



# Acting Out in Hospital Corridors: Playback Theatre in a Medical Setting

By Paula Patterson

This material is made publicly available by the Centre for Playback Theatre and remains the intellectual property of its author.

## **Playback Theatre in a Medical Setting**

This project describes the way in which Playback Theatre is used in a medical setting in the Shands Hospital Arts in Medicine Program at the University of Florida in Gainesville.

Playback Theatre has been an integral aspect of the Shands Arts in Medicine Program (AIM) since 1996. Members of *The Reflections* also perform comedy improvisation and character clowning throughout the hospital and in community events.

I will also address the rationale for arts in medicine programs, and refer to some of the work being done with theater in other hospital settings. It is my hope to encourage other practitioners of playback to develop hospital based troupes.

**Shands Arts in Medicine Program:** This arts program was co-founded by John Graham Pole, M.D. and Mary Rockwood Lane, PhD, R.N. in 1990. The AIM director is Tina Mullen, M.F.A.. In addition to being a pediatric oncologist, John Graham Pole is a poet. Mary Lane is a visual artist and author. Tina Mullen, a visual artist, is also responsible for developing aesthetic spaces throughout Shands Healthcare. AIM originated with art workshops for the staff on the bone marrow transplant unit. It grew to include art work done by and for patients. AIM is now throughout much of the hospital and also incorporates music, dance, writing, guided imagery and theatre. Ten artists are contracted to work a minimum of 10 hours per week with patients and caregivers. “Caregiver” refers to both staff and the patients’ families or primary support system. Students and community volunteers are also essential for AIM to impact as many people as possible.

**Arts in Medicine Programs:** The concept of combining the arts with medicine is ancient. Pilgrims in ancient Greece traveled to the healing temples of Epidaurus where physicians prescribed tinctures and specific plays. In modern times, hospitals are rediscovering the curative powers of the arts. Two of the best known programs are the Cultural Services of Duke University Medical Center ([www.ncartsforhealth.org/Cultural Serv.htm](http://www.ncartsforhealth.org/Cultural%20Serv.htm)) and Shands

Arts in Medicine ([www.shands.org/aim](http://www.shands.org/aim)). Healthcare arts professionals are linked through SAH, the Society for Arts in Healthcare ([www.thesah.org](http://www.thesah.org)). SAH offers yearly conferences and an on line journal.

**The Relationship between the Arts and Healing:** The co-founders of Shands Arts in Medicine, John Graham-Pole and Mary Rockwood Lane, have each written on the relationship between the creative arts and health. In Creative Healing, (1998) Lane and her co-author Michael Samuels explain psychoneuroimmunology in simple terms. When a person is fully engaged in either observing or doing a creative arts process, a message is sent to the body's cells by either a nerve impulse, a hormone or a neurotransmitter. The cells become activated and blood is sent to an area of illness. Cancer cells and viruses can be destroyed. Relaxation or tensing occurs, as appropriate. The immune system is activated. In Illness and the Art of Creative Self Expression, Graham-Pole (2000) states that this link between the conscious and unconscious mind with the unconscious physical processes demonstrates the connection between the healing power of the arts and the science of medicine.

**Drama in Medical Settings:** While collecting data for this essay, I sent an inquiry to the National Association for Drama Therapy list serve (N.A.D.T.) ([www.nadt.org](http://www.nadt.org)). I was specifically interested in who else might be doing playback within a medical setting. It would appear, from the responses that I received, that creative dramatics is being used in medical settings more than playback. The Echoes is an improv troupe with the Arts in Medicine Program at Moffitt Hospital in Tampa, Florida. They offer improv workshops for patients and family members in waiting rooms. The troupe director, Hollie Adkins, ([holliego@tampabay.rr.com](mailto:holliego@tampabay.rr.com)) will be attending Core training at Playback School in 2004. Healing Circle Improv at Benedictine Hospital in Kingston, New York offers bedside performances for breast cancer patients by breast cancer survivors. Their director, Barbara Sarah, (914.338.2500) states that she is influenced by playback studies she did with Jonathan Fox during the 1980's, but describes their work as theater games, role play and improvisational healing pieces. Anne Curtis, ([ac\\_hearts@hotmail.com](mailto:ac_hearts@hotmail.com)) a drama therapist in

Orlando, Florida, is accompanied only by her cart of props as she works with adults and children in three different hospitals in the Orlando area.

In reaching out through the drama therapy list serve, I became aware of two other playback practitioners besides myself who are also drama therapists working in medical settings. Randy Mulder described a one year project at an AIDS hospice. The Rivington House Players performed twice monthly playback performances which included audience members as actors when possible. Mizuho Kanazawa works on a pediatric medical floor. Her approach is to invite a patient to tell a story. Mizuho or the family member then playback the essence of the story using musical instruments. She has found that drums, wooden xylophones and electronic instruments are useful in conveying the many emotions and expressions that may surface during the telling.

### **Why include Playback in an Arts in Medicine Program?**

In a PBS documentary (1998), our clinical director John Graham-Pole described the effect of Playback performances on patients. He observed, during the year he spent as an actor in the troupe, that the “restorying” of patients personal anecdotes restored their spirits. (During his interview, he stops to muse...”restoring through restorying...”

I recently questioned the other AIM artists during our weekly artist rounds about their perceptions of the effect of playback on our patients. Several of the artists agreed that the community aspect of Playback is unique within in our program. Whenever the teller shares a story and sees it reflected by several actors, his or her experience is validated. When the performance occurs in a shared space, the other audience members also become witnesses to the teller. Two of our artists who work on a cardiac floor where the patients tend to remain for many months, reported that friendships often are initiated at the playback performances. One artist who does oral histories for physical rehab patients reported that playback adds an additional dimension to her work. She interviews patients, writes their oral history and gifts them with a typed copy. On the occasion that we have then played back some of the patients’ favorite parts of the oral history, we also externalize their experience so that they can revisit it. A visual artist who also volunteers for the playback troupe suggested that we

empower the patient whenever we invite him to tell us whether we “got it.” She stated that we further empower the patient when we offer to redo part of the story if we missed what was essential to the teller.

Another theme that emerged during this discussion related to the way that all of the arts can reinforce one another throughout our program. It is not unusual for artists of different disciplines to collaborate during a bedside visit. A musician may be also leading a guided imagery “where would you like to go today?” while providing the appropriate musical score. A visual artist might be drawing the desired scene on a large mural on the wall across from the patient’s bed, while two performance artists are using theater and dance to create the patient’s desired scene. I’ve had the opportunity to visit the Himalayas, Disney World and swim with dolphins during patients’ imaginary trips.

***The Reflections of Shands Arts in Medicine:*** I began as a volunteer in the autumn of 1996. After shadowing AIM’s artists, I introduced them to Playback in a one day retreat. I invited any who were interested to join in developing a troupe. Since most of the artists WERE interested, it became problematic to have so much of AIM’s energy focused on one program. After I was hired as the dramatist in residence, the AIM administration decided that no other paid artists could use their contracted hours to be in the troupe. We then went through an awkward period. Many artists did not feel they could donate additional hours, since we all have professional commitments beyond AIM. We are fortunate that three of the original actors have remained. Since then, we have been joined by student and community volunteers.

**“If there’s theater happening, it must be Thursday:”** All troupe members meet on the second and fourth Thursday of each month. Generally, we rehearse on the 2<sup>nd</sup> Thursday. Because we meet in a family room on one of the patient units, anyone who comes into the room may observe rehearsal or even rehearse with the troupe.

Performances usually occur on the 4<sup>th</sup> Thursday. I prepare and give out invitations to patients a few days beforehand. Troupe actors are expected to be available from 1-4 p.m.

1-1:45 p.m.: actors warm-up

1:45-2 p.m.: going to the bedsides to assist patients in coming to the performance and welcoming them into the space. This includes greeting the audience members personally, plugging in I.V.s and being aware of special needs (e.g., does someone need to be near the door, in case they need to go to the bathroom quickly) Our musician plays softly, while troupe members chat with audience members on a one to one basis

2-3 p.m. performance (details to be described in “Example of a Performance Agenda”

3-3:15 p.m. assisting patients back to their rooms

3:15-4 p.m. actors’ debrief.

### **Example of a performance agenda:**

Theme: New Dreams for a New Year

Actors quietly enter and stand at front of room while musician sings second verse of her song about dreams

Musician introduces self and plays riff on keyboard

1st actor (stage right) comes down center stage “ Hi. I’m Pam. I’m feeling excited and nervous about starting graduate school this year. ” Last actor in row, (Paula) performs Sound & Movement to represent this statement choice. After viewing the brief playback, the first actor goes upstage L

2<sup>nd</sup> actor comes down center stage..introduces self. 1<sup>st</sup> actor reflects 2<sup>nd</sup> actor’s statement with a Sound & Movement. 2<sup>nd</sup> actor joins 1<sup>st</sup> actor and they both reflect 3<sup>rd</sup> actor.

Continue through group, ending with Paula

Paula welcomes audience. Explain that the actors will come out to meet the audience members and ask them a few questions which we will incorporate into the performance if the teller agrees.

Actors go into audience, establish rapport with individuals or small groups and invite responses for the tellers' relationship to the performance theme. (I will later explain why we chose this method for receiving material for short forms.)

One at a time, actors go and stand by the audience member with whom they have conversed. They either introduce the person and ask them to share what they discussed related to the theme, or they speak on behalf of the person. Each Actor determines what will work best, based on their perception of the teller's level of comfort speaking in front of the group.

One or two stories interspersed among short forms.

Short forms include: Fluid Sculptures, Story Tableaux, Mixed Feelings (Pairs), Action Haiku, The River, Sound Chorus, String of Pearls, Wise Being, Collage, Statue

Closing: The closing reflects upon the patients' themes that have occurred during the performance. Actors line up in front of room where they started.

Actors stand in straight line. Actor #1 (stage right) makes a statement like "Today we learned that..." (S/he refers to something stated by his or her teller) The other actors, accompanied by the musician, represent it through sound and movement.

Actor #2 makes a statement. This is then simultaneously represented by Actor #1 doing a solo reflection, while the others reflect as a group. Keep moving down the line.

The actors have learned to keep using a different set-up. E.g., the senses work well. “Today we smelled the aroma of burning leaves in a long ago childhood, we tasted the first ice cream cone of summer, “ etc.

End by inviting audience to sing along to “Dream”

Actors applaud audience and we thank them for co-creating the experience

Each actor makes contact with the patient or patients with whom she or he has engaged.  
Assist patient back to room if appropriate

### **Bedside Performances:**

Bedside Performances occur on the 1<sup>st</sup>, 3<sup>rd</sup> and any 5<sup>th</sup> Thursday from 1-3:30 p.m.

These are generally done by two or three of us. We limit the number so that the patient does not feel “hemmed in” by actors. Anyone who does bedside performance must attend annual hospital orientation related to health, safety, and confidentiality concerns. They have yearly PPD’s which ascertain that they have not been exposed to, and are carriers of, tuberculosis.

When we enter a patient’s room, we recognize that we are entering their living space. We never assume that the patient wants a performance. We understand that we’re the only service in the hospital where the patient CAN say, explicitly or implicitly “go away”. We listen to whatever the patient wants to discuss. Sometimes we listen more than we perform. We look around the room for clues: “Tell us about the beautiful baby in this photo?” “Who did those drawings for you?” “That’s a great quilt...I bet it has a story. ”

Adherence to infection control guidelines: We check with unit staff whenever there are “contact precaution” signs on the door. Because so many of our patients have compromised immune systems, the actors refrain from doing bed-sides if they even suspect they may be getting sick. We always wash our hands when entering and leaving a patient’s room.



Bedside performances on the first Thursday of each month may be anywhere in the hospital where we've received a referral. I often get referrals from other artists during our weekly artist rounds on Thursday mornings. If we don't have specific referrals, we ask nursing staff for their suggestions. Sometimes, we wander the halls looking for rooms where the patient is looking out into the corridor. We've discovered that this often indicates that the patient is interested in some personal contact.

On the 3<sup>rd</sup> Thursday of each month, AIM meets for artist rounds on the rehab floor of another Shands facility (Alachua General Hospital). The recreation therapist on this unit usually has a list of patients she thinks would appreciate a bedside performance. Many of these patients are elderly and lonely. They seem to really enjoy talking about pleasant memories from their past. Again, we sometimes find ourselves listening more than performing. New troupe members are often frustrated by this. I remind them of the importance of the "art of listening". We are there to be of service to the patient, not the other way around.

Whenever there is a 5th Thursday, we offer Bedside Performance at the V.A. Hospital which is in partnership with Shands. I consider these "hybrid" performances because we often visit patient rooms with four beds. We usually don't know, when we enter the room, whether 1,2,3,4 (or none) of the patients will be interested in performance. It is a true spontaneity test.

**Evaluation Procedures:** Any person who attends an arts in medicine event is invited to offer their critique on a simple evaluation form. (copy included in appendix). We also evaluate our programs through collated verbal responses and letters of support.

**Funding of Shands Arts in Medicine:** Most of AIM's budget comes through hospital funding. We also rely on grants and contributions. The money for our supplies is donated by CMN. (The Children's Miracle Network.) We are in the process of creating an endowment to ensure the continuation of Arts in Medicine.

**Community Outreach:**

A.I.M often represents Shands in community events throughout Gainesville. Originally, this was done through art activities in which the public could participate (e.g. face painting). *The Reflections* have become increasingly involved. The following are some examples:

Culture of Violence Performance at Samuel Harn Museum : In January of 2003, Playback was performed on the opening night of an art exhibit entitled “The Culture of Violence”. After an escorted tour of the exhibit with the museum curator, patrons were invited to represent their responses to the exhibit through writing and art. These responses were then “played back” by the artists of AIM through, theater, dance, movement, music and poetry in the museum theater.

Society for the Arts in Healthcare Conference Presentation: *The Reflections* offered a workshop “Playback in a Medical Setting” for the 2002 SAH conference which was co-sponsored by Shands Arts in Medicine.

Partnership with the Gainesville American Cancer Society Hope Lodge: *The Reflections* have participated in staff training days (using Playback to address issues related to staff concerns) and have performed for cancer patients and family members staying at the Hope Lodge during cancer treatment at Shands.

Guest Lecturers for University of Florida Classes : The troupe director has lectured and given demonstrations on the use of drama as a healing force for the medical school, the school of nursing and for undergraduate classes.

Art Walk: *The Reflections* character clowns appeared on town streets and in gallery spaces during the Gainesville Spring Art Walk in 2002.

## **Issues Specific to Working in a Hospital Setting**

Confidentiality We never use names or identifying characteristics when referring to a story that has been told. With the advent of HIPPA guidelines, this has become especially important.

Knowledge about the patient's condition: A troupe that had been invited to perform in a hospital setting once asked me how important it is to understand the patients' medical condition. My reply was that it's not necessary. It is not uncommon for me to conduct a performance where we don't know anything about the patients' conditions. We don't refer to a patient's illness unless he or she chooses to talk about it. Our performances have titles and themes. Some of these have been: "Harvest Memories, "New Dreams for a New Year", "Tiny Blessings" and "The Gift". Our themes, and our own opening self disclosures implicitly invite the patients to look beyond their illness.

The Reality of Working with Medically Ill Audiences: One of my first mentors at Shands taught me that the patients' cognitive process is often slowed by the physical and emotional stress of their illness and by medications. She suggested that we err on the side of being concrete. As an example, we refer to pairs as "mixed feelings." Our performances never go over an hour. We understand that some patients may tire out before that and choose to return to their rooms. When it seems appropriate, I call out "Good bye " and thank them for coming. When an I.V. alarm beeps, one of us goes to get a nurse while the show continues.

### **Working with Hospital Staff**

We do this in different ways.

1) Clowning around with the staff: My theory is that the easiest way to improve the mood on any unit is to improve the mood of the nursing staff. Shands frequently has events in the

atrium lobby. Each month there is a theme day. E.g., there is a black history celebration day in February, with ongoing events in the atrium. Unfortunately, the staff on the units that are the most short staffed or have the most medical crises going on, can't take the time to go down to the atrium. So *The Reflections* clowns may go to them. We deliver edible treats to the nursing stations and play around with staff who **want** to play. Recently, "Rosie Heart", (whose goal is to design Hallmark cards, was doing portraits of the staff, while "Cookie", who lost her opportunity to become a gourmet chef when she flunked the exam for cooking school, delivered store bought treats. Two other clowns were running the staff elevators. Matilda, accompanied by her boom box, has offered waltz lessons in her elevator.

2) Presenting at staff in-services. We have, for example, done Playback for an oncology services staff retreat. Their focus was preventing burn-out. In our introductions, we shared some of our own experiences with burn-out. We then invited stories about creative ways people had prevented burn-out.

3) Working with medical students : Troupe members particularly enjoy this role. Fourth year medical students who are enrolled a holistic health seminar spend an afternoon with the troupe. We play back their stories of triumph and tragedy throughout medical school. They learn some basic improvisational skills which can be used to develop rapport with patients. For example, the theater game, "Yes, and..." is a lesson in accepting another's reality and collaborating towards a mutually beneficial outcome. We've had some of them join the troupe for the remainder of their medical school training.

### **Some Things that Have Worked for Us in Group Performances**

Theme oriented performances: The theme is referred to in the invitation which we hand out a few days ahead of time, and during our introductions of ourselves ("Hi, I'm \_\_\_\_\_. I remember the autumn when \_\_\_\_\_."

Examples of themes : "Tiny Valentines" for parents of babies on NICU (neonatal intensive care unit) , "The Ups and Downs of Parenthood" ( for hospitalized high risk mothers in

waiting) and “Leap into Leap Year” (What would you do with the gift of a day where you had none of your usual obligations?)

“Schmoozing” with the audience: After we have introduced ourselves in a performance, and I’ve welcomed the audience and referred to the theme, the actors go out and meet with audience members to ask them about their relationship to the theme. E.g., “You may have noticed that the actors have all shared some way in which they feel affected by the fact we’re in a new year. Now they are going to come out and talk to you. The actors will ask you a few questions which, if you’re O.K. with this, we’ll use to develop our performance today.” The actors go out, and briefly reintroduce themselves to someone, learn their teller’s name and ask them a few questions which could lead to a short form.

“Schmoozing” has these benefits:

- 1) People get individual attention. Obviously we have to be flexible about this...some actors may have 2 tellers, depending on the ratio of actor to teller that day.
- 2) We get more information for playbacks. A lot of people, especially when they’re not feeling well anyway, are uncomfortable volunteering information in the whole group, but will say A LOT in a 1:1 or small group situation.
- 3) It’s time efficient. An actor can introduce the patient and summarize their story if the person is a “babbleonian”. They can invite the teller to share a piece of their interchange. ““Bob, how would you feel about telling the group what happened after the bear broke into your campsite.”
- 4) It helps the actors develop “conductor’s ears”. *The Reflections* know that if I don’t have a clue what to do with the information they give me, I may say “ What form would you recommend we use, Steve?”

Having a closing that honors some aspect that each person has discussed.

A closing we often use, described earlier in “Performance agenda”, works well because it allows us to revisit a special moment in each teller’s story.

Actors stand in straight line. Actor #1 (stage right) makes a statement like “Today we learned that....” (S/he refers to something stated by his or her teller) The other actors, accompanied by the musician, represent it through sound and movement.

Actor #2 makes a statement. This is then simultaneously represented by Actor #1 doing a solo while the others do a group reflection. Keep moving down the line.

Having a toolbox that includes more than Playback.

We have learned that not everyone WANTS to tell their story. Perhaps they just want to be distracted for awhile. It is really helpful to know some comedy improv routines that are sure-winners. They can be adapted to still “honor the teller” . Some improv set ups that work well are “TV shows”, “Foreign Movie” and “The Alphabet Game.”

2). Character Clowning: I offer “clown school” at least once a year. Actors develop a new character or refine an old one. They are expected to know their character’s biography and life mission. They can either clown in whiteface (as mimes) or not wear whiteface if they’d prefer to talk. The one place in the hospital that we do NOT clown around is on the patient elevators. It’s a small space, and we don’t know why anyone is on the elevator.. maybe they’ve just been called in because of a devastating crisis.

**...and Some Things that Have Not Worked !**

3) Agreeing to perform in an inappropriate venue

We once were asked to do a performance in the hospital atrium lobby. We agreed, since we liked the concept (Social worker appreciation day.) The problem is that the atrium is a vast

space with no privacy and lousy acoustics. Actors and audience had difficulty hearing one another, and curious passersby interrupted any chance of intimacy.

**What we learned:** When *The Reflections* are requested for an atrium activity, we now “send in the clowns.” Troupe members, in the persona of their character clown, attend and participate in the event. We add an element of theater and ritual that does not require concentration.

2) Participating in a drop-in “stress buster” event. The intention was that hospital nursing staff could drop by the stress-busters room, be served tea and cookies, receive a shoulder massage by students from the massage school, and participate in an arts-related activity. What the nursing staff REALLY wanted was their cookies and their massage. They didn’t want an opportunity to tell their story...they wanted to GET AWAY from their story and disengage for a few minutes.

**What we learned:** Once again, don’t just say “yes” because we’re invited to do something. If I had actually attended a stress busters afternoon beforehand, I would have seen the misfit.

3) We once agreed to give a performance for the parents of critically ill newborns. The person who had asked us to do it after seeing playback elsewhere in the hospital wasn’t able to attend. She sent another staff who was visibly upset because some of the parents who chose to tell very poignant stories cried during either the telling, the enactment or both. Personally, the troupe is not afraid of tears and we always have a supply of tissues. Processing later with the staff member, I discovered that she had actually invited the parents to come get away from their worries and have a good laugh.

**What we learned:** When we are invited to do a performance in a new venue, we’re very clear that the person inviting us will be present and will explain the purpose to the attendees.

## **Troupe Life**

**Creating a Hospital based Troupe:** Obviously, there are many ways of doing this. I was fortunate when I started playback at AIM, because many of the other artists in residence were eager to take part. They already knew one another, were creative individuals, and were comfortable working in a hospital setting. The fact that none of them had a strong background in theater was not a detriment. One can teach the form to spontaneous individuals who have the right intention (respect for the teller) and a willingness to learn.

Jacksonville Playback Theatre, which I founded in 1995 and directed until 2001, has recently been invited to demonstrate playback for Mayo Hospital in Jacksonville. Mayo is considering using playback for the arts based program they are developing. JPT plans to start with a performance for staff. If they are indeed incorporated into the program, the actors who take part will be paid by Mayo as independent contractors..

I was once asked to give a Playback in-service for the staff of the women's trauma program at the Bay Pines V.A. Hospital. I taught the staff and patients playback short forms which they could use in group therapy to reflect one another.

I recently consulted with the coordinator of an arts in healing program who is considering playback for her program. She is planning to attend a training at Playback School. L offered that if she collected six volunteers committed to learning and using playback in their hospital, that I could spend two days with them. On the first day, I would teach them some basic skills that work well in hospital settings. On the second day I would work with them in the hospital. I would then return on a periodic basis to offer mentoring and continue to teach new skills.

**Sustaining a Troupe:** We have been relying on student and community volunteers for the last several years. Since I truly am grateful for their participation, I try to be mindful about expressing this to them verbally. I remember that when I started as a volunteer in 1996, I always appreciated it when the artist's coordinator said "Thank you so much for coming in today."



AIM artists in residence take a day of retreat and renewal each season. Whenever it's appropriate, I invite the Playback volunteers to participate. I also look for additional training opportunities for them. We have worked with Judy Swallow and Sarah Urech from Playback School. The troupe has worked with William Hall from Bay Area Theater Sports, and the poet, John Fox. They've taken part in a master class with the Lori Belilove dance company and had movement in-services with a University of Florida dance professor. Each of these experiences not only improves their skills, but also increases the bond among the actors.

Just as AIM's weekly rounds begin with a brief personal check-in by all present, the troupe also checks in with one another at the beginning of each experience. It is my goal for each actor to feel known and respected by the other troupe members. The debrief at the end of each performance is an important time for troupe members to reflect on their successes, and consider other performance options that might have been chosen. I encourage troupe members to bring up any disconnects they may have had with one another during the performance, and to continue to process it with one another later if necessary. I use the analogy of a family when discussing troupe dynamics. "There are disagreements in every family. In a healthy family, the individuals acknowledge and deal with the disagreements."

I maintain written communication with all troupe members through a monthly email. The notification reflects on our experiences from the previous month, provides the calendar of events for the present month, and offers a preview of upcoming events. The following is a communication I emailed to the troupe:

Dear Reflections,

Thank to all of you who participated in the exchange with William Hall from San Francisco Theater Sports. It's obvious from his e-mails which I forwarded to you, that he really appreciated his time with you.

**Coming Attractions for April and May:**

**Thurs, April 3** 1-3:30 p.m. Bedside performances meet in BMTU art room

**Thurs April 10:** Performance in Charlie's Corner 1-4 p.m.

(Julie Garrett from the Gainesville Sun will be there. She's writing an article on our troupe for the newspaper.)

1 p.m.: Actors' call in Charlie's Corner

2 p.m.: Performance followed by debrief

**Thurs April 17:** Bedside Performance at Alachua General Hospital

1 p.m.: Actors' call in 7W dining room

**Thurs April 24:** 1-3:30 p.m. Character Clowning Workshop in Charlie's Corner

Come dressed as your character. Know their name, age, life history and life Mission. (E.g. Polly Painter is out to make the world a brighter place. Liza Wants to clean up people's lives.) If you've already created a character clown, I encourage you to try out a new one.

Bring an umbrella for the Umbrella Imprecision Drill and Marching Team

Suggestions:

If you don't have an idea for a character, visit a thrift store. Find an outfit that excites you. The character can emerge from that.

I encourage you to attend this rehearsal even if you won't be participating in the May 5 nurses' event. Every Reflections clown must attend at least one session of clown school before clowning around in the hospital.

Your character can either be a silent clown in whiteface (I have some) or a talking clown without whiteface.

**Thurs May 1:** AIM Music Retreat in Cedar Key at Paula's Cottage 10:30-2:30 p.m.. I encourage you all to come and hang out with the AIM community. As performance volunteer you are an important part of AIM.

**Monday, May 5** 12:30-3:30 p.m. **Optional** Nurses week clowning adventure

We've been asked to clown around for the nursing staff. We'll be delivering treats to the nursing stations and working the staff elevators. You can do this even if you haven't gone through hospital orientation since we won't be in patient rooms

12 p.m.: Actors' call in the BMTU art room on the 4<sup>th</sup> floor

**Thurs May 8** 1-3:30: Performance rehearsal for Hope Lodge in Charlie's Corner

**Thurs May 15** 1 p.m.: Bedside Performance at Shands U.F. Meet in BMTU art room.

**Thurs May 22:** Performance for oncology patients and families who are staying at the Hope Lodge.

1 p.m.: Actor's call at Hope Lodge front desk

2 p.m.: performance followed by debrief

**Thurs May 29:** Bedsides at the V.A.

Meet at 1pm by the 1<sup>st</sup> floor AIM office. We will walk to the V.A. together.

I'm looking forward to our time together.

Sincerely,

Paula

**Funded versus volunteer positions:** I believe that it is essential that at least the troupe director receive funding. There are so many unseen administrative details that go into the running of a hospital based troupe. These include establishing relationships with the different hospital units that might benefit from a performance, coordinating performances with unit schedules, requesting letters of support for grants and communicating with people interested in learning about or joining the troupe. It would be my preference that the actors who have been in the troupe for at least one year receive an honorarium, as do the actors who work with Anne Curtis in the Orlando area. However, realistically, AIM does not have the funds for that. As director of the troupe, I attempt to promote a desire to stay. I encourage camaraderie among the troupe members and provide a variety of training experiences. Most important, I hope to ignite a passion for the power of playback with hospitalized patients.

**Conclusion:** Our hospital, Shands at the University of Florida in Gainesville, specializes in tertiary care for critically ill patients. Therefore many of our patients are here for prolonged stays. Some come alone from far away. All have left their home, their roles and their usual support systems. All they bring with them is their personal story. The family members have their own stories. They are trying to be available to the patient while simultaneously tending to details at home. Hospital staff are tending to the needs of all their patients...a story in itself. *The Reflections* playback troupe honors all these stories of courage. We also celebrate the tales of joy and magic that occur everyday in a large hospital.

## References

Babanikos, J. 1998 *Color My World: The Arts in Medicine*. Gainesville, Fl. WUFT Video Production

Graham-Pole, J. 2000. *Illness and the Art of Self Expression*. Oakland, Ca.: New Harbinger Publications, Inc.

Samuels, M & Lane, M. 1998. *Creative Healing*. San Francisco: HarperSanFrancisco.