2 Improvisation and Vulnerability

Circuits of Care in Performances of Age and Ageing

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Introduction

This chapter explores the notion of a circuit of care occurring in performance practices related to age and ageing, paying attention to how it operates regarding cognitive disability, particularly in *Ruff* (2012), performed by Peggy Shaw. This show was directed by and co-devised with Shaw's long-time collaborator Lois Weaver; the pair is known as Split Britches. Here I explore how stroke survivor Shaw performs the complexity of ageing and fragile subjectivity and how her performance – and other activities inspired by her performative response to her stroke – sets up a circuit of care between audience, performer and dramaturg. I explore how *Ruff* explicitly acknowledges physical and cognitive fragility through the content and technical details of the performance and through Weaver's interventions from the auditorium. I note how Shaw's performance expertise, in spite of her cognitive difficulties, confounds expectations of post-stroke dependency and how her duty of care as a performer extends to informing and educating audiences about the symptoms and effects of stroke, thus completing the circuit of care in *Ruff*. The chapter also examines other examples of theatre practice with old people, which, taken together, illustrate how circuits of care can be established by participatory and improvisatory performance practices. Such performative situations challenge the normative notion of the carer as giver and the cared for as receiver, equalising the status of both. In order to explore this, I use James Thompson's "aesthetics of care" (430) and Eva Feder Kittay's notion of "taking up" (Webteam) in care relations and pay attention to the notion of vulnerability, a recent development in political and legal philosophy that challenges the focus on the situation of dependency in care ethics.

A Circuit of Care

Having identified circuits of care in particular performance practices, I searched the literature but found few relevant entries. However, I was

intrigued by an article by feminist geographers Sara Dorow and Shingirai Mandizadza, writing about US oil camp workers on Alberta's oil sands, working away from their families for short periods, that highlighted a "circuit of care," "that occurs within and through a regime of mobile work" (1244). The authors quote Loretta Baldassar and Laura Merla, describing a circuit of care as "the reciprocal, multidirectional and asymmetrical exchange of care" (Dorow and Mandizadza 1244). Both Baldassar and Merla's and Dorow and Mandizadza's research studies a geographical, temporal and gendered circuit existing between workers and their families which, as Dorow and Mandizadza say, "reproduce[s] a labor force that is available, flexible, and conditioned for work" (1253). Though the geographical distance that seems to define the notion of "circuit" in these two publications is not present in the working relations that we find in *Ruff*, and the circuit developed in the show supports an efficacious mutuality between audience, performer and dramaturg – rather than one that readies a workforce for the demands of commercial oil production – I would like to borrow this same image of work and care in a circular relation for my analysis of what occurs in the performance of *Ruff* and in other performance situations.

Ruff

According to director Lois Weaver, the performance piece *Ruff* "visually and verbally translates Shaw's internal experience of illness and aging into an external assemblage of her multifaceted, creatively capable, aging brain." Split Britches' website notes that:

There are dark spots and blanks in Peggy's memory now. Yet in paying tribute to the family, friends and performers who have inspired and kept her company over the years, she reflects on what is lost and equally celebrates the space left behind for new insight. Handing objects to audience members, calling out to Lois for help in the audience, and maintaining the constant presence of collaborators in projections and text, the performance lays bare the devices of care present in Peggy's life, foregrounding the ways in which a solo performance is never really solo.

(*Ruff*)

Shaw and Weaver began performing in the 1970s, founding both Split Britches (with Deb Margolin) and W.O.W. Cafe theatre collective in New York in 1980. Over the next 40 years, it became the norm for Weaver to play the "Femme" in the partnership while Shaw presented herself in what she calls "Gentleman Drag," taking on the significations of masculinity: the sharp suit and tie, short hairstyle and the swaggering cuff-and-tie-straightening body style of a guy from a 1950s movie.¹ This norm was

fully established by the time Shaw took on a solo career after Split Britches temporarily separated in the mid-1990s. Born in 1944, Shaw is now a veteran performer, and as such her disruptive gender-play also intersects with and complicates the figure of the “old woman” in performance, one that is rarely seen centre stage in British mainstream drama.² *Ruff* daringly exposes the complexities of ageing subjectivity, on the threshold of what Peter Laslett calls “the fourth age of true dependency and decrepitude” (x), that is, age so advanced that it represents a state lying “beyond the social and . . . the scope for agentic transgression” (Gilleard and Higgs 138). Shaw is aided in her particular “agentic transgression” by the “social” support of the audience, of her collaborator Lois Weaver *and* of a “host of Lounge singers, movie stars, rock and roll bands and eccentric family members living inside her” (Vimeo). Shaw “channels” a cast of charismatic characters – for example, embodying Elvis’s sexual potency in her rock star persona who sings “The Hokey Pokey” in a strutting, fist-in-the-air, microphone-tilting style – these remembered (and now enacted) figures populate the places in Shaw’s brain left dark by the stroke.³ In her BBC Radio Four interview, she explained:

After my stroke . . . I was able to define that I wasn’t an original person, that I had a combination of a lot of people inside of me that I wanted to talk about and thank for all their help. Like Leonard Cohen, and Marlon Brando and Elizabeth Taylor, Malcolm X, Otis Redding all the people I relied on for my songs and my monologues.
(Smith 26:50)

These figures, which she embodies on stage, provide her supporting cast. Her allies – including an all-female backing band who appear, one by one, projected onto a greenscreen behind her – support her in a performance that is openly “compromised” by the effects of her stroke.⁴ The greenscreen functions both as a metaphor for the losses Shaw has suffered and enables a performance of care enacted by this support system, these virtual friends, projected on the screen. So the notion of care, aid and support for the performer is an explicit feature of this performance; however, I will argue in the next section that the show – with the veteran performer at its centre – establishes a circuit in which the audience serves Shaw, Weaver serves Shaw, Split Britches the company (Weaver and Shaw) cares for the audience and Shaw specifically serves the audience.

When Shaw first enters, she takes out a bottle of water, explaining how, after her stroke, she has a tendency to cough at unpredictable times, and she asks an audience member to hold her bottle and other items. This at once signals the vulnerability of the whole performance and is the step that engages the audience in a circuit of care involving the performer, audience and dramaturg. Shaw’s skilful opening appeal to the audience for aid, and other features of the show, also exemplify

Thompson's "aesthetics of care," which he says features "sharing, support, co-working and relational solidarity within a framework of artistry or creative endeavor" (438); this perfectly describes the supportive circuit created within the show. In *Ruff*, Shaw depends openly on autocue, something which clearly acknowledges her cognitive disability (her inability to memorise); indeed, she sets up these devices as part of the opening of the show. Her occasional interruptions of the piece to ask her director Weaver – who sits in the audience – about the next sequence or move, make explicit the fragility which the stroke has produced, incorporating this fragility into the performance aesthetic, one which enlists the notion of care. However, this is not unidirectional: Shaw's duty of care as a performer is to engage, inform and entertain the audience, which she does with skill, and while the audience receives this offer, they are being readied by Shaw's performance expertise to acknowledge her cognitive needs and offer caring and supportive actions. Reviewer Kim Solga remembers:

Then – guilelessly, but with (as ever) killer timing – she handed me her orange.

"Will you hold my orange, please?" She spoke the line with utter sincerity, looking straight into my eyes; now I was in her . . . space, part of this new, uncertainly bodied performing world.

(136)

Commenting also on Weaver's role in modeling how to navigate this "new, uncertainly bodied . . . world" Solga observes:

Weaver . . . is a crucial presence . . . and on the night I attended she operated as a kind of audience fulcrum, a model for the spectator-caregiver role into which I felt I had been cast. . . . she was both spectator and actor-manager: when Shaw could not remember where she was meant to be on the stage at any given moment, she called out . . . "Lois, am I supposed to be here now?" Weaver replied without missing a beat, "Yes. You're fine."

(137)

In this way, a circuit of care is established between audience, performer and dramaturg, with the performer and the dramaturg modelling the way the audience can provide care in this open and explicit performance situation.

Beyond the show, the performative solution to the losses Shaw's stroke has brought about has been translated into a productive outcome for other stroke survivors. As well as an informative post-show talk (discussed later), Shaw and Weaver are currently involved in research investigating

the therapeutic effects of greenscreen avatars and motion capture in stroke survivor treatment, which has emerged from a Split Britches residency at the University of Tasmania, Australia, in which the technology is used as a “technique for seeing radical alternate possibilities . . . framing Peggy’s newfound disabilities as possibilities for innovation” (“Greenscreening”). Participatory performance methods coupled with greenscreen and motion capture technology enable stroke survivors to fantasise and enact a series of possible futures, thus framing “disability as a source for technological and performative innovation, an ethos which has . . . shifted paradigms around neurodiversity” (ibid.).⁵ In addition to the work beyond the theatre, on stage, through her energetic singing, Shaw educates the audience about the F.A.S.T. protocol, which helps diagnose and dictates action for or on behalf of those experiencing a stroke.⁶ Consequently, in the wider and continuing influence of her work and in her role as entertainer and educator within the show, Shaw establishes herself as not only the cared for but also the carer. In this way the aesthetics of care that Thompson discusses is enhanced and deepened as a circuit of care is also created.

Aesthetics of Care

Thompson first witnessed the qualities he catalogues as part of an “aesthetics of care” as a third party in a real-life relationship between physiotherapist and patient. Gunshot victim and colleague Antoine Muvunyi, whom Thompson was hosting in his own home, received postoperative medical care in the UK, and Thompson was struck by the aesthetic value in this relationship. According to Thompson, the beauty of such care relationships flows from the relational qualities demonstrated. These he names as “clarity of purpose, mutual respect, intimacy and a [breath-taking] quality of touch” (431). After first pinpointing this aesthetic in the treatment of Muvunyi, Thompson then draws our attention to how theatre projects may also create such relational and caring aesthetics, predicated on the same qualities, ones that “present relational opportunities – and are an important moment of regard” (438). Though touch is not generally an important element of the show *Ruff*, “clarity of purpose, mutual respect, [and] intimacy” are clearly present. Weaver and Shaw’s 40-year collaboration assures their intimacy and mutual respect, and the performance also promotes this between performer and audience, as witnessed by Solga earlier. Clarity of purpose is evident in the subject matter of the show (the serious stroke that Shaw had in 2011 and the impetus to explore that). Solga also witnesses mutual respect and intimacy when Shaw – handing her the orange – looks her straight in the eye and when Weaver does not miss a beat before reassuring Shaw with, “Yes. You’re fine.” The beauty of this exchange is substantially reinforced when one considers the circuit of care that Shaw establishes through her relation

to the audience as well as to those beyond the performance, as discussed previously. Thompson argues that “an aesthetics of care can be demonstrated in the astonishing sense of connection between different people involved in making art together” (439), and here this includes the togetherness of the performer, audience and dramaturg in a virtuous circuit. Thompson also contends that “the professional cannot be sustained ethically without a commitment to the potential for it to blur dynamically with the personal” (432). Here *Split Britches* is staging not only the experience of the stroke but also the bonds that tie the two collaborators in a long-term personal relationship, one that is actually furthered artistically by the onset of Shaw’s disability. Moreover, this includes the audience – many of whom have had a long-term viewing relationship with the troupe, but in any case, are themselves the subject of care.

On the subject of that long-term viewing relationship, I first saw Peggy Shaw perform in her co-production with Clod Ensemble, *MUST – The Inside Story* (2011), at the King’s College Anatomy Theatre in London. I was struck by the charismatic sexiness of her performance. At the time I was unaware that Shaw had just recovered from a serious stroke. Her performance was immaculate, seamless and energetic. She didn’t need any interventions from her fellow performers – the Clod Ensemble of musicians – and she didn’t appeal to the audience or other individuals for any sort of help in completing the show. I can only (after years of puzzling about this) assume that, because she had been touring the show since 2009, it was fully embedded in her consciousness, to the degree that the stroke had not had the power to dislodge this engrained memory. I was surprised then to see that the performance of *Ruff*, which I attended a few years later, showed Shaw to be something less than confident with this new material. For me, then, the beauty of the latter performance lay in the very fact of its existence and the way it reinforced my fervent hope that fragility and disability in old age were no reason for disappearance from the stage. I was cared for implicitly by a performative example of productive and creative old age. In addition to this important exemplar, at the end of the performance that I saw in Manchester in May 2014, Dr Khalil Kawafi, consultant stroke physician and clinical lead at The Pennine Acute Hospitals NHS Trust, took part in a post-show discussion about stroke, giving advice on how to recognise it and what to do when symptoms appear.⁷ For Thompson, the aesthetics of care “does not exist within one particular person or object of the work, but appears in-between those involved” (438). This post-show event opened a pedagogical and caring space “in-between” those who “attended,” allowing interaction and dialogue while teaching about the medical and social aspects of stroke that might not have been understood before. Shaw’s continued presence onstage, her openness about her own experience both in performance and post show, coupled with Weaver’s innovative directorial expertise, exemplify the care that theatre can enact towards its

audience/participants, care which mitigates the vulnerability caused by lack of awareness about stroke and its symptoms.

In the circuit of care opened between audience–performer–dramaturg, disabled participant Shaw is as much a partner as any other member. As autobiographical performer and member of the company she, vulnerable and openly “performing” her condition, contributes to the audience’s wider knowledge and understanding – an act of care in itself, at least in pedagogical terms. Acknowledging the contribution and agency of the nominally “cared for” (and therefore acknowledging their subjectivity) completes the circuit of care in this performance: as proposed earlier, Weaver serves Shaw, the audience serves Shaw, Split Britches the company (Weaver and Shaw) cares for the audience through post-show pedagogy and Shaw serves the audience through her ability to engage and entertain and through informative songs and revealing autobiographical testimony. One question remains: how is Weaver served in this circuit? Weaver gives care, but it’s not a one-way relation: she has enjoyed a sense of professional fulfilment. Kim Solga (who held Shaw’s orange) comments that:

for Weaver it was an especially satisfying project. Shaw’s new uncertainties meant that the two needed to work in new ways, affording Weaver fresh dramaturgical control, the freedom to help problem-solve new challenges and the chance to write a good deal more than she normally does.

(137)

So, Weaver has derived considerable professional and creative pleasure from this work. She is cared for in this circuit by a sense of completion, her new writing and dramaturgical innovation, not to mention involvement in the new research project detailed earlier. She is certainly served by my acknowledgement here that this is an exemplary framework for effective performative care. Moreover, I imagine her sense of relation to her co-worker and former lover Peggy Shaw is reinforced and deepened by this opportunity to collaborate on a show exploring such a deeply personal topic.

Vulnerability

The notion of vulnerability is key to understanding the operation of what I propose as a circuit of care. Daniel Engster, in his 2019 article “Care Ethics: Dependency and Vulnerability,” discusses how the concept of vulnerability “redirects thinking about care away from a narrow focus on dyadic dependency relationships” (110). He describes how feminist, political and legal philosopher Martha Fineman introduces the concept of vulnerability as “a constant and universal feature of human

existence – something that applies to everyone always” (Engster 101). Drawing on Fineman’s recent work, and that of Tiina Vaittinen and of Susan Dodds, Engster argues that adopting the notion of vulnerability in place of dependence, allows a rethinking of care ethics:

Vulnerability encompasses real and potential, short- and long-term threats to our well-being that arise simply from being in the world and living in relation to others. We are vulnerable to discrimination, humiliation, disrespect, loss of persons we love, loss of objects or things that are important to us, bodily and mental deterioration, mental illness, and many other undesirable states.

(104)

In this formulation vulnerability is a way of expanding the political application of care ethics to recognise that all human beings are in a constant state of vulnerability, subject to a “susceptibility to harm” (ibid. 106). Care, in Engster’s view, therefore, is defined as “everything we do to reduce human beings’ susceptibility or exposure to harm, needs, loss, coercion, domination, and other unwanted conditions or events” (106). Looking at *Ruff*, Split Britches and Shaw’s performance at once exposes Shaw’s own vulnerability but also acknowledges and reduces the vulnerability of all those present; this reduction of susceptibility to harm, potentially, extends even to the audience’s loved ones. Through her performance, Shaw – the nominally “dependent” subject – is exhibiting all the actions of “care” as Engster defines it. Her openly fragile performance is designed directly to protect against the vulnerability of audiences (and their loved ones) from the devastating effects of late diagnosis of stroke. It also protects against the stigma associated with the resulting impairment and fragility, thus twice mitigating the audience’s vulnerability to stroke. As Engster argues,

When we care about people’s vulnerability, we show concern for them not only during periods of dependency but also for their susceptibility to the various harms, frustrations, disappointments, and losses that may afflict them over the course of their lives, including those we generate (sometimes inadvertently) through our communal institutions and norms.

(110)

So, in presenting this innovative performance, in establishing a circuit of care predicated on the notion of the vulnerability of all present (and those beyond the auditorium), Split Britches have collectively established a sense of agency for all concerned, and particularly for Shaw with her newfound disabilities, who could otherwise have been perceived as merely dependent in this professional and performative relationship.⁸

Improvisation

The techniques of theatre making, particularly of improvisation and devising, have a lot to offer to practices of care. Benjamin Gillespie, in his review of *Ruff*, comments that Shaw has “not only . . . lost her ability to fully recall her own past experiences, but she is also unable to memorize lines, forcing her style to be inherently rough, improvised, and broken” (576). The word “ruff,” whilst suggesting “rough,” is also equivalent to the UK English word “riff,” implying a sense of spontaneity and improvisation. No doubt Shaw and Weaver embrace this ambiguity. This practice of improvisation, though it may appear “rough” from the audience’s perspective, is a technique in which Shaw, a veteran performer, is expertly experienced. Improvisation is fundamental to creativity and has rules that are set down in various theatre and performance training texts, some of the earliest being Viola Spolin’s 1963 *Improvisation for the Theatre*, John Hodgson and Ernest Richards’ 1966 *Improvisation* and Keith Johnstone’s 1979 *Impro: Improvisation and the Theatre*. These rules include, among other things: openness to the input of others; vulnerability to the moment; generosity with your own creative ideas; a sense of presence in the space; a concentration on the “now;” a go-with-the-flow attitude; a concerted playfulness; a willingness to accept offers (saying “yes”) and to offer something in return (saying “yes, and . . .”). Such responsive, non-judgemental techniques are powerful tools of communication when caring for those with complex, cognitive impairments, as Anne Davis Basting and her work on both The Penelope Project at the Luther Manor care home in Wisconsin and the TimeSlips Method of improvisational, non-linear story-creating with people living with dementia have proved (“From Islands” and *TimeSlips*; Basting et al., *The Penelope Project*). Nicola Hatton in her essay “Participatory Theatre and Dementia” draws attention to how “people with dementia often improvise as part of their everyday lives, and the basic practice of ‘saying yes’ in dramatic improvisations is a strategy that can support their participation in theatre projects without fear of failure” (77). The stress upon the commonly advocated “yes, and . . .” principle in improvisation dictates that players should accept the “offer” as made and take this further with an “offer” of one’s own. Chana Joffe-Walt’s 2014 *This American Life* podcast “Magic Words” discusses how Karen Stobbe takes the improvisation mantra “step into their world” and accepts whatever way her mother (who is living with Alzheimer’s) interacts by responding, “yes, and . . .”, trusting this key technique in theatre improvisation to help her relate closely to her mother. To give a spoken example of the “yes, and . . .” principle here (though this can also exist in non-verbal improvisation), one might say that Player Number Two, replying to Player One’s “offer” – “we were once in the park” – might say “Yes, and the park was overrun

with skateboarding office workers.” To this offer, Player One might then reply, “Yes, and this wasn’t good when they fell off and tore their nice office clothes.” Then they might begin a co-constructed story of how their bosses reacted, what they did to rectify the situation or how they all decided to leave their jobs and go off to train for the next skateboarding World Championships. As you can see by this flight of fancy, creativity is engendered through the “yes, and . . .” principle, which guards against any sense of failure, validates the contribution of both players in the performance through the affirmation “yes,” leading on towards the creative collaboration with the adjunct “and . . .”. The emphasis, in improvisatory practice, on *actively accepting* chimes closely with my notion of a circuit of care, and though it is not generally named as such, a sense of care for one’s co-performer is vital to the success of any improvisation.

The “Improv for Care” program undertaken by Ruth Almen and Jessica Caldwell with caregivers of people living with dementia, at the Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, has shown “promise as an intervention for caregivers to improve stress, mood, and coping skills” (852). Julie Dunn, Michael Balfour and Wendy Moyle have also documented the efficacy of Relational Clowns (also called Clown Doctors, Elder Clowns, or Hospital Clowns) in dementia care through their *Playful Engagement* research project (see also Balfour et al.). These performers work spontaneously with individuals in care settings and use improvisation, storytelling and music to engender what Dunn et al. call “quality moments of life” (50). Through spontaneity and play, the performers engage in meaningful moments, even with people at the very end stages of dementia (ibid. 49). They offer a sense of connection with previous professional activities (ibid. 49–50) and raise the status of participants through offering the opportunity for play and agency (ibid. 48). More pertinently, it can be seen in the following example from the study that the improvisation brings a “quality moment of life” to the clown performer as well: Tiny and Dumpling – clowns participating in the study at Wesley Mission, Brisbane, Queensland, Australia – engage with resident Joan about which jewellery Dumpling should choose to wear to an upcoming dance. Dumpling also enlists Joan as an ally in her dispute with Tiny (her “twin brother”) about spending money on such expensive things. Finally, Dumpling asks Joan for advice about how to dance. Joan engages enthusiastically, counselling Tiny to “Play it calm” (ibid.), conspiring with Dumpling and laughing heartily throughout. In a similar way to that which benefitted Weaver in terms of professional fulfilment, this interaction is particularly validating for Clark Crystal (Tiny) and Anna Yen (Dumpling); Dunn et al. observe that “[t]his visit, punctuated with extended laughter from Joan, was rich in reciprocal engagement, for Clark and Anna seemed to be absorbed in the action and enjoying their time co-creating these moments with Joan” (48). The research project

as a whole not only feeds Crystal and Yen's enjoyment but represents a considerable professional achievement that had important aims, namely,

to identify the benefits of applied theatre practices on social isolation, depressed mood and quality of life of residents of residential aged care homes who are living with dementia; determine the benefits of applied theatre practices on the community of carers, including those directly and indirectly involved with the project; and to analyse the applied theatre practices to identify those that achieve the most significant responses from people living with dementia in residential aged care facilities.

(Dunn et al. 38–9)

The performance research work and improvisatory practice undertaken here set in motion a circuit of care that serves all. As Joan's and the other residents' agentic participation feeds the professional life of the researchers (Dunn, Balfour and Moyle), it also enables a mitigation of the vulnerability of all participants and even readers by demonstrating new ways of relating between all people living and working with dementia, in the widest sense of that phrase. This circuit of care also extends to subjects and their loved ones who may be living with dementia in the future.

Improvising With My Father

This reciprocal and circular practice in improvisation, in which each accepts and supports the other, is reminiscent of the Split Britches performance practice in *Ruff*, detailed previously. However, this understanding also relates closely to a personal story that exemplifies not only a circuit but also the aesthetics of care.⁹ My father George Arthur Rodgers (1931–2018), once a consummate semi-professional pianist, when his Alzheimer's was well-advanced and he had almost lost the powers of speech, used to tap most delicately and sensitively on the edges of the tables and trace the outline of patterns in the tablecloths in his care home in Sheffield. When I had despaired of any sort of conversation with him, I used to accompany him in this sort of activity, which I likened to the way he used to caress the keys of his Bechstein piano as I watched over his shoulder years before. What developed was an improvisation, tenuous and breakable, but nevertheless a form of communication that emerged through responding to his physical impulses. We would begin to play creatively together with our hands, tapping out rhythms, stroking fingers, tickling lightly, me copying him often and he mostly initiating the play. I used my understanding of improvisation, gained through many years of working in and teaching theatre, and miraculously what often happened was that – as well as smiles of pleasure – a moment of

lucidity interrupted the play; my father would say something coherent, or notice me or another person in some specific way; he came back to what I can only describe as some sort of recognition of me, himself and his surroundings. This, I believe, was brought about through the persistent, improvisatory attitude and activity that we engaged in and the ways that he accepted our interactions; he *took up* my improvisational offer. Eva Feder Kittay puts forward the importance of “taking up” in care relationships. She develops what Joan Tronto called “the fourth phase of care” (134–7). Drawing on Nel Noddings’ and Tronto’s ideas, she argues that the “taking up of another’s actions” constitutes and completes the action of care (Webteam). This affords a dignity (and I argue agency) to the person taking up the care. Kittay distinguishes this “taking up” as the deciding factor in what constitutes care:

If care must be received as care by the one cared for, then many things that we sometimes identify with care, such as caring intentions or affect will be insufficient to be care. If care needs to be completed in the other, then actions that are overweening [sic] or paternalistic will not be taken up as something desirable – as something that is really caring – by the cared for.

(ibid.)

In Kittay’s terms, my father “took up” my improvised actions and I “took up” his, completing the circuit. There was no overweening intention or affect and, despite George being my father, paternalism was not present in these interactions. At times I would repeat or “riff” off his words, sounds or movements, and an oral and physical dialogue would emerge that, in turn, seemed to give him access to more verbal and facial expression. This gave me the sense that my father hadn’t “gone” in the way that is familiar in popular descriptions of people living with Alzheimer’s, but that he had just lost (or mislaid) access to his facility for expression and the ability to connect with others. I found myself grateful to have developed the skills of relation that theatre making has taught me and which enabled my father, however fleetingly, to express and reinforce his relation to others. For what was most valuable to me in those last months was how this improvisatory practice helped him connect with those who loved and cared for him most, myself included. My profound sense of a circuit of care existing in this relation with my father is brought into even sharper focus when one thinks that he was the one who cared for me in my infancy and childhood and beyond. Even four years before his death, when he was newly diagnosed, he held me and sang to me during a moment of my own acute distress, using his own musical performance to care for me. Nel Noddings (*Caring: A Feminine* and *Caring: A Relational*) draws attention to how we conceive of caring as rooted in our

past experience of care, reflecting that “I have a picture of those moments in which I was cared for and in which I cared, and I may reach towards this memory and guide my conduct by it if I wish to do so” (*Caring: A Relational* 80). Drawing on her observations and my own feeling of filial loyalty, I can conclude that with my father, through our improvisatory actions, a circuit of care not only existed in the moment of caring but also intergenerationally across our lifetimes as well.

So, care and connectivity, relation and mutuality, linked to theatre practice are evident in this narration of the last months of my father’s life; the memory of how it enriched our experience of the time and of each other and how we were creating our relation in the physical and temporal space between us, was crucial to my sense of well-being and resilience when he died in March 2018. Improvisation set up a circuit of care in which we both benefitted; both of us taking up the actions of the other, achieving Thompson’s “intimacy and quality of touch that I [he] found breath-taking” (431). These are treasured memories of our familial interaction at the end of my father’s life; the improvisations themselves and now my memories of them are beautiful to me and therefore sustaining. Like Weaver and the *Playful Engagement* researchers detailed earlier, I was gratified that my professional skills had been put to new and innovative use. This story of my father is – as I have shown – just one in a growing list of performance interventions that exemplify the mutuality and inter-connectedness that performance and theatre making are predicated on, and one that shows how performance can set in motion and exemplify a circuit of care.

Conclusion

Evidently, in these and other examples, care is circuitous. It benefits both the nominal carer and the nominally cared for when taken up by the latter, revealing all to be interdependent in this circuit. My use of improvisational performance techniques to generate this circuit of care with my father replicates emerging techniques used with people living with neurological conditions such as dementia. Relational Clowns that bring “quality moments of life” to people living with dementia and the TimeSlips and Penelope projects developed by Ann Basting in care homes in Wisconsin are among the examples of this that I have drawn attention to here. As the example of *Ruff* demonstrates, theatre techniques afford individuals living with cognitive impairments and their carers access to meaningful and mutually sustaining relations. More work is needed to research the ways in which theatre techniques and performance are efficacious in establishing and/or maintaining such circuits of care. I would hope such research would demonstrate further how – difficulties and complications notwithstanding – improvisation practices can bring benefits to all

parties in the process (including those not present) and how they might acknowledge subjectivity and intergenerational connectedness, both in the moment and across time.

Notes

1. Shaw described her attire as “Gentleman Drag” at the post-show discussion of the performance of *Must*, which I attended on 15 November 2011.
2. In my survey of the 2011/2012 Autumn/Winter season of British mainstream drama I counted 25 productions, 22 of which were new works, which explicitly highlighted issues of age and/or ageing in their publicity or content. There was therefore a perceived increase in roles for elders and middle-aged actors. However, my critique concluded that more roles for older people do not necessarily guarantee a subversion of the accepted script of ageing but may inadvertently amplify the normative construction of old age. See Moore, *ageculturehumanities.org/*.
3. For a heavily edited video of *Ruff*, comprising mostly of Shaw’s stand-up routine within the show, see *hemisphericinstitute.org/*.
4. As we find from the Split Britches website: “This is an ongoing project in partnership with Pat Healey and Rosella Galindo Esparzo at the Department of Electronic Engineering and Computer Science, Queen Mary University of London” (“Ruff”).
5. To see a short video on these exploratory workshops, go to <https://vimeo.com/438148408>.
6. F.A.S.T. stands for Facial drooping, Arm weakness, Speech difficulties and Time to call emergency services, see www.stroke.org/en/about-stroke/stroke-symptoms
7. To see the post-show discussion, go to YouTube Split Britches: RUFF – Science Stroke Art 2014. www.youtube.com/watch?v=H0RvcPnRQc0.
8. By enlisting Engster’s notion of vulnerability, I intend in no way to downplay the lived experience of people living with disabilities, only to argue that by acknowledging vulnerability to the disabling effects of stroke I can show that the performance might mitigate or even avoid these effects entirely.
9. I tell this story as a story about care, and also because a playwright I knew who recently died told me to write about it as it impressed him as significant. What it showed me was that the techniques I have learned as a theatre maker and teacher are valuable in relational and caring terms. These include how to read a room, the atmosphere of the group, facial expressions and mood of individuals present, how to create something out of nothing, how to enlist and rely on others and how to be reliable yourself (trust).

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