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The Guide
A theatergoer’s resource edited by the Education & Community Programs department at Portland Center Stage

A Small Fire
By Adam Bock

Education & Community Programs Staff
Kelsey Tyler
Education & Community Programs Director
Sarah Mitchell
Education & Community Programs Manager
Matthew B. Zrebski
Resident Teaching Artist
Megan Berry
Education Intern

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Adam Bock, Playwright

Adam Bock’s plays include Phaedra (Shotgun Players) A Small Fire (Playwrights Horizons, Drama Desk nomination), book for We Have Always Lived in the Castle, with music by Todd Almond (Yale Rep), The Flowers (About Face Theatre), The Receptionist (MTC, 2008 Outer Critics nomination, Best Plays of 2007-2008, The Evidence Room with Megan Mullally), The Drunken City (Playwrights Horizons, 2008 Outer Critics nomination), The Thugs (Soho Rep, 2007 OBIE Award for Playwriting), The Shaker Chair (2005 Humana Festival), Swimming In The Shallows (Shotgun Players, Second Stage Uptown, 2000 BATCC Award, Clauder Prize), Five Flights (Encore Theatre and Rattlestick Playwrights Theater, 2002 Glickman Award, ACTA nomination, Osborn nomination), Marcy Comes Home, and The Typographer’s Dream (Encore Theatre/Shotgun Players). Adam is the resident playwright at Encore Theatre, and a Shotgun Players Artistic Associate. He is a NEA grantee, a three-time resident at Yaddo, a former member of the Soho Rep Writer/Director Lab, a NYTW Usual Suspect, and a TDF Open Doors mentor. Adam’s plays are published by Samuel French, Dramatists Play Service and Playscripts, Inc. He is a 2012 Guggenheim grantee, a NEA grantee, a Guernsey Award-winner, a three-time resident at Yaddo, a former member of the Soho Rep Writer/Director Lab, a NYTW Usual Suspect, and a TDF Open Doors mentor. He is a proud member of New Dramatists.

www.newdramatists.org/adam-bock
New Play Commission Program

In 2012, with generous funding from the Innovative Minds Program of the law firm Perkins Coie, Portland Center Stage announced the launch of our new playwright commissioning program. Adam Bock is one of two playwrights to receive this two-year commission.

“When asking a playwright to write a play, they become part of the company’s artistic mission during the commission. In part to get to know the theater in a deeper way, but to also have them as a resource for our Education and Community Programs Department. The two-year commission will include residency for at least six weeks, readings with actors, and meetings with a dramaturg, director and whomever else the playwright feels would be helpful ... and probably most important someone consistently at the other end of the phone who wants to talk about their work. We chose Adam...because we are fans of [his] work and already have a working relationship with [him.] It’s important that a commission be more than a check. It should also create a true artistic home for the artist and a deeper collaboration with the theatre.”

– Rose Riordan, PCS Associate Artistic Director

The new commissions program marks an important advancement in new play development for Portland Center Stage. Having found exceptional success over the fifteen years of JAW: A Playwrights Festival, a two-week residency with playwrights, directors, dramaturgs and company of actors that culminates in a weekend of public readings, PCS is ready to take the next step by commissioning new work from two rising stars in the American theater. “While we will not impose creatively on the playwright, it is our hope to be part of the conversation that helps the play along the way,” continues Riordan. “We are committed to providing resources for the writer and the work.”
Adam Bock & PCS

PCS is proud to have a long-standing relationship with this talented playwright. In particular, Director Rose Riordan & Adam Bock have collaborated on several projects over the years. Here’s a look at past productions brought to life by the Adam & Rose team.

• **The Thugs.** Workshopped in 2005 at the JAW Festival, The Thugs ran late-night in the Ellyn Bye Studio during PCS’s first season in the Armory.

• **The Receptionist.** After a successful run at CoHo Productions in Portland, PCS remounted this dark comedy starring Sharonlee McLean and Laura Faye Smith in 2010.

• In 2011, PCS Associate Artistic Director Rose Riordan directed Bock’s adaptation of *Phaedra* for Shotgun Players in Berkeley, CA.

• Bock’s new script *San Diego* was selected out of over 200 submissions for inclusion in the 2012 JAW Festival. Among the challenges to be worked out on stage was a baby carriage prop that had to float away to sea.

• **SPOILER ALERT!** – If you are reading this, you are getting exclusive insight into our 14/15 season where we will open the Ellyn Bye Studio season with Adam’s powerful and moving play *The Typographer’s Dream*. So excited!
Exploring Emily’s Disease: The Effects of Sensory Loss

Though A Small Fire never directly names the mysterious disease plaguing Emily Bridges, the concept of a loved one losing his/her faculties is something almost everyone experiences at some point of their life with parents, spouses, and friends. The below resources provide insight into how sensory loss can affect the individual, as well as their community.

It is important to note that the character in the play experiences immediate loss of each sense, one-by-one. Emily’s journey must be a very different experience than losing one’s senses gradually due to age, but we hope some of the below information might give us a window into some of the issues.

The Cook Who Couldn’t Taste

by Jeff Gordinier

ON a bright May morning at the Union Square Greenmarket, Molly Birnbaum came across a potted clump of rosemary. She squeezed a leaf of it between her fingertips, brought the invisible smear of scent to her nostrils and inhaled.

For most people, a whiff of fresh herbs can be restorative and calming. For Ms. Birnbaum, the author of a new memoir called “Season to Taste,” the simple act of bringing a sprig of rosemary to her nose carries the weight of a devotional ritual.

Rosemary, after all, was the first scent that returned to her a few months after she was hit by a car in August 2005 while jogging in Brookline, Mass.

As she recovered from a broken pelvis, a fractured skull and other injuries, she realized that one of her grand passions, relishing the taste and fragrance of food, had evaporated from her life. Head trauma from the accident had led to nerve damage, and Ms. Birnbaum, months away from enrolling in the Culinary Institute of America, couldn’t smell a thing.

“‘It’s an invisible injury that’s not clear to anyone else. It’s not even clear to you.’

Doctors suggested that Ms. Birnbaum’s condition could be permanent, but many weeks later, while helping prepare dinner, she was struck by something of a nasal lightning flash. “I was chopping rosemary and it just came at me, very forcefully,” she said. “It was like this shot in the dark of smell. I was elated that I could smell something.”

When he first got a letter from Ms. Birnbaum, a Brown University graduate, asking about a job at the restaurant, Mr. Maws was momentarily tempted to toss it into the “romantic pile of résumés” from pie-eyed post-collegiates who’ve never roasted a lamb or scrubbed a pot. But something about her query struck him.

“‘What I remember is a sincerity, a genuineness,’” Mr. Maws said. “‘Her emotion came through. Totally randomly I needed a dishwasher, and I called her. I said: ‘You’re going to get dirty. Your back’s going to hurt.’”

Ms. Birnbaum put up with the pain, Mr. Maws recalled, while doubling as the kitchen’s intellectual sponge. “She was curious, inquisitive. I would always catch her peeking over, and I would have to be the bad guy who said, ‘Get back to work,’” he said. “She was asking a lot of questions, and it wasn’t just ‘Why?’ She was asking questions that took the why to the next level.”

(For a person whose sense of smell has miraculously returned, even noxious garbage fumes can seem like a blessing.)

“This was one of the places in New York that sort of marked my recovery,” she said of the Greenmarket. When her olfactory system was inching back with unpredictable blurs of odor, walking through the stalls was like “adding color back into a black-and-white movie.”


Then, as she walked among the herbs: “Anise hyssop. I spent a lot of time with this.” Before her accident, Ms. Birnbaum worked in the kitchen with Tony Maws, a chef in Cambridge, Mass. At his Craigie Street Bistrot (now called Craigie on Main), she would occasionally pluck the herb to make anise hyssop ice cream.

When a recent trip to New York, where she works as a cookbook editor. A recent trip to New York, where she lived for much of her recovery period, gave her a chance to revisit some of the milestones that she chronicles in “Season to Taste” (Ecco, $24.99), and to bask in a city whose scents, both floral and foul, were wildly blooming in the spring sunshine.
That desire to know more still seems to fuel her. On her roam through Union Square, she asked to try a sample of the stinkiest selections at a cheese counter, and she talked about how the experience of losing and regaining her sense of smell had taught her, you might say, to eat with her lungs. “I spend a lot more time breathing as I eat now,” she said. “When you exhale, that’s when you really get the flavor in the back of your throat.”

Although it’s commonly understood that our senses of taste and scent are linked, even the most refined gourmets aren’t always aware of how intimately bound together they are.

People with a seriously diminished olfactory system “don’t really enjoy food that much anymore,” said Beverly Cowart, director of the chemosensory clinical research program at the Monell Chemical Senses Center, an institute in Philadelphia that does research on the senses of taste and smell.

Through the taste buds, Dr. Cowart said, we can detect the building blocks of flavor: sweetness, saltiness, bitterness, sourness and the savory-glutamate nexus known as umami. And thanks to the trigeminal nerve, which channels sensations, we can pick up the sting of hot, habanero-like spice.

But if the olfactory nerves are cut off, the nuance, depth and character of flavor are elusive. Ice cream, whether pistachio, strawberry or mint, slides over the tongue like a sort of generically sweet clay.

“If you hold your nose and put chocolate in your mouth, you don’t taste the chocolate,” said Dr. Richard Doty, the director of the Smell and Taste Center at the University of Pennsylvania.

“Without smell, it was temperature and texture in my mouth,” Ms. Birnbaum said. “It’s like the whole world was muted.”

The accident derailed Ms. Birnbaum’s skills in the kitchen and her dream of formally studying the art of cooking. She was devastated. “At 22, I saw my life as a straight line, one that I had predetermined, and one that would never change,” she said. “Of course, that’s not reality. It never is.” She now plans to make a career of writing about food and the way it’s woven into history and culture.

Even when she couldn’t taste or smell a bountifully herbal stew, she stubbornly refused to stop cooking. Often she would bake. She could still follow the precise measurements and timing for, say, her grandmother’s strawberry rhubarb pie, and produce something delicious. After her recovery, she couldn’t resist lacing the pie with ginger and cinnamon, amping up its olfactory wham factor. “Ginger was one of the earliest smells to return to me,” she said, “and you can feel the spicy kick in your mouth.”

Chronic sinusitis, a viral infection or head traumas are ways in which people can lose their sense of smell. In head traumas, “the skull stops but the brain swishes back and forth,” Dr. Doty said, and the force of that jarring movement is “enough to shear off the nerve filaments.” Although the nerves can regenerate, he said, “they often can’t make their connections through that scar tissue.”

It remains a mystery how Ms. Birnbaum was able to recover her sense of smell. It might have to do with her youth, and even with her determination to shove herbs up her nose until something started to register. “I bullied it into recovery,” she said with a laugh. “Part of me wants to believe that what came back were the smells I wanted the most.”

Aromas no longer elude her, but occasionally she’s stopped by a scent she can’t name. “I’m pretty positive that I can smell everything again,” she said. “The deficit comes from a more cognitive angle. There are small nuanced changes that I’ll never be able to express in words.”

After she had wandered around Union Square, Ms. Birnbaum walked a few blocks away to Junoon, an Indian restaurant in the Flatiron District. There is a small chamber beneath the dining room where Vikas Khanna, the chef, conjures up mesmerizing blends of rare spices.

Even for someone with a fully functioning olfactory sense, the effect of stepping into this alternative atmosphere dense with turmeric, fennel seeds, peppercorns, star anise and dried persimmon might be compared to a blind person seeing a blazing sunrise for the first time. Or, as Mr. Khanna said, “It’s like jumping in cold water.”

Such is the emotional potency of scent, he said, that his customers, especially those originally from India, will sometimes catch a whiff of these spices and cry. “It’s extremely moving to people,” he said. “When they come here, it reminds them of their grandmothers’ pantries. All these foods and flavors, they’re stories that are disappearing.”

Ms. Birnbaum could relate.

“Smells like this, they bring you right back to childhood,” she said. “No matter who you are. It’s almost unfortunate that you have to lose something to understand what is there.”
The Caregiver Journey - Pathways to an authentic and fulfilling life

by Marty Beilin

Shock dulls the senses. In all of our lives that moment came when a doctor spoke words that let us know an accident or illness or stroke had forever changed the life of our beloved partner. It probably took several days or even many weeks for the scope of the disability and the prognosis to sink in. What would take longer for our mind to grasp, often much longer “months and years” is how and the extent to which our lives, too, would be transformed. The fear, anger, and despair no doubt felt at times by our ill/disabled spouse would wash over us as well.

A few years ago I wrote in Mainstay, the Well Spouse® Association newsletter that membership in Well Spouse cannot make us whole again. But this association of spousal caregivers can help us confront the realities of our lives with hope, not resignation. But how? It is so easy to become overwhelmed by the stress of long-term caregiving. Even the most buoyant personality surely must be weighed down witnessing one’s mate’s progressive loss of health, function, and mobility. Where is the hope?

Sharing our stories helps well spouses connect with each other and lessens anxiety. There is comfort in knowing that I am not alone. That others have gone down this road before and survived!

But the Well Spouse® Association’s mission is not simply to help spousal caregivers just cope with their difficult situation. While the empathy generated by sharing personal stories is valuable in and of itself, our aim should be to create for ourselves nothing less than an authentic life – one not defined solely or even in the greater part by our spouse’s medical condition. In any healthy marriage or committed relationship, it is important that each partner take time to pursue his own interests and give expression to her talents and dreams. This should also hold true in a marriage where one spouse is ill.

While we all want to be excellent caregivers for our partners, to provide good care we must first care for ourselves. To neglect our own well-being is to risk burnout, and then we neither serve our partners or ourselves very well.

In her inspirational book, Mainstay, Maggie Strong suggested that three progressive stages typify a caregiver’s life. This caregiver journey can serve as a powerful metaphor for how we can re-center our lives.

The Heroic Stage

The diagnosis is in, and a productive panic energizes you and family members. You want to learn as much as you can about your spouse’s illness or disability. Doctors and other experts are consulted. You read everything you can on the subject. You receive encouragement from family and co-workers, and many offers of help.

Optimism often abounds during the heroic stage. You will help your spouse heal, recover, walk, get well. Often there is real improvement; sometimes even complete recovery. But over time when there is little improvement or decline sets in, hope slowly fades and optimism turns to despair. Friends and family members may drift away. Help now is most likely provided by paid aides. Denial may keep the caregiving spouse working towards a cure that is not possible. The heroic stage comes to an end as you come to terms with the reality of your spouse’s condition and prognosis.

Ambivalence

Long-term caregiving sets up debilitating internal conflicts. On the one hand, you want to support and care for your partner. It’s the right and moral thing to do. You are motivated by love, or a sense of duty, or societal expectations. At the same time you feel physically exhausted. Financial concerns mount. You may have to quit your job. Intimacy is difficult or impossible. You don’t see a future. You want to get out.

The ambivalence stage of the caregiver journey pockmarks the landscape with intermittent (or, in many cases, constant) feelings of fear, anger, sadness and resentment. Many caregivers need medication to manage clinical depression. To avoid caregiver burnout, caregivers will devise ways to compartmentalize their lives. But stress commonly undermines the best coping strategies.

Emotional instability and uncertainty are the hallmarks of this stage. Sadly, caregivers can get mired in the ambivalence stage for quite a long period of time. This stage comes to an end when the instability becomes so untenable that one suffers total burnout or, much more positively, the caregiver commits to a desire to go beyond coping and makes real changes in her or his life and one’s approach to caregiving and the marital relationship itself.

The New Normal

In this third stage, balance, resolution, and inspiration empower caregivers to live much more fulfilling lives. You recognize and come to terms with the long-term nature of your situation. But you no longer put off or set aside your desire to pursue your own interests and dreams.
To achieve balance, you communicate more openly with your spouse and take steps needed to resolve the often difficult and painful issues in the marital relationship. You engage your spouse in ways that preserve activities that you both enjoy, and you seek new ways to share time together. Or, you decide that, no matter how painful, the best way you can support your partner is by separating. Separation can take many forms: placement in a nursing home or adult daycare, divorce, or setting up informal, separate living arrangements. Whether living together or apart, you commit to caring for your spouse, providing both financial and emotional support to the best of your ability.

Support for the well spouse is essential to achieving and sustaining this new normal stage in one’s life. Many well spouses have placed faith and prayer at the center of their lives. Whether formal religious practice or personal and more secular-based spirituality, faith in a higher power not only provides comfort in times of crisis, faith can also imbue one’s life with meaning and purpose.

Professional counseling and medication can support well spouses in the choices they make.

Finding ways to increase in-home care may allow well spouses to live a new normal life.

Organized support groups such as those sponsored by the Well Spouse® Association keep spousal caregivers from becoming isolated. WSA support group members offer not only practical advice, but also provide emotional support. Support groups can also create respite opportunities needed to relieve the stress of daily caregiving routines.

The new normal is achieved when we no longer go about our caregiving responsibilities with resentment but attend to the needs of our partner with love.

Finding one’s way

The caregiver journey is a progressive undertaking. It is not an easy journey. We often refuse to come to terms with our new reality and stay too long in the heroic stage. Or we become stuck in the ambivalence stage of our journey. And even when we pass from one stage to the next, it is quite common to revisit a stage we thought we had passed through. Two steps forward, one step back. Achieving a new normal is not guaranteed.

Helping well spouses understand these stages of the caregiver journey and encouraging our members to find their own pathway to the new normal is, then, the main mission of the Well Spouse® Association. The losses we have experienced as a result of chronic illness and disability are very real. We will never be made whole in the way we had hoped. We can and should find satisfaction in our caregiving and make caregiving a part of who we are, but not all that we are.

The following excerpt is from an article by OSU Professor Emeritus Vicky Schmall, who is now President and Gerontology & Training Specialist with Aging Concerns in West Linn, Oregon.

Source: http://ir.library.oregonstate.edu/xmlui/bitstream/handle/1957/15925/PNW196-fromArchive.pdf?sequence=1
Sensory Changes in Later Life

by Vicki L. Schmall, Extension gerontology specialist

The efficiency of the sensory organs—vision, hearing, taste, smell, and touch—declines with age, but the age of onset and rate of decline differ markedly among people. This publication explains the sensory changes older people experience and suggests what you can do to help.

What is it like to hear only a mumbling voice when someone speaks to you? How does it feel to have poor vision and no longer be able to read a newspaper or clearly see another person’s face? Why do some older people complain that food doesn’t taste as good as it did when they were younger?

The senses become less efficient with age. But age is not the only factor causing deterioration in the senses. Disease and environmental factors are also important. Intense and prolonged noise affects hearing, smoking reduces taste and smell sensitivity, and diabetes may affect vision.

Sensory changes can influence the way we see, hear, taste, smell, and respond to touch and pain. This in turn affects how we experience the world and react to things. A significant sensory change can rob us of many simple pleasures and complicate the tasks of daily living. It may mean reduced mobility, increased dependence on others, inaccurate perception of the environment, reduced ability to communicate and socialize, or loss of self-esteem. Sensory changes vary from person to person. Fortunately, until their mid 80s most older adults are free of major sensory problems.

If you experience sensory changes as you age, understanding these changes can help you respond to them. For example, you can learn to adapt your environment and behavior so that changes in vision and hearing don’t limit you greatly. If you have elderly family members or you work with older people, it is especially important to understand these changes. If you lack knowledge and understanding, you may become frustrated, have unrealistic expectations, or label an older person as senile, confused, or failing.

Understanding these changes can increase your ability to provide positive support and make changes that will enhance the older person’s quality of life. You probably will find yourself focusing more on what a person can do and less on what he or she can’t do.

Download Schmall’s full article here: http://ir.library.oregonstate.edu/xmlui/bitstream/handle/1957/15925/PNW196-fromArchive.pdf?sequence=1
Terminal illness: Supporting a terminally ill loved one

When terminal illness affects a loved one, it isn't always easy to know how to react. Find out how to offer support and deal with grief.

By Mayo Clinic Staff

http://www.mayoclinic.com

Knowing how to offer comfort and support to a loved one who has a terminal illness can be challenging. What can you say or do? How can you help your loved one cope? How will you deal with your own grief? Get the facts about supporting a loved one who is terminally ill.

My loved one has been diagnosed with a terminal illness. How might our relationship change?

Your relationship with your loved one might not necessarily change because he or she has a terminal illness. If you’re concerned, try to build on your relationship’s strengths. It’s also important to be open to new possibilities. A loved one’s terminal diagnosis might improve your relationship.

How can I help my loved one cope with a terminal illness?

Let your loved one know that you’re willing to listen to his or her concerns — and never underestimate the value of your presence. Even if it feels as if you’re not doing anything, your presence sends an important message. Don’t, however, try to be a counselor.

Is there a typical emotional process that a person who has terminal illness experiences?

Dying isn’t a science. Don’t assume that a loved one who has a terminal illness is going to go through a methodical process of coming to terms with death. It might not happen that way.

Acceptance or accommodation might be the most desirable outcome of the grieving process — learning to live as fully as possible while accepting the presence of a terminal illness. But does your loved one have to accept that he or she has a terminal illness? Does your loved one have to accept that he or she is going to die before he or she expected? No. There’s no right or wrong way to come to terms with death.

How do you help a loved one who’s in denial about his or her impending death?

Denial is an important coping mechanism. Your loved one might be in denial because reality is too frightening, too overwhelming, or too much of a threat to his or her sense of control. Denial is a form of natural protection that can allow your loved one to let reality in bit by bit and continue living as he or she contemplates death. As long as denial isn’t causing your loved one significant harm — such as causing him or her to seek out painful treatments of no therapeutic value — then denial isn’t necessarily bad.

Your loved one might be afraid of pain. Perhaps your loved one is afraid of losing control of his or her bodily functions, mind or autonomy. Your loved one might also fear failing family or becoming a burden to others.

To provide emotional and spiritual support to your loved one, invite him or her to talk about his or her fears. Sometimes, however, it’s easier for a dying person to share what he or she fears and explore it with someone other than a family member, such as a spiritual counselor.

Source: http://www.mayoclinic.com/health/grief/CA00041

Discussion Questions/Group Activities

• If you lost one of your senses, what changes would you have to make for your life? What do you think life would be like without your senses? Would you feel alone? Can you think of other ways you could communicate with the people around you?

• When do you know when you should stay or go? If John left Emily what would happen? Can you relate to John’s feeling that he has lost Emily even though she’s actually not gone yet?

• What do you think is going through Emily’s mind at the end of the play?

• Making sense of Sensory Loss – This online resource from North Dakota State University offers explorations into what it feels like to lose one’s senses using interactive activities. http://www.ag.ndsu.edu/familyscience/documents/making-sense-of-sensory-losses-as-we-age/Activities%201-5%20-%20Sensory%20Loss.pdf

• To get a glimpse into how Emily felt, take a dip in one of Portland’s local sensory deprivation chambers and float to utter relaxation.

Float On
4530 SE Hawthorne Blvd Portland, OR 97215
http://www.floathq.com
(503) 384-2620

The Float Shoppe:
1515 NW 23rd Ave, Portland, OR 97210
http://www.floatshoppe.com
(503) 719-4743