SWEETENING THE BROCCOLI: REFLECTIONS ON ALZHEIMER'S: A COMPARATIVE ANALYSIS OF THE DOCU-THEATRE PROCESS OF ANNA DEAVERE SMITH

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SWEETENING THE BROCCOLI: REFLECTIONS ON ALZHEIMER’S: A COMPARATIVE ANALYSIS OF THE DOCU-THEATRE PROCESS OF ANNA DEAVERE SMITH

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Abstract

of

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In her longitudinal research project On the Road: A Search for American Character, Anna Deavere Smith created a performance process blending journalism and theatre, and by doing so succeeded in capturing an inherent essence of character through language, tone and gesture by recreating verbatim excerpts from conducted interviews onto the stage. In most of her works, Smith applies politically driven and event based topics that affect targeted groups or cultures within a community such as the Hasidic Jews and African Americans of Crown Heights, Brooklyn featured in Smith’s earlier work Fires in the Mirror. In the following Master’s thesis, I provide a comparative analysis of my adaptation of Smith’s docu-theatre process and argue its ability to succeed by accessing a personal and familial-based topic with its own social repercussions - namely Alzheimer’s disease. Moreover, I explain the effectiveness of this adaptation given the instructional and informational application of the topic of my play, Sweetening the Broccoli: Reflections on Alzheimer’s that can be targeted towards a more specific audience of caregivers and family members of Alzheimer’s patients.

Committee Chair

Dr. Linda S. Goodrich

Date 05/05/09
PREFACE

During the first term of my graduate studies, I was assigned an ethnography project, which entailed incorporating a technique of interviewing someone from a different ethnic background, gender, and age range from my own. As part of the process (based on the work of Anna Deavere Smith), I studied a recording of a selected verbatim excerpt from the interview in order to mirror or recreate the interviewee’s vocal patterns and gestures into performance. Following the completion of this assignment, I continued to experiment and research topics of interest with the process that could incorporate my major’s emphasis to utilize theatre as a means to inform on social issues related to the well-being of older adults. Eventually, I decided on a topic that both fit within the framework of this objective and signified personal importance given my grandmother’s affliction with Alzheimer’s disease. Like many family members of those diagnosed with Alzheimer’s, I was a guilt-ridden young man for not having visited my grandmother in the convalescent home where she resided for over ten years. Since her death, I have searched for an opportunity to heal and to help others to learn about and find ways to cope with this disease. Applying Smith’s process, I interviewed sixteen professionals, caregivers, family members and early stage patients of Alzheimer’s disease. Discovering this process not only provided a means to mend some old emotional scars, but it inspired the creation of my play *Sweetening the Broccoli: Reflections on Alzheimer’s* from which I am making this comparative analysis to the work of Anna Deavere Smith.
DEDICATION

I dedicate this work to the memory of my grandmother, Corinne Adams Anderson.
ACKNOWLEDGEMENTS

I would like to offer a special note of appreciation to Professor Gina Kaufmann who first introduced me to the works of Anna Deavere Smith in my Seminar in Production course in the fall of 2005. Subsequently, Dr. Melinda Wilson offered much guidance towards a productive path of research while providing opportunities to present and shape the findings. As a positive influence and excellent source in which to turn, Dr. Cheryl Osborne made a lasting impact by introducing me to the field of Gerontology. For her continued guidance, support, and insights throughout the writing process, I extend profound appreciation to my thesis advisor, Dr. Linda Goodrich.

Many individuals contributed to the success of the script-building and production phases of the play. I owe a great deal of thanks to my dramaturge Michelle Cruff, who was relentless in her efforts and insistence that we continue to cut and trim the script. The company of the premier production of Sweetening the Broccoli is among the most professional and dedicated groups with whom I have had the pleasure of working. I am most grateful to Adrienne Sher, Kim McCann-Lawson, Blair Leatherwood, Katherine Dudney, Julie Miller Litvinchuk, Sandy Ferguson and Sutter Neuroscience Institute, Robert Hayes and Creative Projection Services, John Shumate, and Mariam Helalian for their unique talents and contributions to the production. Lastly, but perhaps most importantly, my work would not be possible without the words and stories of each of the individuals I interviewed. They bravely lent us their words with honesty and sincerity so that others could benefit from their wisdom in coping with this deadly disease.
TABLE OF CONTENTS

Preface................................................................................................................................ vi
Dedication................................................................................................................................ vii
Acknowledgements................................................................................................................... viii

Chapter

1. INTRODUCTION ...................................................................................................................... 1

2. ON THE ROAD TO SWEETENING THE BROCCOLI: AN ANALYSIS OF ANNA DEAVERE SMITH’S CREATIVE PROCESS ............................................................................. 11

3. SWEETENING THE BROCCOLI: ADAPTATION CHALLENGES ............................................................................................................................. 25

4. SWEETENING THE BROCCOLI: PERFORMANCE AND PRODUCTION PROCESS .................................................................................................................... 40

5. RESULTS AND CONCLUSIONS .......................................................................................... 61

Appendix A. Interviewing Questionnaires ............................................................................. 73

Appendix B. Script of Sweetening the Broccoli: Reflections on Alzheimer’s .................. 76

Appendix C. Audience Response Questionnaire and Responses ................................... 104

Appendix D. DVD of Sweetening the Broccoli: Reflections on Alzheimer’s Performance ................................................................. 123

Works Cited .................................................................................................................................. 124
Chapter 1

INTRODUCTION

In her longitudinal research and performance project *On the Road: A Search for American Character*, Anna Deavere Smith creates a unique performance process through this series of plays that succeeds in capturing an inherent essence of “truth” through language, tone and gesture by recreating verbatim excerpts from conducted interviews onto the stage. In much of her early works, Smith selects racially driven and event based topics that affect targeted groups or cultures within a community. The success of plays such as the critically acclaimed *Fires in the Mirror: Crown Heights Brooklyn and Other Identities* is interdependent upon Smith’s interview process as well as her ability to perform the intricacies of character within such communities as the Lubavitchers sect of the Orthodox Hasidic Jews and African Americans of Crown Heights, Brooklyn. This thesis presents a comparative analysis of an adaptation of Smith’s interview and performance process demonstrated in my fall, 2008 production of *Sweetening the Broccoli: Reflections on Alzheimer’s*, a documentary play. Moreover, it demonstrates the ways in which the play succeeds at utilizing a documentary style of presentation to access a personal and familial-based topic with social repercussions - namely Alzheimer’s disease. The approach to this analysis consists of: (1) establishing the practical use and theoretical effectiveness of my play given the prevalence of Alzheimer’s disease and lack of documentary plays on the subject, (2) defining the usage of the word “docu-theatre” and providing comparative examples of recent plays in this genre to Smith’s plays, and (3) discussing the components of Smith’s creative process and approaches taken to adapt
these components to *Sweetening the Broccoli*.

According to the 2008 Alzheimer’s disease Facts and Figures report put out by the Alzheimer’s Association, an estimated 5.3 million people suffer the effects of this fatal disease in the United States today (2009 Alzheimer’s Disease 12). Meanwhile, the US Census bureau projects the older population to more than double between 2008 and 2030 reaching over 70 million as the Baby Boomers enter their advanced years (“United States Aging Demographics”). Consequently, as the Facts and Figures Report additionally states, the greatest risk factor for contracting the disease is advancing age. Given its overwhelming prevalence in American society, Alzheimer’s disease has emerged in many artistic forms of expression over the last several years. In William Utermohlen’s four self-portraits of *The Alzheimer’s Paintings*, we see a progression of the disease spanning from 1967 to 2000. Three of the four paintings were created following his 1996 diagnosis of Alzheimer’s. We further find this form of expression in the 2006 film *Away From Her* based on the short story by Alice Munroe featuring Julie Christie, which depicts a woman with Alzheimer’s who develops a relationship with another man in a nursing home while still married. Theatre has responded by dramatizing the topic of Alzheimer’s and other dementias that we see in such plays as Wendy Graf’s *Leipzig* (first produced in 2006) and Constance Congdon’s *Tales of the Lost Formicans* (first produced in 1989), both of which explore the challenges of maintaining relationships with people who have Alzheimer’s disease. While several plays have been dramatized in recent years from either fictional situations or ones based on real life experiences such as we find in *Leipzig* and *Tales of the Lost Formicans*, there
are very few from the framework of documentary plays that enact the actual words of those dealing with the disease. *Sweetening the Broccoli: Reflections on Alzheimer's* seeks to inform the public at large, but more specifically to enlighten the family and care giving community. Through Smith's brand of docu-theatre, this play captures the moment within the interview, which conveys the "realness" from the perspective of those who experience the disease.

Docu-theatre is a form of theatre that draws out, records, and subsequently re-tells real life stories. The earliest known factual drama created by Phrynichus, a contemporary of Aeschylus, dates back to Ancient Greece. This early example of docu-theatre entitled *The Capture of Miletus*, depicts shocking disclosures of the Persian War, and was not well received. As this excerpt from an anecdote from Herodotus' *The History* recounts, "The whole audience at the theater burst into tears and fined Phrynichus a thousand drachmas for reminding them of a calamity that was their very own" (Favorini xi). Centuries later, the shock value of re-telling the horrors of wars and other tragic events that one might find on the History channel has thinned drastically. The success of recent documentary films such as Michael Moore's Academy Award winning *An Inconvenient Truth* and *Sicko* indicates a growing trend among modern American spectators. As Patricia Aufderheide, Director of the Center for Social Media at American University states in her book *Documentary Film: A Very Short Introduction*, "this is a sign that the documentary has come into its own ("Professor Documents").

Studs Terkel is perhaps the most accomplished and significant modern oral historian of his generation. Terkel paves the way for documentary playwrights like Smith
by chronicling stories of both famed and “ordinary” American individuals. In his 2001 Oxford Journal review of audio taped anthologies containing the five decades of Terkel’s interviews, Alan Harris Stein describes Terkel as “America’s conscience, a witness to hard times...Studs reconnect us all with our common humanity” (126). Previously only available in print, the recorded interviews from such works as the Pulitzer Prize winning *Hard Times*, are now accessible via an on-line repository created by the Chicago Historical Society entitled *Conversations with America*. These recordings feature the voices of personal memoirs providing powerful first person perspective and insight into the mind-set of 1930’s America. By accessing the voices of the actual interviewees on-line, Terkel’s internet audience achieves a unique perspective of the accountings that reading the memoirs from one of his books cannot provide. This access offers a greater depth of character through the effects of tone, pause, inflection, and raw emotion enabling the audience to experience another layer of storytelling via this type of radio docu-theatre.

Although not specifically mentioned as such by Smith or Terkel, I find a comparison can be made between *Conversations with America* and Smith’s *On the Road: A Search for American Character*. Terkel’s work paves the way as a model for Smith’s long-term series of plays. In Terkel’s interview of relief case worker Eileen Barthe, for example, one truly gets a sense of the humiliation experienced by the out-of-work rail road man that Barthe visited to gather evidence of the poverty he and his family claimed. The level of Barthe’s discomfort as she describes having to look through the man’s closet to prove his need of clothing is powerfully delivered through verbal cues such as
extended pauses, quickened whispers, and nervous laughter. Comparatively, Smith demonstrates the equally powerful effects of recreating raw emotion in her performance of Korean shopkeeper, Young-Soon Han from *Twilight: Los Angeles, 1992*. Smith’s performance, also accessible via an online video clip of a February 2005 seminar, reveals Han’s pain and frustration through a sequence of deliberately raised tone inflections midst a poignant passage where she questions the perceived value of Koreans in American society. The pre-dominant similarity between *Conversations with America* and *On the Road: A Search for American Character* is that they are both compilations of interviews aimed at offering insight into the character of Americans under strained circumstances. Like Terkel’s online listeners, Smith’s audience also experiences the nuances of emotion and tone. However, by writing her plays for the stage, Smith adds another dimension to the performance by incorporating gesture, movement, costumes, and scenery. In the following excerpt from the text copy of Han’s monologue, the script indicates four repeated gestures that complement the verbal emotion in such a way that only live theatre can provide:

What is our right? Is it because we are Korean? ... Why do we have to be left out? (She is hitting her hand on the coffee table)
We are not qualified to have medical treatment. We are not qualified to get, uh, food stamp (She hits the table once), not GR (Hits the table once), no welfare (Hits the table once).
Anything. (Smith, *Twilight* 245)

Since Smith performs each of the characters herself, the audience does not have the benefit of hearing and seeing a first-hand account as told by the interviewee. However, her technique of mirroring the vocalizations and gestures verbatim from the recorded interviews provides a bridge from character to actor, and actor to character that creates a
symbiotic link, which doubles the impact of the storytelling. Following in the footsteps of Terkel’s model, the impact from recent interview-based plays merits further exploration to Smith’s earlier works.

Two prime examples of effective applications of docu-theatre over the last ten years include Sarah Jones’ *Bridge and Tunnel* (first produced in 2004), and Moises Kaufmann and the Tectonic Theatre Project’s *The Laramie Project* (first produced in 2000). In *Bridge and Tunnel*, Jones presents a string of monologues unified by the artistic concept of poetry readings. These poetic monologues are based on in-depth personal research and interviews. In his review of *Bridge and Tunnel*, David Rooney of Variety states “What makes [the characters] even more remarkable is the skill with which these unrelated people, in the context of a poetry slam ‘in the heart of beautiful Queens,’ have been woven into an organic experience with a carefully shaped, unifying point of view” (12). In both *Fires in the Mirror* and *Twilight: Los Angeles, 1992*, Smith captures a similar authenticity of identity of culture to that of Jones. Smith’s dual-focused approach of reporting narrative through language and from the common threshold of a unifying tragic event, however, creates what New York Times critic Frank Rich refers to as an “ability to find the unexpected and unguarded in nearly each speaker and...objective grasp of the troubling big picture” (10). While both Jones and Smith research individuals who are representatives of their cultural environment, there are two significant differences to note between their approaches to docu-theatre. Jones bases her research on extensive study of certain individuals and types within an environment, yet not exclusively on personal interviews. Moreover, *Bridge and Tunnel* does not tell the
varied points of view regarding any single event as we find in *Fires in the Mirror* and *Twilight: Los Angeles, 1992* (although Smith’s later work is not solely event based). The second notable difference relates to the performance techniques of both Jones and Smith. Since one the objectives of Smith’s process is to discover character through the language expressed specifically during the recorded interview, it presents a more confined approach towards recreating onto the stage than Jones who is free to interpret the vocalizations, expressions, and gestures of the individuals she studies in any manner she chooses.

*The Laramie Project* is a play based on interviews taken from residents of Laramie, Wyoming pertaining to the assault and subsequent death of twenty-one-year-old Matthew Shepard, a gay University of Wyoming student. Shepard was severely beaten, secured to a fence just outside Laramie, and left eventually to die in early October 1998. Shortly thereafter, playwright Moises Kaufman and nine members of the Tectonic Theater Project began several months of interviews within the community of Laramie. In an interview with *San Francisco Chronicle* critic Robert Hurwitt, Kaufman refers to the meaning of the word *Tectonic* as being “…the art and science of structure. Our work is all about form and how to continue to create new theatrical vocabularies” (6). The intention of the group is to develop a dialogue between this concept of creation and its audience and society as a whole. Kaufman expounds on this objective in a *New York Times* interview and states:

‘The Laramie Project’ actually explores the effect our presence had on the town and that the town had on us. It underlines the importance of the observer and constantly reminds the audience that what they are hearing and seeing is an aesthetic
experience created by a group of people who are trying to tell a story and paint a portrait of what we saw and heard. (Janofsky 12)

Viewing themselves simultaneously as interviewers and participatory observers, Kaufman and his company of actors place greater value on the exchange between themselves and the interviewees than they do towards objective journalistic reporting of the event. “In other words, the play is not so much a documentary as theatrical journalism, an attempt to tell a true story in a way that would be more difficult in another medium” (12). Because they spent considerable time (fifteen months) gaining the trust and becoming familiar with the interviewees and overall culture of the town, the members of the Tectonic Project consider their approach as far more detailed than the work of most journalists and television newscasters. Indeed, the company extensively studies its interviewees similarly to the fashion that Smith undertakes memorizing her recorded subjects. Yet Smith comparatively spent only eight days interviewing individuals for *Fires in the Mirror*. Although *Fires, Twilight, and Laramie* share a unified depiction of tragic events, the subjective approach to performing *Laramie Project* lacks the degree of authenticity of Smith’s verbatim style of theatre. As a fundamental component of Smith’s quest to identify the American character, adhering to the authenticity of the interviewees is perhaps the most important objective garnered from Smith’s process in the creation of *Sweetening the Broccoli: Reflections on Alzheimer’s*.

In order to establish a foundation for my comparative analysis, chapter two addresses a more comprehensive discussion of the critical successes and failures of four of Smith’s plays within her long-term project *On the Road: A Search for American*
Character. The framework of this discourse begins with an examination of Smith’s development of the process from the objective of language exploration. The ensuing section examines Smith’s approach to interviewing and the varying degrees of perspective that her dramaturgical choices play on her audiences. Lastly, chapter 2 examines subject matter comparing the success of Smith’s earlier event based plays with her later political and social based plays. In this chapter, I introduce the argument that the application of Alzheimer’s disease as a subject matter within this creative process succeeds because, unlike Smith’s later plays, it is a focused topic targeted towards a specific audience.

Chapter three covers the challenges of adapting Smith’s process to the topic of Alzheimer’s disease and delves into a journalistic exploration of the developmental stages of the approach to conducting interviews and to building the script for *Sweetening the Broccoli: Reflection on Alzheimer’s*. Within this context, this chapter establishes a placement upon where this play falls on the continuum of documentary plays given its personal familial-based topic. Some of the more specific areas covered in reference to adapting Smith’s process include the decision to change from a one-person to a multi-person cast, and the challenges of maintaining integrity of the source after manipulating placement of the text.

Chapter four focuses on aspects of the production including the actors’ approach to and the director’s interpretation of Smith’s method, in addition to some challenges and considerations of incorporating video projection and a live musician into the technical design. Lastly, chapter 5 offers a brief analysis of the responses to *Sweetening the*
*Broccoli*, and relates these comments to the overall argument of its success as a viable adaptation of Smith’s application of docu-theatre.
Chapter 2

ON THE ROAD TO SWEETENING THE BROCCOLI: AN ANALYSIS OF ANNA DEAVERE SMITH’S CREATIVE PROCESS

The success of Anna Deavere Smith’s creative docu-theatre process is dependent upon the ability to create a bridge between the interviewee’s words and the actor’s ability to mirror the manner in which the words are conveyed. This chapter examines (1) the relationship between language and identity of character, (2) the development of Smith’s interviewing technique, and (3) the subject matter of her plays. Upon completion of this examination, I establish a preliminary argument that demonstrates the success of Sweetening the Broccoli: Reflections on Alzheimer’s given its focused topic and the play’s ability to re-tell the interviewees’ words to a specific group, which represents a large number of audience members. Smith’s creative process originates from a correlation between language and the identity of character. This relationship is fueled by the word selections, speech patterns, and language gaps applied by the speaker/interviewee. Accordingly, the interviewer/receiver’s perception of these word choices and speech patterns determines the meaning and ultimate effect in preface to the actor’s re-creation of the interviews from text to stage. If the actor adequately mirrors the interviewee’s interpretation of the words, s/he generates a clearer understanding of both the topic of conversation and the context under which it is being offered.

Language as a Base to Understanding Identity

Anna Deavere Smith’s interview and performance process evolved from a desire to pursue the effect that language has upon the identity of character. In the Introduction to Fires in the Mirror, Smith states:
I wanted to develop...a technique that would empower the other to find the actor rather than the other way around... If we were to inhabit the speech pattern of another, and walk in the speech of another, we could find the individuality of the other and experience that individuality viscerally. (Smith, *Fires* xxvii)

Smith’s reference to “the other [finding] the actor,” speaks to the concept of taking out the actor’s freedom of interpretation. The essence of this technique honors the language of these characters in addition to their original means of conveyance through tone and gesture, and unlike most acting techniques, this process greatly limits opportunities for making creative choices. However, if we do not honor the language of these characters, we stand to lose meaning along the way that connects us to the original source, which is the value and reasoning behind Smith’s mirroring technique. By examining the effects of language gaps within speech patterns, we increase our ability to build a connection between the original source and the actor’s interpretation of the identity of the character.

A primary example of language gaps that exists in most people’s speech patterns is the use of pauses and stutters. By incorporating the use of pause and stutters given in the original interview, Smith provides a lens into the meaning of the responses through both what is said and is what is not said. In her book *Talk to Me*, which is subtitled “Listening Between the Lines”, Smith says,

> I think we can learn a lot about a person in the very moment that they have to be more creative than they would have imagined in order to communicate. It’s the very moment that they have to dig deeper than the surface to find words, and at the same time, it’s a moment when they want to communicate very badly. They’re digging deep and projecting out at the same time. (Smith, *Talk to Me* 53)

The significance of what we learn about the other from these language gaps such as the
pause and stutter, speaks to the effect of self-censoring as much as it does to the value of
the words themselves. For example, speakers often catch themselves in the midst of one
train of thought and then edit or even omit words prior to completing them. During the
rehearsal process of *Sweetening the Broccoli*, it became our job as actors to interpret the
subtext of such edits or omissions. The language gave us a certain amount of information
about the character; however, because of the gaps, we were forced to make a choice
about the underlying meaning in order to close the gaps and present a more complete
representation of identity through actor choices.

As a springboard to developing her process, Smith acknowledged the power of
the word recalling a statement shared by her grandfather when she was a girl: “If you say
a word often enough it becomes you” (Smith, *Fires* xxiv). In her article *Is Race A
Trope? Anna Deavere Smith and the Question of Racial Performativity*, Debby
Thompson comments, “…if words become ‘you,’ then your ‘you-ness,’ your very self-
hood, is made up of your interaction with words. Or, turned around, you become you by
saying words” (133). This idea of the receiver interacting with the words reverts back to
a point I address in the introduction regarding how members of the Tectonic Theatre
interpret their role within the documentary process. Because Tectonic members place a
lofty value on their roles as interviewer/interpreters, they view themselves as part of the
story. Conversely, Smith meets an objective purpose operating as a conduit between the
actor and the other’s words that requires her to understand the other as both a listener and
the one who ultimately performs them. She refers to the constant search for character as
moving “back and forth between the self and the other” (Smith, *Fires* xxvii). The process
of this search of walking “in other people’s shoes” starkly contrasts that of Psychological Realism, the method of acting in which Smith trained. She describes this acting approach as one where “characters live inside of you and that you create a character through a process of realizing your own similarity to the character” (xxvi). Objectivity aside, it must not be overlooked that all creators of docu-theatre exert some degree of artistic license in performing another’s words.

As mentioned previously, cast members found it necessary during rehearsals of *Sweetening the Broccoli* to create an assumed subtext when the words were missing. This was one of the only instances that the cast was able to make use of techniques we learned having studied acting from the frame of reference of Psychological Realism. One of the more intriguing ironies attributing to the overall significance of selecting Alzheimer’s for a language based performance process is that the disease takes away the ability to access words. While it was evident that Smith’s incorporation of speech patterns and tones are essential aspects on the road to understanding identity, it was clear that no matter what the approach to interpreting character, nothing surpassed the revelation of language more than the power of the word itself or lack thereof as the case may be. Because the source of the word was perhaps the most vital ingredient to creating this docu-theatre play, exploring the development of Smith’s interviewing process established a relationship between the speaker and the listener.

**Smith’s Interviewing Process**

During the early stages of developing her interviewing techniques, Smith consulted a linguist who suggested she start with asking each of her subjects the same
three questions: (1) “Have you ever come close to death?” (2) “Do you know the circumstances of your birth?” and (3) “Have you ever been accused of something that you did not do?” (Smith, Talk to Me 54) These questions became a starting point for much of her earlier exploration of the interviewing process for the mutual objectives of teaching her how to listen and eliciting a substantive response. Smith’s explanation of her initial attraction to the three-question model was, “…because after I asked the questions, I would listen like I had never listened before for people to begin to sing to me” (55). Smith’s usage of the word “sing” refers to a kind of response that translates best to the stage. When people “sing,” (to carry on with the musical metaphor), their responses ring melodically, flow rhythmically, and rise to a dramatic, harmonic crescendo. In other words, the responses carry meaning, weight, shape, and color creating an overall impact on the listener. The notion of “singing” additionally refers to prompting the interviewee to gain momentum that provides a lengthier and hopefully more effective response. While a shorter response to a question can have an impact, lengthier responses are essential and preferred in order to capture more opportunities with which to build a script. In many of her plays, Smith chooses to interview celebrities to build her scripts. It is important at this point to explore the value of a celebrity’s interview because it places a question on the authenticity of the interviewee’s response.

Whether posing questions to celebrities or unknown personalities, prompting people to “sing” for extended passages at a time is essential to Smith’s interviewing approach. While on the surface, it may seem (in general) more difficult to prompt a response from those less accustomed to giving an interview, Smith says, “In fact, it’s my
experience now that public figures are frequently more difficult to use in my work, because it is less likely that they will say something that they have never said before” (Smith, *Fires* xxx). The issue becomes one of discerning speech from performance and *realness* from discovery, which is a task most often left to actors. Recalling back to my initial definition of docu-theatre as a vehicle to “re-tell real life stories,” we must assume that the story is told from a truthful, emotional state of being without any embellishments. Of course one cannot presume to question another’s version of his own experience, and understandably embellishments are inherent to some people’s means of telling a story. However, because many celebrities give multiple interviews repeatedly, it is fair to assume some degree of performance when they are re-telling responses they have uttered in previous interviews. In short, a docu-theatre performance of such an interview could be viewed as a re-creation of a re-telling, which could be construed as too much removal from its original source thus skewing identity of character and the power of the word. If, for example, I interview actor David Hyde Pierce, who is the national spokesperson for the Alzheimer’s Association, his interview would stand out among the others in the play as potentially less than authentic because he has given a number of *high profile* interviews on the subject. I emphasize “high profile” because these interviews become more of a rehearsed performance, and therefore do not ring as truthful after a number of repeated occurrences of the same words. It should be noted that a similarity exists between celebrities who give interviews and the Alzheimer’s professionals I interviewed for *Sweetening the Broccoli*. These professionals, who included a neurologist, a spokesperson for the Alzheimer’s Aid Society, and the Program Representative for the
UC Davis Alzheimer’s Research Center, reveal information and repeat their stories and opinions of Alzheimer’s on a daily basis. However, the noticeable difference between Smith’s interviews of celebrities and my interviews of Alzheimer’s professionals is that the people I interviewed are not accustomed to having the camera running when they reveal stories and information about the disease. Their perspective primarily comes from dealing with families and caregivers who require honest, compassionate, and forthright communications. The interviews of the professionals in *Sweetening the Broccoli* reflect this type of communication as opposed to a rehearsed, overblown celebrity such as the Reverend Al Sharpton, whom Smith interviewed for *Fires in the Mirror*. Smith offers the following justification of her choice to include famed personalities in her works by referencing her interview with Sharpton:

> He is known as the thirty-second sound-bite king. His performance is so wonderful, however, that many actors would envy his ability to work a crowd...regardless of the Reverend Al Sharpton’s sound-bite speech, he is completely present in the speech. That kind of presence is a gift. (Smith, *Fires* xxxi)

Whether famous or unknown, the presence of the interviewee is the defining ingredient towards the creation of the docu-theatre script, and the words of the interview are the heart of the substance within such a script. The most challenging component to building the script is to obtain a willing group of interviewees who are able to provide a variety of authentic perspectives on a potentially emotional and controversial subject matter. For *Twilight: Los Angeles, 1992*, Smith interviewed approximately two-hundred individuals in the wake of the Los Angeles riots. These riots were spawned by the acquittal of four police officers whose beating of Rodney King was caught on videotape
and shown repeatedly on national television. Within the twenty-five interviews selected for the stage performance of *Twilight*, Smith includes multiple examples of conflicting perspectives such as the juxtaposition of the President of the Korean American Victims Association, Chung Lee, set against former Los Angeles Mayor, Tom Bradley. The intention in offering such polarized views is to give voice to the entire community response to the event. Moreover, its objective serves to expand the boundaries of the way in which individuals and groups from different cultural, racial, and socio-economic backgrounds identify themselves in relation to other groups. A question often asked of Smith regarding her work on *Twilight* was, “Did you find any one voice that could speak for the entire city?” (Smith, *Twilight* xxiv) Smith interpreted this question as a desire to promote unification and resolution, and in response she added: “In order to have real unity, all voices would have to first be heard or at least represented” (xxv). The representation of multiple perspectives is a key factor to the success of Smith’s earlier event based topics in *On the Road: A Search for American Character*, and it is from this perspective that I approached conducting interviews for *Sweetening the Broccoli*. Having researched and examined Smith’s success with interviewing multiple sides of an issue, I made certain to interview people with as many varying degrees of perspective on Alzheimer’s as possible. I discuss my approach to adapting Smith’s interviewing process in more depth in chapter 3. Given the importance of her varied successes between her earlier and later plays, the next section further examines the effect that subject matter has on the critical responses to Smith’s plays and begins to apply these towards *Sweetening the Broccoli*. 
Effects of Subject Matter

When considering topics of interest for creating docu-theatre, playwrights must ask, "What makes an effective subject matter?" As mentioned in the introduction, while modern audiences perceive documentaries with a certain amount of initial intrigue, focusing on a specific topic rather than a broader based theme harnesses the interest and maintains audience intrigue. The following section examines and compares the subject matter of Smith’s earlier and later plays by presenting performance reviews of Smith’s plays to analyze audience and reviewer responses to her selected topics. The results of this examination establish an argument in favor of accessing a more focused topic, which I apply towards a specific audience in the creation of *Sweetening the Broccoli*.

In *Fires in the Mirror*, Smith accesses an event that depicts two culturally clashing communities – the Hasidic Jewish movement known as Lubavitch and their neighboring African Americans. While the two groups have coexisted for years, the strength of identity within each group highlighted by clearly defined cultural and religious differences mounted the threat of potential violence. Differences such as these accentuate the underlying objective of Smith’s search for American character. As Jay Gregory, Director of Cultures and Communities at the University of Wisconsin states: “...the work of identification does not produce a universal perspective (or humanist commonality) that makes us all one; instead, it delineates how conflicting points of view arise, dramatizes the virtues and vices of each perspective, and refuses to offer any easy reconciliations (125).” In the following excerpt of the Introduction to *Fires in the Mirror*, Smith discusses some early insights regarding the dynamics of such communities:
...there [is] a tension between the perception of a place, which is frequently embedded in traditions, and the moment-to-moment identity of a place. For me, the battle between those who prefer the perception of a place and those who claim to experience the reality as different from that, [is] dramatic. This battle adds up to an identity in motion. (Smith, *Fires* xxxiii)

The subject matter of racial tension and urban conflict became the ideal backdrop for Smith’s interview based process because the responses of those she interviewed in the aftermath of riots were fueled with raw emotions such as fear and anger.

These base emotions are not only universal to many social subject matters, but they also translate powerfully from interview to stage. For example, most of us can empathize with an actor who describes his fear of dying. Accordingly, hearing actors convey how it feels to lose something many take for granted, like memory, can enlighten the audience to sympathize with the character, which becomes an effective piece of theatre. Fear exists on many levels for those who live with Alzheimer’s disease.

Naturally victims and caregivers live with great anxiety associated with a slow but steady deterioration of language, the loss of short and eventual long-term memory, and radical behavior changes. A devastating aspect of the fear of Alzheimer’s that is not widely discussed concerns the reaction of friends and extended family members upon hearing the news of the diagnosis. The following excerpts from two separate interviews in *Sweetening the Broccoli* exemplify reactions of fear towards victims and spouses of Alzheimer’s:

CINDY. Friends have become, a lot of them non-existent... Twenty years, thirty years have dropped off the face of the earth. And it hurts. It hurts so much. They’re gone. They’re just gone. If I write to them, they’ll write back. If we call ‘em, they’ll they’ll talk, but I don’t hear from them
anymore. We don’t – they don’t call us up and ask us to do anything anymore. And this hurts us a great deal. (Adams 6)

MARY ANN. They’re afraid… Um, they they know less than they think they know. They really. You know – they’re afraid of this disease. That’s my take on- on it…on the majority of doctors. It’s – I don’t - what’s what’s so strange is I don’t feel that I have it. Okay, I- you- uh I, but everyone who sees that I that I h- or that I’m diagnosed as having it – they don’t want it! You know. And so they’re afraid… But there’s a “Oh I’m so glad it’s not me” (laughs) Do you- And they’re they’re interpreting they’re aren’t hearing what I’m saying. They’re hearing it in terms of maybe what– “What did she mean?” (Adams 23)

Emotions such as fear and anger that are prevalent throughout much of *Sweetening the Broccoli* and event based plays such as *Fires in the Mirror*, are acutely accessible when re-created onto the stage because they represent the passionate views of people caught in an upheaval.

The subject matter of two of Smith’s more recent plays are less focused and more expansive than her earlier event based plays, and thus, according to most reviews, did not achieve the same level of success as her earlier plays. *House Arrest: A Search for American Character in and Around the White House, Past and Present* tackles the evolution of the political character, but in doing so does not adhere strictly to Smith’s verbatim interview and performance process. Included in the play are letters, memoirs, and speeches surrounding historical Presidential figures such as Thomas Jefferson, Abraham Lincoln, and Franklin Roosevelt. These historical accountings are interwoven with interviews that Smith conducted in the late 1990’s addressing topics ranging from the assassination of John F. Kennedy to the Monica Lewinsky scandal. In response to the
production at the Mark Taper Forum in the spring of 1999, theatre critic Paul Hodgins of *The Orange County Register* says, “Smith’s subject is gargantuan – too big to define, really, and that’s the first dilemma...Given this welter of sources and subjects, it’s not surprising that the play’s focus wavers wildly” (Hodgins). Similarly, Lloyd Rose of *The Washington Post* states, “*House Arrest* plays like a first draft—overlong, inchoate, unfocused, dull” (Rose). Reviews such as these clearly suggest the subject matter for *House Arrest* carries too broad of a scope in order to be effective in this form of docu-theatre performance. There is wide consensus, however, that event based plays such as *Fires in the Mirror and Twilight* effectively match this style of presentation. Does such a match exist when accessing the subject of Alzheimer’s disease? To fully answer this question, it is helpful to refer back to the impact that the power of the word has on the listener in relation to the identity of character.

Because of its increasing prevalence, Alzheimer’s disease has created a greater awareness and focus among average Americans. As indicated in the introduction, an estimated 5.3 million people suffer from Alzheimer’s, which becomes more prevalent with age, while the older population is due to swell to over 70 million by 2030 (2009 *Alzheimer’s Disease* 12; “United States Aging Demographics”). My argument for the relevance of a play that features the verbatim responses of those dealing with Alzheimer’s is that the power of their words and the tones and gestures used to utter them speaks strongly to a specific group of people – namely those who are touched by the disease. When one writes or produces a play, s/he must first consider her/his audience. Although it is understood that the intention in producing such a play is to inform and
entertain all who attend, marketing towards a specific group or demographic can improve attendance. Center Theatre Group’s Marketing Director, Jim Royce, elaborates on this point: “We continue to build large marketing campaigns targeting large numbers of people we know will respond, and at the same time attract people who are floating around the periphery.” (1). *Sweetening the Broccoli* is targeted towards people who have been diagnosed, family members, caregivers and professionals who experience Alzheimer’s on a daily basis. Although this is a very specific targeted group of people, the number of audience members is potentially quite large given the prevalence of Alzheimer’s and the number of lives it touches in the United States today. Examining a Smith play more closely related to the subject of Alzheimer’s might shed further light on its effectiveness within this process.

The most comparable piece within Smith’s body of work to the subject matter of *Sweetening the Broccoli* is her most recent play *Let Me Down Easy*. Rather than accessing a traumatic event as its source of subject, *Let Me Down Easy*, not unlike *House Arrest*, applies a theme as its focus: the resilience of the human body. This theme is vast as well, however, and it covers much ground from the triumphs and falls of professional athletes to the challenges of coping with the genocide in Rwanda to the devastation of Hurricane Katrina. In his January 22, 2008 review of the production at Connecticut’s Long Wharf Theater, Charles Isherwood of the *New York Times* says, “*Let Me Down Easy*’ is also frustrating in the scope of its reach, too loosely conceived to dig deeply into any single idea. When it’s over, you feel as if you’ve attended a cocktail party full of fascinating people you didn’t have enough time to talk to” (Isherwood). In response to
the same production, reviewer Frank Rizzo of Variety says, "...this piece of holistic theater seems less anchored and tends to drift, lacking the profound connections and accumulated power of her signature pieces" (61). According to Rizzo, the interviews focusing on the body's ability to withstand self-inflicted adversity, although entertaining and interesting, do not make a satisfactory connection to the more global topics in the show. In fact, Rizzo reveals that the most engaging interviews of Let Me Down Easy are the stories pertaining to families and victims who struggle to cope with the challenges of terminal disease. He writes, “Most riveting are the personal health care tales that give the show its heart” (61).

Just as interviews from Let Me Down Easy effectively reveal experiences about terminal cancer patients such as former Texas Governor, Ann Richards, Sweetening the Broccoli likewise recreates interviews of terminally diagnosed patients and their family members. Given the strength of response to this aspect of Let Me Down Easy, it stands to reason that the subject matter of Alzheimer's can be an effective topic within the context of Smith's performance process. Moreover, by addressing the specific area of Alzheimer's (as opposed to all terminal neurological disorders), Sweetening the Broccoli avoids receiving the criticism applied towards both House Arrest and Let Me Down Easy of being too broad or lacking focus. Yet, the strength of my argument towards applying the topic of Alzheimer's to this creative process emerges from the power and authenticity of the words and their ultimate effect on this subject matter's targeted audience. Chapter 5 offers detailed support of this argument. The next chapter explores the challenges in adapting Smith's interview and script-building process to the topic of Alzheimer's.
Chapter 3

*SWEETENING THE BROCCOLI: ADAPTATION CHALLENGES*

The greatest challenge that one faces when adapting another's model is to identify what to keep and what to make one's own. As a student of Anna Deavere Smith's process, it is important to maintain due diligence towards the model she created and to the approach that she takes, yet at the same time identify when and under what circumstances it is appropriate to establish one's own devices towards this method.

During the interviewing process, for example, is it permitted to create and ask a different set of questions from one interviewee to the next given their varied perspectives and backgrounds? During the interview, if I interject comments in response to the interviewee, does this taint their natural flow of language, tone, and impromptu reply of the moment? During the script building process, is it permitted to cut and move passages within the text of a single interview? When reviewing tapes during the rehearsal process, is the actor confined to using the exact hand that is used for a particular gesture every time, or are there circumstances under which it is permitted to use the opposite hand (as when looking into a mirror) to make a stronger stage picture? During various stages of creating *Sweetening the Broccoli: Reflections on Alzheimer's*, we addressed these questions and many like them, and as a result created a path that, while based on Smith's process, defined its own place on the continuum of docu-theatre.

**Interviews**

I began an approach to Smith's interviewing method by creating templates that listed three sets of questions posed to each type of interviewee (caregiver, patient, and
professional), not un-like the three questions from which she started that I discussed in chapter 2. The questions were designed to elicit lengthy, honest responses that translated well to the stage. The range of topics included: (1) describing diagnosis and subsequent reactions, (2) discussing approaches to planning, and (3) revealing challenges and strategies for coping. Additionally like Smith, I included the use of both audio and video devices to record all of the interviews. Because I had only worked with her process for a limited period of time, I felt compelled to stay within the guidelines she formed until absolutely necessary. The initial objective was to gather enough people to interview from which to build a script. Since Alzheimer’s is such a debilitating disease fraught with heartbreaking losses for all involved, it was extremely challenging to obtain volunteers to speak candidly about the subject. I was interested in gaining a broad perspective not only from victims, family members, caregivers, and professionals, but also from varied ages, gender, and socio-economic and ethnic backgrounds when possible. A few of the interviews did not make it to the transcription stage because the interviewees were either too similar in background, perspective, or response to others I had interviewed, or they were not dynamic enough to translate to the stage. While the number of responses to a mass networking of invitations in the Greater Sacramento Area was less than anticipated, a total of sixteen individuals nevertheless interviewed with me over a period of three months. The next important challenge would be, as Smith put it, to get people “to sing to me” (Smith, *Talk to Me* 55).

The art of the interview can be tricky if the questions are not framed in an open-ended fashion that prompts the interviewee to respond at length. It is especially
important knowing the end product is a performance of a verbatim extended monologue. With this goal in mind, I informed each of the interviewees that this would not be a dialogue with the interviewer and that lengthier uninterrupted responses were preferred. The one instance in which I struggled to maintain this format was during the interview with eleven-year-old Joseph Voight, who spoke with me regarding the challenges of living with his great-grandmother throughout her advanced stage period of Alzheimer’s disease. Joseph had written a book entitled *My Grandmother Has Alzheimer’s Too*, and I was looking forward to having a child’s perspective included in my play. Because his responses were so brief, however, I found myself asking the same question in different ways in order to prompt a more elaborate response from him. Unfortunately, my efforts were mostly unsuccessful, and therefore his brief responses instead manifested into a scene between the interviewer and Joseph, which was not the underlying goal. I was quite determined and adamant to make Joseph’s scene fit, but the combined problem of Joseph’s shorter responses matched with an inordinate amount of cutting and splicing to remove the voice of the interviewer created a choppy flow of words that in the end was not a true re-telling. While Joseph’s responses were insightful and unique from a point of view that did not occur anywhere else in the play, I decided to cut that scene because it ultimately did not meet the consistency of the play’s artistic needs.

Although brevity of response had only been a concern with Joseph, there were other interviews whereby the issue of compromising my understanding of Smith’s format came into play. Given the objective to encourage lengthier, uninterrupted responses, I found myself holding back the inclination to reply to statements and refraining from
being someone who was simply in the room and engaged in a conversation of heightened personal interest. So, when the inspiration to respond struck me, I held back. There were a few instances, however, where it did seem appropriate to interject with an impromptu question. During the interview of Alzheimer's patient Nelson Bartoo and his wife Cindy, for example, I asked: "Talk about when you or those around you first began to notice a change or more specifically the onset of Alzheimer's. Can you describe your feelings at the time?" (Bartoo) In response, Nelson offered upon hearing the diagnosis, that his reply to the doctor was "Oh," but he did not expand any further into his feelings. While Nelson appeared to be someone who internalizes his feelings (although extremely willing and candid with his desire to be questioned about his circumstances), Cindy was much more expressive as to how she felt. At this point in the interview, I took a gamble knowing full well the sensitivity of the situation because it seemed a rare opportunity to hear an Alzheimer's patient speak about his feelings towards diagnosis. It seemed like a safe gamble because I sensed they were open to a bit more probing, and prior to the interview I had made a point to tell them it was completely up to them whether or not they wanted to respond to any questions. The following is an excerpt from this portion of the interview:

SCOTT. So, we've talked about the process of being diagnosed, and a little bit about your reaction (indicating Cindy). Maybe you could elaborate on your reaction in terms of - as you said it when he first told you, you said "Oh." What's going on inside with that "Oh", and then a little afterwards how does that change as you're progressing forward, and how do you and your family members deal with that?

NELSON. Well, when he first told me the first thing I thought
of was my mother probably had it and my Dad didn’t tell me and that’s exactly what happened. Everybody else knew that my mother had Alzheimer’s. All the neighbors at that uh, friends, relatives. But we never heard that my mother had Alzheimer’s. And when I got it I felt like that was made me feel like okay that’s— if it’s in the family, it’s in the family. Not necessarily always in the family they say, but.

CINDY. How did it make you feel, though, honey?

NELSON. Well, it made me feel like, uh, I don’t want to be like my mother was – which eventually might happen unless they come along with some stuff. But I know it took a long time for her to really, really be bed-ridden. (Bartoo)

Although on the surface it might appear as though asking the additional question was not effective because Nelson never really addressed his feelings, when it came time to perform this text, our director and actors concluded that by applying Smith’s process, the actor playing Nelson stood a much better chance to reveal Nelson’s introspection by displaying what was not said rather than what was said. This idea is demonstrated in the following sequence of their scene:

CINDY. You’ve had to give up a lot.

NELSON. Oh I (chuckles) Yeah, I – I go fishing, go camping, we do things like that, but it’s, its –

CINDY. (Pauses for Nelson to finish then) Well frankly I’d like to go to school, but how involved do I get in that. (Adams 7)

At the end of Nelson’s line, he trailed off into thought as he pensively stroked his chin, which the actor mirrored quite effectively. Thus, utilizing Smith’s technique was a successful tool in aiding the actor’s understanding of the process.

Creating an interviewing method for Sweetening the Broccoli was perhaps the
least demanding undertaking among the overall tasks involved in the adaptation of
Smith’s creative process. With the exception of the interview with Joseph Voight, the
questions achieved the desired results of eliciting lengthy, honest, and dramatic responses
that translated successfully to the stage. Similarly, modeling Smith’s usage of both audio
and video recordings served its overall intended purpose of facilitating the script-building
and rehearsal process. Although facing the challenge of an untested tangent from Smith’s
approach, ultimately decisions such as prompting brief responses and interjecting
impromptu questions was advantageous towards determining the eventual shape of the
script.

One-person versus Multi-person Cast

One of the aspects that drew me to Smith’s performance method was my desire to
play multiple roles within one play. Upon conception and indeed for the first several
months into writing the play, my original intention was, like Smith, to perform each of
the characters for a one-person show, which eventually evolved into a multi-cast
production. I first questioned the one-person show concept when (in addition to
individuals) couples responded to invitations to give interviews. One of the early
confirmations came from John and Bea Gorman, Co-Founders of the Northern California
Alzheimer’s Aid Society. I had researched them online and found that Bea, one of nine
siblings four of whom developed Alzheimer’s disease, wrote a book entitled Will I Be
Next? Although I had pre-determined that I would interview only Bea, I felt there would
be value in interviewing both Bea and her husband since John was the primary
spokesperson for the organization. However, the plan was to interview them separately
in order to maintain the one-person show objective. When I met with John and Bea in their Sacramento office, and they sat down beside one another on the couch, I decided to see what happened if we simply turned on the camera and interviewed them together. The dynamic that occurred between the Gormans added a dimension to the overall play that was not present in the two previous solo interviews conducted to date. The two-person scene that John and Bea created still maintained the consistency of the artistic process because there was a natural flow of dialogue combined with a respectful give and take from separate but unique perspectives. Similar questions and benefits emerged when I interviewed the two additional couples that appear in the play. Given the success of the Gorman interview, I reasoned that I would adjust the production values to suit the nature of these interviews.

I considered such a production value at an earlier point in the graduate program prior to having selected Alzheimer’s as a topic. The idea involved utilizing an application known as the Alienation Effect, which was created by renowned theatre theorist, Bertolt Brecht. In her article entitled Alienation Theory in Multi-Media Performance, Josette Féral defines the Alienation effect as “a process by which both theatrical and extra-theatrical phenomena are rendered strange, forcing the spectator to adopt a critical distance with regard to that which is given to see and hear” (469). Brecht created this requisite distance by utilizing such methods as expository characters, direct audience-address, and breaking into song. Along those lines, my idea was to memorize both individuals within the scene and subsequently record one of their characterizations, such that in performance I would be playing one of the individuals live as I interacted
with the partner via a recorded performance on a projected screen. I preferred this method to the idea of moving back and forth physically from one character to the other as occurs in some one-person plays such as in Chazz Palminteri’s *A Bronx Tale*. As more conversations ensued with artistic collaborators, I began to feel that in order to make such an effect work, the timing would have to be extremely precise in order to recreate the actual rhythms of such challenging occurrences as overlapping dialogue. Moreover, I was concerned that the projected recording interaction would be too alienating to my audience members (caregivers, family, victims) because they are often looking for an emotional understanding similar to their own. This effect goes against the objective of alienation tactics. Lastly, I decided to forego acting with a projected image, because we would stand to lose the humanistic element of the interviewees and their natural reactions that is imperative to the success within the Anna Deavere Smith performance method.

As I continued to examine the dilemma of a one-person versus multi-person production, I wondered if a one-person play was necessary to be successful in utilizing Smith’s method of a documentary style of theatre. Looking at this question from purely a performance or even directorial standpoint, a multi-person cast is certainly a viable option that provides more opportunities for visual variance and relational depth between characters. I discovered through my research that Smith put this very question to test in the 1997 World Premiere of *House Arrest* in Washington, D.C., which provided a moment of validation for having taken this risk. This production featured a cast that not only included an ensemble of actors to portray each role as opposed to Smith’s previous one-woman shows, but it also was void of Smith’s presence onstage at all. Most of the
reviews and write-ups pertaining to earlier performances of *House Arrest* indicated that a multi-actor cast did not work for this production because of the noticeable exclusion of Smith’s presence onstage. In a preview to the March 27, 2000 New York Premier of *House Arrest*, *New York Times* writer, Robin Pogrebin states:

> When the play was performed in Washington in 1997 and then in Los Angeles last spring, critics called it overlong and said they missed Ms. Smith’s presence onstage. Then George C. Wolfe, the producer of the Joseph Papp Public Theater, suggested to Ms. Smith that if she brought the show to New York, she should do it alone...The journey would seem to involve a message: that Ms. Smith, 49, was meant to perform her own work, whether she wants to or not, and that whatever particular blend of inquisitiveness and insight she brings to the process of drawing people out in the interviews is ultimately essential to bringing those people to life onstage. (Pogrebin)

There is much to be said in this performance process for the advantage of working in dual capacities as both interviewer and actor of a one-person play. Pogrebin’s point regarding Smith performing her own work would be more suitable, however, had *House Arrest* been performed as a one-person play by an actress other than Smith. The argument ceases to address the effectiveness of a multi-person cast over a one-person cast within this interview and performance method. Although clearly I had an advantage over the other actors as both cast member and interviewer of *Sweetening the Broccoli*, the technique required to study and recreate the recorded interviews still far outweighs the value of insights acquired during the initial meetings. In order to compensate for this gap, though, the actors asked me about the individuals in efforts to fill in the blanks, which did not appear on the tapes. For example, our male actor noted during the Joe Debbs recording that he looked up towards a noise at one point. When I informed the
actor that the noise was Joe’s wife arriving at home, he was able to perform that moment with a clearer understanding. Ultimately, while being the interviewer and an actor aided my understanding of the one role I played, the other actors were able to recreate with accurate sensitivity the many nuances of the original interviews.

After exploring options that preserved the original concept of a one-person show with the added component of performing multiple two-person interviews, I concluded there were advantages to both concepts. Ultimately, however, the choice to create a multi-person production was more beneficial for the subject matter and inherent audience. For example, there were advantages to seeing two actors honestly portray the subtle nuances of relationships between early stage patients and their spouses within two of the three couple scenes. Because these advantages outweighed the potential alienating effects that existed conceptually for a one-person performance of the same two-person scenes, the choice to move forward with a multi-person cast seemed most appropriate.

Text Selection

The task of transforming the text from multiple, lengthy interviews into an eighty-minute one-act play about Alzheimer’s is a challenging and weighty responsibility. The first hand accountings of these personal and professional experiences have the ability to inform a wide spectrum of audience members who possess little to a great deal of knowledge about the disease. As we discovered during the talkbacks (informal post-performance conversations between the cast and the audience), these words additionally have the ability to validate feelings of those who share similar experiences that are revealed in the play. With a repository of facts and stories that could fill ten plays, where
does one begin to select what remains in the script and what gets left on the cutting room floor? It is the task of all playwrights to select material that tells the story or navigates the journey in the most economical fashion possible. The first challenge as a novice playwright was to maintain the vision of the artistic product and not succumb to the sentimentality of the interviews. To ensure text selections were held in check, I enlisted the assistance of fellow graduate student, Michelle Cruff, to be the dramaturge. After slashing the entire collection of transcriptions from one hundred to forty-five pages of all but three interviews that I recorded, I worked together with Michelle to determine how we could pare it down to between twenty-five and thirty pages for an approximate seventy-five to eighty-minute play.

The least demanding cuts were those that covered topics that were either excluded or revealed in other scenes. For example, several of the interviewees discussed the circumstances under which patients passed or failed during the diagnostic testing. During their respective interviews, both Cindy Bartoo and Susan Seidenzahl revealed how well each of their husbands excelled in the math portion of the diagnostic. Given the similarities, I determined one or both would be cut from the script. Another straightforward decision with regards to making cuts involved the appearance of medical descriptions throughout the play. Since I had interviewed a notable neurologist, Dr. William Au, it became apparent that the medical descriptions would all be covered during Dr. Au’s speeches, which unlike the rest of the interviews, appeared regularly in blocks of text throughout the course of the script. This decision created another easier choice for cutting much of the sections of Jim Drennan’s interview, as he had provided a great deal
of medical descriptions in response to my questions about defining Alzheimer’s and any existing treatments.

The most challenging cutting choices occurred as Michelle and I inched to within ten pages of our intended page limit. During this period of time, we encountered a few instances where in order to accommodate previous cuts, we needed to move some of the text to other parts of the scene. I greatly struggled with this notion because it not only seemed to go against Smith’s model, but it also jeopardized the integrity of the moment and the overall product of the objective. The relocation of large blocks of text, however, impacted the integrity to a lesser degree than the relocation of smaller blocks. For example, when I decided that Alzheimer’s Resource Center Advisor, Rebekah Alfaro’s scene should conclude with a lighter story, it became necessary to transplant a section of her dialogue. However, since the relocated text was conveyed as a story that stood well on its own, the move did not disturb the flow of language within the dialogue. The key factor that enabled us to succeed with maintaining the integrity of the flow of dialogue, was to ensure that any text relocation selections matched the context, direction, tone, and rhythms of the sequence to which it was being transplanted. One example of such a successful cut and paste occurred towards the end of Gerry and Mary Ann Fuller’s scene. During many of the interviews, people repeated a type of phrase to reiterate a point they were trying to make. Gerry repeated metaphors at various points of the interview as he passionately described his frustration with how he and Mary Ann have been treated by the medical community. At the end of the scene following a point he makes about the importance of finding common ground with close friends, Gerry says:
“But how does that message get out? As I’ve sort of tried to say – this what do you do now with your life” (Adams 25). The next portion of this originally lengthy monologue was cut and pasted to the following text:

There’s a big void of what to do ‘til the train comes. You know (chuckles). And I don’t know how that void is gonna get filled other than at a very personal, local level of what we’re doing with our lives. (25)

The decision to cut this section emerged because Gerry shifted the focus of dialogue towards receiving brochures on dementia that were of no interest to them. The tone and rhythmic flow that existed at the first cutting point mirrored that of text to which it was pasted, when he exclaimed yet another metaphor of the impending train (wreck).

Without having made some extremely difficult choices to cut seventy-five pages of the script, the play would have lasted six hours long with little direction or shape to it. Among the many difficult challenges that occurred while paring down the script, the most difficult by far was the addressing the concern of preserving authenticity when moving selected blocks of text. We met this concern by: (1) minimizing the number of text relocation occurrences, (2) moving mostly large blocks of text, and (3) ensuring the text selections contextually and rhythmically matched the sequence of its new placement. Because the cuts adhered to these parameters, we were able to maintain the integrity of the selected moments within each of the interviews.

Scene Placement

The dramaturgical decision to break-up Dr. Au’s entire interview into blocks of text strategically placed throughout the play, was the most significant and effective means of creating a storytelling arc for the entire play. His words became the through-
line navigating the audience through various aspects of Alzheimer’s from interview to interview. Once this decision was made, the order of scene choices flowed naturally. The play begins and ends with Dr. Au and inserts blocks of his text following nearly every other interview. Since Dr. Au’s first scene concludes by describing how language failure can be an indicator to identifying a problem, it seemed appropriate to follow it with Nelson and Cindy Bartoo’s scene because it transitions well into Nelson’s difficulty with accessing words. Similarly, I inserted Gerry and Mary Ann as the last scene prior to Dr. Au’s concluding block. Their scene is the most compelling and energetic in the play, therefore placing it towards the end created an engaging high point in preface to Dr. Au’s denouement. Ultimately, each scene was identified and subsequently located within the play to reflect its own characteristic trait that would complement not duplicate the other scenes. Joe Debbs displayed the most humor, which I tried to extract when possible from all of the interviews because I was cognizant of the inherent pathos of the subject matter. Placing Susan’s monologue, which ended on a sadder note, after Nelson and Cindy, made it necessarily reasonable to insert Joe’s piece next to lighten the mood. Situating John and Bea Gorman directly in the middle of the play served to function as a counter balance to the other two bookend couple scenes. Jim Drennan functioned as the only child of a parent with Alzheimer’s in the play. This scene followed with a section of Dr. Au’s entitled, “Role Changes” where he discusses adult children who care for their parents. The only interview remaining was Rebekah Alfaro’s whose dialogue was selected to highlight the caregiver. Her scene also had moments of humor, so it seemed appropriate to place it after Jim Drennan’s - one of the most somber in play. The final scene of the
play is entitled, “Quality of Life,” which begins with a light story about an Alzheimer’s patient of Dr Au who played the accordion. The scene ends with a poignant message with regards to Dr. Au’s love for helping to maintain quality of life for his patients and their family members. Again, the decision to include Dr. Au’s recurring blocks of text throughout the piece not only determined the entire shape and structure of the play, but it also made the remaining scene placement decisions seem effortless.

The most compelling aspect of creating docu-theatre is the opportunity to re-tell stories with as much authenticity as possible. Smith’s process of verbatim performance technique provided a means to remain true to how the stories are told, however it is extremely challenging to maintain integrity adapting this play from an existing model. During all stages of the interviewing and script building process of *Sweetening the Broccoli*, we took pains to adhere to Smith’s process, but we also made appropriate decisions when required to give voice, body, and shape to those who gave us their words. These tools readied our company to move forward towards rehearsals and the eventual opening of this new artistic work. Chapter 4 examines the challenges faced in adapting Smith’s performance process during the production phase of *Sweetening the Broccoli*. 
Chapter 4

SWEETENING THE BROCCOLI: PERFORMANCE AND PRODUCTION PROCESS

There are various challenges that arise when adapting a performance technique to an original work once pre-production and rehearsals begin. These challenges include explaining and selling an unfamiliar concept to the director, cast, and crew. Subsequently, once the company embraces the concept and begins to infuse their approaches and creative ideas, the challenge becomes remaining open to change with the understanding that it is a collaborative work in progress. In order to understand how these challenges were met during the production phase of Sweetening the Broccoli, it is important to explain the approaches we took and decisions we made to establish a unique adaptation to Smith’s process that best served the play and our audience. Chapter 4 discusses approaches we took to (1) incorporating and defining the role of the director, (2) deciding on the form and narrative of the play, (3) determining approaches to acting and mirroring the videotaped interviews, and (4) testing and implementing video projection, lighting, and a live musician into the technical design for the production.

Incorporating the Director

Following the development of the script, I began a series of meetings with director, Adrienne Sher. After reading the play and my description of Smith’s process, Adrienne posed three questions: (1) What is the director’s role on a project where (on the surface) creative interpretation is greatly limited within the rehearsal process? (2) Is the goal to produce a play or a scientific presentation? And (3) given the dual narrative of the author’s voice and the recurring appearance of the neurologist, who is telling the story?
The first question addresses the function of the director outside of staging the movement. Having worked for almost a year on the project prior to meeting with the director, I had already put together much of the artistic concept for the production components. I assured Adrienne, however, that while I had a specific vision for the play, nothing was finalized and ultimately I was interested in a collaborative decision-making process. The second question addresses Adrienne’s confusion with the form of the play. Since she previously had never worked within the form of docu-theatre, Adrienne was more accustomed to interpreting a fictional story that followed characters throughout the play as opposed to interpreting vignettes based on verbatim real life experiences. Moreover, while at times there was underlying tension between some of the interviewees and their spouses in Sweetening the Broccoli, these characters failed to engage in any dramatic conflict. As a necessity to interpreting a fictional play, dramatic conflict is essential to determining the degree to which a play is “active.” In other words, because there was no active intention to create dramatic conflict, some of the characters seemed more passive, which further led Adrienne to question whether the piece was designed to entertain or to educate. In order to explain my vision and interpretation of the script as a play and not a scientific lecture, I provided her with the recorded interviews in their entirety and explained the evolution of editing and crafting the script. I additionally offered examples of Smith’s work and clarified the concept in regards to the topic of Alzheimer’s. Understanding the editing process helped Adrienne to make connections between the shared topics as they related to each of the characters. These connections enabled Adrienne not only to view the script with a through-line and overall message, but also to
understand the need for a director. However, her ability to interpret a through-line materialized only after examining and clarifying the narrative of the play.

Our first collaborative decision involved answering the question, “Who is telling the story?” The question emerged from the narrative I had written both within the scene transitions and within a personal journey section at the end of the play. The first person narrative between scenes was modeled after Smith’s usage of transitions in plays such as *Fires in the Mirror and Twilight*. The following is an example of one scene transition adaptation in *Sweetening the Broccoli*:

I met with Rebekha on a weekday August afternoon in a small conference room inside her office at the UC Davis Alzheimer’s Research Center in Sacramento. (Adams 18)

Similar to this narrative construction, the personal journey section was also written in first person. It included a poem I wrote as a young man depicting unresolved feelings of guilt and remorse over my grandmother’s affliction with Alzheimer’s disease. This personal frame of reference was incongruent, however, with the structure of the majority of scenes in the play. As mentioned in chapter 3, smaller blocks of text from Dr. Au’s interview were strategically placed throughout the play, which functioned to navigate the scene progression from topic to topic. Since Dr. Au framed his speech in this topical fashion, it was relatively easy to insert blocks of his text between around each of the additional character’s interviews. Because the play structure included two navigational sources at this point in the development of the script, (Dr. Au’s text blocks and the playwright’s narrative), Adrienne questioned which of these entities was telling the story. Her solution was to remove the playwright’s voice completely from the play by doing the
following: (1) making the scene transitions third person narrative, (2) relocating the poem to the top of the play, and (3) cutting the personal journey section from the play and adding it to the program notes. The following is an example of a scene transition excerpt with the first person narrative removed:

Rebekha is 40 years old and is the Program Representative at the UC Davis Alzheimer’s Research Center in Sacramento. (Adams 18)

These changes to the narrative and structure of the script provided a clearer journey for the audience enabling Adrienne to shape the story from a consistent narrative source.

With the focus placed upon Dr. Au to facilitate the journey for the audience, Adrienne suggested we designate one actor to play his role and to split the remaining ten roles between two other actors. This was a difficult suggestion for me to consider, because it represented a significant shift away from the original concept of a one-person play. As mentioned in chapter 3, my original intention was, like Smith, to perform all of the roles I had interviewed. At this point of pre-production and prior to Adrienne’s suggestion, we had one actress set to play all of the female roles opposite me, who was set to play all of the male roles. From a directorial standpoint, however, it was a logical choice to designate one dedicated actor to play Dr. Au and to add another actor to the cast. In addition to creating a more interesting stage picture, this choice opened-up staging opportunities such as keeping Dr. Au onstage throughout much of the play as an onlooker during the other interviews. Although ultimately I trusted the input of my director and concluded a three-person cast was the correct format for this production, one question remained. Would the addition of another actor further estrange our adaptation
of Smith’s process? Was it yet another example of adding a unique variance upon this style of theatre? Determining the approaches taken to perform the videotaped interviews addresses these questions as we continue to examine the role of the director over the course of the rehearsal process.

During the early rehearsals, Adrienne assisted actors with the coalescence of the subtext of each scene and left the staging of the movement to the last. According to her, this was the opposite manner in which she was accustomed to working. Customarily, she blocks the movement following a first reading and then works through character development with the actors in subsequent phases of the rehearsals. Given the amount of time required for actors to study the videotapes and to code scripts, Adrienne’s reverse approach to directing *Sweetening the Broccoli* was entirely appropriate and effective. As Adrienne surmised, the actors did not interpret how each *beat* (or change of intention or subtopic) should be played because the tapes dictated details of the delivery. However, contrary to her initial questions about the project, Adrienne discovered that there was some interpretive work to be done.

We found that we still needed to do interpretive work so that the journey made sense for the actor. We needed to determine when a ‘character’ was telling the truth, when they were lying or bending the truth, how they might have answered differently had their spouse not been present...when they were masking their feelings and when they were completely open emotionally. (Sher)

The aspect of “bending” the truth or “masking their feelings” is particularly inherent to a social and familial based subject matter. Adrienne and our actress, Kim McCann Lawson experienced this in particular when breaking down and interpreting certain responses
from Cindy Bartoo and Susan Seidenzahl. For example according to Kim, when replying to a question regarding how Alzheimer's has changed their lives, Cindy put on a polite face when uttering phrases such as “We’re dealing with it.” Adrienne noted that it appeared from watching the videotape that Cindy was intimidated by the camera and left much unsaid. (This is the opposite effect of the point addressed in chapter 3 regarding celebrity personalities who perform a more rehearsed response). Additionally, Kim observed that Cindy “was somewhat surprised when so much emotion bubbled to the surface when she talked about friends disappearing. She was so clearly taken aback when the tears came” (Lawson). This observation prompted Adrienne and Kim to question not only the degree to which Cindy hid her emotions from her diagnosed husband, Nelson, but also the repercussions and difficulties that came with deliberately masking her feelings. In the interpretation of Susan, Kim comments that there were a number of moments when Susan put on a facade of being together, organized and under control. Kim states: “There comes a moment when that control breaks apart and Susan has to tell the truth as well as show real emotion. And she apologizes for what she seems to consider a lapse. I felt Adrienne's guidance was so important in those early stages as we examined things so closely” (Lawson). Because the actors worked individually between rehearsals on tasks such as line memorization, videotape review, and script coding, we relied heavily on Adrienne’s guidance on interpretive work during the first month of rehearsals. The next phase of directorial choices that focused on staging the movement and placement of the actors provided a tangible form to the character work and interpretations we had created to that point.
When making choices to incorporate movement and placement into the play, considerations had to be taken with respect to maintaining authenticity. How would we create a visually interesting stage picture when all of the interviewees were recorded either on a couch or behind a desk? Because the audience’s perspective to watching a play is dependent on the positioning of the actors, it was always my intention to incorporate variations from the recorded interviews with regards to movement and placement. Honoring the overall objective to preserve as much authenticity as possible, Adrienne created enough variation to relieve the eye from a static configuration while maintaining simple and straightforward movement and stage configurations. The breakdown was as follows:

**Dr. Au** – Dr. Au was positioned at a podium stage right throughout the majority of his scenes to emphasize his role as the play’s primary authority on the subject and also as “narrator.” During the final scene (entitled “Quality of Life”) which features limited movement mostly center stage, the podium is cleared and the stage is emptied.

**Nelson and Cindy Bartoo** – Adrienne positioned Cindy and Nelson (as they were in the recording) together on the sofa because she determined that Cindy’s support of Nelson “was integral to the piece, and [she] did not want to lose the moment where [Cindy] reaches out and touches [Nelson] reassuringly when he begins to stutter” (Sher).

**Susan Seidenzahl** – For the staging of Susan’s monologue, Adrienne cleared out the excess furniture to give more of a sense of her being alone
and isolated. The title of her scene is “As Hard as Being a Widow.”

**Joe Debbs** – Joe’s scene contained the most humor in the play, so Adrienne determined this scene lent itself towards more movement than the others. She took advantage of this opportunity to reconfigure the set pieces at this point.

**John and Bea Gorman** – John is a lecturer who functions as our second professional voice in the play. Since most of the text in this interview reads as a lecture, Adrienne positioned him at the podium taking the opportunity to temporarily remove Dr. Au from the stage. Although they sat together during the interview, John and Bea do not relate to each other until the end of the piece. For this reason, Adrienne positioned them on opposite ends of the stage enabling John to demonstrate his professional persona while Bea told her story, which was more personal and intimate.

**Jim Drennan** – Jim’s scene contains the most pathos in the play, which is reflected in the low energy of his delivery. Given this, Adrienne left him seated much like Susan and removed extraneous furniture to give a sense of isolation. Movement for this piece seemed inappropriate.

**Rebekha Alfaro** – Rebekha functioned as the third professional in the play (neither patient nor family), so she was positioned at the podium like Dr. Au and John Gorman.

**Gerry and Mary Ann Fuller** – This is the only scene in which two people onstage actively interact with each other. Adrienne states, “It is the
two of them against the world, unified, so I gave the full stage over to
them, and allowed them to address the audience in a more direct manner,
to make their point in a very strong way” (Sher).

By balancing the combined objectives of building a visually interesting stage picture and
preserving the authenticity of the original interviews, Adrienne met the challenge to
effectively incorporate movement and positioning for this adapted brand of docu-theatre.
Although she initially questioned the extent to which we would need a director for a
production so reliant upon mirroring verbatim videotaped responses, it was clear by the
time rehearsals concluded that Adrienne’s role was invaluable towards the development
of all stages of performance and production.

**Acting Approaches**

Developing an acting approach to performing docu-theatre was perhaps the most
challenging aspect for actors who have never worked with Anna Deavere Smith’s
process. As mentioned previously, each of the three actors in *Sweetening the Broccoli*,
like Smith, trained in Psychological Realism. The job of the actors was to discover
his/her own means of creating the character regardless of the training background.
Because the source of character was based solely on the taped interviews, the actors had
to create a road map that facilitated the requisite mirroring for this process. In order to
facilitate their initiation into this method of learning, I imparted my approach as one
option.

**Scott’s Approach**

Upon introducing Smith’s performance process to the actors, I explained that I
utilized a layered approach to learning and performing the characters from several interviews I conducted over the previous two years prior to acting in *Sweetening the Broccoli*. Before applying the layers, I coded the script for all noticeable vocal tendencies including breathing, pausing, rhythms, intonations, and overall speech patterns. Following the coding of the script, I implemented three layers of memorization. I began with line memorization for the purpose of committing the words to memory without any interpretation. Next, I added the vocalizations. Finally, I completed the layering with the physical movements that included postures and gestures. As mentioned above, each actor must discover his/her own method given the strengths, weaknesses, and comfort zone towards learning character. I shared my approach with the actors as one option to which they could refer if they desired. The next section focuses on the varied approaches that our actors, Blair Leatherwood and Kim McCann Lawson utilized to create their characters in *Sweetening the Broccoli*.

**Blair’s Approach**

Blair began by reviewing all five of his characters’ interviews in their entirety without taking notes or having the script in hand so that he could gain a general sense of the conversation without thinking too far ahead. After a second viewing of the tapes with script in hand, Blair had the foresight and the technical abilities to create a cut version of the video that displayed only the excerpts that remained in the script. This idea not only saved time by excluding unnecessary fast forwarding and rewinding, but it also enabled him to focus on the scripted sections rather than continually being distracted by the often engaging portions of the interviews that were excluded from the script. He first
concentrated on the words, and although he attempted to note the speech patterns by
coding the script, that idea did not aid his learning at this point in the process. He next
focused on memorizing the words without any inflections, as he would add these later.
Although we each had varied approaches to learning our roles, we all incorporated a
layered process of learning. Blair’s strength and comfort level lied in learning the
character’s physicality, so he began the first layer by studying body movements, which
included postures, gestures, and other physical tendencies. As mentioned earlier,
Adrienne blocked Joe Debbs’ scene with various bits of movement around the stage even
though Joe was sitting for the duration of his interview. This choice created an
interesting challenge for Blair to envision what Joe’s movement would be like since he
had never met Joe. When Blair finally met Joe after the second performance, Blair tried
to adjust his physicality based on the few minutes he saw Joe in motion. For Blair,
making such adjustments became an essential ingredient towards finding an acting
approach to Smith’s process. Accordingly, he states:

As I said several times, I had to sit on every actor impulse. If I
had tried to interpret or analyze without having a strong basis
in the reality of the person, I don’t think it would have worked.
It was really working without the net of my normal tricks and
experience. I had to trust that I could become these people in a
way that I’ve never done before. (Leatherwood)

Acquiring a “bag of tricks” is common for most actors with a strong technical
background. Blair’s usage of the phrase refers to the ability at any given moment of a
play to reach into the bag and access an actor’s tool he has used in the past. To illustrate
this point, consider Blair’s reading of the following line in his performance of Joe Debbs:
“Umm, we’ve had challenges with her wanting to go for a walk” (Adams 10). Since he
was blocked to move downstage as he said this line, Blair’s impulse was to match the energy and pacing of the delivery of the line to his movement such that the shading of the phrase would leave an upward inflection at the end of the line. However, because Joe did not utter the line with such a reading, Blair had to curtail accessing this actor impulse from his bag of tricks in order to adhere to Smith’s process. The actors in *Sweetening the Broccoli* had to make many such modifications to their acting approaches. Like Blair, Kim discusses the challenges of refraining from using her traditional actor instincts; however, the order of learning within the process varied slightly to Blair’s approach.  

Kim’s Approach

Much like Blair, Kim utilized a layered approach to learning her roles. However, because their sense abilities differ, Kim and Blair approached learning their characters from opposite perspectives. While Blair chose to work first on the physicality of his characters, Kim was more comfortable (as I was) beginning with the vocal tendencies. As she watched the video recordings, Kim looked for vocal indicators such as dialect, volume, range, and other vocal distinctions. She further tried to decipher if any physiological or emotional reasons existed for these distinctions, such as determining whether or not the raspy quality to Cindy’s voice was always there or perhaps due to fatigue, stress, or even a cold. When tackling the line memorization, Kim was surprised at the difficulty with which she had in committing the words to memory. Normally, an extremely quick study, Kim found that learning the words without placing her own interpretation on them was a new kind of challenge. Continuous studying of the script combined with periodic listening to audiotapes provided Kim with the best course for line
memorization. When she was ready to add the physical layer, Kim isolated distinctive gestures that stood out like Cindy’s tendency to lay open her palms flatly when placing emphasis on certain words. Kim made the following additional observations with respect to her characters’ gestures: (1) Susan fiddled with her glasses in her right hand and maintained her movements close to her body; (2) Bea remained very still giving an overall lack of affect; (3) Rebekha displayed wide-eyed expressiveness; and (4) Mary Ann twisted a strand of hair as she periodically lost focus on what her husband Gerry was saying.

As mentioned previously, like Blair, Kim struggled to quell her acting impulses that were counterproductive to Smith’s mirroring technique. Because it was so ingrained in her acting technique, one such impulse emerged unbeknownst to Kim during a performance. During one of her scenes with Blair, I noticed that instead of responding with the line interpretation she had memorized, Kim accessed listening skills from her training and matched the vocal inflection that Blair gave in the previous line. The response is similar in tennis to a player seeing a ball coming towards him from the other side of the net and having to respond to wherever the ball is hit. In keeping with this analogy, if the original tennis match was pre-recorded, players could utilize Smith’s process to recreate the pre-determined moves and responses. Recreating exactly the same ball placement and trajectory, however, is understandably an overwhelmingly challenging undertaking. As challenging as it can be to suppress trained actor instincts, it is an absolute necessity in order to maintain the authenticity of the original interviews. All three actors felt a tremendous obligation to follow the technique of mirroring the
interviewees with as much accuracy as possible. I believe the importance of the issue of Alzheimer’s attributed to the weight of obligation we felt given the issue’s impact not only on these individuals but also on the millions of Americans affected by the disease. As Kim states: “It would be such a disservice to them to not be as honest and true as possible.” She adds: “This was one of the most difficult things I have ever done — more so than Brecht or Shakespeare or Albee — because there is such an obligation to the people, not just the text” (Lawson).

As we approached the end of the rehearsal process, we next focused on adding the final and somewhat challenging components of the technical design of the production.

Design and Technical Challenges

As discussed throughout this thesis, the artistic conceptualization for the production was to inform and entertain audiences on the topic of Alzheimer’s by recreating personal and professional experiences in the form of docu-theatre. Given this concept, the space parameters of our theatre venue provided both artistic advantages and technical challenges in the mounting of the production. The premier of *Sweetening the Broccoli* was produced in the sixty-seat black box Studio Theatre performance venue at Sacramento State University. The dimensions of the theatre are twenty feet wide by ten feet deep by nine feet high. The size of the performance space was ideal for presenting a personal and familial based play because the delicacy of the subject matter lends itself to an intimate environment. In order to place the focus upon the actors and their words, the production components were limited to very few set pieces, a video projector screen
placed in front of a black curtain backdrop, and a live musician. The most challenging aspect of incorporating the design elements was implementing the video projector and screen so that it balanced with the lighting and sound. The remainder of this chapter focuses on incorporating the technical components of video projection, lighting, and music for the production.

**Video Projection**

I borrowed the idea to incorporate video projection into the production from Anna Deavere Smith. Video projection is a mainstay component in all of Smith’s staged plays that are part of *On the Road: A Search for American Character*. While she utilized the projections in a variety of ways incorporating both images and text, I was primarily interested in applying her use of text during transitions to post scene titles and to introduce brief background information on each of the interviewees. Additional uses of the video projector included displaying the text of the poem (which was set to music), presenting neurological images during the pre-show section, and highlighting video excerpts of the original interviewees after the final scene. In order to accommodate utilizing a video projector, we first had to determine whether to use front or rear projection and to choose which best suited the Studio Theatre configuration. The primary advantage to rear projection was the ability to avoid shadows from actors as they moved about the stage. For this reason, we preferred rear projection. However, once we measured the space between the back wall of the theatre and the pipe upon which we would hang the projector screen, we determined there was not enough space to accommodate the required distance to beam the projector light to the screen. At this
point, we ascertained that building and attaching a projector mount to the metal ceiling channel provided enough distance between it and the screen to accommodate a frontal projection. By placing the projector in this location, we accomplished two important objectives. First, since the mount was located behind an overhang, we were able to mask the projector avoiding the unwanted distraction to the audience. Secondly, the height of the mount enabled the projector beam to be thrown over the heads of the actors thereby addressing my concern of casting shadows. Having addressed the placement and configuration of the projector and screen, we next focused our attention on building the text that would be projected from a PowerPoint program.

Since the projector screen was the primary production element that complemented the actors in furthering the telling of the story, it was important to consider the audience’s journey and perceptions when selecting text and image projections. There is a line in the play uttered by Alzheimer’s Aid Society Spokesperson, John Gorman, that says Alzheimer’s is like “a movie of their life played backwards” because, according to Gorman, once patients lose their short-term memory, many of them live their long-term memories in reverse (Adams 11). In order to capture a feeling as if the audience was looking at an old photo album, I decided to display a sepia tone background on the screen to represent long-term memories. Accordingly, our video projector technician built the scene transition text so that it read as if one were typing their memories into a journal. Although relatively simple to create, implementing both the sepia tone and the typewriter quality text were highly effective for creating the artistic mood. Considering the audience’s journey and mood transitions led to an elaborate idea that caused some of our
greatest technical challenges and artistic choices with regards to video projection.

The beginning of this chapter detailed Adrienne’s struggle to make connections with the through-line of the story. In efforts to address this concern, she conceived an idea to display text on the screen within the scenes that would highlight themes as they unfolded. The intention behind the concept was to seize upon certain recurring words, phrases, and themes throughout the play such as “fear,” “loss,” “anger,” and “guilt,” and to reveal them in a subliminal fashion after they were spoken by the actors. We executed the subliminal effect by displaying the word or phrase with a timed fade-in, a timed count to hold the word in place, and a timed shrinking of the word. For example, in the opening scene, Dr. Au says, “Alzheimer’s disease is an acquire[d], progressive disorder of the brain characterized by loss of memory, loss of self.” (Adams 4). As Dr. Au uttered the last two phrases of this sentence, we displayed the phrase “loss of memory,” on the screen, which slowly shrank and faded. Immediately after this, the phrase “loss of self” appeared and executed the same effect. The shrinking effect was designed to accentuate the aspect of losing one’s words and memory in general. My overriding concern with the idea was that displaying words within a scene would distract from the actors and the performance process. More specifically, I felt that words periodically fading in and out would take away from what was being said and how it was being conveyed. Adrienne lobbied to keep the effect but remained open to whatever I felt was right for the production. To assist us, Adrienne brought in a colleague during a technical rehearsal to garner his opinion of the effect. He confirmed my concern stating that he was completely distracted by the words appearing and fading during the entire performance. His
audience journey was distracted by this effect causing him to anticipate when the next word or phrase would appear rather than relaxing and simply watching the play. Although I gave much consideration to keeping the effect given the time and effort Adrienne and our video technician had contributed to this concept, I elected to cut it. Once we made the decision and performances began, Adrienne and I both agreed unequivocally that it was the correct choice. She states, “I believe we made the right choice, especially in light of the positive response we got on the performance method and its execution. I believe the text would have been a distraction from that element” (Sher). Although the challenges of executing the video projector design created difficult choices for our production team, the lighting design produced comparably fewer artistic and technical obstacles.

**Lighting**

Preventing both spill light and shadows from emerging onto the projector screen was perhaps the greatest challenge that presented itself to our lighting designer. Because the video projector remained on throughout the entirety of the play, we were concerned the area lighting (used to cover the actors’ movements) might bleed onto the projector screen. As I indicated earlier, the stage in the Studio Theatre is ten feet deep. However, since Adrienne blocked the actors to utilize only half of that depth, our lighting designer was able to prevent light from spilling onto the projection screen with the use of light restriction instruments such as a *barn door*. Although we had eliminated shadows from occurring on the screen due to any light coming from the projector beam, we were still wary of shadows appearing within the stage area lighting. Once again, because a
significant area of space existed between the positioning of the actors and the projector screen, Adrienne was able to prevent shadows from appearing on the screen, which cleared the way to create an appropriate artistic mood. The use of a live musician was the final production component that added emotional depth to the mood and artistic sensibilities of this subject matter.

Music

Although hiring a live musician was not part of my original concept for the production, I decided early in the process to incorporate classical music because of its ability to complement a sense of seriousness to the subject matter while creating and supporting an emotional storyline. During the script-building phase, my dramaturge, Michelle Cruff, suggested the cello might be an appropriate choice because, as professional cellist Maya Beisner has stated, "...the cello most resembles the human voice" (Beckman C05). I was immediately drawn to this idea because utilizing an instrument that resembles the human voice seems highly appropriate for a play mirroring accountings of human experiences. Michelle, who is also an amateur cellist, further recommended I consider including music from the six suites for unaccompanied cello by Johann Sebastian Bach. She then described a music video that featured world-renowned cellist, Yo-Yo Ma performing the second suite of this series inside a virtual prison (etchings of the Carceri) that was designed by Piranesi. Michelle commented that the music would be appropriate for my play because Alzheimer’s is like a prison of the mind. This image stayed with me as did the comparison of the instrument’s sound to the human body. However, I hesitated to make a final determination about the cello because I was
concerned that its sound carried too somber a tone for an already heavy subject matter. After listening to all of Bach’s cello suites, I concluded that this collection, some of which is highly energetic and uplifting, carries an extensive range of mood. Therefore, I decided not only to use excerpts solely from the Bach cello suites throughout the play, but also to hire a live cellist to perform them onstage.

Utilizing a live musician in the intimate environment of the Studio Theatre created some distinct advantages as well as challenges. In addition to underscoring both the poem and the interviewee video montage, the cello primarily accompanied the scene transitions during the viewing of titles and introductions on the projector screen. I met with our cellist on several occasions both prior to and during rehearsals to confirm my music selections and to estimate the length of time that music would play between scenes. Since these musical excerpts averaged only fifteen to twenty seconds, we had some initial difficulties with the completions of musical phrases that were not designed to resolve at the end of these time intervals. For the musical phrases that did not resolve with the text, our cellist created the necessary resolutions. When it came time to work the cellist into the final stages of technical rehearsals, there were minor issues of having to stretch the scene transitions to allow more time to read the text or to change the set pieces. Having the ability to change the duration of a note or to add entire measures of Bach’s music from the selected suite worked to our advantage in solving these issues.

Limited space availability onstage contributed to a minor issue in deciding where to position the cellist. Since the cellist was the last production component to be added to the stage configuration, we naturally considered the placement of the pre-existing
elements. Dr. Au’s podium was placed downstage right and close to the audience. The projector screen was placed upstage center. The scenes that were blocked away from the podium were placed stage left to center. Therefore, the three remaining options as to where to position the cellist included upstage right behind the podium, downstage left in front of the proscenium archway, or completely offstage. It was always my intention to keep the cellist onstage to complement the telling of the story, but would placing her onstage steal focus from the actors or from reading the text on the projector? Since the cellist did not play during any of the scenes, stealing focus from the actors was not a problem, and we placed very dim lighting on her when there was no music. When she played, it was obvious that reading the text was essential (although not critical) to following the story, so while audience members could sneak a peek at the cellist if they desired, the focus during scene transitions remained on the screen. Overall, the cellist was well received by our audience members as indicated in the following anonymous comments: “The cello music to bridge the scenes was excellent—it preserved the flow without stopping the mood.” “The cello accompaniment was evocative and soothing…” “I loved the cellist. When I think of the play, I hear the cello in my mind.” The final chapter incorporates audiences’ responses such as these to substantiate my argument that Sweetening the Broccoli successfully demonstrates Anna Deavere Smith’s brand of docu-theatre as an effective tool for bringing the subject of Alzheimer’s disease to the stage.
Chapter 5
RESULTS AND CONCLUSIONS

*Sweetening the Broccoli: Reflections on Alzheimer's* is a documentary play modeled after Anna Deavere Smith's unique style of theatre that captures an honest representation of character through the amalgamation of journalism and performance. Through the re-creation of verbatim speech patterns and gestures, *Sweetening the Broccoli* sought to inform and entertain a specific group of audience members by providing a rare view into the world of personal and professional experiences of Alzheimer's. To effectively measure the value and results of this objective, I posted an on-line questionnaire for audience members to provide pertinent feedback to specific questions. In the analysis of our audience response, I focused on the following criteria: (1) Is docu-theatre an appropriate medium for this subject matter? (2) Does this performance style effectively support the play’s intention to inform and to entertain? (3) Did we do an adequate job conceptually and artistically in maintaining the authenticity of the original source? The rate of response to the survey was approximately fifty percent of those who provided us with electronic mail addresses, and all responses were anonymous.

In response to question (1) pertaining to the effectiveness of docu-theatre for this subject matter, audience members stated that this medium provided them an opportunity to witness personal points of view to which they otherwise would not have access. The following quotation elaborates on this point:

*I found it very compelling! This is a wonderful format to bridge community, social, and personal issues, and [to] educate*
the public through the arts. Thank you. I hope that you will encourage others to explore this accessible medium.

Upon further examination of this response, it is important to ask why this realm is more accessible than a dramatized interpretation would be. This question addresses an overall subjective preference between interpreting and mirroring the words. As the following response illustrates, one audience member shared a similar concern with the format prior to seeing the production:

Initially there was a sense of ‘why’: Why not embellish character to advance the narrative? Why theatre versus film, if there is mere reenactment versus dramatization? Etc. However, by project's end, there was an increased understanding of the value of acting as conduit for the stories, for the voices, for the lives of the individuals represented. It was powerful and engaging.

As discussed in chapter 4, the consideration of actor interpretation versus mirrored recreation echoes the issues of concern raised by director, Adrienne Sher. Again, while Adrienne prefers an “active” intention to create dramatic conflict, she was artistically stimulated by the challenge to interpret the underlying meanings of, for example, masked feelings presented in the pauses, sighs, and stutters. Once they understood that the words were not only verbatim, but also mirrored re-creations of the recorded interviews, many audience members expressed a perceived “realness.” Smith would add that the process through language and expression provides a clearer lens into the identity of the character.

Because so many of the responses indicated an appreciation for the power of the interview because of its “realness,” I was surprised by the number of audience members who favored hearing the stories from actors rather than from the actual interviewees. Additionally, it was interesting to note that more than one audience member made a
comparison to the effects of watching a filmed documentary versus a live theatre representation. Although spectators are spared the awkwardness of intrusion when watching a filmed documentary, I had not considered that a level of discomfort exists in the knowledge that, whether in the room or not, they are still watching the actual interviewees reveal their personal and often heart-rending predicaments. Inserting live actors into the equation provided a welcomed emotional buffer for many audience members while still offering a means of information and entertainment. These perceptions led audience members to articulate an appreciation for having an enhanced perspective into the world of Alzheimer’s as the following response conveys: “It was pretty much like I would think it would have been to watch the original interviews. I liked being able to hear and see things from the perspective of a patient.” Similarly, the following quotation demonstrates the impact of the documentary style utilized in the play: “I felt I was part of that interview with a real person rather than with a fictional character.”

Perhaps the most interesting response regarding the effectiveness of docu-theatre on this subject matter concerns providing a comfortable platform for a less than comfortable source of discussion. The following reaction introduces one aspect to this point:

Also it was valuable to have actors deliver the words of terminally ill people because it removed the ‘Oh my God, this poor person I’m looking at is dying’ factor, so the message could be heard better without a filter of personal pity [for] the speaker. I think the method purifies the message somehow, without diluting it. I’ve never seen that work in any other format before.
The next response echoed this perspective:

This style was extremely effective in that I found I could concentrate more on what was being said than if I was listening to the actual person. I think this was especially true in the case of the people with Alzheimer’s; I didn’t have the sense of worry/concern over how they must be feeling, so I was more able to concentrate on content.

Although similar to the previous two responses, the following quotation introduces the comparative topic of documentary film to theatre:

The performance style was effective in that, by having actors (in effect) ‘relay’ the information, it averted any sense of embarrassment or intrusion that might come from watching the interview footage directly.

The final quotation in regards to this point gives further weight to the value of actors performing the words of those confronted with a fatal disease:

It’s a heavy subject. I was more at ease watching actors than real patients. I don’t know if that’s fair of me, but I think it’s human to balk at confronting death... The use of actors kept the subject immediate but impersonalized the gross/pity factor.

In summary of responses to question (1), the rate of effectiveness of a docu-theatre approach to this subject matter was outstanding. Audience members conveyed a perceived “realness” from this method of performance that many had never before experienced in a theatrical environment. The documentary approach coupled with a mirrored performance technique provided a rare view into the perspective of the patient and family members creating a perceived presence at the original interview. Additionally, watching live actors re-create personal revelations of an extremely uncomfortable social issue provided an emotional buffer, which enabled audience members to focus on what was being said rather than what the person/character was
In response to question (2) pertaining to the play’s ability to effectively inform and to entertain, audience members articulated a variety of ways in which the play reached them. By all accounts, audience members unanimously conveyed that *Sweetening the Broccoli* offered an educational forum to learn about Alzheimer’s. As the following response concisely states, the play additionally provided an entertaining artistic representation of those who experience the disease. “I found it entertaining, touching, and illuminating.” In addition to its entertainment value, however, the play enlightened those uniformed about Alzheimer’s as the ensuing response articulates: “[It is] a very innovative and effective approach to reaching an audience who may not have otherwise received such information.” The following reaction additionally supports the previous statement: “It is a great way to inform the public. There are so many people that have no idea what Alzheimer’s is.” On the opposite end of the spectrum, the following response exemplifies the play’s ability to create new insights for those in our audience with previous knowledge about the disease:

> I learned so much about Alzheimer’s from this production. I had done reading before seeing this production, but seeing and hearing about the daily lives of the characters made what I saw so much more meaningful.

Similarly, the ensuing quotation describes the play’s impact on those with extensive experience with Alzheimer’s: “I’ve spent 16 years learning about the disease. What [the play] really hammered home was how common most of *our* experiences with the disease are.” As mentioned in previous chapters, the play’s target audience is caregivers, family members, and those diagnosed with Alzheimer’s. It is interesting to note the person
speaking in last quotation views her/himself among the same population of people discussed in the play. Thus, when s/he makes use of the word “our,” a crossover occurs between the people discussed in the play and the spectators. While the characters in the play impart experiences common to audience members dealing with the disease, it additionally offers a lens into witnessing the differences as the following response describes:

It looked at problems of both the person with dementia as well as the family and/or caregivers. It went way beyond just information to convey emotion, coping, [and] lifestyle changes. It portrayed the individual differences and the need to deal individually with the person with dementia and his/her family.

In my interview with caregiver Susan Seidenzahl, she states:

So, uhm, the other thing I’ve learned is that it’s highly individualized. The way Alzheimer’s affects my husband is not the way it’s gonna affect someone else. I don’t know why, maybe it’s his personality. Who knows? But uh, you’ve seen, you see one Alzheimer’s patient, you’ve seen one Alzheimer’s patient. (Seidenzahl)

The following audience response relates the way in which the play addresses this point:

[The play] was very effective and well handled. Each Alzheimer’s patient is similar but different and certainly it affects so many family and friends. Telling each of these stories is revealing and informative to all those that are or have gone through that experience.

The following quotations illustrate some specific learning points garnered by selected audience members with respect to the ability to sympathize with families and friends of Alzheimer’s victims:

My great grandmother has Alzheimer’s, but I only knew about when she was deep in it, and [she] didn’t know me anymore. [The] play helped me to understand what she might have gone through before her memory was completely gone.
What I like the best though is now I will be better able to understand what the patients and their friends/families are going through. As suggested in one of your interviews, I won’t argue. Instead, I’ll respond all six or so times the same exact way.

Several of my friends are familiar caregivers (including the friend who saw the play with me), and I now feel better able to support them. My friend was motivated to start looking for a care-home for her mom (not for now, but for the future) after seeing the play.

Responses like these were rewarding to read because they indicated that the play was able to impart helpful information to people struggling with the daily challenges. Moreover, as the previous comment states, family members were motivated and inspired to make extremely difficult yet critical decisions in the care of their loved ones. While these are important discoveries in the overall analysis of the play, the ability to assess the degree of authenticity is perhaps the most important criteria in evaluating its effectiveness within the realm of docu-theatre.

Responses to the conceptual and artistic adherence to maintaining authenticity were analyzed as follows: (1) overall authenticity, (2) production and performance, and (3) dramaturgical work on text, interview selections, and format. The feedback regarding overall authenticity was extremely positive. The following quotations are a sampling:

I know some of the people you interviewed and believe you managed to represent them accurately. It was honest, showing both the joys and sorrows experienced by professionals, caregivers, and the folks with dementia.

What stood out the most was the dedication to accuracy evident
throughout the performance.

By studiously recreating the gestures and vocal inflections of the interview subjects, the performers conveyed ideas and feelings that the subjects may not have realized they were expressing.

From production elements to the quality of acting, the overall responses again were quite positive. The quotations below reflect the impact and credibility of the acting performances:

I appreciated the talent of all the actors in portraying the simple honesty of real people involved in difficult situations, which define and test our common humanity. The starkness of the production was most effective.

It was interesting to have to remember that the actors weren't actually acting. They were accurately portraying rather than interpreting. That made [the interviewees’] messages[s] more powerful.

I liked the fact that only [three] actors portrayed all the interviewees. They created diverse characters, yet represented the hopes and fears of all human beings – the humor and pathos vital to coping with such difficulty.

The next set of quotations relates ways in which some of the production elements impacted the overall effectiveness of our artistic objectives:

Slides introducing the sections, [and] quotes and basic introductions set the stage well.

The factual data provided on the screen was fascinating.

Gosh – all worked [including] the screen images, the music, [and] the simple and quietness of the whole thing.

I think it was a great production for an intimate performance space. If the theatre was larger, perhaps a more intricate lighting design would [have] more impact.
After spending a significant amount of time on the video projection, it was encouraging to learn most of the audience members appreciated both the information displayed and the artistic style selected. There were, however, helpful suggestions for improvement. For example, a few people mentioned the text did not remain long enough on the projector screen, which meant they missed some important background information on the interviewees. Although the timing on the text displays was lengthened during technical rehearsals, it is clear that additional reading time was required. The length of the play was additionally a problem for some audience members. Since the play ran eighty minutes without an intermission, some felt the production was too long. While the production length was something we spent much time contemplating during the script-building phase, I determined we had already removed a significant quantity (and quality) of text. Any further text removal would compromise the value of the words and stories. I considered adding an intermission; however, my colleagues unanimously argued that breaking up the flow would drastically take away from the overall effect. Still, it is important to consider these comments knowing that rest room accommodations for this production inconveniently were located in another building, and the targeted audience is typically an older population.

The final aspect pertaining to analyzing authenticity involves audience reaction to the dramaturgical work on text, interview selections, and format. Each of the following quotations provides insightful comments regarding the variety of interviews offered in the play:

I found...the interspersion of Dr. Au’s narrative informative and well-placed...There was however an eventual ‘I know
what's coming next' feel, not in content, but in form. The difficulty I see in this is that embellishing blocking might compromise the altruism of remaining faithful to character, and incorporating video might prove disruptive.

We did feel more informed about Alzheimer's, although it wasn't so much from the performance imparting 'new' information as it was the synthesis of having the information all in one place and time (as it were) and presented in thought-provoking ways. For example, early in the performance the spouse of an Alzheimer's patient says, "You're not going to bring them into your world; you have to go into theirs," and later another subject, an Alzheimer's patient herself, says, "I don't know if that makes sense but I know what I mean." The juxtaposition of these two remarks deepened and enriched the impact of both. There were many such instances throughout the performance, where later remarks would illustrate or enhance things we had heard earlier.

If you had interviewed only patients and families, it still would have been effective. But, I think what made the performance so great was the variety of interviews you did.

I was intrigued by the first comment above and briefly wondered what could be done to prevent the predictability within the format. In point of fact, the scene structure repeatedly features video projector introductions accompanied by music, which is followed by actors re-creating verbatim interviews. Did knowing that each scene contained the same production elements obstruct the purpose or enjoyment of the play? Because it is a documentary, the play is bound to an episodic structure. While this structure perhaps is not as dramatically intriguing to the average playgoer, the success of docu-theatre plays like Sweetening the Broccoli is reminiscent of the fascination with filmed documentaries found on the History Channel or PBS. Predictable or not, the play reaches its desired effect as long as it does not (as the person states) "compromise the altruism of remaining faithful to character." Ultimately, remaining consistent with
Smith’s original creative process was more important to the overall objective of producing this brand of documentary play. Although we received a great deal of positive feedback, which validated our approaches and artistic intentions, it is important to consider all suggestions and responses to enhance what worked and to alter what failed. In the grand scheme of arts and education, this open-minded approach to view any artistic project (original or otherwise) as a work in progress is extremely valuable in the on-going desire to improve and to learn.

Since *Sweetening the Broccoli* is an original work that accessed an established creative process, staying within the confines of the Smith’s successful formula was an essential component to achieving successful results. As discussed in chapter 2, the most successful plays within Smith’s long-term project *On the Road: A Search for American Character* were the event based and critically acclaimed *Fires in the Mirror* and *Twilight: Los Angeles, 1992*. Again, much of Smith’s acclaimed success with the event based plays is attributed to her ability to capture the unique perspectives of vastly contrasting and culturally clashing communities. Juxtaposed against one another, these varied perspectives enable Smith to meet her overall objective of exploring identities of the American character. Given her success with revealing the stories and emotions built around these events, it was important to find an event of impact that matched my desired research with older adults. The first topic for this project involved interviewing individuals in response to a well-documented event concerning an older man who, while driving his car, killed ten and injured sixty-three individuals. However, after circumstances prevented pursuing interviews in response to this event, I selected
Alzheimer’s as a new subject matter. Although excited and enthusiastic to explore the personal and familial based issue of Alzheimer’s, I was uncertain whether or not the project would succeed given its dissimilarity to an event based topic. As illustrated in chapter 3, my research indicates that Smith’s more recent plays such as *House Arrest* and *Let Me Down Easy* are ineffective in holding her audience’s interest because the subjects are too broad and lack focus. Conversely, concentrating on this specific older adult themed topic was effective because the increasing prevalence of Alzheimer’s disease engages a growing number of audience members. The large percentage of positive responses to the questionnaire indicates that our audiences are motivated to seek an artistic venue for learning about the topic. Most importantly, the interview and performance process was effective in maintaining its authenticity of conveying personal experiences through mirrored patterns and gestures. Moreover, the marriage of this creative process and the topic of Alzheimer’s is an appropriate match given the targeted audience’s overwhelming desire to have an unfiltered access to actual accountings of the disease. As one of the audience responses stated, “I think the method purifies the message somehow, without diluting it. I’ve never seen that work in any other format before.” This successful blending of Smith’s process with a personal and familial based subject matter etches an indelible mark on the continuum of docu-theatre paving the way for exploring similar applications to relevant social issues.
Interview Questionnaire (CAREGIVER)

Sweetening the Broccoli: Reflections on Alzheimer's

1. Can you briefly describe how you first discovered your loved one had been diagnosed with Alzheimer’s and the process you went through to be able to understand and adjust to the situation?

2. Briefly describe the considerations you took and stages of planning that ensued in order to ensure your loved one was being properly cared for.

3. Take a few moments to discuss some of the positive aspects about caregiving for a family member with Alzheimer’s that people might not be aware.

4. What are the greatest challenges that face you day in and day out?

5. Describe in as much detail as you can a good day for your loved one with Alzheimer’s? A bad day?

6. Describe in as much detail as you can a good day for you as a caregiver? A bad day?
1. Briefly describe your position, what you do, how people come to you and perhaps a typical day or week for you dealing with Alzheimer’s patients and family members.

2. Briefly discuss your definition of Alzheimer’s disease and the possible causes. How is it diagnosed? Is it treatable, and if so how? Is there a cure, and if not where are we with regards to finding a cure?

3. What are some ways to help children cope with Alzheimer’s?

4. How do you help patients and family members cope with the situation? Talk about the process of understanding and adjusting to the situation.

5. Briefly describe the considerations and planning that ensue in order to ensure Alzheimer’s victims are properly cared for.

6. It has been said Alzheimer’s develops in stages. Some do not ascribe to this theory. Can you describe your opinion on the development of the disease and your experiences of any behavioral changes you have noticed from stage to stage? Can you help dispel any other myths that might exist?

7. What are the greatest challenges that one coping with Alzheimer’s faces day in and day out?
Interview Questionnaire (PATIENT)

*Sweetening the Broccoli: Reflections on Alzheimer's*

1. Talk about when you or those around you first began to notice a change or more specifically the onset of Alzheimer's. Can you describe your feelings at this time?

2. Discuss the process of being diagnosed. How did you and your family react to hearing the news?

3. How has Alzheimer's changed your life?

4. It has been said Alzheimer's develops in stages. Can you describe your experiences of any behavioral changes you have noticed from stage to stage?

5. What are the greatest challenges that face you day in and day out?

6. Describe in as much detail as you can a good day and a bad day.

7. What advice might you offer others with Alzheimer's and their family members and caregivers?
APPENDIX B

_Sweetening the Broccoli:_
_Reflections on Alzheimer's Script_
**Scene Breakdown**

Pg 4 ... Scene 1 – Noticing a Problem  
Pg 4 ... Scene 2 – We Don’t Wanna hide it  
Pg 7 ... Scene 3 – As Hard as Being a Widow  
Pg 9 ... Scene 4 – Prevalence  
Pg 10... Scene 5 – We Have to Watch Grandma  
Pg 11... Scene 6 – The Sibling Dynamic  
Pg 11... Scene 7 – We Better Do Somethin’ About This  
Pg 15... Scene 8 – What Makes Alzheimer’s Alzheimer’s  
Pg 16... Scene 9 – The Complicating Factor  
Pg 17... Scene 10 – Role Changes  
Pg 18... Scene 11 – Growing Old Doesn’t Hurt  
Pg 19... Scene 12 – Bracing Ourselves  
Pg 20... Scene 13 – You Gotta Want it  
Pg 25... Scene 14 – Quality of Life

*Note: The concept upon which this script was built was based on the performance process created by Anna Deavere Smith. The process requires actors to study video and audio recordings of each interview in order to, as accurately as possible, mirror the responses of the interviewees by incorporating every pause, stutter, vocal inflection, and gesture into performance. Should the producing company choose to apply this process, copies of the taped interviews can be made available.*

*The original production of Sweetening the Broccoli was performed as a Master’s Thesis Project at California State University, Sacramento in September, 2008. The production utilized three actors, one playing solely the role of Dr. Au with the other two actors dividing the remaining ten roles.*
Character Breakdown

Dr. William Au, 59 years old and has a Chinese-American dialect. He is regarded widely as foremost in the field of dementias, primarily for the treatment of Alzheimer’s. The sensitivity he provides to patients, family, and caregivers coupled with a strong sense of morality are the character traits that distinguish him from other doctors in his field.

Nelson Bartoo, 65 years old and has been diagnosed with Alzheimer’s. His difficulty accessing words at this early stage is infrequent and rarely evident during the interview. He is a proud man whose shorter excerpts in the play should not be interpreted as disengaged. He is warm, friendly, often in thought.

Cindy Bartoo, 64 years old and the wife of Nelson. She speaks with a raspy voice that is more akin to a frog in the throat and fatigue than to age. As a former nurse accustomed to being the caregiver, she obviously bares the weight and stress of the repercussions of Nelson’s diagnosis on her shoulders.

Susan Seidenzahl, 59 years old and is the spouse and primary caregiver of her husband Dick, who is 14 years older than she and denies having Alzheimer’s. She speaks at times in curt tones that are not rude but rather frank in the manner of the organized businesswoman that she is.

Joe Debbs, 58 years old and is the son-in-law and primary caregiver of “Grandma.” He is African American and speaks with slow, deliberate, and at times lilting tones. He is a proud and practical man and, like Grandma, has a sense of humor in dealing with their situation. He treats Grandma like a Queen because “She’s paid her dues.”

John Gorman, 73 years old is the primary spokesperson for the Alzheimer’s Aid Society of Northern California, which he and his wife founded in 1981. He has a slight south midwestern dialect. He is accustomed to public speaking and relishes his role of preaching the no nonsense, “common sense” approach to the disease.

Bea Gorman, 72 years old is the youngest of 9 siblings, 4 of whom were diagnosed with Alzheimer’s. She is the subject of the book Will I Be Next, which depicts her family’s journey with familial Alzheimer’s. She wears a cell phone attached to a lanyard around her neck as they are “on call” 24 hours a day serving anyone who has a question or family emergency. Like John, her dialect reflects her Kansas City roots.

Jim Drennan, 71 years is a long-time volunteer of the Sacramento chapter of the Alzheimer’s Association. His mother was diagnosed with Alzheimer’s in 1991. While extremely knowledgeable and well versed on the intricacies of Alzheimer’s, Jim carries the weight of guilt for not confronting his father over the care of his mother. His one distinguishing physical characterization is a frequent tendency to blink.
Rebekha Alfaro, 40 years old is the Program Representative at the UC Davis Alzheimer’s Research Center in Sacramento. As the face of the center, Rebekha is a strong advocate for the caregivers. Her anecdotal deliveries are vivacious, caring, and sympathetic. She clearly has a passion and love for her work. Originally from El Salvador, Rebekha speaks with a strong dialect.

Mary Ann Fuller, 74 years old and has been diagnosed with Alzheimer’s. Mary Ann is self-portrayed as a victim of the label of the “A-word,” and bares a great deal of anger towards society’s inability to treat her as the educated UC Berkeley graduate that she is. While clearly frustrated with the medical community, Mary Ann carries herself in a dignified and at times jovial manner in the interview. She speaks with an upper midwestern (Minnesota/Wisconsin Area) dialect characterized by a flat, vowel sound.

Gerry Fuller, 68 years old is Mary Ann’s husband and close-knit partner in all of their lives’ endeavors. A retired Research Scientist, Gerry deals in absolutes. While his frustrations echo Mary Ann’s, he expresses himself in a logical yet emphatic manner. He never sits still for very long when he is speaking. Gerry has been diagnosed with a rare case of ALS and at times exhibits difficulties with the use of his hands and fingers.
Scene 1

Noticing a Problem

Dr. Au is 59 years old and is the Director of Adult Neurology at the Sutter Neuroscience Institute in downtown Sacramento.

Dr. Au:
Well my name is uh Dr. William Au – go by Bill. An duh, I’m a neurologist. Uh, I’ve been practicing neurology in Sacramento since 1979, so it’s quite a few years. I first became interested in dementia maybe about 15 years ago when I noticed that my patients are getting older. And uh, there are more and more complaints of memory impairment. Not only from the patients that come to see me, but from the families of patients who notice a problem. I looked at what we can do for these folks, and really at that time there was precious little. So I started deh doing actually some clinical research and uh looking at new drugs that could help these folks. And as I did more clinical research, I started accumulating more patients with dementia and Alzheimer’s disease. And that’s how deh my practice became uh known for looking at uh patients with dementia.

So, what is Alzheimer’s disease? Alzheimer’s disease is an acquire progressive disorder – of the brain – characterized by loss of memory, loss of self, personality, and loss ability to do routine daily function to take care of one’s self. It’s not memory alone, but the ability to deal with people, to make rational decisions, to have good judgment. Frequently language is involved, so the person has trouble expressing their thoughts. Now we all have tip-of-the-tongue syndrome – ya know sometimes (breath) “I can’t find that word”, but it’ll come to you – with time. In Alzheimer’s patients, it doesn’t come. And this gets more and more, uh-so as time goes by so the family realizes ya know “jeez Dad’s really having trouble expressing himself” And that’s frequently a tip off.

Scene 2

“We Don’t Wanna Hide it”

Nelson is 65 and at the time of the interview was nearly three years into having been diagnosed with Alzheimer’s. His wife, Cindy, a former nurse, is 64 and also retired.

Nelson:
Well, I’ve been in sales for a long time. I was selling cars uh for the last coupla years before I decided to go to the doctor about this, but um, I would sit down and take an application or I’d meet somebody out tush show ‘em, and they’d tell me their name and I’d turn around and I wouldn’t know their name. Uh, we’d sit there and talk and I would say, well “Your husband” instead a sayin’ it was Ron or whatever, you know, I’d always
say your husband or your wife. Uh, and they’d always correct me, and I felt like an idiot because I couldn’t remember their name. And uh, I guess during this time that uh that uh the sales manager – the manager of the whole dealership uh noticed that a few of these things were happening. And I’d go ahead and I would uh start talking to the uh sales manager that would go through the the uh application and what the people wanna do and, and all that kind of stuff, and I couldn’t bring up some words that I wanted to use, and I, I I was getting’ mad a that a little bit. A little bit mad that I couldn’t remember the stuff or do it.

Cindy:
The big thing – the biggest thing that made me really realize we were in trouble and we had to seek help was there was a particular evening when Nelson came home from work, and uh, I had uh – said I’d like you to help me feed our dog, and we were at the time rescuing greyhounds and having a really good time doing that. And, I hadn’t noticed anything really that I could put my finger on that said “wow”, I mean – “Wow!” until this happened. -And Nelson was helping me at the sink, and he was stirring the food and we fed her, and I said I’m gonna put a little cheese in it. And Nelson took the food and set it down patted her on the back and said, “Okay Baby you can eat now.” So that was fine, and we got that done and we had our dinner and we went and sat down. Pretty soon we were setting watching t.v. and Nelson jumped up out of his chair and said, “Oh my God. We forgot to feed the dog.” And I said, uh “Oh, honey,” you know not a big deal in the beginning. That’s not a big deal. “Honey we already fed the dog. It’s – it’s okay, we’ve got it taken care of. “Oh, okay.” And he looked a little puzzled. And uh, so we sat down again, and we started watching the show again. Pretty soon it probably was maybe a half an hour. And I – I – he jumped out of his chair again and said, “Oh my God. We forgot to feed the dog!” And I – I can tell you very frankly that this particular instant my whole life changed.

Nelson:
Back before this started at the – at the last dealership that I was working at – I didn’t have the confidence to do anything. I was there. I knew what I had to do. I knew how to do it. But, uh I just didn’t wanna talk tuh people sometimes. I didn’t wanna – I didn’t wanna meet and greet. (sigh) – I don’t think that I actually knew that some’n was happening when that when that was going on.

Cindy:
Nelson’s considered early on-set, and that’s a good thing. Uh, we caught it really quick. Uh, he is on three medications. And so the family – the family was prepared to see this – I believe this drooling, incapable of recognizing, uh not being able to care for himself
hygene-wise – a person that was just not this at all. And as I say everyday to myself and to God, I keep waiting for the other shoe to drop because that person is not Nelson.
Nelson has a lot of problems that he doesn’t always realize or own up to, but it’s nothing like what you see in movies. Um, his situation is quite a bit different. He’s doing very very well. But everyday, there’s a thousand little things, um that the family see, and uh we talk about it. He -He is pretty good about, uh, Nelson’s good about allowing us to – you know, we talk about it, laugh about it, we make jokes about it in our family. That’s how we’re living with it. That’s how we’re dealing with it.

**Nelson:**
We don’t wanna hide it.

**Cindy:**
No, we don’t wanna hide it. Uh, that would’ve been his folks. And our kids uh – our son was not talking to us for a while. He was very angry with this. We think it was denial. We think he was scared. That’s changed. That’s turned around. We now live on our daughter’s property, and she – she does work full-time. And our son-in-law’s there, and our grandson, and they’re a great support system. They’re there every day if I need them or Nelson needs them. But, we haven’t really needed anything right now. But we know that that day may come. Scares us to death that he will be that kind of person that doesn’t know who we are. I’m sure that’s gonna happen, but then

**Nelson:**
(interrupting) I’m not sure it’s gonna happen

**Cindy:**
Again we’re not sure it’s gonna happen (over Nelson). We hope and pray that it doesn’t. But, it then again he’s just remodeled our kitchen, and he’s done a beautiful job – yes! Yeah! So,

**Nelson:**
Flooring

**Cindy:**
Flooring, painted, he’s done it all – built shelving. Um, he’s done an incredible job – something I wouldn’t uh try to do normally, and he’s doing it doing it fine. Uh he went and pulled money out of his bank account this morning. He doesn’t need any help in things like that yet. But, you know, and I hope to God he doesn’t ever, but we we just don’t know. Friends have become, a lot of them non-existent.

**Nelson:**
Forget I had them before (laughs)
Cindy:
Twenty years, thirty years have dropped off the face of the earth. And it hurts. It hurts so much. They’re gone. They’re just gone. If I write to them, they’ll write back. If we call ‘em, they’ll they’ll talk, but I don’t hear from them anymore. We don’t – they don’t call us up and ask us to do anything anymore. And this hurts us a great deal.

Nelson:
Yeah

Cindy:
We still have a few that’ve been pretty supportive.

Nelson:
Yeah there been a few

Cindy:
Yeah, um, thank God. But uh, most of our friends have just dropped like flies so it’s, it’s been pretty tough that way. You’ve had to give up a lot.

Nelson:
Oh I (chuckles) Yeah, I – I go fishing, go camping, we do things like that, but it’s, its –

Cindy:
Well frankly I’d like to go to school, but how involved do I get in that? And where where do I – do I wanna start and not be able to maybe finish? Um, there’s just a lotta things. I paint, and I- I’d like to do more of that, but I’m reticent to take up something that’s gonna take up my time – a lot of, and uh, not be able to do what I need to do for him or with him. Right now our time together is really precious. Really precious. We don’t know how much more of it we’re gonna have. You do have to give the time. You have to take every minute you can, and and do whatever, whatever that means to keep you together um and it enriches your day a little bit more um, even if they don’t always remember, you will always remember. Um, but you need – you need to spend as much time with that loved one as you can. That’s why I’ve given up a lot.

Nelson:
Mm hmm

Cindy:
That’s just you have to. It’s just not going – you’re not gonna get it back. You’re just not.
Scene 3

“As Hard as Being a Widow”

Susan is 59 years-old. Her husband, Dick, was diagnosed with Alzheimer’s two years prior to this interview.

Susan:
Okay, Uh, my name is Susan Seidenzahl, my husband’s name is Richard, he goes by Dick. And uh, we’ve been married 22 years. He is 14 years older than I am. I’m 59 and he’s going to be 75 in September. He was diagnosed two years ago primarily because I was aware of the change in my own behavior towards him more than his behavior. But then I noticed that he uh, was searching for words sometimes, when he was trying to tell me about something. And I wouldn’t help him find the word. I sort of treated him, like come on you can do this. Which I now know is not a good thing to do. And then he started repeating himself. Uhm, He’s a very social person, very gregarious has a great sense of humor and loves people. But he won’t initiate contact with people unless they’re strangers. He won’t call his old friends. Uh, so there’s are a lot of very subtle things that uh that you can just kind of pass off. So I wrote a letter - a letter to the physician. And said these are the kinds of things he’s forgetting everyday. And when I would say things to him like look I told you that 6 times today already. That hurt expression on his face told me that he really did not remember. There’s a difference between you know when somebody’s just not listening and paying attention and when they are genuinely are hearing this for the first time.

And uhm I can’t tell you much about that first year (slight uncomfortable laugh). It’s uhm, it creeps up on you slowly. So, Now that it’s sunk in uh, I’m experiencing what uh widows go through, and I know about that because of my mother’s, my fathers’ early death and what my mother and I went through when she was suddenly a widow. Uh, the only difference is my husband’s still present. But the relationship is not the same. But he’s very independent, very intelligent and uh, and is in denial about his diag

And that I have to tell him several times a day what our plans are. And those things can be very annoying until you learn to just relax and answer that question the same way you would if you were hearing it for the first time. And that was hard. That first year, I lost it several times (laughs). You know, it’s hard. It’s very, it’s very difficult.

Uhm, having been a business woman uh and self employed for the last 25 years, uhm I’m a natural planner. And uh, I, I felt it was important to check into every possible uhm opportunity to make sure that he could be cared for if I couldn’t do it. The best thing about his particular situation is his 22 years in the air force... The VA will take care of him if he needs 24 hour nursing care. The question is where. The veteran’s homes are
full. So uh, if I have to care for him at home I’m prepared to do that, but not to the point where it’s gonna be an unnecessary strain on me. I just, I’ve been in support groups for two years and I’m facilitating a support group every month. And I’ve heard too many stories of women who’ve literally almost killed themselves trying to care for someone in second or third stage. It’s just not wise, it’s not good for the patient and it’s not good for the caregiver. So I’m prepared to do what I have to do. So far his four children are concerned but not attendant. And uh, they know what’s going on and sometimes they’re willing to help, but I don’t know what will happen when that time comes as far as his children are concerned. I’m prepared and it may sound harsh, but, if he wakes up some morning and doesn’t know who I am, then that changes both our lives and it’s not necessary for me to try and do things that I can’t do as well as a care home could do.

Uhm, Behavioral changes just in the last two years... During this time he has definitely lost confidence in himself. For a while I thought he really didn’t know that he has Alzheimer’s. I put the white board up the first day. Maybe I’m going to get confused, what day is it? But the great thing about that is that he forgets that I’m angry with him. I’m a perfect wife at 10 minutes later. So the part of his memory that’s affected is three seconds to 5 minutes. You know I had to tell everybody I knew you can’t leave messages with my husband, I’ll never get ‘em. And it took months for some people to, “well I called you and Dick said he’d tell you and I never heard from you.” Okay, he has memory loss, you can ask him to write it down and sometimes that works. But learning new things is something I hadn’t thought too much about. And I had to teach him how to use a cell phone. But I sat with him for 30 minutes and we just did it over and over again. He’d call me and I’d call him. As a matter of fact he, he flew space available out of Travis on an air force transport by himself to New Jersey to his high school body’s reunion. Cause I could not go. He used his cell phone all along the way. Went to the car, stayed at the bases. Found his way. He grew up in New Jersey. All of this was long term memory.

So I’ve/ I have heard people say, even health professionals in some support groups have said to me you know Susan he can’t learn new things. Well that’s interesting ‘cause I taught him a new thing. But his mother having had it, I feel like I should have been on guard a little more. So education is so important. And they need, they need people to be aware that if we’re going to find a cure we have to gather up as many people in these early stages as possible, for the experimental drugs. And it’s very hard to talk to women when I realize their husbands are definitely passed that early stage and they feel helpless and they have so much to learn in such a short time. And it will be too late for the relationship. And I, and I think that’s the biggest challenge. Is, you have to be married in a different way. And I (cries) fantasize about being single and I feel guilty about it but I feel better when I talk to a woman who just put her husband in a care home after caring for him for eight years. And she said my life was not my own, and I didn’t realize it, until I was able to let him go. So, he’s there but he’s not. And I think it’s just as hard as being a widow, because of the physical death. The relationship is what you grieve, it’s just not the same anymore. Sorry, thank you.
Scene 4

Prevalence

Dr. Au:
So, you know we talk about Alzheimer’s disease, how prevalent is that? Uh, in the United States there is I think close to 5 million people with Alzheimer’s disease today. And as the population ages, and the fastest growing population is the group that’s 85 and above, you’re gonna have a higher and higher number of Alzheimer’s patients. And uh, if you’re 65 years old, you’re risk of getting Alzheimer’s through your lifetime is about 10 percent. And as you go t- older and older, it becomes more and more, so there are some studies suggest that if you’re (breath) uh, 85 and above, you’re risk of Alzheimer’s is anywhere from 35 to 50 percent. So, it’s an epidemic! It’ll get worse as time goes on. We’re spending_ a hundred billion dollars a year – looking after Alzheimer’s patients. And it’s gonna get more. And ya look at all the time that’s spent, it’s not just the money spent ta take care of that person, but the families loss of wages loss of time, uh, and it’s really a social dilemma. I tell myself, it’s not just a disease of the patient – it’s a disease of the family, because the whole family’s involved.

Scene 5

“We Have to Watch Grandma”

Joe is 58 years old and along with his wife, Jeanette, cares for his mother-in-law, Ella - aka “Grandma”, who was diagnosed four years prior to this interview.

Joe:
My name is Joe Debbs, and uh, I am a caregiver. I guess that’s the correct term. Uh for someone who we whom we affectionately call “Grandma.” Actually it’s my mother-in-law, (snap breath) and it’s my wife’s uh mother, but uh she could just as well be mine – there’s really no difference so, we all take care of “Grandma.” During this uh, challenging times, and grandma has been uh diagnosed with Alzheimer’s, and uh as time progresses, we’re beginning to see the changes – it’s been pretty difficult trying to uh (pause) come to terms with what’s really uh going on because if you knew her in the beginning and you know her now, you can see there’s been some drastic changes in uh personality, energy levels, and just uh the whole _ person themselves, so it’s been real difficult watching these changes _ uh come about.

Umm, we’ve had challenges with her wanting to go for a walk. When before we- we she’d really been diagnosed. She walked down the street and got lost. The neighbor had to bring her home. Then we went took her to the doctor and_ and she had an examination and sure enough that’s what it was. And that was the beginning – That’s how we found out. N – she got lost walkin’ _ down the street which she used to do all the time. So you have to watch Grandma.

One of the things is really funny. She’ll uh_ say “Do Do you have a girlfriend?”
And I’m sayin’, “No Grandma I’n hava gilfehn (laughing) I’m marhehried to - to your daugh-ter. I can’t hava girlfriend.” “Are you sure?” :I says yeah I’m sure.” And then sometimes she’ll say t’ Jeanette, “Who is this your boyfriend?” An’ I’ll say, “Grandma I don’t play that – she don’t have a boyfriend she has a husband – that’s me! If you ever see a boyfriend you come and tell me.” “I will!, I will!” (laughs). And Jeanette just...looks at me. And uh, you know she has a real uh sense of humor. She’s from the south, so she has these sayings, right? And she’ll always say (on a good day) and I tell a joke or sum’in she’ll say, “You’re a Honey Dripper.” She tells me I’m a Honey Dripper. “What’s a Honey Dripper?” It means thatch your real smooth_talkin’ or what have ya’ she calls me, so when it’s my turn, I’ll call her/her one or_ when we’re walkin’ a lotta times I’ll hav ta hold her to make sure she’s stable. I’ll tell her, “Hold Me!” or “Hold my arm like you hold your boyfriend’s arm.” And she’ll say, “I don’t have a boyfriend!” I don’t need a boyfriend. Who has a boyfriend? Don’ be tellin’!” She knows she don’t have a boyfriend. That’s for sure. Heh heh (laughing). So whenever I make that statement, she comes back to reality. (laugh quick breath) Right? That’s one time reality is always there – she don’t have a boyfriend. She knows she don’t have a boyfriend, so I – I – I have to laugh ya know, we have some, some humorous times.

You know, and a lotta times too she would say, “I wanna go home,” u’say “Grandma you are home.” I say you know it’s me I’m Joe Debbs, an’ she always says my name, she says my whole name. Never says Joe. Always calls me my whole name. An then I’ll tell her, ‘say “You’re Okay” an’ she she realizes. She likes – she very independent_person. She likes to do her own_ thing. She can still brush her teeth, ya know that kind a thing. Do her personal_ business. But she likes to run around, selectin’ her own clothes –

One thing is funny – (snap breath) um, sometimes uhh Jeanette will take for theee (snap breath) uh mohrnings will take out the clothes the night before or the Morning of and lay ‘em out. That what she’ll wear_ to thuh cenna. An’ if she wakes up and get this inklieing to weh somthin’ else. (pause) she’ll do jus that. The clothes that we put out, she won’ _have ‘em on, she’ll have on_ she’ll put Som’in_ entirely diffren on, somethin’ that she likes that day. N it’s really funny because I was joking with Jeanette_ When Jeanette dresses her like Bianse, an’ she looks like Bianse in the morning, yaha (chuckle) now, and then she goes and changes and comes out lookin’ like Whoopi Goldberg. (laughs).

Scene 6

The Sibling Dynamic

Dr. Au:

Another area I find in-in terms of families dealing family members dealing with uh Alzheimer’s patients uh that really – troubles me is the fact that the family members do not um act cohesively together - as a unit. There’ll always be a sibling who says “there’s nothing wrong with Dad.” There’s another sibling says, “You don’t do enough”,
although they're the ones that are living in the state and is not caring for the par-parent at all, but they can criticize. And that just bothers me. Um, some people say “Dad can do a lot more than this”. Well, my suggestion's to them is take your Dad home. Take him home for a week and see what your sister is going through before you criticize your sister for not taking care of your father appropriately.

Scene 7

“We Better Do Somethin' About This”

John and Bea Gorman founded the Alzheimer's Aid Society of Northern California in 1981. Bea is 72 years old and is one of 9 siblings, 4 of whom were diagnosed with Alzheimer's disease. Her husband, John, 73, is the primary spokesperson for the Alzheimer's Aid Society.

John:
It's a movie of their life playing backwards is the best way to describe Alzheimer's. Their short term memory is gone. Their long term memory is now - taken its place. They'll be doing things that they haven't done since they were a kid. But it's - to them they're doin’ 'em - they're at that point in their life. Uh... you that that uh.. I – one a the first things I ask a family is – where was she born? And uh the tramas in her life because all of these things – play a part in Alzheimer’s. And this – the other thing that you’re gonna find is – in the beginning they’re gonna love sweets. You can get 'em to do anything by offerin’ 'em a dish of ice cream. Uh, one of the led - latest things that I been askin’ families is - if the they’re from the south (pause), they will never use over three squares of toilet paper an’ the reason for that is they grew up in an area where they’d septic tanks, and mom’s biggest complaint was – Don’t you fill that septic tank. An’ uh one of the latest things that’s goin’ on right now is they will – men won’t put their feet in the bathtub – uh, they grew up takin’ a bath in a washtub, so that’s pretty much - whatever they did in their past, now comes out. We’re averaging five to seven newly diagnosed families a day, and the families are just – you know they’re flabbergasted – they don’t realize that uh this is gonna happen to mom. If we wanna know the truth about Alzheimer’s when we’re dealing (breath) with families we always go the in-laws becuze their immediate family’s – in denial. Almost every Alzheimer’s person is an actor. You can bring an Alzheimer’s person in an’ sit down with ya – and talk to them and you’d swear there’s nothin’ wrong with ‘em becuze of the generic answers they give (pause).

Bea:
They’ll say uh “How old are you?” “Real old.” “When were you born?” Uh they usually can remember their birthday becuze that doesn’t change. You know, uh the they really answer generically. But uh, ya know my family getting it so young they all lost their jobs. They were all working – productive people, An something
tragic had to happen. But it’s Pretty devastating to the next generation becuz two in the
next generation have had it. One’s got it now an’ he’s just fifty but he’s pretty bad and a
niece died from it. So my kids are scared... But when he first started, they told me there
was no such thing as familial Alzheimer’s. (snap breath). An’ I started writin’ to the
university hospitals all over the United States becuz I didn’t know where to go for help,
an’I gotta ladder from Denver, an’ we used to live Denver – University – an’ not only
were they doin’ research on Alzheimer’s but on familial Alzheimer’s. So, I went back to
Denver to my first support group. An’ they put me in touch _uh with a lady from Beaver,
Oklahoma had – there were fourteen children, an twelve of ‘em got it. An’ we became
very close...an’ learned a lot from each other.

**John:**

See an’ many people will call _us, an’ the fact that we’ve been at it a while uh –
they will say “Mom hasn’t gotten combative yet.” She might not ever get
combative becuz remember I said it’s a movie of their life played backwards –
well, the top three priorities (breath) for combative is the first born who is
used to controlling the people – the siblings below them, an’ only child who is
spoiled, an’ one who’s had authority. Now I – when they get Alzheimer’s if
they’ve had authority, it escalates. An’ they’ll – you - can’t control ‘em. I don’t
think - there’s anything ‘ats worse in the whole world than a school teacher with
Alzheimer’s. Becuz they’re used to control. When they get Alzheimer’s you don’t’ tell a
school teacher what to do – an’ we tell families if you’re gonna deal with uh anyone with
Alzheimer’s, there’s three things you don’t ever do:
First of all you never tell them they’re wrong. You never use the word “don’t”
around them, an’ you never ask them to make a decision. A lotta times they won’t eat. If
they won’t eat, you Sweeten their foods. Remember I said their desire for (breath) sweets
escalates. When they get Alzheimer’s when we’ve had problems, in uh and I was in
(quick breath) a town this – the owners of the facility said we cannot get these two guys
to eat (snap breath) an’ I asked ‘em what kinda sweetner they had, an’ they had chocolate
syrup. Well the day we were there they had meatloaf, carrots, and mashed potatus, an’
they just wouldn’t eat. An’ I put chocolatesyrup all over their food – just made a sundae
out of it, an’ they ate every drop of it. We have ten facilities right now that’re using
sweetners on the foods.

**Bea:**

And we have twenty-eight support groups and when we got to these support
Groups, to help the people, we learn from them. We learn what works and
what doesn’t work an’ then we pass it on to other people becuz they have
things that’ve worked for them that we had never heard of. We learn something
new every single day. There’s not a day gone by that we don’t learn somethin’ new.

**John:**

‘An see uh the one some of the other things that happen when they in the beginning
stages of Alzheimer’s is they hide things. An’ they always hide ‘em where mom an’ Dad
use ta hide their valuables becuz that's what they're workin' offa their past. An' uh most of the time you'll find it hidden under a pillow, under the mattress — they're thinkin' an intruder had to wake them up to find these valuables, and uh... so, I would say better than ninety percent of the time that's where you're gonna find it. Now, we a situations in Florida where they were puttin' it in the bottom of a waste basket w- ya know they always thought — intruders wouldn't look in the bottom a trash. And so a lot of this stuff... one, of the things that happened in Florida, when I was down there is the women were hiding things in their bras — that's not unusual but they were hiding hot dogs and hamburgers and why? Becuz they grew up in the depression when a hot dog or a hamburger was a good, big thing — an so that's where they were hiding them.

Bea:
My mother died when I was thirteen. But then they called it pre-senile dementia And uh she was uh fifty-two when she died. All my family lasted ten years from diagnosis and of course they weren't diagnosed right away... But I was a caregiver for my mother we — I — was the youngest of s-nine children an' we all puttin' her at home we didn't even think about puttin' her any place, an' we all did our job — an' my sister lived a block away an' she made pads for the bed — they didn't have be depends then for 'em then like they do now, an' uh my Dad carried to the bathtub and bathed her, an' I would feed her an' that was my — job feedin' her lunch, an' it would take her forever to eat, an' she didn't talk anymore, an' her eyes would follow me around, but ya know after a while when she don't talk to you there's no communication like years, you get tired of ut an' you're a thirteen year ol' kid an' you wanna get outside, so I wouldn't finish feedin' her, I'd help her eat it an'uh, so when she died they said she died from starvation or malnutrition well, I thought d I'd starved my mother to death becuz I didn' feed her right, so I lived with this guilt for many, many years.

'An another thing when I went to visit my sister, that had it, an' she was uh almost in the fe- fetal position and uh, she was hangin' her head down like this, an' I lifted her head up an she called me mama — well I thought she called me mama becuz we looked so much alike, ya know, (breath) well, now I know that's the first word they learn an' that's the last word they say. I — told my other sister we better do somthin' about it's gonna wipe us all out. N -Eh, there was uh, (snap) s-nine children an' two boys and both both boys got it and both girls that were born after each boy got it. But none of the rest of us got it.

John:
We hadda guy kill his daughter right up the street here. (mouth smack) (pause) An' uh, (sniff) What happened was his wife died —she was a caregiver. We lose thirty-five percent of the caregivers first. An' uh, so her daughter and her husband moved in to take care of him. (mouth smack) An' they wanted to keep him in his house. During the night, he walked out, an' then the lady heard 'im when she was layin' on the couch — he didn't know her anymore - this was the daughter — he put a butcher knife into her twice. Now he's in Tascadero wantin' to know how come my uh er daughter duh' in come see him anymore. He killed her. An' he duh' in know he killed her. But see these are some of the
things that people are not aware of unless they’re told. ‘An this disease is no place for macho people.

Bea:
Well I think that the main thing is to go around to places early. An’ then when the time comes you say this is where I want Mom to be when the time comes. Becuz it only takes one time for them to leave the stove on_ and start a fire or to walk out the house and get lost_ and not found_ for days. Only takes one time_ An’ people don’t realize that. That they’re fine. An’ then one day, everything is different. Becuz they walked away or they leave somthin’ on, so they can hurt themselves an’ should never be left alone. An’ all the medication does is make ‘em a whole person longer.

John:
It slows it

Bea:
It’s not a cure. It just slows it down... An’ like I said about the incontinence – that’s usually always the last stage. An’ that was the first thing that happened to one of my sisters. So, that doesn’ mean anything. It depends on what part of the brain dies first. An’ usually the last thing that dies, is when you swallow. An’ that’s what happened to Mama, she couldn’ swallow anymore an’ she couldn’ eat.

John:
See that cell that controls somebody_ th’ you_ swallow is a, when that dies, they can’t swallow water

Bea:
It’s all over

John:
You can’t re-train some’in that isn’t there. When those when those cells are dead - they’re gone... You communicate with an Alzheimer’s person, you always hold their hand – becuz they’re scared to death they’re out there flyin’. So, you take their hand for security.

Bea:
People call me an’ say well how do you know when they have Alzheimer’s? An’ I say, when they_ not when they lose their keys or not when they can’t find their car, we all do that, but when they get up from the dinner table go into the living room and sit down, an’ say “when are we gonna eat_ that’s Alzheimer’s.
Scene 8

“What Makes Alzheimer’s Alzheimer’s”

Dr. Au:
So the diagnosis is made when you um, con- uhhh s-see a specialist or somebody who is skilled in diagnosing dementias. And what we do is uh, we interview the patients, we interview the family, and then dum, after that, if we do suspect this might be Alzheimer’s we run a bunch of tests. And the tests we frequently see, uh – do is a CT brain scan or an MRI brain scan – magnetic resonance imaging. What that does is show us the structure of the brain so we can see if there is evidence of what we call atrophy, which is the brain’s uh, being small in volume, losing cells in other words. We also look for evidence of strokes, cause strokes can cause dementia, if you have recurring strokes. We look for brain tumors. We look for normal carbohydrocephalis – an increase brain water which can be treatable by putting a shunt in. So we look for treatable dementias, okay? Then we look at blood tests, is there a thyroid disease? Is there a b-12 deficiency? Are there infections going on? Because those are treatable. And we look for medication problems. What if this guy is taking a lot of valium? No wonder he can’t think. He’s half drugged all the time. So we look for all those things you can correct. After you’ve ruled out everything, you’re left with a progressive dementia that is a degenerative problem – you have Alzheimer’s disease. And then at that point, you labeled the diagnosis as “probable Alzheimer’s”. We never can say definite Alzheimer’s because that’s a pathological diagnosis. In other words you need the tissue to say it’s Alzheimer’s disease. Because what makes Alzheimer’s Alzheimer’s is the pathology. K? The disease is name after Dr. Alzheimer – a German’d uh, neural’d-uh, pathologist-psychologist – if you will, at that time it’s all rolled into one. And it described the first case as a 51-year-old woman who developed progressive memory decline and behavioral problems. In the autopsy, she had these what we call plaques and tangles in the brain. And that’s the hallmark of Alzheimer’s disease. Because she was 51, it was known as pre-senile dementia at that time but later on as we have people with senile dementia have a autopsy, we find out the pathology is the same. So now we call it – “Alzheimer’s disease”. So what are these plaques and tangles? Well, the plaques are made up of an emorphous group of protein called amyloid – it accumulates in our brain. And it is toxic to brain cells. The tangles are abnormal’d uh, neuro-tubials – they’re abnormal proteins that form tangles. And they look like little wires in the brain. And they also produces damage. So these are two hallmarks of the disease. To this date, we don’t know how to stop the amyloid and the tangles from accumulating. That is why we don’t have the cure for the disease still at this date. What we do have are medications that can help with some of the symptoms of the disease.
Scene 9

“The Complicating Factor”

Jim is 71 years old and a long-time volunteer for the Sacramento chapter of the Alzheimer’s Association. His mother was diagnosed with Alzheimer’s disease in 1991 and passed away in 1995.

Jim:
Ok. Uh, my name is Jim Drennan, and uh, uh, my mother, uh, contracted Alzheimer’s, uh, well, I think it was probably 1986 when we first started noticing the symptoms. Um, I’m an only child and um, uh, my mother and father lived in Bakersfield, and uh, we saw each other about once every two months. And my folks were up here visiting, and she came into my bedroom th’first thing in the morning and said, uh, “Now, do Eva and Bess live here with you?” Well, those were her sisters who lived in Modesto. See that, y’see that was an earth-shaking event, because I realized that something was... something was really wrong, and uh, I mentioned it to my father later in the day. He said, “Well, Mother has been having some problems,” and so I s... said, “Well, I think you oughta get checked out,” and uh... So I guess he took her to the doctor, and the doctor diagnosed, uh, that she was suffering from hardening of the arteries in the brain, and said the only thing that could be done was to give her an aspirin a day. That’s it, and uh, so, I... we left it at that. Uh, another couple of years later, this would have been in 1991, uh, I got a call on a Saturday morning. It was a friend of my parents, and they said, “You know what’s going on with your... with you folks...” and I said, “No. I was just down last week and they seemed fine,” and said, “Well, your mother attacked your father with a dust pan, because she thought he was a burglar,” and this is somebody that she’ad, had known for 65 years, and had been married to for 60... for more than 60 years. Uh, I got in the car and headed down to Bakersfield, and uh, my dad, uh, said that yeah my mom had wandered, and was wandering away in... in the middle of the night, and was really s... starting to show some signs.

One of the ways I knew that she was... there was something wrong was that she had always been very neat and tidy and uh, you know... bathed regularly and took care of her clothes. Every time I’d go visit she was wearing the same outfit. Uh, then it would be stained with han... hand, uh... uh... she was uh... uh... not taking baths. My dad said, “well, she ta... I’m giving her a sponge bath.” Well, I don’t know what that... what that amounted to, because she was really starting to smell, and uh... and this was just so completely unlike my mother, uh... and at any rate, uh... a few months later I went home on Christmas Eve. I went home on the train, and my dad picked me up, and I... took me up to the house, and there was my mother, and she had defecated o-o-on the furniture in the living room, and uh...so my dad cleaned it up and...and...and then we went out to Christmas Eve Dinner. Which has got to be about as dismal a Christmas as anybody could ever imagine.

I think I felt lost. Uh, uh, lost is uh, is prob’ly the... the best word for it. Even though I had the diagnosis, there was some... some sense of relief... release... relief in
that... that we had the diagnosis. That we knew what it was, but it was a terrible diagnosis. Uh, nonetheless uh, I just knew that my mo--... in fact, the doctor the neurologist said... we said, “Well, what’s goi--... what’s the course of this gonna be? Now what’s the dee-,” and she said... he said... the doctor said uh, “Someday she’ll wake up, and she won’t know who you are, and someday further along, she’ll wake up in the morning, and she won’t know who she is.”

In some ways, it’s still the same person, but in other ways it’s a different person from the person you were used to, and I think when it’s... and I think that the complicating factor that... that certainly affects me... and affects a lot of children of Alzheimer’s patients, is that the change in the relatio--... the parent/child relationship uh, we’re... we are used to doing what mom or dad tells us to do. Uh, even an a--... even an adult uh... I remember my father when I was 50 years old insisting I buy a certain kind of car and not buy another kind of car. I was kinda like, “wait a minute. I’m 50!” But, what, well he was used to telling me what to do. But... but I remember with my... with my... his caregiving of my mom, I accepted things and failed to challenge him on things. Then in retrospect, I realize now that I should have challenged them, but the question is, how do you convince your parent to do something that they don’t want to do, even it’s... even if it’s for their own good?

Scene 10

Role Changes

Dr. Au:
...You know the - I think the tragedy is frequently the child becomes the parent. So that this is somebody that you respec-ted all your life, you listen to all your life, now you have to turn around and tell them what to do. And of course you meet resistance. You know who are you to tell me -- you’re my kid. Uh, but sometimes you have to suck it up and do it. I think that dum, it’s not until later that the Alzheimer’s patient doesn’t recognize their loved ones. During the beginning they still recognize them, and their relationship. And they will insist upon keeping that relationship the way it was. And it’s difficult for the family to deal with. Um, I remember um, a family where the father uh, starts not recognizing the daughter and thinks she’s his wife. He even start making advances to her which make it extremely difficult for the daughter to deal with. And here she is trying to take care of her widow father. Um, sometimes if thuh person’s belligerent, and even physically abusive, then we have medicines to maybe calm people down a bit. Uh, but a lot of times it’s behavioral modification. It’s to distract them away from what’s making them angry, and just take a time-out. Uh, these are the challenges I think of treating Alzheimer’s disease, um, sometimes much more than selecting the right medicine – is helping the social situation.
Scene 11

"Growing Old Doesn’t Hurt"

Rebekha is 40 years old and is the Program Representative at the UC Davis Alzheimer’s Research Center in Sacramento.

Rebekha:
My name is Rebekha Alfaro. I have worked at the Alzheimer’s Center. I’ve been with the center for close to eight years. Ann, what we do in our center we do the clinical diagnosis for patients with Alzheimer. We are one of thirty centers in the whole United State that we are going for research we do research on Alzheimer’s. (breath) Uh, I’m pretty much the face of the clinic (short exhale). I’m the first contact the patient have and the last contact they have-I in a way I try to guide dem trow de process. Coming to the center is pretty escary. You see da word Alzheimer’s and...you worry. You don’ wanna be here. And we try to make it as pleasant as we can when you come to our center. (Breath) A lot I have formed a lot of relationships with the caregivers and patients. Because once we get a diagnosis, some of dem are asked to participate in research an we follow dem year by year. Um (breath) what is so interesting about this diseases that I feel that de caregiver is de one who needs de most support. (small pause). I have heard from caregivers once their loved ones are diagnosed with Alzheimer’s people try to pull away because they don’t know how to deal with that. And it’s they keep saying learning to accept the person - the loved ones in a different way because of the changes of the disease. They are not the same people that they have memories of.

Well, I this patient came with the family, he had four girls and um, we were sitting in this office, he as sitting in front and we brought into the family conference, and then they had to bring him out because one of the girls was crying he was getting kind of upset to see her to see the daughter cry, and I was in the front and he said to me, “You know that girl the one sitting at the end, she’s my youngest - I don’t remember her name, but I know we have a special bond, but I just wanna tell you that growing old doesn’t hurt. I just wanna tell her that I still feel like twenty-one year-old with my uniform going into the army. I want her to know that I am okay - that growing old doesn’t hurt.” I got hooked. (laughs.) I really got hooked wi-wi-the patients and caregivers.

And what is so amazing is the caregivers who are providing the one-to-one care every day the ones who amaze me the most you know because they go above and beyond what they have to do. Um, I mean they, the changes that they feel and like I say it’s a learning to love this person again and again and again and as soon as you have it figured out, they have changed the way – the behavior.

Um, more than anything for the caregiving if you’re providing twenty-four hours a day care, you need some relief. And when you don’t get it from family or pays people to help you, it’s time to find a decision – to make a decision. It could be for them to go a few hours to a daycare, and you have great days cares around the area or a nursing home – whatever it is that the caregiver needs at that time. And that’s a process, another good-
bye at that time. You know cause that’s a new step of their life – a new way to live, you know, without the loved one around.

Um, I think there there is it develops in stages. I clearly see it every day. I hated the idea when they go through this stage that they are so aware of this disease. It really makes me heartbroken because they know they are changing. They know they are not the same person. And they try to compensate – a lot of these people. They are so smart – they try to compensate, and that gets tiring for them. And then they just go to the next stage where they are at ease with themself, you know. They are who they are at that moment – not what they used to be. And um, that’s the hardest part. That transition from them to know to them to be in a happy place. And then of course that’s a problem for the caregiver because you have to provide more care.

We have a caregiver who said one day, “You know my Mom doesn’t think she has Alzheimer’s. She think we have the Alzheimer’s.” And that’s correctly you know because the disease takes over everybody else, so -You know? And then the patient just get to a point that they’re in a good situation you know – they acting the way they acting – we have a patient that um - we discovered that she loved to dance. And her son would come every afternoon and dance with her with her for half an hour, and that was the happiest moment of her day. It was – an’ an’ you would show her a toothbrush, and you will ask her, “What is this?” – “A ballerina. A watch – “What is that?” – “A ballerina” – Everything was a ballerina. It-It was the cutest thing, you know, for us to see you know. And the daughter say, “Yeah”. She loves to dance. We have another patient too that um, they finally place him, place her in a nursing home. And the, the husband was having a hard time dealing with her be-because she- what happened to her – she felt like she was going to college. She was the happiest she has been in years, because she didn’t need to be somebody else. She could be whoever she was at that moment. And to her being in a nursing home, it was like she was in college. She had friends to relate to (laughs). It was the most interesting to see – and she died before she knew, but it was a good year that she lived in there. For the family it was so hard for the husband of fifty years, it was hard to put her in this place, but she couldn’t relate to him anymore. She had to relate in her mind, she was in college and all these people were her friends, you kno-ho (laughs).

Scene 12

Bracing Ourselves

Dr. Au:
Um, I think the greatest challenge that comes with a person or a family with Alzheimer’s disease diagnosis is the fact that you know it’s a progressive condition. You know you’re at the tip of the iceberg. You know it’s gonna get worse from here. And you’d better prepare yourself for it. And you know it’s going to be a long ride. It’s gonna to be time consuming. It may mean that you have to quit your job so that you can take care of your father or mother. It may mean you have to put up with abuse from the person who’s sick because they have behavioral problems and don’t know about it. Um, and uh I think that’s the greatest challenge for the family is to brace themselves of what is to come.
Scene 13

"You Gotta Want it"

Mary Ann, 74 years old, was diagnosed approximately one year prior to this interview. Her husband Gerry is 68 years old.

Mary Ann:
I have not changed. Those around me have changed. I am a victim. I don’t exist in the lives of those who have heard. I can’t _I_ don’t notice any behavioral changes. Except my anger at those who don’t know what to do and can- and treat me with fear. Um, the greatest challenge is surviving (laughs) the label of Alzheimer’s. Um, I really don’t have any what I would call good days that I have had in my past. I mean I’m just, it’s just that big “A” word that comes to me through how people look at me, they treat me, it’s just _I_ took a lot of Psychology and so I’m aware and observe um…and you have a question here this question here – “What advice might you offer others with Alzheimer’s and their family?” I wouldn’t wish this title on anyone. It’s man’s inhumanity to man personified– having this disease. It is it is beyond I took a lot of psychology in in school at Berkeley and personally and this is this situation is man’s inhumanity to man if someone has been diagnosed as having it. I wouldn’t wish it on my worst enemy.

Gerry:
It was two people – our daughter-in-law who works for a medical group that we go to our family doctor – and also in our we’re very active in our Catholic Parish… and there’s a nurse, a retired RN who is in our group.. and she kept telling me that Mary Ann – she called me up one day and told me Mary Ann had Alzheimer’s and I just you knowwuhh I - it was a shouting match on the phone. I didn’t want to hear this. I didn’t want her telling us this. And for about three months our relationship mine to her was on hold. I don’t even think I mentioned it to Mary Ann I was so upset. And then our daughter-in-law kept hounding us to go over to see the doctor. And sooo the three of us went – Mary Ann, myself and and our daughter-in-law. And the test they did to come up with – this family doctor preliminary thing – was sooo childish and sooo naïve in terms of what the consequences for being so diagnosed are. You knowww they basically ask you – they have a list they read from from ih at that level of medicine – um, “Do you know what day it is? Do you know what day of the week it is?”

Mary Ann:
Ya know I’m someone who’s got a degree from Berkeley, and I- who can care less about that kina crap Y- you know? I-I-I- I’ve been through it- you know an’. You know if it were a more important statement, I would remember it, but that’s ridiculous. I mean it’s- I’ve been that way all my life, right Gerry.

Gerry: Yeah
Mary Ann:
I mean (sigh)

Gerry:
We’re we’re we’re both s- go head

Mary Ann:
I’m just too-too serious- have you know, um… (sigh) What’s so funny is the-the tests the the the – the thing that show you – uh, to demonstrate what I’m trying to say is – this doctor was just adversarial. I would ask him a question he would give Gerry the answer.

Gerry:
Well this is the final super stretch inside…

Mary Ann:
No, no, no, let me tell my story

Gerry:
Yeah (nods)

Mary Ann:
And uh, this this same doctor okay, had me in one of the tests so on and so forth. And so, the last test that they did the woman took She said, uh, she gave me this little thing that was “no ifs ands or buts” you know and then she went on and she said “What was that?” Well, I remembered it (laughing) because my Dad and mother would say “No ifs, ands or buts” and s- and so, I -they -I failed the test and so I couldn’t go in – do you do you understand? I mean, I- so I- they were upset that they knew I was a candidate but I (laughing) I p- I –I- I passed the test and I didn’t quality, so…do you, do you underst- you know – it was so funny “no ifs ands or buts” I’ll never forget it. I mean (laughs) An- and ther- that’s the basis of putting me into this category you know? I say, I-I’m Gerry poor Gerry he’s he’s been married to me. He knows what I’m talking about. You gotta want it. If you - if you don’t want it, you know. It ain’t gonna happen. And, and I’m there -I’m that way about some things (laughs). It’s not that I don’t know. It’s that I just don’t want to. I mean I – I suppose that’s - it- probably a disease in itself but I mean it – that’s that’s my strong, strong personality and and – strange I mean I – I Gerry will tell ya...

Gerry:
Can I amplify? Can I amplify on that? We’re both very energetic people – very serious about all dimensions of life, whatever it is we’re doing and uh, as I s- we we ran a bed and breakfast for 18 years there. We were both full time ministers in the church, and ran an engineering research corporation that I was the President of…
Mary Ann:
I did all the books

Gerry:
And she was the Business Manager. And we had all our kids and grandchildren there that we interacted with and you know, so we don’t have time for fooling around. Maybe that’s a weakness. And this whole process has treated us like we’re children. Uh, it’s so immature and childish you know the t-the tests and the and the theh dialogue you have with the medical personnel and their their uh, and our family doctors where – she’s just leaving and going to a new family doctor because (deep breath) I won’t go into any of the details of why they’re all screwed up, but once they put that in her records,

Mary Ann:
(scoffs and shakes head)

Gerry:
...everything changed about how they treated her and I and us as a couple. Now they’re worried about liability. They dance around this and - oh, you have to be in every time she comes in because...she won’t remember it. You know. And it’s it’s just downright insulting.

Mary Ann:
Ya gotta want it (laughs)

Gerry:
Nobody nobody talks about it with us there. They just they just dance around it. Now the same thing happened when we decided to get uh, psychological counseling. So,

Mary Ann:
UGHH

Gerry:
So through a process I found an excellent man in Fresno. So he sat and talked with her and tried to find her someone, but he made the mistake of thinking that the someone that could help Mary Ann needed to know about Alzheimer’s. Bad mistake. The lady was the Co-Director of the Central Valley.

Mary Ann:
She was confrontational

Gerry:
Alzheimer’s clinic
Mary Ann:
Confrontational with me. Instead of saying, why is that, Mary Ann. You know, digging deeper and getting understanding how I arrived at my conclusion. She was adversarial. Unbeliev- Jerry experienced her.

Gerry:
So, she invited me - wanted me in the last two sessions we had with her, and I was stunned. She was not interested in Mary Ann the person and how can I help you psychologically. She was trying to make sure Mary Ann knew just where her spot was in this Alzheimer situation. Every doctor that we encountered saw her as that poor thing that’s got this horrible disease we can’t fix. And it was more than one doctor who when I would ask a question – when she would ask a question, the doctor would turn to me and answer it. And I had to actually sit behind her to keep the doc- the medical personnel from looking at me the whole time.

Mary Ann:
They’re afraid. I mean it’s it’s so bizarre. I mean that’s the only way I can explain it. You know? Um, they they they know less than they think they know. They really. You know – they’re afraid of this disease. That’s my take on. on it.. on the majority of doctors.

It’s – I don’t - what’s what’s so strange is I don’t feel that I have it. Okay, I- you-uh I, but everyone who sees that I that I h- or that I’m diagnosed as having it – they don’t want it! You know. And so they’re afraid. And and they don’t see what’s what’s happening. They – I don’t how – I can’t explain what I’m say- I know what I mean. But, I’m – I can tell when someone is that – when ther-is – I’ve always been pretty

Gerry:
Accepting

Mary Ann:
You know aware of people anyway. But there’s a “Oh I’m so glad it’s not me” (laughs) Do you- And they’re they’re interpreting they’re aren’t hearing what I’m saying. They’re hearing it in terms of maybe what- “What did she mean?” Or..do you know what I’m s- say uh uh it is bizarre. Um I was a – I took a lot of Psychology at- I went to Berkeley - graduated from Berkeley, and I took a lot of Psychology and so I ask a lot of questions and I know a lot of, ya know a lot of us do. And I know too, I came up with this myself – awareness is not knowing all the answers it’s asking all the questions, so I guess that’s why I’m observing people who are asking questions about me.

Gerry:
L-Lemme take a different tack, here. I was scared to death when they first started saying she had Alzheimer’s because there’s a big void of information about what’s gonna happen they can’t tell you – except they can tell you what the end game is and it’s horrible. Okay, you end up in-in a home somewhere and not able to take care of yourself.
So we've had to – I've had to observe her. But here's the point with her “you gotta want it.” We use so much of our brain – have all our life - that trivia goes sailing right past, and and doesn't get much use in our brain. So we-we don't even think about it. Sooo what I'm observing in this early stage is that things that don't matter to her she doesn't retain. But things that do matter to her she does retain. This is more complex than they're willing to want to understand the functional side of.

Mary Ann:
Well he got that because I say you gotta want it. And that's essentially--

Gerry:
Yeah, that's droned me to understand that. (Overlapping)

Mary Ann:
You heard me say that, and to think about it. And that's he's saying..we haven't had this conversation, but I understand that he came to that because I say you gotta want it. And – And if - He knows I want it. Do you understand what I'm trying to say here? I want my stability to get my my – I want to get through this. Okay?

Gerry:
She doesn't want to be treated as if she's defective. She wants to use her life in the maximum amount she can.

Mary Ann:
I'm aware! (Overlapping)

Gerry:
So, this is where we are.

Mary Ann:
Well, I keep the books. For Gerry's business for his corporation and for the bed and breakfast, and for everything, pay all the bills – I still do.

Gerry:
Now more and more Alzheimer's patients are taking jobs on Advisory Boards, committees, and as they admitted we're in - right we're at the brink of it right now – it's shifting to where the emphasis is – (Thank God!) to where is the life going for the people who've been diagnosed. What can you do to improve your quality of life now. Not, “Oh my God, it's all gonna to go to hell soon.” Have you got all your records in order, your power of attorney, you know, have you got enough money, will you have to sell house? It-It's like it's like an impending shipwreck, and they're not dealing with where you are now. I'm hoping what we're saying is that there is a missing piece that has to be filled in for the people the people who have it now. But in the last five months I haven't seen any new symptoms, or any intensification except that she says of her anger.
Mary Ann:
My anger

Gerry:
She’s she’s she-hees reheally struggling with the anger issue.

Mary Ann:
I feel like a little kid who says it ain’t fair. And it ain’t fair.

Gerry:
The whole message we’re trying to bring here today is that people who share that common bond, and who can be painlessly open with each other see a different person and see themselves differently than the rest of the world that’s going “oh my, oh my”. And trying to treat you once they put the label on your forehead.

Mary Ann:
Well, I was taught to embrace. Embrace whatever it is, you know. And uh, however one embraces it. In other words, not denying it but embrace it and say this is how it is. I mean it’s now how others picture it. Do you – It seems to me that – oh that means you won’t speak or you know, you’ll lose it all. It doesn’t have to be if you embrace it and say, yes. That’s what I think I’ve done – I embraced it, but I’m not laying down. You know, and saying “okay,” you know “do what you want with me”. I’m still myself. Hanging in there. I don’t know if that makes any sense, but I know what I meant.

Gerry:
That that’s a kind of an internal answer. I think the external answer is to find some trusted old friends or somebody who is a reasonably good friend who has this disease or a similar one and start forming relationships... Let’s see if we have something more in common, and they’ll understand and we’ll understand them. But how does that message get out? As I’ve sort of tried to say – this what do you do now with your life... There’s a big void of what to do ‘til the train comes. You know (chuckles). And I don’t know how that void is gonna get filled other than at a very personal, local level of what we’re doing with our lives. I’m sure there’s lots of other people, families that are out there suffering worse than we are because of this isolation and this misunderstanding, and everybody tip-toeing around them. So you gotta find what we’ve just started doing in the last couple three months is is breaking through the bubble. And talking to some people that we’ve known or we trust or have similar problems. And and and it’s giving us a – it’s given us a life raft.
Scene 14

“Quality of Life”

Dr. Au:
I have to tell that uh over the years I have some cases which uh...sticks in my mind. And, one case was a uh gentleman uh that was a musician. And he’s an accordian player uh – wonderful player. And he taught a lot of uh people in this area to play the accordian. You know how many accordian players do you know, right? So, uh and he would play uh for benefits and things of that nature, and he developed Alzheimer’s disease. And in his early stages he still played the accordian. And actually in the Alzheimer’s walk, he was playing the accordian in the Capital steps. And uh, low and behold someone in the audience was his former student, that came up to say hi and it was a really touching scene. He kept it up for a few years, but uh, after a while he started having trouble keeping track of the song. He would start playing one song and go into another song. And uh, get mixed up. It was kind of funny and tragic at the same time. Uh, but I always remember him because uh he’s a very nice fellow and a funny fellow, and I’m a musician myself, so I-I uh always bond with the musicians. Uh one thing about music is you can always try to play music and do music no matter what degree of dementia you are. I still have patients who are quite demented to the point where they need help with all their meals and finances and still play in a symphony, a local symphony. Not first chair anymore, but still play. Still sing in the choir. Uh, and you know I- I’d encourage people to do that. Do what you can do, and what makes you happy. Just because you have short-term memory problems and eventual long-term memory problems doesn’t mean you cannot enjoy what you like. And I encourage people to pursue what they can do until they can no longer do it.

And there’s some, some nihilist who says, you know why even treat these folks? You know you got a disease that’s gonna kill them anyway, so why bother? Well, it’s called quality of life. It’s quality of life not just for the person but for the family. And I think as physicians we have the duty to provide quality of life. And that’s how I see it.

In any case, uh despite all of uh you know these unpleasantries, I love what I do. I enjoy helping families navigate through these rough waters. I enjoy making a difference. Uh, making quality of life for the patient. Uh, and uh, that’s why I do what I do.

End of Play
APPENDIX C

SACRAMENTO STATE
Leadership begins here.

Audience Questionnaire
_Sweetening the Broccoli: Reflections on Alzheimer’s_

1. What was your overall impression of this style of performance that recreated verbatim excerpts from interviews? What stood out the most?

2. The play sought to inform and reveal how people are dealing with Alzheimer’s. Was the performance style effective in the approach to this kind of examination of the topic? Why or why not?

3. What worked for you and what didn’t? If we were to produce this play again, what changes would you like to see and why?

4. Do you feel more informed about Alzheimer’s disease after seeing this production? How so?
AUDIENCE QUESTIONNAIRE RESPONSES

Date Sent: 9/23/2008
Time Sent: 1:12 PM

Question 1: Interesting, novel approach.

Question 2: Yes, because it was based on reality, not a "producers or writers perception or interpretation to make a theatrically interesting production, but actual people's experiences.

Question 3: Cello music was a perfect accompaniment.
Slides introducing the sections, quotes and basic introductions set the stage well.
Actors were very believable, you cared about each of them.

Question 4: Not much, already knew a lot.

Date Sent: 9/23/2008
Time Sent: 12:50 PM

Question 1: I thought it was put together very well. I loved the live cello. The whole thing was simple, yet poignant. The actors were very skilled.

Question 2: Yes. It was very real and I could relate to a lot of it, being my mother has dementia. I also learned some new things.

Question 3: There was discussion about losing the person and the relationship that you had, which I and my siblings are going through with my mom, but personally, I am also grappling with a lot of stuff about what our relationship was like before, mainly that we weren't very close and she was emotionally distant and a little controlling and judgmental. Of course, the dementia has magnified the controlling, judgmental part, but I have found that my feelings about our past relationship have gotten in the way of being there for her now. I don't want to be resentful, so I have to work through that stuff. I am sure that others have this stuff come up too. Maybe there could be a mention of this as well, if you were to produce it again.

Question 4: Very much so. I did not know about the sweets. One summer, before we realized how sick she was, my mom and I traveled together in a car to the desert. Not only did she try to control the situation by getting our bearings every 10 minutes, but she ate a ton of sweet rolls. She has also been talking about items and ideas that are occurring today and putting them in the context of her young adulthood. The next time she loses something, I am going to look under her mattress. She also hides an extra car key in her bra.
Date Sent: 9/23/2008  
Time Sent: 12:28 PM

Question 1: That I could tell that they were portray different characters

Question 2: Yes it was effective because I really did not know what people with Alzheimer's go through. I got a little glimpse.

Question 3: Different actors portraying the different interviewees

Question 4: Yes I do. My great grandmother has Alzheimer's but I only knew about when she was deep in it and didn't know me anymore. these play helped me to understand what she might have gone through before her memory was completely gone.

Date Sent: 9/23/2008  
Time Sent: 12:25 PM

Question 1: I really enjoyed the style...that the words verbatim really captured many issues and personalities...and the reality of trying to hold onto one's mind, relationships...and the conflicted effects on family as well as person with Alz. I thought the talk backs were good (esp. with the interviewees)...although I felt like I wasn't comfort asking questions about style, different approaches...or having a different point-of-view (like, I strongly agree it is not "common sense" in dealing with people w/Alz.

Question 2: Yes in many ways...although I wondered at having the doctor so prominent...which makes everyone "patients". I felt uncomfortable with people laughing at the Berkeley woman getting confused...partly because an interview for a person is different than an interview for an audience, but mostly because I felt her point got a bit lost--that she was advocating for respect which she didn't feel like was given. (I think this is a complex issue...treating others with respect even if one must take care of people w/Alz. in different ways.)

Question 3: Much worked...great actors. I was wondering about a perspective such as an Adult Day Health Center with care (what issues come up, including positive social ones...not sure if anyone had care in an outside place--positive or no. I guess I didn't see any perspective such as one I work in.

Question 4: Not sure (but this is a population I know a bit about.)
Date Sent: 9/23/2008
Time Sent: 10:51 AM

Question 1: I found it very meaningful. I know some of the people you interviewed and believe you managed to represent them accurately. It was honest, showing both the joys and sorrows experienced by professionals, caregivers and the folks with dementia.

Question 2: The words and mannerisms told the story. It had a real air of realism using the exact words.

Question 3: I think you did a wonderful job of showing the "realness" of this disease and how it affects everyone. It was simple yet very powerful. It was a long time to sit in one position however.

Question 4: I work with this population all the time and am always learning something new about the disease and the folks it affects. You reminded me that it's so personal and everyone responds to it as they are able. I really appreciated your work. Nicely done. Congratulations.

Date Sent: 9/23/2008
Time Sent: 10:08 AM

Question 1: I was riveted by the performance and eager to gain insight into the minds of the demented and their caregivers.

Question 2: This style was extremely effective in that I found I could concentrate more on WHAT was being said than if I was listening to the actual person. I think this was especially true in the case of the people with Alzheimer's; I didn't have the sense of worry/concern over how they must be feeling, so I was more able to concentrate on content.

Question 3: I think I would have enjoyed the video clips either before or after each segment. There were quite a few people presented, and seeing it for the first time, it was hard for me to keep it all straight during the review at the end.

Question 4: Definitely. My husband also said it was the best documentary on Alzheimer's he's seen- and we've seen a lot! It worked well having the doc's comments alternating with real life people. Reinforced to me that those with Alzheimer's still have so much capacity for feeling joy and sadness and the way we interact with them is so important. (Also how important it is to support the caregivers so they have the resources to provide that positive interaction!)
Date Sent: 9/23/2008
Time Sent: 8:58 AM

Question 1: This was the perfect style as it successfully conveyed the feelings beyond the words of the people being portrayed.
Question 2: It was very effective as it looked at problems of both the person with dementia as well as the family and/or caregivers. It went way beyond just information to convey emotion, coping, lifestyle changes. It portrayed the individual differences and the need to deal individually with the person with dementia and his/her family.

Question 3: The cello music to bridge the scenes was excellent—it preserved the flow without stopping the mood. I suggest a venue with restrooms, especially for the older members of the audience—90 minutes and then a long walk to the library just did not work well. I would like to see this production offered in other venues sponsored, perhaps, by Eskaton, Del Oro, Area 4 Agency on Aging, AARP . . .

Question 4: I have studied and worked with Alzheimer's patients and their families for the past 25 years, so I recognized and responded to all that was presented and it reinforced my admiration for those coping with this disease.

Date Sent: 9/23/2008
Time Sent: 8:41 AM

Question 1: overall, the performance was outstanding. what stood out the most was the dedication to accuracy evident throughout the performance.

Question 2: Yes. a very innovative and effective approach to reaching an audience who may not have otherwise received such information.

Question 3: gosh- all worked. the screen images, the music, the simple and quietness of the whole thing, all good.

Question 4: yes.

Date Sent: 9/23/2008
Time Sent: 8:02 AM

Question 1: The overall impression, for both of us, was one of quiet insights imparted one at a time, from minute to minute. What stood out the most was the number and richness of those insights, so rich and so many that we didn't take half of them in. The performance would reward repeated viewings and much study.
Question 2: Yes, because by studiously recreating the gestures and vocal inflections of the interview subjects, the performers conveyed ideas and feelings that the subjects may not have realized they were expressing. The performance style was effective in that, by having actors (in effect) "relay" the information, it averted any sense of embarrassment or intrusion that might come from watching the interview footage directly.

Question 3: In conception, structure and execution, the performance was close to flawless. The only changes we would suggest would be in the nature of fine-tuning rather than substantial alterations: (1) The cello accompaniment was evocative and soothing, but rather generically moody; we would suggest a greater variety in the musical passages, with each one matching more closely the emotional content of the interview passage to follow; (2) the projections describing each couple or individual before their interview could have remained on the screen a bit longer (maybe 10 seconds) so that we didn't feel rushed to read them; (3) it would be helpful, too, if after the introductory passage faded from the screen, the names of the interview subjects remained on the screen for the duration of their scenes.

Question 4: We did feel more informed about Alzheimer's, although it wasn't so much from the performance imparting "new" information as it was the synthesis of having the information all in one place and time (as it were) and presented in thought-provoking ways. For example, early in the performance the spouse of an Alzheimer's patient says, "You're not going to bring them into your world; you have to go into theirs," and later another subject, an Alzheimer's patient herself, says, "I don't know if that makes sense but I know what I mean." The juxtaposition of these two remarks deepened and enriched the impact of both. There were many such instances throughout the performance, where later remarks would illustrate or enhance things we had heard earlier.

Date Sent: 9/22/2008
Time Sent: 10:26 PM

Question 1: It was excellent, one of the best performances I have seen. The tidbits of information that I learned stood out as most important to me.

Question 2: Yes, the performance portrayed a wider range of experiences with Alzheimer's than I was familiar with. I only knew of my own experience with my grandmother who had Alzheimer's.

Question 3: The performance was great. Any changes I would suggest would be minor. Showing the photos as a collage up front might be interesting. Having more actors to play the various parts would also be interesting.

Question 4: Absolutely. I also feel more inclined to read more about Alzheimer's, particularly biographies or family stories. I'm not sure how many exist however.
Date Sent: 9/22/2008
Time Sent: 7:10 PM

Question 1: The reality of what folks said. I very much enjoyed the play, and didn't end up crying like I expected. It was very informative, funny, upbeat, sat at times; just like a typical Alzheimer's journey. I liked the role of Dr. Au, and also of just 2 actors playing all of the other roles.

Question 2: Very much so. It was sort of like "fireside chats"; very informal but with a lot of information crammed in the dialogue.

Question 3: Everything was top notch. I wouldn't change a thing!

Question 4: More informed - especially "Dr. Au's" explanations. And the personal stories of couples and parents and children were learning experiences. Thank you for bringing this to Sacramento State. My mom had Alzheimer's for about 10 plus years, and finally passed in 2001. It was a horrible journey, and finally I have let her go since last year. I miss her so much, but wouldn't want Mom to still be here in her frame of mind. I hope someone shoots me if I get it!

Date Sent: 9/22/2008
Time Sent: 5:22 PM

Question 1: The excellent interpretations from the actors - although there were only three actors, with only two of them having changing roles, they portrayed each individual as an individual - not as the individual actor saying someone else's lines

Question 2: very effective - lots to think about - good job done by all - music was lovely touch - musician very talented

Question 3: play was very effective - don't see any reason to change a thing - at first, I even thought that the "Dr." was real - then realized that it was an actor - the author, I think -

Question 4: definitely

Date Sent: 9/22/2008
Time Sent: 4:27 PM

Question 1: What stood out most, to me, was that this piece is informative and could be toured to health facilities - Kaiser, for instance - and anywhere to folks who would
benefit. (And I must add, that if an actor has a coughing fit or dry throat, there's a DOCTOR onstage, for Pete's sake! Doc, get that actor some water.)

Question 2: I saw it on opening. The approach was fine; it worked. All actors were clearly talented and competent but the performances felt muted, overlaid, as if the actors hadn't yet incorporated these real characters into their own bodies. Exception was the doctor.

Question 3: I would like to see it more fluidly done. Perhaps the cellist could cue up if there were a light on the music stand, so that transitions wouldn't make the production halting. Actually, is a cello too somber for the piece? I'd like to have heard a flute; an instrument that was less grounded.

Question 4: There was some new information for me, but I'm 70 and I can't remember what!

Date Sent: 9/22/2008
Time Sent: 2:12 PM

Question 1: I saw the play as a docudrama. As an actor, I am sure that the verbatim dialog was a challenge but it impressed me as being very real. Overall, I enjoyed it. The representations that were selected showed the audience the challenges faced but did not leave me depressed. That is really an accomplishment on Scott's part because this is a very sad disease since there is no cure. Thank you for the opportunity to participate in this work.

Question 2: Yes. I learned a lot about the barriers and challenges that persons with Alzheimer's and heir loved ones face. I never thought that friends and family would disappear before the person with Alzheimer's was mentally gone.

Question 3: I liked the cello player during the transitions, and the explanations from Dr Au. I think that that the play would be very different if the actors did not have the tapes to watch. The actors captured the mannerisms and inflections so well because they had the benefit of the tapes. This play would require actors to know a lot about Alzheimer's or who would be willing to spend time with Alzheimer's patients and their families to be believable.

Question 4: Yes. I learned about the prejudices towards the afflicted. The need for help for the caregivers. There is a need to bring it out of the closet so that the patients are not isolated prematurely and so that the family members are not left "alone".
Date Sent: 9/22/2008
Time Sent: 1:37 PM

Question 1: I thought the style was interesting. It made it very real and I thought that drew in the audience more. The actual stories stood out the most to me. It touched on so many aspects of what patients and caregivers experience without being too much or depressing.

Question 2: Yes. Very effective. I came away knowing a lot more about Alzheimer's and was able to empathize with the folks dealing with it.

Question 3: It all worked for me. Maybe shorten it by ten minutes.

Question 4: Yes.

Date Sent: 9/22/2008
Time Sent: 1:32 PM

Question 1: Why aren't there more plays done in this style? I would love to see more. It's nonfiction, and from a financial aspect, I think tickets would sell really well. I like real stories and real people, and I'm not sure if there is anything more powerful than watching an interview.

Question 2: Yes. If you had interviewed only patients and families, it still would have been effective. But, I think what made the performance so great was the variety of interviews you did. For example, the interview with the husband and wife who were experts, volunteers was one of the most interesting. I think that's the interview where the "sweetening" was brought up.

Question 3: I am not a theater expert, so I don't feel qualified to answer this question. I love stories, and I love seeing people performing on stage, much more than the movie experience. I love the realness. When you used verbatim interviews, it was a dream come true how real it was. The doctor was also key, not only for his expertise, but that he provided a break so we could take a breath between interviews.

Question 4: Yes. Knowing about the disease is important, and the photos of the brain comparisons were especially interesting. What I liked the best though is now I will be better able to understand what the patients and their friends/families are going through. As suggested in one of your interviews, I won't argue. Instead, I'll respond all six or so times the same exact way. On a personal note, over the weekend, my parents and I had the nicest conversation reminiscing about my grandmother (my mother's mother) and how it had been so difficult knowing how to deal with her dementia. She lived with them
for quite a long time, before eventually going to a nursing home. I shared information from your play, information that we wished we had known then. Thank you!

Date Sent: 9/22/2008
Time Sent: 12:19 PM

Question 1: We were very pleased with the whole evening’s performance. Very well done. Each of the characters/re-creations were very good and via backdrop presentation, one could see the next segment introduction. It was interesting that each individual brought something unique and different thru their own experiences. Since my mother is an Alzheimer’s patient I could relate to many of the things each of the different folks were going thru.

Question 2: Yes, it was very effective and well handled. Each Alzheimer’s patient is similar but different and certainly it affects so many family and friends. Telling each of these stories is revealing and informative to all those that are or have gone thru that experience.

Question 3: Perhaps have different characters, each that looks/reflects the ethnic, social, cultural background of the different individuals highlighted. As we know, Alzheimer’s has no boundaries for background, sex, age. It would be so much more inclusive and powerful.

Question 4: Yes. I believe this type of entertaining presentation will make much more people understand the plight that many individuals, families go thru with Alzheimer’s patients. It was handled very well, with humorous and unique stories that convey compelling topic. We would recommend this play to others to see and hear. Also look into how this can be further developed with PBS or other community based programs. As we all get older, more and more families will be confronted with how to deal with this situation.

Date Sent: 9/22/2008
Time Sent: 10:10 AM

Question 1: I found it very compelling! This is a wonderful format to bridge community, social, and personal issues and educate the public through the arts. Thank you, I hope that you will encourage others to explore this accessible medium.

Question 2: Very - as was evident by the emotive reaction of the audience, many individuals had very personal experiences with these issues.
Question 3: The screen was not visible from edge seats in the Studio Theatre.

Question 4: Yes. The factual data provided on the screen was fascinating. I, too, have dealt with a family member who had Alzheimer's, and currently my father-in-law is suffering from dementia. I found comfort in the commonality experiences expressed by the characters - and reassurance in the humanity displayed by their responses to a devastating human condition.

Date Sent: 9/21/2008
Time Sent: 10:56 PM

Question 1: I appreciated the talent of all the actors in portraying the simple honesty of real people involved in difficult situations which define and test our common humanity. The starkness of the production was most effective.

Question 2: I liked the fact that only two actors portrayed all the interviewees. They created diverse characters, yet, represented the hopes and fears of all human beings, the humor and pathos vital to coping with such difficulty.

Question 3: I think it was a great production for an intimate performance space. If the theatre was larger, perhaps a more intricate lighting design would be more impactful.

Question 4: Yes, I feel the information given was very helpful in understanding the nuts and bolts of this disease, as best understood by the medical profession at this time, and it was presented in a clear, concise way.

Date Sent: 9/21/2008
Time Sent: 9:43 PM

Question 1: Wonderful play!! I strongly endorse the idea of taking this to Channel 6 for more people to see and learn from.
For me, what stood out the most was a new learning: the relationship changes and will never be the same again.

Question 2: Yes, however, I would have liked to have heard more from the patients about their experience.

Question 3: I really like Dr. Au...his compassion and how he presented all the intellectual understanding of Alzheimer's and tied the vignettes together.
I'd like to hear more from the patients (see above) and I'd like one or two vignettes from middle and late stage Alzheimer's. See above, I'd like to hear more from the patients
about their experiences. Also, I'd like a vignette or two that shows middle and late stage Alzheimer's.

Question 4: Yes, although I have read a lot on the subject and my Father had Alzheimer's. I learned a lot about the caregivers' reactions.

**Date Sent: 9/21/2008**
**Time Sent: 3:12 PM**

Question 1: I found it entertaining, touching and illuminating. Some of the stories were similar to events in my own family. I particularly liked the clips of the real people at the end-I recognized them from their gestures, very well done by actors.

Question 2: I thought it was very effective. The people were 3-dimensional and compelling in a way that written case studies could never be. Dr Au came across as warm and caring and intensely practical, but never judgmental.

Question 3: I would like to have had the notes about the people that were in the slides printed somewhere. I missed the information about Joe Debbs as I was watching scene change and the cellist. I loved the cellist. When I think of the play I hear the cello in my mind.

Question 4: Absolutely! I had a fair amount of information, but I learned so much about the feelings of the people on the "inside", that is, those who were/are experiencing the impact of Alzheimer's on their lives, whether as patients, or family members, or caregivers, or program directors and physicians. Thanks for a great experience.

**Date Sent: 9/21/2008**
**Time Sent: 10:11 AM**

Question 1: I thought it was very positive. It felt like the performers WERE the characters they portrayed; it was like the stage was full of people even though there were only three actors.

Question 2: I thought it did an excellent job of covering the subject of Alzheimer's; the use of Dr. Au as "interlocutor" kept things in focus and enabled you to provide a lot of hard information without seeming "clinical."

Question 3: The acting, the writing, the presentation all worked for me. I can't think of a thing that I would change.
Question 4: Yes I did, and I've spent 16 years learning about the disease. What it really hammered home was how common most of our experiences with the disease are.

Date Sent: 9/20/2008  
Time Sent: 7:39 PM

Question 1: the reality, the directness, the humanity was so intense, it was as if you were the interviewer yourself (but did not know beforehand what question you had posed)

Question 2: Extremely effective. The answers came from the heart, even though they were sometimes painful and maybe even embarrassing for the person talking.

Question 3: I wonder if there could be any interaction between Dr Au and the other people on stage. I personally liked the cello between acts

Question 4: yes, it made it more personal

Date Sent: 9/20/2008  
Time Sent: 4:58 PM

Question 1: It was pretty much like I would think it would have been to watch the original interviews. I liked being able to hear and see things from the perspective of a patient.

Question 2: Yes. Pretty much as in above. It was almost like a live documentary.

Question 3: I think it would work better with different actors playing the different roles.

Question 4: Yes. I got a better feeling of what the patient must be feeling: the fears, frustrations, and the hope as well.

Date Sent: 9/20/2008  
Time Sent: 4:55 PM

Question 1: I liked the style. It seems so rare to have a documentary type of play.

Question 2: I believe the performance style was effective. It gave a sense of "realism" to it.
Question 3: There isn't anything I can think of that didn't work. I do think as time goes on and hopefully the play does too that the play should be updated with the "newest" info in Alzheimer's research/findings. I liked the variety of people portrayed.

Question 4: Yes, I did learn things I hadn't known such as the enhanced sweets desire. Also wasn't aware of an Alzheimer's case of murder. I used to assist Alzheimer's patients in a nursing home also one of my uncles has it now in the early stages.

Date Sent: 9/20/2008
Time Sent: 3:17 PM

Question 1: It was a chance to observe someone's life. It was real people's stories. What stood out the most was the ability of the actors to portray so many different people.

Question 2: Yes, I think the performance gave not only the clinical facts before the actors began to share real people's lives with us but also took on the characteristics and mannerisms to keep the details as accurate as possible.

Question 3: Right now, I can't think of any changes except I am a slow reader so I was not finished reading the brief summary before the actors began speaking. I especially liked the cello as it too was real.

Question 4: Yes, I feel more informed and some of what I heard reinforced me on what to expect and how to let a lot go.

Thank you for doing this from the poem to the final word. It was great!

Date Sent: 9/24/2008
Time Sent: 10:19 AM

Question 1: It was interesting to have to remember that the actors weren't actually acting. They were accurately portraying, rather than interpreting. That made their message more powerful. Also, it was valuable to have actors deliver the words of terminally ill people because it removed the "Oh my God, this poor person I'm looking at is dying" factor, so the message could be heard better without a filter of personal pity with the speaker. I think the method purifies the message somehow, without diluting it. I've never seen that work in any other format before.

Question 2: Very effective. It's a heavy subject. I was more at ease watching actors than real patients. I don't know if that's fair of me, but I think it's human to balk at confronting death, and the use of actors kept the subject immediate, but impersonalized the gross/pity factor. I was actually a little rattled when one of the real afflicted patients took a mini
bow from the crowd. I didn't realize how valuable it was to not be facing that directly during the show.

Question 3: The only thing I would suggest, if possible, would be to seek out a more conflicted interview. A hostile family. A son/daughter who is angry or faulting a sibling's care. Play that off against that care-giving sibling's own words to demonstrate the contrast. I know you only got fairly well-adjusted volunteers, but maybe there's a way to seek out more troubled subjects to integrate. Notice how the last couple (I forget names ... "I went to Berkeley") sparked the most conversation at the talk-down. The audience appreciates the feel-good stuff of the couples getting through it well, but they also gain value from seeing troubled dynamics. I know you can only work with the material you have, but it might be worth seeking out a sample of that other flavor specifically.

Question 4: Most definitely. The clinical elements were made more clear. If I were facing it in my own life, I'd have taken more from the personal stories, but at this point, Dr. Au's lessons were very useful to me.

Date Sent: 9/24/2008
Time Sent: 10:49 AM

Question 1: Initially there was a sense of "why": Why not embellish character to advance the narrative? Why theatre versus film, if there is mere reenactment versus dramatization? Etc. However, by project's end, there was an increased understanding of the value of acting as conduit for the stories, for the voices, for the lives of the individuals represented. It was powerful and engaging.

Question 2: I believe that it was very informative. While first person accounts are by far most powerful, the trueness to life, earnestness, specific and accurate nuances, i.e. attention to detail, of the production made for a very effective tool for discovery to those unenlightened in this topic.

Question 3: I found the cello lovely, the interspersion of Dr. Au's narrative informative and well-placed and the acting superb. There was however an eventual "I know what's coming next" feel, not in content, but in form. The difficulty I see in this is that embellishing blocking might compromise the altruism of remaining faithful to character, and incorporating video might prove disruptive. The material was very engaging, but there was, to my experience, a palpable "seat-shifting" just past mid-way through the piece.

Question 4: Of course. In terms of history, biological processes, current treatment and resources, patient perspective, caregiver perspective, the "dailiness" of the disease, etc.
Date Sent: 9/24/2008  
Time Sent: 10:39 AM

Question 1: The presentation by accomplished actors, portraying individuals, provided an authentic overview of problems facing physicians, caregivers, and the patients themselves. A reality check for everyone!

Question 2: For those who have not experienced the effects of living with and dealing with Alzheimer's, the approach was quite effective. For anyone who has experienced the disease, the performance style was a vivid reminder.

Question 3: The stories on the screen were extremely effective, but not given sufficient time to read before the performers began. A better explanation of the physician's identity and ethnicity would have been helpful.

Question 4: The script, interviews and production involved so many professionals and others, which have stirred a better awareness of the seriousness of the disease, and concerns for patients and their caregivers. Job well done!

Date Sent: 9/24/2008  
Time Sent: 3:06 PM

Question 1: I really enjoyed the format -- I felt as though it was very natural; the actors were all phenomenal. I felt as though I was there with the actual people in a conversation. The thing that stood out the most was how many different ways there are to look at the same problem.

Question 2: I thought it was very effective because questions were asked that I would have liked to have asked but probably wouldn't have. I have dealt with this disease up close (my mother passed away from Alzheimer's) and I think if I had seen this when going through it all, it would have made a difference.

Question 3: I really loved everything about it.

Question 4: I was pretty informed but the thing that stuck me is how Dr. Au talked about how the patterns in how families handle the situation repeat themselves. My brother was one of those that Dr. Au talked about - pretended that "it" was something else very benign, like medication interaction instead of Alzheimer's. He still does. Now I know that isn't that uncommon and each sibling (there are 3) played their role. Denial (my bother), so depressing I can't deal with it (my sister) and me I guess I was probably called pragmatic. Find out all you can and prepare for what's coming and enjoy what you have now.
Date Sent: 9/25/2008
Time Sent: 7:32 AM

Question 1: I was impressed by both the selection of excerpts and the re-creation of the vocal style (pauses, stutters, uhmmms, etc) of the interviewees. As an audient, I felt I was part of that interview with a real person rather than with a fictional character.

Question 2: Definitely. The actors speaking directly to the audience drew us into the experience. The selection of experiences presented (family, professional caregivers, those in early stages) was well-rounded, moving but not deeply disturbing. The overall effect was uplifting.

Question 3: I wouldn't suggest any changes. The live music and slides worked wonderfully well to introduce and transition between the vignettes.

Question 4: Yes. The slides at the beginning provided excellent medical illustrations that I hadn't seen before. I also have a deeper understanding of and sympathy for both the familial caregivers and those afflicted with the disease (especially in the early stages when they are aware of their diagnosis). Several of my friends are familiar caregivers (including the friend who saw the play with me), and I now feel better able to support them. My friend was motivated to start looking for a care-home for her mom (not for now, but for the future) after seeing the play. That was a big step for her.

Date Sent: 9/26/2008
Time Sent: 7:03 PM

Question 1: It is a great way to inform the public. There are so many people that have no idea what Alzheimer's is. I know Dr. Au and Jim and the performer's played them just as I know them.

Question 2: Yes. This is how Alzheimer's is.

Question 3: Maybe someone with more advanced Alzheimer's could be played.

Question 4: Both of my parents had Alzheimer's. I went through all of the stages from the beginning till they passed away. I still attend some of the Alzheimer's conferences

Date Sent: 9/26/2008
Time Sent: 1:59 PM

Question 1: I think it is wonderful and makes a powerful statement and adds realism in the context of a stage production
Question 2: Yes it is, especially presented from different points of view.

Question 3: I would like to see an excerpt with family not in agreement with each other

Question 4: Yes

Date Sent: 9/29/2008
Time Sent: 12:30 PM

Question 1: It felt very real, as if I were watching an interview. The fact that actors were delivering the lines made it a little easier to swallow the sensitive material. I think seeing the actual people being interviewed may have been a little uncomfortable, but the veil of seeing the interviews through the actors made it easier to digest.

Question 2: I thought the style was very effective. It was good to have the Doctor (Scott) describe the clinical aspects of the disease and the issues that families face and also to see interviews with patients and family members.

Question 3: Because I know Scott so well, the Asian accent he was using was a little distracting. Also hearing an Asian accent from a Jewish actor was a bit of a disconnect. I think the play would have been easier for me if the doctor had been portrayed with an ethnicity closer to that of the actor (although this may have defeated the purpose of the format). Everything else really worked for me. I thought the play was outstanding.

Question 4: Absolutely. There were many facts that the doctor brought to light that I did not know. And it was very informative to hear about the experiences from the perspectives of the patients and families as well. My heart goes out to them. What a debilitating disease.

Date Sent: 9/29/2008
Time Sent: 7:48 PM

Question 1: I felt it worked well. Knowing that the words were quoted added an air of realism. The projections were also very instrumental in bringing the characters to life. The cello added the final touch.

Question 2: Yes. Too often, we are given someone else's opinions--not the actual experiences of persons directly involved.

Question 3: I can't think of anything right now--I think it worked well, especially in this theatre--in a large venue, it might not have the impact.
Question 4: I think I knew more than I thought I knew—my aunt was pretty bad and I talked to the Alzheimer's association a lot. But it was different listening to these testimonies—kind of, "Oh, now I get it."

Date Sent: 9/29/2008
Time Sent: 7:58 PM

Question 1: I loved the style. The talent of the actors was so amazing that each time a new scene played out I could believe the actors were the new people. Knowing beforehand that each word was verbatim helped bring a sense of reality to the production.

Question 2: Again, the talent of the actors made each scene seem plausible. I felt such sympathy for the caretakers of each Alzheimer's person. I learned so much about Alzheimer's from this production. I had done reading before seeing this production, but seeing and hearing about the daily lives of the characters made what I saw so much more meaningful. The scene about the man visiting his parents for Christmas Eve is haunting me. Some of the situations with my mother remind me of this scene.

Question 3: I can't think of any changes. I enjoyed the music a lot. It just fit, but I can't explain why. I just thought it was an outstanding play. I really liked the "real photos" of the people shown at the play's conclusion.

Question 4: Greatly more informed. I learned that Alzheimer's patients' personalities can change very quickly. I learned that in the beginning stages people are aware of their disease. They are angry and rightly so. If they accept the diagnosis there is depression and fear. If they don't they are angry with doctors. They don't like being treated by medical people who treat ALL Alzheimer's patients alike. I also became so much more aware of the different stages of this disease. I am now aware that my 91 year old mother has Alzheimer's. I just didn't want to say the word Alzheimer's, but she really does remind me of two or the characters in the show. I guess the most important fact I learned was that my not correcting her about her mixed up stories is the right way to treat her. I do try to be in her world and enjoy the moments with her. The slides at the opening of the show helped me understand how the brain changes during the course of this disease.
APPENDIX D

DVD: *Sweetening the Broccoli: Reflections on Alzheimer’s Performance*

Attached/Bound in Pocket

(Can be played in any DVD player or computer with DVD-Rom drive)
WORKS CITED


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