coast Magazine. Her full-length play *sex/work* will premiere in Memphis at Playhouse on the Square in January 2026!



Interview the Playwright – Q&A

Kristen sat down and gave some insight on the influences behind *care*, and what this process of developing the text has been like for her.

Q: What inspired you to write *care*?

A. To narrow it down to a particular spark, I had this interest in exploring narratives set in liminal spaces - to see what happens when two people are stuck in a liminal space together. A lot of my inspiration stemmed from the young adult novels I used to love reading where the main characters often spend their summer break in those in-between spaces or a new environment that feels temporary from the get-go. And I was always drawn to the ways that those temporary, liminal spaces create a kind of forced intimacy. I came up with these two characters who are stuck in their own ways, where both are in this position where they're not really sure what to do next or how to move on with their lives. I imagined what would happen if they came together, even in a kind of forced situation, and how they might be able to help each other.

Q&A – Kristen Field

6

Q. How did you find your passion for writing?

A. I remember I was always super into fairytales, movies, and storybooks when I was little. I always loved the idea, even if it was mostly in my mind or projection, that these characters had some hidden depth or feeling they weren't revealing to us. I think my instinct was always to wonder: "What's really going on with them?" Especially if it was a more clear-cut villain, in a picture book, or a Disney movie. My mom would take me to shows and plays from a young age, some that weren't necessarily geared towards a preteen, but that opportunity to glimpse that conflict and pain and momentum on the stage, even when I maybe wasn't grasping the full nuance of it, made me even more drawn to the possibilities of telling these complex, dynamic stories and what they gave to an audience. I feel really lucky to have had that early introduction to theatre, because I think it pushed me to keep exploring and seeking out these stories until I could understand the power of them.

Q&A – Kristen Field

**Q: What has this development process been like for you?
Have you discovered anything new about your writing, and writing process?**

A. It's definitely been interesting, because I started writing this play as part of my qualifying exams for grad school. There were external benchmarks I was trying to meet that didn't have much to do with the natural creative process - but something creative came out of it. I was learning about and interested in queer temporality, looking at how queer folks may experience time and space differently. I wanted to explore that particular theory and idea by playing around with time and space in the play, which I've tried to incorporate into the monologues that Amy and Rebecca have. And towards the end of the play, when Amy can see and hear Rebecca but no one else can. This embrace of queer temporality is something I've been trying to do with different plays for a long time, even unconsciously, but it feels particularly pertinent to this script.

During this writing process, I've been appreciative of how much someone else's perspective can offer. It's funny, connections from even years and years ago for whatever reason kept coming back to these characters that some people on the stage can see but others can't. Talking through different aspects of the play, encouraging me to change or add things back in - having different people's perspective, validation, or push to has been really valuable to see what I've written in a new way, or reassurance there's something here in what I've written.



Q&A – Kristen Field

Q: The characters in this play are dealing with health issues that go to the extreme. What was your experience in writing about such disorders and medical setbacks? Were there any challenges?

A. In a way, I made it easier, where I had given myself an out in not worrying about the technicalities or specifics of the disorders because I've been dealing with rheumatoid arthritis myself since I was a kid. I was able to channel my own fears about how bad it can get, my own experience with that fear without having to do a lot of research. And then, with depression and anxiety, I imagined how this could be the worst it can get, even without experiencing the extremes of it. These characters struggle with so much weight and sadness in their lives: Rebecca confined to her home, and then Amy confined to the hospital. But this fear that the two of them feel seems to both limit their present and push them to imagine a different future.

Q&A – Kristen Field

9

Q. What do you hope audiences walk away with after seeing this piece?

A. I want to present these characters to audiences who might instinctually view them with pity, and offer a transformation throughout or by the end of the play that they view them with something else, or pity with something else. To see the other side of these characters, beyond the parts of them that could conjure that feeling of pity. Even with a character like Diane, who reveals that even her life is sad and small, too. Lots of different lives can be viewed in this way, but how can you see another aspect of them, their life and their choices without thinking: “I’m glad that’s not me.” Even with Bess, who has a job that takes so much time away from other elements of her life and her kids. To move beyond such aspects of these characters’ lives, to see another spark or spirit within them that even when they are weighed down or seemingly trapped, they do have something to offer each other - and us.



Inspirations of the Playwright :

Liminal Spaces



Liminal spaces refer to a place or state of change or transition, often characterized by a sense of being “between” or “in-between.” Liminal comes from “limen,” or “threshold” - being partly between two things while not wholly belonging to either. The term may be used to describe something physical, emotional, or psychological.

Liminal spaces can be unsettling due to the sense of transition and uncertainty they represent. Being in a liminal space can sometimes lead to feelings of anxiety or unease, especially if the transition is not managed effectively. They can also be surprisingly comforting, as they offer a space to reflect and process change, working through challenges and preparing for those ahead.

Inspirations of the Playwright : Liminal Spaces



Different Kinds of **Liminal Spaces**

- **Psychological**

- Moving
- Death of a loved one
- Illness

- **Physical**

- Hallways
- Doorways
- Bridges

- **Metaphorical**

- A teen hovering in the limbo between childhood and adulthood
- The time between leaving one job and starting another
- Making a choice between two options, such as which college to attend

This concept can describe the state of being we find both Amy and Rebecca in when they come together - in a state of transition, or “in-between.” Their relationship is founded in this liminal space, and confronts whether they can get out of this “in-between” by the end of the play.



Inspirations of the Playwright :

Queer Temporality

Queer temporality, a concept within queer theory, explores how queer individuals experience and interact with time differently from dominant, heteronormative timelines. It challenges the linear, predictable progression of life stages and highlights the ways queer lives can be characterized by unique temporalities, including "queer time," where events may occur earlier, later, or not at all in comparison to conventional expectations.

Queer temporalities define the experience of time of queer folk that often resists and redefines the usual milestones.

In essence, it explores the idea that queer lives do not progress in the same way as non-queer lives: experiences of queer people warp time which prevents life developing in a linear way.



Inspirations of the Playwright : Queer Temporality

The Different Experiences of Queer Time in Practice:

- Coming Out and Transitioning:
 - Coming out of the closet or transitioning can disrupt the normal timeline of life, leading to experiencing certain milestones or events later or not at all
- Unconventional Relationships:
 - Queer relationships may not follow the traditional path of marriage and children, leading to different rhythms and experiences
- Queer Time as a Space for Exploration:
 - Queer time can be a space for self-exploration, experimentation, and personal growth, often outside the confines of societal expectations
- Social Pressures and Ambivalence:
 - Queer time can also be shaped by ambivalence towards societal expectations, potentially leading to a "double life" or feeling out of sync with the dominant narrative



The Illnesses in care :

Rheumatoid Arthritis



"Because other people are chaos. Just like your body. Antibodies that start eating away at the lining of your joints when they're meant to attack bacteria and viruses. Unpredictable, illogical cruelty." - Rebecca, *care*

Rheumatoid Arthritis (RA) is a chronic autoimmune disease where the body's immune system doesn't work properly, and mistakenly attacks the lining of the joints, causing inflammation, pain, stiffness, and swelling.

The exact cause of RA is unknown, researchers suggest a combination of genetics, hormones, environmental factors (such as a virus or bacteria), and physical or emotional stress triggers the immune system to attack one's own joints. More women than men get RA, developing usually in middle age. According to the World Health Organization, an estimated over 18 million people worldwide live with rheumatoid arthritis.

The Illnesses in care : Agoraphobia



Agoraphobia is an anxiety disorder that causes an intense fear of places and situations where they may become overwhelmed, feeling unable to escape or get help. Symptoms include fear and an avoidance of places and situations that might cause feelings of panic, helplessness, entrapment, or embarrassment.

Treatments include talk therapy, medication, and lifestyle changes - and attempting to refrain from avoiding situations that create anxiety.

Although an exact cause is unknown, it's often associated with an existing panic disorder. Various factors can contribute to its development, from having a history of panic attacks, a stressful or traumatic event, or a genetic predisposition, as it can run in families. The disorder is more common in women than men (a recent study reported 0.9% in men and 2.0% in women). A 2021 study found that 1 in 70 may experience agoraphobia in their lifetime.





Mental Health Perception in Today's World

As of 2019, an estimated 970 million people live with a mental disorder globally, with anxiety and depressive disorders the most common (World Health Organization). And of those, more than half do not receive help for their disorders.

Mental Health Perception in Today's World

Although effective prevention and treatment options in place, most do not have access to such care, along with many experiencing stigma, discrimination, and violations of human rights.

Despite affecting a vast amount of the world's population, mental health disorders such as anxiety and depression that we see affecting the characters of *care* are still met with negative attitudes, beliefs, and stereotypes. The stigma surrounding these illnesses perpetuate what is often an already existing feeling of those afflicted: isolation, which can potentially lead to or worsen conditions like depression and anxiety, and even increasing the risk of suicidal ideation.

Seeking help in times of severe mental distress is crucial treatment with such disorders:
mental health care is health care.

Mental Health Resources

National 988 Lifeline: If you or someone you know is struggling with mental health, it's important to seek help. Immediate support is available through the 988 Suicide & Crisis Lifeline by calling or texting 988, or by chatting online at 988lifeline.org. For life-threatening situations, call 911 or go to the nearest emergency room.

Crisis Text Line: Support available 24/7. Text 741741 to speak with a trained Crisis Counselor.

National Alliance on Mental Illness: Offers support through phone, text, or email. You can call 1-800-950-NAMI (6264), text NAMI to 62640, or email helpline@nami.org.
<https://www.nami.org/support-education/nami-helpline/>