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DRAMATIZING HEALTHCARE REALITIES:
THE TRANSFORMATIVE POWER OF INTERVIEW-BASED VERBATIM PLAYS

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ABSTRACT

This paper explores the role of interview-based verbatim plays in sharing health and medical experiences. It analyzes how these plays bridge real-life conflicts and theatrical representations, reshaping societal perspectives on healthcare. Through case studies like the plays *Grace Under Pressure* and *TOKOPHOBIA*, the paper demonstrates how verbatim theatre prompts reflection and behavioral change among audiences and healthcare professionals. While acknowledging concerns about authenticity, it emphasizes the plays' capacity to humanize healthcare and foster empathy. This research highlights the transformative potential of interview-based verbatim theatre in reshaping healthcare narratives.

Included is an interview with Jenn Bokoch Gillett, lead artist behind *TOKOPHOBIA*.

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Dramatizing Healthcare Realities:

The Transformative Power of Interview-Based Verbatim Plays

Interview-based verbatim plays are a valuable theatrical medium for sharing stories and information about health and medical experiences. Dramatic art connects with people, and by including personal anecdotes these plays entertain and inform audiences, make healthcare less clinical, and humanize patients and healthcare practitioners. These plays have multiple functions: for the artists and interviewees, the creation and performance of these plays can be therapeutic; for the audience, these plays entertain and inform. From there, people impacted by these performances can help shift the healthcare narrative paradigm.

To explore the function of theatre in a broad sense, we can use anthropologist Victor Turner's concepts of social and aesthetic dramas as a conceptual framework (1982). Social drama refers to conflict in actual social settings. Aesthetic dramas are theatrical representations of social drama. According to Turner, social and aesthetic drama can mutually influence each other in a feedback loop. Aesthetic drama provides "a metacommentary, explicit or implicit, witting or unwitting on the social context it represents" (Turner 1990; 16). Life influences art, then art influences life, and so on.

The performing arts in general are an effective way to approach and examine medicine and healthcare because of their ability to foster empathy. The reciprocity between performing arts and healthcare has been and continues to be studied by social scientists and scholars working in the field of medical humanities. In 2022, Bronte K. Johnston and Hartley Jafine wrote an article for *McGill Journal of Medicine* titled "Applied Theatre and Drama in Undergraduate Medical Education: A Scoping Review" in which they outline multiple studies that corroborate the use of theatre training to foster empathy among medical students. They write: "Applied

theatre and drama are unique educational tools that encourage creative medical learning, communication, and personal development for undergraduate medical students. [...] The utility and merit of theatre and drama in medical school should be further explored to improve current curricula so that trainees can provide the best care to their future patients” (8). In a chapter of the book *Medicine, Health and the Arts: Approaches to the Medical Humanities* titled “Performance Anxiety: The Relationship between Social and Aesthetic Drama in Medicine and Health,” Emma Brodzinski outlines the reciprocity of medicine and performance. With Turner’s framework in mind, Brodzinski posits that we may begin to explore how “aesthetic representations of clinical practice may impact upon its practice within the social realm” (168-9).

A form of aesthetic drama that effectively explores healthcare is verbatim theater. Verbatim theatre falls under the umbrella of documentary theatre, which oral historian Clare Summerskill defines as “non-fiction plays based on documents” (9). The form draws inspiration from real-world events, from daunting and complex subjects to the minute and seemingly uninteresting. It challenges audiences and practitioners to engage with “real” stories about subjects that might be foreign. Many different kinds of theatre fall under the documentary umbrella because there are multiple ways to source material (ex: interviews, archives, transcripts, etc.) as well as present and share material. Verbatim theatre is typically used to describe work that consists of interviews conducted specifically for the play’s construction. The general purpose of using this method is to cultivate a sense of authenticity in the dramatic structure. In her 2021 thesis “Verbatim Theatre: The Truth, The Whole Truth and Nothing but the Truth?” scholar Rhianna Elsdon proposes that the current popularity of the form is “due to it being seen as a relevant platform for debate in our politically unstable society and a desire overall for

authenticity” (14). Verbatim theatre straddles the line between social and aesthetic drama by engaging with reality and theatricality.

Grace Under Pressure (2017) is an interview-based verbatim play about healthcare from the perspective of healthcare practitioners produced by the Sydney Arts and Health Collective (SAHC). The SAHC is self-described as “a multidisciplinary collaboration” between a variety of health professionals, health humanities academics, and academics in the performing arts “who use theater techniques to help medical students and health professionals navigate challenges in healthcare settings” (Dalton et al. 3). Prompted by the collective’s research, a number of healthcare professionals reached out to the collective and shared stories about mistreatment. Members of the collective published work and studies about the work environment of healthcare places. This prompted a number of healthcare professionals to reach out and tell their stories about mistreatment in medical workplaces. After hearing these stories, SAHC decided that verbatim theatre would be useful for sharing them and possibly inspiring change. Four researchers conducted interviews over a period of seven months, and then two of them created the script. SAHC members Williams and Dwyer interviewed over 29 students and healthcare professionals including doctors, nurses, paramedics, and hospital administrators. The script is made from the transcripts of these interviews and premiered at Australia’s Big Anxiety Festival in 2017. Focus groups of audience members were interviewed about their reception of *Grace Under Pressure*. Participants of the focus group noted that the vernacular and casualness of the language in the play made it feel truthful.

Theatre artist and certified doula Jenn Bokoch Gillett’s ethnodrama *TOKOPHOBIA* provoked a similar response from audiences. *TOKOPHOBIA* is an “interview-based theatre piece [...] exploring the culture of birth in America” (Gillett). While working as a doula, Gillett noted

that what people really needed after giving birth was to have a space to express and process their emotions. Around the same time, she happened to be taking a verbatim theatre class in graduate school at NYU. The medium of verbatim theatre appealed to Gillett as a great way to share birth stories. She interviewed mothers, birth partners, doulas, and medical professionals about their personal experiences with pregnancy, birth, and postpartum. These interviews were transcribed and used as the performance script. Gillett began her development of the play in 2017 and workshopped it at The Center at West Park's Furnace Festival in August of 2018. The most recent iteration of the show was a full production also performed at The Center at West Park in September 2022.

I spoke with Gillett about creating and performing the play. She told me about the positive feedback she received from audience members during talkbacks following the show. Audience members expressed that they weren't aware of disparities in the birth process or options available to them. Some said they would go home and ask their mother to tell them their birth story. Gillett was happy that the show seemed to raise awareness and make people want to learn more. However, the audience was not the only group of people impacted by *TOKOPHOBIA*. According to Gillett, this project made a huge impact on the interviewees. The act of telling their stories was therapeutic. Birth can be a traumatic experience, and talking and telling your stories are an important aspect of processing trauma.

The plays *Handle with Care?* and *No Big Deal?* are additional examples of interview-based theatre that affected both the interviewees and the audience members. Created by a research team based at Toronto Sunnybrook Regional Cancer Centre in collaboration with theatre company Act II Studio, *Handle with Care?* is about and told from the perspectives of women with metastatic breast cancer (Gray and Sinding). The show was performed over 200

times between the years 1998 and 2000 across the US and Canada, and the team invited health officials and practitioners to watch the shows. Ross E. Gray and Christina Sinding write about the creation and reception of *Handle with Care?* in their book *Standing Ovation: Performing Social Science Research About Cancer*. In the book, Gray and Sinding explain that the women with breast cancer who worked on the show found the process to be emotionally healing and fulfilling. The same goes for the audience members who related to the show. Gray writes:

I say that we've had a great response so far from women with breast cancer who've seen it. I recall comments we've heard from patients who say they better understand the dilemmas facing health professionals after seeing the drama ... I say that patients are really curious about how health professionals respond to the play, that they like to hear that doctors are affected by it. (97)

Their second project, *No Big Deal?*, dealt with men who have prostate cancer. Audience members reported a similar reaction to that of *Grace Under Pressure*. Health professionals who saw the show reported changes in their perspectives:

Although *No Big Deal?* was not written in a prescriptive manner and does not explicitly suggest ways for health professionals to improve their interactions with patients, many audience members nevertheless reflected on the predicaments revealed on stage and perceived implications for their clinical practice. [...] Some of these professionals also reported insights that they felt would guide their future behavior in clinical practice. (Gray et al. 226-7)

This is a clear example of how aesthetic drama can influence social drama. Watching the play made healthcare practitioners decide to make a conscious effort to change their behavior to be more caring for their patients. Witnessing aesthetic representations of the true stories of people affected by cancer sparked something within them.

Although this next example is not explicitly verbatim theatre, it raises some interesting questions about the ethics of theatre pieces of this nature. *Between Worlds: Outsourcing Dementia Care* is a multimedia theatre piece about dementia care facilities in Thailand.

Professors of Geography and cultural studies scholars Caleb Johnston and Geraldine Pratt collaborated with Berlin-based theatre company Costa Compagnie to create the piece. They visited Thai dementia care facilities and conducted interviews with residents, their family members, and their caretakers. The script was created using performers' personal interpretations of the interview videos, making this an example of interview-based theatre that is not verbatim. Although the final product would be considered a type of documentary theatre, not verbatim specifically, the nature of the collection of materials is reminiscent of verbatim theatre, since they conducted interviews specifically to tell these stories. The piece raises an interesting question about fidelity in translation since the performers did not perform the interviews word-for-word. Upon reflecting on the show's creation, Johnson and Pratt write: "Performers' dramatic interpretation was rooted in their subjectivity and often translated through their own experiences." (424). In an article titled "Betrayal's Felicity," Judith Butler grapples with translation, writing, "[i]t is unclear whether translations can ever be other than 'bad' or, at least, have some badness in them, since the original has to be crossed if not partially mutilated, with the emergence of the translation itself" (82). Representation and depiction of real, non-fictional people by performers are a form of translation. While the other shows I've referenced in this paper utilize transcription rather than a more abstract translation, the act of performing someone else's words and depicting a person that is not one's self could be considered "mutilated" by Butler's logic. Whether or not the translation can be ascribed the value judgment of "bad," and while "mutilated" has negative connotations, we can at the very least say that translation changes and transforms meaning. This may be problematic because of verbatim theatre's general claim of being an authority of truth.

Clare Summerskill says on verbatim and documentary theatre, “Whether or not the plays created in this way offer more accurate information than is conveyed through media outlets is, of course, debatable. Memory is undeniably fallible, and the playwright is ultimately in the position of selecting which content appears in the script.” (14). Even before a documentary or verbatim script is created, “a selection process is occurring [...] because the conditions of retrieval may also influence its content,” writes dramaturg David Lane in a book chapter called “Verbatim Theatre - The Rise of a Political Voice” (67).

This brings us to the trouble with the search for authenticity. Like any art form, elements of verbatim theatre can be problematic. Truth is subjective. Content selection processes are inherently exclusive. Selecting one piece of content means ignoring another. There are multiple ways to look at things, and it is impossible to consider every perspective. This means that the biases held by the creative team (as well as the interviewees) are always going to be present in the work. In her book *Beyond Documentary Realism*, Cyrielle Garson says, “Typically, verbatim theatre-makers have very little knowledge (or no knowledge at all) as far as a specific issue is concerned and, as a result, they interview people in the hope of finding something that may contradict their own bias or some master narratives currently operating” (5). Scholar Rebecca Elsdon does not agree with this “as an absolute” and posits, “sometimes the verbatim theatre-maker is actually looking more for testimony that supports their bias, either deliberately, or unconsciously” (19). This was an issue for certain audience members of *Grace Under Pressure*: “Several [audience members] said the play accentuated the negative side of healthcare culture and did not adequately portray the positive side that participants had experienced” (Dalton et al. 6). In their opinion, they didn’t get the full story. Their issue was not that the play wasn’t truthful, but that it didn’t consider other enough truths—truths which might have been

contradictory. For them, the positive side of healthcare was not shown enough. Selection bias can and will affect the narrative.

However, I would argue that in the cases of the shows I've mentioned, telling an objective "truth" is less important than the messages and takeaways from the plays. Whether or not the content of the shows is entirely "true"—which they cannot be because personal testimony is subjective and the artists' biases influence the selection of material—is to some degree, irrelevant. The messages that these aesthetic dramas push are that of empathy and the humanization of everyone involved in medical settings. *TOKOPHOBIA* inspires a dialogue about birth disparities and shows people that talking about traumatic medical experiences is healing. Audience members of *Grace Under Pressure*, *Handle with Care?*, and *No Big Deal?* noted that the play they saw would influence their future behavior in medical contexts. Formal and explicit studies have proved that these aesthetic dramas accurately represented social drama, and in turn, social drama has been and will be affected by those audience members. This is supported by the focus group's responses to *Grace Under Pressure*: "The unique value of verbatim theater is in illuminating the complexities of lived experiences to encourage critical reflection by audiences on the issues portrayed and generate debate beyond the theater" (Dalton et al. 7).

In examining the responses to plays such as *Grace Under Pressure*, *TOKOPHOBIA*, *Handle with Care?*, and *No Big Deal?*, we can observe how interview-based theatre prompts reflection, dialogue, and both audience members and healthcare professionals to reevaluate their perspectives and behaviors. While concerns about authenticity and bias must be raised in the creation of verbatim theatre, the greater focus lies on the messages conveyed and the impact generated. These plays, with their capacity to shine light on the complexities of lived

experiences, invite critical reflection and spark meaningful conversations beyond the performances.

Theatre is about expression and communication. Medical professionals communicating skillfully is essential to care, as is empathy. Interview-based verbatim plays serve as a powerful way to share narratives and insights into health and medical experiences. Healthcare can be scary—the choices people make in medical environments can be the difference between life and death. By sharing personal, truthful anecdotes within the dramatic art form, these plays not only entertain but offer audiences a more nuanced understanding of healthcare realities. Additionally, they do all of this while humanizing both patients and practitioners. Drawing upon Victor Turner's framework of social and aesthetic dramas, we see how theatre not only represents real-life conflicts but also has the potential to influence and reshape them. The reciprocal relationship between the performing arts and healthcare, as evidenced by scholarly research and practical applications, emphasizes theatre's capability to foster empathy and understanding within medical education and practice.

Ultimately, theatre serves as a vital medium for expression and communication, bridging the gap between healthcare providers and patients. Interview-based verbatim plays offer an effective reminder of the humanity inherent in healthcare, urging us all to approach medical interactions with greater understanding, compassion, and care.

Interview with Jenn Bokoch Gillett

Jenn Bokoch Gillett (she/her) is a playwright, performer, educator, and storyteller. She has devoted her career to creating interview-based theater featuring underrepresented voices and utilizing various mediums such as puppetry, audio recordings, movement, and music. Her goal is to place real words, experiences, and stories onstage; both so that audiences can reflect upon them, and so that real people can see and hear themselves in a script. Jenn also has a special focus on centering stories of reproductive justice and birth equity in her work.

This interview has been edited for length and clarity.

Julia Cowitt: I would like to start off by talking a little bit about your background. Because you wear so many different hats professionally and artistically, how might you define yourself?

Jenn Bokoch Gillett: I was an actor for a long time. So I started as more of a performer. [...] I've done teaching artists work for a bunch of different organizations. [...] I also work in arts administration. [...] I went to graduate school at NYU. I was taking a class on interview based theatre. And I also was just trying to figure out, What can I do once I graduate? I have a degree that's not very specific. I have a degree in Educational Theater. And I went to a community doula training. Being a doula was something I was always interested in. And there was a place in my neighborhood at the time called Ancient Song. They were offering a free training to anyone who would then do three volunteer births for them. So I was like, great. That sounds like the best way to train anyhow. I went into these births. Without knowing it until later, the first two births that I saw were the most traumatic births I have seen to date. And because of that, there was a lot to process. And when I went for postpartum visits, the birthing people [...] just wanted to process their story. And that was sort of the initial impetus for *TOKOPHOBIA*. I also do voiceover which has helped me when I do these interview-based theatre things to have a basic audio editing knowledge. I guess if I had to pick one way to define myself, I would say, I am a theatre maker, and arts educator. I don't know. Something like that. Because it all kind of fits into that world. And even my work and as a birth worker. I feel like it's interesting to me how tied it is to like sometimes when I'm doing verbal exercises with people who are giving birth it's like, *God. This feels like theater school*. Doing deep groans and sighs and things like this. So it's interesting that that world I feel like really does tie into my work as an educator and as an artist as well.

JC: That's amazing. You talked about this a little bit already, but what were your main inspirations for *TOKOPHOBIA*? But both in terms of structure and content?

JBG: I took a class in my MA at NYU with a teacher called Joe Salvatore. His thing is interview-based theatre. He calls it verbatim theatre, but I have found verbatim is like, you are exactly copying gestures and speech patterns and things like that. [...] So I was in this class, and I

had witnessed these two very, very traumatic births. [...] And it was like, *Holy shit, this is always gonna be this way, I can never have my own child, I'm so freaked out, I have to find a way to process this*. And so I was in this class. So I think it was a duality. It was like everything aligned while I was in this class. I had a way to express. For our end project, we had to come up with a pitch for something. I was like, *Wait a minute, why don't I actually just do this?* I did all the prep work. But it was also this duality of people then telling me their stories afterward, and desperately recounting their stories after these experiences. Then also myself being like, *Well, where do I tell these stories as a witness? I don't have anywhere*. We don't have anywhere to discuss birth stories. [...] So I felt I really needed a way to express and to let people tell these stories, because there really seemed to be a desperate need. [...] But yeah, initially, it was really an artistic need to process. And that was how I decided to do it.

JC: You just spoke about this, but can you say more about your interview process and why you thought an interview-based play would serve the topic?

JBG: Like I said, it's crazy to me that we don't know birth stories. We don't tell birth stories. Even my own mother, when she was alive, we did sit down, and she told me her birth story for me and my sister in detail. And my grandmother as well. And that was really cool. [...] But my grandmother was 96 and she remembered all four of her babies and births. And it was amazing to me how much detail people still remember even years later. [...] But it's funny, because most people even in the interview process will say, you know, *No one's ever asked me that before*. And it's like, that's crazy to me. It felt like such a need to give people space to share these stories if they want to. [...] I think it took this form of interview-based theatre because it just felt like this was a space that needed to be filled. People needed to have a way to tell these stories. [...] What I'd really like to do is do performances of this play, either in a medical setting or in some sort of educational setting, like at a high school, or even a college. Because it's like, I never knew until I became a doula. You know, my health education in junior high and high school was like, *Well, this is how you use birth control. This is how you don't get pregnant*. But there was never any discussion of like, once you do get pregnant, you don't have to go to a hospital. You have options. Birthing centers are everywhere. We just don't talk about them because insurance wants you to go to a hospital. You can have a home birth. Midwifery is a thousands upon thousand year old practice. I would love to do this in schools so that people could know more about what options are available to them.

JC: That sort of leads me to my next question, which is, what do you think shows like *TOKOPHOBIA* can accomplish artistically or in terms of social consciousness?

JBG: Artistically, it's a place for expression. I think and more importantly, even for the storytellers than for myself. [Regarding] social consciousness, I think, a hugely important part of the last performance we did at Center at West Park, we added terminology from birth and did

projections with a definition. We also had that in the program. [...] So I do think an important part of the show is always that it's not just a show, that there is some sort of awakening that happens. If we have a talk back people are like, "Oh, my gosh, I wasn't aware of these disparities in the birth process." Or like, "I wasn't aware of how common C sections can be." Or, you know, "I'm gonna go home and ask my mother to tell me my birth story." Anything like that always makes me really, really happy. Because it's like, yes, we even if it is just, "I'm gonna go ask my mom to tell my story." I mean, that's not a *just*. That's like a huge thing that maybe nobody's ever asked Mom before. [...] So anytime somebody gleans some takeaway, I'm thrilled. And that's also really what the play is for.

JC: What ethical responsibilities do you feel you have to your interviewees as well as your audience?

JBG: Anytime I do one of these projects, I feel like it takes me years. And I do develop relationships with the people that I interview, and some of my interviewees from *TOKOPHOBIA*- Like if you saw that recording, you saw that Julie was there at the show. And she's like a friend now. The people whose voices I end up using in the script, some of them actually do become friends. [...] And of course, I always [tell the interviewees], "If you have some change in your life and you no longer want your words out there, you let me know." But that has yet to happen. But I do think there in terms of like, ethical responsibilities, it's like, it's pretty huge. When I do these shows, if I'm using somebody's words, I want to make them sound and look good. I want them to feel comfortable with what I'm using. [...] I would never want somebody to come see a show and feel like they're being thrown under the bus somehow. So I think in terms of a personal connection, I maintain a personal connection just because I ended up really loving these people. [...] But also on a macro level, I want them to feel like they are represented as their best selves in a script.

JC: Can you talk about creating the script?

JBG: I think my creation process is- there's no specific way. It does end up being sort of fluid. Sometimes when I have an interview, like Malika in *TOKOPHOBIA*, when I sat for that interview with her, I was immediately like, *Asterix. This is going in the script. I'm starring this thing.* She just was such a good storyteller. Also, she had such positive depictions of birth that I was like, *We're going to need some moments of positivity in this script.* So occasionally I'll do an interview and just know right away like, *This is going in.* And then sometimes I'll be surprised listening back. [...] When I hear an interesting moment, I'll write it down in the notes in my phone, or take a screenshot and then revisit it again later. [...] I always transcribed more than I ended up using. I usually transcribe a bunch of things that I find to be interesting, and then try to

find a way to fit them together. And it's interesting too, every time I start one of these projects, I'm like, *This is never gonna work*. And then it kind of just does, and a lot of that is through working with other wonderful actor friends.

JC: Did the performers listen to the interviews? Or did they just read and learn the transcripts?

JBG: They listened to the interviews. But like I said, I think in a very strictly verbatim theatre play, it would be like you listen to the interviews, and you exactly imitate that person's speech patterns and voice and gestures, if you have video. You know, Anna Deavere Smith is like the hero of interview-based theatre. [...] I felt like, for this show, I was like, Well, I am okay if actors take some sort of personal actor liberties. Although, it was also important to me that everybody listen to the recordings and honor some sort of facet of that person's personality. And I do think speech patterns influenced it. And also, just like the way that I transcribe [...] I'll start a new line, when somebody takes a pause, even just like a natural brief pause. And then a new paragraph when there's a bigger pause or like a new thought pattern begins. So I think even the way that it's written gives some sort of key into how people speak. But in terms of like, exactly. They weren't like *exactly* following the recordings, but the recordings I think heavily influenced the actors. [...]

Because I think [*TOKOPHOBIA* is] really the first one I'd done, it'll always be added to the material that kind of speaks to me the most personally. But I feel like that process was a little more private, just because it was a personal project. So I think I might have just done it, putting things together at home and then trying them out. Every couple of months, a space would give us time and space to do a reading. Now there are characters that were in initial readings that are not present in the current script. And then I always wanted shadow puppetry in the show, because I'm a puppeteer. And also, birth is so abstract that it's like, *How do I explain it?* You just can't explain that process to somebody. I had received space at Center at West Park back in 2018. But that was much more minimal. I don't even remember, it was like a week of space and like a very minimal performance. But this last time we did it, we had several months and more rehearsal time and more funding and things like that. So I was like, *Great, we can finally do puppets*. And that was a really cool addition. Because it also allowed for, in addition to the actors, some audio recordings. And I felt like I always wanted shadow puppetry, because I just there's no way to, you know, encapsulate or explain the birth process in a way that is not abstract. So I needed that sort of abstraction.

JC: Actually, I was going to ask about your decision to incorporate shadow puppetry to the piece because I thought it was so beautiful. And I guess that leads me into the question about using the voiceover and performing the text. How do you think they operate differently? And why were some stories voiceover and some stories performed?

JBG: Yeah, so all of the bits that are spoken/performed are from my 2017/2018 interview series. And then all the pieces that are audio recordings are from the '21/'22 interviews. So all the recordings are like pandemic moment, interviews. [...] In doing doula work, of course, then, you know, enter the pandemic; everybody's story changed, and my involvement changed. And sometimes in my postpartum work, people would be like, "You're the only person I've seen." You know, and it was like this desperate need. It was like, Oh my God. We were already desperate to have a space to share our stories. Now nobody is talking because everybody is in their own little bubble, and there's this extra level of paranoia. You know, I knew some people before the pandemic that didn't leave the house until their baby was three or four months old. [...] But you know, some people don't feel comfortable leaving because there's a lot of disease and mess out there, you know? And so then in the pandemic, it's like God, people are even more isolated. [...] Because of these doula experiences, and my own experience giving birth, I was like, *I have to revisit these stories*. And they just felt maybe even just personally, to me, they felt so different that I was like, I can't do the same thing. I can't. There's no way that I can transcribe them and incorporate them into the text that we have from three, four years ago—before there was this added layer of complication. There needs to be something different. And then that also dovetails nicely with what felt like a need to, or well, Not a need- a desire to have shadow puppets incorporated. So that was kind of how the two separate mediums came to be.

JC: I think interview-based theatre is uniquely positioned to tell stories about medicine, and about people's personal experiences with health.

JBG: It's so important. I mean, anything medical, it's like, God, it's so taxing and it's so draining. And I mean, for the staff and for the people experiencing it. Nobody really does have space to process.

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