

# *maladjusted*

## Final Report

David Diamond, Artistic/Managing Director



Micheala Hiltergerke and Pierre Leichner in *maladjusted*. Photo: David Cooper

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### Just a few of the many responses to the project<sup>1</sup>:

"Theatre for Living's *maladjusted* webcast tonight was the greatest thing I've ever legally streamed."  
Sarah Maitland, via Twitter

"*maladjusted* was a wonderful and thought-provoking play. I love the combination of art and current social issues and, especially, the innovative way of public participation. Well done!!"  
Natalia Biani

"To all of you, actors and everybody involved, *maladjusted* was remarkable, eye-opening (along with all other senses)."  
David Usher, MD, PhD

"Theatre for Living blurs the lines between performance, political activism, playwriting, community organizing and investigative journalism, creating a deeply participatory art that flourishes inside and outside the theatre walls. *Maladjusted* is a thought-provoking, gut-wrenching, funny, sad and mind-broadening journey inside the hierarchical and mechanical mental health system that engaged me both emotionally and intellectually. It blew my mind."  
Sally Buck

*Maladjusted* was incredibly inspiring work, doing simply and honestly what all theatre should - engage us in tough questions that touch us all.  
Andrew Chandler

"David Diamond is an international treasure."  
Mark Leiren-Young, Vancouver Sun, March 22, 2013

"*Maladjusted*, the new production by Theatre for Living is a thought-provoking, gut-wrenching, funny, sad and mind-broadening journey inside the hierarchical and mechanical mental health system—a system that leaves little time or money to invest in the people it is trying to serve. *Maladjusted* is well worth seeing—it will engage you both emotionally and intellectually."  
Patty Osborne, www.geist.com

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<sup>1</sup> All quotes used with permission. See the end of this document for all the quotes.

## Introduction

The impulse behind *maladjusted* came from Theatre for Living's (Headlines Theatre) many years of relationship with people and organizations in the health sector. We started hearing more and more about how, in the name of efficiency, the mental health system itself was becoming more mechanical and how all of the players (patients, care-givers, family members) were really struggling to receive and give care.

This is not to say that the entire system is broken – there are some very good things that happen in Canada and in BC, but as a process of “mechanization” in the name of efficient cost-cutting happens across many sectors in Canada, (health care, education, immigration, environmental protection, etc.) human-centered mental health care is becoming more and more difficult to navigate.

A very talented production team came together. Rehearsal and performance space was booked a year in advance. Graphics designed...posters, postcards, bus shelters.

As is always the case with us, word went out into the community that we were looking for people who were living the issues to be involved in the project. 191 applications came in from people who wanted to be directly involved in the creation and performance of this play. We had the ability to interview forty-four people (44 – 30 minute interviews in 4 days), and out of these could hire 24 people; a very diverse cast of six and 18 workshop participants.

I often say, you never know what you are making. All through the creation and rehearsal process I was wary of how easily the play seemed to be coming together. As a director, I think (one doesn't want to jinx this) that I have finally understood something. That is that the powerful narrative is not in the big, complex moments. It is in the small, sometimes seemingly inconsequential moments. When we open these moments up, dig into the context and the subtext, humanity reveals itself to us. This is what carries an audience along the emotional journey. This is what makes it possible for us to see ourselves on the stage. This is also what stimulates, in the case of *Theatre for Living* profound interventions in the audience interactive part of the event.

The response to *maladjusted* has been wonderfully positive. Pages of quotes from audience members and media is at the end of this report.

## The Finances

Fundraising for this project was surprisingly difficult. Most places we approached (many health-oriented agencies and Foundations, Government etc.) raved about the project, the insightfulness and importance of the focus and the potential for transformational change at both individual and organizational levels. Most of them also pointed us to other people and organizations for help. We persevered and raised the money, and are very grateful to the funders who came on board. They are detailed on the front of this report.

We also raised \$5,990 from individuals for our Voucher program (see below).

*Maladjusted* had a final cost of \$202,084 with revenue from operating, project funding and earned/donated income of \$202,275, essentially breaking even.

## Ticket Sales, the Voucher Program the Webcast

We work very hard to keep our ticket prices affordable. Tickets for *maladjusted* were \$12.00 (plus Firehall Box Office Fees of \$3.00). To put this in context, theatre tickets are 25, 30, 40 dollars plus.

Theatre for Living has been evolving a **voucher program** for years that really came into its own with this project. 1,000 vouchers went out through organizations in our network. The vouchers are aimed at people living in poverty. We want to do this for a number of reasons:

- our projects often focus into issues that affect people living in poverty – how do we ensure their engagement in performances?
- We want the diversity of audience at every performance. This means not stigmatizing free or 2 for 1 tickets into certain shows set aside for people who cannot afford a regular ticket.

We did a special fundraising campaign to help us cover the cost of the vouchers, as they do take a toll on “box office”. That campaign brought in \$5,870. 485 vouchers were used throughout the 18 performance run. This equals \$5,820 in potential box office. Interesting how these figures match up with only \$50 remaining.

*Maladjusted* performed to a live (in theatre) audience of 1,864 people. This is **76% houses** and is very respectable here in Vancouver. We had 300 computers log into the web cast from various parts of the world. This is a disappointing number. The reason is a miscommunication with the webcast master who decided, without

telling anyone, to limit the viewership to 300 computers in order to retain the integrity of the streaming image. The capacity filled in minutes. We believe viewership could easily have been double. Many people contacted us because they were unable to log in and view the production. Because of this, a decision was made to rebroadcast the webcast (non-interactive, just viewable) for a 24 hour period on April 20.

47 computers from around the world logged in to the rebroadcast. Of course this number is also disappointing but we must understand that the “buzz” of the project and the live webcast was over.

Because we know that people organize viewing parties and sometimes even large classes that watch from one screen, we estimate 694 webcast viewers. SHAW also did a broadcast on the Cable Network that they tell us will average 15,000 viewers. This totals 17,558 live and web/TV viewers of the project.

Here is a list of where some of the viewers for the webcast were – ones we could locate because they logged into chat. (note that there were multiple viewers from many of these locales):

**BC:** Abbotsford; Burnaby; Campbell River; Duncan; Campbell River; Langley; Nanaimo; New Westminster; North Vancouver; Prince George; Sechelt; Squamish; Surrey; Vancouver; Victoria. **Canada:** Calgary; Edmonton; Hamilton; Laval; Longueuil; Montréal; Oakville; Ottawa; Toronto. **USA:** Bellingham; Ithaca; Manhattan; Castle on Hudson, NY; somewhere in Kansas; Prescott; Salt Lake City; San Francisco; Spanaway, Precott Valley, Arizona. **Other international:** Adelaide and Northcote, Australia; Innsbruck, Austria; Antwerp, Belgium; Belize City, Belize; Cuernavaca, Silkeborg, Denmark; Morelos, Mexico; Dietersburg, Bavaria, Berlin, Marburg, Offenburg, Hochstetten, and Hesse, Germany; Doha, Qatar; Nagoya and Aichiken, Japan, Rome and Savignano sul Panaro, Italy; Berge, Norway.

We are in conversation here about how to make the webcasts more effective. Theatre for Living is a global pioneer in interactive Forum Theatre on the web – we do this with virtually no budget. There is a possibility that we will be reformatting how we DO the webcasts – still through SHAW who have been a great partner – but establishing a collaboration with an organization in Bangalore, India who are very interested in working with us.

## The Dialogue Series

[http://www.theatreforliving.com/past\\_work/maladjusted/dialogue\\_series\\_maladjusted.htm](http://www.theatreforliving.com/past_work/maladjusted/dialogue_series_maladjusted.htm)

In addition to the play, three public dialogues were held on March 18<sup>th</sup> and 19<sup>th</sup>, 2013, on the topics of:

- Cost of Caring: How values drive spending;
- What does getting better look like: The chemicalization of mental health care;
- The art and mechanics of mental health care: How do caregivers function creativity within a mechanizing system?

156 people attended the Dialogue Series. Dafne Blanco, Theatre for Living's Outreach Co-ordinator, was responsible for the Dialogue Series and writes about them more fully in her Outreach Report which can be downloaded here:

[http://www.theatreforliving.com/past\\_work/maladjusted/reports\\_maladjusted.htm](http://www.theatreforliving.com/past_work/maladjusted/reports_maladjusted.htm)

### **Policy recommendations**

One of the exciting aspects of the *maladjusted* project was the potential to have input into policy development. Carissa Wieler was the community Scribe who created the Policy Document. It is available here:

[http://www.theatreforliving.com/past\\_work/maladjusted/reports\\_maladjusted.htm](http://www.theatreforliving.com/past_work/maladjusted/reports_maladjusted.htm)

The document has been forwarded to the agencies who requested it, including the Mental Health Commission of Canada, Pathways Information Centre, Watari Youth and Family Services, Arts Health Network, Canadian Nurses Association and Libby Davies, MP, among others.

### **Will *maladjusted* tour?**

This question is coming up a lot. An "angel" appeared out of the audience on the 2<sup>nd</sup> to last night of the run. She asked me what it would cost for the production to tour. "about \$250,000", I said. Touring is expensive. "We should talk", she said. We did. She thinks she may be able to pull these funds together, and possibly more, from people in her community, but needs until August 2013 to know. The timing has to do with tax returns.

And so, *if this does indeed happen*, we will re-mount the play and tour in the Fall of 2014. In order for the tour to happen, though, the funds need present themselves. We had such a very hard time raising the initial production money, that I do not believe we have the ability to fund the tour from our regular sources.

## The Theatre for Living workshop

The heart of my work is in the facilitation of the community workshop, the creation and rehearsals of the play and then the facilitation of the public Forum Theatre events. A detailed description of the process follows:

Day 1 – January 29, 2013

Company intro  
 Balancing  
 Hypnosis  
 Find the spot  
 Lead the blind  
 Complete the image  
 Sculpting partners  
 Blind magnets  
 Energy clap  
 Groups of 5 and animations

We were supposed to have 24 participants including the cast. Last Friday we heard from a participant that she couldn't come because of childcare issues and from another who got a job. 22 participants. Another just didn't show at all today – we are getting in touch to see what happened and another left after the first two games. The one who left arrived last (we were already going) and was, I think, on methadone – if not that, then a street drug. She was disheveled and nodding off. She left before I could chat with her. We've called and emailed. Her phone is off. No response yet.

This is annoying at a level, as we turned so many people away and it is far too late to go back to them. And so we are 14 participants and the cast of 6. It is a good and very diverse group – I mean this in every way....levels of experience, age, caregiver/patient/family member, orientation, gender, race.

We dove into work. *An unhappy home* led to a very interesting conversation, after an animation in which the man in the image attacked the two women who were sitting together. A participant mentioned the adrenaline rush of doing something one knows one shouldn't do...of getting onto a course and being swept away. I



asked if people thought, inside a mechanical system, that this happens to caregivers. YES...and THIS opened up a conversation about Isolation Rooms. If a hospital has an Isolation Room, it will be used. If there is not an Isolation Room, then other methods are found to deal with

patients. When we open up a space in which harmful things can happen...those things have a much better chance of happening. We do this with physical space and we also do it with emotional space. Caregivers talked about becoming “the problem”...knowing they were doing this and not knowing how to stop.

The image also opened up a conversation about how one may want to “disappear/vanish” and also “be seen” all at the same time. The desire to be seen (and not having that desire fulfilled) makes one want to vanish....making it harder to be seen...making one want to vanish....

*Revolving Door* was very emotional for people, because so many have experienced it. So many of the participants have had a long line of doctors, each with different methods, each fulfilling their own needs, attempting to fulfill the patient’s needs. The patient is commodified. Each practitioner writing...each practitioner prescribing a different pill.



Lots of talk at the end of the day of how safe the space felt, of being able to be one’s self without fear, of being heard....I also heard after, though, that early on in the day one of the women felt she’d been touched inappropriately by one of the men in the sculpting exercise. This didn’t come to me directly – it came through the support person, who had dealt with it. On alert about it....I will check in with the woman (I know her well enough to do this from a previous project) tomorrow.

Day 2 January 30, 2013

Check-in  
 Fill the empty space  
 Clap exchange  
 Glass bottle  
 Group of 5 animation  
 Parisian sword  
 Magnetic Image and animations  
 Hug tag  
 Circle  
 Massage and run

A big and messy day. Some of the participants are getting frustrated, which strikes me as appropriate. We are doing deep work, searching for the aspects of the mental health system that frustrate us, hurt us, stymie us. The work is strong and it is also like ‘herding cats’. Some of the participants want the process to be linear



and for the improvizations to be a kind of super realism...if a scene has two locations like a hospital and another building, the characters from one should not be able to "go" to the other on the stage, some are saying. It makes no linear sense. But we are exploring, I tried to explain – we can break the rules of both space and time. This isn't sitting very well with some of the participants.

The group had a very hard time with clap exchange. Always a telling moment. Some of this is about not being able to listen, but I came to realize it is also a group of people who by the very nature of the community / subject matter are "out of rhythm"...why would I expect them to be able to come into rhythm together?

The trust game, glass bottle was VERY challenging for some, for reasons that seem obvious. Some of the participants have had trust broken at such deep levels...been, in their experiences, betrayed by family and by care-givers. It is essential, though, that we build a level of trust in the room in order for the work to be as meaningful as possible.

*The silence* was a strong image from yesterday that resonated with a lot of the group. The doctor/orderly in the image, we understand, needs to create order. His choice is to physically subdue the patient. Can he talk with her? This takes too long and may not work. In the animation they all have a similar scream. We talk about the trauma of it all....and the trauma for the child living in the trauma of his mother...



*Universal Despair* came from Magnetic Image. A realistic enough scene that led to a discussion of the walls we create....there being a wall in between the two segments of the image that none of the characters will cross. The two women on the right are both very concerned about the woman on the table, but

neither of them will go to where she is. Why not? Issues around taking responsibility...of not being able to deal with having to leave later....of it simply not being in their job description. The orderly will *only* do his job – sew her cuts back up. He doesn't want to talk with her – he doesn't want to take another terrible story, another burden home. The woman has cut her arm....again. Failed...again.

She just wants to get out of there but when she is 'done'....she is alone. She pushed her friend away, who was next to her and is now angry at the friend for going.

*Rebirth* was a highly symbolic image...something about a birth canal. It led, though, to a very emotional scene and discussion about a psychiatric ward. I pointed out in one moment that the audience kept referring to the women as "them"...simply would not – could not give them singular identities. This was not a gender-identity, transitional pronoun, it was a moment of objectification. I understand how this is also a response to the symbolic scene...and...a reflection of what society does with mental patients. There we were doing it in our workshop. Some of the participants were very uncomfortable with me pointing this out...but there it was. In the improvisation that came the women started cowering in the corner. The man – an orderly...corralling them and asking for help to keep them under control.



Something else happened in this improvisation that seems important to me. One of the cast members kept stepping out of the improvisation – every 5 seconds or so....I kept asking her to stay grounded and she couldn't. This is something we need to solve. We chatted after. She knew what I wanted to talk with her about and thought I was angry with her. She doesn't feel she has anything to offer...is the youngest, doesn't want to remember "that girl" who she healed from being and yet knows she must in order to be in the play...she wants to but doesn't want to...starts to feel and then shuts it off. As we chatted something occurred to me. I suggested to her that the traumatized girl who she wants to leave behind is not necessarily her enemy. None of us ever "get rid" of the traumatized children inside us. "I know", she said..."I just want to shove her down a hole and leave her there". I suggested another option that we must explore if we are to be able to work. The traumatized girl could be her friend... that girl learned so many things...can be a source of strength and knowledge. The cast member started to cry and said to me that no one had ever put things that way for her. 'This changes everything', she said. 'I spend so much energy trying to keep her down there', she said....'if I make her my friend, she can help me.' I believe this to be true – and have to ask it of her if we are to create a meaningful production together.

Day 3 January 31, 2013

Check-in  
 Fear/protector  
 Catch me  
 Finish groups of 5  
 Magnetic images 3 and 4  
 West side story  
 Rainbow of Desire  
 Circle  
 Group yell

What a HUGE day. In a workshop like this the important things are not just what happens in the games/images, but who people ARE.

In Catch Me (a trust game) one of the participants purposefully went running off into a wall to make the group adapt to stop him. I yelled for him to stop, he did, and after asking if he had done that on purpose and him confirming he had, spoke rather firmly about safe space and how this was not OK. This led, for the second time, into a conversation about how to deal with people/personalities who “leap” just to make others “jump”. They do very dangerous things so that others have to react. Many agree that this is a real thing inside the issue. Also people in manic or psychotic states “we” fear will harm themselves or others – how/when do we decide to impose structure on them? When do we know it is real? Of course...no real answers to this, but the questions are very important.



*Mutable* was the final Groups of 5 image. The man at the back with hands against the wall (his face invisible to us) has gotten into arguments now with various participants because he insists on speaking for others, assumes he knows the reasons for other’s behaviour. For instance, I heard him today telling a hearing impaired participant that he knows she was asked into the workshop (by me) BECAUSE she needs a microphone in order to hear what we are saying and I am using her need for the device to

control the conversation in the workshop. Having overheard this, I intervened and assured her that this was not the case (which she already knew). He expresses these conspiracy theories about many things – also in terms of what others say and do in the work.

Inside the image he inadvertently gave us something very valuable. He is at the back, ripping a poster he doesn't like off the wall. He wants to send a message to the people in power (the man in the foreground)...but all he does is rant and storm off. He believes this IS the message and that things should change "for the better" now – but no one in the image understands his message...they just experience him as being annoying. Do we help him? Do we care?

*Reaching Out* was about the mechanics of care. The 'professional' in the middle dispensing pills, advice, etc...everyone in need. But the man sitting in the foreground wants a different kind of care. He isn't accepting the prescriptions. This creates a crisis for the caregiver. In his attempt to convince the man to accept his help in the manner that seems appropriate, the man who has his hands over his eyes...ashamed of needing these pills but willing to take them anyway, becomes invisible. He is silent...he vanishes.



*Silent scream* created a lot of emotion in the room. The woman in the foreground wants peace...the man standing is in such rage – a rage they all share in some way but that they all manifest differently...he is screaming at the Father/Doctor who is sitting. Screaming at him to pay attention, but the screams have just shut the father/doctor down. He won't look...won't turn his head, won't respond. Eventually the screaming man pulls out a "weapon"...he accuses the older man of being a pedophile. This gets a response...the older man punches the screaming man in the face. The woman, knowing that she is being 'used' by the screaming man as a battleground...(the invention is that she was abused by the man as a child) creates a chaos for everyone. The rage. What do we do with the rage? How do we manage it when the rage turns to violence? Either physical or emotional?

*Rainbow of Desire* was very, very powerful. The story was from the woman (W) with a hearing disability in the group. She is in a psyche ward, in a group therapy session being run by a psyche nurse (PN). She does not have a device to help her hear. She can't deal with all the people in the group session and leaves. Later she encounters the PN who, trying to help in her own way) tells W that she is using her

hearing impairment as a crutch; that she should just get on with being in the group work...even though she can't hear.

### **Woman<sup>2</sup>**

Desire 1 – to strangle the nurse

Fear – that she is all alone under the table

Desire 2 – to be heard

### **Psych Nurse**

Desire 1 – to reach out to the woman

Fear – that she herself will give up

Desire 2 – to take a moment for herself



### **Woman and Psych Nurse Desire 1**

Woman can't understand why nurse is touching her face and asking her what happened and remarking on her beauty. Woman is completely frustrated as the nurse is missing the point. The Nurse is also frustrated as she wants to build a connection and somehow cultivate a sense of self esteem in the woman but also in her.

### **Woman and Psych Nurse Fear**

The nurse leaves the woman who is resigned to defeat until something for her changes, she goes after the nurse saying "you don't just get to walk away". At this point the power shifts and the nurse becomes helpless and rambles on in agreement with the woman.

### **Woman and Psych Nurse Desire 2**

The woman just wants to be seen by the nurse who is unable to engage. The absence of the nurse echoes the woman's absence from the group therapy session.

### **Psych Nurse and Woman Desire 1**

Initially the woman feels agitated with the nurse for not listening to her but this softens as the nurse explains that she wants to find a way to accommodate her needs. The woman seems to surrender as she feels heard. This is reflected in the image with the woman's dual desire both to hug and to choke the nurse.

### **Psych Nurse and Woman Fear**

The nurse coaxes the woman to get up off the floor, a compromise is reached and the woman agrees to meet the nurse half way; cup of tea etc. The woman's

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<sup>2</sup> Rainbow of Desire report courtesy of Bríd Fitzgerald, *maladjusted* project Support Person.

feels her needs are met but the nurse feels frustrated and drained with little overall hope for the woman.

### **Psych Nurse and Woman Desire 2**

The woman's extreme aggression aggravates the nurse who becomes frustrated stating that group sessions are there as part of the woman's healing process. The woman accuses the nurse of not knowing what it's like to be her and states that she doesn't care about the group sessions. The image of the nurse and woman mirror each other, both with claws out bearing teeth at one another and their sounds also simultaneously echo in growl.

### **Woman Desire 2 and Psych Nurse Desire 1**

Neither person's desire was met. Woman believes self esteem is of no relevance when this is an issue about not being able to hear. "I don't need a crutch, I'm deaf". Psych Nurse is frustrated by lack of connection, image of blow to the stomach.

### **Woman Fear and Psych Nurse Fear**

Neither persons need was met. Woman "I just want to be left alone" however when she was it was clear that her pain became more acute; she turned other way and moved further under the table. The Psych Nurse: initially walked away feeling good about removing herself from the situation however quickly this turned to guilt and shame as she could see what she had done to her patient.

### **Woman Desire 1 – Psych Nurse Desire 2**

Woman's desire was fulfilled as she succeeded to hurt the nurse by threatening to take her glasses thus inflicting the same pain she felt being unable to hear. The woman did not physically hurt the nurse as she was afraid of the repercussions and also about what that would say about her as a person. The Psych Nurse did not fulfil her desire to have 'a minute to gather herself' and as the scene played out she became more and more withdrawn.

The Rainbow of Desire gave us all a lot to think about regarding how our intentions, as well meaning as they may be, can be experienced as negating, limiting.

Day 4 Friday, February 1, 2013

Discussion

Speed gestures

Finish Magnetic Image

Diagram of Forum

Song of the Mermaid

See plays

## Circle Breath circle

We started the day talking about the multi-person stabbing that happened in Vancouver's West End last night. The participants are split about 50/50....half thinking that there are more and more people with mental health issues falling through the cracks and ending up doing things like this, and half thinking incidences have not increased, we are just hearing about them more. Pierre had an interesting point – that this kind of violence has always existed, but locked away inside institutions. Those places are closed or are closing and so now, the violence is in the streets and ends up in the prisons or Forensic Hospitals.

We did Speed Gestures to increase the improvisational skill in the room and many had breakthroughs in that.

*Longing* was the final Magnetic Image. An important improvisation came from this – the two men seeking something off in the distance – it was only when they let go



of their dependence on each other that they “found” each other. Sounds like a cliché when I write it, but it was quite lovely at the time....but...then what? They hugged and figured the scene was over and I said no, keep playing the scene. They wandered around, aimlessly, for a long time. They fulfilled the “longing” ....maybe....but what about life?

One of the men is a cast member. He needs what could be minor surgery and was going to have it Sunday evening in order to be back in rehearsal on Wednesday. But this last two days his pain has been increasing a lot. He was having trouble walking today and insisting on staying in the workshop. I convinced him to go to the hospital now, even though it meant not making plays with us today. My concern is that this is just going to get worse and worse and compromise his long-term health. If it really is day surgery, then he may be able to be back with us in time to see the plays on Sunday. If not that, then certainly by Wednesday. He's been told that, because he is on the “urgent” list, he could just show up and get onto the conveyor belt for surgery.

They group made strong plays today and really loved the Song of the Mermaid process. It was very, very emotional for many of them. A nice bond is starting between some of the cast members. I will detail the plays after rehearsal tomorrow.

Martin called this evening from the hospital. They have admitted him and done an MRI. He is going to have the surgery. He is convinced that he can come to rehearsals to start the creation process on Wednesday, (we will spend 3 days around a table)...and I hope he is right. I also know from my own experience with hernia surgery that healing could take much more time than this. I need to start considering contingencies.

### **Day 5 Saturday, February 2, 2013**

Discussion  
Blind busses  
Rehearse plays  
See plays  
Circle

We have four plays. I have to remind myself that the reason to make plays in the community workshop attached to the mainstage project is to bring some closure for the participants. Also, the Forum will throw up more issues for consideration with the cast. One of the challenges manifesting regarding this specific project is how hard it is going to be to get at the “mechanization of the system” issues. The human stuff is easy...the systemic stuff is not.

Play 1 involves a teenage girl who is cutting herself in her room. Mom and Dad know...both are in denial. Dad because his father killed himself. Brother is the “hero” of the family and has news that he has won a scholarship for a sports team. He is the golden boy. The daughter is summoned to the table to celebrate. She is happy for her brother and also severely depressed. Her father is sick of her moods....orders her to get him a beer...they talk about her moods in front of her and declare her ungrateful. Brother tries to reach out to her but she closes the door on him and he goes to pack. A scene unfolds between her and her Dad and she storms off to her room. Eventually Mom goes to see how she is and finds her with her wrists cut. Blackout to hospital. Mom, dad, daughter, doctor. Because she has tried to kill herself, the doctor insists that she has to stay there. He has the power. Daughter begs not to be left alone. Dad leaves. Doctor orders Mom to leave...she does.

Play 2 Son comes home – he has only left for an hour...he is supposed to be taking care of Dad....went out to see a friend because he is so fed up. Dad is boarding up the windows because “they” are coming. Son tries to calm him down. Mom comes home. She is bringing the income into the house. She freaks out about the state her husband is in. Son insists they take him to the hospital...neither of them can care for him. She doesn’t want to – she has always been able to calm him down....the mention of the hospital sends dad into a more intense state....they have to drag him back into the chair.....end of the scene.



Play 3 Mom is doing dishes – very noisily. Dad, at his computer, tells her to be quiet...she says to leave her alone...they are obviously bickering. Son In Law (SIL) enters...brings Dad a beer in commiseration and then sits with Daughter (his wife). They are living in her parent's home. A knock on the door. The Daughter's support worker arrives...called by her, but not knowing he is going to meet her whole family. It gets very stilted when he enters, as he doesn't know what to do. She tries to get him to help the family. Dad is very resentful of this, as he is also a social worker.

Play 4 we are in a psyche ward. Nurse is behind glass. She deals with a variety of people, all who have very special and intense needs, without a lot of support. This escalates into chaos and the "takedown" by orderlies of one of the women.

I chatted with the cast and explained about the potential of losing Martin. This was not a surprise to some of them...the news that he was having surgery made the possibility apparent. The idea that we are going to have him back in rehearsal on Wednesday and alert enough to help create the play and then physically able to do what will turn into quite exertive improvisations days later seems unlikely. I told them I was talking to Colin (one of the workshop participants) about possibly replacing Martin. I don't know what else to do – Colin is a similar "energy", they agree....but he will also be a very different cast member and change the possibilities a lot. The other option is going down to a cast of five.

I talked with Colin and he understands very well what is going on, agrees the part *should be Martin's* and that we both hope this is possible. However – he is going to join us in creation process on Wednesday – on salary. This may mean an extra week of salary...we will just have to spend it. If Martin is OK, we will let go of Colin – he is fine with that – is being very gracious. If Martin is not OK....this is very hard. None of this is Martin's fault – although I wish he would have told me this was happening long before the 2<sup>nd</sup> day of the workshop, as he has known for some time. Martin is very deeply invested in the project....it will be so unfair....but his health has to come first and he can't help create the play from a bed.

### **Day 6 Sunday, February 3, 2013**

Another powerful day. In the morning we ran the psyche ward play and the suicide/cutting play, these being in the best shape. I had had an insight into the boarding up the windows play, that the heart of it was really the son, and his inability to be the primary care-giver and his struggle with his mother who has been loading this on him more and more. So we worked this into the play and it helped a great deal.

I also tried to get the Social worker play to work more, but this was very difficult. So...I used this play to start introducing the group to Forum. We did some interventions on this play before any visitors arrived.

We had what turned into quite a powerful afternoon investigating Forum on the other three plays. An interesting approach in the boarding up windows play was to “buy in” to the father’s delusion as a way to calm him down...to do as he is asking. This worked to a degree in the short term but does it solve the problem? Or does it turn the house into a prison for the rest of the family? And how long can they sustain this?

There were many interventions in the cutting/suicide play, one that highlighted the link between the brother and the sister....if he can be there for her over the long term. Another, in the ER at the hospital, highlighted the legal complexity for the doctor, who MUST under certain circumstances keep a patient – if s/he is underage and if the doctor has a sense that s/he will be in danger going back home. This is a moment of the State “taking care” of us in a way that is going to create a medical record and a diagnosis that is going to follow us around for the rest of our lives. Maybe it is appropriate...and maybe it is part of the problem.

The Psyche Ward really highlighted how badly designed space CREATES trauma, both for patients and caregivers. We need to explore this more in rehearsals.

There was so much gratitude at the end of the workshop. People commented on shifts inside themselves in terms of the issue...their perspectives...their approach to being a patient and/or a caregiver in family. People gaining tools, “ways of seeing” that they will take into their lives.

Two days off....really need it....AND need to talk with Martin and figure out what is going on.

## **Creation/rehearsal process**

Tuesday, February 6, 2013

We were supposed to start core creation today, but a cast member has had a family tragedy. He went home to Victoria to visit his Mom on the week-end and his Niece committed suicide. Terrible. Ironically, this is also the “story” of the play he was just in inside the workshop, except the character was his daughter. He’s asked for an extra day and instead of starting the discussions (see below) without him (this would have been a bad idea), we are all waiting until tomorrow to start. I am going to wait until we get to the end of the week. At the moment everyone has agreed to a one day week-end to make up the time, but it is very early in the process to start

6-day weeks and I am concerned about burning us out. If we need to we will, but I hope we don't.

The issue with Martin remains up in the air. He feels fine now, the swelling and pain are gone and so the surgery has been canceled. I chatted with a nurse at the hospital and we agree there is no crystal ball. Another attack could come. Martin believes that if he is very careful with his food (NO fat, no red meat, no...many things) that he can stay stable. ...I have no idea... he wants to do this so much and, if we can help him stay healthy, he'd be great in it. We have hired Colin to be in the space as a back-up (participate in the conversations) for the first week, to see how things go. I am being completely transparent with both guys about this. All of us want Martin to do this...Colin knows that the best case scenario is Martin stays in the role. He also admits (being honest) that it is very complicated for him, because he had also hoped to be cast. A difficult position to be in – he is being very gracious.

I sent this to the cast today:

Hi all

When we start at 9am on Thursday, we will gather around a table for a few days. We will start from people's impressions and insights from the workshop. What insights, memories, etc., what did you "see" and "hear" in those 6 days.

We are then going to start making a list of ACTIONS. Things that need to HAPPEN in the play. This is not a list of issues that the play needs to cover, but things that need to happen to the characters in order to build the most important and challenging story that we can in which ALL of the characters have to, in varying degrees, adjust to a maladjusted system.

I can give you some examples of what I mean, because, considering what we are doing, I think it is certain these will have to happen in this play. The first two are realistic and the third is symbolic....all are "valid":

Someone makes a diagnosis  
 Someone is diagnosed  
 Someone looks over the edge of the world

Please do not come in with a written list. This is not why I am sending the email. I just want you to know what we will be doing, so things can start to bubble.

**Wednesday, February 7, 2013**

This is going to be short. We had a good day today, getting “actions” onto a sheet on the wall.

The other thing we did today was make Images. Each actor created an image as the character they imagine they may be in the play, placing the other actors in relationship to them as the characters they imagine the others may be. On one hand it is early to be doing this, on the other hand, the casting is the casting and there is dynamic inherent in it.

Here’s what rose up:

- Possible that Khoal’s character is Michaela’s character’s Mother.
- Possible that Sam’s character is Michaela’s character’s Uncle. Sam’s character is also a front-line worker.
- Martin’s and Michaela’s characters may be patients who meet IN the play and “see” each other...recognize each other somehow.
- Erin and Pierre’s characters are colleagues....Pierre likely Erin’s senior.
- ALL of them, in some way, have mental health issues, visible or hidden, and struggle, of course, with the “mechanization” issue.

### **Friday, February 8, 2013**

Another good day. Dorothy thinks things are moving faster than in previous projects. She’s been Stage Manager for *after homelessness...* and *Us and Them* with me. I like to think that’s true....it is certainly true that the group is working together well.

We have a list of actions that happen in the play. This is not a definitive list, some things will remain, some won’t...other things will happen that we can’t imagine just yet. The list, in no particular order other than how they came is:

#### **SOMEONE DIAGNOSES**

- a medical professional has to diagnose, in our case using the DSM, the diagnostic “bible”. Doctors are under a lot of pressure to diagnose, from patients and also from family members. Without a diagnosis, focused care cannot begin. Depending on the diagnosis, certain care can happen and other care cannot.

#### **SOMEONE IS DIAGNOSED AND THINGS CHANGE**

- on Monday, x is living her life, as dramatic, chaotic, painful, fun, whatever, as that may be. On Wednesday the diagnosis happens. On Friday, every event in life is filtered through the diagnosis. Everything changes, as well as how others see x.

### SOMEONE LOOKS OVER THE EDGE OF THE WORLD

- this may happen to many characters....what is over the edge? The abyss? Nothing? Salvation? Peace? .....?

### SOMEONE CLEANS A LOT

- in order to have life in order....grooming....cleaning the environment. Many cast members expressed how they did this. One of the workshop participants did this in the extreme. Her hands were raw. A very powerful action that we may bring onto the stage.

### CUTTING/ BURNING / SELF – HARM – DENIAL

-many of the cast have done this as well as participants. Family around them in denial...the action is sometimes secret and sometimes an attempt to make the internal pain visible.

### A PROFESSIONAL CAN'T FIT IN - WANT THIS JOB?

- as the system mechanizes, care-givers are asked to conform. If s/he can't?

### A PROFESSIONAL "FIXES" A PROBLEM

- people often go into caring professions with a desire to "fix"...and are asked to do this by patients and family members. A discussion happened about creating a diagnosis the caregiver knows is not accurate, knowing it is the only way for the patient to get a certain kind of care. The problem in this is that the diagnosis also becomes a label that will follow the patient around, forever.

### SOMEONE IS LABELLED AS A WAY TO HELP THEM

-see above

### SOMEONE IS RESTRAINED AGAINST 2 WILLS

- when is it appropriate to physically or chemically restrain someone? What happens to both parties in this moment, when neither believe it is the right thing to do, but it happens anyway? What is the trauma for everyone?

### SOMEONE IS ALONE (SILENCE – NOTHING)

- many talked about feeling very alone. This has also manifested in a lot of images where there is a lot of space in between characters. Very rare for touch to happen.

### A PROFESSIONAL STRUGGLES WITH BOUNDARIES

- professional boundaries exist for reasons....and attachment is common. Sometimes a patient is starving for attachment. Attachment may even be part of good treatment. This is a very complex balancing act.

### A PATIENT GETS MUZZLED

- mental health issues are messy. What do we do with the patients who are “loud”, who take a lot of time and space?

### A PROFESSIONAL GETS MUZZLED

- both professionals in the cast have felt silenced when they tried to ring alarm bells about the system. I am very aware that a “chill” is on inside health care about how/why things are not working – the same chill that is in environmental protection.

### A PROFESSIONAL CAN'T COPE X 2

- how do the caregivers deal with their own stress? What happens inside their families? With colleagues? Who heals the healers? What happens when they fall apart?

### SOMEONE GETS LOST

- mental health issues end up in the street. We had a long talk today about how “floating” becomes “normal”; detaching from the system altogether.

### SOMEONE CHASES NORMAL & MISSES THE BUS

- a cast member spoke eloquently about just always wanting to be a guy in a suit, going to work 9 to 5, having a family....and that this has never been in reach. This was a definition of “normal” (whatever that means). It isn't always huge moments that set us off.... “missing the bus” is something thousands of people do every day. If one is really struggling....something like this can be the collapsing card that brings the whole house of cards down. An inconsequential thing....that starts a collapse.

### SOMEONE TRIES TO KEEP THE MASK ON

- the issue has a lot of masks....in this case a professional mask. As mechanization creates more and more stress....how does the caregiver keep the mask on? Does s/he have to?

### SOMEONE TRIES NOT TO FEEL

- feeling deeply can be very dangerous. Many of the participants recognize this. It is also part of being human. When we won't allow ourselves to feel...or are stopped somehow from doing so...we are robbed of that humanity.

### SOMEONE BALANCES & FALLS

- one of the characters straddles both worlds of the play. It is a difficult balancing act...straddling both the professional world and the street.

We also did some more very good Image Work today.

I asked cast members (one at a time) to place the character they are becoming into the room, they could put themselves anywhere...in a shape that represented their understanding of their character at this point. Then the others placed themselves in that Image, as in Complete the Image, as their character, in relation to the character that started.



Pierre's (Dr. Deveraux in the play) image led to a conversation about this man, not knowing what to do. Everyone around him wants something from him....no one, not one of them, is supporting him, trying to help him. Their needs are all so strong and he is supposed to be the expert, supposed to have the answers. What if he doesn't know? Can he admit that?

Sam's (Frank in the play) image found him also at the centre, but trying to calm everything down....constantly being the connecting tissue between family and the street and the profession.



Khoal's (Mia in the play) image led to a very emotional conversation about blame and

responsibility. Her shape was painful...and it generated characters around her that were angry, frustrated, burned out. Sam yelled about none of it being his fault...Erin took a deep sigh, as she entered Khoal's space, hoping that what she was there was not so messy it would take all her time, increase her workload. Martin placed himself in front of her and dead....when I pointed out that this, in a way, changed the focus of the image away from Khoal and meant that even in her pain she was somehow responsible for Martin, she got very quiet. This is what always happens. The parent can't be ill, when her role is to take care of her ill child.



None of this was necessarily to create content. We are trying to find characters that these people can play and also connections between them. This play (like all the others) has to grow out of character....needs to be character driven – not issue driven. The issue exploration comes out of the characters' lives.

## Saturday, February 9, 2013

A good, productive day. We are approaching being able to start experimenting with scenes on our feet – in fact some of that happened today already.

We've been laying a lot of groundwork. We continued creating the character images today.



Martin is now Jack and will be referred to that way from now on. People are concerned about Jack and also fed up....in the Image Sam is choosing to walk away, believing it is the only way to help Jack. We recognize that there is a connection between Jack and Danielle (Michaela) and she is very concerned about him and, in a way, the closest to

him. Dr. Paul ?????? (we still need a last name) (Pierre) has come to see Jack as too messy and a waste of time and resources...and is in conflict with Erin regarding the amount of time she is spending on Jack at the expense of other clients.



Erin (no character name yet) is emerging as the character who intersects all the others....it is she who is trying to hold it all up/together. What happens when the caregiver falls down? Many of the people who depend on her take it personally...crises happen...and

of course it is her fault. Her superior (Paul) recognizes that as budgets have been cut and people around her have lost their jobs, her workload has increased – so has his. There is nothing for them to do about it but create new and more efficient ways to work. Her inability to “get” that is her problem. Perhaps she is not meant to be doing this work.... Interestingly, in the middle of working this Image Erin got a severe migraine...all the blood left her face, it appeared she was going to collapse. We took a break and the group took care of her in a lovely way....they are working very well together.



Micheala is now Danielle (Dani) and will be referred to that way from now on. Dani is in crisis. Her being young results in EVERYONE gathering around her in this image. Of course this is not the case for all youth but it highlighted the opposite – that there a very few services for Jack compared to her. The problem is, Jack wants the services – she



does not. Khoal (now Mia) has emerged as Danielle's mother – cemented in this image, in which Dr. Paul \_\_\_\_ is removing her from her child's side, as she is making care harder. Danielle sends her mother away, although it is the last thing she wants to have happen. She is terrified and wants help and, at the same time, wants to be left alone. She is in a panicking Catch-22.

We did some nice improvisations today out of these images including one where Jack and Dani meet in the street and "recognize" the darkness in each other. This bonds them, not in a "couple" sense, but as comrades.

We did another improvisation between Sam and Erin...Erin in the system and Sam being very close to the ground...they discussed how to help Jack. The dialogue between them was very technical...a way to distance themselves from the humanity of what they were discussing.

After lunch we did character interviews. This is a technique I use a lot now because I find them so effective. A character interview can take an hour – digging into/creating a history...relationships to other characters and the self. During this we finalized character names. The actors will be referred to by their character names from now on:

Khoal = Mia  
 Erin = Abby  
 Michaela = Danielle / Dani  
 Martin = Jack  
 Sam = Frank  
 Pierre = Dr. Deveraux

We then started to put some ideas on their feet<sup>3</sup>:

**The intake of Jack (in a way, this is "someone chases normal and misses the bus)**

Frank has connected with Jack, before the play starts and suggested that J might benefit from coming to the recovery house he works in. Abby is J's worker. She brings him. F is very pleased that J has shown up. Having dropped him off, A leaves. F's intake involves going through his bag and confiscating all his drugs – illegal and also prescription. He was unaware this would happen. As it is happening, he asks F if he'll get his meds back. Those that are approved, yes. What do you mean? They've BEEN approved...they are a prescription. He rattles off the drugs for his ADHD, his anti-anxiety meds and also the meds that counteract the other meds at night so he can sleep. They need to be approved by the Centre's

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<sup>3</sup> These are all early improvisations. Often they formed the basis of a scene that made it into the play. Sometimes we let go.

Doctor, who is gone for the week-end...he'll be there in two days. This is the deal – how it works. Do you want help or not? J signs the papers, leaves all his stuff behind, and goes to his room.

**Mia puts a flower in Danielle's hair (in a way, this is also "someone chases normal and misses the bus)...which is nice...**

This idea came up a while ago and has to do with feeling that the two women are mother and daughter and that I have seen both of them with similar flowers in their hair. ...using what is in front of me... it turned into a lovely scene.

Danielle is flipping channels. Mia is having a glass of wine...both are in a funk. It is very early in the play, in fact, this may be the way we meet the two women. I think we can meet all the characters already "in flight"...not a matter of needing introductions. The narrative will do that for us.

Mia has been doing Danielle's hair since she was a small child. They both have loved it. It also includes Mia putting a flower from her own hair into her daughter's. The reason to do it today is that it will cheer Mia up...she also wants to talk to Danielle.

M asks if she can and D gives her permission. D stopped enjoying this ritual years ago but she knows her mother enjoys it and she loves her Mom. It is a way D takes care of M. As the grooming happens M pumps D for information. She has received yet another email from D's school that D missed another class. This is chronic. D lies about what happened...she says that she arrived late, after attendance, and the teacher is so lazy she didn't bother to mark D as having been there. M doesn't believe the lie and pushes...she tries to tell D that she is jeopardizing graduating and the mother and daughter have an ongoing "argument" about D's behaviour. This is a normal enough occurrence with teenagers.

M tries to put the flower in D's hair and today – for the first time, D refuses the flower. This really hurts M and she pushes. D pushes back. The fight turns more serious – a struggle around child/parent separation, dependence, many layers. D stomps off to her room...M goes back to her wine.

I THINK it might be possible to play these two scenes in this sequence, having the recovery house transform into the living room...with Jack as a presence, not sleeping in his room, as Mia does Danielle's hair. This would visually and energetically link Danielle and Jack.

We'd watch Jack not be able to cope, decide in the middle of an anxiety attack he has made a bad mistake, and leave the house – without anything, as it is all locked up.

## **Jack attacks Frank**

Frank is panning now and Jack just happens to see him as he is travelling from A to B. People come and go from the house all the time...Frank hasn't been looking for Jack – but here he is.

Hey Jack – what happened? ...what do you mean...you lied to me... Jack is VERY agitated. He is off his meds. This has really messed up. Frank tries to get him to come back to the house but Jack is too wound up and doesn't trust Frank anymore. The scene quickly escalates into shoving and swearing and threats from Jack. Frank leaves him in the street.

## **a professional can't fit in**

Abby and Dr. Deveraux are having their weekly meeting. She is “complaining” ...they have lost 6 staff members to cuts and burn-out who are not being replaced; everyone's workload has increased by about 11 clients each – it is unworkable. Dr. Deveraux commiserates to an extent, but reminds her that the consulting firm submitted its report regarding moving forward, that there will be no more hiring of staff and they just have to function more efficiently. She offers to talk with staff about sacrificing Professional Development days in order to make up time – he tells her this is an inappropriate response to the situation – he wishes there were other options but he has his directions from the Ministry.

Frank enters, hoping to talk with Abby. He sees Dr. Deveraux...checks that he can have a few minutes and also...comes up with an idea. He explains what happened with Jack and wants to try to find a way to bring him back into the house. Dr. Deveraux could help, if he would just write a note, releasing Jack's meds...it needs a doctor. This seems simple, but is, in fact, an outrageous thing to ask of the Dr., who has never met Jack. It WILL expedite a situation, though and both Frank and Abby are staff, they know Jack, and Dr. Deveraux COULD trust their judgment...he won't. They offer to write the letter – all he has to do is sign it. No. This is so far outside protocol. If Jack has gotten violent with Frank, they should inform the police. Neither of them want to do this – it won't help Jack. Dr. Stevens reminds them that as Jack is not in the house anymore, he is no longer a “client” ...they don't technically deal with street-people....they don't have the capacity.

An exchange happens and Frank gets frustrated and says to Dr. Deveraux: “with all due respect...this is fucked.” Abby knows Frank has just crossed a bad line, intervenes, and gets him out of the office. She then faces Dr. Deveraux's judgment that both she and Frank are way out of control and that she needs to reign both herself and her staff into protocol. They have an argument that ends with the Dr. laying down the law and leaving for another meeting.

And so we made some headway today. Dorothy and I agreed that although we lost a day because of a cast member's family emergency last week, and we all agreed to make up the day with a one-day week-end, that it feel too early to do that. We are concerned about burning the cast out. We surprised them with a two day week-end, hoping that we can stay on track and make the day up with things moving quickly and no big surprises. A gamble, but....I could also use the time.

### **Wednesday, February 13, 2013**

A LOT happened today. Over the week-end I worked out this sequence of events:

Mia CLEANS A LOT

MIA PUTS A FLOWER IN DANIELLE'S HAIR

Mia TRIES NOT TO FEEL, and fails.

CUTTING/ BURNING / SELF – HARM - DENIAL

ABBY delivers JACK

Frank takes Jack in

JACK CHASES NORMAL & MISSES THE BUS

Dr. Deveraux DIAGNOSES (Mia wants a diagnosis?)

-what is the difference between M or D initiating?

Danielle IS DIAGNOSED AND THINGS CHANGE

Dr. Deveraux struggles alone

Jack and Frank tango

Abby CAN'T FIT IN

Abby, Frank and Dr. Deveraux STRUGGLE WITH BOUNDARIES

A PROFESSIONAL "FIXES" A PROBLEM - SOMEONE IS LABELLED AS A WAY TO HELP THEM

SOMEONE IS ALONE (SILENCE – NOTHING)

Jack tests a bridge and people – finds Danielle

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A PROFESSIONAL CAN'T COPE X 2

A PROFESSIONAL GETS MUZZLED

Someone TRIES TO KEEP THE MASK ON

SOMEONE BALANCES & FALLS

SOMEONE IS RESTRAINED AGAINST 2 WILLS and A PATIENT GETS MUZZLED

SOMEONE GETS LOST and LOOKS OVER THE EDGE OF THE WORLD

The \* is where I lose track of a clear narrative. I was concerned starting today that it wasn't clear how we should even dive in, but things started to click together.

The physical space is becoming clear in my head, although Yvan (set designer) might have a much more elegant way to accomplish this task. We need:

Danielle's bedroom and Dr. Deveraux's office, which in my mind may be elevated far upstage. We also need space that can transform from Mia and Danielle's living room into the Recovery House reception area. We can do this via the actors, as we discovered today. We also need a space, downstage of Dr. Deveraux's office, that functions as a staff meeting space, patient diagnosis space AND (maybe) the ward. This is asking a lot...but...Yvan is a very talented guy...;) and he has the image design support of the equally talented Cande (projections design) and also lights by Gerald. So...I am confident we can do this. We also need "the street". And...if we can...a one-time-only space that is Jack's room at the Recovery house. Oh...maybe also a bridge. ;)

We moved through a lot today:

I THINK we start with lights on Danielle in her room (cutting herself?) and Dr. Deveraux in his office, "drowning" in numbers. Cande knows what I mean. Lights up on this and down.

Lights up on Mia cleaning while Danielle watches TV.

MIA PUTS A FLOWER IN DANIELLE'S HAIR  
Mia TRIES NOT TO FEEL, and fails.

In this scene Mia "loses" her daughter, who for so long has been her "sunshine". They argue and Danielle runs to her room. Mia exits.

ABBY delivers JACK  
Frank takes Jack in  
JACK CHASES NORMAL & MISSES THE BUS

2 scenes that exist together in which Abby has convinced Jack to enter the recovery house, but has not given him all the information necessary. She leaves him with Frank who processes him...giving him ALL the rules, including taking all his meds (anti-anxiety and sleeping and one other) away, as is common practice, until they are OK'd by the internal Doctor. This could take days. Jack is also put into an 8-man room and has social anxiety disorder (and no meds). This is just the way it is. No accommodations. He can't do it.

CUTTING/ BURNING / SELF – HARM - DENIAL

Mia goes to her daughter's room to apologize, walks in and finds her cutting her leg. They both freak out. This is very short.

Dr. Stevens struggles alone

He is working in his office. His wife calls him at work....he doesn't answer. She calls again and he is very impatient with her. She is begging him to come home, she is frightened....he has been dealing with this for years. He tries, in his way, to calm her down, but also has a patient in a few minutes and won't be home until 7. She falls silent and hangs up on him.

Mia takes her daughter for a diagnosis  
 Dr. Stevens DIAGNOSES  
 Danielle IS DIAGNOSED AND THINGS CHANGE

Mia has insisted Danielle see someone, as cutting yourself "is not normal". Danielle doesn't want to go, Mia insists. They see Dr. Deveraux, who has a briefing paper by now from a psychologist. (It took a while to figure out the logistics of this). Dr. Deveraux wants to check with Danielle on some of the answers to the questions she filled out on the form. These are all "yes-no" questions, as they would be in reality. He fires a series of questions at her. Some of them, she answers cryptically and he assesses, in front of her, whether this means yes or no. He then declares her bi-polar 2 and, as she is obviously very anxious, gives her a prescription for anti-anxiety pills as well and the bi-polar medication. This is precisely the experience various participants in the workshop had and Pierre agrees that while it is not "good practice" it happens often.

Danielle now has a diagnosis and everything will be different. Mia WANTED something...but it was for someone to "fix" her daughter by talking with her. Now....her daughter is "crazy".

The 2 women return home in silence.

Jack and Frank tango

Jack lasted 2 days at the Recovery House. I THINK we can see some of this either in images or just him pacing far SR...not certain. Anyway...he left in the middle of the night (this happens often). He was in the middle of an anxiety attack with no meds. He made a VERY bad decision. Then...in the street, he had no where to go. Today – about 18 hours later – he is on his way to a friends who sells pills. He meets Frank, who chases after him and wants to know why he bailed. Jack, in an terrible state, attacks Frank, perhaps physically.

We got to here today...it flows and seems to hold together. We have quite a ways to go yet, but made good head way today.

### Thursday, February 14, 2013

As I mentioned to Dorothy and Bríd at the end of the day today, I am feeling very wary of the narrative coming together so easily. But maybe it doesn't always have to be the struggle it often has been.

We picked up where we left off, with *Jack and Frank Tango*. We had to discover the complexity of the scene and the key was that Frank puts his hand on Jack's shoulder in the midst of the confrontation. The touching sets off a "spark" of "don't touch me!" that leads to some pushing and then Jack kneeling Frank in the groin and running away....up the SL audience stairs. Frank recovers and limps off SR.

#### Abby CAN'T FIT IN

Lights change and an Image of a meeting agenda is projected. Abby enters the staff meeting space for her weekly staff consultation with Dr. Stevens. He enters from his office. We pick the scene up in flight – she is explaining they have lost 6 staff and things are very rough. Dr. D. is sympathetic but there is nothing to do – the consultants' report indicates that they have to find ways to be more efficient. This goes back and forth – he gets frustrated with her attempts to fix things by offering to work on professional days, etc...this breaking of rules does not solve the problem. Abby tells him she isn't certain how much longer she can stay in the job if it is this stressful – very bad news for him as she feels irreplaceable. Before he can respond, Frank interrupts the meeting.

#### Abby, Frank and Dr. Stevens STRUGGLE WITH BOUNDARIES

Abby invites Frank in, although this is quite uncomfortable for Dr. D. Frank wants advice about Jack...does he have a history of violence? why?? Frank explains what happened. Dr. D takes over and ascertains that Jack had been at the recovery house of his own will and left the centre himself...now in the street he is no longer the responsibility of this Dept. He assaulted Frank, so it is a police matter. Frank has an idea, though...if Dr. D. can write a letter releasing Jack's meds...Jack can come back to the house. This is impossible, the Dr. has never met Frank...Abby offers to write the letter – she knows Frank, and the Dr. just signs it. This is SO FAR outside protocol...(but it SERVES Jack)...Dr. D realizes that Abby must be doing this sort of thing all the time. He refuses. Frank says to him – with all due respect, Dr.....that's fucked...he crosses a line...Abby intervenes...gets Frank out, promises to try to deal with this...leaving Abby and Dr. D. in the office with a Pandora's box opened around following protocol that has very little to do with serving patients, but a lot to do with protecting the organization.

Mia enters her living room. She starts to clean the table....she has a rag, a spray cleaner, and a toothbrush. During the next scene she gets more and more dug in to cleaning.

Jack comes down the SR stairs talking to himself....his friend didn't have the meds, wasn't home....everything/one is turning against him. He plants himself at the bottom of the stairs, the corner of Nelson and Granville...talking to himself. Mia cleans in her living room.

Danielle enters, walking down Granville, smoking. She is skipping school. Jack asks for a smoke. She passes him by but he sees her cigarettes and goes after her, making it impossible for her to say no. She gives him a cigarette. He asks for her lighter. She hands over the lighter. He lights up...inhales...that's better, thanks...he goes back to the stairs. Hey – my lighter....!...he is truly sorry for walking away with the lighter – unintentional. She sees this...its OK dude, its only a lighter...but they have connected now. She asks him if he has any weed. He has some roaches. They agree to smoke together off to the side, away from the busy corner.

Mia texts Danielle "Where are you?" ...Danielle gets the text and ignores it. She sits with Jack. Wary. On the sidewalk, on Granville...a place she has never been. She thanks him for smoking the weed with her. That's OK...its all that calms me down other than my meds. ....meds, yeah....she says aloud.

Jack has a crazy idea. Hey – you would have any lorazepam on you? (He takes a wild chance). What is that? D asks....for anxiety. She has anxiety pills. Oh – no...! have some lorazepam.....Really!! That a "Pam" ...they'll do...On you??...she is starting to freak out. No... yes you do – I know you do can I see them? No. I just want to look at them....she takes them out. Jack grabs them.....these are great! He starts to open them. Hey!!! Those are my pills....she grabs them back....he tries to get them....she jumps up, trying to get him off her....and runs off SL. Jack follows her. Mia cleans furiously.

Danielle comes home, enters, sees her mother. They play this beautifully....we see Danielle become the parent. Mom is cleaning again – D gets her to stop, which is hard to do...gets her up off the floor...gets her some wine,... tries to calm her down. ...while the conversation turns to where D was....

Frank arrives. He is Mia's brother-in-law, Danielle's Uncle. Mia called him in her panic, and, while he isn't so fond of Mia, he loves his niece. We have to find this scene, but he isn't there very long before Jack, who has followed Danielle, arrives at the window....peering in. he has no desire to hurt her...he felt the connection. He knows he freaked her out. He wants to apologize, even in his heightened state. Danielle sees him, - shit – there's that weird guy....Frank sees him...goes to the



door...now on the lawn....Frank protects his niece....she is 17 Frank's in his 30's...Frank sees what's happening and this isn't at all what he's intended but....

He backs off and leaves.

This is what we think happens....but what needs to happen now is finishing up the family scene – a complex thing of finger pointing and family history that must result in Frank going and Danielle ending up in her room....

Jack has one person left that he trusts – Abby. He needs to go find her (at the outpatient services)...where Frank also has to end up....and somehow things need to escalate again to the point where we restrain Jack.

We had a good production meeting with the design team at Noon – things are activating in that area and will start to move now that we know the world we are in.

**Friday, February 15, 2013**

Another big day. We've made it to the end of the play.

I had an epiphany this morning, though, that changes the beginning and clarifies Danielle's journey. She can't be cutting at the beginning – it means she has nowhere to "go" as a character. Her mother has to take her to the shrink because she is so moody, rude...etc. out of this comes the bi-polar diagnosis. Strange as it sounds, this IS the story we heard from many applicants to the project. It is the 'fallout' from the pills that gets her cutting herself. This means then at the end of the play, she is alone in her room, cutting and no one except her and the audience knows this.

We figured out the family scene, as above.

Next morning, Jack is sleeping on the sidewalk outside the Out Patient Services where Abby works. She finds him on her way in. she wakes him up. He apologizes for sleeping there but he needs to see her and couldn't book an appointment. She has a very busy day, but takes him in.

We did a rough timeline today....he hasn't been on his meds for 5 days. He's really sketchy. An exchange starts between the two and it escalates quickly – her telling him he has to get control of his life...he bailed on the recovery house....no – she can't just give him some pills, she doesn't have the power to do that. (Evidently, him getting replacement pills is virtually impossible.)

Frank enters, also to talk with Abby about last night. Jack starts to really panic when he sees Frank. Frank tells Jack to sit down and explain to Abby all that's been going

on – especially him going after his niece (which he never really did)...Abby doesn't understand and asks if she missed something...Jack is begging to just be able to leave – he's afraid of Frank. Dr. Devreaux enters because of all the yelling. He tells Abby to get control of things. Abby puts her hand on Jack's shoulder to try to get his attention but he is panicking and he yells at her not to touch him. Violence is escalating. Everyone is talking at once. Dr. Devreaux yells to Abby to call security. Jack hears this – it means the police to him – and, in a real panic, yelling, he tries to get past Frank who takes him down...

In order for this to work we will need to record cast voices, sample them in various ways, and use these to build a cacophony. Along with this, images of syringes, restraints, straight jacket, the drug vial they will inject him with....

We need to be able to orchestrate this...very loud, very violent, into a tight light on Jack. Then, I think....silence.....and light up on Danielle – in her room, cutting.

We are going to attempt a crawl through of the play in the morning...not even a stumble though. I am fairly certain there will be surprises...Dr. Devreaux is thin at the moment, I think....some connections won't make sense. Need to see the full arc to know where we are.

### **Saturday, February 16, 2013**

What an intense day. We did a crawl through this morning and ....you know...these are always hard, sobering, scary. Is it the right story????? Or is it just garbage?? In this kind of theatre what makes it work is the emotional journeys of the characters and, of course, it is completely unreasonable for the cast to be able to do anything at all like this yet – they are barely holding on to what we have cobbled together....so none of it works and the director in me....as Dorothy said, grinning...are you wondering why you do this?

They did quite well, actually. The later scenes worked better, of course – the earlier scenes felt like a long time ago.

Then we went to the beginning and started to work. I had to rework the very beginning, as we no longer have the cutting off the top. So...what, then?

Danielle listens to heavy metal (her obvious choice). Violent, angry, internalized. We hear it in the dark. Lights up on (surprise) Dr. Devreaux, working and swimming in numbers. Cross-fade over to Danielle, in her bedroom, writing. Mia in the living room, crocheting. She puts that down, takes the wine from the cupboard, decides not to open it – calls Danielle instead. Nothing. Again. Nothing. Goes to her room...touches her – the buds come out of her ears, music out. She asks her daughter to come downstairs, keep her company...hang out...watch a



Dr. D DIAGNOSES – Pierre worked out a series of questions and we changed his “tone” in this. Seeing patients is the only good part of the job he has left. He clearly enjoys this and feels he is helping. The women get more and more quiet. At the end, they sit in some silence and Dani gets up to leave saying “are you happy now?” Mia runs after her to the sidewalk. Honey – at least now we know what’s wrong with you”. Danny, knowing everything is now changed forever, walks home...Mia follows her not knowing what to do.

Jack and Frank tango this became very emotional, discovering Frank’s investment in Jack. The key to this, and it is lovely when it plays, is Frank trying to pull Jack back in, Jack wanting to be pulled, but them just not being able to “dance” together....it results in Jack kneeing Frank in the groin and running off.

Abby CAN’T FIT IN This now has emotional content. We can see Abby and her boss (Dr. D) really struggling with the fallout of the cuts. It is setting them against each other. We got into an interesting conversation in rehearsal...Pierre saying that there would never be any emotion in the workplace. My response to this is that we have talked so much about the professionals struggling to keep their masks ON...we have to SEE and FEEL them doing this. I know they wouldn’t yell at each other....we have to see them trying not to yell at each other. If it just remains “calm”, we see nothing. There not being an outburst doesn’t mean the emotions are not being felt.

Abby, Frank and Dr. D we managed some work on this, as well, but not enough and have to pick up on Tuesday. We have Monday off. We have called the cast for 11:00, as Erin is meeting Cande and Yvan at St. Paul’s at 9:00 to show them around, so they can get a sense of true environment, sound etc.

### **Monday, February 18, 2013**

Day off but lots going on. I’ve just had an exciting realization that emerges from what we have built so far.

Frank wants to help Jack. He goes to bat for him...even insults Dr. Deveraux...Abby has to clean it up. But then, Jack shows up at Danielle’s home when Frank is there. He means no harm, but Frank assumes the worst. Danielle is 17. The next time they meet, at the end of the play, Frank is the one who restrains Jack.

Frank wants to help Jack until it gets personal. He wants to help him until he fears he may endanger a loved one. This is very interesting Forum territory and a way in to the mechanization issue that is not about the “system” but about that process internalized. This changes how we continue to build the scenes in the last half of the play. We need to open this up.

### **Tuesday, February 19, 2013**

I made a miscalculation when I did the schedule for this week....thinking we'd move through scenes faster. It became obvious today I need to redo the schedule and leave more time. Part of this is we are having retention problems with at least 2 cast members.

We did some good work today, though, on the street scene with Danielle and Jack and then Danielle going home to Mia, Frank arriving and Jack arriving, running away, Dani locking herself in her room and Mia "closing the door" on Frank. What needs to be confronted, and it is hard, is that both Jack and Danielle are being affected by their medication in different ways. We have to see and hear it. It is very intense. But this is when it has to happen. For Danielle, the next thing we see of her is cutting (more about that in a bit). For Jack, the next thing is being restrained.

We'll finish moving through the play tomorrow. Hopefully we will get a stumble through in. Then start moving through again.

### **Wednesday, February 20, 2013**

We did a LOT of good and detailed work on the end of the play this morning with Jack, Dr. D, Abby and Frank. It has to be very precise in order to feel right.

Carmen (costumes) came in for measurements today. Immediately after lunch we did some recording with Cande: phrases that characters would say when we are taking Jack down at the end of the play...phrases just straight, then with some emotion, then yelling; stomping and yelling; and the breath intake during cutting. We had a chat about some sound/image transitions.

At the PRODUCTION MEETING tomorrow, Elisha (Technical Director) is hoping to have drawings from Yvan, so preparations can be made for the platforms and any other structures; we could also tape the floor. Moving forward....

We did some good work on *Abby helps Jack* and also *Frank takes Jack in* today. But the real, "gift" was at the end of the day, working with Jack and Frank on the *tango*. There is a discovery in this that both men are, at some point, just six-year olds...frightened, hurt, vulnerable...trying to make sense of something that makes no sense. If we can manage to get this "naked" in this short scene then it is heartbreaking.

### Thursday, February 21, 2013

OK – I am going to STOP saying it is coming together easily.

We had a good morning working on Dr. Deveraux's phone call with his superior (Bill)...the \$100,000 cut to the budget...what am I supposed to tell people...and the trap that Dr. D is in. We also got it relaxed enough to ring true. And then, also good work on the diagnosis, although it continues to be problematic to "understand" Mia and Danielle's reaction to the diagnosis. Both of them can't just "shut down". Good work as well on the scene between Dr. D and Abby and then Frank enters...discoveries there about the relationships between the three and, again, being trapped inside a system that isn't working and no one being able to fix it.

And THEN we had a very good production meeting. Yvan presented a great design concept – the walls of the set made of white filing boxes. Conversations flowed from that about the space, projections, etc.

Then...we had a terrible run. Almost all of the work we did in the last week vanished. Scenes between Mia and Dani that have been lovely were just nowhere. We are having serious retention problems with some of the cast. Other scenes became really stilted...and possibly more troubling, serious "holes" opened up in the narrative. Better now than later, I guess. We DO still have two weeks.

The first big thing is that Danielle's story makes no sense. We are starting her from the wrong place. Her blow up with her Mom...the journey into the diagnosis and then the cutting. Dani and I talked after and she agrees...she has been sensing it herself the last few days. We agree that we need a different starting point. We agree that we will play with the idea that a friend of hers has died recently and she has been very sad, moody, can't get out of that state. That, coupled with trouble at school and issues with Mia starts her off from a place where she never has to pretend things are OK. This means her journey in the play is from a logically sad state – into a blow-up with Mom, that precipitates a psychologist visit...the diagnosis. THEN – also something we don't have yet, the effect the drugs have on her. What this 17 year old really needs is people to talk with, process with...instead she gets chemicalized. We need to SEE the effect of the pills, though, so when she cuts at the end, it comes from somewhere. At the moment it comes from nowhere.

The second hole is the "time passes" puzzle after Jack goes into the Centre. The audience has no way to understand that he tried to be there for two days and nights, didn't get to see a doctor about the meds and split and has been in the street for days. We need a way to explain this. At the moment we don't have it.

Hopefully, if these two puzzles can resolve, the other scenes actually hold together and we just have to get them to work – all at the same time. To be fair, we DO have two weeks until we open. We have come a long way. I had one of those terrible afternoons....Dorothy and Bríd and I talked for quite a while after everyone left. They were very supportive, but agree the stumble through was really bad – the cast knew it, too. D, B and I talked through some options....I am regretting how honest I was about it all with the cast....maybe freaked them all out....but also maybe “kicked” us all into the next level of work.

### **Friday, February 22, 2013**

What a difference a day makes. A lot of hard and good work today.

An idea started to percolate at 4AM this morning. Dani needs to find the shard of glass that she cuts herself with in the street scene with Jack. The realization of this deepened the possibilities in that scene and also made her journey much more tangible.

They still meet the same way, him bumming a cigarette. However, we agree, that on the meds she is taking, even after 3 or 4 days, the cocktail has made her very woozy...not thinking straight...ripe for reckless behaviour. She THINKS smoking some weed is going to make her feel better and so after connecting a bit with Jack over the cigarette and lighter, asks if he has any. He takes her into the back lane at Davie and Granville.

....we need some signage and also back lane shots. Dumpsters...concrete...walls, graffiti....garbage... also sound??

Dani follows him into this completely unknown territory; his world. Where they sit there is a broken bottle with a shard big enough for her to use...play with in the light....

Jack asks her what she is taking. She thinks he means recreational drugs. No...meds. What meds are u taking? How can you tell that? ....I can see it in your eyes....he says. He sees her. They exchange med info. When he hears about her “pam” he wants to see them (it is what he is looking for) and she lets him have some. Do these make you feel better, she asks? Yeah. They make me feel like crap....she tells him.

She’s found the glass shard and has been playing with it....looking at it...the broken glass in the lane is his world. So...you hang out here a lot? She asks...Lately. I got kicked out of the recovery house I was in (not true – he ran away)... oh. (this is bad news for her...KICKED OUT?). Jack sees her fascination with the glass. If you are going to use that, I’d disinfect it first – you can catch really

bad shit down here. She stares at him, not knowing what he is talking about. I'm a burner – he tells her...excited. He starts showing her his burn marks and telling her what they represent...they are badges. He is trying to impress her, but freaks her out instead. Dani makes her excuses and leaves. He wants to walk her home....she tries to not have that happen....but he follows her.

This scene plays really well and while "dark" is less creepy in a way. The two connect. If there is a character in the play who could actually help Dani, it is Jack. No one else sees her enough to have a real conversation with her.

She goes home. We also reworked this scene. Dani comes home to an angry Mia...but now we get to talk about Dani's meds a bit. She didn't go to school....I CAN'T go back to school....of course you can...everyone will think I'm crazy. Dani all along is avoiding looking at her Mom. Her head is spinning (the weed has not mixed well with the meds)...she has a bad headache...her eyes are closing....Look at me when I am talking to you!....sorry...says Dani – these pills are making me feel terrible...I can't think straight. "You'll get over it" says Mia and pecks her daughter on the cheek. Mia goes back to cleaning and tells her daughter – I need to know where you are – always. Why??.....you know why.

Dani sees her mother...this frightened and desperate woman and takes care of her. Gets her up from cleaning – makes her stop and pours her some wine. Frank arrives and the scene plays somewhat like it did. It took HOURS to rework this scene.

We also cleaned up the final scene when we restrain Jack. Not much different in it, just cleaner. It needs to be very, very precise.

I am hoping that we can integrate the end of the two storylines. When we are restraining Jack:

Images of buckles, straightjackets, gurneys...syringes, drug bottles...the voices we taped into a cacophony....rising up out of that, Dani's music and images of cut arms....then in the black (?)...the intake of breath, when the cut happens.

We still have to go back to the beginning and rework the 1<sup>st</sup> mother/daughter scene. We've agreed that about a year ago Dani's best friend (Amy) committed suicide. This put Dani into a funk from which she has never recovered. This changes her entry into the play.

### **Saturday, February 23, 2013**

Martin ate something bad for him and called in this morning with pain...but we had runs we had to do. He got himself in and by the time we got there his pain had gone.



The design team watched a run and the feedback was good – we now have a taped floor and this has deepened the understanding the space we are in which is affecting how scenes play in a good way. The cast is very excited about the set.

After lunch we dug in. We restructured the “flower” scene with Dani and Mia. This meant creating a history....Dani’s best friend Amy killed herself almost a year ago. Dani is in her room writing letters to Amy....drawing pictures of herself at a cliff edge – Amy at the bottom of the cliff. When Mia comes and asks Dani to keep her company – she lies and says she is working on homework. Dani is now starting the play from a dark place.

Then, in the flower scene, after Mia tells Dani to try harder at school, Mia, knowing what the problem is, says to Dani:

M Dani, I know you are hurting, but it’s been almost a year. You have to learn to let go.

D she was my best friend.

This is all we needed...it takes Dani to a very emotional place from which Mia’s decision to put a flower in her daughter’s hair is the launching point for a terrible tirade of swearing and hate from Dani. We now understand why Mia takes her to a psychologist and then to Dr. Deveraux.

We deepened the women’s reactions in the diagnosis scene.

We cleaned up a lot of physical and psychological traffic problems in the scene where Frank goes to Mia’s...Jack arrives and runs away, Dani locks herself in her room. The scene feels quite clear now.

And so, it feels like the narrative is clear. Dorothy and I agree that the next week is going to be very intense...escalating into the invited Forum and then the theatre. I am concerned about burning the cast out and so we have decided to give them Sunday and Monday off. There was a big cheer – this took them by surprise, but since the very bad run, they really dug their heels in and some of them in particular have really stepped up to the plate.

### **Tuesday, February 26, 2013**

What a long day....first day of evening rehearsals – noon to 8:00. Need to make the transition.

We had a very rough run after two days away. This was to be expected, but concerning was when I asked the cast what they thought about it most said it felt good. Dorothy, Bríd and I agree that this was the case because there was no emotional investment, it was all just “words”. We had various talks today about needing to “bring it” emotionally all the time now.

Having said that, Carissa (the Community Scribe on the project) watched the run and was very involved in it. It “took off” for her during the diagnosis and, in her words, kept her on the edge through a lot of the rest of the play. She was surprised in a good way by the characters coming together in Mia and Dani’s place... really liked the street scenes and how the play ends.

We did a lot of work on the texture of the women in the diagnosis...detailed work. Because Deveraux talks for most of the scene, they both tend to disappear. If they are really listening, though, as it piles on...it can be heartbreaking. So...when Deveraux leaves...Dani waits about 5 beats and in tears says to her Mom...“Are you happy now?” and leaves the office...everything is changed.

We also did a lot of detailed work on the scene where Abby helps Jack and then takes him to New Springs. My hope is that we can hold onto the detail. This week we need to start working in larger pieces....running larger bits. Integrating.

### **Wednesday, February 27, 2013**

Many steps forward today and some steps back. Geez the time shift is hard....at 3PM it felt like the end of the day.

We did really good work deepening the Abby, Dr. D and Frank scenes today. The SCENES worked really well but we lost it again in the run. (more below). We also finally found the sequence, by dissecting micro-moment to micro-moment the restraining Jack scene. This is necessary in something so chaotic and physical. There is a tension between putting ‘real life’ on the stage and making theatre. In the end it is not real life, it is a constructed moment. In order for the actors to be able to commit to the moments, each one has to be clear at a micro-level, otherwise the violence can’t be safe. We found the necessary chaos with the four characters, who is doing what...saying/yelling what...taking Jack down so it is both violent and safe.

In collaboration with Cande, in my head is this:

Frank enters and things start to escalate...bringing Dr. D in. The voices we taped of the cast escalate through this, underneath the scene (we may or may not need them now....it MIGHT be too much)...but the visuals will be necessary – syringes,

buckles etc....escalating until from on the floor Jack is yelling “don’t inject me....don’t inject me please!” we set this as a freeze cue.

Tight and harsh light on this freeze, ....ceiling lights now...POV Jack in a gurney being rolled down a hallway...the rolling lights take us to Dani’s room....the images of arms cut....the shard in her hand. Cutting.

My hope is that we can make very ugly poetry...ugly images that are in fact so beautiful that we have to look at their ugliness. We have, I think, a chance of doing this through the human bodies, the sound, the light...

We had the best run we’ve had so far at about 3PM. Ran about 34 minutes. This was good, as Margaret Gallagher from the CBC (North by Northwest) was there for it, as was Gerald (lighting designer). It was a step forward in the integrity of the emotional arc of the story for the characters.

After the meal break we did some more work and then at about 6:45 did another run. Everyone was tired. Ran about 32 minutes (a better time), but....lots of the scenes went out the window. Mostly the cast knew – a good sign.

OI had a talk with one of the cast members. He recognizes things are not working. It gets so wooden. From his perspective he overthinks...is trying too hard to be physically open to the audience...turn the right way, etc. It is not what I see. What I see is his deep discomfort at actually feeling anything real; at being authentically vulnerable...in public. We can work the scenes all we want, but if he refuses to feel....I can’t force him to do that – and he can’t fake it. Trying to fake it just makes it worse. We have to conquer this....and I am not certain how right now.

### **Thursday, February 28, 2013**

Felt like a fractured day – but I think we took a step forward. Started with a production meeting setting schedules, decisions around flooring, detail regarding furniture placement, escape stairs, etc.

Later in the day while working a final scene in the play it became apparent that Dani needs a place “against a wall” where she can plant herself. I am asking the actor, basically, to hyperventilate; to be in a state, because of all the meds and the yelling, in which the world is spinning and she has to calm it all down somehow. That it is visceral – not just an idea. The key to this is the breath. I know Dani understands this inside her.

We cleaned up the moment when Jack knees Frank. It had lost its reality and had to be choreographed again. This involved aiming higher, masking the “hit” and both characters engaging in the vocalization on the hit.

After dinner I threw some curves at the cast. We did a partial run in which Dani and Mia changed roles; Frank and Jack changed roles; Abby and Dr. Deveraux changed roles. It was magic. They were great. Why? Because they were all off balance, discovering the moments. And they felt it. I am hoping having FELT this, that they can let themselves forget the play now and trust in discovering it.

We then did a double-time run for a lot of the play. Some of it was too fast but it brought Dr. Dev's phone call and the diagnosis to life like they have never been.

It boils down (for everyone) to the same thing. It is time now to forget the play and to have the courage to discover it each time; to risk letting the moments hurt each time; or to give pleasure each time. Not to explain....not to demonstrate....but to just be. Each of them have done this at different times in every scene. We have to find a way for it to happen consistently now.

### **Friday, March 1, 2013**

Good steps forward today. A great hour (not long enough) with Cande, looking at sound/image cues for about 30% of the play. Another 90 minutes tomorrow – very creative, fun time. Dorothy tells me that she is already aware that between sound, light and images the 30 minute play has about 110 cues. Knowing this a week before we open is “good news”.... We are ahead of the game on understanding the technical flow.

Good work on Abby/Deveraux/Frank scenes today – finally found the naturalism of them – interestingly Abby had to tone way down while Dr. Dev needed to ramp up while both keeping an honest centre.

A pretty good run in the afternoon – the flow of the play is coming and then a nervous but good run for an invited audience and our first crack at Forum. The cast relaxed into the Forum and were both good and relieved. Of course they can do this – they know the characters really well – this is why we've done SO MUCH background work.

An issue I have to deal with, and I've seen this coming for a while, is that there is too much Forum-able material in the play. The play ran about 34 minutes tonight and should come down to about 30. There are, though, a lot of scenes. The evening went 2 hours and 45 minutes to make it to the end of the play. I have to cut 30 minutes out of the event. This means not doing Forum on all the scenes and also not playing all sections of all the scenes. It also means not getting into long conversations. The challenge of this is that the interventions themselves are complex about complex and layered issues.

Anyway, we had a very good night. The cast are pumped and the audience was very appreciative. Feedback was quite positive and also that some scenes were long – this is true they were playing very slow. Perhaps there is also cutting to do.

Also, good news from the office. The matinees will sell out already (a lot of group bookings, I think)...opening seems full. Other shows are selling well. The Straight and Sun features haven't hit the streets yet; the CBC Radio interview runs at around 7AM tomorrow morning (too early for my liking, but...can't complain....;)). It seems we have momentum and don't open until the 8<sup>th</sup>.

### **Saturday, March 2, 2013**

Had another very productive session with Cande and Dorothy early afternoon and then started rehearsals at 2:00 – talking about the Forum, interventions etc.

Then we had a really stinky run. Scary. Words, words, words; and then notes that must have been demoralizing – the same note over and over again, really....if you won't commit to the emotional content of the moment then nothing else makes sense. It just looks like (bad) "acting".

Instead of doing another run right away, we decided to work transitions – knowing from the run last night that in some cases cast members are waiting for Dorothy to call "lights" or "sound" for their entrances, when in fact their entrance will create the light or sound. Also, important for me directorially that tops and tails of scenes overlap – that the play is a long transition as much as possible, once scene morphing into another. This means the cast have to live the transitions. It took just over two hours to set all of these – throwing a fair bit at them, but this *should* pay off come technical rehearsals.

Then another run and a speech beforehand about emotional commitment. Something really paid off. We had what was probably our best run so far – A LOT of it worked - although some of it was out of whack....Mia "committed" so much she was crying through every scene, which is far from useful, but having experienced that, we can pull it back in the flower and the diagnosis. Her being in a very vulnerable state in the first scene when she goes to Dani's room is quite powerful and, of course, in the final scene when Dani comes home.

Frank and Jack were both "hot", in that state where it didn't matter really what they did because it was all so "present" that it just worked. The whole cast needs to live in that space – a lot to ask of any cast, I know.

We are going to work the bits that were not smooth or out of focus starting at 2 tomorrow and then do a run. We are all very, very tired. My hope is to not have to keep them until 10 tomorrow – all of us need a rest, as we move into the theatre.

### **Sunday, March 3, 2013**

Worked bits this afternoon – tidied up a fair bit of loose ends. After dinner we did a run – not the best, not the worst. Where we are, it seems to me is that generally the runs are getting better (increasing in value) and like rising stocks, that doesn't happen in a straight line.

We did some good work in the “flower” scene. Mia has had a great breakthrough – perhaps she is “arriving” exactly on schedule...she seems to have figured it out and is pretty consistent. Dani is such a wild card. We went through a series of exercises to give her “permission” to yell at Mia and mean it – not just say a string of words.

We had a chat about Tech Rehearsals and the cast needing to spend the day serving the Design and Tech team...that this can be a long and frustrating day...etc. preparing them, I hope for this transition.

André, Dorothy, Bríd and I packed and tidied up the rehearsal hall. Even with the construction outside and the loud bands, Renegade has been great and Jim has been very attentive and accommodating. The design and Tech team have been at the theatre all day getting the set in. The furniture and props and stuff from the rehearsal hall will go over tomorrow.

### **Monday, March 4, 2013**

Setting sound and light levels in the theatre. Lights are done and will look great. We have projection issues – many are not reading as imagined on the set – we've cut some, moved the projector closer to make the images brighter and Cande is reworking numerous images overnight. We did set the cues, though, as well as sound cues and some levels. Some have got to wait until we have actors on the stage. Hopefully, the detailed work today will make tomorrow easier.

### **Tuesday, March 5, 2013**

So much has happened – could write for hours, but need to sleep.

Martin had a relapse with his gall bladder and called from the hospital this morning saying he'd be a bit late. Then it turned into spending the night there on an antibiotic drip, hoping the infection would clear and that he would be OK in the morning, as had been the case last time.

We brought Colin in on very short notice because we had to do cue to cue and could not do that without Jack. Colin was very courageous and great. He is a VERY different Jack. We are waiting to hear about what happens next.

Martin needs to have surgery. We have had a series of communications, some very emotional. Of course he is deeply invested in the project – my heart is breaking for him – and – his health has got to take precedence. I had a talk with the head nurse where he is, explained what is going on. She talked with him and then called me back. I believe she understand the emotional complexity of what is happening and also was clear – he really needs to let go of being in the play so he can have the surgery. We have to commit to Colin now in the role of Jack.

Bríd had a great deal of communication with Martin throughout and also with a team of people in his support system.

Other parts of the day went very well. GREAT Kudos to the tech/Design team, who were fantastic this last two days. We got through cue to cue and also what was supposed to be a “stumble through” today but was in fact a not-so-rough run. The set is looking great – the projections are much better now and will work....the lighting is lovely – costumes are almost done and will be great.

The cast REALLY hung in there today as well, especially considering the stress of losing a cast member. The run was much better than we imagined it could have been. Of course we have a big mountain to climb to opening to make the play great....to be making good art.

The way I explained this today had to do with the necessary precision. We need to be precise because the characters interconnect with the light, sound, etc...and if we are NOT precise, the world of the play does not hang together. When we can create the world...a beautiful world...then terrible things that need to happen in the play can happen there, in a really artful way.

We need to rehearse Colin into the play tomorrow. This is going to rob us of much needed technical runs, but we have no choice. I have asked Bríd and Colin to get together tomorrow and run lines...we have given Colin a copy of Dorothy's script. This is something I normally do not do – the actors have the play inside them – not because they have learned lines but because all the scenes have emerged from the work we've done together. Colin is in a difficult situation. If we had made the play with him, we would have made a different play. At this point he has to step into a role that was created by someone else – having said that, he does understand all the situations well from his own life experiences.

### **Wednesday, March 6, 2013**

We had a very rough day in the theatre. We worked all of Jack's scenes. Colin is taking in an overwhelming amount of information and retaining some of it. In fact he is doing great....and it is not happening fast enough. We need another two or

three days, and don't have it. This has thrown the cast very off-balance. We had two very rough runs today.

The Design/tech team is pulling it together very nicely, also dealing with the runs being so rough – hard to call cues when what is being said/done changes each time. Kudos to all. The runs ARE getting better, but as I said, it feel like we need more time. There is so much to do, including embracing the 'energy' of a new cast member. I can't overemphasize how real and difficult this is – not because of the cast member – just because it is hard.

There were a lot of notes today – the set is pretty much finished and the team knows what they have to do to run the play smoothly. The challenge, I think, is runs. We need two or three days of runs so that we can get back to the place we were when we left the rehearsal hall.

We are getting in at 11 tomorrow for a non-physical line run. Then from 12 – 3 we will work scenes. Then run at 3 and notes. Break from 4:30 to 5:30. Media call at 6. Doors open at 7:30...preview at 8.

We left the rehearsal hall in a very good place, and sad to say, I do not think we are going to be ready for this audience. It really IS going to be a public rehearsal.

## **The theatrical run**

**Thursday, March 7, 2013**

**attendance: 80**

I dunno. Miracles happen...or was it just really hard work?

We got in as planned and did a line run and then very detailed emotional work on:

Both Jack and Abby scenes;  
A flower in Dani's hair;  
The end of Abby and Deveraux;  
The back lane;  
Chasing Jack away from Dani's house;  
The takedown

New Jack had numerous breakthroughs, as did Dr. Deveraux and Abby. Jack was able to access his own experiences of being off meds and also come to an understanding that as long as he is in the correct "state" on stage, things will flow. (and he can be heard vocally, and keeps the pace up....). I put Dr. Deveraux (and Abby) through the ringer together, having them repeat very emotional thoughts back and forth for a long time until they were both vibrating and tried to instill that



emotion into their scene together. They are professionals in a medical hierarchy, but need to think of themselves as lovers. One is saying "I want you to love me"...the other replying..."and I am telling you I don't". ....I'm asking you for help...and I'm telling you there is nothing I can do. We made the professional personal as it so often is. This unlocked the emotion of the scene...finally.

Then we did a damned pretty good breakthrough run. Then the media call. Then a Preview to a 60-70% house. Very diverse. Nice audience – congrats, folks. And...we rocked. The show went very well. The audience was devastated by the play. And then the Forum was very, very lively. Lots of heartfelt congratulations from the audience after. The cast were great in the Forum. We are all SO relieved.

I asked Dorothy while we were walking to our cars if all that worrying HAD to happen and interestingly, we agree it did. Without it, I wouldn't have/couldn't have pushed the cast as hard as I have this last few days.

I got an email from Carissa (Scribe) when I got home:

"Hi David and Andre, The Director of Public Policy of the Canadian Mental Health Assoc. asked that they and he receive the policy report. He gave me his business card after the play. He is with the 'healthy campuses initiative'. Wanted to pass this on now and can pass along his card later. Congratulations on Preview night!!!"

This is a VERY good sign. There were notes...some scenes were off, nothing huge.

We've given the cast a break and called them for 5:30 to do a line run. Want them freshened up a bit for opening. Dorothy and I both thought that working scenes or doing a run would be detrimental after tonight. They were all ecstatic.

**Friday, March 8, 2013**

**attendance: 133**

I am writing on the afternoon of the 9<sup>th</sup> – opening night last night went well, lots of good feedback. Interestingly, we all felt that we had a better run on Preview, which really *felt* like opening night – the show was a little "off" – typical "second night" kind of show. A very positive thing is that when cast members and I mentioned it to audience members, they were quite amazed – of course the audience doesn't know - we do. The task is to try to have a great show each night, but I think having made it through the storm, that the play is strong enough that it will always work.

There have been updates regarding Martin. Bríd had a good conversation with him yesterday and I got a very gracious email from him. He's had the surgery and there are complications that will require a longer stay in hospital. We are providing him with the support we can, along with his own circle.

Colin and I had a chat about this. He has to own the role now. He's been in such a complex place – coming in so late and then not being certain if he is in it for the long haul. He's been very gracious. He's also been amazing at absorbing SO MUCH information, sitting into the emotional moments, etc. many audience members were astonished knowing he'd taken the role over in four days.

Having said that, the show last night was rough. The cast were quite nervous. Strange, as they were not on preview night. Hopefully this is now over. We had missed cues – transitions overall were rough. The play works as a flow of scenes, one overlapping another and it turned into a series of scenes last night. I'm not certain why. If the flow isn't back tonight, we'll need to come in and work on Sunday.

We also need to get the takedown of Jack clean. The lines are rough meaning the takedown is rough, meaning the freeze and light/sound cue are rough.

I'm encountering a Forum problem a couple of the characters. If there is no potential for change in a character in the Forum, then why are we asking people to make interventions? The potential has to exist. It is not the actor's 'job' to say 'yes' to everything; it is not the actor's job to say 'no' to everything. The actor must be very present and respond with honesty at a very subtle level....things shift, change, based on nuance, a look...etc....just like in life.

I want to say that Dani is very "present" in every single moment of the play, truly present. Also in the Forum. It is really wonderful to watch. I noticed this in David Cooper's photo shoot of the show. In every photo she is in, you can see the moment she is experiencing in her eyes. I know how hard she's worked to achieve that.

**Saturday, March 9, 2013**

**attendance: 70**

A very rough show. The projector didn't work for some reason – we lost all the video, but not before the first cue bathed the stage in green light. The video loss through everything off. Lighting cues were off, performances got either shallow or forced – and they haven't been...internal acting cues were late...

The Forum was quite volatile – a lot of professionals in the audience – in particular a cast member's old "boss" who was very vocal.

The actors also got "dug in" in the Forum and we had a long talk about this in the dressing room after, some of it heated. I've been trying to get one of the cast to open up some space for people to succeed in the Forum....he simply will not. We finally got to his impression that I said the characters could never change....I've

said no such thing so, not certain where that came from. Possibly my insistence that they stay in character, but this is not the same as not having any flexibility.

Things that came up tonight in the Forum vis a vis policy:

- the need to MANDATE physicians to provide care when needed;
- Loosening up the credential requirements for immigrant physicians, many of whom are trapped in other kinds of work because they can't practice;
- 24/7 nurse/practitioners on site at all healing centres, detox places, etc.
- "agency" for teenagers somehow – this came up last night as well – peer support in some way in situations like the diagnosis.

We are going in at 5:00 to work various scenes.

**Sunday, March 10, 2013**

**attendance: 28**

I am hoping this will have been our smallest house, at 28 people. The play was much better – Dorothy, Jamie (Firehall TD), Elisha and I got in at 4:00 for work with the projector. It seems to have been, as far as I understand, a combination of the connector and the program. It worked tonight.

The cast came for 5:00 and we worked many scenes and transitions. It paid off. I feel like we are cleaning up the play all over again. I suppose this is to be expected, Colin took in so much information – in all fairness to him, how was he supposed to retain it all? I don't have the same sympathy for other cast members, I have to say, and told them so today, that the time for excuses about missing or changing entrances and things like that was over. This sent a chill through the room, but necessary, I think. Why is this important? because the power of the event is not in the "good intentions" or the "relevant politics" of the project. It is in the artistry. This is what creates the depth of the interactive Forum event and this, in turn, is what will feed a valuable policy document.

We worked non-stop from 5:00 until 7:00 on scenes and transitions. The transitions are essential for me because they create the momentum of the play – this does not happen when we experience the play as scene/scene/scene....it is designed as overlapping scenes, one flowing into another through light, image, sound and overlapping dialogue. This needs precision and paying attention throughout the entire 32 minutes of the play.

Small crowd tonight and therefore also very quiet, but some insightful interventions:

A young female doctor (an actual doctor) replaced Deveraux in the diagnosis and opened up the space for Dani to talk. This led to an agreement to have at least

another visit, a more relaxed one, before any firm diagnosis and/or pills were prescribed. This was hard for Mia – she wants a diagnosis. This led to a great conversation about different approaches to medicine.

A woman replaced Abby in the take-down scene and really managed the chaos. She mentioned later she is not a professional but has this same experience with her brother. She then went to Deveraux in such a way that he agreed to call another Doctor to come see Jack. “Dr. Green” arrived and managed to make it possible for Jack to have just a few anti-anxiety pills – enough to calm him down. This led into a conversation about liability, harm-reduction models, etc.

The audience was very engaged in the evening – although quiet, it felt like the Forum went well.

**Tuesday, March 12, 2013**

**attendance: 66**

Tech side was very smooth this evening, thanks, Dorothy.

We had a good show tonight. Michaela and I chatted after on the way to her car, though, and we agree there is a difference between a good show and a great show. It was all there. But the emotional depth that is possible with everyone was missing. Funny – we haven’t achieved that depth since Preview. It would be good to get back there.

I’ll also say Michaela’s parents were there tonight and this was a big deal for her. I know after talking with them after the show that they were blown away and are very proud of her, as I imagined they would be.

The audience really responded to the Forum after a very quiet start. There was an innovative (and controversial) intervention off the top. A woman replaced Abby with Jack and suggested that instead of a recovery house she knew a senior (a woman in her 80’s) who needed someone to live with her and that Jack was the perfect guy. This DID solve issues for them both and also created community. The audience was split, though about whether or not it was a good idea and I have to admit, so am I.

Jack is a homeless man on anti-psychotics. What are the liability issues? I mean this for both of them. If something happens to her, will people immediately suspect Jack? Someone mentioned that this idea works well only if there is a third party living there, then it becomes a solution for everyone.

### Wednesday, March 13, 2013

Who had the bright idea to do two-show days? Oh. It was me. Sometimes I just need to be saved from myself....

#### 2:00 PM Matinee

**attendance: 128**

Full House. Congrats, folks – well done. And a lot of people deeply living these issues in the room. I am aware that a large portion of the audience that we attract, not just to *maladjusted* but to our work in general, does not go to any other theatre in town. This is something we should all feel very good about.

The matinee seems like such a long time ago now that I can't recall any specific interventions. It did end in our first standing ovation, though.

An issue arose in the Forum with some cast members. I've been watching this develop. They are very reluctant to get deeply into improvisation with audience members, and "pop out" very easily. One of them offers solutions because he is so uncomfortable with an audience member not knowing what to do – the silence is unacceptable. The other does not want to offend or upset, and so will laugh or make a joke. Both of them have a tendency to want to "rescue" the audience member. Neither of these approaches is helpful to the Forum. In order to really, truly respect the audience member, we have to let them really ENTER the character's struggle – and struggle inside it, and if they piss us off or do something "dangerous" or outrageous or whatever, treat it as real and respond accordingly. This is the only way to honour the process and really investigate the issues. We can deconstruct that in the analysis after – it is always important to me that no one leaves the stage embarrassed – but their ideas also have to be taken seriously.

A credit to the cast that they did digest this and it was better in the evening Forum – but it is still a big challenge. This is a way that Forum Theatre is one of the most challenging styles of theatre that there is – it takes great strength and integrity from the actors.

#### 8:00 PM show

**attendance: 81**

This evening a very agitated man replaced Dr. Deveraux in the meeting with Abby. He brought a book and papers with him – charts that he had drawn (I believe during the play) – triangles that depicted the poor supporting the rich. In the midst of a complex explanation in which he often got lost about how the rich needed to support the poor he mentioned that Dr. Deveraux needed to go directly to Prime Minister Harper and get the necessary support for mental health.

Everything he was saying made sense, it was just coming out in a hard to understand way. It opened up a possibility, though: I asked about whether or not doctors as a coherent body, were using their political “muscle” to help fix this broken system. The audience did not believe they were. Why not? The Nurses are organized into a coherent body through the BC Nurses Union but Doctors are independent contractors in competition with each other. The system we have built does not appear to encourage Doctors function as a coherent body on these matters. Many suggested it is not in their interest to do so as the maladjusted system nets them more money. If any of this is in fact the case, how do we fix it? How do we give doctors who care about human-centered care the agency to work as a unified body?

**Thursday, March 14, 2013**

**attendance: 46**

Pouring rain all day today. I am wondering if that had anything to do with the small house.

We did notes from last night at 6:30 until about 7:15 but there are some moments that we just can't make work the way they did in rehearsal. The big one for me is when Jack goes to Dani's house and then runs away. I just can't get Jack to “sink” into the scene in such a way that it feels real.

All in all we had a good run tonight, though. Mia was really there tonight and that affects Dani in good ways. We changed the texture of one of the Abby/Deveraux scenes and this made a good difference to the state they are in when Frank enters.

We had an odd Forum, though. One of those Forums that turns into “improv class”. I don't know why this happens sometimes – the invitation to the audience doesn't change – something about the audience chemistry.

We had two instances of people coming up just to have the characters react differently – not engage in their lives in any way. This is so unsatisfying inside the event – no real exploring going on. Having said that there were also some very nice moments:

A young man with a lot of skulls on his clothes replaced Dr. Dev in the diagnosis and, as others have done, took the time to talk with her – and without Mia there. He had obviously been through this himself and, while not a doctor, spoke with tremendous authority. Of course Dani didn't get the pills...and because of that something else would also not happen – she would not encounter Jack – their lives would not cross – Frank would not be so angry with him – Jack would not be restrained at the end of the play. Not today, anyway. Because Dr. Deveraux actually talked with Dani and did not chemicalize her treatment.

A young man replaced Abby in the final scene when Jack is in such rough shape and tried to get Dr. D to help. This Abby closed the door, in order to give them privacy. Of course Frank entered. While this Abby and Dr. D argued about care, Jack ran away from Frank – into the street and likely to jail tonight. A reflection of reality.

As always, there were many policy suggestions regarding prescriptions being easier to verify and fill, of professionals having more time with patients, of spreading the workload around to other and more qualified people.

The feedback from audiences each night is great. I am hoping houses take off – soon.

**Friday, March 15, 2013**

**attendance: 127**

In the theatre we had a great run and Forum tonight. Almost full house. Good work, folks – I'm hoping this is a trend...;)

We cleaned up some more moments today, in particular the knee to the gut in the Frank/Jack street scene and Jack running away from Dani's. We reframed the scene in Jack's mind today. I realized that as soon as Frank enters, Jack's been going into "fear" – but he is there to see Dani and this desire has to be very alive for longer – until his fear of Frank overtakes that. Also – as we've played the scene, Dani and Mia have fallen kind of silent. Everyone needs to be yelling – this is what creates the chaos that Jack runs from. This worked better than in a long time tonight. Ditto with Dani yelling at her Mom off the top of the play. Dani figured something out – and that is to *stop worrying* about it...stop rehearsing it backstage. For the first time in a long time she just sunk into the moment and yelled at her Mom tonight and meant it. And she knew it...she CAN feel the difference. I am hoping we hold on to all of these, as we had a really coherent run of the play tonight.

And then the Forum was also really hot. It is such a spin of the roulette wheel each night – you just never know. Jack learned a great lesson tonight. Near the end a young woman came up and took Abby's place and tried to calm things down – Frank entered, it got hostile, words went back and forth and after Frank was aggressive Jack yelled back – 'yeah – well maybe I'll go back to your Niece's House!' ...and then stopped...looked at me like he'd done something wrong....no!! this was so right!! Jack is 'flying' of course he'd say something like this to get at Frank. The beauty of it was that it just came from him....not planned...not trying to "show something" ...it was just honest. Exactly right. I saw a light bulb go on for him when we chatted after the show. I am hoping it remains.

It wasn't that there were so many "innovative" ideas on the stage tonight. Various ways to connect with Jack's real Doctor – various ways for Mia to really see and

hear her daughter and also for Abby and Deveraux to take time for the people in their care. One thing this opens up is, if they become as selfless as people want them to be as caregivers, how do they take care of themselves.... It was the humanity of this audience. They were very deeply engaged in the evening – perhaps because the play had such emotional integrity tonight....then the audience fed the cast...a good feedback loop.

**Saturday, March 16, 2013**

**attendance: 92**

Another nice house and another standing ovation, although there were some weird things about the night and the run did not have the emotional depth/integrity of yesterday.

A friend/colleague of mine from the US comes to our Forum shows – he has trained in Tfl work, does it at home, and comes to shows many times both as a sign of commitment, I think, but also to study and learn. He made an intervention for the second time in the run tonight and his attitude/approach really pissed the cast, as well as some of the audience off.

We hadn't started the diagnosis scene yet when he yelled stop and started down the stairs to replace Dani. He walked into the room with his mom and sat in the Dr.'s seat (not that Dani would know this was his seat). He then proceeded to ask the Dr. in very authoritative terms for Mia to leave and things to be private. OK. Then he launched into how his friend Amy committed suicide because no one would listen to her concerns about the environment and rattled off various issues about global warming and something that seems to be happening to soil in Richmond BC that no one knows about and that people who want to save the planet are deemed crazy....it went on for some time. He used the intervention as a platform. The intervention itself was all preconceived and it neglected to take into account that Dani is, in fact, very frightened going in there. An audience member yelled "stop" and complained that it was all just a message about being assertive.

I deconstructed this the best I could, Dr. Deveraux responded as honestly as he could, but we did not have any kind of "Dani" on the stage – we had a political activist with a message to convey. His parting statement was that teenagers know more than we give them credit for and he wanted everyone to know that.

It is complicated for me because this is someone I like and respect – but the cast said it was disrespectful to a process in which we are trying to engage, and I agree. Interesting dilemma because if he was a stranger – just an audience member making an intervention, I'd have processed it and it would be gone. Knowing him (also as someone who does this work) changed it somehow.



There were also some lovely moments. A woman replaced Mia – really entered Mia’s state at the end of the play, and from that terrified place tried to reach out to her daughter. A very emotionally risky intervention that obviously touched the audience deeply and that, many thought, opened up a conversation between the mother and daughter and Frank that would lead to a much better place than the end of our play – although the audience was split about this. This woman came to me after the show and was very moved by the work, as was her husband.

We are certainly seeing patterns now regarding ways to get Jack his meds that all involve staff having more time and access to 24/7 prescribing doctors; also to the value of open communication – this sounds simple and basic but tragically difficult in the system that has become so hierarchical.

**Sunday, March 17, 2013**

**attendance: 135 and 135**

Two sold out shows today, and, if they have meaning and we like to believe they do, two standing ovations. Congrats all.

I had a chat with the cast before the matinee that I think paid off. It centered around the 30 minutes a day required of them to perform the play, but centered around the journey of 12-18 months of fundraising, all the organizing to get 191 applications, processing those, the work each of them put into the interviews, casting, the workshop, the creation and rehearsals...and in the end it all boils down to 18 shows. Each one is precious. That 30 minutes each day will not come again – once the run is over, unless some money miracle happens, they will not perform the play again. I encouraged them not to waste shows and that whatever the reasons were...‘just wasn’t there’...‘was too tired’...whatever – these reasons ended up having little relevance. This created a big silence but I do believe they understood it was not meant to be mean and heard it. The emotional commitment to both shows today was great and it makes all the difference in the world. Human beings LIVING the moments on stage is so different than them SHOWING the moments on stage. The former compels a deep Forum – the latter does not.

Jamie, the Firehall TD and I had an interesting chat after the second show tonight. He agrees that in the last few days the play has really found its feet. We were holding on by our teeth at opening, for reasons that are, I think completely understandable. It is a much more confident and “mature” piece now.

An interesting exchange at the matinee, near the end of the event, in the final scene – someone intervened and managed to keep Jack in the Outpatients area and get him his meds. It had taken some time and I asked Jack why he hadn’t run out into the street like he sometimes does. He explained about the intervener really calming him down and believing that this Abby would go out of her way to help him. I commented that Jack does sometimes end up in the street again and, as can be the

case, ends up doing himself or someone else harm. Jack has mentioned this himself on numerous occasions. This really angered two (maybe three) people in the audience who were sitting together and they started yelling at me that I was discriminating against people with mental health issues...stigmatizing them. It went back and forth for a bit, I apologized if I had said something insensitive, but could also feel Jack vibrating and asked him if he had anything to say. He laid out clearly that in his state, if he didn't get stabilized, he was certain that something very bad was going to happen either to him (get beat up, arrested, jump off a bridge) or to someone else who he would harm, and that this was just the truth.

A fascinating moment. Yes, I understand about stigmatization. But how do we deal with issues if we can't actually discuss reality? Will everyone off their meds end up like this? No – Dani in our play is an example of that. But Jack is also real. Many people came after and mentioned that they thought the moment got dealt with very well.

In the evening show a woman replaced Dr. Dev in the same final scene and did something no one else has done; she had the Dr. take charge of the space and bring order to the chaos that was unfolding. She got Jack his meds, as the Dr. who was there at the time. This opened up a conversation about setting time aside in each day of a "Deveraux's" schedule for unscheduled emergencies.

A woman replaced Mia and did something that seemed quite simple with Dani and Frank. She offered to feed them. Again, no one has done this. The food was practical but also symbolic. It was going to bring the three together in a different territory – not focusing on Dani, but focusing on their family connection. Did Dani end up in her room cutting? No.

We had a good day and night.

**Tuesday, March 19, 2013**

**attendance: 105**

The Dialogue Series went well I believe – I attended only the one I moderated, as I really needed a break and they were in very good hands. Please see Dafne Blanco's report for the Dialogue Series.

We had about 100 people in the theatre tonight – not a full house but very good for a Tuesday night in the pouring rain. One thing we really did have tonight as in other nights recently, was the real community in the audience.

We had a good, having-been-away-for-a-day run tonight. It was all there – some of the emotional states were "off" ...especially Mia, which is unusual, at the end of the play. Ditto for Jack – we need to find his sketchiness again – it is elusive. Having said that, we are at a level now at which we will always have a good show.

Tonight's Forum was very good and also challenging. We had the kind of authenticity on the stage that speaks volumes to the depth of the community outreach of the project.

The first intervention, replacing Abby in the first Abby/Jack scene came from an (I believe) Trans woman carrying a humongous teddy bear with her. I don't say this to make fun of her, but the image is important. one of those moments when as a Joker, I have to trust. The trust paid off as, while her mode of communication was sometimes very scattered, she knew what she was doing being very honest with Jack about the meds situation at the recovery house and she understood completely how inappropriate the decision Abby was making was, and that Jack needed to decide for himself what was best for him here and could not do that without ALL the information.

The theatre of this is also important, as it was at the end of the Forum when her friend, sitting beside her also yelled "stop" and replaced Frank in the take-down scene. She gave us a very forgiving Frank (perhaps magically so, but we navigated that). The importance of her intervention was that Frank DOES know of other options, even now, if he can depersonalize the moment and really help Jack. This woman, who was very afraid to be on the stage, conquered her own fear because she had essential information to convey. She spoke quite eloquently about her own barriers, getting kicked out of too many shelters and transition houses, and finally finding a "Frank" (a female worker) whose philosophy was to provide housing regardless of any other behavioral issues.

Both of these interveners were eloquent examples of why Forum Theatre AND our voucher program work so well together. 50% of the audience tonight, I would suggest, very rarely (if ever) hear from the strata of our society that these two audience members come from – and they have invaluable expertise to share. I chatted with them, and they would never have come without the vouchers.

**Wednesday, March 20, 2013**

**attendance: 121**

There is a saying: 'careful what you wish for'. Tonight was very challenging for the same reason that last night was so wonderful – the mental health sector who is also financially impoverished was really in the room. This meant a row of men at the top of the theatre (just under the lighting booth) who were commenting, sometimes yelling during the Forum. I know that this is them being engaged and having information to share, but it happens sometimes in such an aggressive and confrontational way that it is hard to know how to navigate it inside a general public audience.

Some people interpret my attempts to deal with this as me wanting to control the room too much – some even see it as me setting the agenda to match my own. I've thought about this a lot. It is important, I think to play by some set of rules at the event, otherwise – anyone can just say anything whenever one wants and we quickly have no focus. This was very hard to manage tonight – to keep us investigating creating human centered care inside a mechanizing system....ironic, I know, to be writing about trying to keep order when we are discussing our issues with mechanization.

The core of it, I think, is how one balances. How much “messiness” is allowable at the event before it becomes alienating for the rest of the room? There is no formula. I should say, members of the cast were very angry with these men and interestingly these cast members had all spent time in the street.

Writing this, I just had a realization. Some of what these men were saying was attempting to always talk about homelessness (and mental health) – in the way that our production “after homelessness...” did a few years ago. The dilemma here is that this play does not make mental health issues the exclusive territory of people who are homeless. ALL the characters in the play have mental health issues and some of them live in very fancy houses or condos.

There was a very provocative intervention tonight that was also of interest. A man (one of the men mentioned above) replaced Jack and confronted Abby at the top of the play. ‘Find me housing right now or I will jump off a bridge and it will be on your conscience’. Of course he was there trying to make a point about affordable housing but the theatre of him doing this was what we saw. It opened up the possibility to talk about how nothing gets done unless there is a terrible emergency. We see this with shelters. When it gets really cold we have enough shelters, because we open more, so that no one has to be outside. When it gets warmer, the extra shelters close.

**Thursday, March 21, 2013**

**attendance: 105**

The show itself was kind of flat tonight – volume issues, cues were slow, emotional states were wonky....

Last night the very visible sector of the audience were the 30% or so from the Downtown Eastside who had homeless and/or mental health issues, and “invaded” the stage with urgent ideas. A high percentage of the audience tonight were very “well-heeled” professionals, who seemed both very well meaning and also very frightened.

This isn't to say that we didn't have some really heartfelt interventions, but we also had people replacing Dr. Deveraux, for instance, who insisted that they understood

his struggle but simply wanted to make a “nicer doctor” and then got completely lost after 20 seconds....or, near the end, a woman who replaced Jack at the very end of the play, when he can't think straight for lack of his meds, who gave us a very calm, very articulate Jack, until I just stopped the intervention and reminded her that he was in heavy withdrawal from serious medication.

What we did see, tonight, although I had no way at the time to name it, was the problem with “top down”, hierarchical solutions from people who have no idea of the realities of what is happening on the ground.

However – a woman with very personal knowledge of Mia replaced her in the final scene and reached out to Dani and Frank in a really lovely way. In discussion she commented that she had to conquer her own need to understand everything – to feel safe – that in order for her to actually help her daughter, Mia needed to be prepared to feel Unsafe.

An elderly man - in his late 80s, perhaps 90s – he had a lot of trouble walking yelled stop and replaced Dr. Deveraux in the Dev/Abby scene when Frank entered. This man had been a practicing physician, an MD, PhD (he explained to us) and knowing the possible consequences, he signed the release for Jack's meds. When I asked him why, he said because his father before him had been a physician who always went out of the way to help his patients, even when the solutions were unorthodox and he had learned this from his father – that the central word in medicine is CARE....and that people have forgotten that.

**Friday, March 22, 2013**

**attendance: 136**

I did a lot of notes with the cast – mainly about energy, emotional states. We had a very good run tonight. When I came out to start the Forum the audience was in shock.

One of the first interventions came from a woman who had some kind of intravenous apparatus on her arm. She was very flamboyant, animated. She replaced Dani in the diagnosis and gave Deveraux a VERY hard time, she turned him into the Corporate Executive who is in collusion with the pharmaceutical companies...part of a big conspiracy...Mia was telling her to stop acting crazy...it was a bit of “circus” as she flopped around in the chair, waving her arms etc. I write this in this way because she knew what she was doing – she didn't “present” this way when we were just talking.

I wasn't sure how to process the intervention and so, did what I DO when I don't know....asked the audience. They named all the various ways that this Dani was empowering herself. She made it very clear to Deveraux that she didn't want to be there and he heard that.

We were in the midst of a very complex set of interventions – two audience members on the stage at the same time when something that has never happened before happened:

A woman from the audience walked down the stairs into the stage area, saying she just couldn't take it anymore. I thought she wanted to make a third intervention and asked her to wait but she said "no" and just started to walk around and tell us about how she was tired of being on her meds...she wants to get off her meds...is tired of being injected in her ass against her will – that all of what happens in the play happens to her. ...at first I tried to intervene somehow, it was hard to know exactly what was happening ...I thought to explain that what we were doing was theatre, she responded that her whole life was theatre, and so then I just let her talk for a couple of minutes – she was crying. She started talking to a man (a boyfriend), telling him she loved him and all she wanted was for him to love her. I asked if he was present...no...asked her if she was here with anyone...no. I called Bríd over (our support person) and suggested they talk. The woman seemed OK with this – they went up back near her seat and then she started yelling about being kicked out of places all the time...I started reassuring her that no one wanted to kick her out – I just thought she might want someone to sit and talk with and some audience members joined in, telling her they loved her – no one was kicking her out. Two Psyche Nurses joined Bríd (I found this out later)...they did eventually leave the theatre and go into the lobby.

We picked up in the theatre to the sounds of the woman wailing for a while in the lobby. There were some very deep interventions. One, in particular, replaced Dani in the final scene, a young man – he really touched Mia and Mia agreed to get counseling together – Frank arrived and this Dani wanted Frank to know – not as magic, but through tears of knowledge...all three were crying for the pain that they were in and for sharing it as a family.

The evening was very, very deep. After all the applause so many people came with appreciation for the project, and how we had dealt with the situation with the woman. Old friends of the Company saying this is the most powerful Theatre for Living production they have ever seen. Judge Gove from the DTES Community Court was there and was so appreciative of the work in general and "maladjusted" in particular – he asked me to tell everyone.

So many comments about my ability to handle the intensity of the situation in an honourable way - very nice to hear and also confusing...disturbing in a way....because I know in those moments I have no idea what to do – just "being there" and inside going...'oh shit....what now...??' ...and really it is about trying not to over-react. It is about trying to be comfortable not having an answer...not being able to fix it – but actually NOT being comfortable in that, being very

UNcomfortable in fact...but just finding a way to breathe through it. I guess the "lesson" if there is one is in that.

Bríd and the two Psyche Nurses were still with the woman when we changed out of costume. I chatted with Bríd privately and she said the woman was calmed down and she was going to make sure she got home (together) on the bus. I made a conscious choice not to check in myself, feeling that if I did, after all the work the three women had done, I may start a wave again. I asked Bríd to keep me informed and also to write something up.

She dropped the woman off at home and had gotten a lot of advice from the Nurses. Bríd and the woman stayed in contact for days and all went well. Bríd did great work on this as a support person. Here is a report from her:

The woman, two psychiatric nurses and I left the theatre and went to the foyer where we began to create a sense of safety and calm. One of the psychiatric nurses had previously worked with the woman at Saint Paul's hospital and knew her story and connection to the man she mentioned who she said was an ex-boyfriend. Initially the woman was very distressed expressing her fear that we had called the police or emergency services. We assured her that this was not the case at which point one a friend of the company came along and invited the woman to join her for a cigarette on the balcony. I took this opportunity to speak with the nurses and we explored options for this situation which were two, either; call car 87 which we all agreed would escalate the woman state, or try and bring her to a sense of calm, find out as much information as possible, assess the situation and if at this point she was in a state of ease, bring her home. When the nurses left I went out to the woman and the friend, we spoke about many normal life things as well as the issue of loneliness which the woman brought up. I shared with the woman two techniques, this seemed to lighten the energy, reconnect her to the friend and myself as her supports, as well as to herself in the here and now. In conversation I found out where the woman was living and that she was living alone. We agreed (as I explained I was her neighbour) that we'd journey home together. On the bus we spoke about life's unexpected paths and how we are brought to strange places for curious reasons....making friends with ourselves on these roads being key. Again the energy was soft and easy. I asked the woman about the services she was attached to and she spoke about them. She asked if I'd like to exchange numbers and we did so both agreeing that we were happy to have met one another and open to reconnect. I asked her if she was on any medication and she said that she was and that she had no choice with this matter, she seemed sad about this and I changed the subject. When we got off the bus I asked if I could ramble up the road with her and we chatted along the way. I felt happy that she went home in good form and with a sense of connection to herself and to me.

Tomorrow morning I will telephone VGH, the ACT Team and Vancouver Coastal Health. I will also check in with her with a telephone call.

At 930am I telephoned ATC team, VGH Psychiatry and Vancouver Coastal Health and left a voice message with my name and telephone number stating that I had a concern and would appreciate the opportunity to speak with someone. Following these messages I telephoned the woman and left a voice message stating that I was making contact to check in and see how she was this morning. I asked that she return my call which she did an hour later and she left a message.

At noon she and I spoke, she expressed her appreciation that I made contact. We spoke a little about the evening, and I asked how she was feeling to which she answered that she felt frustrated with herself for smoking and also for not going back into the theatre. We talked triggers and also how we can be there for one another when this happens with that she said it was good to connect with the friend and me and that she enjoyed our chat on the way home. She said that she would like to meet with me again in the future for a coffee and I agreed this would be lovely. I enquired about the regularity of her connection with the ACT team and she explained that a worker comes to her on a daily basis and during this visit she is supervised while taking her medication.

I reassured her that I would honour her wish for me not to disclose the events of last night to her team. Our conversation finished with 'weather talk' and the energy between was light and open with a loose arrangement that we would talk again.      Brid Fitzgerald

**Saturday, March 23, 2013**

**attendance: 136**

In the theatre early today for the SHAW and web set-up. It went smoothly, as did the walk-through for the cameras.

Full house tonight and another one coming tomorrow. The box office was turning people away today.

We had a good show and Forum, although not as "gritty" as other nights – weird how it fluctuates from one night to the next.

A woman came to me after the show and asked how much \$\$ I need for the next production. I told her it was hard for me to discuss that in that moment, but a project generally costs over \$200,000. She said that whatever it is, she can get it for



me – all she'd have to do is "sell something"...."I have a lot of money"...she said. I told her I'd be in touch after the run.

This opens up a question: **Should "maladjusted" tour?** It would need to be redesigned but that could happen.... As it would need to be able to go up, perform and go back into a truck all in one day.

**Sunday, March 24, 2013**

**attendance: 136**

Closing night, global webcast. Its all a bit bittersweet. Full house, standing ovation – a great deal of appreciation for the play and the project. Accolades coming in from web viewers. All terrific.

We didn't have the best show of the run....it was a little flat – the cast also knew this. Various things about this – the webcast is nervous-making, the consciousness that everything is going "out there" and being recorded makes one self-conscious.

I also learned something after the fact – our webcast master decided to limit the number of computers able to connect to 300, as this is the number we had for the previous webcast, last year. I remember the numbers being disappointing for "Us and Them". This decision was meant to keep the quality of the image from degrading and from this technical perspective was sound. What it did not take into account was ALL the work that had gone in to networking the webcast. I am hearing from people in Holland, Germany, Vancouver who tried to log in and got a message saying: "This event limits the number of viewers that can watch simultaneously, and this limit has been reached. Please try again later." If I would have known, I would have asked for more streaming capacity – which, evidently, would have been possible. It never occurred to me this would be an issue.

All that aside, feedback from both the play and the webcast has been tremendous. The Forum was quieter than is sometimes the case (this also possibly because of the cameras) but very deeply engaged. There were both a lot of laughter and a lot of tears.

A man from a local shelter intervened for Abby early in the play and insisted on giving Jack all the information about what would happen at the recovery house. This led to calling Jack's prescribing physician and getting a document from him to the house...the intervener knew what he was doing. He then spoke very eloquently about the need for more supportive housing and for working connections between all the professionals in the housing, mental health and addictions areas. He was great.

A woman from Vancouver replaced Dani in the diagnosis via the web. Iris Paradela-Hunter (cast member in Us and Them) was the web-actor who interpreted

this intervention and she was great. This Dani got very aggressive, first asking for more and more pills and then insisting that her mother got some as well. This forced a conversation about how Dani is not the “centre” of the “problem”...something that was echoed later in the evening. In the end, Mia and Dr. Deveraux agreed to put off prescribing the meds until mother and daughter could see a counselor together.

A young woman intervened near the end of the play, replacing Dani and forced Mia to see her complicity in the situation the two of them were in. When Frank arrived, this Dani continued and really brought Frank into the conversation. This opened up a well of tears in both Frank and Mia (and many of the audience) as this family in crisis came together around a teenager who was insisting on human-centered care.

Emails have been coming in from various parts of the world, with great appreciation for the project. (See quotes sheet.) An email came in from Liza Lindgren (Staff Member) a few minutes ago saying that she is hearing from people who have been following the work for years, who thought that that was the strongest production ever; that it really touches peoples lives, is very relatable and that people have been taking a great deal from the events. Congrats – everyone.

### ***maladjusted* quotes from Media and Audience Members<sup>4</sup>**

"Theatre for Living's *maladjusted* webcast tonight was the greatest thing I've ever legally streamed."  
Sarah Maitland, via Twitter

"My partner and I were riveted by *maladjusted*. It was an extraordinary event. Thank you for creating such amazing theatre that reaches to the community in such an active way."  
Trilby Jeeves – also on <http://news.gvpta.ca/2013/03/19/maladjusted-readjusts/>

"*maladjusted* was a wonderful and thought-provoking play. I love the combination of art and current social issues and, especially, the innovative way of public participation. Well done!!"  
Natalia Biani

"To all of you, actors and everybody involved, *maladjusted* was remarkable, eye-opening (along with all other senses)."  
David Usher, MD, PhD

"*Maladjusted* is brilliant, ground-breaking theatre. The interactive element of the show empowers the audience in a way that other forms of theatre cannot."  
Cassandra Freeman

"*Maladjusted* blew my mind. The director and the cast were very inspirational. I was also very impressed to see how involved and creative the audience was. It was my first time participating in a forum theatre event, but definitely not the last."  
Maud Ichter

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<sup>4</sup> All quotes used with permission.

"**Maladjusted** was like being part of a whale pod toning healing to an encircled whale. It was thrilling to be captivated by Theatre for Living's performance, dialogue and process. David Diamond has galvanized the energy of a tsunami!"  
Rosanne Gervais

"I particularly was interested in the way **maladjusted** was developed, with the participation of providers, families, and patients. It seems to me a really authentic way to include many perspectives and voices and when I saw the play, I think it worked! David's skill, thoughtfulness, and gentleness in doing the play back and audience participation was impressive! That kind of skill is rare and I feel privileged to have been able to observe it."  
Marcia Stone

"**Maladjusted** was wonderful, vibrant, thoughtful theatre with convincing acting and a compelling story to tell."  
John Swanson

"Theatre for Living blurs the lines between performance, political activism, playwriting, community organizing and investigative journalism, creating a deeply participatory art that flourishes inside and outside the theatre walls. **Maladjusted** is a thought-provoking, gut-wrenching, funny, sad and mind-broadening journey inside the hierarchical and mechanical mental health system that engaged me both emotionally and intellectually. It blew my mind."  
Sally Buck

"It is 6.15 in the morning and I just feel like going out for a beer after the show to talk about this terrific experience of spectating maladjusted via the webcast (I almost wrote watching, but it was far more! I even sent an intervention :)). **Maladjusted** touched me deeply many times during this early morning. A thousand thank-yous specially to the coordinators of the webcast for this unique opportunity (even my computer could take it). Congratulations to the maladjusted ones!"  
Florencia Papagayo, Passau, Germany

I saw **maladjusted** on the web! It was great and made a lot of sense and felt very much like "humanly effective" theatre! Hope you can continue doing this forever!  
Gabriele Mattner – Berlin, Germany

**Maladjusted** was incredibly inspiring work, doing simply and honestly what all theatre should - engage us in tough questions that touch us all.  
Andrew Chandler

"I was privileged to attend **maladjusted** last night with a colleague. I'm a social worker based in a Vancouver Coastal Health mental health team. I found the evening immensely stimulating! What a wonderful concept and method for influencing change at all system levels. I was wholly impressed by the actors as well as the superb facilitation skills of David. I hope this project will continue long term and get the world attention it deserves. Thank you for this most unique and rich experience."  
Melanie Parkinson, Vancouver

"What an amazing success **maladjusted** was! The interventions were powerful. I watched the webcast last night in Hamilton Ontario and was so moved."  
Kathryn Stachyra

"I was so moved and enlightened by the performance and audience input at **maladjusted**. Of all the forum theatre shows I have seen and participated in over the years, (many!) maladjusted stands out in being relevant to so many of the audience, thought-provoking and compassionately presented. The cast bios showed the cast members' amazing resilience and strength. David did an extraordinary job of facilitating the show. I left having learned much about the need to humanize mental health care. Thanks so much to all for your important work on this issue!"  
Marisa Orth-Pallavicini

"To everyone involved in this remarkable piece of theatre, piece of reality, piece of life itself, I send my heartfelt congratulations and thanks for **maladjusted**. I found your work compelling. I came to

the theatre Saturday evening and then sat through the entire webcast again tonight because I was enthralled by what happened. I was in tears more than once both evenings as I watched the characters struggle through their experiences. I know that when I understood about my own anxieties and fears I was able to support my family and myself so much more.”

Pamela Galloway

“The passion and pain and hope for change (in Theatre for Living’s *maladjusted*) was palpable and the real issues were held up and examined. There was no feel of a documentary or lecture though, just real emotions, real stories inspired by real people. That’s unique, important and powerful theatre.”

David C. Jones, The Charlebois Post – Canada

“We are used to theatre that exposes. We are used to theatre that points a finger and says, “This. This is a problem.” And we are all used to theatre, films, art, and events that “raise awareness”. With *maladjusted*, Theatre for Living takes this process further, beyond the pointing of the finger and the raising of the awareness. They say, “This. This is a problem. Now what would YOU do about it?” And most importantly, they let us answer.

My own understanding of the issues was heightened, my ability to empathize was increased, and I felt that my role in the evening was empowered. Instead of passive audience members, we became actors in our own right (some on the stage, and some within the human transactions and interactions we’ll be having in our own lives). I left the theatre that night feeling, somehow, that I had done a good and necessary thing. I didn’t feel powerless against the huge issue I’d been presented, though I had a better appreciation of the challenges and the stakes.”

Lauren from [www.niftynotcool.com](http://www.niftynotcool.com)

“David Diamond is an international treasure.”

Mark Leiren-Young, Vancouver Sun, March 22, 2013

*Maladjusted*, the new production by Theatre for Living is a thought-provoking, gut-wrenching, funny, sad and mind-broadening journey inside the hierarchical and mechanical mental health system—a system that leaves little time or money to invest in the people it is trying to serve. *Maladjusted* is well worth seeing—it will engage you both emotionally and intellectually.

Patty Osborne, [www.geist.com](http://www.geist.com)

“David Diamond is a local hero. Nothing but good will come from *maladjusted*. It tries to tell it like it is.”

Paul Durras, [www.vancouverplays.com](http://www.vancouverplays.com)