

**STILL WATERS**  
**By Christopher Owen**

**SUMMARY OF CONTENT:**

A psychiatric consulting room. A consultation. There is an issue regarding silence, and to the decision not to speak.

**SET:** DESK. TWO CHAIRS.

**CHARACTERS:**

JENNY IN HER 30'S.

JAMES 50-60.

PENELOPE – ANY AGE ABOVE 40.

**Playing time:** 10 minutes.

PENELOPE IS SEATED IN ONE OF THE CHAIRS.

JENNY: (OFF STAGE AND AT THE DOOR OF THE ROOM): Good afternoon, James.

JAMES: (OFF STAGE AND AT THE DOOR OF THE ROOM): Good afternoon, Jenny. Everything ok?

JENNY: Yes, thank you.

JAMES ENTERS THE ROOM

JAMES: Ah, yes. Penelope. Here we are. Well now, Penelope.

(CHECKS HIS WATCH) Only got 9 minutes today.

We have been having our weekly consultations for the last 4 weeks - and in that time - you have not said a word. Mmm?

PAUSE

I mean. Do you think we can really go on like this? I mean - it's me who's supposed to remain silent. It's me, the psychiatrist, who should be sitting here silent - for the most part. The patient speaks, I sit here - I nod - you know - like this - I go mm mm- I go aah - now and then I may reflect back what the patient has said - so as to permit the patient to go on further, a sort of encouragement for you to rattle away with your complaints and miseries and god-knows-what, but - Penelope - you ain't rattling away.

PAUSE. HE CHECKS HIS WATCH. HE AUDIBLY SIGHS. HE PUTS HIS LEGS UP ON THE DESK.

I'm not denying silence can be very pleasant. On the other hand, you remaining silent and me talking, to be frank about it, it doesn't comply with the methodology that we in the field of psychiatry have become use to. Of course, one mustn't be rigid in these things, rigidity can cause all sorts of trouble. I wonder what you feel about that, Penelope.

PAUSE. HE CHECKS HIS WATCH.

We've had 2 minutes.

PAUSE

Silence generally may have the advantage of protecting oneself, from harm – I don't know - I wonder what you may think of this. Maybe - er – it protects one from saying something that could be traumatic for oneself - or might give away a secret – protect one from something that may make one feel frightfully guilty – I don't know.

HE CHECKS HIS WATCH. A PAUSE AS HE MOVES AROUND THE ROOM.

I had a fella come to see me - a priest, nice chap, and for three weeks he didn't say anything. In the third week, just before he left, he said he had this terrible, terrible compulsion, each time he stood up in the pulpit to preach, to shout at his congregation: Fuck off! I said to this chap, this priest, 'fuck off' may not be enough. What you can do now, I said – Penelope - is to go to some quiet place in your head, where you're feeling safe, and where there is just you with yourself - - and your God looking after you, I said. And in this quiet place in your head, you can stand in your pulpit before your congregation, and you can tell them: 'fuck off, you arseholes, you fucking pricks! You can go and shit yourselves. Fuck off! Bugger off!' And so forth. The priest, a nice chap, in his fifties, deep blue eyes, appeared surprised – in fact, to tell the truth, not a little appalled by this suggestion.

When he came the following week, I asked him, ‘How have you got on? How have you been when you have got up to preach?’

‘No trouble now,’ he said.

‘Did you do what I suggested – in the privacy of your head?’ I asked.

‘No,’ he said. ‘I didn’t need to. You’ve done it for me.’ he said.

PAUSE. HE POPS SOME PILLS.

A young Asian woman came to see me - this young Asian woman, brought up in the ways of her race and religion by caring and highly respectable parents, she came to see me, complaining of a lump which had suddenly appeared on her forehead. Unfortunately the doctors, her GP and so forth, couldn’t see it. As far as they were concerned she didn’t have a lump on her forehead. She was referred to me. I was told, well, you know, she hasn’t got a lump. But I said to them, she has. In her world – Penelope – she has a lump - and it’s there for a reason.

A MOMENT. HE TAKES ANOTHER PILL.

Like the need to remain silent.

A MOMENT.

I said to her when did it first appear? She said a week before my wedding day. So what was the consequence? – I’ve had to put off the wedding day, she said. And – er – tell me, I said, – what will happen if by chance the lump goes away? – and she burst into tears.

PAUSE. HE CHECKS HIS WATCH.

1 minute to go.

PAUSE

Your silence - I wonder in what way your silence may be helping. I wonder whether – what’s going on there – you don’t have to tell me a thing about it – but you can go in, quietly in your own head – and attend to whatever might be helpful –

A MOMENT.

- and stand in the various corners of the room – over here I can see you, Penelope - and I come over here and you're different – and if I go over here you're different again – different perspectives – it gives me a better view of you and of me and what's happening in this room - so you may like – or not – to not or otherwise address what's in your head and see it from different sides of the room, so to speak. You don't have to tell me, there's no need - there's absolutely no need for you to speak, not to remain silent, and there's no need for you not to speak, unless you want to speak, otherwise you may not want to speak, or want not to not want to speak, one way or the other.

PAUSE

That's it for today. Thank you very much – goodbye.

HE LEAVES.

THE SILENT WOMAN RISES, STRETCHES, RETURNS TO HER CHAIR, PRESSES THE INTERCOM): Jenny.

JENNY: Yes, Penelope?

PENELOPE: I'm ready for the next patient now.

JENNY: The patient – he was delusional still, was he?

PENELOPE: Yes. This week he thinks he's a consultant psychiatrist.

JENNY: Oh, dear. Gracious. What did you have to say about that?

PENELOPE: I rarely, if ever, say anything about anything, Jenny.  
Silence, that's the key to this job.

**END.**