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The creation of "Echolalia: a Conversation" a production thesis in acting

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THE CREATION OF “ECHOLALIA: A CONVERSATION”
A PRODUCTION THESIS IN ACTING

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Fine Arts

in

The Department of Theatre

by
Olga Michele Guidry
B.A., Pennsylvania State University, 1992
May 2011

Acknowledgements

There are so many people who inspired me to work on this piece. I would like to start by thanking Les Wade, whose performance theory class filled my head with ideas, and my professors in the Department of Theatre: George Judy, Joanna Battles and Nick Erickson, who gave me the tools I need to further my career and the belief in myself to create. They enabled me to pursue my personal desire to explore the subject of autism as it relates to the world of theatre by allowing me to work with the children of the LSU Language Preschool. I would like to thank the children, especially James Nelson, and his father Chris Nelson, whose personal dedication to his son and the world of theatre are inspirational. I give extra special thanks to Laura Teague, instructor at the Preschool. Her willingness and openness to share information and props was crucial to the creation of this piece. Special thanks to actors and theatre artists Pete Pryor and Tina Brock, both parents of children with autism, who allowed me to pry into their personal and professional lives in order to better understand their world. Thank you to Jen Linden who put me in touch with Debra Dunn, Outreach Director for CAR (Center for Autism Research at Children's Hospital of Pennsylvania) whose expertise in the field let me know I was working in the right direction. Thank you to Nancy McGuire for helping me to get my head on straight enough to pursue graduate school. Thank you to my classmates of the last three years, Jo Hall, Sarah Smith, Nick Rhoton, Alex Galick, and Joshua Dawes. Their technical and emotional support was essential to the creation of this work. And thank you to Marcello Martinez Viera, whose brilliant collaborations on sound cue creations took my work to the next level.

And finally, and perhaps most importantly, a big extra special thank you and much love to my family, here in Baton Rouge and in the north, especially my mother. Uprooting my life to start over would not have been possible without the love and support they have provided me in all aspects of my life. This project is essentially about communication and family; without my family it would not have been possible.

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Abstract

This thesis, submitted to the Graduate School of Louisiana State University as partial requirement for graduation with the Master of Fine Arts degree in Theatre, follows the creation of a solo performance piece by Michele Guidry, called “Echolalia: A Conversation.” This solo project is an exploration of communication through the experience of autism from the perspective of parents, siblings, and therapists of children with autism, and the children themselves. The thesis includes topics of inspiration for creating this solo performance piece, interviews with experts and theatre artists who have personal experience with autism, a copy of the script with explanation of its development, a chapter discussing the technical development of the piece, including sound and visual cues, personal reflection on rehearsal and performance, feedback from professors and audience members, photos from the production and a conclusion revealing the knowledge gained from the experience of creating this show and what the artist hopes to do next with this knowledge.

Introduction

In the fall of 2009, my MFA Acting class was offered the option to do a solo performance piece as part of the graduation requirement for our terminal degree. Previous classes wrote a thesis based on a role performed in a production that was chosen as part of the theatre department season. We were the first class encouraged to not only to create our own work, from the writing to the staging, to the technical elements, but to base our thesis on the creation of that work as well. In preparation, we took Professor Les Wade's Performance Theory and Criticism class, required as apart of our degree training, a year early, in the spring of 2010, rather than in our last semester, so we could deconstruct the very nature of theatre and performance, and work on a preliminary ten-minute piece that could be the stepping off point for a more fully realized creation in the fall or spring of 2010.

The result of this process for me is the solo performance, "Echolalia: A Conversation," a play exploring the nature of conversation and communication by examining the process from the perspective of autism. The piece evolved from a short piece portraying the frustration of being a parent of a child with autism to the broader subject of how we converse, using the subject of autism as a base, from not only the parent's perspective, but siblings, therapists, and ultimately the individual with autism himself. By sharing the trials and prejudices of someone who does not communicate in a typical way, or "neurotypical" as it is referred to in autistic circles, I am hoping the audience will question the very definition of conversation and be more aware of not only how we choose to communicate, but to what purpose.

This was not an easy process, and it's one that is far from over. As a professional actor working in Philadelphia for fifteen years, before I decided to further my education with a master's degree, I had often given thought to creating my own work. It can be frustrating going from audition to audition, waiting to get hired so you can do your craft. There is a lack of control to the life of the actor; even when hired, creative control is often in the hands of the director, although I find the best ones are open to input and (within reason) a collaborative process. Creating original work not only appealed to my desire to have a personal sense of control, but to my desire to explore personal topics of interest and test my skills beyond interpreting other people's work into action.

My biggest obstacle to getting started was just that-how do I get started? What are the parameters to creating an original piece of work? My graduate training, from the technical vocal and movement skills I've acquired, to the discussion of the construct of theatre and writing skills I learned in my academic classes, elevated me to a much better position to begin the process. My solo project ultimately turned into an exercise in research on a topic I hope to pursue as a career-using theatre to reach people with autism in order to help them improve their ability to communicate with the neurotypical, and vice versa.

This thesis contains the journey I took to develop this preliminary piece. I've included topics of inspiration, including a description of my experience working with the LSU Language Preschool Program, an interview with an expert with personal experience on the topic of autism, a copy of the script with references and a discussion of its structure and development,

explanation of the creation of technical elements, personal reflection on rehearsal and development, feedback from professors and audience members, photos from the production, and a conclusion revealing the knowledge gained from this process and what steps I plan on taking next as a creative artist.

The original ten-minute version of the show, simply called “Echolalia,” was performed on May 10, 2010, in the Studio Theatre at the Music and Dramatic Arts Building (MDA) on the campus of Louisiana State University. The production crew was as follows: Sarah Smith, stage manager; Almeda Beynon and Tyler Kieffer, sound board operators; Nick Rhoton, lighting designer; Marcello Viera, sound designer; Jo Hall, Alex Galick, Nick Rhoton and Michele Guidry, run crew.

The final piece, “Echolalia: A Conversation,” was performed January 16, 2011, in the Studio Theatre at the MDA Building on the campus of Louisiana State University. The production crew was as follows; Jo Hall, stage manager; Tyler Kiefer, sound board operator; Nick Hamel, light board operator; Nick Rhoton, lighting designer; Marcello Viera, sound designer; Alex Galick, Nick Hamel, Josh Dawes and Michele Guidry, run crew.

Sources of Inspiration

Class Work and Interview

The creation of “Echolalia: A Conversation” was a long process that occurred over the course of two years. I knew that in the spring of 2010, I would be taking Professor Les Wade’s theatre class, Performance Theory and Criticism 7922, and I would be required as a final project to create a ten-minute piece that I could later choose to develop into my thesis showcase. In the fall of 2009, I had the privilege of being the teaching assistant for Professor Nick Erickson’s theatre class, Movement 4029, which had a service-learning component. I had expressed an interest in my first year of school of using theatre to work with children with autism and the faculty provided this opportunity for me as a way to explore that interest in the confines of the schedule of the MFA program. Nick asked me to find a school or group of children we could work with locally, and after contacting several people in the Department of Communication Disorders, I finally came in contact with Laura J. Teague, whose influence proved to be monumental in the inspiration for my piece. The following is initial email correspondence between Laura and myself as we broached the idea of forging collaboration between Nick’s movement class and the Language Preschool on the LSU campus, conveniently located right next to the MDA Building:

From: Laura J. Teague
Sent: Feb 17, 2009 1:06 PM
To: michguidry
Subject: autism

Hi - Karola Gray forwarded your email to me. I supervise a preschool for kids w/autism and language delays here on campus. This is a clinic; part of the ComD speech, hearing, language clinic, so I have lots of ComD students who work with the kids. I would be happy to meet with you if this is a place you may consider including as part of the service-learning component in the class you mentioned in the email to Ms. Gray. Looking forward to hearing from you. Laura Teague (Teague)

From: michguidry
Sent: March 3, 2009 12:30 PM
To: Laura J Teague
Subject: Re: autism

Dear Laura, So sorry it's taken me awhile to get back to you-we would love to meet with you and discuss some possibilities. We are trying to set a class syllabus this semester for next fall. The idea behind the movement class is to use movement to help the children to communicate or offer an outlet for them, and then our students will design a performance piece based on their experiences with the children. It will hopefully be a reciprocal experience for all involved. We are open to all kinds of special needs children. Is there a

time in your schedule when we can talk? We have time Mondays and Wednesdays, btwn. 10:30-11:30 and 1:30-2:45. If this is not convenient, I will try and meet with you at some other time. Thank you so much for your willingness to help. –Michele (Guidry)

From: Laura J Teague
Sent: March 6, 2009 5:38 PM
To: michguidry
Subject: RE: autism

I'm available this week either Mon. or Wed at 1:30. Let me know if you would like to meet & where - my office? (Dean French house next to the student health center), Highland Coffees? Your office? LT Laura Teague, M.A., CCC-SLP Clinic Supervisor LSU Language Preschool Department of Communication Sciences & Disorders (Teague)

From: michguidry
Sent: March 08, 2009 7:49 PM
To: Laura J Teague
Subject: RE: autism

We would love to meet with you on Monday (tomorrow) at 1:30 in Nick's office-241 Hatcher. I have class until that time in Hatcher; so in order to have the most time with you it would be more convenient to meet in Hatcher. Nick will be in his office at 1:30. If this doesn't work for you, let me know and we can reschedule- -thanks again for your help and time-Michele (Guidry)

We decided to work with the school, and I gained not only source material, but also inspiration from observation and interaction with the children for my original solo piece and its expanded final version. Prior to the movement class that fall, I received two articles from Laura, which I put on the side of my refrigerator so I wouldn't lose them. The articles were titled "Welcome to Holland," by Emily Perl Kingsley, and "Advice to Professionals who must 'Conference Cases,'" by Janice Fialka. I remember reading the essay "Welcome to Holland" several times that summer, when it dawned on me that it read like a dramatic monologue. I decided to develop my piece for Les' Performance Theory and Criticism class around the theme of parents dealing with autism, and to use the movement class I would be assisting in the fall as research for the project. The following is a short treatment paper I wrote for Les' course as pitch for my solo piece. It briefly explains my initial interest in the subject of autism prior to graduate school, and the thought process leading up to the creation of my original ten-minute piece:

April 13, 2010

Michele Guidry
THTR 7922
Professor Les Wade

Treatment for Ten-Minute Presentation

“Sometimes It’s Camden, NJ”

Right before I came to graduate school, I was lying on my friend’s couch across the street from where I lived in South Philadelphia, enjoying HBO on Direct TV. A special came on called “Autism, the Musical”. I watched at first with only slight interest. Tina Brock, a friend and former co-worker of mine has a son with Asperger’s, and she had struggled with the local school system to get him special education because he was so bright. His teachers assumed his social problems came from being spoiled at home or just being a “bad kid” and Tina struggled and still struggles to deal with the special issues of being a single mom, artist, and full time employee, raising a child with special needs. I knew a little about autism from Tina sharing her stories with us at work, but had never really fully understood the broader picture of families dealing with autism until I watched this special.

Elaine Hall, or “Coach E!” as she is now known, is the founder of The Miracle Project, a program that uses theatre and actors to help children with autism create an original musical as a way of helping them improve communication and social skills. Coach E adopted a child from Russia, Neal, who suffers from severe autism, and after trying traditional therapy with him, she found that her actor friends were able to reach him in a way that others were not. She credits this to the actor’s ability to accept the world of the child and to step into that world, instead of forcing the child to conform to the “norm.”

I was moved by this documentary, so moved that I knew I wanted to work in some capacity with children with autism. I did some research online and realized this was a growing field across the country-using theatre as a way to reach these children. I expressed my interest when I came to school at LSU, and was fortunate enough to be the teaching assistant for Nick Erickson’s Service Learning Movement Class last semester. Nick encouraged me to find a school for his class to work with and I found we had one right in our own backyard, the LSU Language Preschool Program. According to the LSU Website:

The LSU Language Preschool Program is part of the LSU
Department of Communication Disorders. The Preschool

provides language therapy services in small groups for young children who have identified language delays. Consistent, intensive therapy services are provided for children with mild as well as significant delays.

The Preschool is based upon principles of literacy and whole language learning. We believe that children improve their skills because they have interesting, motivating things to talk about and other children and adults to communicate with about real situations and real needs. Each day the children are involved in interactive storybook reading, story-telling, writing, art, semi-structured free-play both inside and outside, and snack preparation (LSU Department of Communication Sciences and Disorders).

The Language Preschool proved invaluable to me in formulating my idea about a one-person show. Our students gained so much from working with the kids and their instructors, also students, in the speech and communication department. Laura Teague, the head of the school, was excited for the children and her students to learn more about improvisation and active play from our theatre students. She gave me some articles that parents had written about finding out their child had been diagnosed with autism. One of them is entitled “Welcome to Holland,” by Emily Perl Kinsley. It compares finding out your child has autism to preparing for a trip to Italy only to find out you’ve ended up in Holland. It reads like a monologue, as does another article, “Advice to Professionals Who Must ‘Conference Cases,’” by Janice Fialka. I remembered how much of “Autism the Musical” focused on the parents, and how hard it was on family life, career, and marriages. One woman, divorced, prayed that her daughter would die before her so that she wouldn’t have to worry about what might happen to her after she was gone.

I want to focus on the parent’s perspective of autism in this first ten-minute piece, and possibly on autism from the perspective of adults with Asperger’s. I spent time over my spring break interviewing Debra Dunn, Outreach Director for the Center for Autism Research (CAR) at The Children's Hospital of Philadelphia. I explained my inspiration from the article “Welcome to Holland,” and she laughed and said a lot of parents would disagree with the comparison. Debra is the mother of a thirteen year old son with Asperger’s, and expressed the joys and heartache of having a son who is so gifted intellectually, but who will suffer when it comes to dating and other social activities most teenagers take for granted. She is divorced, not as a direct result of her son’s disability, but she said it contributed to the problems she and her husband were having already. CAR does counseling and panel studies on parents dealing with children with autism, but it does so much more. CAR is experimenting with video games to help these children understand facial emotion, which is something many, regardless of where they fall on the autism

spectrum, have trouble dealing with-they don't read social cues from the expression on people's faces. The video games have already proven to improve the ability to recognize emotion, but whether the games are rewiring neuron pathways, or the children are learning by rote has yet to be determined.

Autism has its roots in a genetic cause, but is believed to be triggered possibly by some environmental factor, and much like schizophrenia can lie dormant until triggered by something later in life. According to Dunn, Autism is more frequently diagnosed in males, but it is found equally in numbers across race and economic lines. Her resources state that in 1980, one in ten thousand children were diagnosed with autism-that number has grown to one in one hundred and fifty today. This is partly due to correct diagnosis, and a broadening of the spectrum of what is considered autism. I asked Debra where many of the adults with autism who were not correctly diagnosed have ended up, and she said mental institutions, misdiagnosed as schizophrenics, or prisons, due to a lack of ability to adjust to social norms, resulting sometimes in criminal behavior.

I was also able to speak with my friend Pete Pryor, a gifted actor, father of three, and the Artist-in Residence at the Pathway School, a school in Norristown, PA that teaches children with autism. Pete is also the father of a child with autism. He wrote a one person show about it called "Beautiful Boy," and generously gave me his script with permission to use any of it I might like for my production. He also invited me to come back this summer to watch him put together a theatrical show with his students.

After talking to Debra, who changed her career from being a private practice lawyer to the director of CAR after her son's diagnosis, we humorously came to the conclusion that being a parent of a child with autism can sometimes be like taking a trip to Italy, or Holland, or on it's most frustrating days, like a trip to Camden, NJ, one of the hardest cities in America to live in. It's challenging and rewarding, and frustrating and difficult, all at the same time.

I hope to use mask work, original musical accompaniment, and lighting and sound effects to portray a child in the different stages of development as his parents discover he has autism. I want to portray several different parents, across a broad spectrum of social and economic lines, using found articles and works, and in the future, interviews I've done myself. I would love to include some of the video games used as therapy, once they are released for public use.

This spring, I want to focus on the found words, and some mask work. I hope to create some of my own masks over the summer, or possibly use puppets. I realize I need to keep this initial piece small technically, but I want to expand light and sound for next spring. I need help staying focused on one or two aspects for now, and a framing device, so any suggestions would be welcome. I do plan on trying to use a live score this spring with the help of some of my

graduate student friends from the music department. This could be recorded for future use.

This project is exciting and important to me. This is a problem that I believe speaks to our core as actors and theatre artists. Children with speech and communication disorders live in the moment, struggling to express themselves, just like actors do in their work. My show may shift to show some parallels between the world of theatre and the world of autism, but I want to start small and see where my exploration leads me (Guidry).

For the first performance, my script consisted of only the first act of my final script. We were exploring mask work in my graduate level movement class in the fall prior to Les Wade's course, and I wanted to integrate some of the mask work into the piece. The idea of a child with autism not being able to recognize facial expression and social cues, and the inability of many of them to maintain eye contact seemed best expressed by a mask. I discussed this possibility with Les and this is the email he sent in response to my treatment paper:

From: Leslie A Wade
Sent: April 20, 2010 7:53PM
To: Olga M Guidry
Cc: George E Judy
Subject: performance piece

Michele, I congratulate you on the enthusiasm with which you've approached this project and the amount of material that you've already gathered. Clearly you have an investment in this work, which is to be commended, and I think the passion will help drive the work to realization.

My sense is that you want to convey both the inner world of the autistic child, and also the frustration of the parents. In essence, that is a very basic and emotional motif—the need for communication and the anxiety that comes with its inhibition. What most struck me was the matter of not being able to ascribe feeling or motive to facial expressions. So even if you are not an expert with masks, I like the idea of using them. In fact, you need not yourself wear the mask—you could be the one responding to it, or being unable to respond to it.

You will have to consider how you move, if you do, from child to parent and back again. The theatrical allure is that of going on the inner journey, of trying to be with you as you convey the experience of autistic perception. I can see the use of texts, for framing and for context. I could also imagine using no text at all, almost giving us a mime piece, to increase the sense of isolation. You might consider having the child trying to undertake a basic, specific task, and have that serve as your through line. You could also structure the piece as a kind of back and forth between parent and child—the parent talking into space...

There are a number of very provocative ways to go here, but the territory and emotion are already eminently interesting (Wade).

I took Les's advice to heart as some of his suggestions echoed ideas I had already been considering for the project. I decided against a piece that was solely movement based. I am a verbal person, and words are important to me. I feel the suggestion for just movement was a personal taste on Les' part, and I wanted to challenge myself to make these articles, written by women who experienced the challenge and heartbreak of having a child with autism, work as monologues. I wanted to meld movement and mask with the written word. In the course of working with several different types of mask in class, I decided a larval mask was best suited for the piece, and used one that suggested a child with a small, upturned nose and deep-set eyes. According to Giovanni Fusetti, a master teacher of clown and movement who worked at The Lecoq School:

These very simple and essential masks come from a very ancient Carnival Tradition of the city of Basel, in Switzerland. They have been brought to theatre by Jacques Lecoq, who discovered their pedagogical value in the physical training of the actor. They are big masks, with very simple shapes, that suggest an expression (pointed, tall, narrow, pear-shaped) while never fully defining the features of a human face. They announce the lines that will lead to a specific character, but they don't define it yet. They are open and available to the space, and need big gestures to make them come to life. (Fusetti)

The unformed characteristics of the larval mask best represented the child who hasn't quite learned how to communicate, and has limited facial expression. In addition, a child in many ways is a person who hasn't been fully realized, and is open to the space around him or herself. I found the use of the mask essential to the production.

Movement for the child came from observing videos on YouTube of children with autism and mimicking their movements, and also from observing the children at the preschool. I remember one day in particular that had a direct impact for the physicality of the show. The children were visiting the LSU Museum of Natural History to see the taxidermy exhibit of birds and mammals. The museum is located in Foster Hall, and has a high, curved roof, tiled floors and lots of marble-the perfect structure to echo the children's voices, and the laughter of another visiting school group. James Nelson, the son of my friend Chris Nelson, a Theatre PhD, is about 5yrs old and has been diagnosed with autism. He is a student at the preschool. I often found myself observing James, and over the course of several months noticed great progress with his verbal skills and eye contact. But at times, the outings at the school were too much for him. Some children with autism have trouble with filtering sound, and loud noises can be overwhelming and painful. The loud echoes distorted sound even further for him, and he sat down on the floor, rocking his body, with his hands placed firmly over both ears. He wouldn't budge, and was taken back to the school. This experience inspired the creation of my sound cues for the first act, and the movements for the child. I rocked, flapped my hands and eventually placed them over my ears, as the child hears the first sound cue-a cacophony of familiar sounds that becomes increasingly distorted and painful to hear. In the initial and

extended version of my piece, I also used stimming, which is a characteristic often found in children with autism. My friend Pete Pryor, the actor who works at the Pathway School, first introduced me to the term. He described it as any repetitive motion the child might do, such as rocking or flapping of the hands, or repeating words over and over, and explained the kids often do it as a way of comforting themselves and dealing with the excess energy of overstimulation. He also said the kids were prone to obsessive-compulsive behavior, making sure objects were lined up in a certain way, or needing everything to happen on a very set schedule. I found this to be true in a lot of my research. I explored the idea of repetitive motion in some exercises in my last movement class in the fall of 2010, and decided to use flapping, rocking, and a precise balancing of steps, as if the child was walking on a tight-rope, as transitions for my final piece. This tightrope walking along the floor allowed me to move to the different spaces on stage I had set up for each act, and still stay in character as the child on his journey of learning to communicate.

When I visited the Pathway School in the summer of 2010, I spent the day helping Pete rehearse a production of *Beauty and the Beast* with some of his students, who ranged in age from thirteen to twenty. I stood in for Belle, the heroine, because the girl playing the part was absent that day. The kids did an excellent job, although Peter stressed it was important to demand they try things, not to ask, because they would always say no. They handled limited choreography without too much trouble, and most knew their lines by heart. I danced with the young man playing the Beast, and he handled the physical contact quite well. Many kids with autism do not like to be touched, so I made sure to let him initiate all the movement. Occasionally, the kids would get upset if someone did not follow the blocking to the letter, or if Pete wanted to change something they had previously established, but he made sure to explain the reasoning behind his choices, and they seemed to adjust.

I noticed that one girl, who was about thirteen, held her arms close to her side, and held her hands in a cramped position in front of her, with the palms facing down. I know that for some kids, autism can cause an almost arthritic ability to move, slowing them down and cramping up muscles. This seemed to be the case for this young lady. The image stuck with me and when I finally played the child with autism as himself in Act IV of my show, this was the stance he took while delivering his monologue.

In addition to working with Pete at The Pathway School, and Laura at the LSU Language Preschool, I also interviewed Debra Dunn, the Outreach Director for the Center for Autism Research at The Children's Hospital of Philadelphia. The interview provided me with expanded knowledge on the topic of autism, inspired me to use the article "The Holland Response," by Cathy Marciniak, and directly influenced my use of video in the show. I have included the transcription of this interview later on in this thesis. It will provide the reader with a definition of autism, what may cause it, and a personal perspective on dealing with the diagnosis.

Additional Reading Materials

Over the course of the summer, between Les' course and the fall of 2010, I read several books on autism. Laura gave me two books, Views from Our Shoes, a collection of essays from the siblings of children with special needs, edited by Donald Meyer, and Send in the Idiots by Kamran Nazeer, a nonfiction book about the author's search for his childhood classmates as adults. They all attended a school for children with autism in New York City in the 1970s, and he wanted to find out how their lives turned out. I also read the memoir of John Elder Robison, Look Me in the Eye, a recounting of his life growing up with Asperger's Syndrome, without having a diagnosis for his disorder.

Each of these books became essential to my work. The essays from Views from Our Shoes, read like monologues, just like the articles Laura had given me the previous spring. I chose a piece by Jessica Kolber, age 9, to represent the sibling in Act II of my play, because it included an explanation of echolalia, which was the title of my original ten-minute piece. "He repeats certain words, which is called echolalia" (Meyer 27).

Both Nazeer and Robison explored the very nature of how people converse as they shared the stories of their lives growing up with autism. Both men have Asperger's, a higher form of the disorder on the autism spectrum scale, which includes high intelligence, and language abilities, but difficulties in social interaction. Both men found that their ability to socialize and understand facial expression improved as they grew older, possibly because they were able to dissect social cues from a logical standpoint and learn the appropriate responses, and partly because their brains may have developed the ability to express emotion as they grew older, became successful, interacted more socially and in Robison's case, married and had children. Robison wasn't really able to express his feelings until his forties. He says, "If I had written my story at twenty-five instead of fifty, it would have been much drier and less emotional" (Robison 284).

I started to formulate a structure to my show that would not only explore the topic of autism, but would also explore the overall topic of how we communicate, whether we have a language disorder or are considered neurotypical. Nazeer talked about the art of conversation in his book, how people talk to each other for a variety of reasons, not just to deliver information. He described conversation as fun, a form of entertainment that might require inauthenticity at times to maintain. "There is nothing wrong or immoral about trying to entertain people. In a conversation, it isn't necessary to connect in depth or fully with the thoughts and views expressed by another" (Nazeer 29). He broke down the structure of conversation, and I used his words in Act III to express the opinion of the therapist as she tries to explain to the audience and the child that words are not the only requirement for conversation. Intention, whether it's to elicit an emotional response, deliver information, or be a part of a group for social interaction, is also inherent to conversation.

I used several passages from Robison's book for Act IV of my play, when the child with autism speaks to the audience for the first and only time without the mask. Robison explained the logical train of thought a person with autism might have when listening to a conversation, or answering a question. The person with autism will latch onto logic, not emotion, even

though they may have an emotional response they can't express. Sometimes people with autism might latch on to a certain phrase or word that will trigger a free association train of thought that bears no relation to the immediate conversation at all. In either case, that person may respond inappropriately to the question, or shut down entirely, lost in his own thought process. I used Robison's words to help the audience understand why this occurs for the child with autism, and to maybe question their own way of communicating.

These source materials became the final pieces of inspiration for completing my expanded version of "Echolalia," which eventually became "Echolalia: A Conversation." After two years of classroom work, working with special needs kids, interviews, and reading materials, I was finally ready to expand my ten-minute piece into a full length solo performance. I completed my script over the winter break in the 2010-11 school year.

Interview with Debra Dunn

Over the spring break in 2010, I traveled to Philadelphia and interviewed Debra Dunn, the Outreach Director for the Center for Autism Research. The following is email correspondence in which she granted me permission to use the interview:

From: Dunn, Debra L
Sent: April 12, 2011 3:29 PM
To: michguidry
Subject: RE: Interview for thesis

Looks very powerful. Feel free to use my information as you see fit. You had sent me the initial part of the transcript but had not yet completed the rest. If you have the remainder, it would be interesting to read. Would love to see footage of the show if you have any available. Good luck!!
Deb (Dunn)

-----Original Message-----

From: michguidry
Sent: April 08, 2011 5:47 PM
To: Dunn, Debra L
Subject: Interview for thesis

Hi Debra-I just wanted to touch base with you regarding the interview in my thesis. My advisor read over the transcript and loves the factual information given, as well as some of the personal perspective. I am still hoping to include it in my thesis. If you have any thoughts regarding this, please let me know as soon as possible.

I've attached some pictures from my show to give you an idea of what the performance looked like. If you need any more information to make a decision, please let me know. Thanks again for your time and consideration-
Michele Guidry (Guidry)

The information she shared with me helped me understand the nature of autism, and inspired many elements of my show. The following is a partial transcript of the interview:

M: I'm developing this show for my performance theory class based on an article I received from an instructor at the LSU Language Preschool called "Welcome to Holland." I'd like to perform it as a monologue.

D: I know that article; there's a response piece someone wrote to it.

M: I'm not familiar with that response.

D: There's one that someone else wrote which is a little more "realistic," I'll say in quotes. It says it's nothing at all like going to Holland; it's actually really difficult. It's nothing like a pleasure trip, and it's not a vacation, and here's the reality of what your day to day is. And yes, your child is wonderful, but not let's kid ourselves, it's a long road. You can Google it.

M: That would be great. I could use the two-monologue perspective.

D: What's interesting as a parent myself, and working with so many parents is, maybe not daily, but throughout your child's life, you will experience both those perspectives. It really is ever changing and as your child progresses and you're amazed by all their accomplishments, sometimes you're hit head on with the reality that, Oh my God, whatever is it is, whether it's adolescence that comes approaching at you, that sometimes again you have to face strong emotions you faced early on in the process. And it's not like your typical grieving process that people talk about where you go through different stages. It's really like you're affected by those same emotions time and time again, maybe not the denial (although maybe sometimes the denial), but having to learn to accept all over again because you get going and college and those things are far away and depending on where your child is diagnosed on the spectrum, you may think, "Yeah, that's still possible and we're going to work really hard to get there." Well, in the meantime your child becomes interested in dating and the reality is, well, we probably don't have the social skills and it's not reciprocal (the girls aren't interested), so all of those things create new heartaches along the way that families have to cope with.

M: Your son is thirteen. When did you find out that he was diagnosed?

D: He was diagnosed at 4 ½ with Asperger's syndrome. He was always very verbal, hyperlexic, taught himself to read very very early on, this child prodigy who was amazing in math and things, but he always had issues from very early on, and was misdiagnosed up until then with ADD, but that didn't fit, it didn't work for me. So I thought I'm going to keep going like everything is great, but then at 4 ½ he was diagnosed with Asperger's, and back then there weren't all the websites and all the books that exist today so the seminal book was by Tony Atwood, called Asperger's Syndrome. It's a very thin book, a very easy read, so I picked it up and read it cover to cover immediately and I thought, "Aha, this explains everything!"

M: I have a friend, Tina Brock, whose son has Asperger's and she had to sue the school district to get him the special education he needed, because he's so bright they said he was spoiled, he's a discipline problem, there's nothing wrong with him you just don't know how to raise him correctly...

D: Yeah, it's so hard and she was probably in a position where she knew how to fight her school district.

M: She had to get a lawyer.

D: It's so difficult regardless of where your kid is on the spectrum. Yes, it's wonderful that kids with Asperger's are so verbal and many of them have such high intellect, but it's also

very challenging because sometimes it is harder to get those services. And the heartache sometimes on the social arena is so much harder because you have these very intelligent children but they also can process the rejection a lot more strongly. For instance, when it comes to bullying and issues like that it can be really difficult because these kids look typical, but they may not have typical social behavior.

M: We had a professor who is a neurological scientist come and talk to the service learning movement class that I helped teach, because a lot of people don't know anything about autism. The misconception is it's caused by vaccines, and it's caused by the environment. What is it that you've discovered here at CAR is the predominant cause for autism? Is it genetic?

D: Genetic is the biggest link right now that's known. And it probably accounts for the majority, but also what we know from genetics is that it's not the only determining factor. There are twin studies with identical twins and if genetics was the only factor then identical twins would both have autism and they don't. Somewhere between eighty to ninety percent of the twins will have an autism spectrum disorder, but that autism might be different. One of them might be high functioning like an Asperger's and one of them might be nonverbal. So what our research is actually looking into is there must be an environmental trigger, and when I say environmental I don't mean vaccines and I don't mean plastics. It could be something as simple as mom had an infection in utero. It could be the age of the parents when the child was conceived; so environmental is a very wide term that I'm using. And that's so really where we are now, looking at causes that turns these genes on. In many families it may be a combination of what they call common variants and rare variants. So a common variant exists, lots of people have it. A rare variant is something that's found in only one percent of the population. With autism, it may be a combination where if you have this rare variant all by itself, you're fine, you don't develop autism, but if you have a few of the rare variants and then you happen to have this common variant, which we just found the first common variant ever about a year and a half ago...

M: And what was that? It's a genetic code?

D: It's a genetic code, yeah. So that we think accounts for maybe fifteen percent, so that's the biggest variant found to date, but what we know though is that the common variant exists in some of the typical population, too, so that's not the end all be all, having this common variant. What turns it on? What makes it become autism in a subset of the population? And we don't know.

M: And it's mostly boys?

D: It is mostly boys, a 4 to 1 ratio. And that has held up over time, even though we're learning autism might look different in girls, so it may take longer for a girl to be diagnosed. So while the numbers may fluctuate a little bit it really does seem to hold out research study to the next research study that it is much more prevalent in boys than girls.

M: And do you know how specifically it may look different in boys than girls? Or is it just that people assume little girls are quiet, so it's not caught as early?

D: It can be, although little girls are more social so maybe little girls on the autism spectrum don't meet the same level of social deficit as the boys do so it's not as obvious. I say this as a parent, not as a researcher, many times people think in girls it's more severe, but the general feeling is that's because it does look different in girls, they're more social to begin with, so when girls behave badly then they tend to get diagnosed, whereas boys don't. So that subset of girls, people think it's more severe in girls. It's not really true.

M: It's just that we have a preconceived notion that girls should be more social and when they're not, it seems like it's a more severe issue. So that's another prejudice parents have to deal with, if they have a girl with autism. Now, is it particular along racial lines, or does it affect kids of all backgrounds?

D: It's not. It exists in the same numbers across race and ethnicity. The difference is in when the child is diagnosed. Unfortunately, white middle class families get the diagnosis earlier than an inner city minority family. And David Mendell, an epidemiologist and the associate director of CAR, has done a lot of that research that's quoted everywhere.

M: For me personally, I've been fascinated with the growth I've seen in some of the children I worked with at the language preschool. I have a friend in the theatre department whose son is in the preschool and the progression I've seen in him over the past year is amazing, just amazing. He's able to communicate now, not in the traditional sense, but he's able to say what he wants; he's able to look in the eye of the person who's working with him and communicate. I think that's what fascinates me as an actor, to think that somebody's able to think and know what they want, but their body is fighting against them. What exactly is the spectrum? Children with severe autism, how much brain activity is going on, and what is the communication level?

D: It's hard to gauge, because obviously our standard measures of cognitive ability are much more difficult to use with kids on the spectrum so it is very difficult to know and it's even difficult to predict because some kids do make these huge gains that you can see even over the course of a school year, while other kids, you're giving them a lot of intervention and they don't seem to respond as well to it. That's a huge area of our research is to figure out which kids respond best to treatment and which treatments help them. And we think that really has a lot to do with their genetic make-up, so the more that we learn about genetics, the better able we're going to be able to determine these things. We're following these kids; we're doing longitudinal studies where we bring families back year after year so we can track these kids. And we're doing genetic profiles of these children, a subset of them we're doing treatment research on as well so we look at which kids responded best to therapies and treatments and can relay that back to their genetic data we've collected. We also do a lot of brain imaging studies so we can follow the development of their brain. One study we're starting soon is the use of video games. We have this event on Sunday at the Eagles Stadium called "Huddle Up for Autism" and this is where, for the very first time, we're going public with our video games

and having people try them out. It's designed to help improve recognition of faces. For instance when my son was little he would just go up to some blonde woman on the playground and think she was me, because he was face blind, is what they call it. But even after they get better at that, it's difficult to recognize emotions across faces, so knowing what happy looks like on a bunch of different people and sad, and scared or excited is difficult, and so we've built all those things into the games. A few years back they did a study where they developed a different game and they found children really did learn to recognize faces and emotions on faces better. What they didn't test then was are they getting better because somehow we're rewiring the brain, making the brain communicate better? We know that kids with autism use a different part of their brain to process this information.

M: Which area of the brain?

D: It's the fusiform gyrus. Different areas of their brain light up when we look at them. So what's interesting about this study is to look at whether we're rewiring the brain to make it work like it does in more typical individuals, or are we seeing compensatory activity in the brain, so are we just training another area to do what this other site does?

M: Meaning, are they just learning by rote?

D: Yes.

M: If I see this, this probably means this, so I should react this way, as opposed to I really understand that this is indicating this emotion?

D: Yes. So that will be a really interesting study to see what comes of that. What we learned from the first study is the longer people played the better they got at it, so people started getting bored with the game and didn't play it as much. So we actually hired a whole gaming team, one of the guys worked at Pixar so he's really good at animation. At Penn, there's a graduate level gaming major, so we hired some of those really promising students who work here part time in addition to our full time people, so the games are hopefully more fun and engaging and have lots of levels. With some of them we sort of mimicked games that are popular now and just incorporated them, and some of them cater more to the kids' interests. I looked at one yesterday that had a dinosaur chase theme; these kids have special interests and for whatever reason dinosaurs are one of them. Another topic is trains, so there's a train game as well. We tried to make as many different games as we could so the kids could find something that interests them, and gave them many different levels; one of them has thirty levels. We've really tried to keep this going and engage them.

M: What will be the typical age of kids at "Huddle Up for Autism?"

D: Good question. We didn't collect age data; we opened it to everybody. Because it's a partnership with the Philadelphia Eagles, we think we'll get a lot of school age kids interested in football. I'm imagining upper elementary, to middle school, to high school.

M: I there anyway I could see one of these video games?

D: At some point, we will have them on a website, it's not there yet. We just want to make sure we develop them fully and work out all the kinks.

M: I'm trying to think about different elements I can incorporate into the show and this interests me. I have been thinking about using masks for the show, because we've been studying neutral mask and character mask in my movement class. Emotion and not recognizing emotion ties into that for me because I'm trying to have a part of the show express to the audience what it's like to be a child with autism or an individual with autism and not be able to communicate in a traditional way. So that's really interesting to me. The whole idea of not being able to recognize emotion on a face is something I can work with in the context of my piece.

What are some of the sensory problems these kids have, even from working with your own son, that you've noticed? They're processing too much information at once?

D: Well it's different for all kids; some of them are hypersensitive and some of them are hyposensitive meaning that they're less aware of certain things. I don't know if this is proven through research, but it's sort of folklore that kids are under-sensitive to pain. So from a medical standpoint they may not report pain that they're feeling and they may be sick and not report it because they don't feel it or don't know how to communicate it. With my son, smell was always a thing for him, so he didn't really smell anything. I remember driving by a Christmas tree farm and I was like "Oh my gosh, can you smell those trees? It's so strong" and he had no idea what I was talking to about.

The interview with Debra continued, but the majority of the information I used as inspiration for my piece was included in this first half. I cannot begin to express how grateful I am to her for taking the time to speak with me, and explaining autism in such great detail, along with new methods being used to help kids with autism learn to communicate better.

Sound and Visual Cue Creations

Sound

The creation of sound cues was vital to the development of “Echolalia: A Conversation”. The ability to inhabit more than one character was made possible by voiceovers throughout several sections of the show. In addition, the perception of sound from the perspective of the individual with autism was also created with the inclusion of free jazz and manipulation and layering of familiar sounds, such as water dripping and children’s laughter.

I knew from early on in the process that I wanted my friend, Marcello Viera to take my ideas for the sound and make them a concrete reality. Marcello is a graduate student in Jazz Studies at Louisiana State University, and an accomplished cello player who is extremely well known in his native country of Brazil. I met Marcello in the summer of 2009 when I took a beginning voice class with the school of music. His wife Amanda, a graduate student in music pedagogy, was the piano accompanist for my class, and the three of us became close friends. Both Amanda and Marcello are avid theatergoers, and eventually took my introduction to improvisational theatre class in the spring of 2010. Fortunately for me, Marcello was also taking an introduction to theatre sound design class during the same semester. When I asked him to work on my show, he jumped at the chance to use his new-found skills.

The first set of cues was created for the original ten-minute piece, which was performed that spring as the final project for my performance theory class. The original script consisted of only the first part, which contained the “conversation” of contrasting perspectives between three different mothers with a neutral mask representing the child with autism that linked them all together. I had to be able to wear the mask and represent the child in a speech therapy session with his mother, but then be able to take the mask off and transition into each mother, interacting with the mask placed in different positions. I coordinated my movements while wearing the mask to the sound of the mother (my own recorded voice) instructing me to try and pick cue cards to indicate what treat I wanted. The following is an excerpt from “Echolalia: A Conversation,” explaining this sound cue as it relates to the dialogue:

Mother: Come on. You can do it. Do you want more (points to card) or are you all done (points to card)? More or all done?

As the mother says these things we see the child’s hands moved to the cards, as if by force. The humming increases, the flapping grows stronger.

Mother: More? Ok. “I want” what? “I want” what? Come on honey, you can do this, just point. Do you want “Footloose”? No? Skittles?

The voice of the mother begins to sound distorted, other voices and sounds of the room mix in with it-maybe other children and parents? Music? Traffic sounds, sirens a free jazz symphony of noise that gets louder and more

confusing. The lights start to get really bright, then maybe flash into a strobe. The child shuts down, flapping furiously, banging the hand on the floor in a repetitive motion, then shutting down, motionless. As the sounds fade, the actor removes the mask and places it on the blanket, facing herself. She then speaks as the mother:

Mother: It's ok honey, calm down. It's ok; we'll try again in a few minutes.

The Mother moves into the chair to the right and starts to speak. She may try to engage the child during the piece, or at least reference the mask while speaking (Guidry).

The sound cues for the first part were recorded in two different sections. We recorded the mother's words in several takes with recording equipment and a computer program in Marcello and Amanda's apartment. Marcello then interpreted my instructions to have the sound of the mother's voice blend in with a series of slowly building familiar sounds that would result in a distorted "free jazz symphony of noise that gets louder and more confusing" (Guidry). I am a big fan of free jazz and artists like John Zorn and Ornette Coleman; the distortion of music and sound in free jazz music was the closest analogy I could come up with to what the world might sound like to a child with autism who can't always filter one sound at a time, and who hears perhaps at a slightly slower frequency than neurotypical people do. I wanted to recreate that experience for the audience.

Marcello sent me an initial sound mix that started to approach the cue I was looking for, but I wanted more layers and I wanted a more dramatic build. We had a second recording session, where I did some more takes on the verbal sound cues, so that I could improve the emotional intent, particularly for the last line in the second section of the sound cues when I say "Ok!" I wanted that word to convey hope and positivity to the audience because the child is finally able to communicate he wants more treats, so I did several takes until I heard one that fulfilled my objective.

We also used this second recording session to evolve the creation of the distortion of sound for the child with autism. I suggested adding the sound of a dripping faucet, and perhaps the sound of children laughing, in addition to the music from a cello and other instruments that Marcello had already recorded. We listened to several different online recordings, purchased two, downloaded them and added them to the mix. As we were discussing things to add, I noticed the chair I was sitting in kept squeaking as I moved. We decided to include a rhythmic squeaking of the chair as well. Each sound, including the mother's voice, can be distinguished on it's own in the recording as it is initially introduced, but as the cue continues, the found sounds blend with the sound of the instruments and is distorted until the overall effect becomes almost unbearable to hear. This was finally the cue I was looking for-one that could motivate the child to cover his ears and shut down.

Once this cue was perfected, we made sure it was long enough to fade out in reverse, and I re-recorded the words the audience first hears from the mother, inquiring if the child wants a

treat. I recorded the same dialogue, but with the lines closer together, because the child has progressed during the therapy session and is able to make some choices at this point. Finally the last two words are heard, “More? Ok!” This is the last cue heard for the first part. I wanted this circular journey in sound to indicate that this is a process repeated daily not only for the child, but the mother as well. It is a constant struggle.

The sound cues for the expanded version of “Echolalia: A Conversation,” were in some ways a little easier, because Marcello and I now had an understanding of how to work together, and what kind of atmosphere I wanted to create. With the first part of the play already recorded, we met to discuss transitions and specific sound cues for the next four parts. His input was invaluable, and even though I had very specific ideas, I opened up to his objective point of view. He suggested we make each cue its own track so they could be entered individually into the soundboard and used in any order, in case things changed with the structure of the script.

I knew that I wanted to record one more verbal section heard at the top of the second part, as the child watches television. Children with autism often repeat what they hear, with almost perfect inflection, in a process called echolalia. This can be an attempt to communicate or another way of comforting him or herself, or blocking out ambient sound, much like the repetition of movement, called stimming. I wanted to create a short paragraph consisting of popular commercial slogans that strung together might sound like a plea to be heard. The following is an excerpt from my script, made up of popular advertising slogans:

Can you hear me now Can you hear me now Can you hear me now
Welcome to the human network
I’m lovin’ it I’m lovin’ it because you’re worth it
Let’s make things better Just do it Just do it JUST DO IT because you’re
worth it.
Can you hear me now (Guidry)?

I was unable to speak with the mask on, so any sound that appears to come from the child in the mask had to be recorded. I also liked the idea of a voice that was slightly disconnected from the child, not audible in a typical fashion. Marcello suggested the transition into this section could be the sound of someone flipping through channels on a television, with the sounds of ads partially heard, then cut off as the remote gets clicked. I liked this idea, but I wanted to add some static to it, and I needed a rhythmic element I could move to underneath the whole cue. With the exception of one transition cue, I wanted some distorted free jazz-like songs with a rhythm for each transition, to not only reflect the cacophony of sound from the first act, but to allow me to move from scene to scene in an obsessive compulsive pattern that would be somewhat jarring and abstract in nature. I asked Marcello if we might use some songs from his band, The Incense Merchants, whose music is experimental and contains a lot of sound made from everyday objects, like brooms and pots and pans. He was agreeable to this, and we picked out some Incense Merchants songs to use for two transitions, and an original piece by Marcello for the last transition.

The only transition not created in some part by Marcello was the transition between acts three and four, when we go from the therapist's office to a social situation where the child is finally able to remove the mask and communicate as a neurotypical person for a brief moment. I was inspired to include this section by a song called "Tired" recorded by my friend Mike Shellito and his band of the same name. It starts off as a very melodic piece with words, and ends up in an overbearing sound of many people talking all at once at a party. Marcello pointed out that the piece was so structured compared to the others, that perhaps the last transition from parts four to five could be something more melodic as well, as if the child has progressed and is able to discern music from noise. I wanted something without words, but with the quality of a lullaby, reflecting the calm of the child and his relationship with his father in the final scene, and Marcello came up with one of his own original works.

The following is a rough draft of the cue sheet we came up with for these sound cues:

Cue transition for 2nd part (television, sibling):
TV commercials music as if flipping thru channels
TV static sound
Commercial songs (jingles)

Cue transition for 3rd part (animated face video):
Sounds from the first cue
Repetitive vignette/free jazz
Incense Merchants song "Under the Microscope"

Cue transition for 4th part (party):
Shellito "Tired"

Cue transition or 5th part (father, nonverbal):
Marcelo 1st track of "Variations on Chocolate" (Guidry and Viera)

Originally I wanted the end of the show to contain no sound cues, because I wanted it to reflect the evolution of communication explored in the fifth act, the ability to communicate without words, only body language. I also wanted the show to come full circle, with the child back in mask on the mat, as he is at the beginning of the show, no sound, with the lights fading to black. But we decided in the final process to have the track from "Variations on Chocolate" play softly under the entire final monologue. In rehearsal, this seemed most effective.

After our initial meeting to discuss the cues and create a rough draft, Marcello and I met one more time to create the cues, particularly the transition into the second part. We listened to several television commercials and theme songs and came up with a cue that contained an audio journey that began with static leading into the ABC World News Tonight theme followed by the Verizon "Can You Hear Me Now" slogan into the "I'd Like to Buy the World a Coke" song from the 1970's, phasing into more static, then the Fisher Price "Play, Laugh Grow" slogan, then the theme song from Law and Order, followed by the McDonald's "I'm

Lovin' It!" song, then a snippet from a Hoveround commercial, the lead into The Simpsons theme song and SpongeBob Squarepants theme song, ending at last with a phrase from a Geico commercial that stated, "But a talking gecko, why?"-"I'll tell you why. Because people trust advertising icons." We mixed the faint sound of static under the entire cue, but abandoned the idea of mixing other sounds into it. The cue then led into my monologue composed of slogans.

This cue was by far my favorite of the entire show, and was very successful in the finished piece. I wanted slogans and themes that appealed to the audience in an emotional sense or made them think about how much they watch television and ignore it, or subconsciously make it a part of their everyday lives. I wanted kid shows, iconic jingles, and adult references that a child with autism might pick up on and use as a way to converse. A child with autism is going to pay attention to television in a way that the everyday audience is not. They will take things literally, and focus on details. The overall affect of this sound cue was exactly what I hoped for-as if a child was changing channels on the television and picking up dialogue to use to communicate. The cue also served the purpose of taking the audience on a journey, forcing them to listen to sounds they might hear everyday in a new way; the isolation of these everyday slogans became a monologue in and of themselves.

Visual

For my initial piece I had no visual cues other than my performance onstage. For my expanded piece, I wanted the audience to get the sense that they were experiencing the different stages needed to learn how to communicate. I wanted title cards projected for each act so they could follow the progression of the "conversation" in conjunction with the different stages of learning the child with autism was experiencing. In addition, in Act III and IV, I had sentences that needed to pop up on the screen when cued by lines in the script. In Act III, the projection served as a visual aid for the therapist to test the child with in the form of a multiple-choice test. In Act IV, the projection served as a visual aid for the audience to follow a train of thought spoken by the child. Marcello and I decided simple black lettering on a white background would serve best for these title sequences, and we created them in a format so they could be used as PowerPoint projections in the performance

I also wanted a video projection for the transition into Act III, when the child is in session with the speech therapist. The use of video had stuck in my head since I spoke to Debra Dunn about the video games being developed at CAR to help kids learn how to socialize better. I discovered material on YouTube while researching videos of children with autism. A company called Dunedinmultimedia specializes in videos of animated faces used to determine if children have autism. The faces smile, and their eyes move from side to side. If a child is not able to respond and follow in a neurotypical manner, it may be a sign of autism. I chose a thirty-four second video of a blond girl, representing in my mind not only an analyzing tool, but also the sibling of the child or possibly the speech therapist the child was about to encounter. We synched up an Incense Merchant song that has almost bell-like pings, which timed up perfectly with the blinking of the eyes of the animated girl. The end result was very effective, somewhat abstract and eerie.

The only other visual in the show was another PowerPoint picture of children dancing at a party, with a slight blurred effect, as the camera caught them in motion. I wanted the picture to serve as the background for the transition into Act IV, as the audience heard the Shellito song, “Tired” and the child prepared to speak to the audience as himself for the only time in the show. The party projection represented the pressure to socialize that happens to all children, and the lyrics of the song expressed the child’s inner monologue, since I was still wearing the mask. The lyrics of the song are as follows:

I’m tired, I’m tired, I’m tired.
And I think you are too.
I don’t care about beautiful music or writing a song that has something to say.
Nobody listens, especially lately.
Nobody listens, especially me.
Especially me, with nothing to say.
I’m tired, I’m tired, I’m tired.
I’m tired, I’m tired, I’m tired.
I’m tired, I’m tired, I’m tired.
And I think you are too (Shellito).

The song blends into the overbearing sounds of people conversing at a party with the lyrics fading out underneath. Mike Shellito gave me permission to use his song in my show, as well as to quote the lyrics in documentation of the process of creating the piece. The following is the Facebook message I received from him:

From: Facebook
To: Michele Guidry
Subject: Michael Shellito sent you a message on Facebook...
Re: MFA 3rd Year Actor Thesis Shows Spring 2011

Great to hear from you Michele. I am honored that you used one of my songs in your show. You probably don't know that I have always admired you and your commitment to doing what you love. You can use any of my songs anytime you want anywhere you want.

I'm working on a new record. It's taking some time with the little guy at home but I'll send you a copy when it's finished. Be well and stay productive.
Love,
Mike (Shellito)

I felt the lyrics of the song expressed the anxiety a child with autism might have felt as they enter the teen years, and are expected to start socializing and dating. I remembered what Debra Dunn from CAR had to say about her own son, “Well, in the meantime your child becomes interested in dating and the reality is, well, we probably don’t have the social skills and it’s not reciprocal (the girls aren’t interested), so all of those things create new heartaches along the way that families have to cope with” (Dunn).

I was motivated to create this transitional cue into the child speaking as himself for the first time, to express the irony of the situation as he finally learns the skills to speak for himself on his journey of learning how to converse, and is frustrated by the very nature of it.

Marcello was an integral part of the process for creating these cues. Although the ideas were mine, Marcello offered creative input, and the equipment to make them a reality. We created WAV files for the audio cues, and a video file for the transition into the third act. Sound and music became more than just transition in the final production. They were as important to the overall piece as the dialogue itself, and I feel lucky to have had such a skilled collaborator.

Explanation of Structure

As I read more about autism, and did more hands on research, I wanted to expand the idea of my piece to be about the very structure of conversation itself, a journey for the child and the audience together to discover the steps of communication. I hoped the audience would come away from the show questioning the definition of “normal” conversation, and have a better understanding of the frustration for someone who doesn’t communicate in a typical way. Each act of my show is a step in the process of learning how to speak, and hold a conversation. Each act also explores a different relationship in the life of the child at the center of the piece. The show starts off with a parent-child relationship, and circles back to a parent-child relationship at the end, representing the cyclical nature of dealing with a child with autism. There is constant repetition, and retraining before progress can be made.

Children with autism often repeat phrases they hear over and over, in an attempt to comfort themselves, block out painful noise, or to try and communicate. This repetition is called echolalia. When searching for a title for my show, I kept in mind that the show was mostly found work. I chose to quote others because I felt the audience had probably not heard their “voices” and because these authors had already put into words so many of the things I wanted to express. I called the piece “Echolalia”, and then “Echolalia: A Conversation”, because much of the content to my piece is echolalia itself; the play comments on itself in this way.

Act I

The first title card reads “The Topic of Conversation,” and is an introduction to the discovery that the child has autism. The audience learns the subject matter of the show. The act consists of three articles, all from the perspective of a mother. The first article, “Welcome to Holland,” by Emily Perl Kingsley, is a glass half full kind of essay, which compares having a child with special needs to planning a vacation trip to Italy, and finding oneself unexpectedly in Holland instead. The immediate response to this article is titled, aptly enough, “The Holland Response,” by Cathy Marciniak, and is a more realistic, slightly pessimistic view of the situation of having a special needs child. It encourages the parent to focus on the child, not his/her own experience of disappointment or positivity. I bridged the two articles with the third response piece, Advice to Professionals Who Must ‘Conference Cases,” by Janice Fialka, which is a poem that begs the listener to do just that, listen and be supportive to the parents, and save the advice and perspectives for later.

In the first act, I needed something to bridge the three monologues. After observing some of the teaching methods at the preschool, I decided that each mother (representing three different perspectives) would be trying to engage the autistic child in the basics of using pictures to indicate a need or want. At the preschool, they use plastic coated pictures of cartoon faces, forming the beginning letter of a phrase such as “yes” or “no,” “I want,” “Frootloops,” “Skittles,” etc. The child is encouraged to point to each card and the actual treat itself, in order to receive a snack. Initially, the student aide might have to pick up the child’s hand and place it repeatedly on the card to get the desired response. Eventually, the child will learn to associate specific cards with specific words and communication, point to the card on his own,

and might start to verbalize a desire as well. I observed James Nelson, the son of Chris Nelson, one of the Theatre PhD's at LSU, being taught with this method. James had already influenced some movement choices for the piece, and continued to be a source of inspiration as I observed his learning process.

This teaching method became the activity that tied the monologues of my first act together. Each mother tries to engage the child in the exercise of pointing to the right card to try and get the reward of a snack, and at the end of the first act, the child has progressed enough to point to the card that he wants on his own.

Act II

The title card for the second act reads, "The Language of Conversation". The child in the mask has moved in front of a television, and is picking up sounds and words that he repeats in order to speak. The words may not always be appropriate to the situation, but he has learned to verbalize. The transition is the sound of static, and channels being changed on the television. When the child is done "speaking" the short monologue (heard as a sound cue) of advertising slogans, the mask is removed, and the actor becomes the child's sister. I used the words of Jennifer Kolber, age 9 from the book Views from Our Shoes. The sister pleads for the audience to understand how hard it can be for siblings of special needs kids, but also expresses her love her brother, and how she feels responsible for taking care of him. She realizes how different their lives will be as they grow up.

Act III

The title card for the third act reads "The Structure of Conversation." Now that audience and the child know the topic, autism, and have picked up some language, they will learn from the therapist how to put the words together in order to converse. The child moves from the television to sit in a chair in front of a large, moving, blinking face. The face is used in therapy to help determine if children have autism. The mask is removed and placed in the chair, and the actor puts on a lab coat, becoming the therapist or speech pathologist. She takes the child through a short multiple-choice quiz to test his ability to respond appropriately to a question. The quiz appears behind her on the screen. I used the words of John Elder Robison, from his book Look Me in the Eye, and Kamran Nazeer, from his book Send in the Idiots, for parts of her monologue. I wanted the audience to understand that words alone do not make a conversation; intent is inherent to the process. Listening and responding are important. As an actor, I learn over and over again with different scripts how important subtext is, and playing the action of my words. What response am I trying to illicit from another person? I learn that action is reaction, so it's important to hear what's being given to you-not just the word, but the intent. This can be a hard concept for people with autism, and the therapist poses that the words we use are not often what we mean. They are a means to an end.

Act IV

The title card for the fourth act reads, “The Art of Conversation,” and is the testing of the previous steps in a social setting. The child, in mask again, moves slowly to the center of the stage, while the song “Tired” by Shellito is heard, and the scene of a party appears behind him. He removes his mask, and speaks as himself to the audience, explaining his logical thought process during conversation, and how it can get in the way of him being able to communicate. He is misunderstood, and assumed to be unfeeling, or inappropriate. I again used the words of John Elder Robison from Look Me in the Eye for parts of this monologue. The child also asks the audience to question the sincerity of people who express concern and sorrow for people they don’t even know, instead of conserving their energy for family and close friends. In a self-referential moment of the play, the actor drops the guise of the child and speaks as herself when she asks the audience to “Think about it,” after comparing people who feel too much for strangers to actors who can cry on cue. At this point, the actor has probably cried herself a few times when delivering certain lines during the first act of the play.

Act V

The title for the fifth act reads, “The Evolution of Conversation,” and brings the play full circle. The child puts the mask back on and moves back to the mat. He is the child as he was in the first act, younger, still trying to find a way to communicate. He lies down on the mat again and obsessively studies his hand as a soft melody plays. He takes off the mask, moves across the stage and becomes the father. I used the closing monologue from Peter Pryor’s play “Beautiful Boy” for this last piece of my show. A father expresses how hard it was for him to learn that his son has autism, and how he’s had to learn how to connect with him in a new way, being patient and letting him initiate contact. The father lies down on the floor, mimicking his son’s behavior and waits. The actor moves across the stage, picks up the mask, moves it across the stage, and lies down with the mask cradled in his arms. He talks about how his son moves and lies down in front of him, not saying anything, but expressing his love, his connection to his father without words. This is the conversation with the audience come full circle, the ability to communicate without saying anything, the child in silence as in the beginning of the play, but with the beginnings of a connection to the parent.

Script

“Echolalia: A Conversation”

ACT I

On a screen we see the words “ The Topic of Conversation.”

The stage is dark. Lights come up on the actor in Mask (neutral or larval mask representative of a child) and nondescript clothing-the clothes could be that of a five year old, or an adult woman: jeans, striped t-shirt or solid color shirt, sneakers. We see 2 chairs, both child sized placed to the right and placed to the left of a colorful mat on the floor. On the blanket are cards with cartoon faces and words, and jars of Frootloops and Skittles. The cards say things like “I want,” “Yes,” “No,” “Blue,” “Yellow,” “Red,” “Green,” “More,” and “All done.”

The “child” sits still at first, head slightly off to the side. His hands are flapping slightly; he slowly begins to hum an incoherent tune. We hear a voice, the sound of the mother, start to speak:

Mother: Come on. You can do it. Do you want “More” (points to card) or are you “All done” (points to card)? “More” or “All done?”

As the mother says these things we see the child’s hands moved to the cards, as if by force. The humming increases, the flapping grows stronger.

Mother: More? Ok. “I want” what? “I want” what? Come on honey, you can do this, just point. Do you want “Frootloops?” No? “Skittles?”

The voice of the mother begins to sound distorted, other voices and sounds of the room mix in with it-maybe other children and parents, music and traffic sounds, sirens-a free jazz symphony of noise that gets louder and more confusing. The lights start to get really bright. The child shuts down, flapping furiously, covering his ears with his hands, then shutting down, motionless. As the sounds fade, the actor removes the mask and places it on the blanket, facing herself. She then speaks as the mother:

Mother: It’s ok honey, calm down. It’s ok. We’ll try again in a few minutes.

The Mother moves into the chair to the right and starts to speak. She may try to engage the child during the piece, or at least reference the mask while speaking. She delivers the article “Welcome to Holland” (Kingsley).

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guidebooks and make your all plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You learn some handy phrases in Italian. It's all very exciting.

Finally the time comes for your trip. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

**"Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."
"I'm sorry," she says. "There's been a change of plans and we've landed in Holland."**

What's important is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you have to go out and buy a whole new set of guidebooks...you have to learn a whole new language. And you'll meet a whole new group of people you would never have met otherwise. Holland. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around.... and you begin to notice that Holland has windmills.... and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say, "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever, ever go away... because the loss of that dream is a very, very significant loss.

But... if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very lovely, the very special things ... about Holland (Kingsley).

The mother returns to the blanket over. She speaks to the child:

Mother: Ok, you want "Blue" Skittles or "Green" Skittles? "Blue" or "Green?"

The child knocks over the jar of skittles, creating a jarring sound.

You have to calm down. We don't throw things. Let's pick them up. No, LET'S PICK THEM UP! Ok, Ok, (more to herself), we'll take a breather. All done? No? You want more? Ok, You want to lie down? Okay we lay down for a while, ok. We lay down.

The mother lies down on the floor, next to the mask. The Mother transitions to the other child chair and delivers the article "Response to Holland" (Marciniak).

Every parent of an exceptional child has, at least once by now, received a copy of an essay entitled "Welcome to Holland." It is written from the perspective of a mother who has experienced the disappointments and frustrations of a special needs child, and compares that experience to planning a trip to Italy, and finding herself in Holland instead. I won't bore any of you, or make myself want to hurl, by quoting it here, but the last line, the phrase guaranteed to send me directly into high dudgeon, reads, "You're

sorry that you missed Italy.... but then, you would never have learned to appreciate all the wonderful things about Holland."

Great googly moogly, if that isn't just the stupidest analogy I ever heard. What woman in her right mind, let alone a pregnant one, thinks parenting any child is going to be even remotely similar to a Mediterranean vacation, I'd like to know.

And why, in the name of all that is holy, would you liken ending up with my child, to finding yourself unexpectedly in Holland? They breathe oxygen in Holland, everybody in Holland is a biped, Holland is recognizable, it's a peaceful country... For heaven's sake, there are Starbucks in Holland! I would be fine with a nice negotiable little pleasantly gifted Holland-child. I would be thrilled, delighted, totally ducky, with an identifiable and easily remediated LD Holland-child. I dream of a life as easily managed as Holland. Holland, my dear, would be Club Med, compared to where I wake up every morning, not in Italy, and not in nice recognizable manageable Holland either, but smack dab in the middle of the bar scene from 'Star Wars'. Try that! Then you can try to survive and raise and protect another vulnerable little human being in that environment, and listen to me tell you that you're just some over-invested yuppie with unreasonable expectations who should simply relax and appreciate all the "wonderful things" about your disorientation.

Don't try to tell me that it's nothing personal. "Oh, he's 'just' different," is a blow-off. It's an insult, and I do take it personally. Whether you say "quirky," "eccentric," "unique," "high-spirited," or any other euphemism for "complicated," you are implying that he's not really complicated. You are implying that managing my life is really very simple. This is an insult to my intelligence and a dismissal of my experience.

I love my child, differences and all, but you are wrong to think, and it is wrong to say, that all of my child's differences are completely benign, if not marvelous in their own rights. If there's anything beautiful about negotiating a maze of medications and specialists and therapists, if there's anything wonderful about higher rates of depression, job loss, and divorce, if there's anything lovely about institutional indifferences and societal cruelties, I haven't seen it. The whole premise of this piece is flat out dangerous.

Which reminds me: Here's another idea for the "Welcome to Holland" lady. Let's say that the challenge and the frustration of parenting a high needs kid is not about the parent of the high needs kid. Let's say that it doesn't matter one bit where I expected to end up. Let's say it's about the child. Let's say that my kid speaks Italian, is dressed for the Mediterranean climate, and is carrying lira. In that case, I don't want you to tell me to lighten up when he gets off the plane in the Netherlands and is lost and confused and cold and hungry and sick. What I want, when my child is misplaced, is a full and immediate refund. I want you to focus on him, not on me. I want you to quit yammering at him in Dutch, and I want you to see to it that I get the service I paid for: that he is transported to where he belongs, where he will fit, where he will be healthy, where he will be understood. That, in my opinion, would be a "wonderful thing" (Marciniak).

After the speech, the mother moves to the floor and lays down next to the mask
The mother smiles at the mask and then sits up on the blanket. Silence leads into the article
“Advice to Professionals Who must ‘Conference Cases’” (Fialka).

**Before the case conference,
I would look at my almost five-year-old son
And see a golden haired boy
Who giggled at his baby sister’s attempts to clap her hands;
Who charmed adults by his spontaneous hugs and hellos;
Who captured his parents with his rapture with music and
Who often became a legend in places visited because of his
Exquisite ability to befriend a few special souls;
Who often wanted to play peace marches
And who, at the age of four,
Went to the Detroit Public Library
Requesting a book on Martin Luther King.**

**After the case conference,
I looked at my almost five-year-old son.
He seemed to have lost his golden hair.
I saw only words plastered on his face,
Words that drowned us in fear and revolting nausea,
Words like:
Primary Expressive Speech and Language Disorder,
Severe Visual Motor Delay,
Sensory Integration Dysfunction,
Fine and Gross Motor Delay,
Developmental Dyspraxia and RITALIN now.**

**I want my son back. That’s all.
I want him back now. Then I’ll get on with my life.**

**Please give me back my son
Undamaged and untouched by your labels, test results,
Descriptions and categories.**

**If you can't, if you truly cannot give us back our son
Then just be with us quietly,
Gently and compassionately as we feel.
Sit patiently and attentively as we grieve and feel powerless.**

**Please do not give us advice, suggestions, comparisons or
Another appointment.
We want only a quiet shoulder upon which to rest our
Now-too-heavy heads.**

**If you cannot give us back our sweet dream
Then comfort us through this nightmare.
Hold us. Rock us until morning light creeps in.
Then we will rise and begin the work of a new day (Fialka).**

We hear the same sound cues from the beginning of the show, the loud noises, mixed voices in reverse. Slowly the actor puts the mask back on and the sound fades out into the single voice of the mother again.

**More? Ok. “I want” what? “I want” what? Come on honey, you can do this, just point.
Do you want “Frootloops?” No? “Skittles?”
Come on. You can do it. Do you want “More” (points to card) or are you “All done”
(points to card)? “More” or “All done?”**

More? Ok.

ACT II

The words “The Language of Conversation” appear on the screen.

The masked child moves in a repetitive pattern as the sound of channels being changed on a television and static is heard. He sits in front of a television screen, rocking and stimming. We hear a sound cue of commercial phrases:

**“Can you hear me now” “Can you hear me now” “Can you hear me now”
“Welcome to the human network”
“I’m lovin’ it” “I’m lovin’ it” “because you’re worth it”
“Let’s make things better” “Just do it” “Just do it” JUST DO IT” “because you’re
worth it”
“Can you hear me now?”**

The mask comes off and is placed in front of the television, as if it is the child still watching commercials. The actor becomes a sibling, a sister. The following is an excerpt from Views from Our Shoes, and is written by Jessica Kolber, age 9.

My brother has autism. When I was little he bit and pinched me. But now he’s a lot better and doesn’t do that anymore. He’s pretty nice, but sometimes he’s a bit annoying. He repeats certain words, which is called echolalia. We can’t keep drinks in the refrigerator because he empties anything in the refrigerator into the sink. He moves my things to different places because from his point of view, everything should be in a straight line.

In some ways my life is different from kids who have a normal brother, because most of my schedule revolves around my brother. Sometimes I can’t go to special activities because my mother has no one to watch him and can’t take me. I think parents, teachers and doctors should have more understanding for siblings, because they go through such difficult experiences with their brothers and sisters.

When my brother grows up, my parents will try to keep him at home as long as they can. But if they can't, I'm almost positive he will be in a supported living or group home. When I grow up I will go to work and have a life of my own. I will visit him each week on Saturday or Sunday to make sure he is ok and spend some time with him.

ACT III

On a screen we see an animated face moving as the masked child obsessively and ritually moves into an office chair facing the screen, takes off the mask, places it in the chair. The actor puts on a lab coat. The child has become the speech pathologist. The phrases that appear on the screen are from John Elder Robison's Look Me in the Eye.

The words “The Structure of Conversation” appear on the screen.

Therapist (speaking to the mask): If someone asks you

This phrase appears on the screen:

“Look at My Tonka Truck,’ do you say:

These words appear on the screen:

- A) I have a helicopter.**
- B) I want some cookies.**
- C) My Mom is mad at me today.**
- D) I rode a horse at the fair (Robison 20).”**

Remember, it's not what you're thinking about in the moment-try to do more than just hear the words coming at you. Try to make sense of them, and respond accordingly. What will make sense to the other person? What will engage them in conversation? That's right! Letter E.

These words appear on the screen:

“E) That's a neat truck! Can I hold it? (Robison 20).”

The therapist speaks to the audience:

Words are symbols-they are code for language, for communicating, but they are just the beginning. In order to communicate, to hold a conversation, you can't just match the pattern, the correct response, my turn, your turn and so on...you have to understand why it is the appropriate response. Are you trying to flatter someone? Make them feel better? Bring attention to yourself? What are the motives behind your words? When we ask someone “How's the weather?” do we really want to know? Or are we just filling a pause, being polite, breaking the ice?

(The following was created with excerpts from Send in the Idiots, by Kamran Nazeer.)

“Outside of formal settings such as meetings or conferences, a conversation is merely a series of juxtapositions. The meaning is in the intent-these juxtapositions may not be aimed at a collective, logical point, but that may not be the reason for saying them. A phrase in what I said, a topic, a point of view, or nothing at all connects with something you contain in your knowledge. Then you say something. And like this, we proceed (Nazeer 28).” In order to connect to another person. This is conversation.

ACT IV

The actor puts on the mask. The child moves to downstage center in a very strict pattern. There song “Tired” by Shellito is playing with images of partygoers on the screen. As the music, filled with the sound of people at a party, gets louder, the sounds are overpowering. The child starts stimming and as the song fades out starts to remove the mask and speak, at first as someone with autism would, but as he becomes more passionate, we realize this is the inner voice of the child, the child as he would like to be in order to express himself.

The words “The Art of Conversation” appear on screen.

(Excerpts from Look Me in the Eye by John Robison Elder, were used to create part of the monologue below.)

The child removes the mask before speaking and holds it in his hands. He delivers this monologue in a halting, monotone speaking voice.

Child: If I could get across to you what I’m thinking, if I could get across to you what I’m thinking, if I could get across to you what I’m REALLY thinking, then maybe you would understand. I have emotion, I have empathy, but most of all I have logic and a train of thought that takes me away from the conversation at hand. I don’t understand subtlety or sarcasm or subtext. My brain is not wired to recognize a lot of body language or facial expressions. Sometimes conversation seems like a performance that requires insincerity to maintain and I don’t have the social skills to play the game.

“Like when my mom’s friend came over and asked us “Did you hear about so and so’s son? Last Saturday night he got hit by a train and killed. He was playing on the tracks (Robison 29).”

The actor speaks to the mask as if he is the neighbor for a moment.

“I smiled at her words. She was shocked ‘What do you think that’s funny?’ I felt embarrassed and humiliated, and slunk away (Robison 29).”

The actor places the mask on the floor.

“I wasn’t happy that someone’s son had died, but I didn’t really know the woman, and I never met her kid, so what I was REALLY thinking was:

These sentences appear on the screen behind the child/actor, and are spoken with normal inflection:

Someone got killed.

Wow! I’m glad I didn’t get killed.

I’m glad my brother or my parents didn’t get killed.

He must have been a pretty dumb kid, playing on the train tracks; I would never get run over by a train like that.

I’m glad I’m okay.

At the end, I smiled with relief. Whatever killed him was not going to get me.

Please try to comprehend what I’m saying. I have what you might call a ‘logical empathy’ for people I don’t know. I understand that it’s a shame when people die in a plane crash. I understand that they have families and they are sad. But I don’t have any physical reaction to the news and I don’t think I should. I feel I must put things like this in perspective and save my energies for the things that truly matter to me.

As a logical thinker, I cannot help thinking, based on the evidence, that many people who exhibit dramatic reactions to bad news involving strangers are hypocrites. That troubles me. People like that hear bad news from around the world, and they burst into tears and wail as if their own children had been run over by a bus. To me they don’t seem different from actors and actresses-they are able to burst into tears upon command, but does it really mean anything (Robison 30)?”

Think about it.

The actor slowly puts the mask back on, and returns to stimming. The sound of the party rises up around him as lights fade out.

ACT V

The words “The Evolution of Conversation” appear on the screen.

The child moves back to the mat where he started and as the lights come up, we see him lying on the floor, looking at his fingers. He slowly sits up, and removes the mask, putting it on the mat in the same spot. He gets up, moves to the other side of the stage, and becomes the “Father”.

(The following is an excerpt from a play called “Beautiful Boy” by Pete Pryor, an actor whose son has autism.)

**“Father: I remember when I first connected with my son.
When we first connected in the playroom.**

You have to understand.

I want him to say “Dad” when I walk through the door.

I want his face to light up.

From the time he could walk to 18 months he did that.

This is what it feels like.

It feels like someone has kidnapped your little boy.

Like your son is being held hostage right in front of you.

So I’m learning how to connect now... with my son.

But I need to help make that happen.

Create a pathway for it.

He lay there on the floor in the playroom.

Looking at his fingers.

Not engaging me. Not engaging anyone.

His back is to me.

And I lay on the floor on the other side of the room.

I lay on the floor for fifteen minutes.

And after fifteen minutes of mutual stillness,

He got up, walked over and lay down next to me. Right in front of me.

The actor goes over and picks up the mask from the playroom, walks over to his original spot and kneels down.

And he didn’t say I love you.

He didn’t say thank you.

He didn’t say anything to me.

The actor lies down on the floor with mask cradled in his arms, facing the audience.

He just lay next to me.

Spooning with me

And that was enough (Pryor 29).”

The light and music fade on the actor holding the mask. End of play.

Performance Process

Ten-Minute Solo Performance

The initial ten-minute solo presentation of my show was performed under the title “Echolalia” on May 10, 2010, along with the solos of my classmates in the spring of 2010 in the Studio Theatre of the MDA Building. We served as stage managers, run crew, and house management for each other. We secured the help of Almeda Beynon, a very talented undergraduate theatre major with a concentration in sound design, to import our cues and run the soundboard for us. A full house of students, professors, and faculty saw our presentations, whose subject matter ran the gambit from autism to Zelda Fitzgerald to a race between a rubber band and a paper clip. Each piece reflected the personal tastes and strengths of the individual actor. Jo Hall, a fellow graduate student, created the program, which read “Second Year MFA Solo Project” on the front, and on the back read “Joyfully,” a reference to an inside joke about our collective attitude as a group our first year of school. We worked as a true ensemble for perhaps the first time in our graduate careers, because the work meant so much to us personally, and we needed each other to make the production successful.

We spent about a week throwing the show together, using a plot that was already hung for another show to light our performances. Nick Rhoton, a fellow MFA, was able to adjust some lights, and rearrange cues in the operating board to serve everyone’s needs, a job he repeated for myself, and some of my fellow graduate students when we presented our final thirty-minute pieces. The lighting was very effective; both my ten-minute piece and the expanded version, consisted mostly of spotlighting that cross faded selected areas of the stage, isolating each different character and space represented in the piece.

Before the performance, I had a few coaching sessions with George Judy, Head of the MFA Acting program at LSU. His main concern for the original ten-minute piece was differentiating each of the three mothers from each other. He encouraged me to make the mother for “Welcome to Holland,” a young mother, softer in delivery, with a positive outlook. For the “Response to Holland,” he urged me to make her an older woman, more experienced with life, and to start off with a sense of humor before getting into the heart of the speech, where she shares the difficult reality of raising a special needs child. He reminded me with the final piece, “Advice to Professionals Who Must ‘Conference Cases,’” to play the action of the piece, to seek solace, not advice from the other two women. The three-way conversation I wanted to represent became much clearer after these adjustments to the characters. I discovered how to position the mask for each mother in this rehearsal process: in front of the first mother, facing her, lying sideways for the second mother, and again in front of the mother for the third, but this time facing the audience.

The actual performance happened very quickly. As the lights came up on me, rocking in the mask, I heard laughter from some of the audience. It surprised me, and gave me something to work against; I knew if the laughter stopped once my sound cue started, and they realized what the piece was about, that I had them. The rest of the piece was met with rapt silence, and I found out later from one of the audience members who laughed initially that he found

the image of me rocking in the mask frightening, and he laughed out of nervousness. Overall, the audience seemed to find the piece powerful and moving. Les provided me with some insightful feedback in the form of an email, feedback that informed my final presentation in the extended version of the show:

From: Leslie A Wade
Sent: May 18, 2010 1:24 PM
To: michguidry
Subject: RE: Michele's Final

Michele, I wanted to give you a little feedback on your solo show, which I though was effective and probing. Let me begin with things to consider. First, you may want to consider proportion, and what exactly you want the piece to highlight. As it stands, the piece is basically a frame for your three monologues--that's what dominates. The monologues were effectively individually, but I felt that, even though they were conveying different outlooks, that the voices of the three seemed to come from a similar place (which leads to the question of how to gain more contrast? how to sharpen differences in the three voices?). I think in and of themselves that the monologues don't give you as much dramatic drive as you might want. That said, I felt that the other chief element of your show was very much on the mark. And this is what I would encourage you to consider further, and to make this the dominant feature of your show--that is, the physicalization of the mother-child relation. The sequences with the mask, and the taking of the nap held the audience enrapt. The energy and actuality--of knocking over the skittles, for instance--played in a much more visceral way than the monologues. So my main suggestion would be for you to think about how you could extend and develop the mother-child relationship (that's the hook for me)--in short, how to pull back on the monologues, to use them as shorter transitions, for more developed encounters and dramatic build between mother and child. Your concluding, with the sound track and the hand movements, was one of the most provocative of the evening.

So there is much, much that is rich and waiting to be mined.
Thanks for your contribution to the class and for the creativity you've displayed. Have a great summer, best wishes, Les (Wade)

I decided to essentially keep the first act of my show the same, editing down the monologues, but more clearly defining the distinct differences between the women in the expanded version. I explored several relationships for the child-therapist, sibling, self, and father, in addition to the mother, and incorporated more physicality as well, using the mask more and increasing the stimming activity of the child. Movement still served as a transition between monologues, but was more fully realized.

Final Presentation

The final thirty-minute presentation of my show was titled “Echolalia: A Conversation,” and was presented on January 18th at 7:30pm in the Studio Theatre. Alex Galick, one of my classmates, also presented his solo show, “Germophobia,” and was first on the bill for a full house of faculty and students. Alex and I had originally aimed for the 9th of January, but it became apparent, in the midst of rehearsal for King Lear for Swine Palace, and gearing up for the spring semester, that we would not be able to get the show together that quickly. I spent my winter break working on the sound and visual cues with Marcello, finishing the script, and securing the Studio Theatre from the theatre department. Before break, I had enlisted the help of Tyler Kieffer, another undergraduate with a concentration in sound design, to set cues and run the board for the show. Pat Acampora, the Facilities Manager for the Department of Theatre, reserved the space for Alex and me, and with the help of some volunteer students, hung the screen I needed for my projections.

I met with George twice before actually performing the show. He helped me clear up some blocking issues and offered me some feedback on my presentation of character. The first act was set; the mothers seemed distinct from each other. He encouraged me in the other acts to be almost stereotypical with my representation of the sister, the therapist, and the father. I was grounded enough in truth and clear enough with my objective in each monologue to stretch the characterization a bit; make the sister more like a bratty tween until she reveals her love for her brother, make the therapist overly excited about the child’s success until she addresses the audience with a clinical conversation, and make the father more masculine, make it harder for him to share his emotions. We also decided to have the final sound cue, the melodic lullaby, play out under the father’s monologue, until the father goes over and picks up the mask, representing the child, and curls up with him in the middle of the stage as the lights fade.

Jo Hall and Nick Hamel, fellow graduate students, stage-managed the show and ran the light board. Tyler Kieffer ran the soundboard and visual cues. We had a technical rehearsal in the morning before the show, running the cues, and putting on the finishing touches. It had taken us about 4 days to choose the lighting, acquire props, set cues, and have a dress rehearsal. We billed the show as a work in progress, but the final presentation proved to be more effective than Alex and I could have hoped for.

I had watched Alex in dress rehearsal, so I stayed backstage reviewing my lines while he performed. The audience seemed to love his story of a man trapped in a basement, fighting his own phobias and an unseen enemy from the outside world. After a short intermission to change the set, it was my turn. I have been performing since I was eight years old, professionally for over fifteen years, and I have never been as nervous as I was before doing my show. Not only were people observing my performance, but my creation as well. It was all on me to succeed, and it was unnerving.

As the performance progressed, I felt myself getting in the zone; the energy and reaction of the audience inspired and fed me. I was connected to the material in the first act, particularly the last article, “Advice to Professionals,” in a way I had never been before. The phrase

“Rock us, until the morning light creeps in (Fialka)” became fraught with irony as I made the emotional connection between the habitual rocking of the child, and the gesture of rocking a friend for comfort. I was in the moment for most of the performance, riding the wave of action and emotion that performing in front of an audience provides. I was finally having a conversation, and knew when the lights went out that I had personally succeeded. With the help of some generous friends and co-workers, I had created and performed a piece of work that hopefully would have an impact beyond the life of the show. I don’t know if I ever felt so satisfied before in my life as an actor and an artist.

Feedback and Conclusion

Immediate response following the show was positive. I remember Drew Battles, my voice professor's husband and a relatively new father, commenting on how moved he was by the final monologue, how it resonated with him as a father. John Fletcher, Professor of Theatre History, suggested I find a way to perform the show for the community, in schools for example, as a way of educating people about the subject of autism. I looked forward to feedback from Les, who had made the trip from New Orleans to see the show. He sent me the following email:

From: Leslie A Wade
Sent: Jan 26, 2011 2:30 PM
To: Olga M Guidry
Subject: show

Dear Michele: I wanted to congratulate you on the show, which was quite moving and impactful, and to share that I very much liked how you extended the piece and found new places to go. Concerning suggestions, I think that the first two monologues work great back to back--the third one for me loses punch. I wasn't as keen on the doctor section, but I very much liked the sister and especially going into the thoughts of the autistic child--the "like performance" line was riveting, and there may be more that you can do with that. I also very much liked the walking and the opening up of the space. I still feel that the piece needs at the beginning to hint at some kind of direction, something that helps link or guide the disparate blocks (so that there is something of a build or turn). That said, the piece held attention throughout and elicited a wide range of emotions. Everyone could tell it was a thoughtful, serious and engaging piece. Good luck with taking it further, best wishes, Les (Wade)

I appreciated Les' constructive criticism, and in the future may find a way to create more of a build in the piece. The title cards were meant to clarify the journey of the child learning to converse for the audience, but perhaps it wasn't as clear as I would like it to be. That being said, I'm ok with the audience walking away with a certain amount of questioning and confusion. Another audience member mentioned how much she liked the movement in the piece, and expressed an interest to see more. As an actor who returned to school in part to improve her movement skills, it reassured me to have someone compliment the physicality of my piece. I definitely applied skills I learned from exercises in movement class, along with the mask work.

I hope to visit this piece again, or perhaps create a work on a similar topic, using my own words. In the future, I definitely plan on using theatre as a way to reach children with special needs. My time spent with the preschoolers at the Language Preschool at LSU, and with the older students at the Pathway School in Norristown, PA, was so moving to me personally, and satisfying in a way that no other experience in my life has been up until this point. I don't

know exactly why I was drawn to the topic of autism, but after all the research and time spent creating this piece, I think it boils down to the fact that at its core, theatre is communication. As I've grown and learned more as an actor, I've appreciated more and more the subtext of language, the action behind communicating, the "art of conversation", and I feel everyone should have the ability to express themselves in some way, whether typical or not. Autism can be a hindrance for someone to be heard, especially in its most severe form. But for many, especially people with Asperger's, it can provide a clearer, logical insight in conversation, a more concise and truthful expression in communication. Perhaps those of us who are neurotypical can learn as much from people with autism as we can teach them in the ways of communicating. I hope to find out as I leave school and pursue a career in theatre and education.

There are also a myriad of other topics I would like to explore in solo work, or even a project for a group. The gift I received from creating this solo theatre project is the ability to think of myself not only as an actor for hire, but an artist as well. The process of putting together a show from the script, to the cues, to the staging, and enlisting other artists for help, made me believe I could continue with this exploration of creation. As I seek work as an actor in other people's plays, I will continue to develop my own work, and add my voice to the mix.

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Appendix: Production Photographs



Above: Michele Guidry as “Child,” Act I (Photo by Kristina Udy Sutton)



Above: Therapy cards, mask, treat jars, Act I (Photo by Kristina Udy Sutton)



Above: Michele Guidry as "Child," Act II (Photo by Kristina Udy Sutton)



Above: Michele Guidry as "Child," Act III (Photo by Kristina Udy Sutton)



Above: Michele Guidry as "Child," Act V (Photo by Kristina Udy Sutton)



Above: Michele Guidry as "Father," Act V (Photo by Kristina Udy Sutton)

Vita

Michele Guidry was born in Buffalo, New York, and raised in Erie, Pennsylvania. She graduated with honors from McDowell High School in 1988. She attended Pennsylvania State University in State College, Pennsylvania, and graduated summa cum laude with a Bachelor of Arts in theatre in 1992. Michele was a part of the inaugural apprenticeship program at the Arden Theatre Company in Philadelphia, Pennsylvania from 1993-94. She then spent six months performing with the Pennsylvania Renaissance Faire and returned to Philadelphia in 1995 to perform in a production of Road with the Wilma Theatre Company. In that same year she traveled to the Czech Republic to perform Road at the Divaldo'95 Theatre Festival in Plzen. Michele was involved in the Philadelphia theatre community for fifteen years. While there, she performed with many local theatre companies including the Wilma, the Walnut, Interact, The Lantern, Philadelphia Shakespeare Festival, 1812 Productions, Hedgerow Theatre, and Brat Productions. She also worked as an instructor for the Philadelphia Young Playwright's Festival, and served as assistant director for Interact Theatre Company's production of It's All True, and Philadelphia Community College's production of The Laramie Project, and served as a nominator for the Barrymore Theatre awards in 2007. In addition, she worked as a standardized medical patient for The National Medical Board from 1998 to 2008.

In the fall of 2008, Michele returned to school in the MFA Acting Program at Louisiana State University, her parents' alma mater. She has performed in several Swine Palace shows while in the program, including Satellites, Love's Labour's Lost, The Royal Family, A Doll's House, Self Defense, Design For Living, King Lear, and The Metal Children. In the summer of 2010, she went to Seoul, South Korea, to perform the role of Eurydice in the LSU Main stage production of Antigone, in the Young International Theatre Festival. She is the co-recipient of the Wil Calhoun Family Scholarship, awarded to theatre graduate students at LSU.

A proud member of the Actor's Equity Association since 2001, Michele plans to return to her professional acting career upon graduation. She also hopes to secure a Fulbright Scholarship for overseas study, and to pursue a teaching career in theatre at some point in the future. She would like to specialize in using theatre as a way to teach and engage children with autism.