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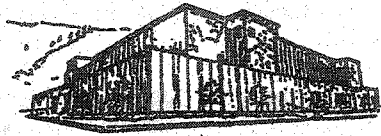
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A PARTICIPATORY METHODOLOGY FOR ETHNOGRAPHIC ARTS-BASED
RESEARCH: COLLABORATIVE PLAYWRITING AND PERFORMANCE AS
DATA COLLECTION, ANALYSIS, AND PRESENTATION

by
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Presented in partial fulfillment of the requirements
For the degree of
Ph.D. in Individualized Interdisciplinary Studies

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April, 2005

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A Participatory Methodology for Ethnographic Arts-Based Research:
Collaborative Playwriting and Performance as Data Collection, Analysis, and
Presentation

Chairperson: Randy Bolton



This study presents a participatory research methodology that utilized the transcripts of personal interviews and dramatic group workshop observations to create the text of an original documentary theatre play. The thirteen research participants were all members of the Missoula, Montana brain injury support group the Puzzle Club. During the summer of 2004 they collaborated with the principal investigator to craft an original play about their experiences as survivors of brain injuries. Rather than collecting the information and analyzing it on her own, the investigator enlisted the assistance and expertise of the research participants themselves and together the group collected, analyzed, and presented the research in the form of a public presentation of the play.

The creative research process asked the participants to be interviewed individually prior to engaging in a series of drama workshops designed to share their stories via role play and improvisation. The participants were interviewed again after taking part in the drama workshops. Transcripts of both sets of interviews, along with the dramatic workshops were used to write a full length reality play, *The Puzzle Club: brain injury survivors talk*. Trained actors were then cast in the roles of the real people and together the two counterparts worked together to present a character to the audience. All rehearsals were open to the research participants and changes in the script were made accordingly.

This unique participatory writing process is described as a way to collect and analyze data and The University of Montana performance of the play on October 1 and 2, 2004 is presented as the method of sharing the research findings. The play is presented as an Ethnodrama, a form of contemporary ethnography and it privileges the voice of the participants over the voice of the principal investigator who is not a member of the Puzzle Club but who served as a project facilitator and director.

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INTRODUCTION: PURPOSE AND PROCESS

In late May of 2004 I made my third visit to the Puzzle Club, a Missoula, Montana support group for survivors of brain injuries. The purpose of my visit was to recruit participants for a collaborative and creative research project that sought to study the experiences of survivors as they helped to craft an original play about living with brain injury. Rather than following a traditional method of qualitative inquiry, I was seeking to marry the creative and research processes by treating the writing of the play as a form of data collection and analysis, and the performance of the play as a method of sharing the findings. I framed this project as an Ethnodrama, a form of contemporary performative ethnography, and I viewed the participants not as research subjects, but as my co-collaborators. This form of participatory research “allows for the possibility of facilitating rather than appropriating the telling of Other people’s truths,” (Goldstein, 2001, p. 299) and it privileged the voices of the participants and treats them as experts.

Thirteen members of the Puzzle Club signed up for the project which officially began one month later when, in early July, each participant was interviewed individually at the local hospital, Community Medical Center. At this interview I asked the participants to describe their injury and their perception of how it has affected them. Their answers were audio taped in order to use their exact words in the crafting of the play. One week later all participants gathered for the first of three drama workshops that took place in a theatre in the Department of Drama/Dance at the University of Montana where I am an assistant professor. The workshops, which were video taped to use the verbatim dialogue

in the play, focused on sharing their stories of recovery and utilized theatre techniques such as improvisational games, role play exercises, and tableau and image work. Following the final group workshop, my co-collaborators again participated in an audio taped individual interview. The tapes of the two interviews and the three group workshops were then transcribed into 400 pages of text. After reading and re-reading the transcripts I found that themes began to emerge and that the stories, although very different, shared many commonalities. I worked to combine sentences and sometimes even single words and phrases together to craft the text of the Documentary Theatre play, *The Puzzle Club: brain injury survivors talk*.

When a rough draft was complete I shared the script with the thirteen Puzzle Club members in an effort to verify the text and to gather feedback about the content choices, structure, and style. After more revisions, trained actors were cast in the roles of the real life persons whose stories made up the play. The actors and their counterparts met face to face several times throughout the rehearsal process in order to discuss how the character would be presented to the public audience and to assist the actor as they sought to capture the essence and honesty of the person they were portraying in the play. In addition all rehearsals were open to the Puzzle Club participants and discussions between the actors, myself, and my co-collaborators were held after rehearsals to further hone the text.

The play was performed for the general public in the Montana Theatre at the University of Montana in early October. All of the people whose stories were

shared in the play attended the production and spoke with the audience after the play in a post-show discussion about the research process and product. The following week the thirteen participants again met with me at Community Medical Center to take part in a third audio taped individual interview designed to gather feedback about their experience in the project. The central goal of was to understand if the collaborative process of playwriting and performance contributed to the brain injury survivor's self awareness and understanding.

THE PARTICIPANTS: BACKGROUND

The Puzzle Club meets informally every week in a small private room of a restaurant/casino in this small Western Montana town. The group of self titled, "high functioning survivors," originally met in a conference room at one of the local hospitals but after a short time the members decided that they had, "spent enough time in hospitals," and the meetings were moved to Paradise Falls Restaurant. Jim Mickelson, who survived a train accident in 1991, founded the Puzzle Club in 1999. Jim regularly invites people from all walks of life to share how they have, "found one of life's little puzzle pieces and found a place for that puzzle piece," in their own lives. In a flyer sent out to current hospital patients he describes the club's mission:

Folks with brain injuries have unique psychological needs. As we wake up from the trauma, we notice dramatic changes in our ability to manage life. Our intent is to bring a group of survivors together so that we can share successes and failures with one another in an atmosphere where others understand that the game of life we are playing. We help one another know that they are not alone in this struggle.

I first heard about the Puzzle Club in 2000 after I suffered a stroke. One evening about three weeks into my hospital recovery I was wheeled down to a small conference room to attend a stroke support group meeting run by a woman named Marilyn. Marilyn who had had several strokes after suffering from chemical poisoning was also a member of Jim's Puzzle Club and she mentioned the club's meetings to me right away. "There's a group of us with brain injuries that meets on Saturday's down at Paradise Falls. You could join us." My response then was, "Thanks, but I'm not brain injured. I've just had a stroke."

I have been an assistant professor of drama at the University of Montana since 1999, where much of my work focuses on the intersections between theatre and real life. In addition to teaching classes such as Performance Theory and Criticism and Theatre in the Community, I also work quite a lot with non-actors. I have an interest in discussing the efficacy of theatre which has long served as a vehicle for promoting dialogue, community, and self-expression. Popular Theatre for example, theatre *by* the people and *for* the people, asks participants to explore social and political concerns but although many individuals and groups use theatre to promote change, there is little evidence that speaks to the effectiveness of such a goal. I had previously engaged in two major university sponsored qualitative research projects that sought to discuss the efficacious qualities inherent in the art form and I wanted to continue such studies.

Like many people I try to make sense of my world. I do this through theatre and so in the early spring of 2004 I embarked upon what turned out to be the creative research project that I will detail in this paper. Because of my own health history and previous contact with the stroke support group, I originally wanted to use dramatic role play and improvisational exercises with stroke survivors as a way of discussing their injuries. Although I had only gone back to the stroke support group once or twice after my initial visit, I felt they might be more apt to openly discuss their experiences with someone who had had a similar experience. I was not thinking of presenting anything to the public, but of working with the stroke survivors in workshop settings to share stories and explore feelings by way of dramatic storytelling techniques such as improvisation

and Forum Theatre. I did not approach the group with a specific outline for the workshops, because I first wanted to gauge the interest level of the individuals. In April contacted Marilyn who was still running the stroke group and was pleasantly surprised when she remembered me and was happy to put me on the agenda for the next meeting as a guest speaker.

I eagerly went to the April stroke support group meeting to present my ideas to the group. After I explained the premise of the project, the group stared back at me and then a bright eyed and talkative man named John¹ who claimed to have died six times asked, "Now what is that you want to do?" I told him that anyone who wanted to be a part of my project would meet during the summer for a series of evening drama workshops. I said that we would work in a theatre in the drama department at the university and that I would help the group create dramatic scenes to be performed for each other. Immediately a woman named Barbara asked, "Will we get to be on television?" I laughed and then looked to see who was laughing with me. No one. "Well, maybe not television," I said, "but if you want, perhaps some of your family might be able to come to watch you at the last workshop." The group nodded for me to continue. I talked further about how the scenes created could explore some of the problems and frustrations they experienced after a stroke. I also told the group a bit about the research component and explained that people who took part in the drama exercises would be interviewed by me both before and after the drama workshops so that I could try to understand what it would be like for a group of people to like to use drama

By their request, the real names of the participants are used, with the exception of the name Pete, which is an alias.

to discuss their disabilities and feelings. The group smiled blankly at me and I ended my presentation.

The other guest on the agenda that night was a motivational speaker named Lois whom everyone seemed to know and who was incredibly gregarious and bubbly. As I was wondering what to do about the lack of enthusiasm over my project, Marilyn turned to Lois and asked if she was ready. Lois replied that she was and then she left the room. The group seemed to come alive when she exited. They all perked up in their chairs and Barbara said, "Lois is even funnier than me." The group laughed and John turned to Marilyn, "Who is she playing tonight?" "It's Louis again," Marilyn replied and before I could find out what she meant Louis entered the room. Louis turned out to be a character that Lois had created. He wore huge, baggy and stained overall's and had the most ridiculous hair and face, created by a mask and wig. Louis had clown-like shoes and an old checkered shirt. He addressed the group directly in a gruff and gravelly voice:

Folks, I'm sorry I'm late tonight. They almost didn't let me in here. You know what that's like, don't ya? They didn't think I looked like the type of person who would be invited to speak to a group of people. I just hate it when people judge me by the way I look. Don't you?

The fourth wall that typically separates performer and audience immediately disappeared with this last line and the stroke group wasted no time in talking right back to old Louis. The performance proceeded in this way, becoming a conversation between actor and audience. Louis was funny and entertaining and he asked questions *and* listened. The performance ended with a strip tease of all things in which Louis transformed into Lois right in front of us. He tore off the

overalls and boxers and shirt to reveal a tight black dress. He replaced the clown shoes with heels - all the while talking about how, "the inside of a person is what matters, not the outside." Finally Louis took off the mask and wig and the voice and personality returned to Lois. She smiled out at us and took a dramatic bow. Applause broke out and Lois beamed. People got up for more coffee and Lois came over to me. "I've been working on this for a year now. I was in a car accident fourteen years ago and I have a brain injury, although you wouldn't know it to look at me," she said. "I'm a motivational performer. I speak to groups about the benefits of laughter and humor from life experiences. See, I use drama too!" I was speechless. The group had just had a discussion about their experiences with stroke via theatre.

After the group reconvened Marie, a heavy set woman with the biggest glasses I had ever seen told Lois she was great. I had to agree. Here was this woman with no theatre experience or training and she had succeeded in creating a performance that was therapeutic for both the audience and for herself. I was spending hours lecturing to my drama classes about theories that promoted the efficacious qualities of theatre and Lois was already putting the theory into practice. Lois and I spoke for a while and she told me that although she had not had a stroke she would be interested in working on my research project. She then spoke to the group. "If you liked Louis, then you'll like what Jillian is going to do," she said. "Jillian's idea sounds great to me and I want to do it." I was grateful for her recommendation as clearly the group trusted her decisions and ideas but I had wanted to work with stroke survivors; I did not want to conflate

such different injuries. Marie spoke up, "I'm not a stroke person either, but you're a nice lady and I'll do it." She continued, "You know you should talk to the Puzzle Club." I looked from face to face and registered the group consensus. I recalled my first visit to the stroke group in 2000 and Marilyn's mentioned of the Puzzle Club. I took a deep breath and told the group that I wanted to try to focus on one specific population and that I did not want to confuse stroke with brain injury. Barbara sat up in her chair and stared straight ahead, "But I've had an aneurysm, so I can't do it," she said with dismay. "It don't matter. It's the same thing," Marie told me. "What is?" I asked. "Stroke and brain injury," John replied. Lois chimed in, "A stroke is a brain injury." Marilyn shook her head knowingly. I told them I'd think about it and left the meeting discouraged.

In the next few weeks I did some homework and discovered that there are, "two types of brain injuries: traumatic and acquired brain injury and many causes: transportation accidents, falls, gun violence, domestic violence, shaken baby syndrome, heart attack, stroke, aneurysm, near-drowning, electrical shock, brain tumor, and toxic exposure" (Brain Injury Association of America web page). There are other causes as well, but the important distinction between the two types of injury is that traumatic brain injury occurs when an outside force impacts the head, whereas acquired brain injury takes place at a cellular level. With a TBI, or traumatic brain injury, the force is strong enough to cause the brain to move within the skull or to cause the skull to break, directly hurting the brain or a part of the brain (Tolias and Bullock). According to the Brain Injury Association of Montana the state of Montana currently has the second highest rate

of TBI, or traumatic brain injury, per capita. Acquired brain injury can affect cells throughout the entire brain instead of in a more specific area as with a TBI. One of the main types of acquired brain injury is stroke, which affects the arteries leading to and within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When this happens, part of the brain cannot get the blood and oxygen it needs and so it starts to die (Senelick and Rossi).

With this new information in mind, I attended a Puzzle Club meeting at Paradise Falls a week later. The group that was present that day was of mixed ages, genders, and backgrounds. I sat down next to a beautiful young woman who I assumed was someone's caretaker. She turned to me and asked me why I was there. I told her that I was a university drama professor and that I was interested in taking to the club about using drama as a method for discussing their feelings about their injuries and survivals. I added that I had had a stroke a few years earlier. The young woman, named Willow, could not believe that I had had a stroke and she eagerly told me about her car accident one year earlier. "The Puzzle Club saved my life," she told me. I was intrigued. As we sat at the large table I thought I recognized a man across from me and he smiled at me and I smiled back. The club's meetings begin with small talk and little conversations to get reacquainted. Eventually Jim asked everyone to introduce himself or herself and to say a little bit about what brought them to the club. The man across the table from me introduced himself as Bob and said that he had had a stroke three and a half years earlier. When it came time for me to introduce myself I repeated

what I had told Willow about using drama to discuss their brain injuries and survivals. The group listened quietly and then talked about my proposal as if I were not present. They seemed somewhat intrigued but not overly curious and the meeting abruptly continued without reference to my project. Jim passed around a piece of paper that stated the topic for the day: How do you explain to people what has happened to you?

When the meeting broke up a few hours later I lingered in the room to see if anyone wanted to find out more about my project. I had left a stack of business cards on the table earlier as well as a short handout that briefly described the project; they remained untouched. A young man named Pete who had said earlier that he had done drama in high school approached me. "Excuse me, I don't really think we need drama to talk about our feelings," Pete said. "I mean we have this group for that kind of stuff." Jim Mickelson who was also in the room at that time agreed. "Now if we could share our thoughts with other people, now that would be something I'd do," Jim said. I told them I'd think about it, and left. I was feeling sad on my drive home. I had had such high hopes for the project and felt defeated because the Puzzle Club members were not interested. The group had declined outside assistance in favor of their own approach – weekly meetings at Paradise Falls. For a few days I tried to figure out how I could go back and convince the group that drama could be a useful aid in their conversations, but I kept coming up empty and so I gave up on the idea.

Two weeks later a book chapter that I had co-authored with colleagues in the department of Social Work, was published and I re-read what we had written.

In our chapter, *Participatory Research, Popular Education and Popular Theatre: contributions to group work*, we had described popular theater as, “theatre that engages people in examination of the issues that affect their lives,” (Finn, Jacobson, and Campana, 2004) and had gone on to cite a 1979 conference paper presentation about the art form, “the content of popular theatre is created by the participants, not mandated by an outside force (Kraai et al., 1979). As I re-read the chapter the role that I had played at the stroke support group and Puzzle Club meeting became clear to me. I had been involved in creating popular theatre for almost ten years and yet my initial inclination was to mandate an experience *for* the club that I deemed necessary. Popular Theatre, which discusses issues surrounding a common experience is self generated and centers the people as the experts in their own lives by asking them to supply both the subject and the general content of the performance rather than relying on the external writer to interpret what she understands to be important issues for the group. Yet here I was, so certain that I knew what would be most helpful to the participants that I did not stop to recognize my role as outsider. For the second time since I had initiated the project, I went back to the drawing board.

What the brain injury survivors had told me was that they were more than research subjects. This particular group had always demanded to be the experts in their own lives. After all, they had refused to meet in the hospital conference room because as Jim tells it, “We had been in hospitals enough!” The club itself had not been created by an external force, it had been created *by* the members and *for* the members so why would they approach another project differently? I

returned to the club the following week and had discussions with several of the members in order to more fully understand their individual interests in sharing their experiences with a wider, more public audience. I discovered many members were interested in talking about their injuries and so I took all suggestions and worked to create a preliminary plan for a collaborative and creative research project. The survivors that I spoke with had not only asked for an active role in the project, they also shared two common goals. First, everyone wanted to share their individual and collective experiences of coping with brain injury via an actual play. Second there was agreement between all prospective participants that the play should be performed for the general public so that caretakers, hospital personnel and other survivors could watch the performance and learn.

At this point in the research process I was still working with only a shell of an idea and so I was a bit nervous. Even with a background in Popular Theatre I was still somewhat hesitant about opening up the project to the research participants because the project lacked a clear direction. I knew the project would use drama to discuss brain injury, and I also knew there would be a research component to chart the individuals' feelings about the use of drama, but I could not articulate exactly what we would be doing or where we would start. However, because Popular Theatre is created by a group of people about an issue in their lives, the lack of specificity on my part enabled me to listen to the needs of the group and to facilitate without mandating direction. In this way the Puzzle Club members led me to a unique participatory research process, one that

harnessed the creative practice of playwriting in the service of qualitative research.

THE FORM: DOCUMENTARY THEATRE

Popular education asks participants to become literate in both language and their world. It is grounded in the belief that in order for people to bring about change, they must act in their own behalf rather than allowing others to implement change for them (Freire, 1970). The late Brazilian educator Paulo Freire is considered by many to be the father of popular education because he helped to introduce this philosophy to the world through such books as *Pedagogy of the Oppressed* (1970), *Teachers as Cultural Workers* (1988), and *Pedagogy of Hope* (1995). Freire's educational model is first and foremost concerned with increasing awareness because transformation is possible only when people are introduced to a, "critical form of thinking about their world" (Freire, 1970, p. 104). In *Pedagogy of the Oppressed*, Freire contends that teachers and students must learn to read not only the *Word*, but also the *World* (emphasis mine). "The important thing," notes Freire, "is for people to come to feel like masters of their thinking by discussing the thinking and views of the world explicitly or implicitly manifest in their own suggestions and those of their comrades" (p. 124). Popular educators understand that language and cultural literacy empowers people to make changes allowing for more successful and healthy lives.

Drawing upon Freire's popular education philosophies, participatory research also recognizes that knowledge is power and it seeks to continually reflect upon how the action is functioning (Freire, 1970). With its roots grounded in the field of Social Work, participatory research is characterized with three words: people, power, and praxis (Finn, 1994). Participatory research is a

collaborative group approach to research that integrates “systematic investigation with education and political action” (Finn, Jacobson, Campana, 2004) and proposes that people become significantly involved in addressing concerns that affect their own lives. It is a group process whereby the people conduct their own research by developing their own questions and searching for the answers to those questions (Park, 1997) and it is organized and deliberate.

Popular Theatre is a form of popular education that can be done virtually anywhere and like participatory research it is created by and for a group of people who share a common need. By using performance as a dialogical method to brainstorm possibilities, the participants in Popular Theatre can actually make changes on the theatrical stage before trying them out in real life. Theatre practitioner and author of *Theatre of the Oppressed*, Augusto Boal calls this type of theatre “rehearsing for reality,” (Boal, p.17) because it offer the opportunity for participants to rehearse different strategies and view the possible consequences of those strategies prior to experimenting in their real lives. The improvisational form of Playback Theatre started by Jonathan Fox in 1975 is one example of a popular theatre technique. In Playback Theatre audience members spontaneously share a story from their life with both a group of actors and the rest of the audience. The teller chooses actors from the Playback Theatre troupe to play specific roles from their story and the actors then explore the stories via a short improvisational scene. The performance seeks to offer the storyteller an interpretation of their personal experience by effectively “playing-back” the told experience. Playback theatre works from the theory that sharing our personal

stories can help us to make sense of our lives and to understand ourselves more fully. "Playback theatre is both an individual as well as collective experience, which on the one hand can only be understood from a subjective perspective – i.e., through (individual and collective) self-reflection, and on the other hand can be described from an objective perspective as an objective experience of a theatre performance in a particular social context" (Arping, Marlies and Feldhendler, 1999). This form of Popular Theatre seeks to honor both individual and collective human experiences by reflecting a story back to the original storyteller and by focusing on the universal.

Documentary Theatre can be seen as another type of Popular Theatre. In Documentary Theatre the text is created by using real words from real life, therefore the voices on the stage are from actual people not imaginary characters (Favorini, 1994). I had had previous experience with documentary theatre when I directed *The Laramie Project* by Moisés Kaufman and the Tectonic Theatre Project in 2002. I had also conducted a research project in tandem, with the production that sought to measure any attitudinal change on behalf of the actors regarding their feelings about homosexuality (Campana, 2003). *The Laramie Project* uses the real words of the residents of Laramie, Wyoming to discuss the 1998 murder of Matthew Shepard, a gay University of Wyoming student. Members of the New York company The Tectonic Theatre Project traveled to Wyoming six times in the year and a half after Shepard was murdered and conducted hundreds of interviews to craft the script. Typical of a documentary play, the writer used primary sources, included a direct address to the audience

and montage moments rather than a chronologically organized story. After listening to the members of the Puzzle Club speak about their interest in participating in a drama project that drew upon their experiences to help others and after reflecting upon their desire to create a public play, I decided to further investigate Documentary Theatre. I explored numerous contemporary documentary plays including *Still Life* (1980) and *Execution of Justice* (1984) both by Emily Mann, *Fires in the Mirror* (1993) and *Twilight* (1994) by Anna Deveare Smith, the Living Newspaper's, Anne Nelson's *The Guys* (2002), and the 2003 play *Wearing the Secret Out* co-written by Jennifer Chapman, Anne Swedberg, and Heather Sykes and found that in most cases, the real persons actually generating the lines of text are not involved in the crafting of the play after interviews have ended.

Documentary Theatre has, in its most recent incarnation, been called Reality Theatre, Ethnotheatre and Ethnodrama (Saldaña, 2005, Pelias, 2002, Barone, 2002) and has been cited as a motivating force for social change for both participants and audience members (Mienczakowski, 1995; Mienczakowski & Morgan, 2001). It can also be understood as a as a means of interpreting history (Dawson, 1999) and because it uses the real words of real people, Documentary Theatre is often able to present narratives based in personal recollections and feelings, rather than on a playwright's interpretation of an individual's experience. With this in mind, I wanted to explore this form of performance as participative, ethnographic, arts-based research. By facilitating the crafting of a play based on the group of brain injury survivor's stories, I would be relying on non-fiction - the

real experiences of the participants - as the predominant storytelling method. By collecting information from the various participants to write the play we would together be producing a body of data that discussed the experience of living with brain injury. By sharing the data with the public via an audience we would be presenting the research findings. As a method of qualitative inquiry this playwriting technique is not unlike ethnography, which asks a researcher to describe and interpret a cultural or social group or system (Creswell, 1998). This creative form of inquiry however, moves beyond traditional ethnography by asking the research participants to share in the description and interpretation.

When I went back to a Puzzle Club meeting for the third time in late May, I talked to the group about Documentary Theatre and listed some potential ways the group might be able to approach crafting such a play. I told the group that the people who chose to be involved in the project would be interviewed individually several times and that they would also meet as a group three times to exchange stories of injury, recovery, and survival through dramatic exercises. I told them that I would audio and video tape all the meetings so that their actual words could be used to craft the play. Finally, I told the group that I would facilitate the compiling of the material into a play form, but that it would be shared with all participants as it developed so that everyone involved would have a voice in the structure and chosen content. I asked any interested individual to contact me if they were interested in helping to create such an original play which would seek to present personal experiences with brain injury.

Every single member of the Puzzle Club has limited short term memory and so I was not surprised when several people raised their hands and said they would not be able to memorize any lines. A woman named Nadine, whom I had not yet heard speak, quietly told me, "I won't act." Her husband, David, chimed in, "Me either. I just don't want to be in front of an audience." The group looked at one another and then to me. "When I spoke with many of you a few weeks ago you told me that a public performance was something that you wanted in this project. If you perform on stage you would need to attend some rehearsals even if you didn't memorize all the lines." Barbara who was blind immediately spoke, "I don't drive so I can't get to rehearsals. Even if I could, I couldn't read a script." Pete added, "I can't be gone that much from home so I can't come to rehearsals." "I can't get up in front of people," said Marie. "I mean, I'm not shy, but still, you know..." The group began to talk over each other about the difficulties of performing in their play. After a moment I interrupted. "What if you aren't in the play?" John quickly replied, "Well then how is it gonna be our stories?"

Although Documentary Theatre is created by using real words from real people, the characters portrayed are typically played by actors and so I talked to the group about using trained actors to play them on the stage. I also liked the idea of offering the participants some distance from their stories so that they might be able to think through the issues presented rather than getting caught up in the emotions (Landy, 1994). This philosophy is grounded in Bertolt Brecht's Alienation Effect (1957) which seeks to separate thought and feeling. According to Brecht the aim of this technique is to, "make the spectator adopt an attitude of

inquiry and criticism in his approach to the incident” (p. 136). Brecht ascertains that audience members have a difficult time thinking critically about the subject presented in the play when their emotions are involved. Although Brecht’s A-effect deals primarily with acting and staging techniques I felt that having a participant watch the play from the audience, rather than performing on the stage might grant them this healthy alienation from their self, thereby allowing the participant the space to view their self and their story critically. In addition this audience perspective would also allow for the participant to reflect upon the actor’s interpretation and representation of their self (Turner, 1986; Conquergood 1988, 1991). The group listened intently as I continued to describe the potential project. “You would be able to watch the play from the audience and really experience the entire production instead of focusing on being up in front of an audience. You might find that you are able to focus on what they play means and your individual message to the audience rather than performing in front of spectators.” A man named Jack who I had never heard speak raised his hand patiently and when called on by Jim said very quickly and in a raspy voice, “I’ll do it.” By the end of that day ten more people, Jim, Marilyn, Pete, Marie, John, Barbara, Willow, and Bob as well as the married couple, David and Nadine, had contacted me to say that they were interested in taking part in the project. During the next week, I talked to Lois who again told me she wanted to be a part of the project and who told me about a man in his early thirties named Jeff who had expressed interest. This totaled thirteen brain injury survivors who were willing

to engage in a collaborative and creative research project by sharing their stories of brain injury with the public on the theatrical stage.

THE METHODOLOGY: PLAYWRITING

Before I began the official work I developed a proposal for the University of Montana's Institutional Review Board for the Use of Human Subjects in Research, which included a narrative of the project, consent forms, research questions, and resources in case the participants needed further assistance (see appendix). The actual writing began in late June when I conducted the first in a series of individual interviews with the participants at Community Medical Center. The purpose of the first round of interviews was twofold: to get to know the individual person, their survival experience and the nature of their injury; and, to identify their needs and interests in the project. I also audio taped their answers so that I could use those exact words to craft the dialogue in the play. Each interview began with a brief discussion off tape about the procedure and to give the participant the opportunity to ask any questions or to reveal information not for use in the project. There were a total of seven open-ended questions (Denzin, 1970, 1989) and each interview lasted between 35 minutes and 1 hour depending on the answers. Qualitative interviewing involves a conversation between the principal investigator and the research subjects. In order to serve the study the discussion must be flexible and fluid so that the purpose of the interview is achieved through active engagement by both parties (Mason, 2002). I approached this first interview with a series of questions because I knew that I needed to drive and direct the conversation; however, I was also open to new discussion and sensitive to the personality, interests, and project goals of each individual participant and so the conversations often drifted and the order and wording in

which the questions were asked was flexible. With this in mind the questions asked at the initial individual interview were: Could you tell me about your accident or stroke? How would you describe yourself before your brain injury? How would you describe yourself during your immediate recovery? How would you describe yourself to me now? In what ways did the brain injury change the way you felt about yourself? In what ways do you think the brain injury changed the way other people perceive you? What has been your previous counseling experience?

Next all thirteen participants spent three evenings in mid-July at videotaped drama workshops that I facilitated. Drawing upon some of the theories and techniques from Playback Theatre, to craft small theatre pieces from the real life dramas (Salas, 1983), we used improvisation and role play exercises to explore the participants' stories. The first group workshop began with a series of simple exercises designed to get the participants comfortable expressing themselves both verbally and physically in front of the group. At the top of the workshop I asked everyone to gather in a circle and to simply say their name in a way that expressed their personality. I asked them to use as much of their bodies as they could and I asked them to pause after each person said their name and then to repeat the person's name and re-perform their movement simultaneously. The repetition was designed to help them remember each other's names because although they met weekly, many members could not recall the names of others in the group. The simultaneous performance also allowed a safe space so that participants were not watching each other, but performing together. I modeled the

exercise by going first. I said my name and created the simple movement of raising my arms up to the ceiling and smiling broadly. The group took turns each presenting their self to the circle. After everyone had performed, I asked the group to repeat the exercise but this time to replace their name with a word that expressed how they typically felt about living with a brain injury. I reminded them to pair a simple movement or gesture with the word. These are the words the individuals chose that day:

BARBARA. Scared.
LOIS. Lucky.
JACK. I feel good.
JIM. Optimistic.
WILLOW. A lot better.
JEFF. Frustrated by other people's ignorance.
MARILYN. I feel like a stubborn Yankee.
JOHN. Wonderful.
MARIE. Like an everyday person.
PETE. It drives me bananas that I think so slow.
BOB. It's like rollercoaster.
DAVID. It was a blessing.
NADINE. Oh...Ditto.

After these this exercise I asked if anyone wanted to explain their choice of words or their movements. This extension of the exercise by way of evaluation opened up a conversation about the similarities and differences between their emotional states.

The rest of the meeting dealt with storytelling via narrative and visual images. The most successful storytelling exercise undertaken by the group that first day asked each person to describe a specific event from any point in their recovery. I told the group that the moment could be humorous, sad, or about frustration or anger. Each person took a turn as performer by standing or sitting

in front of the group and sharing their story using language. We called the audience, made up of the other group members, “spect-actors” (Boal, 1997) a term that means one who both observes and acts. After sharing a story with the spect-actors, the performer returned to their place in the semi-circle and the spect-actors took turns responding by re-telling and re-interpreting the story in three words or less. After responding to several stories via words, the group began the image work. A performer shared a story and afterwards the spect-actors took to the stage to create static physical images that expressed their interpretation of the story. In many cases several spect-actors worked together to create an image. In both instances the performer who owned and originally authored the story always got the opportunity to respond to the words chosen and to the image created by his or her colleagues. Not only did these exercises yield excellent material for the play, but they served to make the group more comfortable with drama. Participants were also in charge of what they shared; they were not answering pre-determined questions, rather they were the authors of the dialogue. The meeting ended with the group returning to a circle and individually sharing one word that expressed how they felt about the discussion.

The second group meeting took place only a few days later and began with a performance of a short scene from Arthur Kopit’s play *Wings* which tells the story of Mrs. Stilson, a stroke patient. A graduate student in drama and I performed the following text:

DOCTOR: Mrs. Stilson, I have some objects here. (HE TAKES A COMB, A TOOTHBRUSH, A PACK OF MATCHES, AND A KEY FROM HIS POCKET, SETS THEM DOWN WHERE SHE

CAN SEE) Could you point to the object you would use for cleaning your teeth.

VERY LONG SILENCE

FINALLY SHE PICKS UP THE COMB AND SHOWS IT TO HIM. THEN SHE PUTS IT DOWN. WAITS.

Mrs. Stilson, here take this object in your hand. (HE HANDS HER THE TOOTHBRUSH) Do you know what this object is called?

MRS. STILSON (WITH GREAT DIFFICULTY):
Toooooooooovvvv...bbbrum?

I chose to open the second workshop with this scene because I wanted to introduce the group to drama as a way to capture the recovery experience. My goal for this particular night was to elicit concrete descriptions from the group about what it is like for them to live with a brain injury. Because of this, the major portion of time at the second meeting was devoted to an exercise that asked the group to choose an object or scenario that represented their life post brain injury. After choosing an object, participants took turns creating and directing their pieces. Each director began by choosing any number of actors to perform. They did not tell their actors what object they were thinking about, rather they directed the actors into a still image representing the object in mind. After spectators attempted several interpretations of the image, the director then announced their object to the group and at this moment, the actors in the frozen image came to life and played out a short, impromptu scene. At the previous meeting Bob had already compared his life to an object when he claimed to be a "rollercoaster." Marilyn, as well, had shared a story about being driven around LA in a tiny car by

her son. "It felt like a hundred and fifty thousand miles an hour. I can't. Things flying." Reminding the group of such comparisons seemed to help participants articulate their own ideas and the group exercise ended up yielding many objects and scenarios that described their experiences of brain injury: A blender, a short circuit, a car running on three cylinders, being slightly tipsy, a gun with six empty chambers and one loaded one.

The third and final group meeting was again held only a few days after the second. At this meeting I focused on role-play and asked the group to share stories of frustration and triumph with each other. Several stories were told and then re-enacted with the participant spect-actors playing the teller's family members, doctors, community members, and sometimes even the teller himself or herself. By this time, the group had become more comfortable with the playful elements of drama which enabled me to sit back and observe much more than I had at the previous two meetings. Using the techniques of Augusto Boal's Forum Theatre (1992) which asks spect-actors to replace characters in a scene in order to investigate new lines of action, participants worked in small groups to develop scenes that explored post-injury relationships. Several scenes were developed and then shown to the full group. After they were performed, any spect-actor who wished could take the place of the survivor whose story has been shared and then re-play the action with a different attitude, action or strategy. In this way the group generated material for the play and explored possibilities for new ways of thinking and acting. Each scene was responded to by the full group several times and often the person whose story was being shared saw the situation and

relationship from a new perspective. Bob, for example, got very angry when he watched two other spect-actors perform a scene between himself and a department of motor vehicles employee that depicted them arguing over a parking ticket. After watching the scene played out several times however Bob thanked the group and said, "It's hard but I think this has been helpful." Jim responded to this remark with, "If you meet her [the DMV employee] again, you'll know what to do."

Immediately after the third workshop I conducted a second individual interview at Community Hospital. The purpose of this round of interviews was to gain more material for the play and to understand the participants' experience performing their self and other people in their lives. At this interview I asked: What did you think of the drama exercises? What did you learn? What did you enjoy sharing? What was difficult for you to share? Is there anything you do not want in this play? What do you want the message of the play to be? What do you want the audience to learn from this play? And finally perhaps the most useful question in terms of crafting a play from the interviews and group work I asked: Of everything you've talked about, what is most important for you to have in this play? I did get answers to these questions; however, in many ways this second round of interviews ended up yielding more information than the first regarding the injuries, disabilities, and personal feelings of the survivors because the subjects provided unsolicited information about themselves that they had not shared in the first interview. One such example came from Jim who had mentioned a previous marriage at the first interview. At the second interview he

revealed, unprompted, that his first wife had died of a brain injury sustained from a car accident in 1973. In the following monologue he recounts the first days he remembers after his accident, "I kept telling my wife, 'just pull the plug' because I didn't want her going through what I went through. My first wife died from a head injury, she lived four days." I had not counted on this additional information, but in retrospect I see why my co-collaborators were more eager to talk. The participants felt more comfortable with the interview process because the interviews took place in the same conference room, and they knew what to expect. They also felt more comfortable with me and saw where the project was headed. Finally, the drama exercises helped to stimulate feelings and responses within the participants.

Like narrative therapists who are interested in, "working with people to bring forth and thicken stories that do not support or sustain problems," (Freedman and Combs 1996) I also wanted to explore the participants' stories, focusing on their survivals and not on any perception of victimization. To craft this play I transcribed the audio and video tapes into 400 pages of text and then used these words to produce the words of the play. As I mentioned previously the final question in the second interview was, "Out of everything you've talked about in these two interviews and in the group drama work, what is most important for you to have in this play?" I revealed this question to the participants at the final group meeting so that they would have time to think about their answers and many brought written answers to this question to the second interview. In crafting the script, I began with their answers to this question

because as a participatory research project it was important for the participants to maintain ownership in the playwriting process. Jim Mickelson, for example wanted to make sure that safety was discussed in the text. If I had ignored wishes such as this, the dramatic arc of the play might have been clearer, but I would be privileging aesthetics in favor of the needs of the participants. I gingerly walked this line throughout the playwriting process in a consistent effort to put the research capabilities in the hands of the Puzzle Club members (Sohng, 1995).

After reading and re-reading the transcripts I found that themes began to emerge and that the thirteen stories, although very different, shared many commonalities. Working from a copy of the transcript that highlighted themes and topics that the participants had expressed interest in, I chose sentences, phrases and sometimes even placed single words together to craft phrases. I then organized these lines of text into ten scenes that were titled after the major themes uncovered in the interview and workshop processes titled: *The Accident, The Club, What Happened, Before, Rehabilitation, Living and Dying, Stages and Frustrations, Comparisons, Family, and Hope*. Throughout this early work, I spoke with the participants on a weekly basis to keep them abreast of the choices and to make certain that they were comfortable with the text. I would verify what had been recorded and read them lines from the then current draft of the script and then we would talk. Occasionally participants made changes in some of the lines by saying things like, "What I meant was...." Or "you better not put that in there because..." Participants' wishes were always honored.

In August I sought out a group of talented actors to perform in the still untitled Documentary Play about brain injury survival. I wanted actors who were of similar age to the person they were playing and who also had some of the same qualities of the person they were playing both physically and emotionally. I also wanted to give some of my university students the opportunity to work on this type of play, but the play and project demanded mature people who would be able to visit and work with their real life counterparts to create fully dimensional characters not characterizations. Once the play was cast with four undergraduates, one graduate student, and eight community members including a drama professor, the Head of Missoula Aging Services, and a few alumni, I contacted each of the Puzzle Club participants to let them know their role had been cast and to give them information about the actors portraying them in the play. At this time I also got their permission to have the actors contact them in order to discuss the roles. . Each participant met with the actor playing him or her several times during the rehearsal process in order to share their self, answer questions, and check the script. In this way the two worked together to create the on-stage persona presented in the play; actors did not shape their roles based on a third party's interpretation, but on the real person.

The real Puzzle Club participants were invited to attend all rehearsals. Although a few like Jack, elected to, "be totally surprised when [I] see it," most of the participants came to more than one rehearsal. Conversations between myself, the actors, and the real life counterparts after these rehearsals were very fruitful and changes were made in the script daily as a result of these unique and

collaborative rehearsals. Although the sub-title of the play, *brain injury survivors talk*, had been in place since the Institutional Review Board approved the project, I could not seem to find a phrase that addressed all participants and that came from the participants themselves until about three weeks before the play opened when Jim Mickelson attended his tenth rehearsal. That day Marilyn, Pete, and Lois also sat in the audience and watched. The group of four sat together and talked excitedly during breaks. "Isn't it great to see ourselves up there?" said Lois. "Everyone's so awesome," replied Marilyn and Pete continued with, "It's a great club." Jim summed it up and located the title, "The Puzzle Club. It is pretty cool."

THE PERFORMANCE: BRAIN INJURY SURVIVORS TALK

Performances of the play were on October 1 and 2 of 2004, approximately 6 months after the project had been initiated. The stage was bare save for one long table located upstage center and which was covered by a restaurant type cloth, coffee mugs, and coffee canteens, and thirteen simple chairs placed directly in front of the table facing the audience. The play began with a voice over of several characters talking about the furious pace of life before their injury. One at a time each actor entered playing their character before the brain injury occurred. They entered using one of the four corners of the stage and crossed directly to the opposite area of the stage. Each character was in a rush to get somewhere and had a specific task to accomplish, for example, one was getting ready to go out, one was changing a tire, one was depositing money in the bank. After completing their tasks the characters moved downstage and introduced themselves to the audience by saying their name. They then made room for the next person so that by the end of the moment the formation on the stage was akin to an inverted V shape.

After the introduction, the characters turned and looked at each other. They smiled and then turned and looked back at the audience and smiled to greet them. At this moment there was an incredibly loud bang which did not resemble a common identifiable event or object, but which was very loud and disruptive. Simultaneously the lights shifted to a dark red and the characters bodies reacted to the sound and light as if this were the moment of injury. Their bodies almost imploded as they caved into the force of each accident. The audience watched as

the looks of shock and fear registered over the characters' faces and the lights blacked out. Slowly the lights shifted up to reveal the characters reacting to their individual traumas in slow motion. The audience watched as slowly and silently the characters' bodies shifted to new positions to eventually reveal the body of the person as they exist now. The transformation that occurred in these seconds represented the response and recovery of the Puzzle Club members. At the end of this moment, each character re-established eye contact with the audience and it was here that we saw the Puzzle Club members as they exist today. One at a time each character then stepped forward and named their injury:

JIM. Train hit my truck.
JOHN. Heat strokes.
PETE. Logging accident.
WILLOW. Car accident.
BARBARA. Aneurysm.
JEFF. Car accident.
BOB. Stroke.
MARIE. Horse riding accident.
DAVID. Car accident.
MARIE. Car accident.
LOIS. Car accident.
MARILYN. Chemical poisoning and strokes.
JACK. Stroke.

The characters repeated their injuries, adding their names to the dialogue, speaking on top of each other and building in volume and pace so that the fever and pitch of the voices paralleled the intensity of the accidents. Suddenly the voices stopped and there was a blackout.

In the next moment the lights faded up on the characters still facing the audience, as if they were all alone. The founder, Jim, spoke:

“There’s a group,” he told them. “It’s a support group. It’s called the Puzzle Club.” The characters one at a time chose to listen and turn toward Jim. He continued, “The Puzzle Club is made up of folks who have suffered brain injury. Our intent is to bring a group of survivors together so that we can share successes and failures with one another in an atmosphere where others understand the game of life we are playing and help one another know that they are not alone in their struggle. We invite you to come and share how you have found one of life’s little puzzle pieces and how you have found a place for that puzzle piece to make your life better. That very information may be the thing that helps me or others live better. This isn’t my club, it’s your club too. Come we’d love to get to know you.”

As Jim continued with the club’s mission statement the characters moved closer to him, listening. At the end they shifted to look at each other. They smiled as the lights faded to black. The following moments in the play took place at Paradise Falls Restaurant so the upstage table was moved closer to the audience and the characters gathered around sharing stories.

Each scene was introduced to the audience via a voice over of the real Jim Mickelson that titled the moment. Documentary Theatre is not always concerned with telling a linear story, and *The Puzzle Club: brain injury survivors talk*, is no different. The moments in this play are meant to present snatches of thoughts, conversations and feelings, rather than a traditional storyline with an arc, inciting incident, and rising action. But, because I wanted the audience to understand the journey the real people had made in their recoveries I needed some sort of climax. I did this through subtle changes in physicality, stage positions, demeanor, and relationship so that the story told is that of a group of survivors slowly coming together and becoming a family that supports one another. There are the speeches in *Rehabilitation* for example when the group begins to hear the commonalities of

their recoveries. For example, Pete says, "I had to learn everything again so I was like a toddler again. I had to learn everything again, eat again, talk again, think again." This idea of beginning again is echoed by many others like Barbara who says, "They told me I would never walk again and they sent me home in a wheelchair, and Nadine who says, "In the hospital for pediatrics they have a photo lobby with pictures of me from my wreck. Pictures of me with diapers on and ...oh well, facts are facts." In the scene titled *Living and Dying* the shared experiences pull them even closer. Lois begins the moment by asking the group, "Raise your hand if you ever wished you had died in the early stages." Ten of the thirteen members raise their hands. Lois continues, "And then, when you got better were glad you didn't." Jeff responds with, "How about still undecided on that one." Throughout the play the group discusses antidepressants, comas and visions of the other side, the emotional stages they have gone through, and their coping mechanisms. There are a lot of humorous anecdotes, ribbing and laughing at themselves so that by the end of the play, in the scene titled *Family*, the members actually gather closely together in a tableau facing the audience. Jim is the last to join the group and as he does, the other members all make a physical connection by holding onto each other:

JIM. I run my two brain injury groups. The Missoula Brain Injury Support Group and then I got this request – the higher functioning brain injuries – We call it the Puzzle Club. We met in a hospital for a while and then four or five people started saying, "Hey, I spent enough time in the hospital already. Let's get together, we want to be social, we want to be able to chat, to have coffee and breakfast."

MARILYN. Jim, I met Jim in a junkyard, that's how I met Jim. Trying to get an engine for my car. You never know when you're gonna meet someone.

JIM. And it's a great time because the Puzzle Club doesn't have any restrictions on membership. You just show up. Paradise falls, Saturday mornings at 9:00.

The play seeks to give the audience a glimpse into the brain injury survivor's life, but it also tells the story of a tenacious group of friends who look toward the future, not the past. Bob summarizes the general group philosophy with, "So the positive, well it's the only place to go – is up! Who wants to go further down?"

On both nights after the play ended, the real people whose stories were shared in the play were invited onto the stage to sit in front of the actor who portrayed them. Because of the participatory nature of the project it was necessary for all collaborators to have an opportunity to speak about the play and their experience and to discuss their part in the research process. I made it clear to the participants that this action was not mandatory, but that if they felt like it, they could participate in this form of discussion and recognition. When I discussed this idea with the group before the play opened, only five of the participants said they would feel comfortable coming onto the stage, but because five others admitted to me that they might change their minds, and because the remaining three told me that they liked the idea of, "people like, Jim and Lois being able to talk to the audience," I decided to end the curtain call and applause with a brief announcement that any audience member who wished could stay for a short post discussion with some of the real people who were portrayed in the play. Each night, the entire audience stayed and each night all participants came onto

the stage and sat in front of the actor who played them. Even Nadine and David who told me they would, “never come on stage,” and Pete who was the only participant whose real name was not used in the play, came down to participate in the post show talk. The format was simple and began with applause and recognition of the collaborators by the audience and the actors. Following this, I gave a very quick overview of the creative research process and then asked audience members if they wished to ask questions or offer comments. I facilitated this discussion between the stage and the house, making an effort to allow everyone who wished an opportunity to speak. Almost all of the thirteen Puzzle Club members actively participated by talking about their experience with the project from their own perspective. Lois joked and told the audience she had, “always wanted to be a blonde,” and Jim and John repeated several lines that they had in the play without realizing it. Marie, Willow, and Barbara thanked the actors profusely and Marilyn announced to the audience, “She [Jillian] knows what she’s talking about ‘cause she’s been through it!” These post-show conversations lasted approximately 40 minutes before I thanked the audience, actors, and collaborators for coming.

THE RESPONSE: PARTICIPANTS' ASSESSMENT

This collaboration between the participants and myself, the principal investigator, continued after the play closed when I conducted the third round of interviews on October 8 and 9 again at Community Hospital. The purpose of this final interview was to understand and gauge the success of, the participants' project experience. I was nervous as the final interview approached. The participants had entrusted me with much – they had laid bare their lives, fears, and abilities, and I in turn had shared their stories and experiences with a large, public audience. Throughout the research and writing process I had taken care to handle the participants' stories and emotions with dignity and grace but I needed to be certain that I had acted as a moral agent and followed the ethical researcher's creed, "to do no harm." The only way I could be sure was to go straight to the source. I had held my breath during performances, often leaving the theatre and pacing the hallways, and even though both performances had sold out and all thirteen participants had arrived and left the theatre smiling, my anxiety only increased as I drove to Community Medical Center to conduct the final interviews. I asked only four questions at this interview but the answers of the participants were easily the most expressive and elaborate. The average number of transcription pages for the final interview was ten compared to six and a half for the two prior interviews. My final questions were: 1) Did you think the project was a success? 2) What do you think people learned from the play? 3) What was your favorite part of the play? 4) Would you like to make any changes in the play?

SUCCESS

The participants were eager to talk about their experiences with the project and in many cases could not wait until the tape recorder was on. Perhaps because both parties were so anxious to converse, one the most rewarding answers came immediately, when all thirteen participants answered a resounding, "Yes!" when asked if they thought the project was a success. Although it was clear from this initial enthusiasm that the group had appreciated the project and enjoyed the play, I wanted to understand just what constituted a successful project for the individuals involved. In analyzing the answers of my collaborators, I found three main reasons they had enjoyed the experience and viewed the production as successful. First, the participants measured the experience in terms of general audience response to the play, including the number of people who chose to attend the shows. Secondly, participants deemed the project and play worthwhile because of the authenticity of the actor's portrayals. Finally participants determined a noticeable change in the attitudes of family, friends, and other Puzzle Club members which they attributed to the project and play and it was this difference in attitude toward brain injury that made the participants feel that the project has been a success.

For Jim, Lois and John the overall audience reaction was important. Jim commented, "To me it's a success to see a full crowd and a standing ovation in both nights." Lois reported that she was especially pleased with the crowd's response, "I was amazed at the response. It amazed me that after it was done, people weren't in a hurry to get up and leave. They were just reflecting on it and

that doesn't happen very often." John had a similar take about what constituted a successful performance, "They [the audience] was from all classes of life you know, some of them was pretty well-to-do, they were young and old, different types of people, even different races. It was wonderful to see it, the young people especially." Others like Bob felt the play was successful because of the number of people who attended the production. "You didn't think people would be sitting on the floor did you?" he asked. "I'd hate to do through all of this and nobody shows up (he laughs). That would be devastating." Willow said, "I didn't think you [Jillian] were ready for it. When I walked in [to the theatre] I said I don't think she expected this many people. I got a seat, but I couldn't see over all the people so I just stood up the whole time." Jeff asked me who the audience members were, "They were your students who came for extra credit or something?" When I told him that they were not my students and that no extra credit was offered to anyone he seemed pleased, "I'm shocked," he said, "I think it was a success." Jack was also surprised at the number of audience members, "I was shocked to see how many came. I mean these people really want to see, ya know, and they asked questions." The number of people who attended and the way in which the audience responded was empowering for the participants; they had a voice and their voice was heard. Lois best summed up this sentiment when she said, "If it would have been a small turn-out, it would've made me, perhaps question whether people really cared. But it showed me that we are caring people as busy as we are. We had no advertising and that many people came and were willing to sit on the floor. It made me feel great."

The participants were also impressed with the actors' portrayals, which they felt were accurate. For example, Barbara began her final interview by saying, "I thought it was wonderful. All the actors and actresses were awesome. In fact the one that played Willow, I thought it was Willow so when I saw the real Willow I said, 'Is that the real you?'" Jeff had virtually the same response, "And the girl who played Willow. That girl, she sounded just like her. She sounded exactly." Jeff continued to discuss his impression of the actors work, "The actors really portrayed things and Cory [his girlfriend] and I were both like, damn, that's you! She [Cory] was like, that's you! He [the actor who portrayed Jeff] played a good job being you." Jack like many of the collaborators, carefully watched the actor who portrayed him, "I was so impressed with the guy who played my part." David and Nadine also agreed that the accuracy of the actors' portrayal of the real people made the play a success. David began the interview with, "Those kids who played us, I think they did a great job." Later in the interview David and Nadine returned to the subject of the actors when Nadine said, "It was really weird how they picked up on our habits after meeting with us. It was amazing how those two acted almost like us." David followed up with, "They were really laid back most of the time...every once in a while they speak out," and Nadine concluded, "And that's what we do." When I asked Marilyn if she felt the play was successful she replied, "Oh my God! Elaine [who played Marilyn] did great. And Lindy ... [who played Barbara] Oh my God! When I saw her I stepped back 'cause I didn't believe it. It's like wow!" Finally, when Lois brought up the actors work in the play I asked her if Teresa who played her was accurate in her

portrayal. "To a fault," she replied. "My kids said, 'Oh did she have you pegged.'"

All thirteen participants also placed great value on what they perceived to be the effect the play had upon family, caretakers and friends. Marie brought her on again-off again boyfriend to the play. "I've known Don for eleven years and he goes, 'I never knew it was like that. I never knew you felt that way.' And you know, he'll never forget it now," Marie told me. For John one stranger's comment had a profound impact, "I had one doctor come up to me and you know, he asked me some questions and shook my hand and he said, 'Thank you, thank you very much - this was very informative and I learned a lot.' and he was well, a doctor." When asked why she thought it was a success Barbara responded, "My daughter and her husband, I'm glad they went, because I think he used to think I was putting on just because I wanted sympathy and now I think he knows."

Marilyn concurred, "I thought it was awesome. People understood things for the first time," she told me. Willow was especially concerned about her sister's response to the play and was happy to report that, "She [her sister] loved it. She wants a video tape and so does my mom and my dad and my best friend Ann."

Jack was extremely pleased that so many of his friends had come to the play. That they had also enjoyed it and learned from it made the project all the more successful. He brought a card that he had received from a friend to the final interview. He asked me to read it out loud so that it could be recorded into the audio tape, "Jack, thanks again for taking us to the play, it was fantastic! It thought you might like to see it was even listed in our school newspaper – here is

a copy. I hope it gets to travel throughout the state and keep us in mind if you get a video!" For Bob, who brought some family members to the play, the success of the project was marked by his son's reaction, "It was unquestionably good. What more could it be? I brought three teenagers with me and they loved it. All three not just my son but his girlfriend and his best buddy and they all loved it, and I think that says something." All thirteen participants had taken a risk and invited their family and friends to the play. Bob's comment, for example speaks volumes about his trust and pride in the project. Jim had, in the past, felt that his work with the Puzzle Club was not supported by his family. At the final interview he explained how both his counselor and his wife had been trying to get him to give up some of the support group work. Jim shared with me how he felt the play had changed his family's attitude toward his work, "I am very glad because my wife went both nights and she's finally getting the message that this is important, and a real part of my life." He continued to discuss the effect the play had upon his relationship with his sons, "I think my kids are proud of me but they never say it. Now, after the play, they've all said, 'Hey we're proud of you.' This meant a lot to me."

LESSONS

The second question I asked at the final interview was: What do you think people learned from the play? Marie told me that she had felt like a teacher, "I taught people about brain injury and people learned," she told me. Bob didn't even wait until I asked the question before he began to comment upon what he

perceived to be the message, "Well if this meeting is about a summation of the play than that would be it: the whole thing was really, positive. It wasn't at first remember because I said it made me uncomfortable, re-living a lot of what happened, but sharing it with all those people...and of course their sharing of stories...it uh, it actually helped me feel better and so I've learned that it's helpful to talk about it." For Lois the people who learned the most from the play were the participants themselves. "It was empowering. I realized that we are a family unit. We have a Papa Bear in Jim and a Mama Hen - me! I saw transformations of people during this whole process." When I asked her if she could talk a little bit about what she had seen she responded:

"Absolutely! Bob transformed from it. The process of going back is painful, but he couldn't deny that something was happening. At first he was unsure if he wanted to continue because it was painful but when I saw Bob at the Brain Injury conference (a week before the play opened) I was blown away. He was sitting at lunch and his shoulders were back and he said, 'I have friends. I'm so glad I got involved in the drama project. It opened up a whole new world to me. I'm not alone and I'm not afraid and what I say has value. If I take too long to say something they can just wait.'"

About herself Lois said, "I learned that time really does heal. It felt good to see that I didn't stay stuck. I've grown and so I felt a measure of pride." Marilyn, like Lois, felt that the experience helped her to connect with the group on a different level, "I learned a lot about the different people. I learned about things I didn't realize, even knowing these people for years. I learned how some of them, how um, afraid they are and how strong we all are," Marilyn told me.

Several of the participants such as Jack felt they learned the most from the actors, "I feel like I know more about myself by seeing somebody play me. Now,

I try to remember to talk more slowly.” Pete echoed this sentiment, “I didn’t know I was like that, but everyone in the group told me I am...so now I know.” Jim expressed how he hopes to put his new knowledge about his presentation skills into action, “Bernie [who played Jim] was excellent. At first I wanted to see him have more flair, but then I thought, wait a minute, I’m so easy going so why should I want him to have flair? So that’s my goal, to express myself with more flair.” Jeff described himself as being, “very angry,” during the summer when the play was written. By the time the play was performed he was much more positive about his future, partly because he had met someone and was involved in a meaningful relationship. Jeff brought his new girlfriend to the final interview and described how he saw himself in the play, “I saw myself and I was frustrated and that’s good because you need a character that is not always happy, but in retrospect, I hope I’m not like that anymore. Jeff continued to discuss what he hoped the audience learned from the play, “[I hope they learned] to be patient with people and to try to understand where they come from.”

Many of the other participants also wanted to talk about what they called “the message” of the play, because as Bob put it, “The audience walked away with a valuable lesson.” Jim had engaged in the project because he had wanted to create a play that taught people about brain injury, so it was very important to him that the, “message was clear.” At the last interview Jim told me that, “the biggest message of the play was to let the audience know that the patient goes through a lot of stuff...weird thoughts and feelings.” He continued with, “The families and caregivers need to know the [survivor] is going through this and they just need my

support.” Barbara also shared what she felt the “lesson of the play” was: “Treat everyone like they are humans.” At the final interview Marilyn repeated a line she had in the play, “‘It’s tough, but why lay down and die?’ I hope that’s what they learned,” she said. Pete told me that the play was about, “respecting disabled people.” When I asked him to elaborate, he responded that he felt some pride in showing people that, “you can still accomplish things after a brain injury.” Willow also wanted to talk about what she perceived the audience had learned, “that we’re not, I hate to use the word retarded, but like we’re not, people with brain injuries are not retarded you just need to give us a little more time, be patient.” Jack too spoke about what he felt the “message” of the play was. “Accept us as we are,” he said, “that really came across in the play.” Finally Nadine, who was for the most part, quiet about her feelings told me, “I learned what I kinda already knew.” When I asked her to elaborate she expressed it this way, “I learned not to judge a book by its cover ‘cause you never know. I kinda forgot that before the play.”

FAVORITE MOMENTS

A few of the participants had a difficult time choosing one moment from the play that they most liked or identified with. For example, when I asked Jack what his favorite moment in the play was, he replied, “That’s easy, from the beginning to the end.” Willow echoed his sentiment, “My favorite part, like in general? How about the whole play?” And a third person, Marie had virtually the same response, “All of it. I liked the whole thing,” she told me. Bob also could not cite a specific favorite, “There is no favorite moment,” he told me, “I just

really appreciated all of it.” The other participants were very specific when it came to discussing their favorite part of the play. Three of the collaborators most enjoyed the post-show talk with the audience. John, Jeff and Lois all told me that their favorite part was when they got to come onto the stage to talk to the audience after the curtain call, “Privilege. I felt really privileged when they wanted to talk to me,” John told me. Jeff, like John, liked being recognized by the audience. “It was neat,” Jeff said. “It made me feel like they appreciated it, you know? It was gratuity for my story. Made me show my worth.” Although Lois told me she, “loved the whole play,” her favorite part of the experience was the post-show event. “It made me feel like the experience had a purpose and the purpose was valued [by the audience]. I made me feel special,” she explained, “not special-ed you know what I mean.” Barbara’s favorite moment was when she, “made everyone laugh.” David and Nadine both agreed that what they liked the most was being played by, “young kids because it made us feel young too.” Pete told me that his favorite part of the play was yet to come. “It will be when we get a copy of the video tape and I can show people who couldn’t come,” he said. Jim was most concerned with the other members favorite moments although he did like it when, “Willow came across and did her little boogie at the end and when Bob did his tirade cause those grabbed the audience to make them remember the play.” Finally Marilyn was most affected by the opening moment of the play when the moment of injury was simulated. “They did all that yelling and the loud noises, banging, you know it’s funny ‘cause you’re really out of it

and most of them don't even remember. I think it was powerful for us to see what happened to us."

REVISIONS

When asked if changes ought to be made, some participants openly suggested ideas while others, like Jack, wanted the script to remain the same. "I mean it was phenomenal," Jack said. "Don't change a thing. I can't even think of words to express how good it was." Marilyn felt similarly, "You covered it," she told me. Pete however brought a list of possible changes. He had some new ideas for text inclusion such as the inclusion of a discussion about family support during recovery and he also suggested a new costume for the actor who portrayed him. Pete also told me that he did not like our choice to have the actor who played him laugh at himself, "His giggling drove me bananas." When I asked why Pete replied, "I would say I do a little bit of that. I don't do it to that extent though." We continued to talk about the difficulty of portraying real people and Pete came to the conclusion that an actor can never really capture a person exactly as they are but he did have an idea for a future production of the play, "We could do a disclaimer before. Say, okay, this is not exactly how they [the real people] are, we're just going for the message." Marie and John had been romantically involved with each other during the first two interviews and the group work and an earlier version of the play reflected their closeness and even included John proposing marriage to Marie as he had done at the first interview. They broke off their engagement and relationship about one week before the play opened and

when I spoke with both parties then, they told me that they did not want the public play to reflect their relationship. We scrambled to cut the lines between Marie and John about their relationship and changed the blocking to avoid presenting them to the audience as a couple. However, at the third interview both Marie and John told me that they wished their relationship had been presented in the play after all. They felt that their closeness had really helped in their recoveries and that their relationship showed the audience that brain injury survivors can lead full lives. In her first two interviews Marie had also talked to me quite a lot about being molested by her step-father beginning when she was in the hospital immediately after her horse riding accident. When it came time to choose which lines of text were to be included in the actual play, I spoke with Marie and asked her how she felt about including that particular story in the play. At the time she was uncertain and so together we decided that we would not include it. At her third interview however, the first thing Marie told me was, "I want you to put the stuff about my [step] dad back in the play." When I asked her why she replied that she thought it would make, "a strong play even more strong, you know, plus there's gotta be other people who have gone through this and maybe it will help them see the end of the tunnel." Because the ethnodramatic process is dependent upon reflexivity between all participants (Mieniczakowski, 1996), scripts need to be flexible and often remain unfinished. I revised *The Puzzle Club: brain injury survivors talk*, based on the final individual interviews and when Broken Pines Productions offered to fund a filmed version of the play for use in hospitals and support groups, these changes in the text were used. All thirteen participants will

receive copies of the film version of the play and I am certain they will offer even more feedback, which will be taken into account if the play is performed in the future.

CONCLUSIONS:

Clearly my co-collaborators enjoyed the process and the product, both the gathering of information and the presentation of the analysis. But why was the experience so successful? First and foremost, the participatory research process recognized the people and their experiences as valuable. The participants were involved in the research from the beginning when they determined the type of dramatic project they wanted to work on. In addition, because the interviews and group work were open-ended and flexible in their form, and because the participants worked with the actors who portrayed them and attended rehearsals, they retained control over both the construction of the piece and presentation of their experiences. In his 1995 *Qualitative Inquiry* article, Jim Mieniczakowski tells us ethnodramas, "seek to influence, inform, and change by publicly voicing respondent health concerns." (p. 372) Because the Puzzle Club members saw that they were being listened to, they spoke up, but sharing ownership of the project was not the only reason participants felt empowered by the project. The way in which the material was presented also had a strong impact on the group. In *Representation, Responsibility and Reliability in Participant-Observation*, Martin Sanchez-Jankowski discusses the critical issue of responsibility, "There is no place where values play a more prominent role than in the determination of what to include in the public version of the report." Because we chose to celebrate their survivals and discuss their present states in terms of strength and accomplishment, the participants saw themselves, and asked the audience to see them, as people with bright futures who were as Jim and Marilyn put it,

“tenacious” and “strong willed.” In his 1997 book *Interpretive Ethnography*, Norman K. Denzin hails contemporary performance ethnography when he says, “The performance text is the single most powerful way for ethnography to recover yet interrogate the meanings of the lived experience” (p. 94-95). I would be remiss if I failed to recognize that the thirteen participants were generally optimistic in nature. Certainly their positive outlooks not only contributed to their interest in participating in the project in the first place but also to their response to the process and product. With this in mind the collaborative research project was still a very powerful way for the thirteen participants to explore their experiences with brain injury.

Perhaps because I have had a stroke, the group participants perceived that I was in need of the support group. I am not now, nor have I ever been, a member of the Puzzle Club. This was an important and sometimes difficult issue to relay to the participants. When I embarked upon this project the faculty members at the University of Montana who were advising me on the project ² asked me if I thought I would be able to separate myself from the group of survivors. They were concerned that I might over-identify with the survivors and experience difficulty with objectivity and personal emotions. Throughout the research process I was careful to separate myself from the club and to remind the participants of my role in the process: principal investigator and project

² Special thanks goes to Dr. Paul Silverman in the Department of Psychology who was the principal advisor on this research project and who also volunteered to serve as a therapeutic contact person for any participants needing counseling during the project. In addition I would like to thank Dr. Randy Bolton in the Drama/Dance Department, Dr. Paul Miller in the Department of Sociology, Dr. Janet Finn in the Department of Social Work and Dr. John Lundt in the Department of Educational Leadership for their outstanding contributions and support of this project.

facilitator. I did this by attending the actual club meetings only a few times when I needed to present information to the entire group, such as when I originally sought volunteers and by staying only long enough to present my information. All interviews were held at the hospital and my dress at these meetings was formal in an effort to distinguish myself from the club members. The signed consent forms were present at every meeting as was a list of trained professionals for the participants to contact if they felt that they needed to speak to someone about the project or their feelings. Although such forms and handouts are a necessary part of institutional research, they also served to provide some distance between my co-collaborators and myself, reminding us all of the purpose of the project and the parameters. I continually strove to be as objective as possible and to discourage the participants from considering me a member of their club. To that end I did not include myself as a character in the play. Not only did I not want to play to be about a woman conducting research, but I did not want the play to reflect any journey I was on. I did need to go to Puzzle Club meetings and to talk to members individually about the project and invariably someone would inquire why I did not come to their club. I did not side-step the issue, but instead took it as an opportunity to remind all of us about my role in the research project.

One way a researcher can uphold her responsibility to the participants is to have them verify what has been written (Sanchez-Jankowski, 2002). Not only were all rehearsals open to the research participants, but the real persons whose stories were shared worked with the actors portraying them in the play to make certain that the presentation of self was accurate and comfortable. In addition the

script was revised after almost every rehearsal when the participants' offered comments on the work in progress. The script was revised yet again after the play closed to reflect the desires of the participants. By taking the narrative back to the participants for verification, the study was audited for credibility and because the participants themselves are both the researched and the researchers the verification is both internal and external. The concept of triangulation, in which the researchers consider multiple and different sources (Lincoln and Guba, 1985; Merriam, 1988; and Creswell, 1998) is also evidenced in the thirteen different accounts of survival – one is not privileged over another, rather the findings in the form of the play presents thirteen individual stories with universal elements.

Lois had an idea at her final interview, "I could see this type of play being done with breast cancer. I could see it, believe it or not, with colostomy problems. I could see plays in different, even little areas like that, you know, or with divorce." Little did Lois know that Documentary Theatre/Ethnodrama/Reality Theatre/Performance Ethnography does embrace all areas and subjects and that plays have in fact been written using similar techniques about some of the very subjects she recommended. This style of theatre utilizes many techniques to collect and analyse the material, it is the presentation via performance that remains consistent. For example Marianne Paget's performance of *On the Work of Talk: Studies in Misunderstandings* (1988) about the erroneous diagnosis of a female cancer patient was first published as a research article. Paget took her article and transformed it into a performance, altering none of the original text. Similarly, University of Toronto

ethnographer Tara Goldstein conducted field work in Canadian multilingual schools and chose to write up her findings as a play: *Hong Kong, Canada*. The play *Street Rat*, was created when Johnny Saldaña, a playwright and professor of drama at Arizona State University was exposed to ethnographers Susan and Macklin Finley's presentations of their fieldwork with homeless youth. The three paired up create a theatrical adaptation of the research and made significant use of Macklin Finley's personal poetry about his work, resulting in the presentation of Finley as a character to frame events within the play (Saldana, 2005). One final example of a performed ethnography is Steven Dietz's 1990 semi-documentary play, *God's Country* which traces the growing white supremacist movement in America. Dietz weaves researched statistics, facts, and personal narratives with his own creations of characters and text.

Theatre discusses and shares the human experience. It explores relationships, issues, cultures, and individual identities. Playwrights, like all artists, draw their material from what they know and in this way all plays might be considered ethnographic arts-based research. The difference with the project outlined in this paper however, is that the actual verbatim words of real people were used to craft the dramatic script, the process was collaborative throughout, and the play was presented as research. This participatory, ethnographic project was very much a success for me as well. Looking back over the collaborative experience I recognize my struggle to give up control of the piece, including the purpose and form. My original idea had been to create a piece for, not with, the survivors in order to discuss their injuries and although my principal work in the

theatre has been in Popular Theatre it still took the group participants a while to convince me that they were the experts in their own lives. What I realize now is that the play and the project were successful precisely because I stopped try to create it on my own. The Puzzle Club members brought me a true appreciation of the power people have to affectively author their own lives. From its nexus, the project setting, participants, and performative presentation constantly reminded me of the ways in which the theories behind participatory research, popular education, and contemporary performance ethnography can be carried out in practice.

THE PUZZLE CLUB: brain injury survivors talk

By Jillian Dean Campana

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This is a documentary play. The thirteen people presented in this play are actual residents of Western Montana who are living with different types of brain injuries. They are members of a real support group started by survivor Jim Mickelson called the Puzzle Club. These are their exact words as told to the author during the summer of 2004 in both individual and group interviews.

CAST OF CHARACTERS:

MARIE: 39. *Horse riding accident.* She is the single mother of twins, mentally trapped at fifteen, when her accident happened. Marie lives with her mother. Devout.

JOHN: *Six strokes in the last 5 years.* Late 50's. Marie's boyfriend. Lives with his daughter. Difficulty walking and getting around. A talker.

PETE: 27. *Logging accident, 2000.* Married with a daughter. Almost a cowboy. Ambivalent but laughs uncomfortably at everything he says.

LOIS: 40's. *Car accident 15 years ago.* Married with two children. Motivational speaker/board of Brain Injury Association of MT. Very affable and talkative. Excitable.

BARBARA: 64. *Aneurysm and stroke four years ago.* Lives with son in her trailer. Blind. Talks in a monotone, staccato accent.

WILLOW: 23. *Car accident 2 1/2 years ago.* Lives alone. Works bagging groceries. Slurred speech and swagger. Very confident and pretty. Nose ring.

JIM: 55. *Train hit his fire-truck in 1991.* Married, 4 kids. Started the Brain Injury Support Group and Puzzle Club. Accepted as the father of the group. Presents himself in a business like manner. Very clam and collected. Safety conscious. Slurred speech.

BOB: 50. *Stroke in 2000.* Lives with his 16 year old son in his home. Activist in spirit. Incredibly kind. Chuckles. Bright but has a hard time articulating himself. Walks with a cane.

JEFF: 32. *Car accident at 17.* Lives alone, divorced twice. One child/no custody. Angry at the world and frustrated. Emotional.

NADINE: 39. *Car accident at 15.* Married to David. Speaks her mind when she talks. Quick, to the point. A cynic.

DAVID: Mid 40's. *Car accident at 22.* Married to Nadine. Is always right at Nadine's side. Drives the van for outpatient rehabilitation. *A man of few words but many smiles.*

MARILYN: 65. *Chemical poisoning at 42 and 6 subsequent strokes.* Runs a day care with her husband. Runs the Stroke Support Group. Very slurred and very fast speech.

The mother of the group, Marilyn shakes her head in understanding a lot.

JACK: 63. *Stroke 16 years ago.* Lives alone, divorced. Fisherman. Has only one vocal chord. Takes a breath every sentence. Whistles. Difficulty moving around, but gesticulates wildly when he talks. Raises his hand almost every time he speaks and talks fast.

Prologue: *This moment is to be played PRE-INJURY.*

The stage is empty save for a long table covered with a white restaurant table cloth and thirteen restaurant chairs that sit in front of the table facing the audience. The table has matching brown coffee mugs and two coffee careens placed on it in an orderly fashion. The table and chairs rest upstage center.

VOICE OVER (JIM). Rat Race.

This action takes place during the following voice over: The characters enter one by one at the top of the voice over. Each comes from a different corner of the stage. As they enter they cross the stage with a very specific objective. Each character is in a rush to accomplish their specific task: getting ready to go on a date, changing a tire on a car, depositing money in the bank, etc. After completing their task, the characters move downstage center one at a time.

VOICE OVER: (JOHN): You know there's a lot of people that are super busy, they don't have time to take care of themselves or anybody else, okay, they're just all wound up and trying to get things done. (LOIS): Super mom, often with too much on my plate. (PETE): Like every body else, every other American, have more money and do nothing. (MARIE): Working themselves too hard just to get something done. (WILLOW): I didn't

JIM. Jim.

MARIE. Marie.

JOHN. John.

PETE. Pete.

LOIS. Lois.

BARBARA. Barbara.

WILLOW. Willow.

BOB. Bob.

JEFF. Jeff.

NADINE. Nadine.

DAVID. David.

MARILYN. Marilyn.

JACK. Jack.

After each character states their name to the audience, they move out of the center stage position to make room for the next addressee. The final formation that occurs is akin to an inverted V shape.

Moment 1

VOICE OVER (JIM): The Accident.

Still in the V shape the characters turn and look at each other. They smile. Beat. They look at audience. It is as if each character is on stage alone. Beat.

SOUND CUE/BLACK OUT: Incredibly loud bang that does not resemble a gun or a car backfiring, but that is very loud and disruptive. The second before the lights go out we see the characters respond physically to their accident. Their bodies almost implode, beginning with the stomach, we see them cave into the force of the injury. We see the shock and fear register on their faces. This is just a glimpse.

As the lights fade up we see the characters reacting to their individual traumas in slow motion. These few seconds are representative of their initial recovery periods and as such each actor must decide how to best respond physically and viscerally in this moment. There can be bits of sound, gasps, sighs, grunts as they strive to "come out" of their accidents. Slowly and silently each individual's body shifts to a new position. This transformation that is occurring is meant to represent, not the accident, but the aftermath of the trauma – what they have become. At the end of this movement, each actor establishes eye contact with the audience. It is here that we see the body, in fact the person as they exist today. In the following order the characters step forward closer to the audience and name their injury.

JIM. Train hit my truck.

JOHN. Heat strokes.

PETE. Logging accident.

LOIS. Car accident.

BARBARA. Aneurysm.

WILLOW. Car accident.

BOB. Stroke.

MARIE. Horse riding accident.

JEFF. Car accident.

NADINE. Car accident.

DAVID. Car accident.

MARILYN. Chemical poisoning and strokes.

JACK. Stroke.

After Jack's last line, the actors begin to slowly repeat their previous lines. They will repeat this line several times in the seconds to follow, always directing it to the audience. They are not aware of the others on stage, their goal is to communicate to the audience what happened to them. After the first time of repeating their line (ex: horse accident), they add their name (ex: horse accident, Marie.) The pace becomes more rapid, as if it were gathering steam. The actors do not need to worry about the order. They may speak on top of another's lines and vary their pace so that words begin to jumble together and the order and voices become obscured. The fever and pitch should parallel the accidents. Marilyn should be center stage so that when she repeats her line for the fourth or fifth time, the moment ends. BLACKOUT.

Moment 2

VOICE OVER (JIM): The Club.

Lights fade up and we see the characters frozen in a position that represents, almost by codifying, their injury. The tableau that is presented here is representative of alienation. They are alone with their injury and in their recovery. Jim stands downstage right. He turns to the rest of the characters on stage and speaks.

JIM. There's a group. It's a support group.
It's called The Puzzle Club. The Puzzle Club is
made up of folks who have suffered brain injury.
Our intent is to bring a group of survivors
together so that we can share successes and
failures with one another in an atmosphere where
others understand the game of life we are playing
and help one another know that they are not alone
in their struggle. We invite you to come and share
how you have found one of life's little puzzle pieces
and how you have found a place for that puzzle piece
to make your life better. That very information may
just be the thing that helps me or others live better.
This isn't just my club, it's your club too.
Come, we'd love to get to know you.

As Jim speaks to the others they slowly, one at a time turn to listen. Throughout the previous speech their interest grows. His words are comforting and they provide hope. We see them individually make the decision to attend a Puzzle Club meeting. At the end of Jim's speech we see the group simultaneously shift to look at each other. They smile. Lights fade to black.

Moment 3

VOICE OVER (JIM): What Happened.

As they lights fade up we see that the characters are beginning to arrive upstage with the chairs which they adjust to form a semi-circle; the audience makes up the other half of the circle. Some characters sit, while others stand. This is a Puzzle Club meeting and it is their first time ever at the support group. They speak directly to the audience: the audience members ARE the other members of The Puzzle Club. The tone is very straightforward – no sentimentality. These lines are delivered quickly, one after the other with occasional layering of text and no pauses in between characters.

JIM. I was a fireman, worked for the Missoula Rural Fire Department. Three in the morning of July 10, 1991.

LOIS. *To the audience.* Raise your hand if you have a brain injury.

All characters on stage look out at the audience and raise their hands.

JOHN. Total. Brain Injury. I only got half a brain to work with. August the nineteen uh twothousand.....and uh....my first stroke.

MARIE. My accident happened January 27, 1983 I was uh ridin a horse.

LOIS. Fourteen years ago.

BARBARA. April Fools Day. 2000.

PETE. July, 2000. We're not exactly sure what happened.

MARILYN. The stroke is not my first brain injury. In '82 I had chemical poisoning.

JEFF. My accident? What happened? Okay, fifteen years ago I was coming home from a date, I was 17, and I had worked all day that day and I fell asleep at the wheel.

NADINE. I was 15. November 21 of 80.

DAVID. I was 22.

NADINE. A bus with some nuns in it was coming onto the highway.

DAVID. We've got married. 86.

NADINE. (*Referring to number of years they have been married.*) Just a few years. (*back to audience*) And me or whoever was driving hit the cement meridian. You know, so.

BOB. I just work up one morning four years ago, went to get out of bed, and fell on the floor.

JACK. It happened about 6:00. (*He whistles*) The second of August. A Friday. 1987. The year of the fires.

WILLOW. So I'm in a car wreck and I'm in a coma and my mom and family was there at the hospital 24/7. I didn't feel anything.

JIM. I was sleeping and awakened by an alarm from my pager that there was a fire.

JOHN. First stroke. I had it in Nevada at my daughter's place.

MARIE. I was riding a horse with my friend in Florence the only thing is that when we were startin to walk across the street umm the horse himself started getting antsy and prancing...

WILLOW. I was drivin a car in Colorado and so I heard or read that it rolled 8, 10 times and I got sent airborne ta Grand Junction and I was in a coma for 2 months.

LOIS. I was going, it was just a normal day, a normal day...

BOB. And of course I couldn't understand what was going on.

BARBARA. April Fools Day And I was working at Ruby's. I had a brain aneurysm.

PETE. (*Laughs.*) Um...I.....they think that on one of my skid trails I got a little bit sideways and it, the dirt gave way a little bit or something...

MARIE. ...because the horse, he wanted to go home which means that my foot got stuck in the other stirrup. I was lucky.

LOIS. ...and I was going about my work. I had my schedule all planned and I decided to stop and get donuts for my husband on my way to work.

BOB. I started calling to my son, and...and when he didn't respond very quickly I started yelling and he went and got my mother.

JOHN. Drove three/four/seven hundred miles across the desert from California. I walked out of the car, the hot car...into uh an air conditioned house, cause my daughter and her husband just bought themselves a new house and uh I stepped out, out of the hot car and I wasn't feelin very good at all.

LOIS. I was going to surprise my husband and I was waiting to pull into the parking lot at the bakery when I was rear ended at a high rate of speed. My car was totaled.

PETE. ...they are thinking and then my skidder tipped over I think it was 300 feet I rolled. (*Laughs.*) Oh, I'm sorry, a logging skidder. It's, big tires, and actually a little bit taller than my head.

JIM. So about, oh probably, half and hour to an hour into the fire they needed some more water. So I volunteered to take the tanker down to the fill site to fill up with water.

LOIS. I, I hit a pedestrian. I hit her and she flew up on my windshield.

BARBARA. I worked in the laundry. The guy I was dating...I was working with....I was dating...and he called emergency cause I guess I had a terrible headache. And then I passed out. He's married to my friend now.

BOB. My son lives with me but my mother lives next door and as soon as my mother saw me she called the ambulance. She knew something was wrong.

PETE. A skidder, I mean that machine is big enough to run a car over (*laughs*), you know like the monster trucks.

JACK. I stood up. I feel down. I tried to stand up again, and I couldn't stand up. So, I got back in bed.

MARILYN. Chemicalpoisoning. Trichloretholine.

JACK. So I told my wife, "something's wrong." Nothing hurt, I just can't stand up.

DAVID. I was coming to Missoula from Washington. I lived in Richland, Washington. My mother was here and the lady I was engaged to. I was out towards Frenchtown and passing a semi, pulling out of the way-station.

NADINE. I had no idea who was driving. Well, from what I've been told by mother and people I was hanging out with the wrong crowd, according to mom, so.

DAVID. He didn't have his headlights on. He turned 'em on a hundred yards in front of me. This happened at quarter to midnight. And instead of going under the semi, I attempted to turn down in a ditch, but he ran over my car.

BOB. Yeah, my mother called the hospital and it wasn't until afterwards...that you know..."you had a stroke." I lost all movement. Totally immobile.

Light shift. Characters shift positions slightly. This change needs to convey a passing of time. As Jim speaks this next line he turns from the audience to the characters on the stage. The fourth wall appears with this shift in direction. This is another Puzzle Club meeting. The feeling of intimacy between the members begins to grow and they begin to respond to each other. The dialogue is still quick and layered.

JIM. I did not see the train, to this day we do not know...ah...what happened exactly. And we got us a train hit my fire truck on the passenger side, right at the passenger door, and I'm here today because of my habits. The habit was putting my seatbelt on.

DAVID. I'm just glad I had my safety belt on. Found out later it was a drunk coming at me and - obviously the wrong way.

MARILYN. Trichloretholine. Asolvent for cleaning machine parts. Attacksyourbrain and blood. It's banned by the MarineCorps and the Navy, the StateofMontana banned it.

DAVID. And I was stoned.

NADINE. We went to go up to Marshall Ski area to have a keg. So it's kinda...and I went. Whoever was driving went on the freeway to the East Missoula exit and apparently got to Van Buren. I got thrown out of the car and the car rolled over me so it's like (*shrugs*).

JOHN. The first stroke, yeah, it was a heat stroke....and uh when they finally got me back to where I could understand and acknowledge anything, three months, I got back in the car and DROVE MYSELF BACK TO CALIFORNIA!!! AGGHHHH, did the same thing in reverse, I stepped out of the car, walked into the house, uh my dad's house, next thing I knew I was on the floor. THEN, I recovered and on my birthday, uh, February 16, I had four strokes that day...just one right after the other. I walked out of a cold room into a warm hallway and the last thing I remember is goin startin to fall down. (*He acts out falling and grabs Marie for assistance.*)

MARIE. (*To John*) I fell off the horse head first. I hit my head on the pavement. I was lucky. God's on my side.

JIM. My wife, every time she hears a train she just tenses up. It doesn't bother me.

WILLOW. Don't want to talk about it.

MARILYN. I was 42 when I had the chemical poisoning. I was working in this company in California, I was in the quality control department. I was very sick. I wasn't able to walk - I couldn't drive in traffic. I couldn't drive on the freeways. I went somewhere with my son and ended up on the floor. Slid right out of the chair. Had become so toxic. I couldn't... I was crushed. Forty-two years old, single mom and I had three kids and I ... I ... out of work. They cut off my workers comp. They said it was all in my head.

JEFF. I went across an oncoming lane of traffic and went down a ditch and hit the railroad tracks, which were at an angle.

NADINE. Everybody in the car ended up with bumps and bruises. And I ended up with a head injury. So...

DAVID. My sister she said, "You were in a car accident David." "But it's Sunday I gotta get back to work." *(Laughs)* She said, "David, you don't work there anymore. You were in a car accident five weeks ago."

JEFF. They were, like, at an incline, and my car jumped the railroad tracks and landed on an angel and rolled, like, I think eight or nine times. I was thrown out of the car.

BARBARA. I really don't remember. I was in a coma for four and a half months I lost my eyesight. When I came to I couldn't see. They let me out of the hospital on my birthday, which is August 9th. They kicked me out. I said, "NO, I'm graduating."

JEFF. Legally I was dead. I had no pulse, no respiration, my body temperature was like 90 degrees. Um, I lost a lot of blood. I was thrown out of the windshield and I lay in ant bed for two or three hours until they received an anonymous phone call.

PETE. Yeah, it rolled and flipped, everything when my skidder tipped over. I think I rolled 300 feet. My partner came up at about 10ish, yeah I think it was 10 in the morning. I think they found me in the road *(laughs)*, cause I hit the log deck I was building. That was the only thing that stopped me.

MARILYN. Four years later I had my first stroke. I told my cousin on the phone. I think I'm having a stroke." "No, you're not! Got a nap." I was having a ... well, I was very confused and I was having trouble standing.

PETE. We're not sure how long I was there. The ambulance had to drive me ½ mile down the road and then life flight. *(Laughs.)* It was pretty funny.

Lights shift. Characters shift positions slightly. More time has passed. The characters are even more comfortable with one another.

JACK. My wife called the doctor and the doctor says, "You'll have to come in. Then, I didn't want the ambulance.

MARILYN. A bad reaction to cleaning a carpet. The doctor had me spell the word world backwards. Can you do that??? I did it!

JACK. So I crawled on my hands and knees, had my wife back the pickup truck to the door, crawled up into the bed of the pickup.

WILLOW. I had no pills, no painkillers, no nothing but the coma lifestyle.

MARILYN. I've had six strokes. The first two were back to back.

WILLOW. Or so I've been told. I don't really remember... The first thing I remember is being really hot in Colorado, that's where it happened, and going outside in the wheelchair and it was really hot and it hurt cause the hospital was so cold.

MARIE. I felt awful cause I disobeyed my mom she told me not to go riding any horses. And they showed my mom where I was and I was going into convulsions because of shock and mom put her hand on mine and said, "It's okay you know who you love, you love the lord don't you." And by that time the mention of Christianity just stimulated me.

LOIS. At the time I was newly re-married, 9 months before this happened and my children were very small.

MARIE. I went limp. God was gonna take care of me.

BOB. What caused the stroke was a blood clot... I came down with some kind of disease that I can't repeat the name because I can't pronounce it *(he tries to say it)*. What came out of this disease was extremely high blood pressure.

MARILYN. I was just... you know I couldn't believe it happened to me.

JIM. It's amazing, with the train hitting right at the passenger door... I flew across the cab because it was an old tanker and only had a lap belt. They had a new medication out to stop brain swelling and my brother he was on the fire department at the same time and he called the ER to get that medication. So they

gave me that, so that may be the reason I'm here. I don't remember anything from the minute that fire...that train hit my fire truck. Train verses truck.

NADINE. I don't remember it.

DAVID. That was the last thing I remembered...a set of headlights turned on a hundred yards in front of me....Don't remember a thing about it.

NADINE. I don't remember anything from a month and a half before the wreck to when I woke up. I was fed cottage cheese, that's what I remember and I can't stand cottage cheese now, uck (*she shrugs*).

DAVID. Definitely (*he smiles and nods*).

JIM. In the next few seconds my life changed forever.

JACK. At first they thought I might have a ear infection. I was only 42. They finally said, "It ain't an infection. You had a stroke." I had a brain stem stroke. My question was, "what's a stroke?"

Jack looks at the others on stage for the answer. They look at each other. They do not know. Beat. They look out at the audience for the answer. Lights fade to black.

Moment 4

VOICE OVER (JIM): Before.

Lights fade up. Each character is in his or her own world, thinking about their self prior to their brain injury. When they speak their first line they look up and address the audience. Each time a person speaks they move closer to the spectators so that by the end of the moment they are again downstage. In this moment they express happiness, contentedness over their past; the tone does not convey sadness or pity.

WILLOW. Before, I was a bitch. I was a very nice bitch. When I wanted something I would ask very nicely, and if they didn't give it to me then I became a BEE-OTCH.

LOIS. Before. I had a lot of energy. I had a very good memory. One of the things my husband loved was my energy. He loved the fact that I wasn't afraid to tackle anything.

JIM. They called me Mr. Safety in the Fire Department because I always wanted to do everything by the book.

LOIS. Before? I was a Christian, but was walking without the Lord. I would put him in a box on the shelf and when I was in crisis I would call on him.

BOB. I was going back to the university to be an elementary school teacher, which requires a lot of...um, energy. You have to have patience with little kids, and can you imagine blowing up in their presence? It would be...it would be so...I'm not gonna.

LOIS. I accepted him as my savior, but I did not walk with him daily.

JEFF. I was seventeen when it happened. It was the summer before my senior year. Taking one, just living...just living the day for the day, just having fun, just doing everything that normal kids do you know. I was a normal teenager you know.

BOB. Before I had the stroke I had also worked for Opportunity Resources and so I know. I think it's natural to...be embarrassed by people who are in wheelchairs. You get kinda embarrassed and look away, at least I know I did. And sometimes now I feel people looking away rather than looking at me.

JACK. I was in the Air Force for twenty years before I had the stoke. I always wanted to be a cowboy. And a mechanic. I finally moved to Montana and retired and got to be a cowboy and a mechanic too. That's my life. I'm a mechanic...a cowboy...what else is there?

JIM. Before I was a type A personality. Very aggressive. My wife would probably say I was a workaholic.

MARILYN. I was single, in California - doing daycare in my home. And I drove. I would get in my car and drive over to my cousins in Arcadia Beach. I could come and go as I wanted to.

NADINE. I was pretty much a loner. I'd mind my own business, 'specially in English when we had to give (*whispers*) oral book reports. ICK! My mom would say I was a pain in the butt...pain in the...yeah. I'm the exact opposite of what I use to be. Now, so it, it changed all around. Two things: don't drink and don't get stoned either, 'cause that has the same effect. I think I was both, I can't remember for sure (*shrugs*). He was (*indicates David*)...

DAVID. A real go-getter. I loved working...and...the more work I could do, the better I felt. I had just graduated from the University of Montana not long before, business administration and management. I went to Richland, Washington and was working for University Nuclear Systems. A construction firm. I was a buyer down in Richland, buying all the things we needed to build our projects.

NADINE. (*to David*) You collect coins.

DAVID. True. (*smiles and nods*).

NADINE. Before, I'd have gotten further in my education, but now...no way.

PETE. I just like to have fun you know. Just happy goin', always smiling and having fun. I was a partner in a logging company in Timber Harvest. My wife and I did the books, we pretty much ran it. Sports, I was pretty good at...my balance was...phenomenal. I have pictures at home of me standing on my head and writing...

MARIE. I was a very picky person before. I cared the way I looked, the way my hair was....

JOHN. You still look good Marie.

Beat. John and Marie look at each other and smile. The others look at them knowingly. A relationship is growing. Beat. The focus is directed back to the audience.

WILLOW. I worked at a car place, detailing cars, that was just part time cause they gave me money. I had a bit of muscle.

MARIE. A typical, happy girl.

JACK. Got horses. I was a happy guy. I went to college to learn. So, no complaints. Every dream, ever since I was a kid, travel around, do everything I wanted to do. If I was to kick the bucket and they'd ask me, "Jack, what else would you like to do?" I've done everything I wanted to do. I've done it. How many other people can say that?

BARBARA. I was very energetic and athletic and I worked hard. In fact they had to hire three people to take my place. Serve's em right! I was hard working, everybody knew it. I wasn't blind. I could see.

BOB. I was a trucker, owned my own rig. I was very self-sufficient. Independent. Very independent.

JOHN. I used to have a very smart mind, I was the next one under a genius. They tested me.

WILLOW. What did I have to work on? Oh gosh, I don't know. I don't think there was any.

MARIE. I was gonna become a nurse at the Navy because I wanted to really go into the Navy and just you know, be a part of the Navy cause my Daddy was also a part of the Navy. My Dad died on an off day, but he was still part of the Navy.

BOB. In the 1960's if we had Walgreen's Drug store, I would have been sitting there. I wasn't uh, the bus stop, Birmingham, I didn't do that, but I did what I could in the Chicago area. I campaigned for Eugene McCarthy and so I've been, I've always been concerned with, uh, those kinds of issues, human rights issues.

WILLOW. Oh! I had confidence before. Hell yeah. After? I'm not sure...what's the opposite of confidence? Low self-esteem? I didn't have that, but it wasn't high.

JOHN. You name it, I've done it. I was very, very smart. I worked for the government, I've built houses, repaired things, been a mechanic, a preacher, I don't mind talking about the Lord when I get the opportunity.

LOIS. I feel lucky.

BARBARA. I just thank God that I'm alive.

JIM. I feel optimistic.

MARILYN. I'm a stubborn Yankee.

MARIE. Just an everyday person.

PETE. It drives me bananas that I think so slow.

WILLOW. I feel a lot better.

JEFF. I feel frustrated by other people's ignorance.

BOB. I'm a roller coaster.

JOHN. I feel wonderful. I'm pretty happy. *(To Marie.)* One of these days when a certain person says, "YES," I'll be super happy. *(Marie laughs and rolls her eyes.)*

DAVID. It was a blessing in disguise *(he smiles at Nadine)*.

NADINE. *(ambivalent shrug)* Ditto.

PETE. My wife says she thinks my personality changed. I think that's what she says.

JACK. Don't feel sorry for us. At all. We're not special. I mean, I don't think we are. I just want people to understand why maybe I talk the way I do - like maybe I'm tired. Maybe they think I'm yelling but I'm not. I lost my voice when I had the stroke. So I'm just trying to talk. I'm not mad. I've got to take breath of air to talk. I want you to understand that. I'm not angry. I'm not mad. I've never been that way. But people who don't understand that, let's hope this play...*(Jack turns toward the group who have all come downstage to be closer to the audience. They turn in to look at each other.)* I hope this play expresses to people how some of us feel, so they'll know.

JIM. Jim. Train hit my fire truck.

JEFF. Jeff. Fell asleep at the wheel.

BOB. I had a stroke. Bob

WILLOW. Willow. A car wreck.

JACK. Jack. I had a brain stem stroke.

NADINE. I got thrown out of the car. Nadine. David...

DAVID. Car accident.

LOIS. I'm Lois. I was rear-ended by a truck.

BARBARA. Barbara. Brain aneurysm.

MARILYN. Marilyn. Chemical poisoning and strokes.

PETE. I'm Pete. My logging skidder tipped over.

MARIE. Riding a horse. Marie.

JOHN. Six strokes. Heat strokes. John. Every house has one of them.

John laughs at his last line. He keeps laughing until all the others turn to look and join him. Lights fade to black.

Moment 5

VOICE OVER (JIM): Rehabilitation.

Lights fade up. The characters have re-gathered upstage with the chairs. The chairs form two broad parentheses so that the characters are facing each other. They speak to each other intimately about their first months of recovery. The fourth wall is present. John and Marie sit next to each other.

JIM. Dr. Ross believed in me more than I believed in myself.

MARILYN. Dr. Ross! He's a sweetheart. Heseesmeandasks, "what are you doing Marilyn?" I says, "daycare." He says, "AGAIN!?"

MARIE. Dr. Dewey. I was his favorite patient – cause I was like a daughter to him.

NADINE. I just moaned and smiled, so *(she shrugs)*. I don't remember all that I did, according to mom.

MARIE. I got the bone on the right hand side *(pointing to her head)* but on the left hand side Dr. Dewey did mesh. There's one soft spot right here *(she points and speaks to John)* on the top of my head if you even touch it, I know it!

DAVID. "Why do I have all these casts on my body?"

JACK. When I was up there I was kinda special, they took me downstairs and they wanted to have their pictures taken with me. They do those extra things for me. I sure appreciated it.

JIM. Dr. Ross come in one day and he says, "What's your name?" I said, "Jose Mayonnaise." He says, "Okay, Jose, do you have a family?" "Yes, I'm married." "Who you married to?" "I'm married to Rita. And...I got six kids." And then he asked me a couple more questions and then he left. And my wife came over and she tapped me and says, "All right, now I wanna know who this Rita is." Cause her name is Vicki." And I want to know who the kids are cause we have four." So that's kinda comical, cause that's what your mind does. It just randomly picks things out.

JACK. I'm kinda proud that I can communicate now. One day a few months ago I was in Target. I saw this gal walking. I know her from somewhere, but I can't...just bugging me. Finally she looked at me, I looked at her, I know this woman. She said, "How you been Jack?" I heard the voice. "Pat?" That was Pat my first therapist. Fifteen years ago.

PETE. I had to learn everything again so I was just like a toddler again I had to learn everything again, eat again, talk again, think again.

BOB. Of course all the physical therapists support you. I don't know if it's true or not, but they always tell you that you try harder than anybody they've ever seen, which is what they might say to everybody, I don't know. But it works. *(Chuckles)*.

JOHN. I am thankful for the doctors and the people in the hospitals. I had a panel of 6 of 'em, of experts. And they told me, "Are you feeling proper? Where you can acknowledge what we're saying?" Now that's rough, when you're settin there, the Ph.D.s', and the high fallutin doctors from different parts of the United States come in and each of 'em has individual knowledge of their field, their profession. And they say, you've only got 50 percent or less of your brain...

WILLOW. I was very depressed. I was skinny and sad. I couldn't be mean. I had a broken foot, two broken ankles, and 2 skull things. I was not there.

MARIE. I had this favorite rehab guy from St. Pat's. I just couldn't get along with others because they weren't as dear as Chip. What can I say, Chip's my favorite.

WILLOW. I was skinny and my voice was all girly like, like even now I talk very high pitched than I did earlier, before my accident. Until about a year ago, *(she demonstrates high pitch)* I talked like this...I'd be all sweet and cute.

NADINE. In the hospital for pediatrics at St. Pat's they have a photo lobby with pictures of me from my wreck. Pictures of me with diapers on and....a little embarrassing, but....oh well. Facts are facts.

DAVID. You bet.

NADINE. I was 15, so *(she shrugs and looks at David)*.

DAVID. I tried to back to work a year after the accident and my boss had me doing nothing and then after that week he came up to me and goes, "You know, I don't think we need you anymore. But you're on disability so...great." Great.

MARILYN. My first stroke in California, the doctor told my son, "Take her home, there's nothing wrong with her." My son said, "Get the hell out of here." So I ended up 10 days in and a month in rehab and I was out in like 30 days. So, I'm a stubborn Yankee, you ain't gonna get me. NO. I knew I had to move to South Carolina with my daughter. I couldn't just sit there in Southern California, I couldn't afford it!

LOIS. I was unconscious for a while and then I was sent home and told if I didn't feel better in a couple of weeks to see a doctor.

JACK. Back then I couldn't, couldn't do nothing, couldn't walk, couldn't swallow, I couldn't swallow for a year and a half. I had a tube. I'll tell you about that later.

JOHN. When I finally work up I said what am I doing. They said, "You're in the hospital," I said, "What?" "You been in the hospital, you had a stroke. I said, "Well that's what the doctors told me a long time ago, I'd never have a heart attack, he said but you will have strokes."

LOIS. Um, initially I didn't show much injury and I was sent home. A month later, I had to have root canals from clutching my teeth, my glasses changed because my vision changed, and I had memory problems. I was diagnosed as having post concussion syndrome and told 6-9 months later my brain would repair up and I would be fine. I was afraid because the expectations of my doctors and family and of my friends was that this was temporary so as I fell behind further and further I didn't ask for help because I didn't want them to see how poorly I was doing.

BOB. I appreciated so much what people were doing for me. I felt so close to all, well, all the staff in the hospital. They were so excellent. They really knew where you were coming from.

WILLOW. Not the mean voice. I don't want the mean voice back, but I wouldn't mind a lower...a not so high pitch. But it's alright. I can deal with it.

BOB. Initially I went to St. Pat's and the doctor came by St. Pat's and said something about Community's program. They thought I might fit right in. It was eight months altogether.

NADINE. We were both in the cognitive remediation class at Community.

DAVID. In that class for a year then at the end of it, Randy Odt was the purchasing agent for the hospital, offered me a job. I said sure.

BARBARA. I went into a coma right away and after they kept me with the medicine they just threw up their hands and just about gave up. So Dennis Washington has a medical plane and he jetted me to Portland to another doctor. I didn't even know that until someone told me. I sent him a thank you letter but I never heard anything. I guess he's too important.

BOB. Determined. I got in trouble a few times, trying to go from the bed to the wheelchair. The first time was at St. Pat's and I tried to go to a chair, get off the bed and go to a chair. I had to go to the bathroom and of course I ended up falling

flat on my face and getting bruised. For some reason you bruise really really easy.

JEFF. So they life fly me to the University of Utah Medical Center and I was in surgery there.

BOB. (*A realization*) That's why I'm bruising, I was taking massive doses of blood thinners. Wow, yeah I'd forgotten about that.

DAVID. My sisters have taken over for me. They wanted me to go see this psychologist and have me declared mentally incapable.

NADINE. (*Explaining*) So they could take care of his money.

DAVID. (*Explaining*) So I don't have to worry about paying bills anymore. They take care of all my bills.

NADINE. (*Explaining*) My aunt takes care of mine.

MARILYN. Vision was gone and (*to Barbara*) thank God it returned to me in less than a month, but you know. And then I was in Florida for a year and I was dying down there like the pollution, by the ocean. It was worse down there than I... Oh I thought, "I need to get out of here. That's how I ended up in Montana. "Get me out. Please come and get me." So my daughters got together some money together and we drove back up.

PETE. I had what they call a Vail bed. It's basically a cage that they stick you in.

JEFF. I was in surgery for twenty-some hours. Eight or nine months I was in in-patient therapy and then when I was released from the hospital I was in out-patient for another... I think eight or nine months.

JIM. I figured out how they let the side down on the bed. I was smart - brain injured, not brain dead. I was sitting there, very impatient. And I wanted to go to the bathroom, so I push a button. Nurses didn't show up. Maybe five minutes, maybe twenty, they didn't show up. So I let down the side of the bed, but I couldn't walk, so I'd fall on the floor. I made my way out to the Nurses' station. They said, "What are you doing?" (*to them*) "I gotta go to the bathroom." Well they got tired of me falling out of bed, so they put my bed on the floor, said, "Now, try falling out of that."

BARBARA. They told me I would never walk again and they sent me home in a wheelchair and I thought, "Uh uh." I couldn't get the wheelchair around the corners. I'd get in the room with the corners and I couldn't get out. So, I got up and walked.

WILLOW. *(To Jack)* Tell us about your tube.

JACK. You mean my tube thing? I can take any experience you want and make it funny. Make it a joke. I had a feeding tube for a year and half because I couldn't swallow. Anyway, one day when I was home it popped out. I was scared to death. I called up the nurse at St. Pat's and said I needed some help and she said, "Push it back in." I was scared to death. I had no choice. I had to push it back in.

WILLOW. Oh my gosh.

JACK. She said, "Push it back in." I said, "Me?" "Sure," she said. And I did it. I had to eat. It just popped back in. Cause I turn everything serious into a joke because at first it was pretty funny.

MARIE. After my second operation I couldn't take care of myself. My mom and step-dad had to dress me...

LOIS. I felt like such a loser since my self esteem came from all the things I used to be able to do well.

MARIE. Bathe me. *(John takes Marie's hand)*

BOB. Course one of the things that struck me, totally, was when the physical therapists would tell me that there's absolutely nothing wrong with me physically. There's no reason in the world why I can't move my hand. It's all in the brain you know when you have that blood clot, you've lost those nerves, you see, those spider webs of veins are all disrupted, and of course, that's why it's different with everybody, and I...I...lost track of where I was going. What was I talking about?

NADINE. They finally had to move my mattress onto the floor because I'd fall out of bed. *(Laughs ambivalently. David laughs with her.)*

LOIS. Determination...to regain ALL of my previous abilities and RESTORE my LIFE!!!

JACK. I can hardly talk. Every breath. For every sentence I have to take another breath. If I want to say something I have to raise my hand.

JIM. So then they put me back in bed, they said, "Here's your bed back if you promise to stay in it." But I was so impatient, they put me in a Houdini Jacket. Jacket. Houdini Jacket. Ties your hands down so I had enough hands to push the buttons but not to let the bed down. I hated that damn straight jacket.

JACK. The doctors were, they were real great. Super great. They were what made it. You loose some things and they were there to tell me, "Jack you're doing great." I hadn't done a thing! *(He whistles)*

LOIS. I WANTED A PILL THAT WOULD RESTORE MY LIFE!

JACK. That kind of encouragement, that's better than the pills.

Laughter. Smiles. They all shake their heads in agreement. Black out.

Moment 6

VOICE OVER (JIM): Living and Dying.

Lights fade up. The characters stare at the audience. They do not ignore one another but they do not take their focus off of the spectators. By coming to the theatre tonight, by staying, by listening to the stories, the spectators have earned the right to join the group. After each person speaks his or her last line in this moment they turn and move upstage. As they arrive upstage they sit for the first time at the table. One at a time they grab a mug and pour coffee. As more people arrive at the table they begin to talk very softly underneath the action on stage. None of the table dialogue should be heard by the audience, nor should it distract.

LOIS. (To the actors) Raise your hand if you ever wished you had died in the early stages?

All raise hand except Jack, Marilyn, Bob

LOIS. (To the actors) And when you got better were glad you didn't?

All raise hands except Jeff.

JEFF. How about still undecided on that one.

JOHN. I've died six times. You have to stay positive.

BARBARA. If it didn't hurt so bad, I would have probably committed suicide, but I was thinking, if God wanted me to live and I lived, who am I to take my life?

JOHN. My mom had a really good saying when she was alive: she said, "John, whatever you do, take time and smell the roses."

NADINE. That's what my grandma used to say.

JOHN. I couldn't remember, I couldn't figure out why is she saying that, why would she tell me to smell the roses. She used to plant roses.

MARIE. When I was tryin to get better at the hospital my step-father uh started feeling me up and it was kinda...

JEFF. Yeah, I had an out of body experience, but I'm not going to go into that right now. Yeah.

PETE . (Still to the audience) Was anyone else here life-flighted?

Still looking out at the audience, Willow, Jeff S., Barbara, Nadine, David raise their hands.

JOHN. She used to have a lot of roses around the house so I thought, "Well maybe that's what she wanted." So I go over and smell the roses and mmmmm...okay, that smells good.

PETE. All the brain injury people understand how close they came and they know there is a reason why they made it.

MARIE. First it was my bust and then later on it went down and he took off his pants and expected me to enjoy myself.

BARBARA. I've always wondered why did this happen to me? Instead of somebody else? But I know why. Because somebody else might not have been determined or would have given up.

PETE. I don't know if I told you I'm adopted and that kinda goes to the purpose too cause my biological mother decided not to have an abortion and then I had this happen to me and there is some reason why I'm still here.

MARIE. I felt after that kinda ridiculed before mankind. I was very depressed.

JACK. In the beginning I went to the rodeo in Superior cause that's where I used to work. I was in a wheelchair. All the people I used to know. I'll never forget it, this one person, he looked at me like he was sick to see me. You don't have to be afraid of me.

MARIE. This guy gave me the shock of my life, he hit me, you know right here where Dr. Dewey did mesh. Cause like I told you, it was part of the tissue. I felt like I got hit by a locomotive you know I had to go to bed because my knoggin just hurt, my brain you know.

MARILYN. They have a difficult time understanding me. I know it's difficult because my speech is not what it was before. I don't think so much on it. Really, I've got too many things to do. You know I've got 21 kids at the day-care and me. We have two year old! I'm Yankee, I want to do things and have a life. I think that's the most important thing, to have a life. It changed my life drastically, but um, why lay down and die?

JOHN. *(This first part is still delivered to the group, not the audience.)* But I've come to the point now of what she was trying to tell me. "Take time and smell the roses." Take time: that means slow down. STOP is you have to. Whatever the situation may be in life, whatever station you're at. Life wants us to take time and acknowledge these things of beauty. You know, be thankful for the little things. I learned that and think it everyday. Take time and be thankful.

LOIS. I had a fear I would loose my family.

JIM. I was in a semi-coma at St. Pat's, but I just kept telling my wife, "just pull the plug," because I didn't want her to go through what I went through. My first wife died from a head injury. It was a car accident 1973. She lived 4 days. So I tried to get them to pull the plug in the hospital, and I was angered by them, I pulled out my IV's and catheter out twice, and people were like jeeze, you pulled the catheter out, not a good deal. I said, "well you won't let me pull my IV's out, so what do you do? I decided to quit eating. I went from 210 to 170. I had to have surgery to put a Peg-tub to feed me. And then after a few weeks I came around and now I don't know what it was, you could, people could say it was a spiritual thing, I don't know. My wife said I was kinda gone for a few days, just like I wasn't there. And when I came back around, she said, "Where you been at?" And I said, "I been out talking to people." That was a near death experience? I don't know. I've studied a lot about it and probably was. Ever since then I've tried to understand why I have spirit. Why I'm alive.

JOHN. Amen brother.

LOIS. I remember wanting to go to sleep and not wake up.

BOB. Kirk Douglas was on TV, he had gone through this and well he had tried to commit suicide and he was talking about the sadness and all this kinda thing. I realize now exactly what he was talking about, in fact he said that the gun barrel hit his front teeth and that's what brought him to his senses (*laughing*) was the chip on the tooth.

WILLOW. When I came out of the coma I was just too depressed to even think about the future.

MARIE. What I've had to do is to ask God to help me forgive this man for what he has done to me because it is not easy to uh do this kind of thing.

WILLOW. Nothing but dead end things.

JIM. So often people get this, put this shield up, 'Can't happen to me - I'm a good guy! I can't wreck! I can't fall off my bicycle!'

WILLOW. Just, I can't do this, I can't do that, I can't even try it.

JIM. The reality is it can happen to you if you don't do something to prevent it.

JACK. It's always in the back of your mind, what if this happens again. I don't want to go through this shit again.

MAIRE. But you know, I do truly believe in Christ. When I was over at St. Pat's and my head was swollen up, my mom and this friend of ours were praying, and there was this hand that went on both of their hands...

JACK. They had to bring me back to life twice. I was on a respirator. I couldn't breathe by myself.

MARIE. You know, God even does it to me sometimes, he taps me on the shoulder. Just like sometimes I can feel him now.

JOHN. I was seein visions as where I was getting ready to go to heaven and the angel told me, "Not yet John, there's something for you to do." "What is it you want me to do?" He said, "You'll find out." The next thing I knew I was in my back in my body and I asked one of the nurses I said, "Why am I here?" "You got another str.. batch of strokes." - hmmmmp! And then they ran a whole bunch of tests on me and that was when they found out that I only got half a brain to work with.

MARIE. I just have the dear Lord to thank.

JOHN. Amen.

PETE. I went to a funeral last week of a buddy of mine I went to high school with. Life can be that way (*laughs*). It's hard to understand how life can be that way. He was in a car accident so it's hard to understand the purpose. But there is one.

NADINE. I was taken to St. Pat's. And I have no idea what happened.

DAVID. My mother passed away while I was coming out of the cognitive remediation class. I was walking home one day and my brother came to meet me and I had to hop in his car and I didn't know why. "What are you doing this for Ralph?" And he drove up to the house and just as I was getting out he says, "Mom passed away this morning." Cancer.

NADINE. From November 21 until Mother's Day. I was depressed. I talked to someone at Providence Center, I don't remember names. I was put on antidepressants.

WILLOW. I went to a guy and got on antidepressants. I cry if I'm not on 'em so I take 'em.

NADINE. I was just down in the dumps so it's kinda (*shrugs*).

DAVID. You know, cause when I was in high school and college, go to church once in a while but nothing regular. *(Beat.)* You come so close to meeting your maker..

WILLOW. I wasn't mad. I had nothing to be mad about, I was driving the car. Sad? Yeah, but I kinda took it to the point that's how it was....my sister pulls stuff out of me sometimes that I didn't even know I had. I don't talk about it very much.

JIM. We're here to listen. We're here to support each other. We are empathetic.

Jim turns upstage and goes to the table. Jeff, Pete, and Lois are downstage alone.

JEFF. *(To Lois and Pete)* When I was in the coma the doctor said, "He may never come out. There's not much of a chance that he will make it through this." And my parents said, "Well, if he can't...if he doesn't make his own initiative to breathe, just don't. Don't, don't keep him on life support. Don't have him be a vegetable." And I would have wanted it that way. I wouldn't have wanted to be a vegetable the rest of my life. And just. It's not something I would have wanted. I would have wanted to die. Definitely.

PETE. Obviously there's a reason why I'm alive. I've never really gotten too mad about it, I don't know why. I'm starting to understand that...why I was put on this earth and we're here for a purpose and that...I haven't quite found mine yet. There was a purpose for my accident. I don't know why...or what...but apparently I was goin in the wrong direction...or something I'm not sure. Yet.

LOIS. In the beginning it was just getting through they day. Learning how to deal with how people treated us, learning to deal with the loss, learning to walk, talk, whatever. There's a period of existing – WHEW! I'm gonna live.

JEFF. After I came out of the coma I had to learn how to walk, I had to learn how to talk, I had to learn to do everything in life.

LOIS. I'm gonna make it. I'm going to survive. Now, I'm more than a survivor. I'm a thriver. *(She hugs Jeff and Pete.)*

Lights fade to black.

Moment 7

VOICE OVER (JIM): Stages and Frustrations.

Lights fade up. The fourth wall is present. The setting is a diner, Paradise Falls Restaurant. Everyone is gathered at the table drinking coffee and talking. There is a clear display of the group camaraderie. In this moment we see that their experiences are different but there are some similarities. This is somehow comforting. The group is very animated and loud, they get louder as the lights come to full. Jack raises his hand. He waves it frantically. Willow sees his raised hand and gets Marilyn's attention. Marilyn begins to hush everyone and gets Lois's attention. Lois begins to "shhh" everyone and slowly the others notice Jack's raised hand and join Lois in her hush. Soon the entire group is desperately hushing each other, very loudly. It quiets. Jack lowers his hand and speaks.

JACK. I went through all the phases. When I was in the hospital, the ICU, all the therapists came into my room and said, "Jack you gotta come downstairs." "NO. No way. I ain't leaving this room." That was a phase. I was scared to death about what I would see. People with no arms. People with no legs. Like a little kid. I used to see these people and now you know...I'm the same.

PETE. You go through so many different stages. I became good at remodeling walls...putting holes in them!

LOIS. I was in a state of denial.

BARBARA. That sleep time goes by fast.

LOIS. I returned to work at half time and it took me a lot longer to do the things that I used to, I had a lot of mistakes, a lot of errors. I was convinced that it wasn't me, it was the company that I was working for! They weren't giving me enough time.

JIM. It's real common with people with brain injuries, they say, "Hey, I can go back to work." And they find out, "Gee, I can only work two hours a day." And so they loose their jobs.

LOIS. Yes. I was missing dead lines and I was sure that those mistakes were all on their part.

BARBARA. One guy, when I went shopping by myself, I hit him with my cart, and he said, "What's the matter, are you blind!" And I said, "As a matter of fact, I am."

JIM. You think and talk slow. My wife's the pilot and I'm the co-pilot. She's driving and asks me if it's clear and I look and say that it's fine and she goes to pull out and goes, "whoa here's a big bus." She says, "I thought you said it was clear!"....it *WAS*...

They all laugh.

BARBARA. I don't like using the cane, so I practice without it, but I'm bumping into all kinds of stuff. Like today, we went to get a prescription at Albertson's and I sat down, and I almost sat on a kids lap. I sat up so close, I thought he was a bag of groceries. And pretty soon he started wiggling. I had to excuse myself, I said "I almost sat on your lap." And he just sat there grinning.

LOIS. Raise your hand if you've ever had your feelings **hurt** by the way someone treated you because of your injury.

All raise hands.

JOHN. Down at the mall they say, "Hey get over there, you don't need to be walkin over here. You're handicapped."

MARILYN. Whosaidthat?

JOHN. Many of 'em. People. Just in general.

BOB. Why, because you're walking funny?

JOHN. Well I can only walk so fast. They don't want to get behind a handicapped person.

BOB. I've had that.

JOHN. Especially like me.

MARIE. Especially two of us! *(She laughs, indicating herself and John. John puts his arm around Marie)*

WILLOW. Well I don't care if people are doing that, that's their problem.

JOHN. But they come right up to you and say...

NADINE. I just say, "NO, I was here first."

WILLOW. A kid asked me, he goes, "Are you drunk?" I was like, "No, I was in an accident." He didn't know. He didn't say it to be mean, he just questioned it.

MARILYN. John, you just tell them, "there but for the grace of God, GO YOU!" I've said that before.

WILLOW. I just tell 'em I got into a car accident.

JACK. I've had people slam a door in my face but they do that to everybody. I grab the door so they can't. They're not doing it because I had a stroke, they're doing it because that's the way they are.

BARBARA. At the rehab center nobody could understand me there. "Speak up, I can't hear you." So now I talk too loud and now they say, "You're hollering, I'm right here."

NADINE. People can never hear me, they just go on ahead and talk right over the top of me.

MARIE. Yeah, just like I do with you.

NADINE. Yeah (*shrugs*).

MARIE. But you know what I think, I think people should, I think people should stop looking on the outside and start looking on the inside a person you know.

PETE. Some of my thinking process is kinda weird.

JACK. It's stages. I thought I'd be in the hospital a few weeks, nothing will be different. Go back to work. Go back to roping. Go back to riding horses....then....reality started kicking in and I stated to get scared.

DAVID. Exactly.

JIM. I went through some of the typical stages of head injury. As you come back, as you wake up from brain injury you go through different things. One day I would be extremely emotional. I mean, you could come in and look at me and if you didn't smile I'd cry. Or if you'd come by and be sad, I'd be laughing. I went through a stage where I was cussing. And I did not cuss! But working for the fire department and construction for 20 years, I heard every word in the book. A volunteer come into visit me and I cussed him so bad. Your mind can just tap into anything that's available. My wife said, "we don't know if he's gonna come out of this state. We hope he does." Those are the stages you go through.

They all laugh.

LOIS. I went through all the various stages.

PETE. And one thing that really ticks me off is my processing speed.

BARBARA. I would go to sleep and hope that when I woke up a miracle had happened. When you sleep you don't have to think about anything.

MARILYN. First time I drove in a car, just out of rehab. Felt like 150 thousand miles an hour going 50 miles per hour in a Honda Civic. Things going like it was this and this (*demo hands at ears rushing past*). I can't things flying. "Please slow down Matt! Please!" "Mom, I can't I'll get rear-ended." "Matthew please get off and go sideways. Can't you take the back roads please." It was a furious space. It was frightening.

JACK. I was first scared. Then, there's depression.

They all nod and mumble in agreement.

NADINE. I was depressed. I talked to someone. It didn't really help. I was put on stronger antidepressants because right now I'm on three different ones a day.

BARBARA. Depressed. And that's another thing you don't dare tell the doctor because he pops another pill.

NADINE. Just depends on how depressed or P.O.'d I get. Oh well.

DAVID. I'm not going to get anywhere by being depressed or mad at anybody.

MARIE. (*To John*) My step-dad kept coming into my room, even when I was at the Vo-tech college.

JOHN. (*To Marie*) This is no easy problem.

NADINE. I just make do.

DAVID. I just put it on the back burner.

MARILYN. They thought I was depressed. I wasn't depressed. I was living on very little money. About \$400 a month. You know you don't go far on that. I needed to get a life.

MARIE. But you know it's really good to see how people have come through it.

JOHN. I used to be able to do all kinds of things when I was younger.

JIM. You were younger?

JOHN. It's a hard thing to think, "Hey, I used to be able to do those things." I used to be able to work on cars, I used to be a preacher. Not the average Joe Blow off the street okay?

JACK. I wasn't really angry. Just frustrated.

BOB. I couldn't trust myself around people, because I would explode into angry, um, very angry, actions that were very inappropriate for the setting. I had some instances that were pretty outlandish.

JEFF. I've worked in restaurants since I was like 16, it's the only thing, since my accident I know how to do. But I can't get a job, and it sucks. I worked down at the Broadway Grill for about a month, and they let me go cause I wasn't fast enough.

BOB. And then its like, "WHOA," you know. And I mentally grab myself. God, I've done it again.

JEFF. (*Getting angry*) Do you know Brian at the Food Market? He's a cocksucker!

JIM. You're still in control of your thoughts.

PETE. Every brain injury is different.

JIM. Every time I feel myself getting angry, or if I say, that's too volatile, I take a walk. You learn that you can be aware of your red flag situations than you can take that option and say, "Hey I'm not going to go there." That's a big lesson I've learned that I'm in control of the situation. And you don't have to be brain injured for that to happen.

DAVID. No doubt.

JEFF. I've started going to church again. I've just been so angry with God because of this. It's like why did I have to...go through this?

MARIE. God has really helped me cause even when I tried to slide back thinking of God, God has always brought an opportunity for me to say things about God.

LOIS. Once I was diagnosed as having a brain injury that's when I really got angry because now I knew it wasn't going to be a quick fix.

WILLOW. I hate to say it but like I think the accident did me good.

LOIS. And I prayed for a long time for God to restore me and it wasn't happening and my life wasn't getting any easier and so I was very angry.

WILLOW. It did good for me. Cause before I was on a bad path going down a bad hill being bad.

LOIS. The phone rang and it was my pastor and he said, "I haven't seen you in church in a while," and I go well, "Yeah, (*she scoffs*) because I'm mad at God."

WILLOW. I'm probably the only person that it really makes me happy that I got in a wreck because if I wasn't, I'd be in prison right now. I'd just be down the wrong path again. I'm glad I got hurt. I mean, it definitely set me back, but I like it cause it changed me.

LOIS. And then it happened about the same time that the pastor called and I was diagnosed and I remember telling my husband that I think God is helping me, "I hear this little voice in my head," and he said, "Seriously I wouldn't tell very many people that you have a little voice in your head. After all, you do have a brain injury and you never know how you'll be perceived." And I don't know if he looked at me and thought (*she scoffs*), "WHAT'S NEXT???" But that was a turning point for me.

JIM. Day after day I get up and say, "I feel so lucky. I can see. I can talk. I can walk."

PETE. One thing that really ticks me off is my processing speed...

DAVID. Definitely.

JOHN. I'll admit it, I'm hardheaded, okay...

WILLOW. I'm sure people who knew me in the past they're kinda like, "Oh, she's such a bitch," but people who know me now, Jim and all them, they think I'm a good person.

JOHN. I'm Irish and Indian and German too! But I've come to the conclusion, it took me three years...almost three years to come to the conclusion that I'm thankful for these experiences...different experiences of life have helped me. Maybe somewhere on down the line I can be an instrument of help to someone.

WILLOW. The past people they go, "Oh, she's too nice, that's not the way we know her."

LOIS. I didn't accurately see myself as I was until I was being filmed for a TV spot to advertise prevention and I thought I was so advanced for where I was and I remember watching it and there were these pregnant pauses and they'd ask me a question and I'd answer an entirely different question. (*everybody laughs*). And I remember thinking, "Oh my god, I look like I have a brain injury!" And then I

cried. And then I came to the term: guess what, I DO. So, that's the reality. OH WELL!

BOB. This is how stroke victims are. Yeah, yeah, yeah, come to think about it I blew up at this nurse because they brought in your dinner tray and I was bound and determined to open the milk carton, you know, one handed...I was bound and determined to do it by golly ...and he interrupted. You know they, they took away my chance to learn. I chewed out the nurse and he got all upset, but the other nurses told me that he should know. This is how stroke victims are.

PETE. I still have a big problem with my processing speed...you're on to two or three other subjects and I'm still...and when I jump in, everybody's like, "we talked about that two months ago."

BARBARA. We can tell the same jokes over and over because we've never heard it before.

They all laugh.

NADINE. This group is a lot more positive than I ran into before.

DAVID. Definitely.

JIM. I've tried to overcome my limitations by getting involved in Toastmasters. Toastmasters has helped my speech tremendously. . I've worked really hard to remember better. I read stuff on the internet...work at memory. There's a theory. The Little Munchy theory. Take anything and break it down to bite sized chunks. All you gotta do is take a bite each day, and you're gonna win.

PETE. Yeah. You're thinking you're saying the right words, but you're not.

JEFF. The wrong adjectives, for the, whatever you know.

MARIE. Just like I say, put that in the garbage when I really mean on the counter. It's just a big mix up in my brain.

PETE. I said, "Put the avocado in the wall."

JIM. It's a real common thing aphasia, especially with strokes. You think you're saying the right thing, but you're not. Marilyn can tell you when she came out of her last stroke it was real bad.

MARILYN. It was pretty wild. I had to learn to talk all over again. HA! It was fun. Kids couldn't understand me at all. Kids are always like, "What'd you say Grandma?" So it's like, "HELLO!"

BOB. This is a problem. When I go to talk to someone. Everybody's mentioned it when you loose the words and then get self-conscious and that's when I feel guilty, you know, it's my fault. I should leave right now and go bury my head in the sand or something.

JIM. One of the most frustrating things to realize is that I have limitations.

PETE. It's kinda frustrating.

BARBARA. Very frustrating. People don't pay attention to the cane and they trip over and I was talking to some man and another man tripped over my cane and I told the one I was talking to I said, "That's a good way to meet men." He said, "It works pretty good."

PETE. One of the things that takes a little patience you have to work with is anger problems. I became good at remodeling. Putting holes in walls. You just have to have compensatory strategies for a lot of things to compensate for something I couldn't do. I mean, why should I be miserable about it? I'm not gonna let this ruin my life and I never have...been...a negative thinking person...it just doesn't seem beneficial at all. *(Laughs)* But it adds up man, it's just a lot to deal with. *(Laughs)*

JOHN. That's what hurts me more than anything, my mind doesn't work like it use to. I had a photo static mind, I could look at blueprints and remember them 6 months to a year later.

BOB. *(This speech must build to a frenzy.)* Sometimes I get so mad. I went in to city hall with this ticket. I said to the employee, "Why do I have this ticket?" *(He begins to act out the fantasy moving back and forth between playing himself and the city hall employee)* "Well you'll have to come back tomorrow." Then I came back in the morning and, *(playing the woman.)* "Well she'll be back this afternoon." So I came back in the afternoon and, *(again the woman)* "Oh she's still at lunch." *(Beat.)* And this is like 2:00 and I said, "Well I'll just have to wait!" And after about an hour she came out of her office. *(Muttering to himself in an attempt to calm himself down)* It's that thing. Step back and don't get angry. *(Addressing the supervisor again)* "What can I do about this? There must be a procedure that..." *(To the Puzzle Club members)* I'm furious. That's what I'm talking about - I'm so angry right now I want to go in there and bang on that desk, *(Fantasy)* "You're sitting there behind that desk making 70 thousand dollars a year complaining about me parking at University and Arthur and I park there so that I can walk to the Rural Institute on Disabilities and I can walk to the student disability in Lomannson Center. I can go get a coke and sit there at one of the tables and you're sitting!!!!!!..." *(As the supervisor)* "We have the authority," and she gives me these numbers of you know Supreme Court cases and it's: *(Builds to this, the Ultimate Fantasy)* "Jesus Christ lady I'm talking about, you're sitting there and I'm worried about how to button my shirt! In the morning and you're

being so petty!" *(Back to his audience)* I don't want to ...but it really makes me angry, it makes me so angry it isn't funny.

JOHN. *(To Bob)* You can park anywhere within reason quote unquote in this state with a handicap placard.

BOB. *(To John)* NO! That's what I've been arguing about because I have the tickets! If that was the case they'd dismiss them. *(To audience)* And I'm telling her that, "I refuse to pay these tickets and I want to file a...oh, I forget the word just now. I'm not having a good day. They're sitting there...and for one thing all these people are from California.

MARILYN. Hey, I'm from California, that ain't the problem. People in Montana are like that too!

JEFF. *(This speech builds as well almost topping Bob's anger.)* They say there's all these federal laws for us. Bullshit. There's no laws for us. They don't give a damn about us. I wish I could go and tell the president that. Right to his face. He screwed us. This isn't a sympathy thing, but someone has taken a total crap on me. I'm not trying to set sympathy. I'm just trying to get understanding.

BOB. *(Drained he tries to explain)* All somebody has to do is show the slightest bit of interest and everything is okay.

Everyone is quite as they weigh the severity of this statement.

BARBARA. A lot of people don't understand brain injury. And I hope they learn to talk to the person because *(to others)* I don't know about you, but when I go they always say to my caregiver, "What does she want?" And my caregiver, says, "I don't know, you'll have to ask her." They pretend like you're not there. I don't know, I think people are probably embarrassed and they just don't know. When people talk to my caregiver I feel like they're ignoring me. Which they are. If they say, "Does she want...?" I say, "Yes, she does."

JACK. What else can you do? I mean, I don't want to get upset about it. I mean, it bothers me, it takes awhile to get over it, but I know I have to get over it.

MARILYN. You havetobe to getbetter.

BARBARA. I wouldn't wish this on anybody. Like I told my son, the asshole, I said I hope he never has to go through this because he wouldn't make it.

JEFF. Everyday...is another battle. I take one day at a time. And fight that battle for that day and get ready for the next and the next day.

MARILYN. My grandson was being a brat and I flung a plate across the trailer at him and my daughter said, "Mom you almost killed him." And I said, "You know what, he deserved it!"

LOIS. *(She acts this story out as she tells it beginning by addressing everyone, then working her way over to Bob who stands alone.)* So it's morning and mornings are not good for me at all. And I'm making breakfast for my children and I asked my son a question and he didn't answer or maybe he did and I just didn't remember it. *(She stands with Bob)* And he was in middle school and he held up his hand and said, "talk to the hand." And because I had put a lot of effort into making his breakfast and I don't know what possessed me but I turned around, bent over and said, "speak to the cheeks." *(She moons Bob)* And my daughter spit cheerios everywhere.

Bob and the entire group burst into laughter. Lois hugs Bob and Bob responds to the gesture.

MARIE. Here's a lady who had it up to here with her son and just mooned him!

JACK. That's a stage!

JEFF. That's a frustration.

Black out.

Moment 8

VOICE OVER (JIM): Comparisons.

Lights fade up. The fourth wall has disappeared again. All characters are looking directly at the audience from their places at the table. The subtext of the look is, "Do you understand yet?" Beat. They look at each other. Beat. Jack rises and approaches the audience.

JACK. It's so hard to explain how it feels.

MARIE. *(Marie also approaches and tries to explain.)* We can't show you what brain injury is, but we can show you what it's like...what it's like to have....

LOIS. *(Jumping up exuberantly from her spot at the table and moving downstage center.)* A lot of people can relate to football!

The rest of the group begins to gather in the downstage area to see what Lois is up to. She begins to direct a short play within the play. She moves the actors to their places.

LOIS. Jim, Jeff and Pete, I want you guys to face this way and I want you to come right over here okay? Jeff I want you to face Jim and Pete, you're the same way as Jim. *(She places them in the hike position for a football game.)*

DAVID. *(Understanding the image)* Football. Football.

LOIS. *(To Jim)* What I want you to do is I want you to hike the ball to Jeff and I want you to go hike - hike - hike or whatever. *(To Jeff and Pete)* I want you guys to block each other. *(To Jeff)* and I want you to throw a pass and there's no one to catch it. *(She stands back, whistles loudly and then motions for the scene to begin. They follow her directions and play the scene.)* INCOMPLETE! *(She motions for them to continue this scene.)*

JIM. Why do you keep throwing the pass if we don't have a receiver?

JEFF. But I thought we did. I thought someone would be there.

LOIS. *(To audience)* It's still possible to play the game but you have to adapt it and it's slower and longer and it takes more of everything and you have to have really good strategies. It can be done but it has to be done differently.

Beat. The characters look to each other and to the audience.

NADINE. I don't like acting, so *(shrugs)*.

DAVID. I didn't get anything out of that.

Beat. The Puzzle Club members clap for Lois. Lois smiles and moves out of the center area. Jeff gets an idea and rushes to provide his comparison.

JEFF. *(Getting excited to share his story.)* Okay, I need a person to play me. Okay, you Pete, you're me. You're the cook in the kitchen. David you're a customer in a restaurant. You sit here. *(He begins to create the image, whispering directions to them as he places them in their positions.)*

MARIE. What about me?

JEFF. Okay, you, you're the waitress. Over here, *(to Pete)* you over here, chopping something up. I'll be the boss. *(Beat. Jeff transforms into his version of an evil employer. He yells.)* Okay, Jeff, I need four orders of shrimp scampi on the platter, one with peppers, one double onion okay, oh, and a shrimp quesadilla too. I need that right away man! I haven't got all day!!! Hey, quick. QUICK!!! Come on, I got a waitress waiting to take these orders out. So let's get going. I don't have time for this. I DON'T HAVE TIME FOR THIS!!! *(Beat. He is worn out. He turns to the audience.)* It's a day at work for me. All the orders comin out at once and you have to remember a lot of things.

PETE. Alls I know is the orders you sounded off sounded good to eat! But I can't tell you what they all were.

DAVID. Me either.

JEFF. Dealing with stress is a lot harder for me now. I don't have the organizational skills and I'm not as fast because I have to think things through a little longer. It's really hard to keep a job. *(As he says this last line, Jeff gets more and more upset. He almost begins to cry and moves away from the center to stand behinds the rest of the group.)*

Beat. The characters group together, united. Again, Lois takes a humorous approach to ease the tension...The next several lines are addressed to each other. The fourth wall does not appear, but the characters are much more concerned with each other than with the audience.

LOIS. I used to have offensive smells, I used to smell dog poop all the time and the doctor said it would go away and it did. One time I got in the car and there was a little dog turd on the seat and I didn't know it and I sat in it and on the way to town I smell the dog poop *(she begins to act this out)* and I'm thinking, "Oh, there's that dog poop smell again." So I go to the mall and I walk around and I talked to people, all the time I could smell dog poop – the whole time. I didn't realize until I went out and got back in my vehicle that there was real dog poop on

the seat and I went, "Oh my gosh!" I was glad it was the real thing but UGGGGHHHHH.

JIM. It's real common. Some people loose their taste and smell.

DAVID. You bet.

NADINE. He can't smell (*pointing to David*).

JIM. My taste went right way. I thought my wife was trying to poison me.

BARBARA. My kids say go get all the rotten food so mama can't taste it.

JIM. I couldn't tell you if I was chewing on a steak or an orange.

LOIS. Some of the meals I cooked even the dog wouldn't eat. My husband just says part of life is having to sometimes eat things you don't particularly like.

BOB. Opening jars or just the packaging at stores, some of it is so frustrating, I try to look at it as a challenge. Gee, how am I going to get this package of lunch meat open without destroying the meat...tying you shoes cause you can't tie your shoes anymore and once again I forgot where I was going...

Beat. Direct address to the audience. As each character addresses the audience they move further downstage.

JIM. It's like looking in the mirror and not really believing with what you see.

JACK. My head feels big. Novocain. Sometimes you wonder, it must really sag. (*he approaches the audience*) if you look really carefully, one eye does, a little bit. To me it feels almost shut. I mean it feels so much bigger. Like about this big (*he demonstrates*). It feels like a big minefield that way. It feels that big...and numb.

WILLOW. I don't need to talk about it. I know what happened. It got hurt and I have a brain injury. If people wanna know, they ask and I tell them.

JOHN. It's like a gun with six empty chambers and one loaded one. It's like my mind slips over in the empty chambers and pretty soon it clicks in again and I can think for a little bit, try to carry on a conversation, but when it clicks out I can't carry on a conversation. I just end up going back and sitting down somewhere and figure out, "Where'd I leave my brain?" (*Laughs*) Must be still in my shoes! (*Laughs*).

JEFF. It's a curse.

NADINE. A pain in the butt.

JACK. Like a blender or one of those things that mixes the numbers. Yeah, the lottery thing.

MARILYN. A short circuit.

BARBARA. It's like you've gone down the road and you come to a fork in the road and you don't know which way to go.

BOB. Oh yeah, slightly tipsy, you bet. I'm always wondering what's going on.

PETE. Malfunction Junction.

JACK. A car running on three cylinders.

JIM. I would think of it as a computer that doesn't quite have enough stuff you need and you type something in there and you get something that you don't want.

JOHN. My mind just don't work and you set there and you say what was I supposed to do today?

WILLOW. Like if you're hurt, it's kinda like, you have all this emotion in your head and not being able to let it out. Like you know when you get frustrated and can't....DO...IT. Or can't make it work, that's how it feels, like everyday. Every waking minute. It's just like...so much in your mind but you can't really think about speaking it. People can be like, they want to find out, "Are you retarded?" I don't think you should have sympathy, but a little understanding.

They are all in a line facing the audience. Very close.

ALL. Confusion.

JACK. Too much.

On Jack's line all but Jim move upstage and turn away from the audience.

JIM. Right now I'm not disabled. Five minutes from now I might be disabled. You never know when it's coming. You're randomly disabled.

Jim shuffles to join them upstage. Lights fade to black.

Moment 9

VOICE OVER (JIM): Family.

The tone is simply: please listen. Direct address. As the characters speak they move to the center and by the end the group has formed a tableau: the Puzzle Club.

BOB. *(Turns around and moves center.)* I took a class, oh what was it called...abnormal psychology? And they talked about loss and grief, and things that can really affect an individual. And they had a chart. The worst thing that can happen to a person is losing a child. It's above losing a parent, it's above losing your partner, wife or husband. And I've lost two. So the stroke, to my mind, is nothing in comparison. And the only thing - the stroke, the loss of those children - the only thing I can really bring out of that, hopefully in the rest of my life is any encounter I have with people, I want it to be positive.

LOIS. *(Turns around and moves to Bob. She places her arm around him.)* Belief. I have had to go outside of my family to find someone that believes in me. I had the first ten years of living with a brain injury before anyone ever told me that they were proud of me. I guess I want them to be proud of me....even if it is for my effort. I just want them to be proud of me and not ashamed of me. I want them to look at me and see strengths and things of value and not the dis-function. I want them to believe in me and not say, "oh brother!"

JOHN. *(Turns and moves to Lois and Bob.)* You got ta look past our disabilities.

MARILYN. *(Turns and moves to new group.)* The people behind the brain injuries are alive and they are worthwhile. They can have a life. You can have a life after a stroke. It takes a while to get there but...the families need to accept the person as they are, not what they want them to be.

MARIE. *(Turns and moves to group.)* Love us like we are. Don't throw us out with the garbage.

DAVID. *(Turns and moves to group.)* After a year went by I was going to go back to Richland to work, I told my fiancée, "Okay, I'm gonna head back to work now, let's get married." She said, "No. I decided I don't want to marry you." *(as if he were talking to her)* "Glad we got this out of the way now." *(to the audience and Nadine)* I think it's a blessing in disguise. So I could meet Nadine and get married. Instead of marrying...the lady I was originally engaged to.

NADINE. *(Follows David.)* We were both registered in the cognitive remediation class.

DAVID. One girl, a lot of guys.

NADINE. Me and David, Jean, Tom, Craig and... *(they both laugh.)* The first week we didn't kinda talk to nobody, but...Neither one of us knew the other. I was just down in the dumps it seems like. But I figured he's out there somewhere. And I found him.

DAVID. You bet.

David puts his arm around Nadine. The small group that has formed is a cluster. They link with each other in small ways, an arm around another, resting a head on a shoulder, etc. The group continues to grow as each character speaks for the first time in this scene they move to the group stage center forming a picture of entire support group.

JACK. My wife left me. She said she didn't like my tone. I only got one tone.

JEFF. I've been through two marriages. I have a daughter who is twelve. I signed away my parental rights, I still keep in touch with her. But it's just to give her a warm, stable home life so she's not bouncing back and forth, from place to place. That's not right. I don't...having to change schools every six months. And I think...a good...a majority of the reason why those divorces took place was because of my head injury. I'm not placing blame totally on those, but that's, that's, that's a big factor in it. Because it affects your memory and it affects how you respond when someone you care so deeply about and they don't quite understand it cause they haven't been there. *(He is getting very emotional)* And they know nothing...they're ignorant towards...towards brain injuries. And it's sad, cause you try to explain to them and they think you're just using it as an excuse for things. It's not. It's something you try so hard to deal with every frickin day of your life. *(to Lois)* Do you have a quarter?

LOIS. I have three of them. Do you want one?

JEFF. Yeah. *(she gives him the quarters)* I'm gonna go buy a cigarette.

LOIS. Well just don't blame me for your bad lungs.

JEFF. Okay. *(he hugs her)* I love you.

LOIS. I love you too.

BARBARA. People just don't know what to say to you.

PETE. I think the support groups have been the most beneficial.

WILLOW. I was just on the wrong path. Bad. Really mean. To my sister especially, Rose. I didn't feel anything. After my accident my right side didn't

work, I'd brush my teeth with my left hand and I was like slobberin all over the place. My sister took me in. My sister is awesome. She took me under her wing. I came to Missoula because of my sister. My sister made me go to the brain injury group.

JIM. I run my two brain injury support groups. The Missoula Brain Injury Support Group and then I got this request – the higher brain functioning injuries – We call it the Puzzle Club. We met in the hospital for a while and then four or five people started saying, “Hey, I spent enough time in the hospital already.” “Let’s get together, we want to be social, we want to be able to chat, to have coffee and breakfast.

MARILYN. Jim, I met Jim in ajunkyard, that’s how I met Jim. Trying to get an engine for my car. You never know where you’re gonna meet someone.

JIM. And it’s a great time because the Puzzle Club doesn’t have any restrictions on membership. You just show up. Paradise Falls Saturday mornings at 9:00.

WILLOW. I think I’m a good person, like I’m good. I do things like the other day I came to the hospital and worked in rehab unit. I don’t know if I can use names but Jim Mickelson really helped me out like that when someone is hurt they can still do all the stuff. I didn’t try to do it before I got here and now I’m trying to do it.

JIM. The Puzzle Club. Finding life’s little puzzle pieces to make your life better.

The lights flash as if a picture is being taken. The group stares into the same place as if they were looking into the lens of a camera. They smile, touching one another. Lights fade as they speak softly to each other.

Moment 10

VOICE OVER (JIM): Hope.

The lights come up on the group tableau from the previous scene. One at a time they leave the picture to move downstage one last time. The tone is uplifting: absolutely no trace of pity or regret. There IS a future and the future looks good. As the characters come downstage they form an arc facing the audience on both sides of the tableau that remains. Jim is the last to step out of the frozen image. This moment is directed to everyone: the audience and characters in the play.

LOIS. I'm Lois. I'm a motivational performer, I teach positive thinking, principals, and perceptions. I share the benefits of laughter and humor. I am brave and courageous. I am not, "Lois the brain injury survivor." That is not my identity. I am, "Lois the person" first.

MARIE. I have no regrets...although there are a couple of them.

JOHN. (Indicating Marie) We're not married. We're just friends. (To Marie) I want to make it proper. (Marie takes John's hand.)

LOIS. Lessons from Lois: make the rest of your life, the best of your life. (She indicates John and Marie who stand together smiling sheepishly.)

WILLOW. I went dancing last night! Boogied down. Cause I used to a lot before the accident but not anymore cause of my balance and stuff. But last night I was getting jiggy.

BOB. So the positive, well it is the only place to go – is up! Who wants to go further down.

BARBARA. My goal is to climb Mount Sentinel this summer and my daughter is going to go with me. And she's gonna take her kids, and she says if something happens they can run for help. Cause when people tell me I can't do things, I think, "just watch me!"

BOB. I've signed up for ...for the...I'm trying to think of the word. Advocate for...for some...some independent living. That wouldn't be working with children, but I see it as well, teaching.

BARBARA. Before I used to say, "Oh I can't do it!" But now I say, "I can and I will." It's just like going on the hike. I told everybody, even if I got to crawl I will make it! It just made me a stronger person.

BOB. You can't be a teacher without being a learner they're kinda interconnected. That's why I wanted to teach because you learn so much doing it.

JACK. One day I bought a truck. I bought a boat. What am I gonna do with a boat? I can go fish with somebody on a boat. I don't have to pay fifty bucks to rent a boat. I bought a camper. I go to a lake I can stay there by myself. I've got my dog, I need somebody to do things with.

NADINE. I pretty much say what's on my mind no matter what, so (shrugs). I never used to, but since my accident I do. If you don't like it, leave the room so it's kinda.

PETE. We bought a house, our first house, just this year.

NADINE. When I volunteer at Community Hospital. The people that I've run into – if I say something that is a good idea, they let me know. It's given me some confidence. I never had confidence before. And now I finally do, a little

DAVID. I like my job, you bet. It's hard to say, 'cause I would have married the other lady, but I'm sure I'd be divorced by now. It's a blessing so I could meet Nadine. *(He puts his arm around Nadine.)*

NADINE. *(Smiling broadly and self-consciously)* So...

WILLOW. I think I'll find my husband in Spain. *(She laughs.)*

MARILYN. Albert and I got married five six years ago this November, and we have a daycare of our own. He was old and about to retire. I said, "We'll just, we'll have a daycare." I did it before, so now I've got one. And he said, "You can't go back to work," and I said, "Why not?"

JEFF. I look at life from a whole different viewpoint than a lot of people do. I've had to have so much patience with myself...and with others, my mom and dad might disagree.

MARLYN. The kids are a great thing to have around. It's real inspiration.

JEFF. But you have to be more open-minded...so I'm more understanding now. I've gotta be. I'm here to help someone out, teach people about brain injuries.

JOHN. I look at it this way...when that time comes, when she, when she has the decision to make and when she finally gets to that point where she says yes, I will, that will be the happiest day of my life.

MARIE. I do have twins that I love very much.

JOHN. I've been married once already and I've had children, I have two children, one of 'em is approximately her age *(indicates Marie)*. But they have

decided and have come to the conclusion that she would make a good wife for me. A good helpmate. We'd have something in common.

BOB. Now, every spider in the house, I'm picking up and moving outside. Before I would have squashed them. I feed every squirrel.

PETE. It's nice to be around people who have similar problems. I just like helping people.

MARILYN. 12 years after my stroke I drove to LA by myself. My son Matthew said, "Did you hit anything Mom?" Why would I hit anything?

BOB. Something that stands out in my mind when I was a child and I must have been in a bad place in my mind, and I was on a fishing boat with one of my father's friends, and he showed me how to put a worm on a hook....by taking my hands and holding the worm to get the thing on the hook. But it was the man's hands on mine, there was something in his touch, the communication of his touch that said, you're worth something. You're worth my showing you...and it's just....a feeling...a positive feeling was left. I want the audience to carry away the same idea, that the play is positive, the message is positive. What's the message? Well, I'm not exactly sure – maybe it's just.... the positive message that I'd like to leave anybody with. Hopefully in the rest of my life any time, any encounter I have - I want it to be positive.

JIM. I have a two prong goal thing. Number one is prevention. I've always been one for prevention. Seat belts, helmets. Number two is that, if you can't prevent it, make the best of what you have left. That's what's caused me to volunteer at the hospital and to work so hard at the Puzzle Club. A purpose.

WILLOW. I think it was the Puzzle group made me happy (*she hugs Jim*).

JIM. (*To everyone, the group on stage and the audience*) I can't emphasize it enough, hey, this is not my club, it's your club.

BARBARA. I felt like there was no future but I guess there is. If it wasn't for those people (*indicates the group*) I probably wouldn't be happy. They think I'm pretty cool.

JIM. I'm trying to get a Youth Puzzle Group going. Just because we recognize that younger people have needs.

JOHN. I think seriously each day is a new day for me.

JIM. A certain number of them say, "Hey, we don't want to listen to these old fogies."

MARIE. We realize people that are brain injured have smartness in them.

JOHN. I wake up out of bed and say, "Well today is a new day, Lord whatever you got planned for me."

PETE. I don't know. I just like helping people and seein them happy.

WILLOW. But, um, I was talking to my sister, and I was like, I think I love myself. I think so, because I'm all by myself and when other people are out, I love them, care for them. I care for me too.

JOHN. I'm thankful that I'm privileged to get to be around these people.

WILLOW. I wanna become a nurses aide and then put myself through massage school and then be a massage therapist. Cause I like working with people. Cause I was one of those people now, I'm...I can help 'em out.

MARILYN. As the years have gone I've been better. I'm taking Emu oil, that's taken the poison out of my body fat, Emu oil, Emu oil. EMU, which has helped a lot cause I can do things and I don't have to think twice about it. So it takes along time. It's been 24 years since '82 when I got poisoned.

DAVID. I'm not mad. I'm not going to get anywhere by being mad at anybody.

JACK. I'm happy and I just want people to understand me, understand what I'm saying, where I'm coming from. I don't want sympathy or pity, just understand. That camper, and boat and four-wheeler, those aren't toys, it's therapy for me

JEFF. It was like being born again. It was like...being...giving...having been given a second chance at life.

PETE. I just think it's helpful for people to understand it.

LOIS. I'm more of a person of quality than quantity.

NADINE. I just make do. I go with the flow, so.

DAVID. Exactly.

MARILYN. Emu oil! It's awesome stuff!

BARBARA. I am proud of being able to walk and talk. I'm glad that I'm alive.

JEFF. It's made me realize we all have faults, we all have weaknesses and we can turn those weaknesses into strengths.

JIM. Toastmasters still continues to be one of my best resources. There's a club in your area. Ask me!

MARILYN. It's made metenacious.

WILLOW. What's that? What's tenacious?

JIM. Tenacity is the ability to stick to it.

MARILYN. I think the whole group is strongwilled. I mean, that's why we've come so far.

JOHN. You know what I do when I think of it? *(Beat)* I laugh. *(He laughs)*.

BOB. *Laughs*

LOIS. Hey Bob, you have a nice laugh. *(She reaches out and touches him)*.

BOB. *(He is visibly touched)*. Thank you. I think this is helpful.

JIM. Life for me will never be what it used to be.

MARIE. Every person has knowledge inside, they're just waiting to get it out.

JIM. But with optimism and direction I can climb many a mountain.

DAVID. Don't treat us any different. Treat 'em like a regular human being. Cause that's what we are.

JIM. Brain injured, not brain dead.

LOIS. You looked at us like people, not specimens. Thank you.

JIM. Thank you.

ALL. *(Together they all step forward and reach out to the audience)* Thank you.

Lights fade to black. End of play.

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The University of Montana
INSTITUTIONAL REVIEW BOARD (IRB)
CHECKLIST

Submit one completed copy of this Checklist, including any required attachments, for each project involving human subjects. The IRB meets monthly to evaluate proposals, and approval is usually granted for one year. See *IRB Guidelines and Procedures* for details.

Project Director: Jillian Campana Dept.: Drama/Dance Phone: 243-5846 E-mail: jillian@selway.umt.edu

Signature: Jillian Campana Date: 6-9-01

Co-Director(s): Not applicable

Project Title: DOCUMENTARY THEATRE: BRAIN INJURY SURVIVORS TALK

Project Description: For this qualitative research study the researcher will assess the experiences of a group of brain injury survivors as they collaboratively work to create an original piece of documentary theatre that discusses their individual and collective experiences with brain injury. Subjects will be interviewed prior to engaging in the dramatic writing work, once immediately after the writing process, and finally after they have watched the play they created performed by a group of trained actors. Their answers will be examined and a comparison between the feelings the brain injury survivors generated before creating the play verses those expressed after the play has been viewed will be made. The goal is to understand if the sharing of personal brain injury narratives via the theatrical stage can cultivate self-awareness, understanding, and empowerment in the storyteller.

All investigators on this project must complete the self-study course on protection of human research subjects, available at the UM IRB website: <http://www.umt.edu/research/irb.htm>.

Certification: I/We have completed the course - (Use additional page if necessary)

Signature

Jillian Campana

Completed
4-22-01
2001 Date

Students Only:

Faculty Supervisor:

PAUL SILVERMAN

Dept.: Psychology

Phone: 6349

Signature:

(My signature confirms that I have read the IRB Checklist and attachments and agree that it accurately represents the planned research and that I will supervise this research project.)

For IRB Use Only

IRB Determination:

___ Approved Exemption from Review — Exemption # _____

___ Approved by Expedited/Administrative Review

___ Full IRB Determination:

___ Approved

___ Conditional Approval (see attached memo)

___ Resubmit Proposal (see attached memo)

___ Disapproved (see attached memo)

Signature IRB Chair: _____ Date: _____

Project Information

1. Human Subjects. *Describe briefly (include age/gender):* The subjects are volunteers who have survived accidents that caused different types of brain injuries. They range in age from 19-89 and are all connected to a Community Medical Center support program.

Are any of the following included? *Check all that apply.*

☐ Minors (under age 18) If YES, specify age range(s): _____

☒ Members of physically, psychologically or socially vulnerable population? Explain why: All subjects have had a brain injury and therefore could be considered physically vulnerable. All subjects are volunteers that are interested in discussing their injuries. The research conducted will not include any physically strenuous work.

2. How are subjects selected/recruited? *Explain briefly:* The subjects are volunteers who are members of the Missoula Brain Injury Support Group. The researcher will present the project at a Brain Injury Support Group Meeting. An oral presentation will be given and each member will get a brief written description of the study that will include the researchers contact information. The researcher will invite interested parties to contact her if they are interested in taking part in the project and study.

3. How many subjects will be included in the study? 10-15 adults.

4. Identification of subjects

☐ Anonymous, no identification ☒ Identified by name and/or address or other ☒ Confidentiality Plan

*After speaking with the BI Support Group Members to gauge interest in the project it was discovered that the prospective participants wish to be identified. The researcher understands that this may change over the course of the study and has a confidentiality plan in place.

5. Subject matter or kind(s) of information to be compiled from/about subjects.

Describe briefly: The subjects will be sharing information about how they perceived themselves before their injury and how they see themselves now, how often they talk about their injuries, and how sharing their stories, both in private and with the public, affects their self-awareness and understanding.

Is information on any of the following included? *Check all that apply.*

☐ Sexual behavior

☐ Illegal conduct

☐ Alcohol use/abuse

☐ Drug use/abuse

☐ Information about the subject that, if it became known outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability.

6. Means of obtaining the information. *Check all that apply.*

☐ Field/Laboratory observation

☐ Mail survey (Attach questionnaire/instrument)

☐ Tissue/Blood sampling

☐ On-site survey (Attach questionnaire/instrument)

☐ Measurement of motions/actions

☐ Examine public documents, records, data, etc.

☒ In-person interviews/survey (Attach questionnaire/instrument)

☐ Examine private documents, records, data, etc.

☐ Telephone interviews/survey (Attach questionnaire/instrument)

☐ Use of standard educational tests, etc.

☐ Other means (specify): _____

Will subjects be videotaped, audio-taped or photographed?

Subjects will be video-taped and audio-taped.

7. Is a written consent form being used? ☒ Yes (attach copy) ☐ No

8. Will subject(s) receive an explanation of the research before and/or after the project?

☒ Yes (attach copy) ☐ No

9. Is this part of your thesis or dissertation? ☒ Yes ☐ No

If YES, date you successfully presented your proposal to your committee: April 23, 2004

10. Are you applying for funding for this project? ☐ Yes ☒ No ☐ Continuing Funding

If YES or Continuing Funding, please name the sponsor: _____

Institutional Review Board Summary
May, 2004

DOCUMENTARY THEATRE: Brain Injury Survivors Talk

Principal Investigator:
Jillian Campana, Ph.D. candidate
Assistant Professor, Drama/Dance
The University of Montana
243-5846 jillian.campana@mso.umt.edu

1. **PURPOSE:** The purpose of this qualitative research study is to understand how the sharing of personal narratives via the theatrical stage contributes to the brain injury survivor's self-awareness and understanding. The researcher will assess the experiences of a group of brain injury survivors as they collaboratively work to create an original piece of documentary theatre that discusses their individual and collective experiences with brain injury.

2. **PARTICIPANTS:** No minors will be allowed to participate in this project. The subjects of this research study are members of the Missoula Brain Injury Support Group and the Montana Brain Injury Association. They range in age from 21-89 and have survived accidents that caused different types of brain injuries. All subjects have had a brain injury and therefore could be considered physically vulnerable, however all subjects are already engaged in an ongoing group discussion about their physical and cognitive abilities, disabilities, and about their emotions. They are all volunteers that are interested in discussing their injuries and recoveries further. Furthermore, the research conducted in this study will not include any physically strenuous work.

3. **RECRUITING PARTICIPANTS:** The subjects are all volunteers who are members of either the Brain Injury Support Group or the Montana Brain Injury Association. The researcher will present the study concept at a Brain Injury Support Group Meeting and will invite interested parties to write their names on a sheet of paper that is passed around the room. The group already has a contact list with numbers that has been given to the researcher with the consent of the group. The researcher may also post a sign at Community Medical Center that solicits volunteers. The sign will contain the researchers contact information and ask that interested parties contact her.

4. **SETTING:** The interviews will be conducted in a conference room at Community Medical Center. CMC personnel will be available for consultation if need be. The 4 group meetings will take place in the PARTV building at the University of Montana. See written permission from Community Medical Center attached.

5. **ACTIVITIES PARTICIPANTS WILL PERFORM:** Interested members of the Brain Injury Support Group will sign up for the documentary theatre playwriting project and research study at their weekly meeting. At this time they will give their consent to be a research subject. The subjects will meet as a group four times during the months of July and August 2004, to create the documentary theatre script. These meetings will use improvisation and storytelling techniques to record the individual and collective experience of surviving and recovering from a brain injury. These meetings will be video-taped. During the months of August and September the principal investigator will craft a script using the exact words of the participants. The script will be rehearsed and performed on a theatrical stage during the latter part of fall 2004.

Subject will be interviewed three times over the course of the project: 1.) prior to engaging in the group dramatic scriptwriting, 2.) immediately after the final group scriptwriting meeting, and 3.) after viewing a performance of the play they co-authored. Subjects will always be interviewed individually and in person in a conference room at Community Medical Center. Their answers will be recorded on audio-tape. The researcher will be using the individual audio-taped interviews to assess any change in the subject's self-awareness and understanding as a result of sharing their personal stories.

6. **BENEFITS:** There are no guaranteed benefits to this study, however the hope is that researchers and theatre practitioners will understand how the sharing of personal narratives via the theatrical stage can help to shape an individual's understanding of their experience and identity. Furthermore it is the hope that the research subjects will feel empowered by sharing their stories with the public and that they will come to see themselves as a person with abilities and strengths that can be shared with others.

7. **RISKS AND DISCOMFORTS:** Subjects may be asked to answer questions that cause them to feel sad, angry, or upset. However, the participants are already engaged in ongoing discussions about the nature of their injuries and recoveries with the Brain Injury Support Group.

8. **MINIMIZATION OF DELETERIOUS EFFECTS:** The researcher will take care to continuously observe and check-in with the emotional state of the subject. If, during the course of an interview or group meeting, the researcher or subject determines that further discussion needs to ensue for insurance of the subject's mental or physical health, the subject will be referred to an appropriate trained clinician. Community Medical Center has trained individuals on-site to assist if needed and Dr. Paul Silverman (UM Psychology) has generously agreed to talk to a study participant if need be. The decision to take part in this study is entirely voluntary and any subject may refuse to take part in or may withdraw from the study at any time.

9. **PRIVACY:** If any participant wishes to be given credit for their words used in the documentary theatre piece, their name will be used. If any participant wishes to be given credit for their words when the results of this study are printed or published, their name will be used. However, any subject may wish to remain anonymous, therefore each subject will be assigned a number and only the researcher will have access to the identifying number. In addition, audio and video-tapes will be stored in a locked cabinet in the researcher's office.

10. **INFORMED CONSENT:** See written consent form attached

University of Montana Research Study

PROJECT TITLE:

DOCUMENTARY THEATRE: BRAIN INJURY SURVIVORS TALK

PURPOSE:

The purpose of this qualitative research study is to understand how the sharing of personal narratives via the theatrical stage contributes to the brain injury survivor's self-awareness and understanding. The researcher will assess the experiences of a group of brain injury survivors as they collaboratively work to create an original piece of documentary theatre that discusses their individual and collective experiences with brain injury. Documentary Theatre captures real life by using the words of real people to discuss issues in their lives. It is a growing form of contemporary theatre and theatre groups such as *Grassworks Project* in New York and artistic director Jeremy Weller use group drama work to collaborate to create scripts. However, there is no empirical evidence as to the power of such dramatic storytelling techniques.

PROCEDURES:

In this study you will meet with Professor Jillian Campana and other persons with brain injuries three times during the month of July. The meetings will take place at the University of Montana in the Drama building. At these meetings you will use drama exercises to write a play that discusses your experiences. These meetings will be video-taped so that your real words can be used to write the play. The play will consist of your words and it will also have the words of other brain injury survivors. The play will be performed in a theatre by actors in the fall of 2004.

You will also be interviewed individually three times: 1) before the first group meeting, 2) immediately after the last group meeting, and 3) after you have watched the play you co-authored performed on the stage. These three interviews will take place at Community Medical Center and they will be audio-taped.

- Adults with any type of brain injury- stroke, accident, aneurysm, heart attack, tumor, or any other form of brain injury -who are interested in sharing their personal stories qualify for the study.
- Participation is safe, confidential, and nonjudgmental.

**For more information, or to take part in this study, please
contact:**

**Professor Jillian Campana
The University of Montana
Department of Drama/Dance
McGill Hall 230 243-5846 jillian.campana@mso.umt.edu**

SUBJECT INFORMATION AND CONSENT FORM

Title: DOCUMENTARY THEATRE:
Brain Injury Survivors Talk

Study Director: Jillian Campana, Assistant Professor
The University of Montana
Department of Drama/Dance
McGill 230
Missoula, Montana 59812
243-5846
jillian.campana@mso.umt.edu

Study Supervisor: Paul Silverman, Ph.D., Professor
The University of Montana
Department of Psychology
243-6349
paul.silverman@umontana.edu

This consent form will be read aloud to you. If you do not understand a word that is being used, please ask the reader to explain it to you.

Description of the study:

You are being asked to take part in a research study. This study seeks to understand how having your personal story performed on a theatre stage can help people, including yourself, understand what it is like to live with a brain injury. You are being asked to participate in this study because you have a brain injury and because you are willing to share your experiences.

Purpose:

If you agree to take part in this study you will be working with Professor Jillian Campana, and other persons with brain injuries to write a play that discusses brain injury and recovery. The play that is written will consist solely of the words of brain injury survivors, and it will be performed in a theatre by actors. The play will be about

your experiences and the experiences of other persons with brain injuries.

Procedures:

You will meet with the entire group of participants four times during the month of July. At these meetings you will have the opportunity to share your personal stories and to act out various events in your life and in the lives of other participants. These four meetings will be video-taped so that your real words can be used to write the play. You will also be interviewed individually three times: 1) before the first group meeting, 2) immediately after the fourth and final group meeting, and 3) after you have watched the play you co-authored performed on the stage. These three interviews will take place at Community Medical Center and will be audio-taped.

Risks/Discomforts:

You may be asked to answer questions or think about things that cause you to feel sad, angry, or upset. If you find that you need to talk about your feelings in more detail, a staff member from Community Medical Center can be made available to you that day.

Confidentiality:

Your participation in this project is confidential. All audio and video tapes will be destroyed after they have been transcribed by a graduate student in the Drama Department or an undergraduate student in the Department of Psychology. When the play is performed and the results of this study are printed or published you may choose to remain anonymous. If you wish to be given credit for your words, you will need to provide written permission to the researcher so that she may use your name. You will have the opportunity to receive credit for your participation and words after you have heard the final script read aloud to you.

Compensation for injury:

Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms.

In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is

caused by negligence of the university or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of the M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the university's claims representative or University Legal Counsel.

Voluntary Participation/Withdrawal:

Your decision to take part in this study is entirely voluntary. You may refuse to take part in or you may withdraw from the study at any time. There are no repercussions if you choose to withdraw from this study. If you decide to not be a part of this study you will not lose any of the services that you already receive.

Questions:

If you have any questions about the research now or during the study contact: Professor Jillian Campana 243-5846.

If you have any questions regarding your rights as a research subject, you may contact Dr. Tony Rudbach through the Research Office at the University of Montana at 243-6670.

Subject's Statement of Consent:

I have read the above description of this study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I have will be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

Printed name of subject

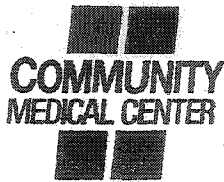
Subject's signature

If you need to talk to someone about feelings you are having, or if you are confused about your feelings and emotions and would like to share them with someone other than the researcher or other participants, the following resources are available to you. All of these services may not be free.

Brain Injury Association of Montana, Stacy Rye:	241-6442
Community Bridges Rehabilitation Center:	327-4349
Montana Neurobehavioral Specialists:	327-3350
Missoula Brain Injury Support Group:	728-9117

For participants on Medicaid or Disability:	
Tim Laskowski:	327-4586

If, during an interview or group workshop, either you or the researcher decides that more immediate assistance is needed, Dr. Silverman, a clinical psychologist and University of Montana faculty member in the Department of Psychology may be contacted at:
243-6349



June 3, 2004

Vice President for Research and Development
University of Montana
University Hall 116
Missoula, MT 59812

Dear Institutional Review Board,

Community Medical Center has agreed to provide space for Professor Jillian Campana to interview the subjects in her research study: **DOCUMENTARY THEATRE – BRAIN INJURY SURVIVORS TALK**. She has been authorized to work with her research subjects periodically in one of our conference rooms beginning in July 2004 and ending in November 2004. The exact dates and times of the in person interviews will be scheduled with Wanda Orvalla as the need arises. We are aware of her work with the brain injury support group and stroke support group members and support the study.

Please feel free to contact me for further information about Professor Campana's use of Community medical Center's space.

Sincerely,

THOMAS A MOSER
President

C: Jillian Campana
Wanda Orvalla, CMC, Conference Room Scheduling

First Interview: basic descriptive questions

Thank you for talking with me today. I'm going to ask you some questions about you and your brain injury. Is that okay? You are being audio-taped, but if you need me to turn off the tape, or if you wish to discontinue this interview at any time, please feel free to do so.

1. Could you tell me about your brain injury?
What happened? When? How old were you? Do you know why it happened? Do you remember it happening?
2. How would you describe yourself describe your self before your brain injury?
Can you give me some words to describe yourself then? What was your occupation or interests? Were you religious? What were your strengths or skills? What were your future goals?
3. How would you describe yourself during your immediate recovery?
Can you give me some words to describe yourself then? How did you feel about your future? Were you religious?
4. How would you describe yourself to me now?
Can you give me some words to describe yourself now? What is your current occupation or interests? What do you consider to be your strengths or skills? What are things you are working on? What are your future plans?
5. In what ways did the brain injury change the way you feel about yourself?
Why do you think this change happened?
6. In what ways do you think the brain injury changed the way others perceive you?
How does the way other people now perceive you or treat you make you feel about yourself?
7. What has been your previous counseling experience?
Who have you shared your story with? To what extent? How often do you speak about your brain injury today?

That is all the questions I have for you today. Do you have anything else you want me to know about your injury or the way it has affected you? Are you feeling okay right now? If you feel you need to continue talking with me or if you would like to talk to someone else please let me know so that I can help you. Here are the contact numbers for several groups and individuals that can provide assistance (give referral paper).

Thank you for your time and I look forward to writing the play with you in the coming weeks. If you wish to continue working on this project, I'll be interviewing you again after we have had the group workshops. Remember you can stop being a part of this study at any time.

Second Interview: open-ended questions

Thank you for talking with me today. I'm going to ask you some questions about the collaborative and creative process of devising the play. Is that okay? You are being audio-taped, but if you need me to turn off the tape, or if you wish to discontinue this interview at any time, please feel free to do so.

1. What did you think of the drama workshop?

Our last interview was over a month ago. Since then we've had several drama workshops to help write the play as a group. Did you enjoy the process?

2. What did you learn?

3. What did you enjoy sharing?

4. What was difficult?

Was it hard to talk about your injury or feelings? Why do you think this was the case?

5. Is there anything you have shared that you do not want in this play?

6. What do you want the message of the play to be?

7. What do you hope the audience learns from the play?

8. Of everything you've talked about with me, what do you most want to have in this play?

That is all the questions I have for you today. Do you have anything else you want me to know about the group drama workshop or your brain injury? Are you feeling okay right now? If you feel you need to continue talking with me or if you would like to talk to someone else please let me know so that I can help you. Here are the contact numbers for several groups and individuals that can provide assistance (give extra copy of referral paper).

Thank you for your time and I look forward to watching the play with you in early October! If you choose to continue working on this project, I'll be interviewing you again after you watch the play. Remember you can stop being a part of this study at any time.

Third Interview: open-ended questions

Thank you for talking with me today. I'm going to ask you some questions about what you thought of the play you helped to write. Is that okay? You are being audio-taped, but if you need me to turn off the tape, or if you wish to discontinue this interview at any time, please feel free to do so.

1. It is the beginning of October 2004. We started our work months ago when you began to work with me and the other Puzzle Club members to write a play about your individual and collective experiences surviving a brain injury. The play was performed for the public a few days ago. You watched it. Do you think the project and project were a success?
Why? What made it successful?
2. What do you think people learned from watching the play?
Why? What did you hope they learned? Why?
3. What was your favorite part?
Can you tell me what you liked about it? Why was it your favorite part?
4. Would you like to make nay changes in the play if it is performed again?
Why do you want to make these changes?

That is all the questions I have for you today. Do you have anything else you want me to know about the project or play? Are you feeling okay right now? If you feel you need to continue talking with me or if you would like to talk to someone else please let me know so that I can help you. Here are the contact numbers for several groups and individuals that can provide assistance (give extra copy of referral paper).

Thank you for your time, energy and for sharing your stories with me and the public.